Partnering with You for a Healthy Life.

Benefits for Plan Year 2016 – 2017
(Effective 7/1/16 to 6/30/17)

LOUISVILLE METRO GOVERNMENT
GREG FISCHER, MAYOR

metroHR
INVESTING IN YOU

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PLAN YEAR 2017 OPEN ENROLLMENT COMPUTER LAB SCHEDULE

If you do not have access to a computer or laptop with internet access, a computer lab will be available to ALL Metro Government employees:

DATE	LOCATION	PC LAB OPEN
TUESDAY - THURSDAY, MAY 3-5	Metro Hall Annex– 3rd Floor 517 Court Place Ste 301	10:00 a.m. – 2:00 p.m.

Partnering with You for a Healthy Life.

Benefits for Plan Year 2016 – 2017

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 the MyMetro HR home page.

VENDOR INFORMATION SESSIONS

DATE	LOCATION	
TUESDAY, MARCH 29	Memorial Auditorium– 970 South 4th Street	8:30 a.m. – 11:30 a.m. 1:00 p.m. - 4:00 p.m.
WEDNESDAY, MARCH 30	Memorial Auditorium– 970 South 4th Street	8:30 a.m. – 11:30 a.m. 1:00 p.m. - 4:00 p.m.
THURSDAY, MARCH 31	Louisville Zoo– 1100 Trevilian Way	8:30 a.m. – 11:30 a.m. 1:00 p.m. - 4:00 p.m.

WELCOME

Dear Fellow Louisville Metro Employee,

The following pages offer basic information about the Louisville Metro Government Benefits Package for Plan Year 2016-2017 (PY17).

If you do not access your open enrollment, then your current benefits will remain the same, excluding your Flexible Spending Account (FSA). FSA contributions must be elected every plan year.

You can log on from any internet connection between April 18 and May 6 by going to our secure Open Enrollment site at https://hr.louisvilleky.gov.

If you need help with Open Enrollment, there are several options:

- **OE Booklet** – 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.

- **Vendor Information Sessions** – Representatives from our insurance providers will be available for questions and assistance during our Vendor Information Sessions. Dates and times can be found on the previous page. These are open sessions and registration is not needed.

- **Computer Lab** – We will again offer a computer lab to assist employees who may not have internet access at work or home. Please refer to the schedule on page 1 for the location and hours.

- **OE Hotline** – You can call our Open Enrollment Hotline at 574-3040, or email us at mybenefits@louisvilleky.gov at any time during the open enrollment period with any questions.

* Important – Please note:

- You must re-enroll if you wish to participate in the FSA benefits from July 1, 2016, to June 30, 2017. Failure to do so will stop your medical FSA and/or dependent care FSA contributions.

- Be aware, however, that your Health Reimbursement Account (HRA) **will not rollover for plan year 2017**. You can read all about the HRA and how it works on page 12.

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

Best Regards,

metroHR
INVESTING IN YOU

BENEFITS AT A GLANCE

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

Benefit	Option
MEDICAL[1] Managed by Humana	Humana Managed Choice (HDHP) Humana Balanced Choice (PPO) Humana Choice (PPO) For LMPD FOP members, see separate plan summary sheet provided by Metro HR
VITALS SMARTSHOPPER	Rewards program for cost effective choices through cash incentives
METRO EMPLOYEE WELLNESS CENTER Managed by Concentra	Wellness and medical care for enrolled Metro Employees and covered dependents
Dental[1] Provided by Delta Dental of Kentucky	DeltaCare (Dental DHMO) Delta Preferred (Dental PPO) Delta Premier (Indemnity)
Vision[1] Provided by VSP	Covers exams and glasses from network providers after a copayment, or for a fee from non-network providers
Long-Term Disability (LTD)[1] Provided by Lincoln Financial Group	**Basic LTD:** Louisville Metro pays full cost; 50 percent of basic monthly salary for eligible employee groups*
Life Insurance and Accidental Death and Dismemberment (AD&D)[1] Provided by Lincoln Financial Group	**Basic Life** (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 **Basic AD&D** (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 **Supplemental Life** (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.
Dependent Life Insurance[1] Provided by Lincoln Financial Group	**Optional Dependent Life** (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
Flexible Spending Accounts Administered by ADP	**Medical reimbursement account:** May contribute up to $2,550 per year **Dependent care account:** May contribute up to $5,000 per year
Health Reimbursement Account Administered by ADP	Included with the Managed Choice Plan and Balanced Choice Plan only Funded by Louisville Metro Government Contributions
Child Care Assistance Administered by Metro HR 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
Voluntary Benefits	**Kentucky Educational Trust** (529 Plan) **Degrees Work** **Tuition Reimbursement** **Bank On Louisville**
Employee Assistance Program Provided by Magellan Behavioral Health	Up to 5 confidential and free counseling sessions per incident, per year. Call 800-588-8143.
Voluntary Insurance Programs	**AFLAC:** Accident Insurance and Short-Term Disability and Hospital Indemnity **Allstate Worksite Division (AWD):** Cancer, Critical Illness and Universal Life Insurance

*Refer to your Collective Bargaining Agreement [1]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 2016-2017 (PY17) 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, 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, a computer lab will be available during the Open Enrollment period. Please see page 1 for the date, times and location. For your convenience, personal assistance will be available at that time.

1 Open your Internet browser (e.g., Internet Explorer) and go to our employee web site, MyMetro. At the left, in the blue box, click on myHR/myPay.

2 Enter your User ID and password (password is case sensitive). If this is your first time logging in to PeopleSoft, 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 PY17** 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.

Remember, if you wish to participate in a FSA, you must enroll each plan year.

To make a change to your plans for PY17, 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

10 –14

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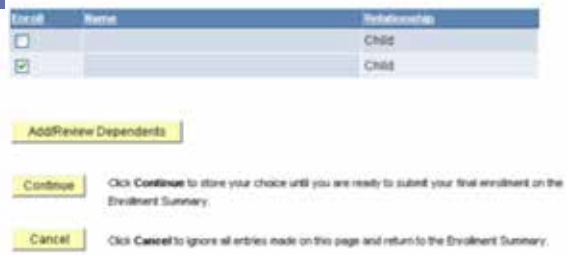


8 Only the options for which you are eligible will appear. You should notice that your current coverage is indicated as the selected option. Click on the plan of your choice.

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. Because the system retains history, individuals previously covered will appear in your dependent listing. Only selected individuals will have coverage.

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.

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 you increase your coverage by more than one level, or if an increase of one level takes your coverage above 3 times your annual base salary. 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 PY17 by clicking Edit on the enrollment summary page. Once you've made your election, click Continue.

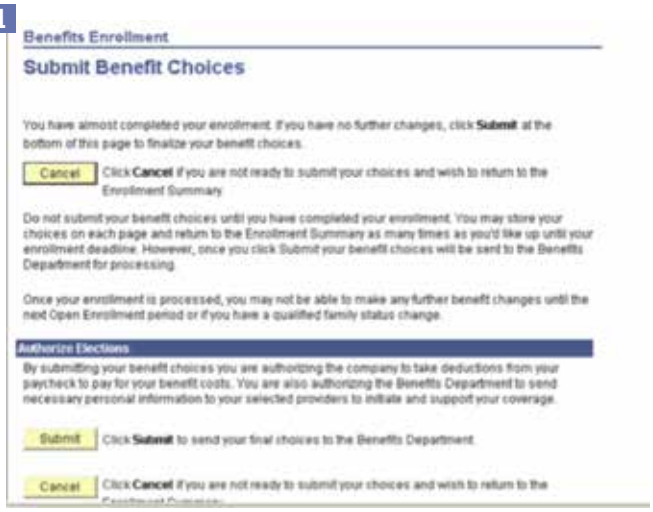
20 Once you have finished enrolling in all the plans, click Submit at the bottom of the Benefits Enrollment Summary page to finalize your elections for PY17.

21 Clicking Submit on the "Submit Benefit Choices" page will authorize your elections for PY17. You'll receive a confirmation statement by email. If you don't have email access, a paper copy will be forwarded to you by Metro HR. 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

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.

Cancel — 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.

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

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

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, stepchildren 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 Metro HR for benefits enrollment.

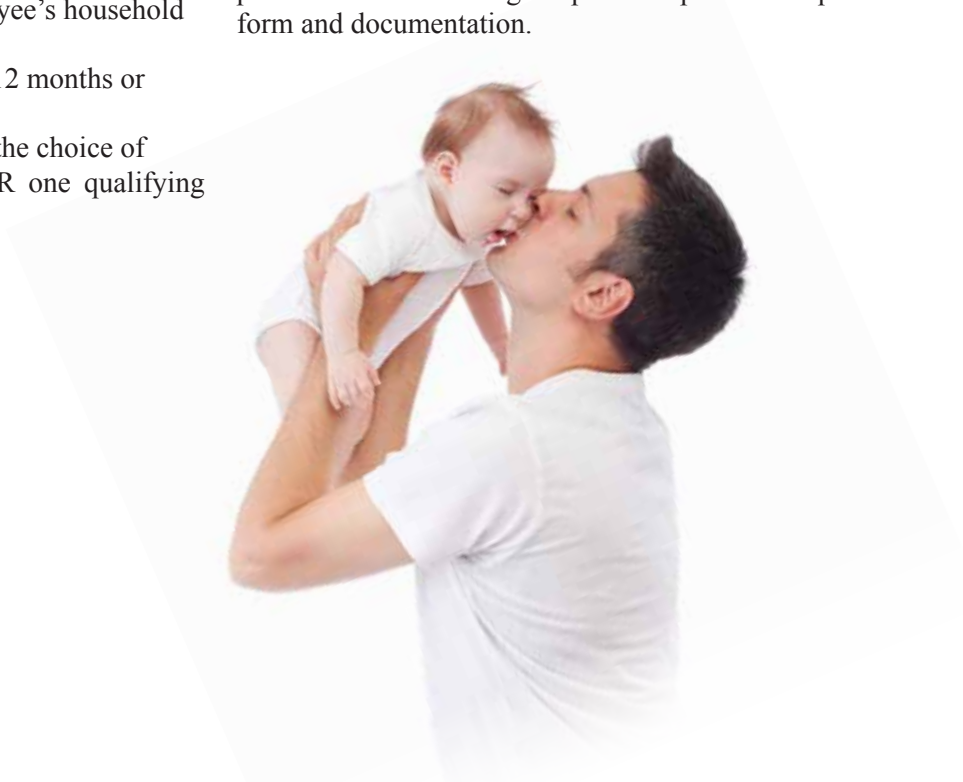
Legal spouse: A copy of the marriage license signed by the clergy or official who performed the services.

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 on the inside back cover of this booklet), 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 of 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. When a qualified adult becomes a legal spouse, a Family Status Change Form must be completed and sent to HR/Benefits along with a copy of the marriage license/ certificate. The relationship code and tax treatment of premiums will be changed upon receipt of the required form and documentation.



CHANGES DURING THE PLAN YEAR

An employee's pre-tax benefit elections from open enrollment or new hire orientation cannot be changed during the period of the plan year unless the employee or a dependent incurs a family status change or "qualifying event" (QE) as defined by the Treasury regulations in Section 1.125. If a QE occurs, an employee may be able to change their level of benefits coverage but cannot move to a different plan type. The request must be consistent with the event, and the request and required documentation must be received by HR/Benefits within 30 days of the QE.

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 Metro HR 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 on the inside back cover of this booklet) 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 of 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 change form and documentation to Metro HR Benefits at 574-8126. If the employee does not provide the change form and documentation to Metro HR 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, they can access these forms through their department HR representative.

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

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

Concentra™ totalcare

Centered on your wellness.

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 qualified health care professionals are dedicated to providing eligible employees and covered dependents with episodic, acute, preventive, long-term health care and healthy options for maintaining a healthier lifestyle.

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

The copay for each visit is only $5 for medical treatment and some lab tests. Certain generic medications will be dispensed at no cost; however, they must be prescribed by the Wellness Center Physician.

METRO EMPLOYEE WELLNESS CENTER LOCATION
400 S. 1st Street (1st & Liberty Streets)
Louisville, KY 40202
(502) 574-CARE (2273)
FAX: (502) 574-7853

HOURS OF OPERATION
Monday – Friday 7:00 a.m. – 7:00 p.m.
Saturday 8:00 a.m. – 4:00 p.m.

TO SCHEDULE AN APPOINTMENT
Call 574-CARE (574-2273)

HumanaVitality®

Earn rewards for healthier choices.

It's easy to get started and reach Silver Vitality Status™

Here's a quick guide to help you get started on the path to better health. You'll learn how to build your Vitality Points™ and reach Silver Vitality Status. Increasing your Vitality Status will give you more Vitality Bucks® to spend in the HumanaVitality Mall and opportunities for discounts on your rewards.

Start Engaging

- Choose how you want to engage. Set up your account at HumanaVitality.com or download the HumanaVitality Mobile App for convenient, on-the-go access. You'll be on your way to making healthier changes.
- Complete your Health Assessment online or complete any of the Health Assessment sections on the App to start earning Vitality Points.
- When you're done you'll learn your Vitality Age™ – a measure of how young or old you're living – and find ways to get and stay healthy.

Set Goals

- Based on your Health Assessment responses, we'll recommend some healthy goals for you. Decide what you want to work on and set some personal goals, including scheduling a Vitality Check®.
- Then start making healthy changes, like starting a fitness program, taking an online health course, or getting preventative screenings.
- It's easy to track your progress online at HumanaVitality.com or on-the-go with the App.

Earn Rewards

- Engage in healthy activities and you'll earn Vitality Points to raise your Vitality Status.
- Look for *Ways to Earn* online and discover opportunities to earn Vitality Points in categories like Healthy Living, Fitness, Prevention, and Education.
- Each Vitality Point you earn is worth one Vitality Buck, which you can redeem in the HumanaVitality Mall for great rewards like movie tickets, brand name gift cards, fitness devices and more!

Humana Vitality®

Download the HumanaVitality Mobile App

Download on the App Store | ANDROID APP ON Google play

HV

HumanaVitality® Rewards

Spend your Vitality Bucks® in the HumanaVitality Mall

When you're a member of HumanaVitality, you'll earn Vitality Points™ for completing healthy activities. You get one Vitality Buck® for each Vitality Point you earn. You can redeem your Vitality Bucks at the HumanaVitality Mall for a wide variety of rewards, like some of these great items:

Gift codes

amazon.com gift card

Movie tickets

macy's

iTunes®

Fitness devices

Polar® Fitness Monitors

Pedometers

Fitbit®

Cycling discounts

Gear and apparel

HumanaVitality gear

Electronics

Apple®

HumanaVitality members are also eligible for discounts* with partners like Sprint®, Life Fitness®, Seattle Sutton's Healthy Eating®, Competitor Group Inc., and The Biggest Loser® Resort.

Don't wait to get started earning your rewards. Raise your Vitality Status™ by earning more Vitality Points for your healthy activities. Members must have at least Bronze Vitality Status to be eligible for reward redemption.

Sign in to **HumanaVitality.com** to see how you can earn more Vitality Points.

*Discounts do not vary by Vitality Status and Vitality Bucks are not used. Purchase method is limited for discount transactions. Merchandise rewards subject to availability and may change without notice. See page 2 for Terms and Conditions. Effective 7/1/2013.

Humana Vitality℠

HumanaVitality® Rewards

Earning Vitality Points helps increase your Vitality Status.

The higher your Vitality Status, the bigger your HumanaVitality Mall discount.

Here are some examples of how many Vitality Bucks are needed to redeem for merchandise.

amazon.com gift card

$25 Amazon.com Gift Card[2]

- Bronze Vitality Status: 2,500 Vitality Bucks
- Silver Vitality Status: 2,253 Vitality Bucks
- Gold Vitality Status: 2,000 Vitality Bucks
- Platinum Vitality Status: 1,498 Vitality Bucks

Humana Gear Pedometer g2.0

- Bronze Vitality Status: 1,850 Vitality Bucks
- Silver Vitality Status 1,665 Vitality Bucks
- Gold Vitality Status: 1,480 Vitality Bucks
- Platinum Vitality Status: 1,109 Vitality Bucks

	Number of Vitality Points needed to move up to each Vitality Status level			Mall Discount
Platinum Vitality Status	**10,000** One adult per policy	**15,000 combined** Two adults* per policy	**5,000 additional** for each member 18 years and older per policy	**40%**
Gold Vitality Status	**8,000** One adult per policy	**12,000 combined** Two adults* per policy	**4,000 additional** for each member 18 years and older per policy	**20%**
Silver Vitality Status	**5,000** One adult per policy	**8,000 combined** Two adults* per policy	**3,000 additional** for each member 18 years and older per policy	**10%**
Bronze Vitality Status	You immediately move up from Blue Vitality Status after completing the Health Assessment			**0%**
START HERE AND MOVE UP → **Blue** Vitality Status	You start at Blue Vitality Status with 0 points			**0%**

HumanaVitality is not an insurance product. Humana Plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, Humana Insurance of Puerto Rico, Inc. License # 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.
For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Emphesys Insurance Company or insured or administered by Humana Insurance Company.
Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.
Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent or broker.
[1]Discounts and rewards available in the HumanaVitality Mall can only be assessed and redeemed by the HumanaVitality primary subscriber.
[2] Amazon.com is not a sponsor of this promotion. Except as required by law, Amazon.com Gift Cards ("GCs") cannot be transferred for value or redeemed for cash. GCs may be used only for purchases of eligible goods on Amazon.com or certain of its affiliated websites. Purchases are deducted from the GC balance. To redeem or view a GC balance, visit "Your Account" on Amazon.com. Amazon is not responsible if a GC is lost, stolen, destroyed or used without permission. For complete terms and conditions, see www.amazon.com/gc-legal. GCs are issued by ACI Gift Cards, Inc., a Washington corporation. ©,®,™ Amazon.com Inc. and/or its affiliates, 2013. No expiration date or service fees.
[3] Valid only on iTunes Store for U.S. Requires iTunes account and prior acceptance of license and usage terms. To open an account you must be 13+ and in the U.S. Compatible software, hardware, and Internet access required. Not redeemable for cash, no refunds or exchanges (except as required by law). Code may not be used to purchase any other merchandise, allowances or iTunes gifting. Data collection and use subject to Apple Customer Privacy Policy, see www.apple.com/privacy, unless stated otherwise. Risk of loss and title for code passes to purchaser on transfer. Codes are issued and managed by Apple Value Services, LLC ("Issuer"). Neither Apple nor Issuer is responsible for any loss or damage resulting from lost or stolen codes or use without permission. Apple and its licensees, affiliates, and licensors make no warranties, express or implied, with respect to code or the iTunes Store and disclaim any warranty to the fullest extent available. These limitations may not apply to you. Void where prohibited. Not for resale. Subject to full terms and conditions, see www.apple.com/legal/itunes/us/gifts.html. Content and pricing subject to availability at the time of actual download. Content purchased from the iTunes Store is for personal lawful use only. Don't steal music. © 2013 Apple Inc. Apple and iTunes are registered trademarks of Apple Inc. All rights reserved. Apple is not a participant in or sponsor of this promotion.
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Humana Vitality℠

Earn CASH REWARDS and LOWER health care COSTS

Vitals SmartShopper is a free service that gives you the resources to shop responsibly for medical services and rewards you with a **CASH BONUS** for making cost-effective choices.

Here's how it works:

- Your doctor recommends a medical procedure or test.
- Call Vitals SmartShopper at 855-869-2133, M–Th, 8:30 am–8:00 pm, F, 8:30 am–5:00 pm or access the website at www.vitalssmartshopper.com at least 24 hours prior to your appointment. Vitals SmartShopper 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 program is **EASY** and completely **CONFIDENTIAL. CALL or go ONLINE TODAY.**

Examples of medical procedures that qualify for the 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.vitalssmartshopper.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 Vitals SmartShopper 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, Vitals SmartShopper will mail your reward check to your home within 45 days of your claim being paid. Vitals SmartShopper 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 Vitals SmartShopper at the end of the year.

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 PY17, 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 Managed Choice plan has a Health Reimbursement Account (HRA). You may use your HRA with a voluntary Medical Reimbursement Account (FSA). **Please note this is the designated plan as referenced in certain union Collective Bargaining Agreements.**

Balanced Choice Plan with HRA and optional 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 has a Health Reimbursement Account (HRA). You may use your HRA with a voluntary Medical Reimbursement Account (FSA).

Choice Plan – No HRA available – You may elect a medical FSA

The Choice plan has the highest cost per pay period. In return, it has the lowest annual deductible. The Choice plan does not have a Health Reimbursement Account; however, you may elect to contribute to a 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.

There will be no rollover for Plan Year 2017.

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 Benefits Orientation, select the applicable health plans (Managed Choice or Balanced Choice) and 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.

**For LMPD FOP members with a hire date prior to July 1, 2013. For additional information please refer to separate sheet provided during Open Enrollment meetings or orientation.*

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 25.) 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. For Plan Year 2017, the maximum contribution for a Medical Reimbursement Account is $2,550

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 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 $2,550 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 an 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 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, 2016, to submit reimbursement requests for expenses incurred and paid in the plan year July 1, 2015 – June 30, 2016. You have until September 30, 2017, to submit reimbursement requests for expenses incurred and paid in plan year July 1, 2016 – June 30, 2017.

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 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.

The plans require use of generic drugs only. If an employee/eligible dependent chooses to purchase a brand name drug, and an equivalent generic is available, he/she must pay the difference in cost between the brand name and generic equivalent, plus the applicable co-payment, regardless of who is requesting the brand name medication. If the physician writes on the prescription "dispense as written," the drug will be dispensed as such. However, the employee/eligible dependent will still be required to pay the difference in cost between the brand name drug and the generic equivalent, plus any applicable co-payment.

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. The plan's mail order benefit is provided by RightSource.

For more about the mail order program, go to 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 certain 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–4 pm.

You can reduce your medical expenses by using in-network doctors and hospitals or by participating in the Vitals SmartShopper program. To find out if your doctor is in-network, call your doctor's office or go online to www.humana.com and look under "Humana Choice Care Network PPO."

PY17 Monthly Medical Plan Costs

Humana Choice (FSA Only)	EE Cost	LMG Funded HRA (annual amount)
Employee	$ 176.74	$ 0.00
Employee + Spouse	476.82	0.00
Employee + Child(ren)	452.30	0.00
Employee + Spouse + Child(ren)	1,173.00	0.00
Employee + Qualified Adult	476.82	0.00
Employee + Qualified Adult + Child(ren)	1,173.00	0.00

Humana Balanced Choice (HRA & FSA)		
Employee	$ 62.88	$ 200.00
Employee + Spouse	190.80	300.00
Employee + Child(ren)	181.16	300.00
Employee + Spouse + Child(ren)	514.44	400.00
Employee + Qualified Adult	190.80	200.00
Employee + Qualified Adult + Child(ren)	514.44	300.00

Managed Choice (HRA & FSA)		
Employee	$ 0.00	$ 500.00
Employee + Spouse	64.30	600.00
Employee + Child(ren)	61.02	600.00
Employee + Spouse + Child(ren)	280.34	700.00
Employee + Qualified Adult	64.30	500.00
Employee + Qualified Adult + Child(ren)	280.34	600.00

MEDICAL PLANS COMPARISON CHART

	Humana Managed Choice (HDHP) with HRA and FSA		Humana Balanced Choice (PPO) with HRA and FSA		Humana Choice (PPO) with FSA only	
Benefit/Feature	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Choice of doctors and hospitals	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	
Need to select primary care physician?	No	No	No	No	No	No
Annual deductible	$1,800/single	$3,600/single	$1,200/person	$3,600/person	$600/person	$1,800/person
(does not include copays)	$3,600/other levels[1]	$7,200/other levels[1]	$3,600/other levels	$10,800/other levels	$1,800/other levels	$5,400/other levels
Annual out-of-pocket expense limit	$3,600/person	$7,200/person	$3,600/person	$10,800/person	$2,000/person	$6,000/person
(includes deductible and in-network copays)	$7,200/other levels	$14,400/other levels	$10,800/other levels	$32,400/other levels	$6,000/other levels	$18,000/other levels
Doctor's office visits						
Metro Employee Wellness Center	$5 copay/visit		$5 copay/visit		$5 copay/visit	
Primary care	80%[7]	60%[7]	$30 copay/visit	60%[7]	$30 copay/visit	60%[7]
Specialists[3]	80%[7]	60%[7]	$50 copay/visit	60%[7]	$50 copay/visit	60%[7]
Inpatient physician care	80%[7]	60%[7]	80%[7]	60%[7]	80%[7]	60%[7]
ER physician care	80%[7]	80%[7]	80%[7]	60%[7]	80%[7]	60%[7]
Diagnostic tests	80%[7]	60%[7]	80%[7]	60%[7]	80%[7]	60%[7]
Metro Employee Wellness Center	included in $5 copay/visit		included in $5 copay/visit		included in $5 copay/visit	
Inpatient hospital	80%[7]	60%[7]	80%[7]	60%[7]	80%[7]	60%[7]
Outpatient hospital	80%[7]	60%[7]	80%[7]	60%[7]	80%[7]	60%[7]
Emergency Room	80%[7]	80%[7]	80%[7]	80%[7]	80%[7]	80%[7]
Urgent care Centers	80%[7]	60%[7]	$100 copay/visit	60%[7]	$100 copay/visit	60%[7]
Prescription Drugs						
Metro Employee Wellness Center	$0 generic (Tier 1)		$0 generic (Tier 1)		$0 generic (Tier 1)	
Retail Pharmacies	80%[7]	60%[7]	$20 generic (Tier 1)	Not covered	$20 generic (Tier 1)	Not covered
(30-day supply)			$35 brand name (Tier 2)[6] $60 non-formulary (Tier 3)[6]		$35 brand name (Tier 2)[6] $60 non-formulary (Tier 3)[6]	
Mail order (90-day supply)	80%[7]	60%[7]	2x retail copay	Not covered	2x retail copay	Not covered
Allergy services						
Testing	80%[7]	60%[7]	80%[7]	60%[7]	80%[7]	60%[7]
Serum	80%[7]	60%[7]	80%[7]	60%[7]	80%[7]	60%[7]
Injections	80%[7]	60%[7]	80%[7]	60%[7]	80%[7]	60%[7]
Metro Employee Wellness Center	included in $5 copay/visit		included in $5 copay/visit		included in $5 copay/visit	
Ambulance	80%[7]	80%[7]	80%[7]	80%[7]	80%[7]	80%[7]
Skilled Nursing Facility	80%[7]	60%[7]	80%[7]	60%[7]	80%[7]	60%[7]
Behavioral Health/Substance Abuse						
Inpatient	80%[7]	60%[7]	80%[7]	60%[7]	80%[7]	60%[7]
Outpatient	80%[7]	60%[7]	$50 copay/visit[4]	60%[7]	$50 copay/visit[4]	60%[7]
Home Health Care	80%[7] (limit 60 visits/year)	60%[7] (limit 60 visits/year)	80%[7] (limit 60 visits/year)	60%[7] (limit 60 visits/year)	80%[7] (limit 60 visits/year)	60%[7] (limit 60 visits/year)
Therapy services[2, 4, 5,8]	80%[7]	60%[7]	$30 copay/visit	60%[7]	$30 copay/visit	60%[7]
Chiropractic care (must be reviewed for medical necessity)	80%[7] (limit 20 visits/year)	60%[7] (limit 20 visits/year)	$30 copay/visit (limit 20 visits/year)	60%[7] (limit 20 visits/year)	$30 copay/visit (limit 20 visits/year)	60%[7] (limit 20 visits/year)
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

[1]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 person. [2]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. [3]Does not apply to pediatrician or OB/GYN annual exams. [4]Psychiatrist is considered a specialist and copay is $50 per visit. [5]Any therapy claims with an autism diagnosis are not counted against the therapy limits. They are in addition to the mental health autism benefits. [6]Member pays applicable copays plus difference when a generic is available. [7]After annual deductible. [8]The initial visit may be billed as a specialty office visit due to evaluation by therapist.

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. Also included are breast feeding counseling, breast feeding support and supplies, and prescribed contraceptive methods. For more information, please refer to your Summary Plan Description.

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 PY17.

Level of Coverage	Delta Preferred (PPO)	Delta Premier (Indemnity)	DeltaCare DC16 (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.

The copayments shown below for DeltaCare are estimates. Actual copayments are provided on the Member Copayment Schedule posted on MyMetro.

PY17 DENTAL BENEFITS

	Delta Preferred (PPO)		Delta Premier (Indemnity)	DeltaCareDC16 (DHMO)
Benefit	In-Network	Out-of-Network[1]	Any Provider	In-Network Only
Need to select participating dentist?	No	No	No	Yes[2]
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 $49 - $118
Extraction (one tooth)	50%	40%	50%	You pay $43 - $206
Crown (porcelain)	50%	40%	25%	You pay $209 - $433
Root canal therapy (molar)	50%	40%	50%	You pay $246 - $402
Complete upper dentures	50%	40%	25%	You pay $401 - $484
Orthodontic treatment[3]				
Children (to age 19)	50% up to $750 lifetime benefit	50% up to $750 lifetime benefit	50% up to $750 lifetime benefit	You pay $2,970
Adults (19 and over)	Not covered	Not covered	Not covered	You pay $3,170
Annual Maximum	$1000	$1000	$1000	N/A

[1] 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. [2] You may select a different dentist for each covered family member. [3] Orthodontic treatment cost does not include treatment plans.

Vision Coverage

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

You may obtain a complete yearly eye exam, eyeglass lenses every 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/or frames.

How does the plan work?

VSP plan does not issue ID cards. 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 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 11:00 PM Eastern Time, Saturday from 10:00 AM to 11:00 PM and Sunday 10:00 am to 10:00 pm. Call them toll-free 800-877-7195 or chat online at www.vsp.com.

PY17 VISION BENEFITS

Benefit	VSP Network	Non-VSP Provider
WellVision® exam	Covered in full after $10 copay	Plan pays up to $45 after copay
Routine Retinal Imaging	Covered in full after $20 copay	No coverage
Lenses (per pair)	Covered in full after $10 copay	Plan pays up to $30 after copay
Bifocal	Covered in full after $10 copay	Plan pays up to $50 after copay
Trifocal	Covered in full after $10 copay	Plan pays up to $65 after copay
Polycarbonate	Covered in full	No coverage
Contact lenses		
Elective (includes lens service and materials)	Plan pays up to $130 (no copay)	Plan pays up to $105 (no copay)
Medically necessary	Covered in full after $10 copay	Plan pays up to $210 after copay $10 copay
Frames	Plan pays up to $150 after copay - 20% discount on amount over allowance	Plan pays up to $70 after copay
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.*

PY17 Monthly Vision Costs	
Employee	$ 5.92
Employee + Spouse	$11.31
Employee + Child(ren)	$12.11
Employee + Spouse + Child(ren)	$18.20
Employee + Qualified Adult	$11.31
Employee + Qualified Adult + Child(ren)	$18.20

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 base 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 Metro HR Benefits at 574-2642.

LIFE AND AD&D COVERAGE

Who is eligible?

You are eligible for life insurance coverage if you are a regular full-time non-union 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. Qualified 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 base 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 base 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 you wish to continue your life insurance coverage after your employment with Louisville Metro Government ends, please contact Metro HR/Benefits. The life insurance carrier must have your application within 30 days of your termination date. 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 Metro HR 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 $1.10 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 $1.10 per month.

A qualifying event (marriage, divorce, birth, etc.) may allow you to make a change to your dependent life insurance. Remember that you must provide documentation of any change in your family status that causes a change in your benefit elections (see page 9). The request and documentation must be received within 30 days of the qualifying event.

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.

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).

New Hires: You may elect supplemental life insurance in $10,000 increments up to $50,000, then in $25,000 increments to a maximum of $300,000 or 5 times base annual salary, whichever is less. When electing new hire benefits, coverage is guaranteed up to 3 times base annual salary. Coverage over 3 times base annual salary is subject to evidence of insurability (EOI/health application) and will not become effective until approved by the insurance carrier.

After initial enrollment - Open Enrollment: If you are currently enrolled in the supplemental life insurance program, you may increase your coverage:

By one increment up to 3 times the base annual salary without evidence of insurability.

By more than one increment up to $300,000 or 5 times your base annual salary (whichever is less) with evidence of insurability. An evidence of insurability form will be sent to you after enrollment.

A change in coverage requiring evidence of insurability will not become effective until approved by the insurance carrier.

If you initially become insured after attaining age 70, your benefit is subject to a maximum of $50,000.

Maximum coverage is $300,000 or 5 times your base annual salary, whichever is less.

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.

Note: Supplemental life insurance coverage is portable. If you wish to continue your supplemental life insurance coverage after your employment with Louisville Metro Government ends, please contact Metro HR/Benefits. The life insurance carrier must have your application within 30 days of your termination date. 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+
Coverage										
$ 10,000	$0.60	$0.70	$0.80	$1.30	$1.90	$3.10	$5.20	$7.40	$13.40	$21.50
$ 20,000	1.20	1.40	1.60	2.60	3.80	6.20	10.40	14.80	26.80	43.00
$ 30,000	1.80	2.10	2.40	3.90	5.70	9.30	15.60	22.20	40.20	64.50
$ 40,000	2.40	2.80	3.20	5.20	7.60	12.40	20.80	29.60	53.60	86.00
$ 50,000	3.00	3.50	4.00	6.50	9.50	15.50	26.00	37.00	67.00	107.50
$ 75,000	4.50	5.24	6.00	9.74	14.24	23.24	39.00	55.50	100.50	161.24
$ 100,000	6.00	7.00	8.00	13.00	19.00	31.00	52.00	74.00	134.00	215.00
$ 125,000	7.50	8.74	10.00	16.24	23.74	38.74	65.00	92.50	167.50	268.74
$ 150,000	9.00	10.50	12.00	19.50	28.50	46.50	78.00	111.00	201.00	322.50
$ 175,000	10.50	12.24	14.00	22.74	33.24	54.24	91.00	129.50	234.50	376.24
$ 200,000	12.00	14.00	16.00	26.00	38.00	62.00	104.00	148.00	268.00	430.00
$ 225,000	13.50	15.74	18.00	29.24	42.74	69.74	117.00	166.50	301.20	483.74
$ 250,000	15.00	17.50	20.00	32.50	47.50	77.50	130.00	185.00	335.00	537.50
$ 275,000	16.50	19.24	22.00	35.74	52.24	85.24	143.00	203.50	368.50	591.24
$ 300,000	18.00	21.00	24.00	39.00	57.00	93.00	156.00	222.00	402.00	645.00

Payroll deductions

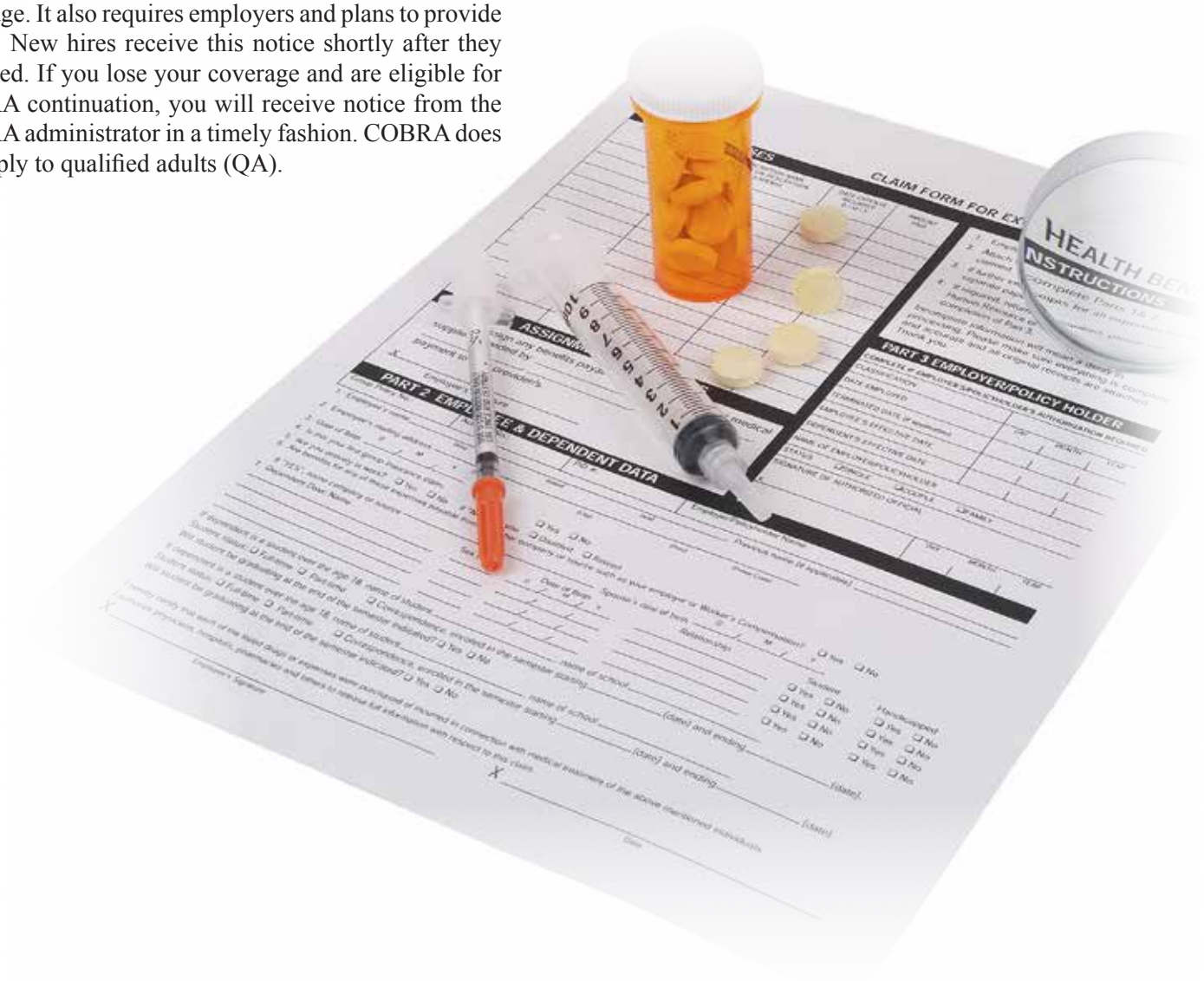
If you enroll for medical, dental or vision benefits, your portion of the cost will be deducted from your pay on a pre-tax basis, except for qualified adult (QA) costs. That means your contributions don't count as taxable income, so you'll pay less in federal and state income taxes. The QA portion of the costs will be deducted from your pay on an after-tax basis.

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.



DEPENDENT CARE FSA

The Dependent Care Reimbursement Account (FSA) may be used to cover adult or child daycare services that allow you, or you and your spouse, to work. Examples include licensed daycare 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, 2016, to submit reimbursement requests for expenses incurred and paid in the plan year July 1, 2015 – June 30, 2016. You have until September 30, 2017, to submit reimbursement requests for expenses incurred and paid in plan year July 1, 2016 – June 30, 2017.

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 Metro HR 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 plus rider, accident and short-term disability insurance and hospital indemnity coverage.

To enroll in any of these products, contact:

AFLAC
Amy Johannemann
502-386-2779
amy_johannemann@us.aflac.com

Allstate Worksite Division (AWD)
Kathy Davis
502-744-8580
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 incident at no cost. To use your EAP benefit, call Magellan Health at 800-588-8143.

DEGREES WORK

The Degrees 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.degrees-work.org or call 574-4727.

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. Assistance is contingent upon available funding and employee following the application process. For more information, please contact Metro HR Benefits at 574-2642 or by email at 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.

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 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.

CONTACTS

BENEFIT/ORGANIZATION	PHONE	ONLINE
Metro Employee Wellness Center Managed by Concentra	502-574-CARE (574-2273) Fax: 502-574-7853	
Medical Plans		
Humana	800-601-5031/800-448-6262	www.humana.com
Humana Nurse Advice Line	800-622-9529	
Vitals SmartShopper	855-869-2133	www.vitalssmartshopper.com
Pharmacy		
Humana Pharmacy Solutions	800-865-8715	www.humana.com
Health Reimbursement Accounts (HRAs)		
ADP	855-676-4345	www.spendingaccounts.info
Dental Plans		
Delta Dental of Kentucky	800-955-2030	www.deltadentalky.com
Vision		
VSP	800-877-7195	www.vsp.com
Life and AD&D		
Lincoln Financial Group	800-423-2765	www.lincoln4benefits.com
Long-Term Disability		
Lincoln Financial Group	800-423-2765	www.lincoln4benefits.com
Flexible Spending Accounts		
ADP	855-676-4345	http://spendingaccounts.info https://myspendingaccount.adp.com
Voluntary Insurance Plans		
Allstate Worksite Division (AWD)	502-744-8580	kdavis@allstate.com
AFLAC	502-386-2779	www.aflac.com
Kentucky Educational Trust	877-598-7878	www.kentuckytrust.org
Nationwide Retirement Systems		
Deferred Compensation	502-794-0150	www.nrsforu.com
Employee Assistance Program (EAP)	800-588-8143	www.magellanhealth.com/member
Child Care Assistance	502-574-2642	
MetroHR Benefits		mybenefits@louisvilleky.gov
Metro Technology Help Desk	502-574-4444	
Kentucky Retirement Systems	800-928-4646	www.kyret.ky.gov
MetroHR Benefits	502-574-8100	mybenefits@louisvilleky.gov
Employee Tuition Assistance Program	502-574-4796	
Degrees Work	502-574-4727	www.degrees-work.org
Tobacco Cessation Program Sponsored by LMG Public Health & Wellness	502-574-STOP (574-7867)	

WORKSHEET

BENEFIT	YOUR ELECTION	LEVEL/AMOUNT OF COVERAGE
Medical Page 15	Check one: ❏ Humana Managed Choice ❏ Humana Balanced Choice ❏ Humana Choice ❏ No Coverage	Check one: ❏ Employee Only ❏ Employee + Spouse ❏ Employee + Children ❏ Employee + QA ❏ Employee + Children + QA ❏ Employee + Children+ Spouse
Medical Reimbursement Account (FSA) Page 17	❏ Medical Reimbursement Account ❏ No coverage	Enter the annual amount(s): $_____ (max. $2,550)
Dental Page 20	Check one: ❏ Delta Preferred (PPO) ❏ DeltaCare DC16 (Dental DHMO) ❏ Delta Premier (Indemnity) ❏ No Coverage	Check one: ❏ Employee Only ❏ Employee + Spouse ❏ Employee + Children ❏ Employee + QA ❏ Employee + Children + QA ❏ Employee + Children + Spouse
Vision Page 21	Check one: ❏ Coverage ❏ No Coverage	Check one: ❏ Employee Only ❏ Employee + Spouse ❏ Employee + Children ❏ Employee + QA ❏ Employee + Children + QA ❏ Employee + Children + Spouse
Dependent Life Page 22	Cost for Dependent Life is the same no matter how many dependents are enrolled	Check one: ❏ No Dependent Life ❏ Dependent Life
Supplemental Life Page 23	Check one: ❏ Basic Life Only (No Supplemental) ❏ Supplemental Life	Enter amount for Supplemental Life: $_____
Dependent Care Account (FSA) Page 25	❏ Dependent Care Account ❏ No coverage	Enter the annual amount(s): $ _____ (max. $5,000)
Voluntary Insurance Plans Page 26	Allstate Worksite Division (AWD): ❏ Cancer ❏ Universal Life ❏ Critical Illness AFLAC: ❏ Accident ❏ Short-Term Disability ❏ Hospital Indemnity	Please Note: You cannot enroll for voluntary insurance through the online enrollment process. You must sign up through a voluntary insurance representative.

INFORMATION ABOUT YOUR DEPENDENTS

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

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
  - ❑ Durable property or health care power of attorney
  - ❑ Joint ownership of a motor vehicle
  - ❑ Joint checking account/credit 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

LOUISVILLE METRO GOVERNMENT
GREG FISCHER, MAYOR

metroHR
INVESTING IN YOU

MYBENEFITS@LOUISVILLEKY.GOV