



# FULL-TIME EMPLOYMENT BENEFITS CITY OF OWENSBORO

## Health Insurance

Effective 1<sup>st</sup> of the month following date of hire

## Wellness Program

## Group Life Insurance

## State Retirement (CERS)

(Employees pay a percentage of their gross income, and it is tax-deferred;  
Employer pays a percentage in excess of matching)

## Vacation

(Must be employed 6 months before requesting use of accrued vacation)

## Holidays

(For eligible employees)

## Sick time

## Voluntary Benefits

(Dental, Vision, Short Term and Long Term  
Disability, Supplemental Life, Group Cancer,  
Accident, and Critical Illness)

Effective 1<sup>st</sup> of the month following date of hire

## Education Tuition Assistance

## Employee Assistance Program

## Medical Reimbursement Plan

## Dependent Care Reimbursement Plan

## Audubon Federal Credit Union

## Free Parking

## Direct Deposit

(Mandatory)

## Uniform allowance

(For eligible positions)

THE ABOVE INFORMATION IS SUBJECT TO CHANGE



# OWENSBORO

— only in owensboro —



## EMPLOYEE BENEFIT GUIDE





# Welcome to your 2024 Employee Benefits!

City of Owensboro recognizes the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry and designed to protect your health, your family and your way of life.

This guide was created to answer some of the questions you may have and provide the tools and resources you will need to take full advantage of the programs and plans being offered. Please read it carefully along with any supplemental materials you receive.

For any questions about the benefits outlined in the guide, please contact your City of Owensboro Benefit Administrator.

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*PLEASE NOTE: This booklet provides a summary of the benefits available, but is not your Summary Plan Description (SPD). Your company reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.*

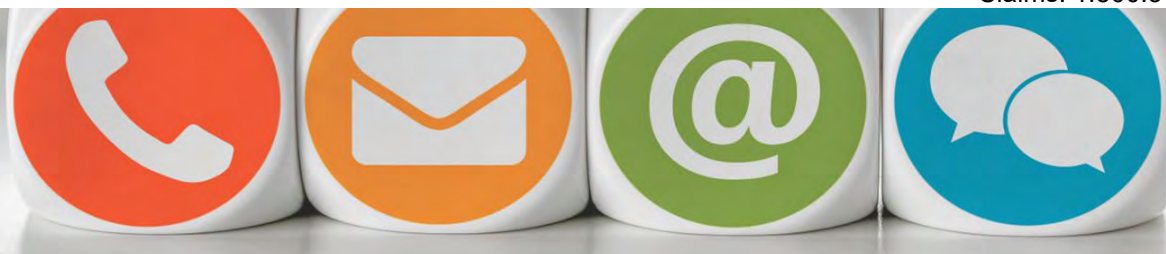


# Carrier Contacts

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. Follow these steps if you require assistance:

- **Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.
- For claims assistance, please contact the insurance carrier. You will need your ID number or Social Security number along with date of service and provider name.

City of Owensboro Carriers	Website	Phone
<b>Medical</b>		
UMR	<a href="http://www.umar.com">www.umar.com</a>	1.800.826.9781
SHARx: Pharmacy Advocate	<a href="http://www.sharxplan.com">www.sharxplan.com</a>	1.314.451.3555
TrueRx	<a href="http://www.truerx.com">www.truerx.com</a> <a href="mailto:hello@truerx.com">hello@truerx.com</a>	1.866.921.4047
Rx n Go	<a href="http://www.rxngo.com">www.rxngo.com</a>	1.888.697.9646
<b>Health Savings Account</b>		
UMB Health Savings Account	<a href="http://www.hsa.umb.com">www.hsa.umb.com</a>	1.866.520.4472
<b>Dental</b>		
Paramount Dental	<a href="http://www.insuringsmiles.com">www.insuringsmiles.com</a>	1.800.727.1444
<b>Vision</b>		
AVESIS	<a href="http://www.avesis.com">www.avesis.com</a>	1.800.643.1132
<b>Flexible Spending Account</b>		
Chard Snyder	<a href="http://www.chard-snyder.com">www.chard-snyder.com</a>	1.800.982.7715
<b>Short Term / Long Term Disability</b>		
One America	<a href="http://www.oneamerica.com">www.oneamerica.com</a>	1.800.553.5318
<b>Basic Life &amp; AD&amp;D/ Vol. Life &amp; AD&amp;D</b>		
One America	<a href="http://www.oneamerica.com">www.oneamerica.com</a>	1.800.553.5318
<b>Accident &amp; Critical Illness</b>		
Aflac	<a href="http://www.aflac.com">www.aflac.com</a>	1.800.992.3522
<b>Cancer</b>		
Allstate	<a href="http://www.allstateatwork.com/mybenefits">www.allstateatwork.com/mybenefits</a>	Customer Care: 1.800.521.3535 Claims: 1.800.348.4489



# Eligibility

City of Owensboro shares in the cost by paying for a portion of the employee and dependent health insurance costs. Dependents are eligible to participate in the health plan. Your completed enrollment serves as a request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

Any elections made will remain in effect and cannot be changed or revoked until the next annual Open Enrollment period, unless the change is due to and consistent with a family/life status change.

## Who is eligible for Benefits?

- Employees are eligible on the first day of the month following their full-time date of hire.

## Eligible Dependents

- A spouse to whom you are legally married; please refer to the working spouse rule to determine primary coverage.
- A dependent child under the age of 26. Coverage terminates at the end of the month of the dependents 26<sup>th</sup> birthday

Coverage for eligible dependents generally begins on the same day your coverage is effective.

*\*Additional carrier conditions may apply.*

# Benefit Change in Status

City of Owensboro sponsors a cafeteria plan which allows eligible employees to choose from a menu of different benefits to suit their needs and to pay for some or all of those benefits with pre-tax dollars.

Participant elections made under a cafeteria plan are generally irrevocable and run from the beginning of the Plan Year (or date of initial eligibility) through the end of the Plan Year. With the exception of HSA contribution elections, you will not be able to change or revoke your elections during the Plan Year unless you experience an IRS permitted qualifying event. Any change you make must be consistent with the qualifying event. Examples of qualifying events that may entitle you to make a mid-year change in your election during a Plan Year, include:

- |                      |                             |
|----------------------|-----------------------------|
| • Birth / Adoption   | • Dependent Child Age Limit |
| • Divorce            | • Marriage                  |
| • Death              | • Loss of Coverage          |
| • FMLA Related Leave | • Eligible for Medicare     |

Employers do not have to permit any exceptions to the election irrevocability rule for cafeteria plans. Please consult your Plan Administrator for the specific qualifying events permitted by your plan.



**You must notify your Human Resources Department within 31 days from the Status Change in order to make a change in your benefit selections.**



# Medical Insurance

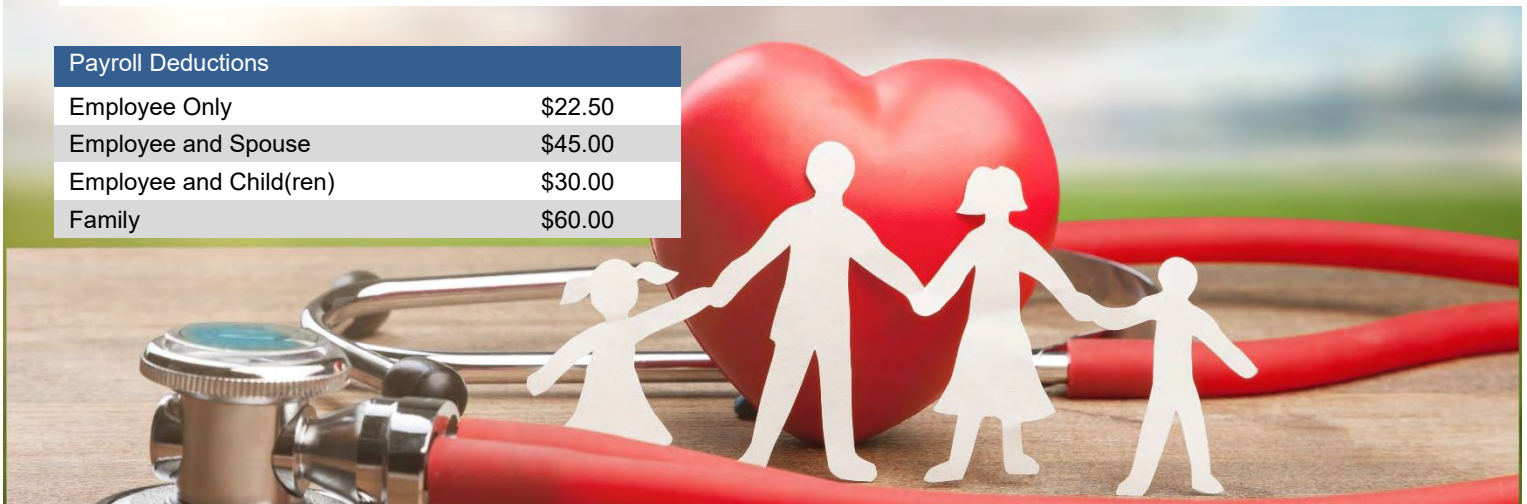


UMR medical plans offer freedom of choice with access to a large national network of physicians, hospitals and health care professionals (clinics, labs, care centers, etc.). To find a network provider, visit [www.UMR.com](http://www.UMR.com) or call Toll-Free 1.800.826.9781.

UMR will continue as the administrator of the City of Owensboro health plans. UMR is owned by United Healthcare. You will need to use providers who participate in the United Healthcare Choice Plus network.

HDHP		
BENEFIT HIGHLIGHTS	In-Network	Out-of-Network
	Member Responsibility Shown	Member Responsibility Shown
Annual Deductible	Single \$3,500 Family \$7,500	Single \$7,000 Family \$15,000
Annual Out-of-Pocket Maximum	Single \$3,500 Family \$7,500	Single \$7,000 Family \$15,000
Doctor's Visit	Deductible	Deductible then Co-insurance
Co-Insurance (after deductible is met)	Plan Pays: 100% Member Pays: 0%	Plan Pays: 40% Member Pays: 60%
	Member Responsibility Shown	Member Responsibility Shown
Preventive Care Services ** <i>**As determined by UMR Preventive Care Guidelines</i>	No Cost Share	Deductible; then 60%
Emergency Room	\$100 Copay, then Deductible <i>***co-pay waived if admitted</i>	\$100 Copay, then Deductible
Urgent Care Services	Deductible	Deductible; then 60%
Urgent Care Center Services	Deductible	Deductible; then 60%
Inpatient & Outpatient Services	Deductible	Deductible; then 60%
Prescriptions (Pharmacy) Generic/ Formulary/ Non Formulary	Deductible	Deductible; then 50%
Prescriptions (Mail) Generic/ Formulary/ Non Formulary	Deductible	Not Covered
Specialty & High Cost Medications	Only available through SHARx Program	Not Covered

Payroll Deductions	
Employee Only	\$22.50
Employee and Spouse	\$45.00
Employee and Child(ren)	\$30.00
Family	\$60.00



# Medical Insurance Continued



PPO		
BENEFIT HIGHLIGHTS	In-Network	Out-of-Network
	Member Responsibility Shown	Member Responsibility Shown
Annual Deductible : Excludes Office Visits and RX Co-Pays	Single \$750 Family \$1,500	Single \$750 Family \$1,500
Annual Out-of-Pocket Maximum* *OV and RX Co-Pays, Deductibles apply to Out of Pocket Max. In-network and out-of-network out of pocket amounts <b>DO NOT accumulate toward one another.</b>	Single \$1,750 Family \$3,500	Unlimited Unlimited
Doctor's Visit	Primary Care: \$30 Co-pay Specialist: \$50 Co-pay	60%
Co-Insurance (after deductible is met)	Plan Pays: 60% Member Pays: 40%	Plan Pays: 40% Member Pays: 60%
Preventive Care Services **		
**As determined by UMR Preventive Care Guidelines	No Cost Share	Deductible; then 60%
Emergency Room	***\$100 co-pay, deductible then 40%	***\$100 co-pay, deductible then 40%
	***co-pay waived if admitted	
Urgent Care Services	\$30	Deductible; then 60%
Urgent Care Center Services	Deductible then 40%	Deductible; then 60%
Inpatient & Outpatient Services	Deductible then 40%	Deductible; then 60%
One Routine Vision Exam per Year (does not include contact lens exam)	No Cost Share - Exam Only	Deductible; then 60%
Prescriptions (Pharmacy) Generic/ Formulary/ Non Formulary	\$10 / \$20 / \$30	50% with \$30 minimum
Prescriptions (Mail) Generic/ Formulary/ Non Formulary	\$20 / \$40 / \$60	Not Covered
Specialty & High Cost Medications	Only available through SHARx Program	Not Covered



Payroll Deductions	New Rates
Employee Only	\$81.50
Employee and Spouse	\$190.50
Employee and Child(ren)	\$175.00
Family	\$253.00



Get all your  
answers **quick**  
and **easy** @  
**umr.com**



A UnitedHealthcare Company

## Make umr.com your first stop

You want managing your health care to be fast and easy, right? You got it. At umr.com, you'll find everything you want to know – and need to do – as soon as you log in.

No hassles. No waiting. Just the answers you're looking for anytime, night or day!

### Log in now to:

View **My taskbar**, your  
personalized benefits to-do list

Check your benefits  
and see what's covered

Look up what you owe  
and how much you've paid

Find a doctor in your network

Learn about medical conditions  
and treatment options

Access tools and trusted resources  
to help you live a healthier life

### Getting started

If you already have an account, go to **umr.com** and click the **Login/ Register** button in the upper-right corner. If it's your first time visiting us, click the **Login/Register** button in the upper-right corner to open an account. Make sure you have your ID card handy and follow the steps to get started.



#### WANT A QUICK TOUR?

Use the QR code reader on  
your smart phone to watch  
a short video.

**Note:** The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.





## 24/7 doctor visits via phone or mobile app



Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care



### Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



A UnitedHealthcare Company

# HOW TO USE YOUR PHARMACY BENEFITS YOUR RX PROVIDERS:



**TrueRx – your Pharmacy Benefit Manager. This is the company that administers your prescription benefits. [www.hello@truerx.com](http://www.hello@truerx.com) or 866-921-4047**



**WB Rx Express – this is the mail order division of TrueRx. If you have a brand-name medication that you take over a long period of time (like Crestor for high cholesterol), you can obtain a 90-day fill of this medication through WB Rx Express for the same cost as 60-day fill at your local pharmacy. [www.wbrxexpress.com](http://www.wbrxexpress.com) or 833-391-0126**

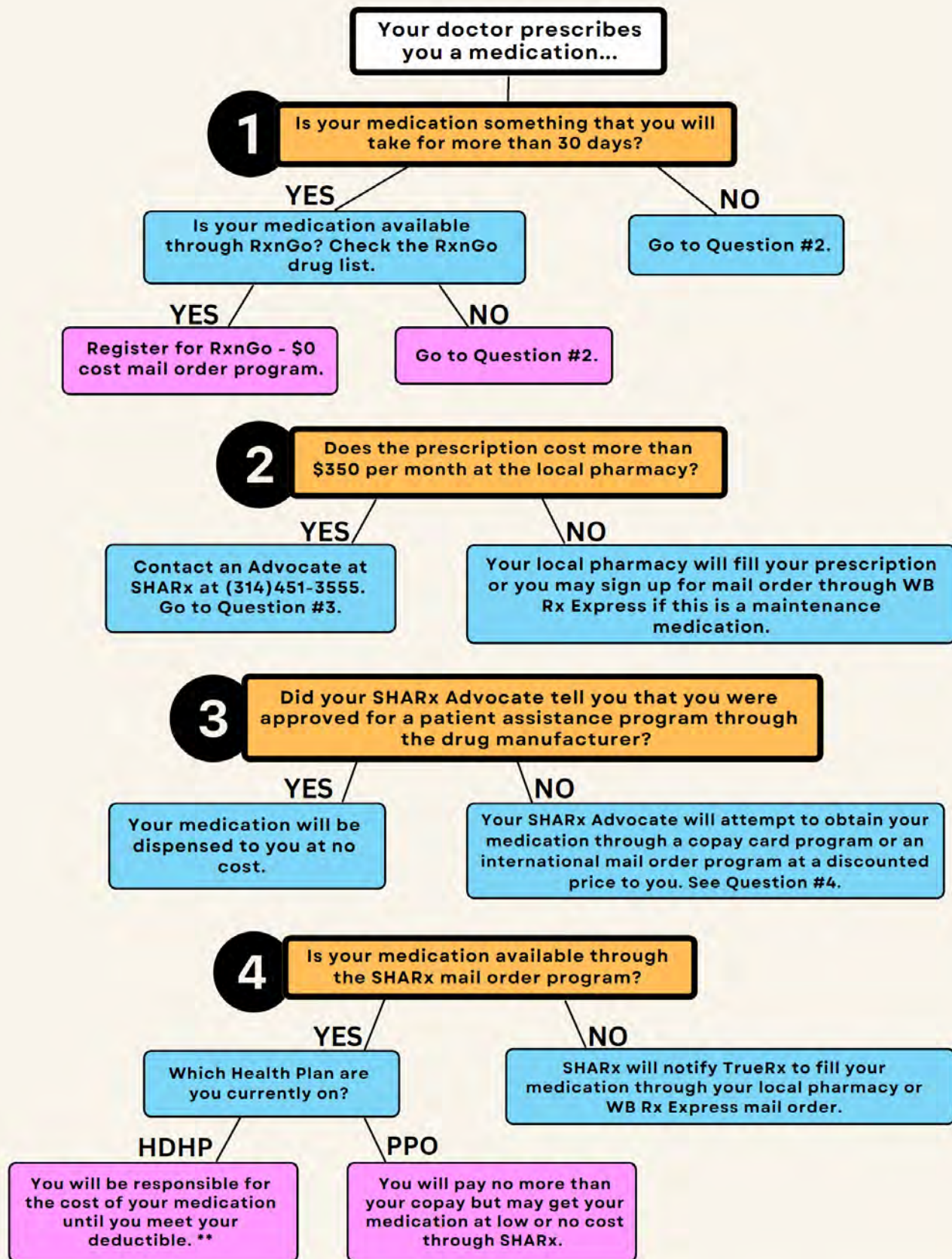


**SHARx – if you have a high dollar medication—one that costs \$350 per month or more, you must obtain your medication through SHARx. Your pharmacy advocate will assist you in obtaining your medications. [www.SHARxplan.com](http://www.SHARxplan.com) or 314-451-3555**



**RxnGo – This program is not affiliated with TrueRx and does not go through your insurance. RxnGo fills certain generic medications at no cost to you through a mail order program. If you have a generic medication that you will take over a long period of time (like generic high blood pressure medication), you may be able to use this program to get your medication at \$0 cost to you. The City pays the full cost of the drug under this program. [www.rxngo.com](http://www.rxngo.com) or 888-697-9646**





\*\*IF YOU ARE ON A HIGH DEDUCTIBLE HEALTH PLAN AND MUST PAY FOR YOUR MEDICATIONS OUT OF POCKET, YOU MAY WISH TO USE A DISCOUNT CARD PROGRAM LIKE GOODRX WHICH IS OUTSIDE THE CITY OF OWENSBORO'S HEALTH PLAN. PLEASE NOTE THAT ANY COSTS PAID OUTSIDE OF THE CITY'S HEALTH PLAN WILL NOT APPLY TOWARD YOUR DEDUCTIBLE OR OUT OF POCKET MAXIMUM.



# WELCOME TO YOUR NEW PHARMACY BENEFIT

The word “change” probably elicits some uncomfortable feelings. In this case, a change in your pharmacy insurance is actually a good thing. We’re a team of pharmacists helping you get the medication you need with ease and care.



Daniel W., Pharmacist  
True Rx Health Strategists

## The trueDifference

**You're more than a number.** At True Rx Health Strategists, you are our patient. Our motivation is your health and quality of life.

**Smart medication choices** are made by ethical health care providers. Our formularies are designed to keep you healthy and productive.

**Affordable specialty.** If you take a specialty medication, your dedicated case manager will reach out and share potential savings for your medication.

**Our mobile app** lets you compare your medication price at different pharmacies and access your medication history.

**How do I continue my mail order service?** If your employer offers home delivery options, you will need to contact WB Rx Express as soon as possible at [www.wbrxexpress.com/mail-order](http://www.wbrxexpress.com/mail-order) or 833-391-0126.

**Is True Rx Health Strategists a pharmacy?** No, we're not a pharmacy. We're your pharmacy insurance provider. You will continue to receive medications at your local pharmacy while we work in the background to make sure you're getting prescriptions with ease and accuracy.

**How do I get my prescriptions filled?** Soon, you will receive your new insurance card in the mail. Simply take your new insurance card to your local pharmacy. You can also access your card on your phone by downloading the “MyRxPlan” app.

**How much will my medication cost?** You can find the cost of your medication by using the member portal at [truerx.com/member-portal](http://truerx.com/member-portal) or by downloading the “MyRxPlan” app to compare prices at different pharmacies in your area.

**What should I do if my claim is delayed or denied?** If you're having difficulties, please give us a call. Our patient care representatives are experts in your pharmacy benefits plan.

## NEXT STEPS

- 1 **LOOK** for your new insurance card in the mail.
- 2 **TAKE** your new card to your pharmacy.
- 3 **CREATE** your account at [truerx.com/member-portal](http://truerx.com/member-portal).
- 4 **DOWNLOAD** the app by searching “MyRxPlan” in the App Store or Google Play.



**We're here to answer any additional questions.**  
Reach us at [hello@truerx.com](mailto:hello@truerx.com) or 866-921-4047.




Ashley G., Pharmacist  
True Rx Health Strategists



# INSTANT ACCESS TO YOUR PHARMACY BENEFIT

## It's easy to get started:

- ① **Download** the app by searching  "MyRxPlan" in your app store.
- ② **Register** for your online account with your Card Holder ID, Group Number, Your First and Last Name, and Date of Birth.
- ③ **Click** Save and Continue.
- ④ **Finish** the Two-Step Verification Process.
- ⑤ **Notice** the MyRxPlan logo change to True Rx Health Strategists.



## Everything at your fingertips:

**View** prescription insurance card. **Review** claim history. **Compare** medication pricing.

**See** coverage and limits. **Check** medication information. **Find** a pharmacy.

# WELCOME TO YOUR NEW MAIL ORDER PHARMACY

WB Rx Express is a family-run pharmacy serving communities for decades. We are the place to go if you want personalized and friendly service that is convenient and accessible. Transfer pharmacies today for the personalized attention you and your loved ones deserve.

## Get Started With Your Current Prescriptions In Three Easy Steps:

- ① Go to [wbrxexpress.com](http://wbrxexpress.com) and click "Get Started".
- ② Use the form to enter your name, address, phone number, email address, message (optional) and click the red Submit button.
- ③ WB Rx Express will contact you within two business days to verify your account and medication information.

## Is It Really That Simple?

Yes! Our health care professionals will transfer your medications from your previous pharmacy.

In fact, WB Rx Express pharmacists have been taking care of patients for five generations. WB Rx Express promises to treat you like family and answer all of your medication questions with courtesy and clarity.

## What To Do If I Get A New Prescription?

Ask your doctor to send your prescription to WB Rx Express by electronic prescribing, phone, fax, or mail. Remember to set up your online account for refill convenience.



**WB Rx EXPRESS**

1998 State Street, Washington, IN 47501

Phone: 833-391-0126

Fax: 855-899-3925



## Ordering Refills

Once your prescription has been received by WB Rx Express, you have three convenient ways to request refills.

1. When allowed, WB Rx Express will automatically enroll you into an auto refill program. This program is designed to ensure you do not miss any doses with the convenience of receiving your medications on schedule in the mail.
2. Refills may be ordered by phone by calling 833-391-0126. Please remember to have your credit card information and the prescription number ready.
3. Download the RxLocal app and refill prescriptions from your phone.

## About RxLocal

- To get started, download "RxLocal" from the App Store or Google Play. You will need a WB Rx Express prescription number. The prescription number is in the upper left-hand corner of the label on your medication container.
- Select medication(s) for refill and deactivate medication(s) you are no longer taking.
- Receive notifications when your medication is ready to be filled. You will be prompted to confirm your medication and a tracking number will be provided once it has been fully processed.
- See the date the supply ends from your previous fill. For your safety, refill orders placed too early cannot be filled and may be put on hold until the earliest fillable date.

## Delivery Times

Please allow two weeks for delivery from the date you submit your order. Your order will be delivered to the address you requested by United Parcel Services or first-class US mail. In case of emergency, prescriptions can be shipped overnight with an additional charge.

## Generic Drugs

Generic medications will be substituted for brand name medications when available and allowed by the prescribing physician. WB Rx Express utilizes only those generic medications rated highest by the FDA.

## Service & Safety

WB Rx Express has registered pharmacists to review each prescription for accuracy before dispensing and perform checks to assure all prescriptions are dispensed correctly. We maintain computerized patient profiles to prevent adverse reactions with other prescriptions you are receiving from WB Rx Express. Should any questions arise regarding potential adverse reactions, our pharmacist will contact you or your doctor before dispensing the medication.

## Payment Options

WB Rx Express accepts MasterCard, Visa, Discover, American Express, personal checks and money orders. If you are paying by check or money order, WB Rx Express must receive these forms of payment before shipping your order. You can add or update credit card information by contacting WB Rx Express.



**HOURS OF OPERATION: Monday-Friday, 8am-8pm EST**

Contact WB Rx Express Customer Service at 833-391-0126





High Cost  
Prescription Access

SHARXPLAN.COM

(314) 451-3555

# INTRODUCING THE SHARX PROGRAM

**Your employer will begin providing a new service to enrolled members in the current health plan. It's a new prescription drug benefit and advocacy program provided through SHARx.**

## What is SHARx?

**SHARx is a pharmacy advocacy solution provided by your employer.**

**This program was created to extend advocacy program benefits to employees like you. Our role is to help facilitate the advocacy onboarding process for each eligible member of your employer's health plan and provide access for all high-cost medications.**

**As it can take a few weeks to get set up, now is the time begin the process to access your high cost medications.**

## Who is Eligible?

**Your employer is making this program available to members enrolled in the health plan. If you are currently on any high cost prescription medication, you will want to follow the steps below for potential cost savings to you! If you are eligible to participate in the SHARx program to lowering drug costs for you and your family, follow the instructions in the welcome email or call 314-451-3555.**

## What are the Costs?

**There are no costs to participate in the SHARx program. Your employer has paid 100% of the cost of this service for you and your family as long as you are enrolled in your employer's health plan. Prescriptions obtained through this service could be FREE for you and your family. Sometimes a co-pay or out of pocket amount will be required, but this out of pocket may be substantially less than what you are paying now.**

## What is considered a High Cost Prescription?

**Any medication that has a cost of at least \$350 per month is considered high cost. These would include: Insulin (all types), Abilify, Actemra, Advair, Ajovy, Atripla, Biktarvy, Breo, Brilinta, budesonide, Bydureon, Cimzia, Concerta, Copaxone, Cosentyx, Creon, Descovy, Dexilant, Dulera, Effient, Eliquis, Elmiron, Enbrel, Entyvio, Farxiga, Flovent HFA, Genvoya, Gilenya, Glatopa, Glyxambi, Humira, Invokana, Janumet, Januvia, Jardiance, Lantus, Latuda, Lialda, Lyrica, Multaq, Otezla, Pentasa, Premarin, Prolia, Remicade, Repatha, Restasis, Spiriva, Stelara, Symbicort, Takhzyro, Taltz, Toujeo, Truvada, Victoza, Xarelto, Xeljanz, Xolair, and MANY, MANY More!!**

## What happens if I don't enroll in the SHARx program?

**Your high cost medications will no longer be covered by your employer pharmacy benefit plan. If you are in the advocacy process with SHARx, you may be eligible for a short supply of your urgent medications at your local pharmacy while the advocacy is in process. Certain manufacturers will require additional information to verify your income. Please respond right away to these requests for additional information to ensure there is no delay with your advocacy. Our goal is for everyone to receive the medications they need as quick as possible at the lowest price, and this is only accomplished with your help.**





**Do you take a generic medication regularly?  
Do you still go to a local pharmacy to pick it up?  
Save time & money by getting them delivered to your door!**

#### **City of Owensboro Employees & Dependents on the Medical Plan:**

As part of your benefits, you have the option to receive up to a 90-day supply of generic maintenance medication by mail at no cost to you (\$0 copay, \$0 shipping) through a convenient program called, Rx 'n Go.

- ~1,300 generic medications covered on the PPO Plan – for FREE
- ~800 generic medications covered on the HDHP/HSA Plan – for FREE
- Prodigy® diabetic monitor and test strips available – for FREE
- City of Owensboro pays 100% of the cost

#### **New to Rx 'n Go?**



Check that your medication is covered at [rxngo.com](http://rxngo.com) by your employer & health plan - search by therapeutic category or by medication name



Register an Online Profile at [rxngo.com](http://rxngo.com) using group to sign up and manage prescriptions<sup>(1)</sup> or provide details to customer service at **888.697.9646**



Have your doctor submit the prescription to the Rx 'n Go pharmacy, **GoGoMeds**:

- **E-Scribe:** GoGoMeds
- **Phone:** 888.697.9646 (must come from a physician's office)
- **Fax:** 888.697.0646 (must come from a physician's office)
- **Mail:** Rx 'n Go c/o GoGoMeds  
525 Alexandria Pike, Ste 100  
Southgate, KY 41071

**After registering your profile and  
prescription, your medication(s) will arrive in  
the mail in 5-7 business days. It's that easy!**

*(1) If you would like Rx 'n Go to transfer an existing prescription with refills, please include that detail in the checkout cart on the self-service portal. Otherwise, the pharmacy, GoGoMeds, can reach out to your doctor to request a new prescription.*

**QUESTIONS? CONTACT CUSTOMER SUPPORT AT  
[pharmacy@gogmeds.com](mailto:pharmacy@gogmeds.com) or **888.697.9646****

# Health Savings Accounts *(HDHP Only)*

A health savings account (HSA) combines high deductible health insurance with a tax-favored savings account. Money in the savings account can help pay the deductible, coinsurance, and certain other qualified health-related expenses that aren't necessarily covered by the plan. Money left in the savings account at the end of the year earns interest and is yours to keep.

## How an HSA works

Using an HSA is very similar to any savings account.

- **Open an account** – Once you enroll in your HSA-eligible health plan, you can set up your account through our provider, UMB. Then decide how much money you want to contribute to the HSA and how often. There are limits on the amount you can contribute each year, but the balance rolls over if all funds aren't spent in that year.
- **Earn interest, tax-free** – The funds you contribute to your account will earn tax-free interest. There are no use it-or-lose-it limits, meaning any money in the account at the end of the year rolls over into the next year. This money continues to earn interest and remains tax-free. Investment opportunities are also available.
- **Use funds for qualified health-related expenses** – The money you contribute to your HSA can be used for medical expenses like deductibles and copays. It is possible to withdraw funds from an HSA for nonmedical purposes; however, you will have to pay taxes on the money, plus a penalty. The penalty is waived if you are age 65 or older.

## Contribution limits

The Internal Revenue Service (IRS) sets a limit on how much you can contribute each year. In 2024, the limits are \$4,150 for Single coverage and \$8,300 for **Dependent coverage**. **If you're 55 or older, you can contribute an extra \$1,000 per year. This is called a “catch-up” contribution and helps you save a little extra money before you become eligible for Medicare and can no longer contribute to an HSA.**





New HSA Members must register online with UMB. Payroll deductions will NOT begin until you set up your account online.



Healthcare Services

City of Owensboro  
Enrollment Verification #  
THA0001 - 161816

## UMB HSA Online Enrollment Guide

### Before you start, make sure you have the following required information available:

- Your physical address (you must have a physical address to open the account, but you may also enter a P.O. Box in "mailing address"), phone number, email address
- Your Date of Birth and Social Security number
- DOB & SS# for your spouse and/or dependents (age 18 or older) if requesting additional debit cards
- Employer verification code and program start date, provided by your employer

**Note:** You will not choose your beneficiary during enrollment. You will do this the first time you log on to your HSA.



### Follow the six-step online enrollment process:

#### STEP 1: Enrollment Verification Number

Use the unique link provided by your employer, which will take you to Step 2, or go to [HSA.UMB.com](https://HSA.UMB.com) and click on "Enroll for a new HSA" and enter Enrollment Verification # provided by your employer.

#### STEP 2: Eligibility Requirements

Before proceeding, you will be prompted to confirm your eligibility to enroll in an HSA. This confirmation is performed by asking a series of questions. If you answer correctly based on the IRS requirements for eligibility, you will be able to proceed to Step 3.

#### STEP 3: Account Owner Personal Information

This step contains "sub-screens" that will capture all your personal information, verify your email address (UMB will send a code to your email), and allow you to input additional cardholders, if desired (spouse and/or dependents). **Note:** you must input a physical address to open your HSA or you will get an error message.

#### STEP 4: Review and Consent to Disclosures

In this step you will be required to open the disclosure documents and consent before you can continue. The documents will open in PDF format.

#### STEP 5: Verify & Submit Enrollment Information

You will be given a final opportunity to review all the information you typed in before your enrollment is transmitted to UMB for CIP review (Customer Identification Program, as required by Section 326 of the USA PATRIOT ACT, and UMB's CIP policy).

#### STEP 6: Confirmation

Based on the results during the session, you will get one of the following screens:

##### Complete Enrollment

The account is created (IF YOU GET THIS SCREEN, NO ADDITIONAL DOCUMENTATION IS REQUIRED).

##### Incomplete Enrollment

A message will appear indicating that UMB needs additional documentation from you (a copy of your social security card and driver's license) before we can open your account. The message provides three options (request a secure email link, fax or U.S. mail) for sending documentation copies to UMB.

**Note:** Your account will not be opened during this session. Your account will remain in pending status and unable to accept contributions until UMB receives the requested documentation and opens your account manually.



Once you have completed enrollment, within 5-7 business days you will receive two envelopes in the mail:

1. Your welcome letter with your account number, log on instructions, and additional information about your UMB HSA
2. HSA debit card including additional cards you ordered during your online enrollment session.

**Once you receive your welcome letter, you may set up your online access, log in to your account and choose your beneficiary(s).**

For questions or more information call 1.866.520.4HSA (4472).

# Flexible Spending Account



The City of Owensboro provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts (FSA).

A Health Care FSA, sometimes referred to as Medical Reimbursement, is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. You may contribute up to \$3,050 per calendar year. **The Plan provides for a carryover of up to \$610 of any remaining unused funds in your health care FSA as of the end of the Plan year. Such carryover amount may be used to pay or reimburse medical expenses under the medical FSA during the entire Plan year to which it is carried over.**

A Dependent Care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work. The annual maximum you may contribute is \$5,000 (or \$2,500 if married and filing separately). With a Dependent Care FSA, you may be able to claim expenses for the cost of child or adult dependent care; the cost for an individual to provide care either in or out of your home; and/or the cost of nursery schools and preschools (excluding kindergarten).

Contributions to your FSA come out of your paycheck in equal installments throughout the plan year, before any taxes are taken out. This means you don't pay federal or state income tax or Social Security taxes on the portion of your paycheck you contribute to your FSA. The Health Care Reimbursement FSA will reimburse you or pay the provider the full amount of your annual election (less any reimbursement already received), at any time during the plan year, **regardless of the amount actually in your account.** The Dependent Care FSA will only reimburse you for the amount that is in your account at the time you make a claim.

## Example of the Tax Benefit of a Health Care FSA

Without FSA		With FSA	
\$60,000	Your gross annual pay (estimate)	\$60,000	Your gross annual pay (estimate)
- \$18,000	Your estimated tax rate (30%)	- \$2,500	Your annual medical care expenses
= \$42,000	Your net annual pay	= \$57,000	Your adjusted gross pay
- \$2,500	Your annual medical care expenses	- \$17,250	Your estimated tax rate (30%)
= \$39,500	Your final net annual pay	= \$40,250	Your final net annual pay
You take home \$750 more with a Healthcare FSA			

### Quick Notes:

1. Due to Federal Section 125 regulations and restrictions, the City's flexible spending plan cannot allow any claims to be filed for reimbursement that are submitted after the 90 day run-out period. The plan year ends December 31<sup>st</sup> and any claims from 2023 that were incurred while you were an active employee, have to be submitted before March 30<sup>th</sup>, 2024.

2. If funds have not been depleted by termination date, a participant may be eligible for COBRA continuation if certain conditions are met. The participation plan year runs from January 1st through December 31st and any eligible claim filed for reimbursement must be submitted within 90 days of the following year. Claims can only be reimbursed for dates of service incurred up to your termination date unless you elect COBRA.

For more information on the Health Care FSA and the Dependent Care FSA please visit: [www.chard-snyder.com](http://www.chard-snyder.com) or call 1.800.982.7715.

### The Chard Snyder Mobile App

Manage your account any place at any time.

Download from the App Store or Google Play





# Dental Insurance

To find a participating dentist in Paramount's network, visit [www.insuringsmiles.com](http://www.insuringsmiles.com) or call 1.800.727.1444. The dentist you select will determine the cost savings you receive when seeking care. You may choose any dentist, even if they do not participate in Paramount's network.

Out of Network dentists are under no obligation to accept contracted fees and may bill you for the difference between billed and allowable fees.

Dental				
Low Plan			High Plan	
Annual Deductible	No Deductible		No Deductible	
Annual Maximum	\$1,000		\$1,000	
	In Network	Out of Network	In Network	Out of Network
Preventive Care/ Diagnostic	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Restorative & Prosthodontics	Covered at 50%	Covered at 50%	Covered at 50%	Covered at 50%
Endodontics & Periodontics	Not Covered	Not Covered	Covered at 50%	Covered at 50%
Oral Surgery	Covered at 50%	Covered at 50%	Covered at 50%	Covered at 50%
Orthodontia	Not Covered	Not Covered	Child coverage 50% \$1000 Lifetime Max	Child coverage 50% \$1000 Lifetime Max
Payroll Deductions – Per Pay			High Plan	
Employee	\$10.02		\$14.69	
Employee + 1	\$20.51		\$31.39	
Family	\$36.10		\$55.09	

Coverage for dependent children is continued to age 26, regardless of financial dependency, residency, student status or marital status.  
Ortho dependent age max is 19.





# Vision Insurance



Your vision health is an important part of complete wellness. Avesis is pleased to present your vision benefits which are designed to give you and your covered family members the care, value and service to help maintain good vision and overall health.

When you need to see an eye care professional, simply visit [www.avesis.com](http://www.avesis.com) or contact Avesis' Customer Service Monday through Friday, 7AM to 8PM (EST) at 1-800-643-1132 to receive a listing of providers in your area.

## Using Out-Of-Network Providers

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avesis for reimbursement. Out-of-network claim forms can be obtained by contacting Avesis' Customer Service Center or City of Owensboro's Benefit Administrator or by visiting [www.avesis.com](http://www.avesis.com).

## Limitations and Exclusions

Limitations: This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avesis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions: There are no benefits under the plan for professional services or materials connected with and arising from: 1) Orthoptics of vision training; 2) Subnormal vision aids and any supplemental testing; 3) Plano (non-prescription) lenses, sunglasses; 4) Two pair of glasses in lieu of bifocal lenses; 5) Any medical or surgical treatment of eye or support structures; 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services; 7) Any eye examination or corrective eyewear required by an employer as a condition of employment; 8) Services or materials provided as a result of Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.

	Low Plan In Network	High Plan In Network
<b>Eye Exam</b> (Every 12 months)	\$10 copay	\$10 copay
<b>Frames</b> (Every 24 months) (Up to 20% discount above frame allowance)	\$150 allowance	\$150 allowance
<b>Materials* / Standard Lenses</b> (Every 12 months)	\$10 copay	\$10 copay
Polycarbonate (single / Multi)	\$40 / \$44	Covered in full
Standard Scratch Resistant	\$17	Covered in full
Ultra-Violet Screening	\$15	Covered in full
Anti-Reflective Coating	\$45	Covered in full
<b>Contacts+</b> (Every 12 months)		

<b>Elective</b> (10% discount on amount above allowance)	\$130 allowance	\$130 allowance
<b>Medically Necessary**</b>	Covered in full	Covered in full

\*At participating Walmart / Sam's locations, retail pricing for your plan is \$82. At participating Costco locations, retail pricing is \$84.99  
+ Prior Authorization is required for medically necessary contacts.

Coverage for dependent children is continued to age 26, regardless of financial dependency, residency, student status or marital status

Per Payroll Deduction	Low Plan	High Plan
Employee	\$4.39	\$5.70
Employee + Spouse	\$7.71	\$10.25
Employee + Child(ren)	\$9.10	\$11.95
Family	\$11.50	\$15.18



# Basic Life and AD&D Insurance



The City of Owensboro provides full-time employees with 2 times their salary rounded up to the nearest thousand in group life and accidental death and dismemberment (AD&D) insurance (up to a maximum of \$300,000), and pays the full cost of this benefit.

Basic Life benefits reduce by 35% of the original amount at age 65, 70 and 75 and by 25% at age 80, 85, 90 and 95.

## Voluntary Life and AD&D Insurance

In addition to the life insurance that the City provides, you may elect to purchase additional life insurance for yourself, spouse and child. Rates are payroll deducted and vary based on tobacco use. This benefit is offered through One America.

If you have previously waived coverage and now wish to enroll, you can purchase coverage on yourself in \$10,000 increments. Minimum coverage is \$10,000 and maximum coverage is \$500,000. The Basic and Supplemental Life combined maximum may not exceed 5 times your salary. Limited health questions will be required. Your spouse is eligible for up to 50% of the employees face amount with a max of \$250,000. The spouse's premium is based on the spouse's age. Children may be covered for either \$5,000 or \$10,000 of benefit. Dependent age max is 18 or 23 if they are a full time student to qualify for coverage.

New Hire Guarantee Issue amounts are \$150,000 for employee, \$40,000 for spouse and 10,000 for dependent children.

Guarantee Increase in Benefit for Employees - if eligible, this benefit allows you to increase your coverage every year as your life insurance needs change. You may be able to increase your benefit amount by \$10,000 every year until you reach the maximum amount, without providing Evidence of Insurability.

Coverage is portable—meaning that employees can continue their coverage when their employment ends with the City of Owensboro.

Coverage options are available in the chart below.

Rates are available in the enrollment system. Voluntary Life rates are subject to change at the 5-year intervals starting at age 30.

Coverage Options	Voluntary Term Life
Employee Benefit	A flat amount in \$10,000 increments with a minimum of \$10,000 and a maximum of \$500,000, not to exceed 5 times your annual base salary.
Dependent Term Life	<b>Spouse Amount</b> – 50% of the employee's amount not to exceed \$250,000 <b>Dependent Children (<i>age 6 months to age 19, or 99 if full time student</i>)</b> - \$5,000 or \$10,000. <b>Live birth to 6 months</b> - \$1,000



If you have previously waived coverage or electing coverage above the Guarantee Issue amounts and wish to enroll at this open enrollment, you will need to complete evidence of insurability. See the benefit enrollment system Resources section for instructions on how to complete the Evidence of Insurability.



# Disability Insurance



The City of Owensboro offers full-time employees with short-term –term and long-term disability income benefits. In the event you become disabled from a non-work related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits. Disability Insurance is offered by One America.

Rates are available in the enrollment system. Short-term disability rates are subject to change at 10-year intervals starting at age 40. Long-term disability rates are subject to change at 5-year intervals starting at age 30.

## Short-term Disability

Benefits Begin	15 <sup>th</sup> day from accident or illness
Maximum Benefit Duration	13 weeks (this includes the 14 day elimination period)
Maximum Benefit You Receive	60% of weekly salary up to \$1,150 per week

## Long-term Disability

Benefits Begin	90 <sup>th</sup> day after the onset of your disabling injury or illness
Maximum Benefit Duration	Social Security Full Retirement Age (SSFRA).
Percentage of Income Replaced	60% of monthly salary up to 5,000 per Month

**Short Term and Long Term Disability benefits and premiums automatically increase each January 1st to align with 60% of your salary at the time of enrollment. This better ensures that you have the coverage you need should you become disabled.**

**You must exhaust your sick & vacation time before disability benefits begin to pay.**

### PRE-EXISTING CONDITIONS:

**Short Term Disability-**A pre-existing condition means a sickness or injury for which you have received treatment within 12 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.

**Long Term Disability-** Benefits will not be paid for disabilities resulting from conditions for which you received treatment 12 months prior to your effective date. This exclusion does not apply to a disability that begins more than 24 months after your effective date. This exclusion does not apply if you have been treatment free for 6 months after your effective date.



# Accident Insurance



The Aflac Group Accident plan provides cash benefits directly to your employees (unless otherwise assigned) that help with out-of-pocket expenses - medical and nonmedical - associated with treatment in the event of a covered accident.

Below is a brief overview of benefits covered by accident insurance. For a complete listing please refer to the plan summary.

Initial Accident Treatment - High	Employee	Spouse	Child
<b>Initial Treatment</b> - once per accident, within 7 days of the accident			
ER/Urgent Care	\$200	\$200	\$200
ER/Urgent Care with X-ray	\$250	\$250	\$250
Doctor's Office	\$100	\$100	\$100
Doctors Office with X-ray	\$150	\$150	\$150
<b>Ambulance</b> - within 90 days of the accident			
Ground	\$400	\$400	\$400
Air	\$1,200	\$1,200	\$1,200
<b>Emergency Room Observation</b> - within 7 days of the accident			
Short Observation Period (4-24 Hours)	\$50	\$50	\$50
Long Observation Period (24+ Hours)	\$100	\$100	\$100
<b>Concussion</b> - once per accident, within 6 months of the accident	\$500	\$500	\$500
<b>Traumatic Brain Injury</b> - once per accident, within 6 months of the accident	\$5,000	\$5,000	\$5,000
<b>Burns</b> - once per accident, within 6 months of the accident			
<b>Second Degree</b>			
Less than 10%	\$100	\$100	\$100
At least 10%, but less than 25%	\$200	\$200	\$200
At least 25%, but less than 35%	\$500	\$500	\$500
35% or more	\$1,000	\$1,000	\$1,000
<b>Third Degree</b>			
Less than 10%	\$1,000	\$1,000	\$1,000
At least 10%, but less than 25%	\$5,000	\$5,000	\$5,000
At least 25%, but less than 35%	\$10,000	\$10,000	\$10,000
35% or more	\$20,000	\$20,000	\$20,000
<b>Lacerations</b> - once per accident, within 7 days of the accident			
Under 5 centimeters	\$100	\$100	\$100
5 - 15 centimeters	\$400	\$400	\$400
Over 15 centimeters	\$800	\$800	\$800
Lacerations not requiring stitches	\$50	\$50	\$50

Dislocation Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Knee	\$3,900	\$3,900	\$3,900	\$1,950	\$1,950	\$1,950
Shoulder	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Finger/Toe	\$480	\$480	\$480	\$240	\$240	\$240
<b>Fracture Schedule</b>	Employee	Spouse	Child	Employee	Spouse	Child
Leg	\$4,800	\$4,800	\$4,800	\$2,400	\$2,400	\$2,400
Forearm / Hand / Wrist	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$2,000
Foot / Ankle / Kneecap	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$2,000
Coccyx / Rib / Finger / Toe	\$640	\$640	\$640	\$320	\$320	\$320

Life Changing Events Category	Employee	Spouse	Child
<b>Dismemberment</b> - once per accident, within 6 months of the accident			
Single Loss	\$12,500	\$5,000	\$2,500
Double Loss	\$25,000	\$10,000	\$5,000
Loss of one or more fingers or toes	\$1,250	\$500	\$250
<b>Paralysis</b> - once per accident, diagnosed by doctor within 6 months of accident			
Paraplegia	\$5,000	\$5,000	\$5,000
Quadriplegia	\$10,000	\$10,000	\$10,000

Employee Payroll Deductions	
Employee	\$8.81
Employee and Spouse	\$14.42
Employee and Child(ren)	\$18.90
Family	\$24.51





# Critical Illness

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid directly to your employees (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness.

Below is a brief overview of benefits covered by accident insurance. For a complete listing of benefit provisions and descriptions please request a sample policy.

## Base Benefits

Heart Attack	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Major Organ Transplant*	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%

\*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant

## Cancer Benefits

<b>Cancer (Internal or Invasive)</b>	100%
Non-Invasive	25%
Skin Cancer	\$250 per calendar year

## Health Screening Benefit

Health Screening (payable for employee and spouse only)	\$50 per calendar year
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## Employee Non-Tobacco Semimonthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000
18-25	\$1.25	\$1.86	\$2.48	\$3.10
26-30	\$1.54	\$2.45	\$3.37	\$4.28
31-35	\$1.73	\$2.84	\$3.94	\$5.04
36-40	\$2.15	\$3.68	\$5.20	\$6.72
41-45	\$2.53	\$4.43	\$6.33	\$8.23
46-50	\$3.95	\$5.27	\$7.60	\$9.92
51-55	\$4.38	\$8.14	\$11.89	\$15.64
56-60	\$4.28	\$7.92	\$11.57	\$15.22
61-65	\$8.49	\$16.36	\$24.22	\$32.08
66*	\$14.80	\$28.97	\$43.13	\$57.30

## Spouse Non-Tobacco Semimonthly Premiums

Age	\$2,500	\$5,000	\$7,500	\$10,000
18-25	0.94	1.25	1.56	1.86
26-30	1.09	1.54	2.00	2.45
31-35	1.18	1.73	2.28	2.84
36-40	1.39	2.15	2.91	3.68
41-45	1.58	2.53	3.48	4.43
46-50	1.79	2.95	4.11	5.27
51-55	2.51	4.38	6.26	8.14
56-60	2.45	4.28	6.10	7.92
61-65	4.56	8.49	12.42	16.36
66*	7.71	14.80	21.88	28.97

# Allstate Group Cancer

Allstate Group Cancer helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.

Below are example benefits from the Group Cancer Plan. Please see an AssuredPartners representative for additional information. Dependent max age is 26 regardless of student status.

High Option	Low Option
\$3,000 Initial Diagnosis Benefit	\$2,000 Initial Diagnosis Benefit
\$10,000 Annual Radiation/Chemotherapy Benefit	\$10,000 Annual Radiation/Chemotherapy Benefit
\$10,000 Annual Blood, Plasma & Platelets Benefit	\$10,000 Annual Blood, Plasma, & Platelets Benefit
\$5,000 Annual New/Experimental Treatment Benefit	\$5,000 Annual New/Experimental Treatment Benefit
\$300 per day Hospital Confinement Benefit	\$200 per day Hospital Confinement Benefit
\$600 per day Intensive Care Confinement (Non-disease specific)	\$300 per day Intensive Care Confinement (Non-disease specific)
\$100 Annual Wellness Benefit	\$100 Annual Wellness Benefit
Per Pay Cost for High Option	Per Pay Cost for Low Option
Employee Only \$12.85	Employee Only \$10.09
Family \$22.17	Family \$17.22



# Enrollment

## Returning User – Forgotten Password

### 1. Log on

Visit our website <https://www.myAPBenefits.com>

### 2. Reset

Select Reset a Forgotten Password

### 3. Verify

- Select that you are an Employee
- Input your Username

Forgot Your Password?

Employees

If you're a company employee:

[Click Here](#)

A password reset email will be sent to your primary email. Follow the link in the email to reset your password.

Questions?

[benefit.administrtor@owensboro.org](mailto:benefit.administrtor@owensboro.org)







## Continuation of Coverage under COBRA

Employers who employ 20 or more employees are subject to the continuation provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA").

COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end because of certain "qualifying events", such as termination of employment for reasons other than gross misconduct, reduction in hours, divorce, legal separation, death, or a child ceasing to meet the definition of dependent under the group health plan coverage. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if group health plan coverage is lost because of the qualifying event. Qualified beneficiaries who elect COBRA continuation coverage Choose and Enter Appropriate Information: **must pay or aren't required to pay** for COBRA continuation coverage.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

For more information about your rights and obligations under COBRA, you should review the Plan's Summary Plan Description or contact **Plan Administrator's Name and Contact information**.

## Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **30 days" or any longer period that applies under the plan** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent, because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days or any longer period that applies under the plan** after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or the Children's Health Insurance Program (CHIP), or when you and/or your dependents gain eligibility for state premium assistance. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, contact **the name, title, telephone number, and any additional contact information of the appropriate plan representative**.

If you would like more information on WHCRA benefits, call your plan administrator at **phone number**.

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your plan administrator at **phone number**.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Grandfathered Status under Healthcare Reform

This **group health plan OR health insurance issuer** believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your **plan or policy** may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

## Providers Choice

Name of group health plan or health insurance issuer generally requires/allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from name of group health plan or issuer or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator.

## USERRA Health Insurance Protection

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.

Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

For more information about your rights to continue your coverage, contact the plan administrator.

## Voluntary Wellness Program

Your wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If an HRA is part of the program include – "If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease)".] If a biometric screening is part of the program include – "You will also be asked to complete a biometric screening, which will include a blood test for [be specific about the conditions for which blood will be tested". You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of indicate the incentive for specify criteria. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives of up to indicate the additional incentives may be available for employees who participate in certain health-related activities if any or achieve certain health outcomes specify particular health outcomes to be achieved, if any. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting your plan administrator.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as services that may be offered. You also are encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and ABC Company may use aggregate information it collects to design a program based on identified health risks in the workplace, will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) [in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Specify any other or additional confidentiality protections if applicable. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your plan administrator.

## Wellness Plan Alternative Standard

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 555-555-1234 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you, considering your health status.



**CITY OF OWENSBORO GROUP HEALTH PLAN  
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS  
TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

**The City of Owensboro's Pledge to You**

This notice is intended to inform you of the privacy practices followed by the City of Owensboro's Group Health Plan (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective September 17, 2013.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. The City of Owensboro requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

**Protected Health Information**

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

**How We May Use Your Protected Health Information**

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

**Payment.** We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

**Health Care Operations.** We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

**Treatment.** Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

**As permitted or required by law.** We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

**Pursuant to your Authorization.** When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

**To Business Associates.** We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

**To the Plan Sponsor.** We may disclose protected health information to certain employees of the City of Owensboro for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

**Your Rights**

**Right to Inspect and Copy.** In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

**Right to Amend.** If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the

person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

**Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

**Right to Request Restrictions.** You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

**Right to Request Confidential Communications.** You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

**Right to be Notified of a Breach.** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

**Right to Receive a Paper Copy of this Notice.** If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

### **Our Legal Responsibilities**

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

**Privacy Officer:**  
**Shelley Shepherd, Human Resources Assistant**  
**City of Owensboro**  
**101 E. Fourth Street**  
**Owensboro, KY 42303**  
**Phone: 270/687-8542**  
**Fax: 270/687-8548**  
**Email: [shelley.shepherd@owensboro.com](mailto:shelley.shepherd@owensboro.com)**

### **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.





# KENTUCKY LAW REQUIRES

## EQUAL EMPLOYMENT OPPORTUNITY

### THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION REGARDING:

- RECRUITMENT
- ADVERTISING
- HIRING
- PLACEMENT
- PROMOTION
- TRANSFER
- TRAINING AND APPRENTICESHIP
- COMPENSATION
- TERMINATION OR LAYOFF
- PHYSICAL FACILITIES
- ANY OTHER TERMS, CONDITIONS OR PRIVILEGES OF EMPLOYMENT

### THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION BASED ON:

- DISABILITY
- RACE
- COLOR
- RELIGION
- NATIONAL ORIGIN
- SEX
- AGE (40 YEARS OLD AND OVER)
- TOBACCO-SMOKING STATUS
- PREGNANCY

### THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION BY:

- EMPLOYERS
- LABOR ORGANIZATIONS
- EMPLOYMENT AGENCIES
- LICENSING AGENCIES

### **Kentucky Pregnant Workers Act, (eff. 6/27/2019)**

The Kentucky Pregnant Workers Act, (KPWA), (KRS 344.030 to 344.110), expressly prohibits employment discrimination in relation to an employee's pregnancy, childbirth, and related medical conditions.

In addition, under the KPWA it is unlawful for an employer to fail to make reasonable accommodations for any employee with limitations related to pregnancy, childbirth, or a related medical conditions who requests an accommodation, *including but not limited to*: (1) the need for more frequent or longer breaks; (2) time off to recover from childbirth; (3) acquisition or modification of equipment; (4) appropriate seating; (5) temporary transfer to a less strenuous or less hazardous position; (6) job restructuring; (7) light duty; modified work schedule; and (8) private space that is not a bathroom for expressing breast milk.

### **FOR HELP WITH DISCRIMINATION, CONTACT THE KENTUCKY COMMISSION ON HUMAN RIGHTS**

332 W. BROADWAY, SUITE 1400, LOUISVILLE, KENTUCKY 40202. PHONE: 502.595.4024  
TOLL-FREE: 800.292.5566. FAX: 502.595.4801  
E-MAIL: KCHR.MAIL@KY.GOV WEBSITE: KCHR.KY.GOV