

You and Your Benefits



a Handbook for Employee Benefits

January 2016

Welcome

As part of our Housing Authority community, you are very important to all of us at the Human Resources Department. That's why we are pleased to offer You and Your Benefits, a dynamic and flexible package of valuable programs. Through You and Your Benefits, you and your family have access to details regarding comprehensive health insurance, financial protection through life and disability insurance, a variety of tax-deferred and post-tax retirement savings options, and numerous resources to support your overall well-being.

Your You and Your Benefits Handbook for Employee Benefits has been designed to help you understand all of the available options so that you can make the best possible decisions for yourself and your family.

This handbook is provided as an overview of terms and conditions of the insurance, retirement, and wellness programs for the Housing Authority of the City of Milwaukee. Human Resources maintains plan guides, which contain more detailed information. Please consult Human Resources for specific benefit information. Contact information is located in the back of this handbook.

The Housing Authority of the City of Milwaukee reserves the right to amend, change, or terminate the health and welfare benefit plans, any underlying contracts or any other programs, at any time and without notice, at its sole discretion, according to the terms of the applicable plans or programs.

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Benefit Coverage

The Housing Authority of the City of Milwaukee (HACM) provides a comprehensive benefit program designed to assist our employees and their families in meeting the financial burdens that can result from illness, disability and death, and to help them plan for their retirement.

This section of the handbook highlights some features of our benefit plans. These plans are described more fully in the Summary Plan Descriptions (SPDs) that are provided for each plan or the open enrollment booklet for active employees that are provided for each plan. Complete descriptions of all our benefit plans are contained in our master contracts and documents. As carefully as we try to write these highlights and the Summary Plan Descriptions, they cannot replace or change any provisions of the master documents that actually govern and control your benefits.

The Housing Authority of the City of Milwaukee has the right to alter or change any benefit within the realm of Wisconsin law.

Benefit Elections

If employees do not select medical, dental, or life coverage when they become eligible, they will have to wait until the next open enrollment period to join. The benefit elections that employees select will remain in effect for the rest of the plan year until the next open enrollment, unless they have a change in their family or employment status that is considered to be a qualifying event in accordance with governing laws. Human Resources must be notified within thirty (30) days of a change in family status (i.e. birth, marriage, divorce, loss of other coverage, etc.) to be eligible to add or drop a dependent.

Medical and Dental Programs

Employees hired on a full-time, regular basis become eligible for medical/dental benefits for themselves and their eligible dependents upon completion of thirty (30) consecutive calendar days of active service. Enrollment in Health/Dental insurance programs is optional. Employees may select from a choice of available plans. Before choosing a specific plan it is in the employee's best interest to learn how the benefits differ and which policy best suits the employee's specific needs. Each employee will be given an enrollment form during orientation. To enroll, the employee must complete and return the form(s) to the Human Resource Department by the date he or she is eligible to enroll.

ACA Notice: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act (ACA) and any financial penalties associated with not having health insurance benefits.

Eligibility

Full-time employees are eligible to participate in HACM's medical program. The employee's contribution of the total premium varies depending on coverage chosen. This contribution is deducted semi-monthly directly from the employee's paycheck, on a pre-tax basis (see Summary of Benefits for plan design). Eligible employees may choose Employee Only, Employee and Spouse, Employee and Child(ren) or Family coverage.

If the employee does not select coverage by the eligibility date, he or she will have to wait until the next annual open enrollment period to join the plan unless he or she has a change in employment or family status that would qualify him or her to enroll earlier. All benefit elections that are selected will remain in effect for the rest of the plan year until the next annual open enrollment, unless you experience a qualifying event as allowable by law. **Human Resources must be notified within 30 days of a change in family status** (i.e. birth, marriage, divorce, annulment, loss of other medical coverage, spouse gets a new job or spouse leaves/loses job) in order to add a dependent. **You may not add or change your coverage during the plan year, unless you experience a qualifying event as allowable by law.** Please contact Human Resources for a complete list of qualifying events that may apply. Employees may drop coverage at any time.

Adult Children Eligibility

For some benefits, employees may be able to elect coverage for adult children under the age of 26 regardless of their student status. If adult children are eligible for coverage under their own employer, they are still eligible for coverage under their parent's insurance if their premium cost would exceed the extra premium cost their parent would pay to add them to their coverage. Employees are not required to add eligible adult children; however, they may do so if they choose.

Domestic Partners

Domestic Partner medical benefits are available. Employees must be in a registered Domestic Partnership in order to be eligible for these benefits. There are tax implications associated with these benefits.

Health Insurance Premiums

Health Insurance premiums are deducted bi-weekly as described in the table below. In the months where there are 3 paychecks, no deduction will be taken on the 3rd paycheck of the month.

HEALTH PLAN	UHC CHOICE ¹ PLAN (EPO)				UHC CHOICE PLUS ² PLAN (PPO)			
	UHC Premium Bi-Weekly	HACM Share Bi-Weekly	Employee Bi-Weekly	Employee Monthly	UHC Premium Bi-Weekly	HACM Share Bi-Weekly	Employee Bi-Weekly	Employee Monthly
Single	\$308.50	\$271.48	\$37.02	\$74.04	\$363.00	\$271.48	\$91.52	\$183.04
Employee+Spouse	\$617.00	\$542.96	\$74.04	\$148.08	\$726.00	\$542.96	\$183.04	\$366.08
Employee+Child(ren)	\$463.00	\$407.44	\$55.56	\$111.12	\$544.50	\$407.44	\$137.06	\$274.12
Family	\$925.50	\$814.44	\$111.06	\$222.12	\$1,089.00	\$814.44	\$274.56	\$549.12

¹This is the HMO equivalent

²This is the Basic Plan equivalent

Dental Insurance Premiums

Dental Insurance premiums are deducted bi-weekly as described in the table below. In the months where there are 3 paychecks, no deduction will be taken on the 3rd paycheck of the month.

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	HACM Share Bi-Weekly	Single Employee Bi-Weekly	Single Employee Monthly	FAMILY Bi-Weekly	HACM Share Bi-Weekly	FAMILY Employee Bi-Weekly	FAMILY Employee Monthly
MetLife	\$12.86	\$6.50	\$6.36	\$12.72	\$44.44	\$18.75	\$25.69	\$51.38
Care-Plus	\$25.30	\$6.50	\$18.80	\$37.60	\$74.57	\$18.75	\$55.82	\$111.64
Dental Blue	\$28.88	\$6.50	\$22.38	\$44.76	\$86.665	\$18.75	\$67.90	\$135.80

DISCLAIMER: The benefit design and rate equivalents of the Health and Dental Insurance are subject to change by Common Council Action.

SUMMARY OF HEALTH INSURANCE BENEFITS FOR CITY OF MILWAUKEE

NOTE: This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail

Type of Coverage	CITY OF MILWAUKEE UHC CHOICE PLAN	CITY OF MILWAUKEE UHC CHOICE PLUS PLAN	
	Network Only Benefits	Network Benefits	Non-Network Benefits
1. Annual Deductible - (Employee Pays) Individual Deductible Family Deductible	\$750 per year \$1,500 per year	\$1,500 per year \$3,000 per year	\$3,000 per year \$6,000 per year
2. Co-Insurance – (employee Pays) Individual Family	10% up to \$750 10% up to \$1,500 per family, not to exceed \$750 per member	30% up to \$1,500 30% up to \$3,000 per family, not to exceed \$1,500 per member	30% up to \$3,000 30% up to \$6,000 per family, not to exceed \$750 per member
3. Out-of-Pocket Maximum for Health – (Employee Pays) Includes both deductible & Co-Insurance) Individual Out-of-Pocket Maximum Family Out-of-Pocket Maximum	\$1,500 per year \$3,000 per year	\$3,000 per year \$6,000 per year	\$ 6,000 per year \$12,000 per year
4. Emergency Health Services (Employee Pays) (Applies to the out of pocket maximum)	\$200 co-pay per visit	\$200 co-pay per visit	\$200 co-pay per visit
5. Physician Fees for Surgical & Medical Services **Increases to 90% for UHC Premium Tier 1 provider	70% after Deductible met. **Increases to 90% for UHC Premium Tier 1 provider	70% after Deductible met. **Increases to 90% for UHC Premium Tier 1 provider	70% after Deductible met.
6. Physician Office Services – Sickness and Injury. **Increases to 90% for UHC Premium Tier 1 provider	70% after Deductible met. **Increases to 90% for UHC Premium Tier 1 provider	70% after Deductible met. **Increases to 90% for UHC Premium Tier 1 provider	70% after Deductible met.
7. Preventive Care Services (Plan Pays) Includes Physician Office Visit, Lab, or other preventive tests. Generally, when a service is performed during your preventive care visit and had a rating of "A" or "B" in the current recommendations of the US Preventive Services Task Force; and there are no known symptoms, illnesses or history, the services will be considered for this benefit. For more information about preventive services that might be right for you, visit www.uhcpreventivecare.com	100% Deductible does not apply	100% Deductible does not apply	Not Covered
8. Prescription Drug Benefits administered by Optum RX. The employee pays: Retail Pharmacy – 30 day supply Mail Order – up to 90 day supply (The prescription co-insurance does not apply to the deductible or co-insurance)	20% co-insurance (minimum \$4 & maximum \$75) 20% co-insurance (20% of total cost of a 3 month supply. Minimum \$8 & maximum \$150).	20% co-insurance (minimum \$4 & maximum \$75) 20% co-insurance (20% of total cost of a 3 month supply. Minimum \$8 & maximum \$150).	Not Covered.
9. Out-of-Pocket Maximum for Prescriptions (Employee Pays)	\$3600	\$3600	Not Covered.
10. Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum
11. Benefit Plan Co-Insurance – Amount the Plan Pays for, #11 - #31	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
12. Ambulance Services – Emergency & approved Non-Emergency	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
13. Autism Spectrum Disorder Services	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.

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Type of Coverage	CITY OF MILWAUKEE UHC CHOICE PLAN	CITY OF MILWAUKEE UHC CHOICE PLUS PLAN	
	Network Only Benefits	Network Benefits	Non-Network Benefits
14. Dental Accident/Oral Surgery Oral Surgery coverage is limited to 13 specific oral surgical procedures. (See end of benefit summary on pg.10).*	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
15. Durable Medical Equipment	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
16. Hearing Aids Benefits are limited to enrolled dependent children under 18, limited to one hearing aid per ear, every 3 years	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
17. Home Health Care Benefits are limited to 40 visits per calendar year.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
18. Hospice	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
19. Hospital – Inpatient Stay	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
20. Lab, X-Ray & Diagnostics - Outpatient	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
21. Mental Health Services	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
22. Rehabilitation Services – Chiropractic Treatment	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
23. Rehabilitation Services – Outpatient Therapy Short-term outpatient rehabilitation for Physical therapy, Occupational therapy, Speech therapy, Pulmonary rehabilitation therapy, Cardiac rehabilitation therapy, and Respiratory therapy. 50 visit maximum per year for each necessary therapy.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
24. Skilled Nursing Facility/Inpatient Rehabilitation Facility Services. 120 day maximum per inpatient stay.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
25. Substance Use Disorder	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
26. Temporomandibular Joint disorder Treatment (TMJ) Benefits are limited to \$1,250 per year for diagnostic procedures and non-surgical treatment.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
27. Transplant Services	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
28. Urgent Care	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
29. Vision Care One routine vision exam per year. Optometrist Ophthalmologist **Increases to 90% for UHC Premium Tier 1 provider. For more information bout in-network physicians, visit www.myuhc.com .	90% after Deductible met. 70%**after Deductible met.	90% after Deductible met. 70%**after Deductible met.	Not Covered. Not Covered.

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Type of Coverage	CITY OF MILWAUKEE UHC CHOICE PLAN	CITY OF MILWAUKEE UHC CHOICE PLUS PLAN	
	Network Only Benefits	Network Benefits	Non-Network Benefits
30. Nutritional Counseling Dietitian Physician **Increases to 90% for UHC Premium Tier 1 provider.	90% after Deductible met. 70%** after Deductible met. **Increases to 90% if UHC Premium Tier 1 provider.	90% after Deductible met. 70%** after Deductible met. **Increases to 90% if UHC Premium Tier 1 provider.	70% after Deductible met. 70% after Deductible met.
31. Prosthetic Devices	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
32. Dependent Coverage	Include employee's spouse; eligible dependent children, stepchildren, foster children, grandchildren (if the parent is an eligible dependent child under the age of 18), adopted children and children placed for adoption as mandated by the State or Federal government. Based on the Affordable Care Act, coverage for dependent children is through the end of the calendar year in which the dependent child or adult child turns 26, without regard to the adult child's school status, marital status or dependent status.		

United Healthcare Oral Surgery is limited to the following 13 oral surgical procedures (see #8 above)

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Surgical removal of bony impacted teeth; 2. Excision of tumors, cysts of the jaws, cheeks, lips, tongue, roof of mouth when such conditions require pathological examination; 3. Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of mouth; 4. Apicoectomy; 5. Excision of exostosis of jaws and hard palate; 6. Treatment of fractures of facial bones; | <ol style="list-style-type: none"> 7. External incisions and drainage of cellulitis; 8. Incision of accessory sinuses, salivary glands or ducts; 9. Gingivectomy; 10. Alveolectomy; 11. Frenectomy; 12. Removal of retained root; 13. Gingival and Apical curettage |
|---|--|

CITY OF MILWAUKEE DENTAL PLAN COMPARISON CHART

NOTE: THESE COMPARISONS DESCRIBE THE BENEFIT PROGRAM IN GENERAL TERMS. THESE BENEFITS ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE MASTER CONTRACTS

	CARE+PLUS PREPAID	DENTALBLUE WI Dentacare Standard Network	MetLife ⁶		
			Police	Fire	General
ANNUAL MAXIMUM	Unlimited	Unlimited	\$1,000	\$1,000	\$1,000
DEDUCTIBLE					
Single	None	None	\$25	\$25	\$25
Family	None	None	\$75	\$75	\$75
DIAGNOSTIC (Ded waived) Oral Exam, X-Rays	Covered	Covered	You Pay 20%	You Pay 20%	(Deductible waived) Covered ^{1,9}
PREVENTIVE					
Cleaning	Covered	Covered	You Pay 20%	You Pay 20%	Covered ^{1,9}
Fluoride (2x/yr)	Covered-age 18 ²	Covered-age 15 ²	Covered-age 18 ²	Covered-age 18 ²	Covered-age 18 ²
Sealants (2x/yr)	Covered-age 15 ²		Covered-age 24	Covered-age 24	Covered-age 24
RESTORATIVE					
Fillings ³	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
Crowns ⁴	Covered ⁴	Covered ⁴	You Pay 20%	You Pay 20%	You Pay 20%
PROSTHODONTICS					
Bridges, Dentures	Covered ⁴	Covered ⁵	You Pay 20%	You Pay 20%	You Pay 20%
Implants	Not Covered	Not Covered	You Pay 20%	You Pay 20%	You Pay 20%
PROSTHETICS					
Denture Repairs	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
ORAL SURGERY ⁶					
Simple Extractions	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
ENDODONTICS					
Root Canals	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
PERIODONTICS ⁶					
Treatment of Gums & Tissue	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
ORTHODONTICS: Example Based on \$5,000 Treatment Plan.					
Maximum Plan will pay Employee Co payment ⁷	None 50% of \$5,000 up to \$750	None 50% of \$5,000 up to \$750	60% up to \$2,000 40% of treatment plan charges of \$3333 or less, up to \$1,333. 100% of the portion of charges exceeding \$3333.	60% up to \$1,000 40% of treatment plan charges of \$1666 or less, up to \$666. 100% of the portion of charges exceeding \$3333.	50% up to \$1,200 50% of treatment plan charges of \$2400 or less, up to 2400. 100% of the portion of charges exceeding \$3333.
Deductible	None	None	\$25	\$25	\$25
Dependent Age Limit	None	None	26 ⁸	26 ⁸	26 ⁸
Invisalign Braces	Not Covered	Not Covered	Covered	Covered	Covered
Expected co-pay on \$5,000 Treatment Plan	You Pay \$750	You Pay \$750	You Pay \$3,000	You Pay \$4,000	You Pay \$3,800

NOTES:

1. Covered at 100% of "maximum plan allowance" or the total dollar amount allowed for each dental procedure code.
2. Coverage may extend beyond age limit indicated if part of a Periodontal Treatment Plan.
3. White composite on posterior teeth may be subject to co-payments and/or covered at a lesser percentage than indicated.
4. Covered with base or noble metal. High noble metal is extra.
5. Only base metal covered. Noble or high noble metal and related lab fees are subject to co-payments. Many dentists only use noble metals. Ask your provider to document your out-of-pocket expense prior to initiating treatment.
6. Does not duplicate medical coverage.
7. A new co-payment will be assessed should you change dental plans during orthodontic treatment. Care-plus may reduce the required co-payment for transferring ortho-in-treatment patients based on treatment previously received and remaining length of treatment.
8. Employee and spouse are not subject to age limit indicated.
9. MetLife (General City) – Diagnostic and Preventive will not count against the annual maximum or deductible.

Dental Insurance Carrier Choices

Care+Plus has four clinics in the Milwaukee area. They are located at 1135 S. Cesar Chavez Drive; 11711 W. Burleigh Street; 6855 S. 27th Street; and 205 E. Wisconsin Avenue. You do not need to specify a clinic preference when enrolling and may use the clinics interchangeably. To visit the Care+Plus website, navigate to: www.dentalassociates.com.

DentalBlue clinics are located throughout the metropolitan area. You must select a clinic from the Anthem Dentacare Standard Provider Directory and indicate a 12 digit clinic/center number during enrollment. Choose your provider thoughtfully. DentalBlue does not allow clinic changes outside of open enrollment and will not pay for treatment rendered at a clinic other than the one you select. Family members are required to use the same clinic although they may see different dentists within the clinic.

To visit DentalBlue's website, navigate to <http://www.Anthem.com> (select "WI" and "DentalBlue-Dentacare Standard Network" then designate your search parameter).

MetLife covers the dentist of your choice. You do not need to select a clinic or provider as part of enrollment, and may switch dentists at will. Family members can utilize different clinics and clinicians. By choosing a MetLife participating provider you will not be "balanced billed" for amounts that exceed your co-pay.

***Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.**

To access more information or find a participating general dentist or specialist, visit MetLife's website www.metlife.com/dental.

MetLife PDP Savings*

You may see any dentist – in-network or out-of-network -- with the MetLife dental plan. These hypothetical examples illustrate how receiving services from a PDP (in-network) dentist can save you money and get more services for the \$1000 annual maximum. Both examples assume any applicable deductibles have been met prior to these services being rendered. The R&C Fee refers to "reasonable and customary fees" that MetLife will use as a maximum for that specific service with non-network providers, and the "Dentist's Usual Fee" refers to an amount higher than either the PDP fee or the R&C fee that a non-network dentist may charge.

Your out-of-pocket costs are usually lower when you visit network dentists. That's because they have agreed to accept negotiated fees that are typically 15 to 45% less than average dental charges in the same community. This may help lower your final costs and stretch your plan maximum. Negotiated fees may even extend to non-covered services and services provided after you've reached the plan maximum.

* Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered. Negotiated fees on non-covered services may not apply in all states.

Continuing your Health Coverage (COBRA)

In accordance with the Consolidated Omnibus Budget Reconciliation Act (COBRA), you (and/or any dependents covered under your benefit plan) would be entitled to continue medical and/or dental coverage in the event of: termination of employment, reduction in hours which results in a loss of benefit eligibility status, death, legal separation, annulment, divorce, a dependent reaching the maximum age limit, and certain other circumstances.

It is the employee's responsibility to contact Human Resources, within 30 days from the date of a change in family status, so proper COBRA notification can be sent to the family members involved. The employee and his or her eligible dependents may have the right to continue health coverage. COBRA letters detailing costs and maximum length of coverage will be sent out after the qualifying event occurs. Certificates of Coverage will be sent out by the insurance company upon termination in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). To inform employees of their rights under the COBRA and HIPAA laws, information will be mailed to the employee's address upon enrolling in the plan.

Wellness Your Choice

HACM along with The City of Milwaukee is partnering with Froedtert and Community Health Workforce Health to provide comprehensive health and wellness services to City employees. The program includes a blood draw, an online Health History, a meeting with one of Workforce Health's health educators and a report to each member who completes the process. Employees and applicable spouses who complete the comprehensive health and wellness service will not have a health assessment fee.

Flexible Spending Account

HACM is pleased to offer the Flexible Choices Program (FSA). Through the FSA program you can set aside a portion of your earnings with pre-tax dollars, for everyday expenses you may have with dependent day care expenses, out-of-pocket medical expenses, including dental, vision, over-the-counter medications (with doctor's prescription), and prescription drug expenses and work-related parking expenses.

You may enroll before the expiration of thirty (30) days after hired date or during open enrollment period for the first time or to renew your enrollment for the New Year.

The FSA program does not roll over into the New Year automatically, you must re-enroll.

Prescription ID Card

Whenever you or a covered family member has a prescription filled at a participating retail pharmacy, present your Unitedhealth Care card featuring the Optum RX logo to the pharmacist. Services include:

- A network of thousands of participating pharmacies
- Convenient mail-order pharmacies for medications you take on a regular basis
- Sophisticated medication safety checks
- Round-the-clock access to registered pharmacists
- Well-trained Member Service representatives

As a member, you'll benefit from a higher level of care. You'll find the services that you're used to with a traditional pharmacy-and then some.

Long Term Disability Insurance

HACM provides long term disability (LTD) insurance. All eligible employees who have been on the payroll for at least six months receive this benefit. The disability insurance allows you to protect your income if illness or injury prevents you from performing your job and could be especially important if your salary is your primary or sole source of income. The LTD program features two parts: a core benefit and an optional benefit plan. The core benefit is provided by HACM at no cost to eligible employees. The optional benefit can be purchased by employees and paid through payroll deduction. See Human Resources for more information.

Pension

HACM participates in the City of Milwaukee Employees Retirement System. The Employee's Retirement System provides duty disability benefits and ordinary disability benefits along with other programs. Employees who annually average more than 20 hours of work per week are eligible for membership in the system as are those employees who have been previously enrolled but accept positions of 20 hours per week or less. Employees are responsible for the full member contribution, which is 5.5% of an employee's earnings, excluding overtime. Employees are vested in the retirement system after four years. Employees who separate from HACM employment and have at least four years of service may leave their member contribution in the Employee's Retirement System and draw a pension allowance upon reaching the minimum regular service retirement age of 60.

Deferred Compensation Plan

HACM offers all employees a Deferred Compensation Plan administered by an outside third party provider, information on this plan available by contacting Human Resources.

Group Life Insurance

Eligible employees are automatically enrolled in the group life insurance program, which provides coverage of \$50,000, at HACM expense.

Employees may choose to buy additional coverage for themselves, available in 50% increments up to 300% of their base annual salary. The amount of coverage is calculated by multiplying their base annual salary by the desired percentage and, if not an even thousand, rounding it up to the next thousand. Premium is based upon age, and is deducted from the second paycheck of each month.

Employees who elect to buy additional coverage for themselves may also purchase family coverage for their spouse and/or dependent children for a flat rate, also deducted the second paycheck of each month. Family coverage provides spousal insurance at \$25,000, children 14 days to 6 months of age at \$2,000, and children 6 months to age 26 at \$10,000.

Holidays

Full-time employees receive the following eleven (11) holidays with pay.

New Year's Day	Thanksgiving Day
Martin Luther King Day	Day after Thanksgiving
Good Friday	Christmas Eve
Memorial Day	Christmas Day
Independence Day	New Years Eve
Labor Day	

Whenever Independence Day falls on Saturday, the preceding Friday is observed as a holiday. Whenever New Year's Day, Independence Day or Christmas day fall on Sunday, the following Monday is observed as a holiday. Whenever New Year's Day or Christmas fall on Saturday the following Monday is observed as a holiday. HACM reserves the right to modify the Holiday schedule based on the needs of the organization.

Sick Leave

Paid sick leave is to be used only to cover the necessary absence from work of an employee due to employees' illness, or disease and disability.

	Employees Hired On or Before December 31, 2012	Employees Hired On or After January 1, 2013
Full-time Non-Exempt Employees	15 days/year	12 days/year
Full-time Exempt Employees	12 days/year	12 days/year
Max Accumulation	120 days	60 days

Sick leave is earned beginning with the date of hire and can be used after six months of service. Employees absent from work during the first six months of employment are to consult with their immediate supervisor to determine if time is to be made up or if the employee will not be paid for lost time.

These sick leave provisions should not be construed and will not be construed or applied in a manner that undercuts employee rights under the State and Federal FMLA laws.

Vacation

The Housing Authority of the City of Milwaukee (HACM) provides and encourages time off, with pay, for the purpose of rest and relaxation and, when necessary, to address scheduled personal commitments or obligations.

Full time HACM employees must complete 90 days of actual service before being eligible for paid vacation; City employees are eligible for paid vacation upon hire in accordance with the Milwaukee Code of Ordinances.

All employees are allowed to borrow up to 80 hours of vacation time at the discretion of the department head and may carryover up to 120 hours at the end of the year. Vacation is earned and accrued as follows:

For employees hired **before** January 1, 2013:

Service Years Completed	Maximum Biweekly Accrual Rate	Vacation Earned Per Year
0 up to 4	3.7 hrs	96 hrs
4 up to 9	5.3 hrs	136 hrs
9 up to 14	6.8 hrs	176 hrs
14 up to 21	8.4 hrs	216 hrs
21+ years	9.9 hrs	256 hrs

For employees hired on or **after** January 1, 2013:

Service Years Completed	Maximum Biweekly Accrual Rate	Vacation Earned Per Year
0 up to 4	3.08 hrs	80 hrs
4 up to 9	3.85 hrs	100 hrs
9 up to 14	5.38 hrs	140 hrs
14 up to 21+	6.15 hrs	160 hrs

Family Medical Leave

Federal and State law requires certain employers to grant family and medical leaves of absence to eligible employees. Wisconsin employers follow both state and federal family and medical leave laws. Where Wisconsin and federal provisions differ, the one most favorable to the employee must be followed. The Human Resource Department will supply details of these laws.

Jury Duty

Any time taken off for jury leave is treated as a paid absence for full-time employees. HACM continues the employee's salary during the period of active jury leave less any compensation provided by the court. The monies received will be remitted to the Authority, minus any reimbursements for lodging, transportation and/or meals.

Military Leave

HACM complies with the State and Federal laws regarding the rights of employees who enter military service. If an employee is called into duty and meets all legal requirements, HACM will allow the needed time off to fulfill this commitment.

A maximum of two (2) weeks of paid leave will be provided in any one calendar year for reservists and members of the National Guard to participate in active duty training, emergency service or specialized training if all legal requirements are met. If these activities are compensated by the government, HACM will pay the difference between the employee's regular straight time wages and the government's compensation up to a maximum of two (2) weeks.

Worker's Compensation

HACM carries worker's compensation insurance based on state law. This insurance provides compensation for lost time, medical expenses and loss of life or dismemberment from injury arising out of or in the course of your employment. In order to protect your own interests in case of an injury or illness that is work related, you or your Supervisor must contact the Human Resource Department before the end of your work shift. Failure to do so may result in disciplinary action, up to and including termination. You will be required to complete an Incident Report and submit it to Human Resources as immediately as possible to file a claim. If your injury is such that you are unable to complete the form, your manager or department head may do so.

Eligibility for Worker's Compensation benefits is determined by a third party administrator.

Bereavement Leave

In the event of a death in the immediate family, HACM provides full-time employees time off with pay up to a maximum of three (3) days for immediate family members. Immediate family is defined as a spouse, domestic partner, children, siblings (in-law), parents, grandparents, great-grandparents, grandchildren, father-in-law and mother-in-law. Step parents and step children by virtue of the employee's current spouse and adoptive relationships are treated the same as natural relationships for the purpose of funeral leave administration. An employee's eligibility to use step parent funeral leave is limited to one step father and one step mother, regardless of the number of his/her step parents.

Tuition Reimbursement

Effective upon date of employment, tuition reimbursement is available to full-time employees to prepare for career advancement.

Eligible employees may receive up to a maximum of \$1,500 per calendar year in reimbursement of tuition and textbooks for approved courses of study. Tuition reimbursement funds do not roll over to the next year.

Savings Bonds

With the use of the Federal Government's TreasuryDirect (www.treasurydirect.gov) we are able to offer the ease of obtaining Savings Bonds through our payroll system. TreasuryDirect does not send out paper bonds. You will be able to buy electronic gift savings bonds if you wish. Additional information can be found at www.treasurydirect.gov/indiv/products/prod_tdpayrollinfo.htm. If you would like to take advantage of this program contact Human Resources.

HR Contact Information

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