

# You and Your Benefits



a Handbook for Employee Benefits

January 2019

## *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.

Employees hired on a full-time, regular basis become eligible for medical, dental, and vision benefits for themselves and their eligible dependents upon completion of thirty (30) consecutive calendar days of active service. Enrollment in Health/Dental/Vision 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 benefit 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.

## Medical and Dental Programs

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). For HACM's medical program, eligible employees may choose Employee Only, Employee and Spouse, Employee and Child(ren) or Family coverage. For HACM's dental program, eligible employees may choose Employee Only or Family coverage.

### 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 <sup>1</sup> PLAN (EPO)				UHC CHOICE PLUS <sup>2</sup> 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	\$324.50	\$285.56	\$38.94	\$77.88	\$382.00	\$285.56	\$96.44	\$192.88
Employee+Spouse	\$649.00	\$571.12	\$77.88	\$155.76	\$764.00	\$571.12	\$192.88	\$385.76
Employee+Child(ren)	\$487.00	\$428.56	\$58.44	\$116.88	\$573.00	\$428.56	\$144.44	\$288.88
Family	\$973.50	\$856.68	\$116.82	\$233.64	\$1,146.00	\$856.68	\$289.32	\$578.64

<sup>1</sup>This is the HMO equivalent

<sup>2</sup>This 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
Care-Plus	\$26.31	\$6.50	\$19.81	\$39.62	\$77.54	\$18.75	\$58.79	\$117.58

Delta Dental PPO	\$12.39	\$6.50	\$5.89	\$11.78	\$42.80	\$18.75	\$24.05	\$48.10
Dental Dental EPO	\$22.09	\$6.50	\$15.59	\$31.18	\$72.15	\$18.75	\$53.40	\$106.80

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

## *Vision and Supplemental Benefit Programs*

Full-time employees are eligible to participate in HACM's vision and supplemental benefit programs. 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).

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, drop, 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.

### **Vision Insurance Premiums**

Vision Insurance is completely voluntary. 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.

VISION PLAN	Employee Bi-Weekly	Employee Monthly
Employee	\$3.64	\$7.28
Employee and Spouse	7.28	14.56
Emp and Children	6.91	13.82
Family	10.87	21.74

### **Supplemental Benefit Programs**

HACM employees may participate in our voluntary Supplemental Benefit programs offered through Allstate. Accident and Critical Illness coverage and Life insurance is available to help cover deductible and coinsurance costs, but payments are made directly to employees and can be used however the employee chooses. If you are interested in Supplemental Benefit coverage, you may speak with an Allstate representative to determine your options.

## 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**

Plan Provisions	UHC Choice EPO Plan		UHC Choice Plus PPO Plan	
	Network Only Benefits		Network Benefits	Non-Network Benefits
<b>Annual Deductible</b> (employee pays)				
Individual	\$750 per year		\$1,500 per year	\$3,000 per year
Family	\$1,500 per year		\$3,000 per year	\$6,000 per year
<b>Out-of-Pocket Maximum</b> (employee pays) includes deductible and coinsurance				
Individual	\$1,500 per year		\$3,000 per year	\$6,000 per year
Family	\$3,000 per year		\$6,000 per year	\$12,000 per year
<b>Coinsurance</b> (plan pays)				
Individual	90%		90%	90%
Family	90% up to \$1,500 per family, not to exceed \$750 per member	90% up to \$3,000 per family, not to exceed \$1,500 per member	90% up to \$6,000 per family, not to exceed \$3,000 per member	
<b>Lifetime Maximum</b>	Unlimited		Unlimited	Unlimited
<b>Emergency Services</b> (the ER copay applies to the out-of-pocket maximum)	\$200 member copay per visit		\$200 member copay per visit	\$200 member copay per visit
<b>Physician Fees</b>	*70% after deductible		*70% after deductible	70% after deductible
*Coinsurance increases to 90% for UHC premium tier 1 provider or non-evaluated provider				
<b>Preventive Care</b> (for information about preventive services, visit <a href="http://www.uhcpreventivecare.com">www.uhcpreventivecare.com</a> )	100%; deductible does not apply		100%; deductible does not apply	70% after deductible
<b>Ambulance Services</b> (emergency and approved non-emergency)	90% after deductible		90% after deductible	90% after deductible
<b>Autism Spectrum Disorder Services</b>	90% after deductible		90% after deductible	70% after deductible
<b>Durable Medical Equipment</b>	90% after deductible		90% after deductible	70% after deductible
Limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years				
<b>Hearing Aids</b> ( Limited to one hearing aid per ear, every three years )	90% after deductible		90% after deductible	70% after deductible
<b>Home Health Care</b> (limited to 60 visits per calendar year)	90% after deductible		90% after deductible	70% after deductible
<b>Hospice Care</b>	90% after deductible		90% after deductible	70% after deductible
<b>Hospital – Inpatient Stay</b>	90% after deductible		90% after deductible	70% after deductible
<b>Lab, X-ray and Diagnostics - Outpatient</b>	90% after deductible		90% after deductible	70% after deductible
<b>Mental Health Services</b>	90% after deductible		90% after deductible	70% after deductible
<b>Rehabilitation Services - Outpatient</b> Short-term outpatient rehabilitation for Physical therapy, Occupational therapy, Speech therapy, Pulmonary rehabilitation therapy, Cardiac rehabilitation therapy and Respiratory therapy. Pre-authorized therapies are limited to a maximum of 50. See SPD for more details.	90% after deductible		90% after deductible	70% after deductible

# 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**

	CarePlus In-Network	Delta Dental EPO In-Network	Delta Dental PPO In-Network and out of Network		
			Police	Fire	General <sup>1</sup>
<b>Provider Choice</b>	Any CarePlus Clinic Dental Associates	Any Delta Dental PPO network provider and Dental Associates Clinics	Any provider (Delta PPO, Premier or out of network)		
<b>Individual Annual Maximum</b>	None	\$4,000	\$1,250	\$1,250	\$1,250
<b>Deductible</b>					
Single	\$0	\$0	\$25	\$25	\$25
Family	\$0	\$0	\$75	\$75	\$75
<b>Diagnostic</b> (deductible waived) Oral Exam, X-Rays	100%	100%	80%	80%	100%
<b>Preventive</b>					
Cleaning (2x/yr)	100%	100%	80%	80%	100%
Fluoride (2x/yr)	100% - age 15	100% - age 19	80% - age 19	80% - age 19	100% - age 19
Sealants	100% - age 15	100% - age 19	80% - age 19	80% - age 19	100% - age 19
<b>Restorative</b>					
Fillings	100%	100%	80% after ded	80% after ded	80% after ded
Crowns	100% (base or noble metal only)	70%	80% after ded	80% after ded	80% after ded
<b>Prosthetics</b>					
Bridges, Dentures	100%	70%	80% after ded	80% after ded	80% after ded
Denture Repairs	100%	100%	80% after ded	80% after ded	80% after ded
Implants	50%	70%	80% after ded	80% after ded	80% after ded
<b>Endodontics</b> (root canal)	100%	100%	80% after ded	80% after ded	80% after ded
<b>Oral Surgery</b>					
Simple Extractions	100%	100%	80% after ded	80% after ded	80% after ded
<b>Periodontics</b> (treatment of gums and tissue)	100%	100%	80% after ded	80% after ded	80% after ded
<b>Orthodontics</b>					
Annual Maximum	None	None	\$2,000 lifetime	\$1,000 lifetime	\$1,200 lifetime
Deductible	\$750	\$500	None	None	None
Coinsurance (plan pays)	100%	100%	60%	60%	50%
Dependent Age Limit	None	26	26	26	26
Adult Coverage	Yes	Yes	No	No	No
Invisalign Braces	Stainless steel only	Included <sup>2</sup>	Included <sup>2</sup>	Included <sup>2</sup>	Included <sup>2</sup>

**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](http://www.dentalassociates.com).

### **Delta Dental**

Delta Dental of Wisconsin dentist directories are accessible online, via the mobile app and by phone. Simply go to [www.deltadentalwi.com](http://www.deltadentalwi.com) and select "Find A Network Dentist" from the "Provider Search" tab. Or, call 800-236-3712 and follow the automated instructions. Participating dentists can be located by ZIP code. Delta Dental's mobile app is available for smart phones and tablets using iOS (Apple) or Android. To download and install the app, visit the App Store or Google Play and search for "Delta Dental."

## **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 for employees hired before 1/1/2014, and 4.0% of an employee's earnings for those hired after 1/1/2014, 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:

<b><i>Service Years Completed</i></b>	<b><i>Maximum Biweekly Accrual Rate</i></b>	<b><i>Vacation Earned Per Year</i></b>
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:

<b><i>Service Years Completed</i></b>	<b><i>Maximum Biweekly Accrual Rate</i></b>	<b><i>Vacation Earned Per Year</i></b>
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, 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.

## **HR Contact Information**

Cassandra Sherrill-Patterson, Senior HR Generalist	414-286-5939
Todd Slusar, Senior HR Business Partner	414-286-5890
Crystal Reed-Hardy, Human Resources Director	414-286-5886
Camille Cole, Senior HR Specialist	414-286-5889