

2022 Benefits Guide

***As a part of our engaged and empowered team,
we care about your emotional, mental,
physical, and financial well-being!***



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Welcome to the 2022 Benefits Enrollment Guide!

We recognize that our employees are our most valuable asset and providing you and your family a competitive and comprehensive benefits package is extremely important to the City of Lawrence.

The best way to keep plan costs down is by managing overall health. The City continues to offer resources to help employees manage their health. Our healthcare claims information shows that more and more employees are taking advantage of the preventive benefits that our plan offers.

These services are paid at 100% by the City:

- Access to WellCare Clinic for wellness and acute care visits
- Flu shots and Biometric Screenings
- Annual routine physical at your primary care doctor
- Age appropriate preventive screenings
- Annual vision exam
- Hearing exam
- Dental cleanings/exams/x-rays, twice per year
- Immunization
- Employee Assistance Program (EAP) - 6 free sessions per issue (e.g. if you have counseling on 7 different issues, you would get 42 sessions free)
- In-network coverage of mental health and substance abuse treatment at 100%, not subject to deductible or coinsurance
- Coronary calcium score testing will be covered at 100% as a preventive service

Benefits Overview

- Aetna Medical Plan
- Health Reimbursement Account
- Elixir Solutions Prescription Drug Plan
- Delta Dental of Kansas Plan
- ASiflex Flexible Spending Account (FSA) – Health
- ASiflex Flexible Spending Account (FSA) – Dependent Care
- The Standard/EyeMed Supplemental Vision Plan
- Advance Basic Life and AD&D Insurance
- Advance Voluntary Life Insurance
- KPERS Basic Life Insurance
- KPERS Optional Life Insurance
- KPERS Long Term Disability
- Retirement Plans
 - KPERS – Defined Benefit– Pension Plan
 - 457(b) – Defined Contribution – Savings Plan
- New Directions Behavioral Health – Employee Assistance Program (EAP)
- LMH BeHealthy – Wellness Program
- Additional Benefits – Work Perks
 - Shared Leave Donations - Executime
 - Gym Membership – Payroll Deduction
 - Parks & Recreation Classes
 - Sports Pavilion Lawrence Membership

Things You Should Know

- All enrollment changes will need to be made through Bswift
- You must enroll Fitness Gym Memberships - Fitness Club enrollments must be done via paper
- You will be required to submit an “**Evidence of Insurability**” (medical/health statement) if you wish to elect Supplemental/Voluntary Life Insurance
- **Aetna Health Plan enhancements include:**
 - In-network coverage of mental health and substance abuse treatment at 100%, not subject to deductible or coinsurance
 - Coronary calcium score testing will be covered at 100% as a preventive service
- **Delta Dental Plan enhancements include:**
 - Addition of Orthodontia coverage for dependents to age 19 – 50% coverage to a lifetime maximum of \$2,000
 - RightStartforKids – this program covers all dental treatment (except Orthodontia) at 100% for children aged 12 and under
- **Elixir Rx:**
 - **Best-In-Class (BIC) Optimizer for Specialty Generics:** A few select branded specialty products that have an FDA-approved generic alternative will not be covered. The generic alternative will be covered at a \$0 copay. Specialty brands/generics are added or removed from the list twice each year, occurring on 1/1 and 7/1
- All health, dental, Rx, vision plans, and Advance Dependent Life are covered children up to age 26
- **A mobile-enabled website for the City’s benefits:**
 - The site is located here: <https://cityoflawrence.mybenefitsapp.com/>
 - Open this website on your mobile phone
 - Save an icon to your home screen for easy access from anywhere
- More information regarding the benefits is located on the City intranet as well as on the City’s website

How to Enroll – Updating/Verifying Benefits



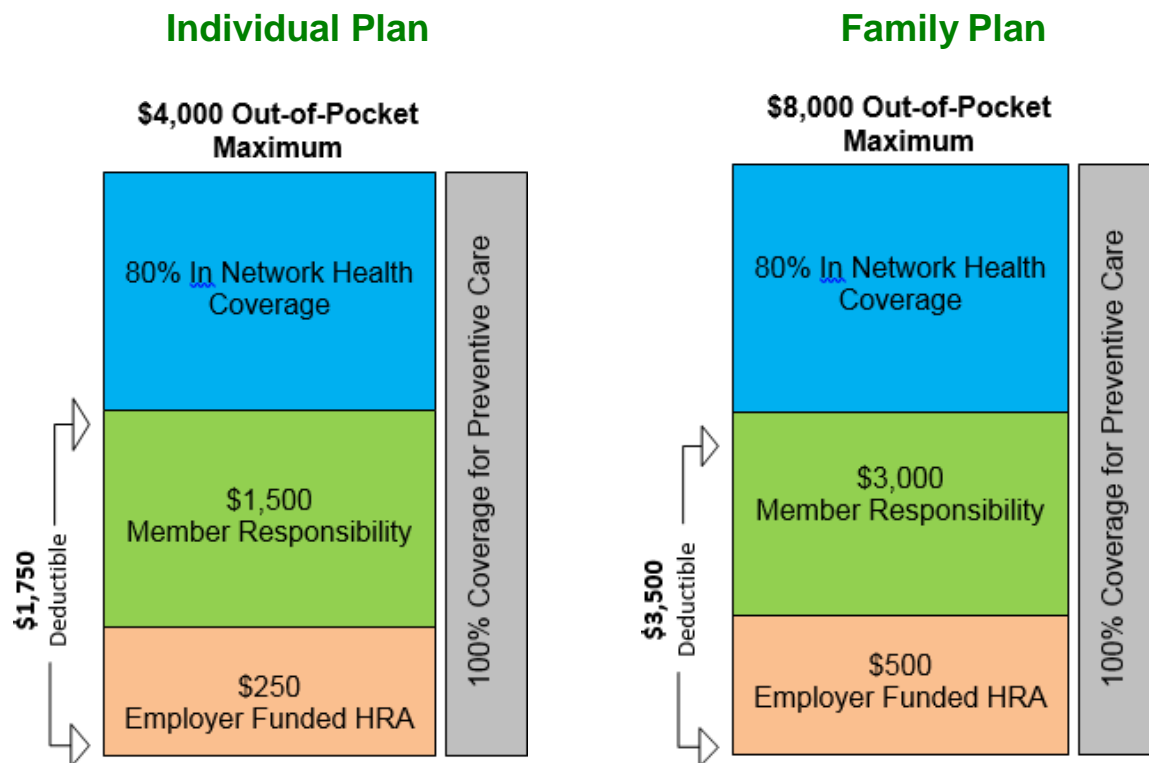
All enrollment changes will need to be made through bswift including changes to healthcare and enrollment in flexible spending account (FSA) – health and dependent care.

Go to cityoflawrence.bswift.com

- Logging in:
 - Username: first initial of your first name and your full last name.
 - Password: last 4 digits of your SSN – **ALL PASSWORDS HAVE BEEN RESET TO THE LAST 4 OF YOUR SSN: EVEN IF YOU CREATED A PERSONAL PASSWORD PREVIOUSLY.**
- After enrolling/making changes, you’ll be able to print a confirmation page.

Provider Contact Information

<u>Company</u>	<u>Group Number</u>	<u>Contact Number</u>	<u>Web Address</u>
Aetna Medical Insurance	285736-010-0001	855-788-5785	www.aetna.com
Aetna Concierge Customer Service		855-788-5785, Option 4	
Informed Health Line		800-556-1555	
Teladoc		1-855-TELADOC (835-2362)	www.Teladoc.com/Aetna
Urgent Care & walk in clinics		855-788-5785	aetna.com/docfind
Contact individual UC or clinic directly			Aetna Choice® POS II (Open Access)
DocFind			aetna.com/docfind
Delta Dental of Kansas	51610-000-00001-00000	800-234-3375	www.deltadentalks.com
Elixir Solutions - Prescriptions	10000467	800-771-4648	www.elixirsolutions.com
	BIN 800004		
	PCN 008126		
		Access Code: NU22A6HN	https://elixir.onlinebenefitsfair.com
The Standard/EyeMed Access network	770214	866-289-0614	www.standard.com/services
			www.standard.com
LMH Wellcare Clinic		785-505-3112	behealthyhm@lmh.org
ASiflex		800-659-3035	www.asiflex.com
Flexible Spending Account (FSA)		800-659-3035	asi@asiflex.com
		Claims fax: 1-866-381-9683	
EAP	login code: lawrence	800-624-5544	www.ndbh.com
Nationwide - 457(b) Savings Plan		Wade Sundermann	www.nrsforu.com
		Retirement Specialist	
		Cell:816-803-2700	
		Office:888-401-5272	
		sunderw@nationwide.com	
KPERS - Pension Plan		888-275-5737 or 785-296-6166	www.kpers.org
Employee Benefits - Human Resources		785-832-3204	akim@lawrenceks.org



- The City will fund \$250 to the HRA for an individual and \$500 for a family. These funds will be available for use on Jan. 1st for medical claims only (cannot be used for Rx or Dental).
- The HRA funds help offset some your deductible of \$1,750 for an individual / \$3,500 family.
- Preventive (routine) medical services such as yearly physicals/exams will be paid at 100% by the plan (will not use HRA funds).
- Claims for non-preventive services will first be paid for with funds out of the HRA.
- Once you have used all of the funds in the HRA, you will pay the costs of claims until you reach the remainder of the deductible.
- Once you have met the deductible, eligible in-network claims will be paid at 80% by the plan (you pay 20%).
- You continue to pay 20% until the out of pocket maximum of \$4,000 individual / \$8,000 family has been met (amounts include deductible).
- **One family member can use all of the HRA funds in a family plan.**
- No one on a family plan will have to meet more than an individual deductible or out of pocket maximum.
- Unused HRA funds can be rolled over from year to year. The maximum rollover is \$3,000.
- To view your claims and HRA balances log onto www.aetna.com.
- Covers one routine eye exam at 100% for every person on your plan. No coverage for hardware.
- This does not include a contact lens exam.
- Must use a network provider to receive 100% routine benefit and discount
- Ask your current provider if they accept Aetna Vision or log onto www.aetna.com to find a list of participating providers.
- Use your Aetna medical card for the vision benefit
- *Please see the Summary of Benefits and Coverage for more detailed information*

Aetna Concierge Customer Service

Aetna offers a staff that are trained on the City of Lawrence Healthcare. You call one number for all benefits and claims questions. All calls are handled in the U.S. Hours of operation are Monday – Friday, 8am – 6pm central time. Self-Service options (claims status, ordering ID cards, obtaining benefits, etc.) are available 24/7. Toll free, 855-788-5785, option 4.

Informed Health Line

Free as part of your Aetna medical benefits. Aetna team of nurses will save time and money by answering your health-related questions over the phone at 800-556-1555 and online www.aetna.com

Common Purpose Financial Catalyst

The Common Purpose Financial Catalyst is a program where Aetna can help the member in certain scenarios where out of network services have been obtained. These include, for example, when a doctor orders a service from an out of network provider, or when there are insufficient providers who can provide a needed service in network. Also, if an error on DocFind or quoted by Customer Service results in a member using an out of network provider thinking it is in network, this program can hold the member harmless

Know Where to Go (please watch a video on our intranet)

Teladoc/Telehealth > Primary Care > Convenience Care > Urgent Care > Emergency Room

Teladoc/Telehealth – gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.

Teladoc/Telehealth	Primary Care	Convenience Care	Urgent Care
Cold & flu symptoms Allergies Pink Eye Respiratory infection Sinus problems Skin problems And more...	Routine Primary / Preventive care Non-urgent treatment	Common infections Minor skin conditions Flu shots Pregnancy tests	Sprains Small cuts Strains Sore throats Mild asthma attacks Rashes Minor infections Vaccinations Screenings

Glossary of Healthcare Terms

Premiums – Premium costs are deducted automatically from your paycheck to pay for your health care benefit.

Copay – It is a set dollar amount you pay each time you receive a covered service.

Deductible – The deductible is the amount you must pay out of pocket, excluding copays, before City starts paying any benefits. It does not apply to any preventive services, as required under the Affordable Care Act.

Coinsurance – After you have met your deductible, the Plan will share the cost of your medical expenses with you, by paying for 80 percent of your expenses. You will be responsible for 20 percent of your expenses until you hit the out-of-pocket maximum. (If you see providers who are not part of the Aetna network, your coinsurance will be a higher percentage.)

Out-of-pocket maximum – The most you pay during a policy period (a calendar year) before your health insurance plan starts to pay 100% for covered essential health benefits. The deductibles, coinsurance, and copays are included in the out-of-pocket maximum. (This limit does not count premiums, balance billing amounts for non-network providers and other out-of-network cost sharing, or spending for non-essential health benefits)

Preventive Services – All services coded as preventive must be covered 100% without a deductible, coinsurance, or copayments. (Annual routine physical at your primary care doctor, age appropriate preventive screenings, and immunization)



Prescription Plan (MedTrakRx is now Elixir)

Specialty Medications

- Name brand and generic up to 34-day supply – you pay \$25 + 20%.
- Out of pocket maximum \$1,000 individual, \$2,000 family.
- Best-In-Class (BIC) Optimizer for Specialty Generics: A few select branded specialty products that have an FDA-approved generic alternative will not be covered. The generic alternative will be covered at a \$0 copay. Specialty brands/generics are added or removed from the list twice each year, occurring on 1/1 and 7/1.

All other medications

- Generics – you pay 20%
- Name brand up to 34-day supply - you pay \$25 + 20%.
- Name brand 90-day supply - you pay \$50 + 20%.
- Out of pocket maximum \$1,000 individual, \$2,000 family.
- Members will not receive new prescription cards for 2021 since the processing information and customer service line will remain the same.

Here is the link <https://elixir.onlinebenefitsfair.com> to access the information. Our access code is NU22A6HN

Prescription Drug Benefits	Preferred Pharmacy Network (34-day supplies)	Performance 90 Network (90-day supplies)
Non-Specialty Out-of-Pocket Maximum	Individual - \$1,000 Two or More Persons - \$2,000	
Specialty Out-of-Pocket Maximum	Individual - \$1,000 Two or More Persons - \$2,000	
Overall Out-of-Pocket Maximum	Individual - \$2,000 Two or More Persons - \$4,000	
Generic Drugs	20% Coinsurance	
Brand Name Drugs	\$25 Copay + 20% Coinsurance	\$50 Copay + 20% Coinsurance
Specialty Drugs (Generic)	20% Coinsurance	Not Eligible
Specialty Drugs (Brand Name)	\$25 Copay + 20% Coinsurance	Not Eligible

	PPO	Premier
Deductible	N/A	N/A
Annual Maximum	Unlimited	Unlimited
Diagnostic & Preventive Services: <ul style="list-style-type: none"> • Oral examinations, Bitewing & Panoramic X-Rays, Cleanings • Topical Fluoride – unlimited for dependent children under age 21 • Space Maintainers – unlimited and only premature loss of primary molars • Sealants – once (1) per tooth every four (4) years for dependent children ages (5) to eighteen (18) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact. 	100%	100%
Basic Services: Cavity fillings, emergency exam, simple extractions, regular restorative, periodontics, & endodontics.	80%	80%
Major Services: Crowns, bridges, dentures, implants to \$1,000 per arch, TMJ, oral surgery. 240 day waiting period for new enrollees applies to all services except oral surgery.	50%	50%
Orthodontia: Children to age 19, subject to a lifetime maximum of \$2,000	50%	50%
RightStartforKids: All covered services for children aged 12 and under paid in full (except Orthodontia)	100%	100%

Please see the Summary of Dental Plan Benefits for more detailed information

Premium Contributions

- For ALL Benefit Eligible Employees (FT/PT Regular and City Commission)
- Premiums are pre-tax and include Medical, Dental, and Rx.

<u>Coverage Level</u>	<u>Employee Per Pay Period</u>	<u>City Per Pay Period</u>
Employee Only (Single)	\$10	\$351.85
Employee Plus Children	\$91	\$612.38
Employee Plus Spouse	\$99	\$677.77
Employee Plus Family	\$167	\$950.85

- Retiree Health Insurance Rates: Medical, Dental, and Rx.

<u>Retiree Coverage Level</u>	<u>Retiree Per Month</u>	<u>City Per Month</u>
Retiree Employee Only	\$627.00	\$157.00
Retiree Employee Plus Children	\$1,524.00	\$0
Retiree Employee Plus Spouse	\$1,683.00	\$0
Retiree Employee Plus Family	\$1,938.00	\$484.00

Flexible Spending Accounts

What are Flexible Spending Accounts (FSA's)?

FSA's are tax-favored accounts that allow participants to set aside money pretax for eligible health care and dependent care costs. When you enroll in a Flexible Spending Account, you decide how much to contribute for the entire Plan Year. The money is then deducted from your paycheck, pre-tax (before Federal & State income taxes and FICA taxes are deducted) in equal amounts over the course of the plan year (26 pay periods).

FSA elections will need to be made each year during open enrollment, unless changed due to a qualifying change in status event.

General FSA Information

Use the [Medical Expense Calculator](#) on ASI's website to help you estimate out of pocket costs for the plan year.

- **Medical Flexible Spending** – 2022 Plan Year Contribution Limit is **\$2,850**. This is a per employee limit. If your spouse has access to a flexible spending plan, they may also contribute up \$2,850, depending on their employer's plan maximum.
 - All unused funds will be carried over from 2021 to 2022 plan year.
 - You may roll over up to \$570 of unused funds from 2022 to 2023 plan year. Any unused amount over \$570 will be forfeited.
 - You may choose to pay for your eligible expenses with the Debit card option. If you currently have a debit card it can be used until the expiration date on the card. **KEEP ALL RECEIPTS!** Please call 800-659-3035 to find out more about the debit card option.
 - You may also choose to file a [General FSA Claim Form](#) and ASI can reimburse via direct deposit to your checking or savings account.
- **Dependent Care Flexible Spending** – 2022 Plan Year Contribution Limit is **\$5,000** per household (if you are married filing separate tax returns, you are limited to \$2,500).
 - Offers you the opportunity to pay dependent day care expenses on a pre-tax basis for children under the age of 13 or day care expenses for disabled children. You may also use Dependent Care FSA for elder care, if you claim that person as a dependent on your taxes.
 - All unused funds will be carried over from 2021 to 2022 plan year.
 - Any unused amount will not be eligible for carryover from 2022 to 2023 plan year which means any unused amount will be forfeited.
 - Submit a [General FSA Claim Form](#) to ASI Flex to request reimbursement of incurred expenses.



Supplemental Vision Plan

Your medical plan through Aetna covers one eye exam per member every year, but if you wish to purchase an expanded level of vision insurance, the City of Lawrence offers a full-scale vision plan through Standard/EyeMed. You may use the vision provider of your choice, however you will receive much greater benefits by using a provider within the Standard/EyeMed Access network.

Vision Benefits	In-Network	Out-of-Network
Eye Exams (Every 12 Months)		
Exam Copay	\$10	N/A
Exam Allowance	100% after Copay	Up to \$40
Materials Copay	\$20	N/A
Base Lenses (Every 12 Months)		
Single Vision Allowance	100% after Copay	Up to \$40
Bifocal Allowance	100% after Copay	Up to \$60
Trifocal Allowance	100% after Copay	Up to \$80
Lenticular Allowance	100% after Copay	Up to \$80
Contact Lenses in Lieu of Eyeglasses (Every 12 Months)		
Elective Allowance	Up to \$105	Up to \$80
Medically Necessary Allowance	100% after Copay	Up to \$210
Frames (Every 24 Months)		
Retail Allowance	Up to \$130	Up to \$45

Vision Premiums

- For ALL Benefit Eligible Employees (FT/PT Regular and City Commission)
- Premiums are pre-tax

<u>Coverage Level</u>	<u>Employee Per Pay Period</u>
Employee Only (Single)	\$3.58
Employee Plus Children	\$7.79
Employee Plus Spouse	\$7.18
Employee Plus Family	\$10.80

Basic Term Life and AD&D Insurance

Life insurance and accidental death and dismemberment (AD&D) insurance will help financially protect you and your family in the case of death or serious injury.

- Group term life and accidental death and dismemberment (AD&D) is provided at no cost to you
 - Fixed coverage amounts based on job grade and *your AD&D coverage is equal to your basic life amount*
 - Certificate of coverage
- Dependent life insurance - voluntary
 - Voluntary after-tax payroll deduction
 - \$4,000 spouse death benefit payable to employee
 - \$2,000 child death benefit payable to employee
 - \$0.55 per paycheck

Voluntary Term Life Insurance

The City maintains a group insurance policy that offers Voluntary Term Life coverage to eligible employees (full- or part-time regular working a minimum 20 hours per week). Employees may purchase coverage through payroll deduction for themselves, their spouse, and eligible dependents.

- Voluntary employee, spouse, and child life
 - Coverage amounts
 - ✓ The minimum allowed benefits is \$10,000. You may purchase up to \$500,000 of coverage (or 5x your annual salary, whichever is less) in \$1,000 increments for you and your spouse.
 - Guarantee issue within 63 days of becoming benefit eligible
 - ✓ \$75,000 employee
 - ✓ \$38,000 spouse
 - Child life
 - ✓ \$2,500-\$10,000
 - After-tax payroll deduction, age-banded

KPERS – Basic Term Life Insurance (KPERS members only)

You have basic group life insurance equal to 150 percent of your annual salary. Your employer pays for the cost of this benefit. The Retirement System also returns your contributions and interest if you die. You can name different beneficiaries for these benefits.

- Job-related death
 - If you die from an on-the-job accident, your spouse will receive a monthly benefit based on 50 percent of your final average salary, less any Workers' Compensation. The minimum benefit is \$100 per month.
 - He or she will also receive a \$50,000 lump-sum payment. This is in addition to your life insurance and returned contributions.
- Surviving spouse benefit option
 - If you die before retirement, your spouse may be able to receive a monthly benefit for the rest of his or her life, instead of receiving your returned contributions and interest. You must have designated your spouse as your sole primary beneficiary.
 - ✓ Situation #1: If you were eligible to retire, your spouse begins receiving a monthly benefit immediately.

- ✓ Situation #2: If you were not yet eligible to retire but had ten years of service, your spouse begins receiving a monthly benefit when you would have reached age 55.
- You can name contingent beneficiaries or separate beneficiaries for your life insurance without affecting this benefit option.

KPERS – Voluntary Optional Group Life Insurance

Coverage amounts range from \$5,000 to \$250,000 in \$5,000 increments.

- Guaranteed coverage amounts without proof of good health within 30 days of their hire date.
 - Employee - \$50,000
 - Spouse - \$25,000
- You must provide proof of good health for amounts over \$50,000.
- Child life insurance up to \$20,000
- Optional life insurance premiums are automatically deducted from your pay.

Other Optional Insurance Details

- You can start or increase coverage at any time with proof of good health.
- You can enroll for or increase your coverage by up to \$25,000 without proof of good health when you have a family status change like marriage, divorce, birth or adoption.
- With the “Accelerated Death Benefit,” if you are diagnosed as terminally ill with 12 months or fewer to live, you may be eligible to receive up to 100 percent of your life insurance instead of your beneficiary receiving a death benefit.

KPERS - Long Term Disability (LTD)

- If you become disabled, you may qualify for a disability benefit based on 60 percent of your annual salary.
- You must be disabled for 180 days and no longer receive employer compensation.
- You must apply for Social Security benefits and complete any appeal process.
- You will continue receiving service credit and basic life insurance coverage for approved disability periods.
- You can also continue any optional insurance coverage.

KP&F - Long Term Disability (LTD)

- If you become disabled, you may qualify for a disability benefit based on 50 percent of your annual salary.
- There is no waiting period to apply.
- You must apply for Social Security benefits and complete any appeal process.
- You will continue receiving service credit and basic life insurance coverage for approved disability periods.
- You can also continue any optional insurance coverage.

Retirement Plans



Kansas Public Employers Retirement System

Defined Benefit - Active Members

KPERS members contribute 6% of gross, federal income.

KPERS 1 – membership date on or before 6/30/2009

KPERS 2 – membership date between 7/1/2009 and 12/30/2014

KPERS 3 – membership date on or after 1/1/2015

KP&F members contribute 7.15% of gross, federal income

KPF Tier 1 – employed before 7/1/89 and did not choose Tier II

KPF Tier 2 – all NEW members are Tier II. You are a Tier II member if you were employed on or after 7/1/89 or before 7/1/89 and chose Tier II coverage.

Service Credits

Service credits represent how long a member has worked. Employees automatically earn “participating” credit for the years they work in a KPERS-covered position. Purchasing additional service credit could help you vest your benefit faster, get more at retirement and possibly retire sooner.

Types of service that KPERS/KPF members can purchase include:

- Withdrawn service – KPERS and KPF members
- Military service – KPERS and KPF members
- Year of service (those hired before 7/1/2009 had a one year waiting period before participating) – KPERS members only
- Out-of-state non-federal public service – KPERS members only
- In-state non-federal public service – KPERS members only

Contact KPERS at 888-275-5737 to see if your past service is eligible. Don't wait. Purchase costs are based on salary and age.

Thinking about retiring?

- Attend a pre-retirement seminar – hosted by KPERS each spring, these free seminars are designed to help you navigate the steps to retirement. Watch for emails/printed materials from Human Resources.
- Find out when you are eligible – know when you'll meet the age and service requirements to help you decide on the best retirement date. Contact KPERS at 888-275-5737 or Ashley Kim at 785-832-3204 to discuss your eligibility.
- Calculate a retirement benefit estimate – you can calculate your own estimate online by logging into your personal account at www.kpers.org/mykpers. You can also complete a Benefit Estimate Request Form (KPERS-15E) and fax directly to KPERS. Contact Ashley Kim with questions on how to complete the form.

- The City of Lawrence offers one supplemental retirement savings plan
- Currently the City's 457 plan is managed by Nationwide Retirement Solutions
- You can contribute on either a flat dollar amount or percentage basis
- **New Enrollment** – Call Nationwide directly at 888-401-5272
- **Current Participants** – To make changes to your contributions, log onto your account at www.nrsforu.com
- 2022 Limits (The maximum contributions into the 457 accounts are set each year by the IRS)
 - Regular Contributions \$20,500
 - Age 50+ Catch-up \$6,500
 - 3 – Year Catch-up \$41,000 (available for those nearing retirement within 3 years)
 - No penalty for early withdrawals (prior to 59 ½)
 - KPF members are permitted to use up to \$3,000 a year, tax free, to pay for retiree health insurance premiums

For any of the services below, contact Nationwide directly:

- Your account can be rolled into another retirement plan upon termination or retirement from the City
- You are able to roll other qualified retirement plans into the City of Lawrence plan
- Loans and hardship withdrawals available

Employee Assistance Program (EAP)



To learn more go to www.ndbh.com

- Click on 'For Individuals and Families'
- Employer code = lawrence
- The EAP....
 - Provides free counseling sessions for you and family members; Click on 'Request EAP Session' for that; or Call 800-624-5544.
 - Employee Assistance Program (EAP) - 6 free sessions per issue (e.g. if you have counseling on 7 different issues, you would get 42 sessions free)
 - You may receive assistance for include:
 - Family or relationship
 - Emotional or mental health
 - Work-related concerns
 - Substance Abuse and/or addition
 - Financial issues
 - Legal issues – offers 30-minute free legal consultation; and will build a will for free
 - Other problems that interfere with daily living
 - Confidential support, guidance and resources are available 24 hours a day, seven days a week, to help you be happier and more productive.

The **WellCare Clinic** with services provided by Lawrence Memorial Hospital is open to **all** employees (full time and part time regular) and members of the healthcare plan ages 18 and older.

Clinic Hours

7:30am – 5pm Monday, Wednesday, Thursday

8am – 5pm Tuesday and Friday

To schedule an appointment call 785-505-3112

Location

The clinic is located inside Lawrence Memorial Hospital across from the Business Health Center. Parking is available on the corner of 4th and Maine Streets (4th Street Health Plaza building). Take stairs or elevator down 1 floor and follow hallway to the end. You may also enter through the emergency room doors and take a left at the first hallway.

Wellness Incentive Points Program Participation for 2023 money!

You can log onto your Cerner Health Account by going to www.lmh.org. Under WellCare then choose City of Lawrence in the green box on the right.

Remember – if you cover your spouse on the City’s Healthcare Plan then they are eligible to participate and earn incentive money in the BeHealthy City of Lawrence Wellness Program. *The requirements are the same for employees and spouses.*

Tier 1 (required to move onto Tier 2 or 3)

- Complete the Personal Health Assessment (PHA).
- Complete your biometric screening/blood draw;
 - Blood work from your doctor can be accepted but it cannot be older than 3 months.
 - FIRE/EMT – Blood work from your annual firefighter physical can be used.
- Attend required Advisor Visit
 - FIRE/EMT – You may choose to have your initial advisor visit at the same time as your annual firefighter physical.
- Routine Annual Physical with Primary Care doctor – self report in your Cerner account.
 - FIRE/EMT – Your annual firefighter physical can be used to meet this requirement.

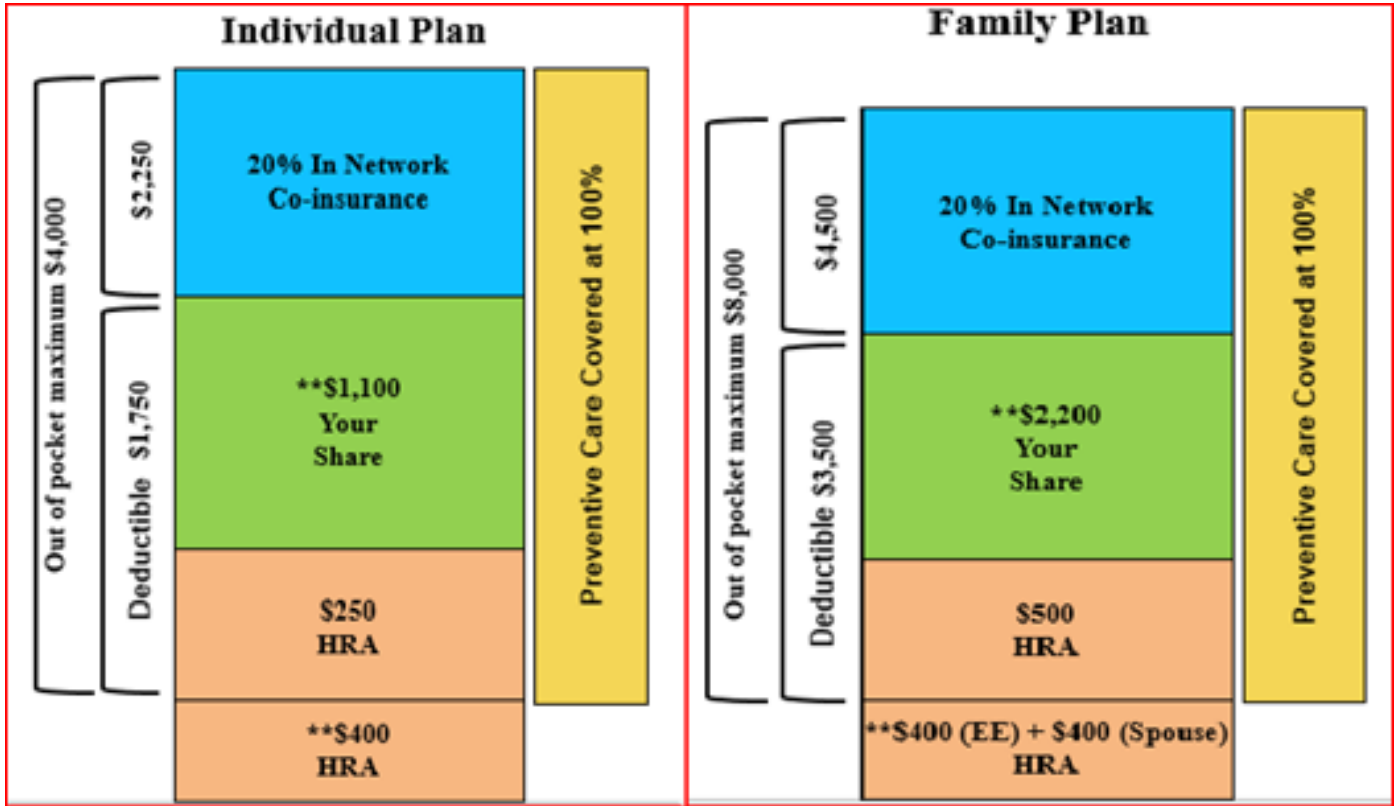
Tier 2 - \$150 incentive (not required to move to Tier 3)

- 12 months tobacco free or enrolled in Aetna’s Tobacco Cessation Program (more info in your Cerner account portal at www.lmh.org).

Tier 3 - \$250 incentive

- Log at least **400** points through your Cerner Health Account between the dates of October 1, 2021 and September 30, 2022.

** Once all 3 steps of the Core Requirements are completed, you are eligible to earn up to \$400 toward your HRA in 2023. Employees & spouses have the potential to earn up to \$400, each, in HRA money if you complete all three tiers.



Additional Benefits – Work Perks

Shared Leave Donations - Executime

- Choose code: LC (vacation) / LE (sick)
- Start date 1/1/2022
- Leave end date blank
- Benefit hours per day – enter total amount you want to donate from that code
 - Max donation is 96 hours (136 hours for fire working 24 hours shifts)
- Click Save.
- Supervisor approves as with any other time off request

Gym Membership – Payroll deduction

Parks & Recreation Classes

Sports Pavilion Lawrence Membership

Free Parking

Annual Compliance Notices (all posted on the intranet)

- ✓ Premium Assistance under Medicaid and the Children's Health Insurance program (CHIP)
- ✓ Health Insurance Marketplace Coverage Options and Your Health Coverage
- ✓ Notice of Privacy Practices
- ✓ Medicare Part D Notice
- ✓ COBRA Rights Notice
- ✓ Women's Health and Cancer Rights Act of 1998
- ✓ Notices of Special Enrollment Rights
- ✓ Wellness Program and Reasonable Alternative Notices

Summaries of Benefits and Coverage

- ✓ The government- required Summaries of Benefits and Coverage (SBCs), which summarize important information about your Aetna medical plan options, are available on our City's intranet as well as the City's website.



Mission: *We create a community where all enjoy life and feel at home.*

Vision: *The City of Lawrence – supporting an unmistakably vibrant community with innovative, equitable, transparent and responsible local government.*

Organization Values: *Character, Competence, Courage, Collaboration, Commitment*

Commitments: *Community Engagement, Efficient and Effective Processes, Equity and inclusion, Sound Fiscal Stewardship, Engaged and Empowered Teams, Environmental Sustainability*

Outcomes: *Unmistakable Identity; Strong, Welcoming Neighborhoods; Safe and Secure; Prosperity and Economic Security; Connected City*