



SUBJECT: Benefits	EFFECTIVE: December 2007 REVIEWED: November 2014; May 2017 REVISED: August 2022
CATEGORY: 200 (Personnel) POLICY NUMBER: 200.03	CROSS REFERENCE:

Purpose

To outline the benefit coverage available to employees.

Definitions

Health Benefits: For the purpose of this policy, health benefits includes programs providing medical, dental, vision and prescription coverage for employees and their eligible family members.

Scope

Except where noted, all benefits set forth in this policy apply to all regular status employees working in positions budgeted for 0.5 FTE or greater. Negotiated contract language prevails for all represented employees.

Policy

All regular status employees working in positions budgeted for 0.5 FTE or greater are eligible to enroll and participate in the city’s health benefit programs.

Eligibility

Employees are eligible for benefits the first day of the first full month of employment in positions budgeted at 0.5 FTE or more.

Enrollment

Enrollment in the city’s health benefits program is limited to the following periods:

- **Initial Enrollment:** Within sixty (60) days of initial employment with the City of Milwaukee.
- **Open Enrollment:** During the city’s annual open enrollment period which is designated by the benefits administrator and typically occurs during the month of October.
- **Qualifying Events:** Enrollment or dependents changes can be made during the plan year when allowed by a qualified life event such as marriage, childbirth, adoption, divorce, loss/gain of other coverage or other events determined by the plan administrator. These qualified changes must be made within sixty (60) days of the event.

Premiums

- The city will pay its portion of the monthly premium as authorized by the City Council and agreed to in the collective bargaining agreements for represented employees. Employees are responsible for paying the remainder of the premium through payroll deduction. Eligible employees will be enrolled in an Internal Revenue Service, Section 125, Premium Conversion

plan to allow the employee share of the medical and dental premium cost to be paid in pre-tax dollars.

- Part-time (less than 0.5 FTE), on-call, and seasonal employees are not eligible to participate in the city health benefits program.
- Part-time employees in budgeted positions of 0.5 FTE or greater may participate in the medical and vision, dental, life and disability insurance programs. For part-time employees working in positions budgeted at 0.5 FTE or greater, the city will pay a prorated portion of the premium, outlined in the chart below. City-paid contributions for dental benefits offered through Kaiser and Willamette Dental are calculated based on the city contribution for Delta Dental.

<u>FTE</u>	<u>City Pays</u>	<u>Employee Pays</u>
0.9 to 1.0 FTE	95%	5%
0.5 to 0.89 FTE	75%	25%

Coverage During Leaves of Absence

Paid Leaves: Participation and coverage will continue as if the employee continued working while the employee is on a paid leave of **absence**. If an employee goes into an unpaid leave of absence status, benefits will continue through the end of the last month the employee is in a paid status, provided the employee was in a paid status on the first working day of the month. An employee may not intersperse paid leave and unpaid leave to provide for continuation of extended benefit coverage.

Unpaid Leaves: If an employee goes into an unpaid leave of absence, the employee may elect to continue benefit coverage by choosing to exercise rights under COBRA rules and by paying the appropriate premium coverage. The employee may have the right to maintain the same level of health insurance benefits if the unpaid leave is qualified under federal or state leave laws.

Separation from Coverage

Health insurance benefits expire on the last day of the month in which the employee separates from employment or the dependent becomes ineligible. The city will comply with COBRA rules regarding benefit continuation.

Life Insurance

The city provides a limited term life insurance policy for each employee. Employees may also purchase supplemental life insurance coverage for themselves and qualified dependents.

HRA VEBA

The city provides an HRA/VEBA (Health Reimbursement Account/Voluntary Employee Beneficiary Association) program to fund unreimbursed current or future medical expenses using pre-tax dollars. Each union and management group or their distinct subgroups must separately decide whether to participate prior to each plan year and what the employee contribution will be. Human Resources is responsible for distributing and collecting ballots. Groups may elect to have any portion of the cost-

of-living increase, longevity pay, or the compensatory time buy back option contributed to the employees' individual HRA VEBA account in lieu of actual wage payment.

Deferred Compensation

The city will provide three and one-half percent (3.5%) of the employee's base salary, or the negotiated rate for represented employees, to a city-sponsored deferred compensation program. For new employees, the city's contributions to the program will begin the first of the month following thirty (30) calendar days of employment. The employee will be given the opportunity to select from a city-sponsored plan; however, if the employee does not select by the time the contributions are to begin, the city will open an account on behalf of the employee to make the contributions outlined herein.

Employees may also elect to make voluntary employee paid contributions to a city-sponsored deferred compensation account.

Additional Information

See the Benefit Plan Highlight Manual for more specific information about the various plans or go to the health benefits administrator's website at www.cisbenefits.org or the website for the particular benefit provider.

Responsibilities

Employees:

- Enroll or waive coverage within the required timeframe.

Human Resources:

- Administer the benefit programs for the city.

Payroll:

- Make payroll deductions for benefit coverage.