

Employee Benefit Guide 2020



Service Provider Information

Health

ANTHEM BCBS
1.800.810.2583
www.anthem.com

Dental

DELTA DENTAL
1.800.955.2030
www.deltadentalky.com

Vision

ANTHEM
1.866.723.0515
www.anthem.com

Basic Life/AD&D

ONE AMERICA
1.800.553.3522
www.oneamerica.com

Voluntary Life

ONE AMERICA
1.800.553.3522
www.oneamerica.com

Disability

ONE AMERICA
1.800.517.6353
www.oneamerica.com

Voluntary Products

COLONIAL LIFE
Lisa Graves: 1.502.803.1860
Fax: 1.502.237.0799
Lgraves311@aol.com
www.coloniallife.com

Flexible Spending Account / Health Reimbursement Account / Dependent Care FSA

FEBCO
1.800.489.1539
www.fecco.com

Health Savings Account

OPTUM BANK
1.800.243.5543
www.optumbank.com

Employee Assistance Program

ANTHEM
1.800.865.1044
Company Code: City of Frankfort

KY Deferred Compensation

1.502.573.7925
1.800.542.2667
www.kentuckydcp.com

Kentucky Retirement

1.800.928.4646
<https://kyret.ky.gov>

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The information in this Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

For additional questions or comments about our programs, please contact your Human Resources Department.

OUR COMMITMENT TO YOU | a plan designed for your needs

City of Frankfort plans are designed to recognize the diverse needs of our workforce. As we strive to provide strong benefit coverage and enhance our benefit options, we have to constantly look at new ways to make this possible. Our plan continues to:

- Provide competitive and comprehensive benefits options that allow you to design your own plan based on your individual needs;
- Offer plans to provide long-term financial security for you and your family.

Only you can determine which benefits are the best for you and your family. We want you to understand all your options and make informed decisions.

BENEFIT BASICS

Eligibility

If you are a full-time employee or elected official, you are eligible to elect a variety of benefits described in this guide. New hire eligibility is the first day of the month following 45 days of employment. Dependent children may be covered until age 26 on the medical, dental and vision plans regardless of student status. Spouses may be covered on the dental and vision plans.

If your spouse has medical coverage offered to them through their employer, they may only elect secondary medical coverage through the City. This means medical claims will be paid by the primary insurer first. Please carefully consider whether the cost of dual coverage is best for your family.

Qualifying Events

Your elections for the plan year will remain in effect for the full year unless you experience a Qualifying Life Event. If you experience a Qualifying Life Event as listed below, you may change or cancel your coverage during the plan year to meet your needs. You must notify Human Resources within 30 days of the event to ensure there is no disruption of your coverage:

Birth/Adoption	Dependent Child Age Limit
Divorce	Marriage
Death	Loss of Coverage
FMLA related Leave	

Employees may add or drop coverage for themselves or dependents as a result of a qualifying event but they may not switch from one medical plan to another. (Note: this requirement is due to the large HSA contribution issued in January)

For a complete list of qualifying events contact your Human Resources Department.

It is important that you notify Human Resources within 30 days upon any life event change so that we can ensure there is no interruption or error in your benefits. Any request for coverage change or cancellation must be consistent with your Qualifying Life Event and you must have the proper documentation to support this change (i.e. birth certificate, marriage license, final divorce paperwork, etc.).

HEALTH BENEFITS



You will have the ability to elect coverage under a HSA plan, PPO Core plan or PPO Buy Up plan with **Anthem Blue Cross Blue Shield**. For more information visit: www.anthem.com.

Employees married to employees may elect single or family medical coverage according to what best meets their needs.

	Plan 1 - HSA	Plan 2 - Core PPO	Plan 3 - Buy Up PPO
	In Network	In Network	In Network
Deductible (Single / Family)	\$2,800 / \$6,000	\$750 / \$1,500	\$500 / \$1,000
Out-of-Pocket Maximum (Single / Family)	\$2,800 / \$6,000	\$1,750 / \$3,500	\$1,250 / \$2,500
Physician Office Services	100% after Deductible	\$25 Copay	\$20 Copay
Speciality Office Services	100% after Deductible	\$35 Copay	\$30 Copay
Routine Preventive Care Visit	No Cost Share	No Cost Share	No Cost Share
Emergency Room Services (copay waived if admitted)	100% after Deductible	\$375 Copay + 20% of charges after Ded.	\$375 Copay + 10% of charges after Ded.
Urgent Care Services	100% after Deductible	\$25 Copay for physician, Ded./coinsurance on other charges	\$20 Copay for physician, Ded./coinsurance on other charges
Inpatient & Outpatient Professional Services	100% after Deductible	80% Coinsurance after Deductible	90% Coinsurance after Deductible
Outpatient Surgery Hospital / Alternative Care Facility	100% after Deductible	80% Coinsurance after Deductible	90% Coinsurance after Deductible
Lifetime Maximum (Combined Network & Non Network)	Unlimited	Unlimited	Unlimited
Retail Prescription Drugs 31 day supply	100% after Deductible	\$10 / \$25 / \$40 / 25% to \$100 maximum	\$10 / \$25 / \$40 / 25% to \$100 maximum
Mail Order / Retail Prescription Drugs 90 day supply - (2x retail copay)	100% after Deductible	\$20 / \$50 / \$80 / 25% to \$100 maximum	\$20 / \$50 / \$80 / 25% to \$100 maximum

** In-Network benefits are listed above, when administering benefits out of network, cost will increase.

Participants must try a generic before moving to a brand name drug

Monthly Rate	Plan 1		Plan 2		Plan 3	
	No Tobacco Use Discount	Base Price	No Tobacco Use Discount	Base Price	No Tobacco Use Discount	Base Price
Employee	\$0	\$30	\$15	\$45	\$35	\$65
Employee and Child	\$20	\$80	\$138	\$198	\$226	\$286
Employee and Spouse	\$30	\$90	\$154	\$214	\$242	\$302
Family	\$40	\$100	\$242	\$302	\$332	\$392

Note: Before electing the HSA Plan please consult a tax advisor if you have access to general purpose HRA or FSA dollars, this may limit your eligibility to establish an HSA account.



SPOUSAL COVERAGE

If your spouse has ACA compliant health insurance coverage offered to them from an employer, then they are only eligible for secondary coverage under the City of Frankfort's medical plan. Any misrepresentation could result in cancellation of benefits, non payment of claims, and disciplinary action up to termination of employment.

SECONDARY MEDICAL COVERAGE FOR SPOUSES

If your spouse has medical insurance available through his or her spouse that meets the ACA guidelines for affordability, your spouse may only be enrolled in secondary medical coverage through the City of Frankfort. Prior to enrolling a spouse in secondary coverage, please consider how medical claims will be processed and whether secondary coverage is the right option for your family. Also, please be aware that, per the IRS, the City's Plan 1 with a health savings account cannot be secondary coverage if a non-high deductible plan (PPO) is primary coverage. Therefore, Plan 1 may only be secondary coverage if paired with another high deductible plan as primary. Similarly, Plan 2 and 3 may only be secondary coverage if paired with non-high deductible plans as primary coverage.

When the City of Frankfort plan is a secondary plan, its benefits are determined after those of the other plan and may be reduced because of the other plan's benefits. Under the Order of Benefit Determination Rules, benefits payable will be reduced, if necessary, so that the combined benefits of both plans do not exceed the allowable expense. An allowable expense is a health care service or expense including deductibles, coinsurance, or copayment that is covered in full or part by the plan. When this plan is secondary, you will receive credit during the calendar year for the amount by which your benefits are reduced. This credit will not be applied to the extent that would cause you to receive:

1. A combined benefit from all plans greater than the allowed expense
2. More benefits during a calendar year than you would receive if there were no other coverage

EMPLOYEE MEDICAL INSURANCE WAIVER PROGRAM

If you waive medical insurance coverage under the City of Frankfort's Medical Plan, then you are entitled to receive medical insurance waiver funds. The waiver amount is \$3,000 annually divided into \$125 bi-weekly contributions. These waiver contributions may be deposited into a Health Reimbursement Account (HRA) to pay for qualified medical expenses or a Dependent Care Account (DCA). You have the option to direct all waiver funds into the HRA, all into the dependent care account, or a split between the two. If you waive the medical insurance, please make your waiver election online through the City of Frankfort's Employee Navigator.

Notes:

- ✓ Due to Federal law requirements you must attest to having other group health plan coverage that provides minimum value coverage in order to be eligible for the HRA or DCA waiver funds. You may do this online through the City of Frankfort's Employee Navigator.
- ✓ If you, your spouse or a dependent is contributing funds to a Health Savings Account (HSA), you should consult a tax advisor prior to establishing an HRA.
- ✓ Any employee who does not have other group health coverage that meets minimum value coverage or has Tri-Care or Medicaid will be placed in a limited HRA which allows use of the funds for dental and vision expenses only.
- ✓ KRS retirees are not eligible for the medical waiver since the City pays KRS for the cost of their medical insurance.

HEALTH SAVINGS ACCOUNT (HSA) COMPANY CONTRIBUTION

If you elect Plan 1 – HSA Plan then you will receive the City of Frankfort's HSA contribution. This HSA contribution for single coverage is \$405 on the first pay date in January and \$15 bi-weekly thereafter, for an annual total of \$750. All other coverage tiers on the Medical Plan 1 will receive \$675 on the first pay check in January and \$25 bi-weekly for an annual total of \$1,250. You also have the option of contributing additional personal funds into your HSA tax free through payroll deduction. Please see the following pages for more details about Health Savings Accounts.

IN NETWORK PROVIDERS

You will always receive the highest discount with your insurance plans by going to in network providers. Also, Out of Network services apply toward separate deductible and out of pocket amounts which will increase your cost.

Search for in network providers for all of your insurance plans on www.anthem.com. From the Anthem home page click FIND A DOCTOR on the right middle side of the screen. Choose your state and then your plan/network is Blue Access (PPO).

WELLNESS

TOBACCO FREE MEDICAL PREMIUMS

Employees will be required to verify their tobacco free status during benefits enrollment. Covered individuals hired before July 1, 2019 will have through December 31, 2019 to submit proof to the Human Resources Office indicating that they have engaged in a company-approved cessation effort in order to receive the lower premiums. Employees hired on or after July 1, 2019 will not be subject to tobacco use premiums in 2020 but the tobacco use premiums will apply in 2021.

A tobacco-free verification means no use of all tobacco or related products (including but not limited to cigarettes, pipe, chewing tobacco, electronic cigarettes, vapor and/or cigars). Tobacco-free also means no use of nicotine replacement therapy aids such as gum or patches. For 2020 open enrollment, an employee must have met the tobacco-free criteria as of August 1, 2019. Those not meeting the tobacco free criteria by August 1, 2019 may complete a reasonable alternative by December 31, 2019.

Why is tobacco cessation part of the City of Frankfort Wellness Program?

To encourage overall good health, City of Frankfort employees are encouraged to certify that they are tobacco-free OR complete an approved tobacco cessation program (the reasonable alternative standard) as part of qualifying for the lower healthcare premiums. Please read this carefully for more information.

Eligibility

You are considered a non-tobacco user if:

- You are currently not using tobacco products including but not limited to, cigarettes, pipes chewing tobacco, electronic cigarettes, vapor and/or cigars. Tobacco free also means no use of nicotine replacement therapy aids such as gum or patches.
- You use tobacco products but have completed an approved tobacco cessation program (the reasonable alternative standard).

You will not qualify as a non-tobacco user if you are currently using any form of tobacco (including nicotine replacement aids) in any amount (including occasional social use) and choose not to participate in a tobacco cessation program as the reasonable alternative standard.

What if I lie on my affidavit and say I'm a non-tobacco user when I'm not?

At this point, we believe the integrity of our employees and trust that you will be honest. Your answers to the tobacco- use questions are subject to verification as determined by City of Frankfort. Providing false information on your affidavit will subject you to immediate revocation of the Wellness rate and can subject you to disciplinary action, up to and including termination of employment.

Remember that you do not need to be a non-tobacco user to receive the discount. You just need to commit to quit as well as enroll in and complete an approved tobacco cessation program.

What is Reasonable Alternative Standard?

Your health plan is committed to helping you achieve your best health. Lower pricing for participating in a wellness program is available to all employees. Employees who wish to complete a reasonable alternative must use the Quit Now Kentucky option for their first attempt. If an employee has previously used the Quit Now Kentucky option, he or she must use the Freedom From Smoking option. Required completion dates for both options are listed below. If you believe you have unique circumstances that make you unable to meet a standard for lower premium pricing available through this wellness program, please contact Human Resources to explore options that meet your health needs.

1st attempt of Reasonable Alternative:

<https://www.quitnowkentucky.org/>
1.800.QUIT.NOW or 1.800.784.8669

Submit completion certificate to HR by 12/31/2019

2nd attempt of Reasonable Alternative:

Freedom From Smoking, Franklin Health Department,
502.564.5559, www.fhd.org.

Please advise HR if pursuing this option.

KENTUCKY TOBACCO CESSATION CLASSES/PROGRAMS

<https://www.quitnowkentucky.org/> - Call 1-800-QUIT-NOW OR 1-800-784-8669



Quit Now Kentucky provides free telephone counseling delivered by trained tobacco cessation coaches offering encouragement for quit attempts, materials to assist tobacco users who are ready to quit, and referrals to local cessation services. To enroll, Kentucky residents may call 1-800-Quit Now (1-800-784-8669). The quitline offers services in both English and Spanish from 8:00AM – 1:00AM EST Monday through Sunday. Help is just a phone call away so Quit Now Kentucky.

Quit Now Kentucky.org offers a comprehensive web-based program with the latest information and research-based tools to help tobacco users quit. Quit Now Kentucky is available 24 hours a day/7days a week and provides access to tailored motivational messages, step-by-step guides to cutting down and quitting tobacco, as well as online support from other quitters, and quit coaches. Enroll online and Quit Now Kentucky.

Enroll now for FREE – Thinking about quitting tobacco? Ready to quit? Either way, we're here to help. Quit Now Kentucky offers Kentucky residents free access to online quit tools, support from other tobacco users who are trying to quit and other information to make your quit easier.

Certificate of completion should be presented to HR by 12/31/2019



PRESCRIPTION DRUG RESOURCES

GoodRx.com – This website compares drug costs with multiple retailers near your zip code. Coupons are available as well.

iPharmacy – Mobile application to compare drug costs at retailers near your location.

Did you know you can get hundreds of prescriptions for less?!?!

No insurance needed! Please check the availability of any drug with the respective vendor.

Retail Chain	Program Snapshot	States
CVS Pharmacy www.cvs.com	Generics—\$9.99/90 day supply Over 400 generic prescription medications Membership required in CVS/ Pharmacy Health Savings Pass at annual cost of \$10.00	Most States
Meijer A complete drug list is available at: www.meijer.com	Free Antibiotics—Covers leading oral generic antibiotics with a special focus on the prescriptions most often filled for children; including Amoxicillin, Cephalexin, SMZ-TMP, Ciprofloxacin, Ampicillin, Penicillin VK and Erythromycin. Starting June 1, 2008 Meijer launched their free pre-natal vitamin program which features five leading brands of pre-natal vitamins. See pharmacist for details.	IL, IN, KY, MI, OH
Rite-Aid Pharmacy A complete drug list is available at: www.riteaid.com	Generics—\$8.99/30 day supply or \$15.99/90 day supply Over 500 generic medications. Requires free enrollment in the Rx Savings Card Program	31 States
Target A complete drug list is available at: http://www.target.com	Generics—\$4.00/30 day supply or \$10.00/90 day supply * Physician permission may be required to change a 30-day prescription to a 90-day prescription. * Target Pharmacy Rewards—Fill 5 prescriptions and receive 5% off shopping day	47 States (prices may vary by State)
Walgreens A complete drug list is available at: www.Walgreens.com	Generics— \$12.00/90 day supply Over 400 generic medications. Requires membership (fee) in the Prescription Savings Club (\$20.00 Individual—\$35.00 Family). Membership also includes savings on over the counter Walgreens brand products and other services.	49 states
Wal-Mart/Sam's Club A complete drug list is available at: www.walmart.com	Generics—\$4.00/30 day supply or \$10.00/90 day supply Women's Health Rx drugs included in \$9.00 / 30 day and \$24.00 / 90 day program. Refer to online drug listing for drugs included in this program.	49 States (prices may vary by state)

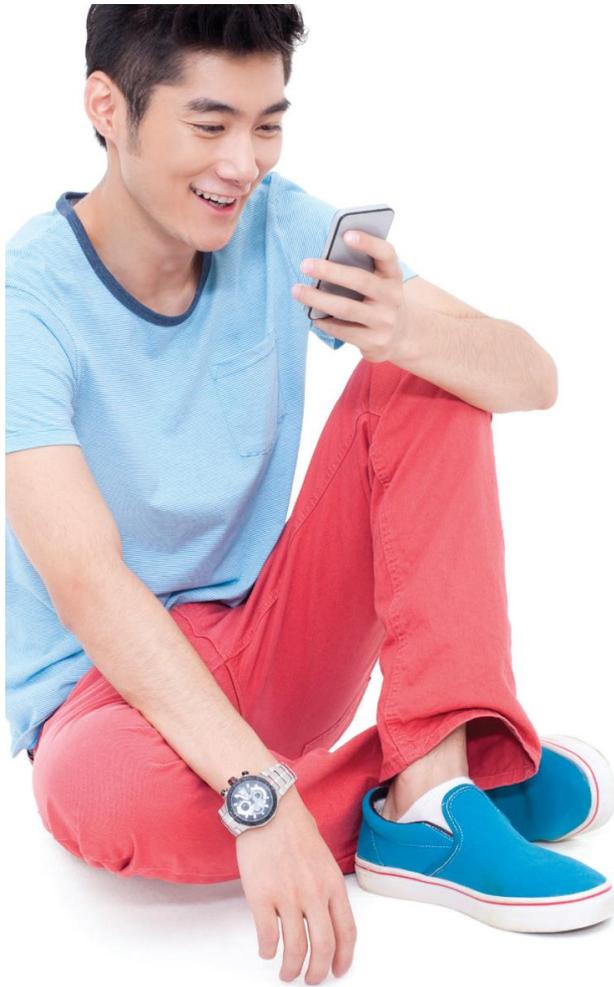
ANTHEM ONLINE RESOURCES

By visiting anthem.com and logging into your member portal, you will be able to access helpful tools such as:

- Find a Doctor
- Learn About ER Alternatives
- LiveHealth Online
- Locate Forms
- Estimate your cost
- Check Claims Status... and more!

All of these resources are located under the Resource Tab once you log into your personal Anthem account.





Say hi to Sydney

Anthem's new app is simple, smart — and all about you

With Sydney, you can find everything you need to know about your Anthem benefits – personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

Get started with Sydney
Download the app today!



Simple

Ready for you to use quickly, easily, seamlessly — with one-click access to benefits info, Member Services, wellness resources and more.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims

Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

- Get answers even faster with our chatbot
- View and use digital ID cards

Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

Already using one of our apps?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compareare Health Services Insurance Corporation (Compareare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compareare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

How to use LiveHealth Online on your mobile device



What you need

First, make sure your mobile device has:

- The LiveHealth Online mobile app installed (see the links to the right).
- A front-facing camera that supports two-way video visits.
- A high-speed Internet connection.

For **iPhone, iPad or iPod** devices, you need an:

- iOS operating system.
- iPhone[®] 4S or later model.
- iPad[®] 2 or later model.
- iPad Mini.
- iPad Air.
- iPod[®] Touch 5th generation.

For **Android devices**, you need an:

- Android phone (Gingerbread v2.3.3 or above).
- Android tablet (Gingerbread v2.3.3 or above).

Keep in mind, we don't support the HTC myTouch and PantechP9070.

Download the app

Search for LiveHealth Online in the App StoreSM or on Google PlayTM:



Get started

1. Open the app.
2. Create a six-digit pin number. You'll need this number every time you use our app.
3. Fill out the *Tell Us About Yourself* page.

If you do not already have an account, we'll create one for you and e-mail you instructions on how to use LiveHealth Online. If you've already signed up, we'll find your account. Then, you'll need to pair your device with your web account.



Pair your account with your device

1. Choose **E-mail Me My Code**. We'll send a pairing code to the e-mail address you first signed up with or to the e-mail address in your profile.
2. Find your code in your e-mail.
3. Go back to our app and enter **your pairing code**. You'll be brought to your LiveHealth Online account.

If you don't know your e-mail address, call customer support or log into your LiveHealth Online account. Click **My Account**. Your e-mail address is under *My Profile*. Keep in mind, your pairing code will expire after 20 minutes.

Connect to Wi-Fi

Sign into a wireless connection to enjoy the best possible video quality. If you're using a wireless connection with a weak signal, you may have problems with your video or sound.

LiveHealth Online at work

Some workplaces have security measures that may prevent you from using our service on your mobile device. If this is the case, we'll send you a message after you enter your six-digit pin number to let you know our service isn't available. If this is the case, try talking with one of our doctors using your home wireless connection.

Talk with a doctor

1. Choose the doctor you'd like to talk to.
2. Click **Talk Now**.
3. Enter **your phone number**. This way, if your visit is interrupted for any reason, your doctor can call you back. He or she can also follow up with you after your visit.

Send a message to your doctor

1. Tap the **Message button** on your *doctor's profile page*.
2. Attach a photo, if you would like. This might be helpful for some health issues (bruises, cuts and rashes).
3. Send your secure message.

Keep in mind, your doctor may not read your message right away. We encourage you to talk to your doctor directly if you're seeking treatment. Also, it's important to call 911 if your health issue is an emergency.

LiveHealth[®]
O N L I N E



Where to get care when you need it now

What should you do when you need care right away, but it's not an emergency?

The emergency room (ER) might be your first choice, but you also have options that cost less and are quicker than the ER. Learn more about these choices and how to find care.

First call your primary care doctor

This is the doctor you see for most of your care. When you call your doctor, he or she will tell you if you should make an appointment with the doctor, go to the ER or choose another place to get care. Your doctor may even be able to give you advice on the phone or see you later in the day or on the weekend.

But when you can't see your doctor or if your doctor's office is closed, choose an option below. It often takes less time than the ER and costs about the same as a doctor visit. Plus, most are open weeknights and weekends.

Choose an option that could save time and money

Retail health clinic — A clinic staffed by health care experts who give basic health care services to walk-in patients. It's usually in a major pharmacy or retail store.

Walk-in doctor's office — A doctor's office that doesn't require you to be an existing patient or have an appointment. Can handle routine care and common illnesses.

Urgent care center — A center with doctors who treat conditions that should be looked at right away but aren't as severe as emergencies. Can often do X-rays, lab tests and stitches.

LiveHealth Online — This online tool lets you video chat with a board-certified doctor who can answer questions and diagnose many common problems, including sore throats, infections and the flu. You can use your computer's webcam, a smartphone or a tablet without an appointment or waiting. Enroll at livehealthonline.com or on the LiveHealth Online iOS or Android app.

Pick a care facility and call before you go

Ask:

- What are your hours?
- Tell them what has happened (for example, "I have a cut"). Then ask, "Do you have services that I need?"
- What age range do you treat?
- Are you a provider who is part of my health plan network?
- Do you accept my health insurance?

Cost Examples

Care facility	Cost
ER	copay + coinsurance
Retail health clinic	\$20 copay
Walk-in doctor's office	\$20 copay
Urgent care center	copay + coinsurance
LiveHealth Online	\$59 or less

When to use the ER

Always call 911 or go to the ER if you think you could put your health at serious risk by delaying care.

Be prepared now?

Learn more at anthem.com for:

- **Urgent care that's not an emergency** — Go to anthem.com/findurgentcare. You can even take a quiz to learn how to save time and money.
- **Places to get care other than the ER** — Go to anthem.com and select **Find Urgent Care**. Choose **Search for Urgent Care** and enter the information to find a facility near you.

Deciding where to go

	Who usually provides care	Sprains, strains	Animal bites	X-rays	Stitches	Mild asthma	Minor headaches	Back pain	Nausea, vomiting, diarrhea	Minor allergic reactions	Coughs, sore throat	Bumps, cuts, scrapes	Rashes, minor burns	Minor fevers, colds	Ear or sinus pain	Burning with urination	Eye swelling, irritation, redness or pain	Vaccinations	Cost
Retail health clinic	Physician assistant or nurse practitioner									•	•	•	•	•	•	•	•	•	\$20 copay
Walk-in doctor's office	Family practice doctor					•	•	•	•	•	•	•	•	•	•	•	•	•	\$30 coinsurance
Urgent care center	Internal medicine, family practice, pediatric and ER doctors	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	50% coinsurance
LiveHealth Online	Board-certified doctor						•		•	•	•			•	•	•	•		\$59 or less

When to go to the ER

Some examples of ER medical emergencies are:

Any life-threatening or disabling condition	Severe shortness of breath	Cut or wound that won't stop bleeding
Sudden or unexplained loss of consciousness	High fever with stiff neck, mental confusion or difficulty breathing	Major injuries
Chest pain; numbness in the face, arm or leg; difficulty speaking	Coughing up or vomiting blood	Possible broken bones

Options have different services and costs. Call and ask before you go. Remember you have choices. If it's not an emergency, call your doctor first or the 24/7 NurseLine. The phone number is on your ID card. The nurse on the phone can help you decide what to do next.

If you are an HMO member, you should call your primary care doctor's office or medical group to find out your choices for urgent care.

When you need care, the ER doesn't always have to be your first choice

Here are the top 10 reasons why members go to the ER when it's usually not necessary.*

1. Minor headache
2. Urinary tract infection
3. Flu
4. Common cold
5. Nausea with vomiting
6. Dizziness
7. Migraine
8. Bronchitis
9. Lower-back pain
10. Minor head injury

* Internal claims analysis.

Remember, if it's serious, sudden or severe, go to the ER. If it's minor, mild or moderate, try an urgent care center, retail health clinic, or walk-in doctor's office to save time and money. Be ready for whatever comes your way. Learn more at [anthem.com/findurgentcare](https://www.anthem.com/findurgentcare).

If you get care from a provider that is NOT part of your health plan network, you may have significantly higher out-of-pocket costs.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI"), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare"), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

FLEXIBLE SPENDING ACCOUNTS

By anticipating your family's health care and dependent care costs, you can lower your taxable income by setting aside pre-tax money in a flexible spending account to pay for expenses.

A Health Care FSA is used to reimburse yourself for qualified out-of-pocket medical expenses incurred by you and your dependents. A Dependent Care FSA is used to reimburse expenses related to care of eligible dependents while you and/or your spouse work.

The annual maximum that can be contributed for the Health Care Flexible Spending Account is \$2,700. For the Dependent Care Flexible Spending Account the annual maximum is \$5,000 (or \$2,500 if married and filing separately). These FSA accounts are subject to the annual use it or lose it rule. Our FSA is administered by FEBCO Benefits Consultants.

HEALTH REIMBURSEMENT ACCOUNTS (HRA)

If you waive medical coverage with the City and have ACA compliant group medical insurance, you have the option of directing up to \$3,000 of annual waive funds toward an HRA. Health reimbursement accounts (HRAs) allow participants and their dependents to receive reimbursements for out of pocket health expenses. These accounts are funded by the employer to allow an employee to save money on the cost of health care. Employee contributions may not be made to HRAs. If an employee has Tri-Care or Medicaid, the employee will be on a limited HRA, allowing use of the funds for dental and vision only. HRA funds will roll from year to year. Upon employment separation, employees have 90 days to use the funds if they have less than 5 years of service. If employees have over 5 years of service, they may use the funds until they are exhausted. However, the monthly fees are paid from the account balance. Our HRA is administered by FEBCO Benefits Consultants.

HEALTH SAVINGS ACCOUNTS (HSA)

If you participate in Plan 1 (HDHP), you can set aside pre-tax money into a bank account called a Health Savings Account (HSA) to pay for eligible medical, dental and vision expenses. Unused money in an HSA account rolls forward from year to year. It is your money. Some of the advantages of an HSA are that the money in an HSA can be invested much like 401(k) funds are invested. Also, your HSA account is yours to keep which means that you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after age 65, you may withdraw the money as taxable cash.

Please note that if you or your spouse are enrolled in a Health Care Flexible Spending Account, you are NOT eligible to also contribute money to a Health Savings Account.

The maximum amount that you can contribute to a HSA in 2020 is \$3,550 for individual coverage and \$7,100 for family coverage. Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000.

Account Type	Is it Compatible with...?			
	HSA	FSA- Medical	FSA- Dependent Care	HRA
HSA	Yes- One household cannot exceed the IRS limitations in combined contributions	Yes- But becomes limited to Dental and Vision Expenses ONLY	Yes	No
FSA- Medical	Yes- But becomes limited to Dental and Vision Expenses ONLY	Yes- One household cannot exceed the IRS limitations in combined contributions	Yes	Yes- But becomes limited to Dental and Vision Expenses ONLY
FSA - Dependent Care	Yes	Yes	Yes- One household cannot exceed the IRS limitations in combined contributions	Yes
HRA	No	Yes- But becomes limited to Dental and Vision Expenses ONLY	Yes	Yes

DENTAL INSURANCE



You and your family have to opportunity to choose between two dental plans through **Delta Dental** . The Buy Up Plan offers the same coverage as the Standard Plan but has the advantage of providing access to a broader group of participating dentists. Please check to see if your dentist participates in Delta Dental's PPO network or Premier network. The Standard Plan is the best option for those whose dentist participates in the Delta Dental's PPO network. For more information visit: www.deltadentalky.com

Employees married to employees may not elect separate vision and dental coverage if one spouse can be included on the other spouse's vision or dental coverage and result in premium savings.

	Standard Plan <i>(PPO Network Only)</i>		Buy Up Plan <i>(PPO or Premier Network Only)</i>	
	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible <i>Individual / Family</i>	\$25 / \$75		\$25 / \$75	
Annual Maximum Benefit	\$1,500	\$1,000	\$1,500	
Preventive Services <i>(Oral exams / Routine Cleanings / X-Rays)</i>	100% not subject to Deductible	75% not subject to Deductible	100% not subject to Deductible	
Basic Services <i>(Fillings / Denture Repairs / Simple)</i>	80% after Deductible	60% after Deductible	80% after Deductible	
Major Services <i>(Crowns/Inlays/Bridges/Dentures)</i>	50% after Deductible	40% after Deductible	50% after Deductible	
Orthodontia Services	50% not subject to Deductible		50% not subject to Deductible	
Annual Plan Maximum Benefit	\$1,000	\$1,000	\$1,000	
Employee Contributions (Monthly)	Standard Plan		Buy Up Plan	
Employee	\$0.00		\$3.39	
Employee + 1	\$14.22		\$20.83	
Employee + 2 or more	\$36.42		\$48.07	

To locate a participating provider visit:
www.deltadentalky.com
 or call
 1.800.955.2030



VISION INSURANCE

The City of Frankfort pays for vision coverage for all employees and their families. Vision insurance is offered through Anthem.

Employees married to employees may not elect separate vision and dental coverage if one spouse can be included on the other family vision or dental coverage and result in premium savings.

Anthem Blue View Vision

Copay	In Network	Out of Network
Exams Copay	\$15 Copay, then covered in full	\$42 Allowance
Eyeglass Frames	\$130 Allowance then 20% off any remaining balance	\$45 Allowance
Single Vision Lenses (<i>standard plastic</i>)	\$15 Copay, then covered in full	\$40 Allowance
Bifocal Lenses (<i>standard plastic</i>)	\$15 Copay, then covered in full	\$60 Allowance
Trifocal Lenses (<i>standard plastic</i>)	\$15 Copay, then covered in full	\$80 Allowance
Contact Lenses (<i>Elective Conventional</i>)	Up to \$130 allowance then 15% off any remaining balance	\$105 Allowance
Contact Lenses (<i>Elective Disposable</i>)	\$130 Allowance	\$105 Allowance
Contact Lenses (<i>Medically Necessary</i>)	Covered in Full	\$210 Allowance
Eyeglass Lens Upgrades		
UV Coating	\$15	
Tint (<i>Solid and Gradient</i>)	\$15	Discounts on upgrades not available out-of-network
Standard Polycarbonate	\$40	
Transitions®	\$75	
For a complete listing of lens upgrades please refer to the Anthem Benefit Summary		
Service Frequencies		
Exams	Every 12 months	
Lenses (<i>for glasses or contact lenses</i>)	Every 12 months	
Frames	Every 24 months	



To locate a participating Blue View Vision Provider visit:
www.anthem.com
 or call
 1.866.723.0515



BASIC LIFE AND AD&D
(Employer Paid)

The City of Frankfort provides group life and accidental death and dismemberment (AD&D) insurance and pays the full cost of this benefit. The employee life benefit is \$25,000 and the AD&D benefit is \$50,000. Police officers and firefighters receive \$100,000 of AD&D.

VOLUNTARY LIFE
(Employee Paid)

You have the option of electing Voluntary Term Life Insurance from **One America** for you and your family.

Voluntary Life	Coverage Information
Employee Benefit	<p>\$10,000 increments to a maximum of \$400,000 not to exceed 5 times annual base salary</p> <p>Guarantee Issue: \$180,000 (new employees only) – Any amount over this will require Evidence of Insurability (EOI)</p> <p>The Life Amount will reduce to 45% of the insured amount when the Employee reaches age 70</p>

Spouse and dependent children coverage is available for \$1.06/month. The life amount for spouses is \$5,000 and children is \$2,500. The employee is automatically the beneficiary for the spouse and/or child's policy.

If you purchase this coverage, you will have the option to increase your coverage annually by the greater of 10% of your current coverage rounded up to the next \$1,000; or \$10,000 with no medical questions asked. The amount of coverage after the increase may not be more than the maximum amount of coverage available to you. Please make sure your beneficiary is updated and correct.

VOLUNTARY DISABILITY INSURANCE

Disability insurance is a source of income if you are disabled due to a non-work related injury or sickness. You may purchase Short and/or Long Term Disability insurance through One America. New hires may elect disability coverage without completing medical questions. All employees who previously declined One America disability insurance will be eligible to enroll without Evidence of Insurability unless coverage was denied as the result of a previously submitted

Short Term Disability covers 66 2/3% of your weekly salary. This option begins after 30 days of disability due to sickness or injury and includes a maximum duration of 9 weeks following the waiting period..

Long Term Disability covers 60% of your monthly salary. This option provides benefits up to 5 years or up to Social Security Full Retirement Age, whichever occurs first.

Disability premium pricing varies based on income. Pricing can be viewed when making benefit elections in the City of Frankfort Employee Navigator.



BENEFICIARY BASICS

6 steps to maximize your term life insurance and get your benefit into the right hands

1. Choose wisely

You can name anyone a beneficiary of your life insurance, however, in nine states (AZ, CA, ID, LA, NV, NM, TX, WA, WI), your spouse must sign off on anyone else you choose. If you choose to have multiple primary beneficiaries and one dies before you, the benefit will go to your remaining primary beneficiaries. If there are no surviving beneficiaries then the benefit would go to your back-up, or contingent, beneficiaries.

Keep in mind, you can't name a funeral home or your employer as beneficiaries. If you have term life insurance for your spouse or dependent, you will always be the beneficiary.

2. Be thorough

When you choose your beneficiaries, be sure to list names, Social Security numbers, birth dates and addresses so we can easily find your beneficiary (ies) when we need to. The beneficiary designation form must be dated and witnessed by someone other than your beneficiary (ies).

OneAmerica® paid out almost \$68 million in life claims in 2015.

The financial impact



More than a third of U.S. households would feel the financial impact from the loss of their primary wage earner in a month or less.

Source: 2016 Insurance Barometer Study

3. Don't forget to update

Be sure to revisit your beneficiary designations whenever you have a big life event, such as marriage, divorce, new baby or if one of your beneficiaries dies.

4. Use extra care when your beneficiary is a child

We don't pay life insurance proceeds directly to minors. If you'd like to leave your benefit to someone under 18 (19 in AL and NE; and 21 in MS and Puerto Rico), work with an attorney or financial advisor to set up a trust. Or take steps to legally appoint a trustworthy adult to be responsible for managing the money on behalf of the minor.

If you leave your life insurance benefit to a minor without a trust or guardianship, it can take longer and be more expensive to get your benefit into the right hands.

5. Avoid unnecessary taxes

Most of the time life insurance benefits are tax-free, but anyone who receives Supplemental Security Income or Medicaid can be disqualified from those benefits if they receive \$2,000 or more as a gift or inheritance. If you want to give your death benefit to someone receiving those government benefits, work with an attorney to set up a special needs trust and name that trust as your beneficiary.

6. Save your loved ones time and money

Keep in mind that if you name your estate as your beneficiary, or if you list a beneficiary who's not living, your loved ones will likely spend valuable time collecting required documents and their own money on attorney and court fees.

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company. Not available in all states or may vary by state.

In all situations, the policy is the governing document and AUL pays benefits in accordance with policy provisions.

To choose your beneficiary, visit the Forms section on employeebenefits.aul.com, click on the Life tab, download and complete the beneficiary designation form, and turn it into your employer.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

All full time employees and their immediate families may utilize Anthem's free Employee Assistance Program. Below is an overview of the Employee Assistance Program. For a complete listing of covered services please refer to the carrier benefit summary.



ANTHEM EAP

The Anthem Employee Assistance Program (EAP) provides solutions to help you balance work and life through confidential and easily accessible services. Anthem EAP puts convenient resources within your reach, and that helps you – and your household members stay healthy. Anthem EAP services include:

Face to Face Counseling - You and your household are eligible for up to 3 visits for each personal situation, as needed

Legal Assistance – You can receive a free 30 minute consultation in person or over the phone. A full library of additional resources can be found online

Financial Assistance – Free telephonic consultation on financial topics important to you.

ID Recovery – Specialist are available 24/7 to assess your risk level and then identify steps to resolve potential identity theft.

Tobacco Cessation (Online & Coaching)

Online: 10 sessions of online training which will help you learn how to break the tobacco habit

Telephonic Coaching: A free service provided via telephone or instant messaging. The certified coach will help you address the triggers of your tobacco use and how to overcome it.

Dependent Care and Daily Living Resources – Information on child care, adoption, summer camps, college placement relocation, elder care and assisted living.

Other Web Resources – Full library of health and emotional wellbeing articles. Monthly webinars. Self - assessment tools on topics such as depression, relationships, anxiety, anger, alcohol, eating and more.

Crisis Consultation – If you have an emergency, simply call the Anthem toll free number. Consultants are available 24/7/365.

To contact Anthem EAP call 800.865.1044 or visit www.anthemead.com
(Company code: City of Frankfort)

COLONIAL VOLUNTARY BENEFITS

Choosing the right benefits at the right time of your life can be critical. That's why Colonial Life is committed to making benefits count by helping people better understand their options. The Colonial Life menu of personal insurance products offers choices for individuals to better protect themselves and their family members from life's unexpected turns.

Preferred Accident Insurance

Payroll Deductions – Based on 24 deductions per year	
Employee	\$10.57
Employee + Spouse	\$14.48
Employee + Children	\$16.33
Family	\$20.24

Medical Bridge (Ages 17-49)

Payroll Deductions – Based on 24 deductions per year	
Employee	\$10.40
Employee + Spouse	\$19.55
Employee + Children	\$13.50
Family	\$22.65

Cancer Assist

Payroll Deductions – Based on 24 deduction:		
	Level 2	Level 3
Employee	\$10.82	\$13.32
Employee + Spouse	\$16.92	\$22.20
Employee + Children	\$10.97	\$13.55
Family	\$17.07	\$22.43

Critical Illness with subsequent benefits and health screening

Sample Pricing: \$25,000 Lump Sum Payment

Payroll Deductions – Based on 24 deductions per year		
	Non-Smoker	Smoker
Age 31	\$6.32	\$9.70
Age 44	\$12.07	\$19.57

It's time to enroll in your benefits

November 12 – November 18, 2019

Frankfort City Government is pleased to have Colonial Life benefit counselors assist with this year's enrollment.

The following voluntary benefits are available:

Accident insurance helps offset unexpected medical expenses that can result from a covered accidental injury.

Cancer insurance helps offset covered out-of-pocket expenses related to cancer.

Critical illness insurance can supplement your major medical coverage by providing a lump-sum benefit that you can use to pay costs related to a covered critical illness.

Hospital confinement indemnity insurance provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help with co-payments and deductibles that are not covered by most major medical plans.

Term life insurance offers a predictable way to provide more coverage at more affordable prices during high-need years.

Whole life insurance provides long-term protection that can build cash value.

Frankfort City Government

With most of our benefits:

- Benefits are paid directly to you, unless you specify otherwise.
- You're paid regardless of any insurance you have with other companies.
- Coverage is available for your spouse and dependent children.

Please take time to meet and review Colonial benefits available to all employees. Your Colonial Representative Lisa Graves can be reached at 502-803-1860 or lisa.graves@coloniallifesales.com



99% of employees agree it's important to have a benefits counseling session annually

Source: Statistic is an average from 63,055 Colonial Life Benefits Counselor Surveys, June 2008-December 2017.

Coverage is subject to policy exclusions and limitations that may affect benefits payable. See your Colonial Life benefits counselor for complete details.

Insurance products are underwritten by Colonial Life & Accident Insurance Company. ©2019 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

Terms and availability of service are subject to change. Services may not be available in all states.

ColonialLife.com

ADDITIONAL BENEFITS

Retirement Plan

Kentucky Retirement Systems / County Employees Retirement System (KRS / CERS).

Non-Hazardous Duty Employees – employees beginning participation with Kentucky Retirement Systems on or after 1/1/14 contribute 6% of salary and receive a 4% employer pay credit

Hazardous Duty Employees – employees beginning participation with Kentucky Retirement Systems on or after 1/1/14 contribute 9% of salary and receive a 7.5% employer pay credit

Please ask HR for the appropriate retirement plan book based on your Kentucky Retirement Systems participation date.

Deferred Compensation Plan

Upon being hired, an employee may contribute to the deferred compensation plan. Options include: 401(k), Roth 401(k), 457(b), Roth IRA, and Traditional IRA. Employees in Tier 3 of Kentucky Retirement System's pension plan are eligible for a 50% employer match on up to 4% of earnings when contributed to a 401(k) or 457. Please ask HR for a deferred compensation booklet.

Employees may participate in either the Local Gym Wellness Option or the YMCA Membership, but not both simultaneously.

Local Gym Wellness Option

Frankfort fitness facilities in good payment standing with the City of Frankfort may bill the City quarterly for up to 50% of the member's monthly membership cost, not to exceed \$20 per month for single membership and \$25 per month for family membership. Fitness facilities must collect the employee's portion of the membership payment directly from the employee. Interested employees should complete a form with HR indicating their intended participation. HR will provide the employee with additional billing requirements that the employee should share with his or her Frankfort based fitness facility so they may decide whether they wish to participate in this program. Please note, if two consecutive quarterly gym membership invoices reflect no utilization, the City's contribution will end and members will be responsible for the full monthly membership fee.

YMCA Membership

The City offers subsidized YMCA memberships to full-time City employees. The memberships are valid for Frankfort and Lexington YMCAs. Employees may only enroll at time of hire, during open enrollment, or following a qualifying event. Membership for new hires begins the first day of the month following 45 days of hire. Employees may cancel their YMCA membership the first month following the month in which they provide written notice that they would like to cancel. Initial joining fees will be waived. The monthly membership cost for employees is as shown:

Membership Type	Frankfort YMCA	Frankfort and Lexington
Adult	\$20.50	\$29.50
Family	\$33.50	\$47.00

Education Assistance

Full-time employees with a year or more of service may receive reimbursement of tuition cost for up to three (3) job related courses (not to exceed 9 credit hours) at an accredited college or university per calendar year. Proof of course completion with C or above for undergraduate and B or above for graduate is required along with a receipt showing the employee's cost. Courses must be approved prior to enrollment in the course by Department Director, HR Manager, & City Manager. Courses and study must be completed on the employee's own time. Tuition reimbursement shall be for no more than the current rate of in-state tuition at the University of Kentucky. City employees are eligible for a 25% tuition discount at Kentucky State University!

Vacation Leave

Accrues the 15th of each month. Employees may request to use vacation leave as it is accrued.

Maximum Annual Rollover Amounts: 1-9 years of service = 240 hours; 10-19 years = 270 hours; 20 years or more = 300 hours

Regular employees:

- 1 month – 4 years = 1 day per month (12 days per year)
- 5 years – 9 years = 1.25 days per month (15 days per year)
- 10 years – 14 years = 1.5 days per month (18 days per year)
- 15 years + = 1.75 days per month (21 days per year)

Police employees:

- 1 year – 9 years = 1.25 days per month (15 days per year)
- 10 years – 14 years = 1.5 days per month (18 days per year)
- 15 years + = 1.75 days per month (21 days per year)

Fire (platoon) employees:

- 1 year – 4 years = 4 days per year
- 5 years – 9 years = 6 days per year
- 10 years = 8 days per year
- 15 years + = 10 days per year

Vacation leave in excess of the maximum rollover amounts converts to sick leave at the end of every calendar year. Earned but unused vacation is paid out upon end of service if leaving in good standing and all City owned items have been returned. Vacation payouts may not exceed maximum rollover amounts.

Sick Leave

Sick leave accrues one day per month on the 15th of each month. Sick Leave usage is regulated by ordinance and may only be used when ill, for medical appointments, caring for ill family members, or bereavement.

Holidays*

- January 1st plus one extra day (New Year's Day)*
- 3rd Monday in January (Martin Luther King Jr's Birthday)
- Good Friday (one half day)
- Last Monday in May (Memorial Day)
- July 4th (Independence Day)*
- First Monday in September (Labor Day)
- November 11 (Veteran's Day)*
- Fourth Thursday in November plus one extra day (Thanksgiving)
- Tuesday after the first Monday in November in Presidential Election years (Election Day)
- 5th Tuesday following the November Gubernatorial Election (Inauguration Day)
- December 25th plus one extra day (Christmas)*

*If the holiday falls on a weekend, the City will recognize the holiday on a Friday or Monday.

Public Safety (Police/Fire/E911), Sewer Plant or other employees regularly required to remain on duty during official City holidays shall be allowed equal time off. These employees accrue Holiday Leave with a maximum accrual of 120 hours.

Direct Deposit

Bi-weekly employee pay is issued only through direct deposit. The work week runs Tuesday through Monday. Pay is issued every other Friday. If Friday is a holiday, every effort is made to deposit checks on Thursday.

Overtime and Compensatory Time

Employees are required to receive authorization prior to working hours over their regular schedule.

Exempt Employees – Comp time is earned on an hour for hour basis and employees may accrue up to 240 hours annually. Compensatory time is payable only at the time of employment separation.

Non-Exempt Employees – Can choose to earn comp time in lieu of paid overtime. Comp time is earned at the 1.5/hr rate for each hour worked in excess of 40 hours per week. Employees may accrue up to 240 hours annually. Employees will be paid for 50 hours if the comp time balance exceeds 240 hours. Compensatory time is payable upon separation of employment.

Clothing and Personal Protective Equipment (PPE)

For positions requiring uniforms and/or PPE, the City may assist with costs. Please discuss details with your Department Head.

Workers Compensation

Workers Compensation coverage is provided through Risk Management Services Company. If a work related injury or vehicular accident occurs, NOTIFY YOUR SUPERVISOR IMMEDIATELY! First report of injury forms should be completed with your supervisor. Property damage should be reported to the Finance Department.

Travel Reimbursement

Overnight and out of state travel may be reimbursed and must be approved in advance. A travel expense voucher may be obtained from the Finance Department.

Pay Increases

Cost of Living Adjustments are determined annually by the Board of Commissioners. Additionally, full time employees receive a 1% increase upon successful completion of their first year of employment and may receive 1% longevity increases upon satisfactory completion of three years of service and in three year service increments thereafter.



New User Registration

1. Log on

From the City of Frankfort website, select:

1. How do I
2. Employee Resources
3. Employee Navigator

2. Register

Select *New User Registration*

3. Verify

Enter the following:

- First Name
- Last Name
- Company Identifier: City of Frankfort
- Last 4 Digits of SSN
- Birth Date (ex. 1/1/1970)



Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier

(provided by HR)

PIN

(Last 4 Digits of SSN / ID)

Birth Date

(mm/dd/yyyy)

Next »

Questions?

CONTACT US

City of Frankfort Human Resources

502-875-8500

kfields@frankfort.ky.gov

Returning User – *Forgotten Password*

1. Log on

From the City of Frankfort website,
Select

1. How do I
2. Employee Resources
3. Employee Navigator

2. Reset

Select *Reset a Forgotten Password*

3. Verify

1. Select that you are an *Employee*
 2. Input your Username
- A password reset email will be sent to your primary email. Follow the link in the email to reset your password.

**For further assistance please contact your HR Administrator.

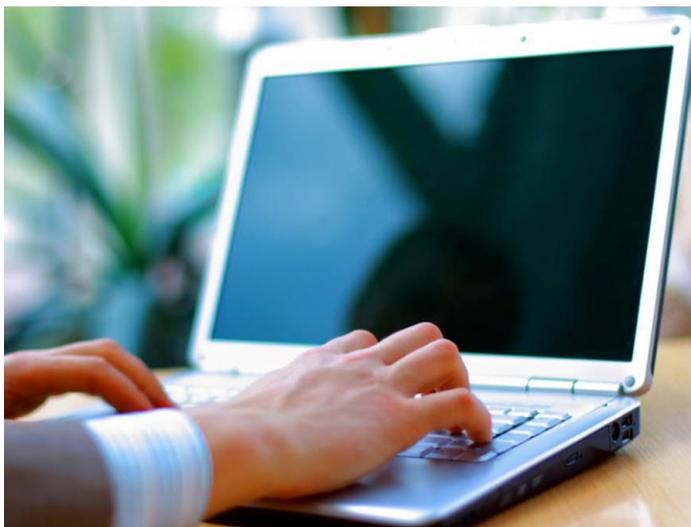


Forgot Your Password?

Employees

If you're a company employee:

[Click Here](#)



Questions?

[CONTACT US](#)

City of Frankfort Human Resources
502-875-8500
kfields@frankfort.ky.gov

NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

KENTUCKY – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Women's Health and Cancer Rights Act of 1998

Under Federal law, Group Health Plans and health insurance issuers providing benefits for mastectomy must also provide, in connection with the mastectomy for which the participant or beneficiary is receiving benefits, coverage for:

- reconstruction of the breast on which the mastectomy has been performed; and
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and physical complications of mastectomy, including lymphedemas;

These services must be provided in a manner determined in consultation between the attending Physician and the patient.

Call your plan administrator for more information.

HIPAA: Special Enrollment Notice

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

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment 30days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact your plan administrator.