



# Employee Benefits Guide

2025-  
2026



# Contact Information

| Benefit                           | Provider                                | Phone #  | Website / Email  |
|-----------------------------------|---|--|--|
| Benefit Resource Center           | USI                                     | (855) 874-0829   | <a href="mailto:BRCMidwest@usi.com">BRCMidwest@usi.com</a>                                 |
| BenefitSolver                     | TRI-AD                                  | (877) 905-1128   | <a href="http://WestAllis.benefitspot.com">WestAllis.benefitspot.com</a>                   |
| CityHub                           | City of West Allis                      | <a href="http://WestAllisWi.sharepoint.com/sites/CityHub">WestAllisWi.sharepoint.com/sites/CityHub</a> |  |
| Deferred Compensation Program     | Brighthouse Financial (Michael Russo)   | (414) 615-4865   | <a href="mailto:MJRusso@financialguide.com">MJRusso@financialguide.com</a>                 |
|                                   | MissionSquare (Brad Smith)              | (866) 328-4677   | <a href="mailto:JBSmith@icmarc.org">JBSmith@icmarc.org</a>                                 |
|                                   | Wisconsin Deferred Compensation Program | (877) 457-9327   | <a href="http://wdc457.empower-retirement.com">wdc457.empower-retirement.com</a>           |
| Dental Benefits                   | CarePlus Plan                           | (800) 318-7007   | <a href="http://CarePlusDentalPlans.com">CarePlusDentalPlans.com</a>                       |
|                                   | Anthem Plan                             | (800) 331-1476   | <a href="http://Anthem.com">Anthem.com</a>   |
| Employee Assistance Program (EAP) | Aurora Health Care                      | (800) 236-3231   | <a href="http://Aurora.org/EAP">Aurora.org/EAP</a>   |
| Family Savings Plan               | Network Health                          | (262) 825-9660   | <a href="http://NetworkHealth.com">NetworkHealth.com</a>                                   |
| Flexible Spending Account (FSA)   | Employee Benefits Corporation           | (800) 346-2126   | <a href="http://ebcFlex.com">ebcFlex.com</a>   |
| Health Savings Account (HSA)      | Tri City National Bank                  | (888) 874-2489   | <a href="http://TCNB.com">TCNB.com</a>   |
| Human Resources                   | City of West Allis                      | (414) 302-8270   | <a href="mailto:HR@westalliswi.gov">HR@westalliswi.gov</a>                                 |
| Life Insurance                    | WI Dept. of Employee Trust Funds (ETF)  | (877) 533-5020   | <a href="http://ETF.wi.gov">ETF.wi.gov</a>   |
| Long-Term Disability              | The Hartford                            | (833) 357-5153   | <a href="mailto:gbdcustomerservice@thehartford.com">gbdcustomerservice@thehartford.com</a> |
| Medical Benefits                  | Anthem                                  | (800) 331-1476   | <a href="http://Anthem.com">Anthem.com</a>   |
| Pet Insurance                     | MetLife                                 | (800) 438-6388   | <a href="http://MetLife.com/GetPetQuote">MetLife.com/GetPetQuote</a>                       |
| Pharmacy Benefits                 | Serve You Rx                            | (800) 759-3203   | <a href="http://serve-you-rx.com">serve-you-rx.com</a>                                     |
| QuadMed Health Centers            | West Allis Clinic                       | (414) 566-8210   | <a href="http://MyQuadMed.com/COWA">MyQuadMed.com/COWA</a>                                 |
|                                   | Sussex Clinic                           | (414) 566-8100   |  |
| Travel Assistance                 | Reliance Standard                       | (800) 351-7500   | <a href="http://RelianceStandard.com">RelianceStandard.com</a>                             |
| Vision Plan                       | Superior Vision                         | (800) 507-3800   | <a href="http://SuperiorVision.com">SuperiorVision.com</a>                                 |
| Wellness Program                  | Wellworks For You                       | (800) 425-4657   | <a href="http://WellworksForYouLogin.com">WellworksForYouLogin.com</a>                     |
| WRS Retirement Benefit (Pension)  | WI Dept. of Employee Trust Funds (ETF)  | (877) 533-5020   | <a href="http://ETF.wi.gov">ETF.wi.gov</a>   |



# Benefit Highlights

## Health Plan Design Changes

Medical inflation, increasing drug prices, higher-than-expected use of healthcare services, and the prevalence of chronic conditions such as diabetes and hypertension have exerted significant pressure on the City's healthcare budget. As a result, the following changes have been made for the 2025/2026 plan year:

- Premiums for all health plans have increased between 8% and 8.5%. See [page 14](#) for details.
- Copays for in-network primary care visits for PPO plans have increased from \$25 to \$35.
- Coinsurance maximums for PPO plans have been eliminated. Total out-of-pocket maximums for these plans will remain the same at \$3,500 for individuals and \$7,000 for families.
- In-network coinsurance has increased from 10% to 20% and out-of-network coinsurance has increased from 20% to 40%.
- Deductibles for the represented legacy PPO plan have increased from \$250 to \$500 for individuals and from \$750 to \$1,500 for families.
- Generic drug incentive copays have increased from \$0 to \$5.

To ease the impacts of these changes, employees and their families on a City health plan are encouraged to access the QuadMed clinic for low or no-cost healthcare services. See [page 18](#) for more information.

## HDHP Annual Deductible Increases

The IRS has increased the minimum allowed deductible for High Deductible Health Plans from \$1,600 to \$1,650 for self-only coverage and from \$3,200 to \$3,300 for family coverage.

## WRS Contribution Rates Increase

Wisconsin Retirement System (WRS) employee contribution rates for 2025 increased 0.05% to 6.95% beginning January 1, 2025. These rates are based on current benefit levels and recommendations from the Employee Trust Fund Board's independent consulting actuary. For more information on WRS, see [page 47](#).

## FSA & HSA Contribution Limits

The maximum you can contribute to a Healthcare Flexible Spending Account will increase by \$100 to \$3,300 in 2025, and the maximum carryover amount will increase by \$20 to \$660. The Dependent Care Flexible Spending Account maximum will be unchanged from 2024.

The contribution limit for Health Savings Accounts will increase by \$150 to \$4,300 for self-only coverage and by \$250 to \$8,550 for family coverage in 2025. Contribution limits are set annually by the IRS. For more information, see [page 43](#) and following.



# Benefit Highlights

## Access to HealthJoy Ending

With the implementation of a new benefit administration system and access to QuadMed clinics, the services currently provided by HealthJoy can be accessed elsewhere. As a cost-saving measure, the City is ending it's partnership with HealthJoy effective March 1, 2025.

## Pet Insurance Group Rates

The City has partnered with MetLife to offer discounted group rates on pet insurance for all benefit-eligible employees. See [page 34](#) for details.

## Legacy Conversion to Total Benefits





















Legacy employees making the transition to the Total Benefits Package will see the following changes take effect on January 1, 2025:

- Unused 2024 vacation converts to your Paid Time Off (PTO) Bank.
- For Legacy employees hired before January 1, 2009, an additional deposit is made to your PTO Bank for vacation earned from your last anniversary date to December 31, 2024.
- Unused sick leave is converted to your Extended Sick Leave Bank.
- Other unused time off ("green" time, comp time, etc.) remains in its respective account.

Complete information can be found in the [Employee Benefits Consolidation Guide](#).



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# Introduction

## A Message From Human Resources

The City of West Allis is committed to providing our greatest assets – our employees – with comprehensive, flexible, and affordable benefits.

From sanitation collections and snow plowing to emergency police, fire, and rescue to all the support staff within City Hall, every position plays an essential role serving the citizens of West Allis. We hope our benefits reflect this. We understand that quality of life is important to our employees and that when you are physically, mentally, and financially healthy, you are more likely to be a positive influence on our city and its residents, visitors, and employees.

Use this guide to learn more about your 2025/2026 benefit options. After reviewing this guide, if you still have questions, all the important contact information is provided on the inside front cover.

## We Strive to Offer Exceptional Benefits at Affordable Rates

As the cost of benefits continues to rise in today's economy, the City of West Allis continues to proactively explore ways to control and manage costs. To that end, the City partners with USI, an independent consulting firm, to receive proactive guidance and assistance on benefit strategies, vendor negotiations, market relationships, and evaluation of results. Through this partnership, we have the opportunity to receive advice from USI's internal subject matter experts, such as actuaries, underwriters, wellness consultants, and attorneys.

The goal of the partnership is to deliver competitive and comprehensive benefits. Our partnership with USI provides us the guidance and independent consulting expertise needed to control our costs, while maintaining the level of benefits you expect.



## About This Guide

*This guide is a summary of basic benefit coverage. It is not intended to be a complete description of coverage. It is not a legal document and shall not be construed as a guarantee of benefits with the City of West Allis.*

*While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this guide and the actual plan documents, the actual plan documents shall prevail.*

*All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.*



# Eligibility

To be eligible to receive benefits, employees must be a Regular appointment of at least 0.5 Full Time Equivalents (FTE) and meet certain other eligibility requirements. Effective dates for benefits for new employees vary by the type of benefit. See Table 1 on the following page for benefit-specific effective dates.

## Dependent Coverage

Eligible dependents may participate in the City's health, dental, and vision plans only if the employee is also enrolled. An eligible dependent means a covered employee's:

- Legally recognized spouse (domestic partners are not eligible for health benefit coverage).
- Natural blood-related child, step-child, legally adopted child, or a child under your legal guardianship (as determined with a court decree) less than 26 years old. Each child must legally qualify as a dependent as defined by the United States Internal Revenue Service guidelines or applicable state law.
- A covered employee's child less than 26 years old who is entitled to coverage because of a medical child support order.
- Grandchild, provided the employee's covered dependent (the parent of the grandchild), is not age 18.





# Eligibility

**Table 1. Summary of Eligibility for Selected Benefits**

| Benefit                              | Effective Date  | Who is Eligible?   |
|--------------------------------------|---|--|
| <b>Health Insurance</b>              | First of the month following one month of employment  | Any employee working 0.5 FTE or greater  |
| <b>QuadMed Health Centers</b>        | Same as the effective date of your Anthem health insurance, if applicable   | Any employee or dependent enrolled in a City-sponsored Anthem health plan                                  |
| <b>Family Savings Plan</b>           | After six continuous months on a City health insurance plan   | Any employee working 0.5 FTE or greater  |
| <b>Dental Insurance</b>              | <i>Non-represented employees:</i> First of the month following one month of employment<br><i>Represented employees:</i> First of the month following six months of employment | Any employee working 0.5 FTE or greater  |
| <b>Vision Insurance</b>              | First of the month following one month of employment  | Non-represented employees working 0.5 FTE or greater AND participating in the Total Benefits Package (TBP) |
| <b>Long-term Disability</b>          | First of the month following one month of employment  | Non-represented employees working 0.5 FTE or greater   |
| <b>Life Insurance</b>                | First of the month following one month of employment  | Any employee participating in the Wisconsin Retirement System (WRS)  |
| <b>Pet Insurance</b>                 | Date of hire  | All employees  |
| <b>Employee Assistance Program</b>   | Date of hire  | All employees, their spouse, and any dependents  |
| <b>Health Savings Account</b>        | First paycheck following the first of the month after one month of employment   | Employees in the High Deductible Health Plan (HDHP)  |
| <b>Flexible Spending Account</b>     | <i>Health Care FSA:</i> First of the month following two months of employment<br><i>Dependent Care FSA:</i> First paycheck following date of hire                             | Any employee working 0.5 FTE or greater  |
| <b>Wisconsin Retirement System</b>   | Administratively enrolled on date of hire   | Any employee working or anticipating to work at least 1,200 hours in a rolling 365 day period              |
| <b>Deferred Compensation Program</b> | Date of hire  | All employees  |





# Enrollment & Changes



(877) 905-1128



WestAllis.  
BenefitSpot.com

## Signing up for Your Benefits

TRI-AD's **BenefitSolver**, the City's online system for benefits enrollment, will walk you through the step-by-step benefit enrollment process. Simply follow the instructions below to get started.

### 1. Navigate to BenefitSolver.

Visit <https://westallis.benefitspot.com> or download the MyChoice mobile app.

### 2. Register.

New users must register by selecting the "Register" button on the login page then following the prompts.

For troubleshooting, contact TRI-AD's Participant Services at (877) 905-1128.

### 3. Follow the Step-by-Step Instructions.

Once logged in, select the "Benefits Enrollment" tile, followed by "Start Here".

### 4. Finalize your Elections.

To complete your enrollment, you **MUST** select "I Agree" and "Approved" at the end of enrollment to finalize your elections.

## MyChoice Mobile App

TRI-AD offers a mobile app to enroll in and manage your benefits. Use the MyChoice mobile app to:

- **Review Account Information:** View details on your current and future benefit plans, including medical, dental, vision, and FSA and HSA accounts.
- **Enroll in Benefits:** The app will walk you step-by-step through the enrollment process.
- **Manage Your Account:** Send and receive benefits documentation, such as a birth certificate for dependent verification.
- **Store Digital ID Cards:** Upload and store images of your ID cards for use on-the-go.

**IMPORTANT:** a unique code is required to access the MyChoice mobile app. To get this code, log into BenefitSolver using a desktop computer and select "access the app" at the bottom of your benefits portal.





# Enrollment & Changes

## Qualifying Events

Employees can make changes to their benefits once per year during the open enrollment period, which is typically in mid-January. You cannot make changes to health, dental, or insurance coverage outside of the annual enrollment period unless you experience a qualifying event. Qualifying events include:

- Marriage, divorce, or legal separation.
- Birth, adoption, or legal placement.
- Death of a dependent or change in a child's dependent status.
- Medicare, Medicaid, and Title 19 eligibility, or attaining Medicare age.
- Gain or Loss of other coverage.

If you experience a qualifying event, you can make changes to your benefits using the City's benefits enrollment system, BenefitSolver. See [page 9](#) for instructions. Proper documentation (marriage certificate, birth/adoption certificate, divorce decree, etc.) must be provided for qualified dependents added to the plan at any time.

## Making Changes

Are you getting married or celebrating the birth of a child? Perhaps your kids are finally moving out of the basement or you are joining your spouse's health plan. No worries! You can easily update your benefit information for any life events using BenefitSolver. Just follow these steps:

### 1. Log Into BenefitSolver.

Navigate to <https://westallis.benefitspot.com> and use the same username and password you created when you registered.

### 2. Choose Your Life Event.

Once logged in, select the "Benefits Enrollment" tile, followed by "Change My Benefits" on the left of the page. From the drop-down menu, select the life event you would like to report.

### 3. Follow the Step-by-Step Instructions.

Follow the on-screen prompts to update dependents and then your benefit enrollment for your life event. Birth or adoption events require the child's social security number (SSN). If you haven't received one, enter nines (e.g. 999-99-9999). You can update this when you receive the SSN.





# Benefits Resource Center



(855) 874-0829



BRCMidwest@usi.com

## Resolve Billing & Coverage Questions

Did you get a medical bill that seems incorrect? Are you having trouble understanding your benefits? Tired of getting the run-around from your insurance? Stop stressing about your insurance - get answers with the Benefit Resource Center (BRC)!

### What is the BRC?

The Benefit Resource Center (BRC) is a free service offered to all benefited employees and retirees, including covered dependents. The BRC's Benefits Specialists are experts in your benefits and work directly with insurance carriers so you can focus on other things. The BRC can help resolve issues relating to medical, dental, vision, and prescription drug benefits.

For an overview of the BRC, [watch this short video](#).

### Consider the BRC if you need help with:

- Benefit plan and policy questions (e.g. "How does my coinsurance work again?")
- Eligibility and claim problems (e.g. "I thought they said that would be covered!")
- Questions about available benefits (e.g. "Is acupuncture covered by insurance?")
- Finding in-network providers (e.g. "PPO, HDHP, POS, HPN...what the heck plan am I on again?")
- And much more!

### What can't the BRC do?

- Issue ID cards (contact your insurer directly)
- Add or remove dependent coverage (see [page 10](#) for more information)
- Help with certain wellness-related questions (see [pages 36-39](#) for more information)

### How to use the BRC

- Call 1-855-874-0829 – the BRC is open 8 a.m. - 5 p.m. CST Monday-Friday. If you call during off hours, leave a message and a benefit specialist will return your call.
- Email [BRCMidwest@usi.com](mailto:BRCMidwest@usi.com) – If you'd prefer, you can also email the BRC with your question or issue.
- Text [BRCMidwest@usi.com](mailto:BRCMidwest@usi.com) – Please note that while the BRC may receive text messages, they will call you back because text messages are not HIPAA compliant.

If you don't speak with someone immediately, you can expect to receive a response within one business day, though usually you'll hear back the same day.



# Benefits Resource Center

## Frequently Asked Questions

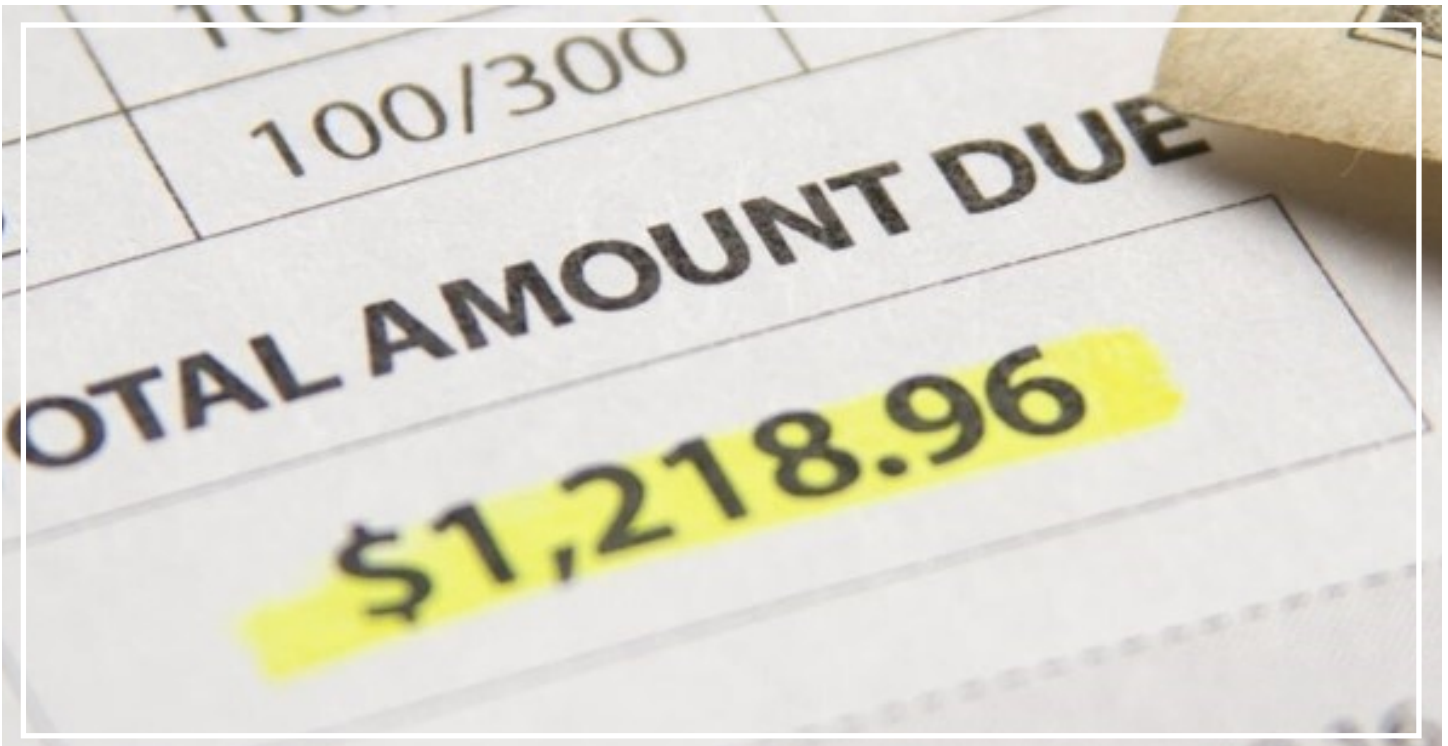
### How fast will I get a resolution?

It depends. Since the BRC often works on complex issues, immediate resolution may not be possible. However, your benefit specialist will provide details on timing so you can know when to expect a follow up/ resolution.

### How is this different than calling the carrier myself?

Since the BRC is constantly working with carriers, they've established specific contacts to ensure timely and accurate responses—they're not calling the general 1-800 number. And since they are well-versed in solving member issues, they will follow up with you and the carrier until a resolution is found.

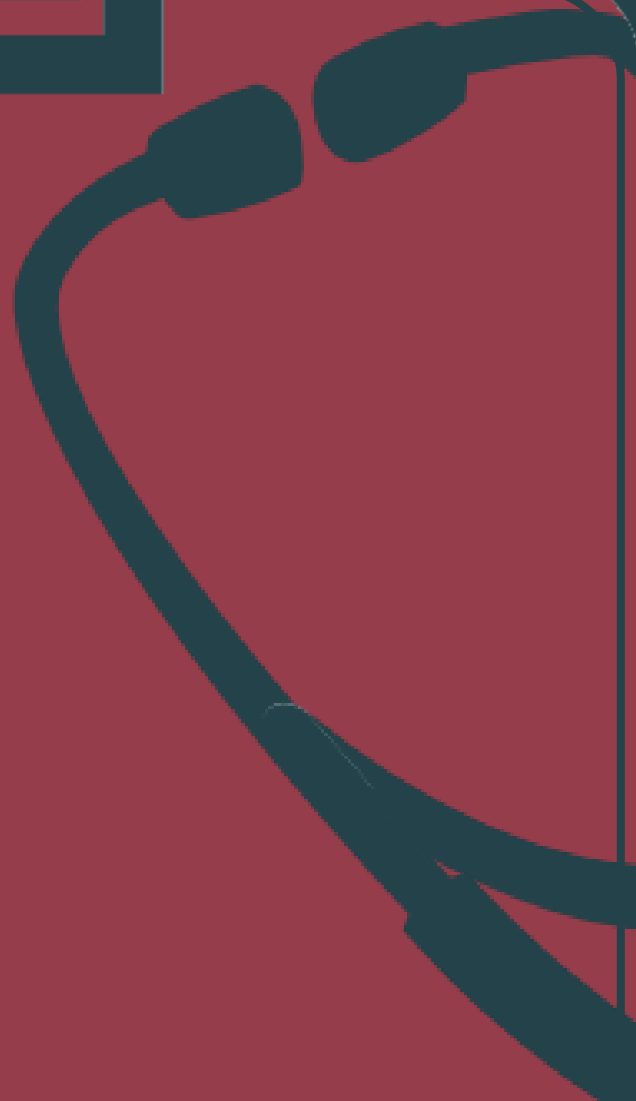
Additionally, the BRC keeps detailed notes on your issue on secure, HIPAA-compliant software, so you won't have to explain your entire story ten times. Once a resolution is found, they'll work with you to ensure you fully understand the insurance mechanics of why things happened the way they did and how to avoid future challenges.



☒ Health

☐

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# Health Insurance

(800) 331-1476

[www.anthem.com](http://www.anthem.com)

## Premiums

The City's health insurance plan year is March 1 through February 28. The City offers two health plan options, both administered by Anthem. Premium shares are dependent upon City Ordinance or collective bargaining agreement. The monthly premium for regular part-time employees holding a minimum of 0.5 FTE (full-time equivalent) budgeted position is prorated based on FTE; see [page 56](#) in the appendix for prorated rates. Premium shares are divided over two pay periods in a month and may be taken on a pre-tax basis.



If you participate in the City's Health Risk Assessment (HRA) program, you will pay a reduced premium. See [page 37](#) for HRA details.

**Table 2. Medical Premiums for Eligible Full-Time Employees in the PPO Plan**

|               | Total Monthly Premium | Employee Share    |                                     |                                |
|---------------|-----------------------|-------------------|-------------------------------------|--------------------------------|
|               |                       | Without HRA (20%) | Represented / Legacy With HRA (15%) | Non-Represented With HRA (12%) |
| Employee Only | \$883.03              | \$176.61          | \$132.45                            | \$105.96                       |
| Employee + 1  | \$1,725.89            | \$345.18          | \$258.88                            | \$207.11                       |
| Family        | \$2,578.10            | \$515.62          | \$386.72                            | \$309.37                       |

**Table 3. Medical Premiums for Eligible Full-Time Employees in the High Deductible Health Plan (HDHP)**

|               | Total Monthly Premium | Employee Share    |                                     |                                |
|---------------|-----------------------|-------------------|-------------------------------------|--------------------------------|
|               |                       | Without HRA (20%) | Represented / Legacy With HRA (15%) | Non-Represented With HRA (12%) |
| Employee Only | \$1,129.43            | \$225.89          | \$169.41                            | \$135.53                       |
| Employee + 1  | \$2,215.46            | \$443.09          | \$332.32                            | \$265.86                       |
| Family        | \$3,305.83            | \$661.17          | \$495.87                            | \$396.70                       |

## Frequently Asked Questions

### Q: Do I need a referral to see a specialist?

A: No. You can see the specialist of your choice without a referral, although precertification may be required for non-emergency inpatient hospital admissions, surgical procedures, outpatient care, skilled nursing facilities, home health care, and hospice care.

### Q: What is not included in the out-of-pocket limit?

A: Services deemed not medically necessary by Medical Management and/or Anthem, premiums, balance-billing charges, and health care the plan doesn't cover. Even though you pay these expenses, they don't count toward the out-of-pocket limit.





# Health Insurance

## Finding a Provider

To identify an in-network provider, go to [www.Anthem.com](http://www.Anthem.com). For the PPO plan, select “Blue Priority”. For the High Deductible Health Plan, select “Blue Preferred.”

Please note that doctors can choose whether or not they wish to display on Anthem’s website for provider verification purposes. If your initial search did not provide the results you expected, you may obtain a more comprehensive list by calling Anthem at the number on your member card. You must specifically ask the customer service representative to search their second, more comprehensive portal.

**Table 4. Summary of Medical Benefits**

|  | PPO Plan  |                      | HDHP Plan  |                      |
|--|---|----------------------|--|----------------------|
|  | In-Network  | Out- of- Network     | In-Network   | Out- of- Network     |
| Network                                      | Blue Priority (Aurora, ProHealth, UW Health, Children’s Hospital, and affiliates) |                      | Blue Preferred (same as Blue Priority + Froedtert, Medical College of WI, Ascension, and affiliates) |                      |
| Plan Year Deductible (Embedded) <sup>1</sup> |   |                      |  |                      |
| Individual                                   | \$250 (non-represented)<br>\$500 (represented / legacy)                           | \$7,500              | \$1,650  | \$15,000             |
| Family                                       | \$750 (non-represented)<br>\$1,500 (represented / legacy)                         | \$15,000             | \$3,300  | \$30,000             |
| Coinsurance                                  | 20% after deductible  | 40% after deductible | 20% after deductible   | 40% after deductible |
| Out-of-pocket Maximum                        |   |                      |  |                      |
| Individual                                   | \$3,500   | \$15,000             | \$3,000  | \$30,000             |
| Family                                       | \$7,000   | \$30,000             | \$6,000  | \$60,000             |
| Lifetime Maximum                             | Unlimited   |                      | Unlimited  |                      |

<sup>1</sup>Routine Preventative services and copays do not count toward the deductible.

## Plan Documents

Some medical services - such as abortion, acupuncture, cosmetic surgery, and weight loss programs - are not covered. See Anthem’s Summary of Benefits and Coverage (SBC) or Summary Plan Description (SPD) documents for detailed plan information. These and other documents can be found on the City’s intranet—CityHub—at: [westalliswi.sharepoint.com/sites/CityHub](http://westalliswi.sharepoint.com/sites/CityHub).



# Health Insurance

**Table 5. Summary of Medical Coverage**

|                                   | PPO Plan   |                                 | HDHP Plan   |                 |
|-----------------------------------|--|---------------------------------|---|-----------------|
|                                   | In-Network   | Out-of-Network                  | In-Network  | Out-of-Network  |
| <b>Physician &amp; Services</b>   |  |                                 |   |                 |
| Primary Care Visit                | \$35 copay   | 40% coinsurance                 | 20% coinsurance   | 40% coinsurance |
| Preventive Care                   | No Charge  | Not Covered                     | No Charge   | Not Covered     |
| Specialist Visit                  | \$50 copay   | 40% coinsurance                 | 20% coinsurance   | 40% coinsurance |
| <b>Virtual Services</b>           |  |                                 |   |                 |
| 24/7 Nurseline                    | No Charge  |                                 | No Charge   |                 |
| LiveHealth Telemedicine           | No Charge  | 40% coinsurance                 | 20% coinsurance   | 40% coinsurance |
| <b>Emergency Services</b>         |  |                                 |   |                 |
| Emergency Medical Transport       | 20% coinsurance  |                                 | 20% coinsurance   |                 |
| Emergency Room                    | \$350 copay (waived if admitted) + 20% coinsurance                                 |                                 | \$250 copay + 20% coinsurance   |                 |
| Urgent Care                       | \$50 copay then 20% coinsurance  | \$50 copay then 40% coinsurance | 20% coinsurance   | 20% coinsurance |
| <b>Testing</b>                    |  |                                 |   |                 |
| Diagnostic (x-ray, blood work)    | 20% coinsurance  | 40% coinsurance                 | 20% coinsurance   | 40% coinsurance |
| Imaging (CT/PET, MRI)             | \$100 copay  | 40% coinsurance                 | 20% coinsurance   | 40% coinsurance |
| <b>Hospitalization</b>            |  |                                 |   |                 |
| Facility Fee (Hospital Room)      | 20% coinsurance  | 40% coinsurance                 | 20% coinsurance   | 40% coinsurance |
| Physician / Surgeon Fees          | 20% coinsurance  | 40% coinsurance                 | 20% coinsurance   | 40% coinsurance |
| <b>Vision Coverage</b>            |  |                                 |   |                 |
| Routine Exam                      | Covered 100% up to amount allowed by plan <sup>2</sup>                             |                                 |   |                 |
| Non-Routine Exam (Office)         | \$50 copay   | 40% coinsurance                 | 20% coinsurance   | 40% coinsurance |
| <b>Prescription Drug Coverage</b> |  |                                 |   |                 |
| Rx Deductible                     | None   |                                 | Medical Deductible Applies  |                 |
| Retail (34 day supply)            | \$5 Generic Incentive medications<br>Tiers: \$15 / \$40 / \$75 / 5% to \$100 max   |                                 | \$5 Generic Incentive medications<br>Tiers: \$5 / \$20 / \$40 / \$40                      |                 |
| Mail Order Rx (90 day supply)     | Tiers: \$30 / \$80 / \$150 / 5% to \$100 max<br>(3 month supply for the cost of 2) |                                 | Tiers: \$10 / \$40 / \$80 / \$80 (30 day specialty)<br>(3 month supply for the cost of 2) |                 |
| Rx Maximum Out-of-Pocket          | \$1,500  | \$3,000                         | N/A   |                 |

<sup>2</sup>For out-of-network providers, you are required to pay the difference between the plan payment allowed and the provider's actual fee for covered services.





# Health Insurance

**Table 5. Summary of Medical Coverage (continued)**

|  | PPO Plan        |                 | HDHP Plan       |                 |
|--|-----------------|-----------------|-----------------|-----------------|
|  | In-Network      | Out-of-Network  | In-Network      | Out-of-Network  |
| Long-term Treatments / Therapies                       |                 |                 |                 |                 |
| Cardiac, Chemo, Dialysis, Radiation, Respiratory       | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Chiropractic Care                                      | \$50 copay      | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Occupational Therapy                                   | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Physical Therapy & Rehab                               | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Mental / Behavioral Health or Substance Abuse Services |                 |                 |                 |                 |
| Inpatient  | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Outpatient (Office Visit)                              | \$35 copay      | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Other Outpatient                                       | 20% coinsurance |                 |                 |                 |
| Non-Routine Services                                   |                 |                 |                 |                 |
| Health Education & Counseling                          | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Hearing Exam   | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Pediatric Care   | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Podiatry Services                                      | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Vision Exam  | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Other Health Services                                  |                 |                 |                 |                 |
| Allergy Care   | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Durable Medical Equipment                              | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Injections   | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Home Health Care                                       | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Hospice Services                                       | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Maternity Services                                     | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Oral Surgery   | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |
| Skilled Nursing Care                                   | 20% coinsurance | 40% coinsurance | 20% coinsurance | 40% coinsurance |



## What is QuadMed?

QuadMed is a third-party health and wellness vendor and nationwide leader in onsite health care with 30 years of experience in providing workplace health care.

## What kind of services are offered?

QuadMed Health Centers offer primary care services, **behavioral health**, pediatrics, physical therapy, a pharmacy, basic lab services, x-rays, wellness coaching, nutrition counseling, a 24/7 nurse line, and more!

## Who is eligible?

Any City employee or retiree and any dependent enrolled in a City-sponsored Anthem health plan can visit a QuadMed clinic as soon as your Anthem health coverage is active (typically the first of the month following one month of employment).

## What does it cost?

Services are FREE for anyone enrolled in the City's PPO plan. We are required by law to charge a \$10 clinic access fee to those on the HDHP.

## Why choose QuadMed?

- **Flexibility:** QuadMed's providers can serve as your primary care provider (PCP), or you can continue to see your PCP and visit QuadMed only when it is convenient for you, such as for illnesses or lab tests.
- **Convenience:** QuadMed offers same and next-day appointments.
- **Attention to detail:** Appointment times and topics are adjusted to accommodate your individual needs. You get more time to talk with your provider and won't get charged for bringing up specific concerns during a wellness visit.

## How to get started:

Visit [myquadmed.com/cowa](https://myquadmed.com/cowa) to explore all QuadMed has to offer. Schedule online, set up a virtual visit, or call a clinic to set up an appointment.

## QuadMed Health Center Locations

You can visit either of the following QuadMed Health Centers:

### West Allis

555 South 108th Street  
West Allis, WI 53214  
(414) 566-8210

### Sussex

W227 N6103 Sussex Road  
Sussex, WI 53089  
(414) 566-8100



# Family Savings Plan



(262) 825-9660



fspEnrollment@  
networkhealth.com

## What is the Family Savings Plan?

The Family Savings Plan (FSP) is a way for you to save money by transitioning from your City health insurance to another employer-sponsored plan (typically your spouse's plan). The FSP is administered by Network Health. Complete FSP details can be [found on CityHub](#).



With the Family Savings Plan, you and your family can be reimbursed for eligible out-of-pocket health care expenses (including copayments, coinsurance and deductibles) and, in some cases, premiums.

## How does the Family Savings Plan work?

### 1. You Waive City of West Allis Plan Coverage

Coverage under the West Allis plan is waived (when enrolling in another employer-sponsored plan).

### 2. You, Your Spouse, or Your Dependent(s) Enroll in Another Employer-Sponsored Plan

Anyone not enrolled in the other employer-sponsored plan (including you, your spouse, and any dependents) cannot participate in the FSP. The FSP is not available if the other employer-sponsored plan is one of the following:

- High Deductible Health Plan with active contributions to a Health Savings Account
- Medicare, Tricare, Medicaid, and COBRA
- Individual plan purchased on the Health Insurance Exchange (Marketplace)
- A stand-alone Health Reimbursement Account, not paired with a medical plan
- Short-term individual coverage or Limited Benefit Health Plan under IRS rules

### 3. Use Providers Covered Under the Other Employer-Sponsored Plan

To be eligible for reimbursement under the FSP, medical services must be delivered by in-network providers for the other employer-sponsored plan. Medical services are covered under the other employer's medical plan first. Any remaining charges are covered through the FSP.

### 4. Get Reimbursed for Eligible Services from In-Network Providers

If you paid your provider at the time of service (for example, you pay your office visit copayment), obtain a receipt. Send your receipt, your Explanation of Benefits (EOB), and a [FSP Claim Reimbursement Form](#) to Network Health to provide documentation of the service and the payment you made.

If you didn't pay at the time of service, send your EOB and the bill from your provider together. Alternatively, use Network Health's online portal to submit claims. Register at [fsp.networkhealth.com](https://fsp.networkhealth.com), then follow the FAQ document for additional instructions.

Family Savings Plan enrollees are reimbursed for all eligible copayments, coinsurance, deductibles and out-of-pocket expenses incurred using in-network providers under the other employer-sponsored medical plan, up to the maximum out-of-pocket limits established by the Affordable Care Act (ACA). Reimbursed claims are not considered taxable income. The 2025 maximum reimbursement according to the ACA is \$9,200 for one person and \$18,400 for employee plus one or more dependent.



# Family Savings Plan

## Frequently Asked Questions

### **Q: How do I enroll in the Family Savings Plan?**

**A:** Contact Network Health by phone at (262) 825-9660 or email at [fspEnrollment@networkhealth.com](mailto:fspEnrollment@networkhealth.com) to receive application materials and instructions. You will be required to submit proof of health coverage from the other employer-sponsored plan and the cost of that plan.

### **Q: When can I enroll in the Family Savings Plan?**

**A:** You and your dependents may enroll any time you are eligible to enroll in another qualified health plan, as long as each covered individual has been a member of a City health plan for at least 6 months. For example, your dependent can move from a City health plan to the FSP as soon as they enroll in another employer-sponsored plan. Your dependent would receive FSP benefits, and if only you and your spouse remain on the City plan, you would pay a lower premium, as your plan enrollment would change from Family to Couple.

### **Q: Are there any other benefits?**

**A:** If the other employer-sponsored plan charges a fee for adding you to the plan, the City will reimburse you for that fee. If the premium on the other employer-sponsored plan is more expensive than the City's premium, you may also be eligible to receive a premium reimbursement (up to \$1,200) as taxable income on your paycheck.

### **Q: If I am participating in the FSP, should I complete the Health Risk Assessment (HRA)?**

**A:** The employee's premium share for City health insurance is used to calculate the "premium differential reimbursement" you may receive by participating in the FSP. Not completing the HRA would increase your premium share and reduce your premium differential reimbursement. See [page 37](#) for details on the HRA.





# Dental Insurance

## Overview

The dental insurance plan year is March 1 through February 28. The City offers two dental plans:

- The **Standard Dental** plan (administered by Anthem) is a Passive Dental PPO program. You have the ability to obtain dental care from *any dentist*. However, you will share in the discounts negotiated by Anthem if you seek care from a dentist participating in the Anthem Dental Complete network. For out-of-network dentists, you are required to pay the difference between the plan payment allowed and the provider's actual fee.
- The **CarePlus** plan (administered by Dental Associates) has no out-of-network benefits. Members must obtain dental care from one of CarePlus's seven Dental Associates clinics in Southeast Wisconsin.

## Premiums



**Dental premiums are fully paid by the City for *full-time* benefitted employees and their covered dependents.**

The monthly premium for regular *part-time* employees holding at least a 0.5 full-time equivalent (FTE) budgeted position is prorated based on FTE. Refer to the rates below to determine your premium. For example, if you work 0.75 FTE and choose the Anthem employee plan:

$\$38.11 \text{ monthly premium} \times 0.75 \text{ FTE} = \textbf{\$28.58}$  (this is what the City pays)

$\$38.11 \text{ monthly premium} - \$28.58 \text{ City share} = \textbf{\$9.53}$  (this is what you pay)

**Table 6. Base Dental Premiums for Calculating Pro-rated Share for Part-time Employees**

|          | Anthem   | CarePlus |
|----------|----------|----------|
| Employee | \$38.11  | \$37.03  |
| Family   | \$117.26 | \$113.94 |



### Contact Anthem Dental

To identify an in-network provider, go to [www.Anthem.com/provider/dental](http://www.Anthem.com/provider/dental).



### Contact CarePlus

Visit [careplusdentalplans.com](http://careplusdentalplans.com) or [dentalassociates.com](http://dentalassociates.com) for more information, including clinic locations. You can also call (800) 318-7007.



# Dental Insurance

**Table 7. Summary of Dental Benefits**

|                                 | Anthem   |                 | CarePlus                      |
|---------------------------------|--|-----------------|-------------------------------|
|                                 | In-Network   | Out-of-Network  | In-Network                    |
| Network                         | Anthem Dental Complete                             |                 | Care-Plus                     |
| Plan Year Deductible (Embedded) |  |                 |                               |
| Individual                      | \$75   |                 | None                          |
| Family                          | \$225  |                 |                               |
| Maximum Coverage <sup>3</sup>   | \$1,500  |                 | \$1,500                       |
| Preventative <sup>4</sup>       |  |                 |                               |
| Cleaning                        | No Charge  | No Charge       | No Charge                     |
| Oral Exams                      | No Charge  | No Charge       | No Charge                     |
| X-Rays                          | No Charge  | No Charge       | No Charge                     |
| Basic                           |  |                 |                               |
| Endodontics                     | 20% coinsurance                                    | 20% coinsurance | No Charge                     |
| Periodontics                    | 20% coinsurance                                    | 20% coinsurance | No Charge                     |
| Restorative                     | 20% coinsurance                                    | 20% coinsurance | No Charge                     |
| Major                           |  |                 |                               |
| Dentures                        | 50% coinsurance                                    | 50% coinsurance | No Charge                     |
| Implants                        | 50% coinsurance                                    | 50% coinsurance | 25% coinsurance               |
| Prosthetics                     | 50% coinsurance                                    | 50% coinsurance | No Charge                     |
| Orthodontics <sup>5</sup>       | Plan pays 50%, up to a lifetime maximum of \$1,200 |                 | Maximum patient cost of \$500 |

<sup>3</sup> Per person per plan year.

<sup>4</sup> Anthem preventative services apply to the plan year max but not the deductible; CarePlus preventative services DO NOT apply to the plan year max

<sup>5</sup> Per eligible insured child; eligible dependent children are covered through the age of 18.







# Vision Insurance



(800) 507-3800



SuperiorVision.com

## Overview

The City offers a materials-only vision insurance plan through SuperiorVision to active, benefit-eligible employees who are covered under the Total Benefit Package. This program offers coverage for vision materials – either glasses or contact lenses (but not both) once every 12 months (based on the date of service).

Routine vision *exams* are covered under both the PPO and HDHP Anthem health plans. Through these plans, you have the ability to obtain routine vision exams from any provider. However, you will share in the discounts negotiated by Anthem if you seek care from a vision provider participating in the Anthem network. In-network routine vision exams are covered in full. Routine exams obtained at non-network providers are covered at 100% up to the amount allowed by the plan. Members are required to pay the difference between the plan payment allowed and the provider's actual fee for covered services.

**Table 8. Vision Premiums**

|          | Monthly Premium |
|----------|-----------------|
| Employee | \$5.95          |
| Family   | \$16.21         |



**SuperiorVision™**

**Table 9. Summary of Vision Benefits**

|   | In-Network                             | Out- of- Network             |
|---|--|------------------------------|
| <b>Eyeglasses</b>   |  |                              |
| Standard Single Lenses                                      | Covered in full                        | Plan pays up to \$29 retail  |
| Standard Bifocal Lenses                                     | Covered in full                        | Plan pays up to \$43 retail  |
| Standard Trifocal Lenses                                    | Covered in full                        | Plan pays up to \$53 retail  |
| Progressives (standard)                                     | Covered in full                        | Plan pays up to \$43 retail  |
| Factory Scratch Coat & Polycarbonate for Dependent Children | Covered in full                        | Not Covered                  |
| Frames  | \$150 retail allowance                 | Plan pays up to \$74 retail  |
| <b>Contacts</b>   |  |                              |
| Contact Lenses  | \$150 retail allowance                 | Plan pays up to \$100 retail |
| Contact Lens Fitting (standard)                             | \$30 copay, then covered in full       | Not Covered                  |
| Contact Lens Fitting (specialty)                            | \$30 copay, then \$50 retail allowance | Not Covered                  |
| Medically Necessary   | Covered in full                        | Plan pays up to \$210 retail |



# Vision Insurance

**Table 10. Maximum Out-of-Pocket Cost**

|                            | Single Vision | Bifocal/Trifocal |
|----------------------------|---------------|------------------|
| Ultraviolet Coat           | \$15          | \$15             |
| Tints, Solid, or Gradients | \$25          | \$25             |
| Anti-Reflective Coat       | \$50          | \$50             |
| Polycarbonate For Adults   | \$40          | 20% off retail   |
| High Index 1.6             | \$55          | 20% off retail   |
| Photochromics              | \$80          | 20% off retail   |

**Table 11. Discount Features**

|  | Discount                             |
|--|--------------------------------------|
| <b>Discounts on Covered Materials</b>                            |                                      |
| Frames   | 20% off retail over allowance        |
| Lens Options   | 20% off retail                       |
| Progressives   | 20% off amount over retail           |
| Specialty Contact Lens Fitting                                   | 10% off retail, then apply allowance |
| <b>Discounts on Non-Covered Exams, Services, &amp; Materials</b> |                                      |
| Exams, Frames, Prescription Lenses                               | 30% off retail                       |
| Lens Options, Contacts, Misc. Options                            | 20% off retail                       |
| Disposable Contact Lenses  | 10% off retail                       |
| Retinal Imaging  | \$39 maximum out-of-pocket           |
| Refractive Surgery (LASIK)                                       | Vary from 10%-50%                    |





# Prescription Benefits



(800) 759-3203



[serve-you-rx.com](https://serve-you-rx.com)

## Overview

**Serve You Rx Pharmacy** is the City's retail pharmacy network. You are able to obtain up to a 34-day supply of medication at most chain retail pharmacies. Mail order is required after two fills at a retail pharmacy for maintenance medication.

Serve You Rx uses **Amazon Pharmacy** to fulfill mail order prescriptions and **Bolero Specialty Pharmacy** to fulfill specialty prescriptions. Review page 27 for more information on mail order and specialty medications.

## Member Portal

Visit [serve-you-rx.com](https://serve-you-rx.com) to access your Member Portal, where you can view the Prescription Drug List, confirm copay amounts, locate a pharmacy, obtain your medication history, and find other useful prescription drug benefit information.

## Copays

Your prescription drug plan has different cost levels, known as tiers. Periodically drugs may change tiers resulting in different copays than what you may have previously paid. The change in tiers may be triggered by a loss of patent or a drug moving from prescription to over-the-counter.

## Brand Name Drugs

You may choose a brand name drug over its generic equivalent, however you will be required to pay the difference in cost between the brand name and its equivalent generic, in addition to the applicable copay; the same holds true if a health care provider prescribes a specific brand name drug (e.g., writes on the prescription "dispense as written") when an equivalent generic is available.





# Prescription Benefits

## Prescription Drug List

The Prescription Drug List (PDL), or formulary, is a listing of the most commonly prescribed medications sorted by therapeutic category. The PDL, which you can access via your Member Portal at [serve-you-rx.com](https://serve-you-rx.com), identifies the drugs available for certain conditions and organizes them into tiers. It is intended to be used as a guide to help you and your doctor choose the best course of treatment for you.

To use the PDL, simply bring it with you when you see your doctor. You and your doctor should consult it when choosing a medication. It is organized by common medical conditions. Medications are then listed alphabetically and identified as generic or brand, and if special rules apply.

## What are Tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2 or 3, check the PDL to see if a Tier 1 option is available. Discuss these options with your doctor.

**Table 12. Summary of Prescription Drug Benefits**

|   | PPO Plan            |                  | HDHP Plan  |                  |
|---|---------------------|------------------|------------|------------------|
|   | In-Network          | Out- of- Network | In-Network | Out- of- Network |
| Plan Year Deductible                                |                     |                  |            |                  |
| Individual  | N/A                 |                  | \$1,650    |                  |
| Family  |                     |                  | \$3,300    |                  |
| Retail Prescription Drug Copays (34-Day Supply)     |                     |                  |            |                  |
| Tier 1 (Generic)                                    | \$15                | N/A              | \$5        | Not Covered      |
| Tier 2 (Brand-name)                                 | \$40                |                  | \$20       |                  |
| Tier 3 (Higher-cost Brand)                          | \$75                |                  | \$40       |                  |
| Tier 4 (Specialty)                                  | 5% to \$100 Maximum |                  | \$40       |                  |
| Mail-Order Prescription Drug Copays (90-Day Supply) |                     |                  |            |                  |
| Tier 1 (Generic)                                    | \$30                | N/A              | \$10       | Not Covered      |
| Tier 2 (Brand-name)                                 | \$80                |                  | \$40       |                  |
| Tier 3 (Higher-cost Brand)                          | \$150               |                  | \$80       |                  |
| Tier 4 (Specialty)                                  | 5% to \$100 Maximum |                  | \$80       |                  |



# Prescription Benefits

## Maintenance Medications

Maintenance medications are those taken long-term to treat conditions like high cholesterol, high blood pressure, or diabetes. Maintenance medications are required to be purchased as a 90-day supply, but you only pay the equivalent of two copays. There are two ways to fill maintenance medication prescriptions:

**1. Mail Order**—Serve You Rx offers free home delivery of maintenance medications through Amazon Pharmacy. For new prescriptions, ask your doctor to send your prescription to:

E-scribe: Amazon.com- Amazon Pharmacy Home Delivery

Fax: 1-512-884-5981

Mail: 4500 S Pleasant Valley Rd, Suite 201, Austin, TX 78744

Phone: 855-206-3605, then press 1 (prescribers only)

**2. QuadMed Pharmacy**—If you need a maintenance medication prescription filled quickly or prefer to pick it up in-person, QuadMed pharmacies offer the same cost savings as mail order. To have your 90-day prescription filled by QuadMed, simply ask your physician to send it to your preferred QuadMed pharmacy just like they would send a prescription to Walgreens or CVS. If you are switching from Amazon Pharmacy, contact Amazon Pharmacy to cancel your mail order prescription.

## Generic Drug Incentive Program

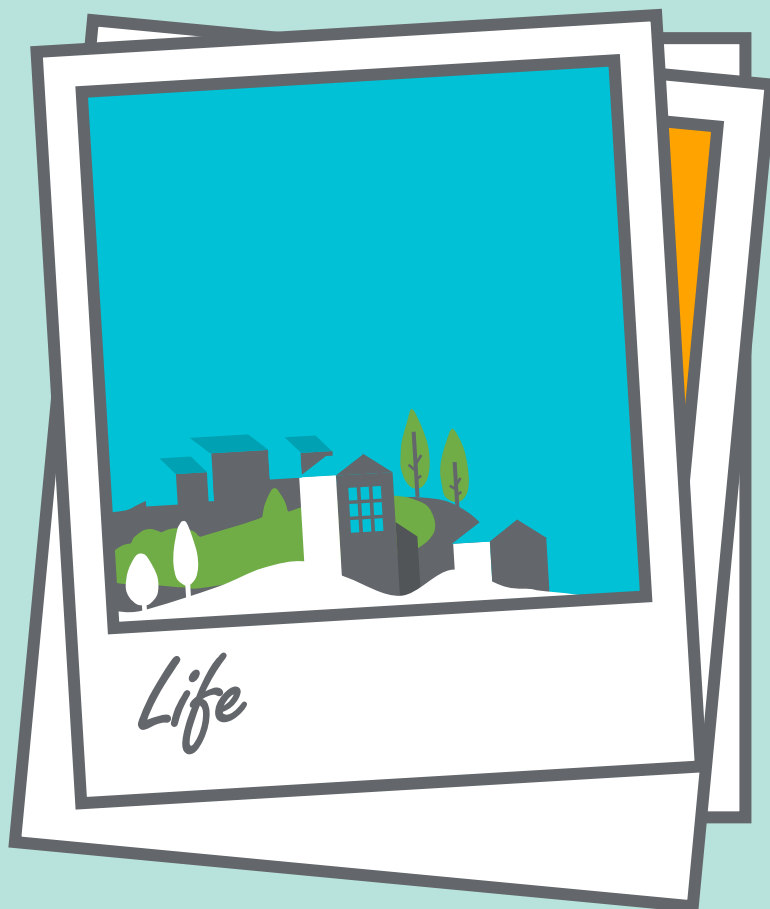
Copays for certain generic medications are only \$5. You may wish to discuss the use of a generic medication with your doctor. A list of these medications can be found in your Serve You Rx Member Portal.

## Specialty Medication

Specialty medications typically cost more and have the following characteristics:

- Treat complex and often costly medical conditions such as cancer, rheumatoid arthritis, multiple sclerosis, hepatitis C, and pulmonary hypertension
- Are often injected or infused (IV) medicines, but may also be taken orally
- Require close monitoring of response to drug therapy
- May require individualized dosing, medical devices to administer the medicine, or special handling and delivery
- Require additional education for safe and cost-effective use

Not all specialty medications are listed in the PDL. The Bolero Specialty Pharmacy stocks most specialty medications and can help you navigate the complexity of specialty drug therapy with helpful programs, services, and enhanced patient care. Contact Bolero Specialty Pharmacy at (877) 220-8181 to learn more.





# Time Off

## Paid Time Off Bank (PTO Bank)

The City offers a time off package which allows for accrued time off to be used for any reason (subject to the approval of your department head), including vacation, personal time, illness, or health care appointments.

- You cannot use more time off than you have available in your PTO Bank, except that full-time employees may use up to 40 hours of time off in advance of earning the time off.
- Time off accumulated in one month is deposited into your PTO Bank and available for use the first of the following month.
- Time off accruals are based on years of service according to the schedule below.<sup>6</sup> Additional hours may be awarded as part of a monthly recognition, performance management program, or other incentive.
- Time off does not expire; it carries over from year to year. However, if you reach your PTO Bank maximum, your time off will stop accruing until you drop below the maximum.
- Upon voluntary separation from employment (if proper notice is given) or in the case of death, the unused PTO Bank balance (up to the your current PTO Bank maximum) will be paid out.

**Table 13. PTO Bank Accrual Schedule**

| Minimum Years of Service | Hours Accumulated Per Month | Maximum Hours in PTO Bank |
|--------------------------|-----------------------------|---------------------------|
| 0 years                  | 16.67                       | 200 (25 work days)        |
| 5 years                  | 20.00                       | 240 (30 work days)        |
| 10 years                 | 23.33                       | 280 (35 work days)        |
| 15 years                 | 25.00                       | 300 (37.5 work days)      |
| 25 years                 | 26.67                       | 320 (40 work days)        |

<sup>6</sup>For employees holding a budgeted position of less than full-time, time off is prorated.

## Additional Time Off

- **Armed Services Reserve Training / Military Leave** – Employees are granted leaves of absence during any period of active or inactive training or duty in such service.
- **Jury Duty** – Eligible employees receive regular, straight time wages for serving on jury duty provided that payment received for jury duty is turned in to the City Treasurer.
- **Bereavement Leave** – Up to 10 days paid time off for the death of a spouse or child; up to 5 days paid time off for the death of a brother, sister, mother, or father. Includes step/in-law relationships.
- **Voluntary Time Off** – Up to 160 hours unpaid time off per year (subject to approval).





# Time Off

## Extended Sick Leave Bank (ESLB)

Employees may choose to convert up to 200 hours annually from their TOB into an Extended Sick Leave Bank. The ESLB can be used to receive pay for FMLA-eligible events for the employee and their family members. The maximum balance of an ESLB is 720 hours.

## Paid Holidays

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve
- Christmas Day

## Transfer/Donation of Time Off

Employees may donate up to 24 hours and receive up to 160 hours of paid time off for an absence for medical or other catastrophic emergency needs of the employee or the employee's immediate family members, or in the aftermath of a family member's death. See [City of West Allis Policy P325](#) for details.





# Long-Term Disability



(833) 357-5153

[TheHartford.com](http://TheHartford.com)

## Coverage

The City pays for your long-term disability benefit, provided by The Hartford. Long-term disability is a source of income in the event you become disabled from a non-work-related injury or sickness. Benefits begin after 90 consecutive days of total disability and continue while you are disabled up to the maximum benefit duration.

## Eligibility

Coverage applies to active, non-represented employees working 20 hours or more per week. Temporary and seasonal employees are not eligible. Coverage begins the first day of the month following 30 days of employment.

## Benefit Amount

The monthly benefit is an amount equal to 66 ⅔ percent of covered earnings, up to a maximum benefit of \$7,000 per month. Some limitations and exclusions may apply. You must file a claim within 30 days after disability or loss occurs. A claim application can be found on [CityHub](#). Visit [www.thehartford.com/employee-benefits/employees](http://www.thehartford.com/employee-benefits/employees) to learn more.

## Maximum Benefit Duration

Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or the Duration of Benefits provided in Table 14 below.

**Table 14. Duration of Benefits**

| Age when Disabled | Duration of Benefits      |
|-------------------|---------------------------|
| 62 or less        | To Normal Retirement Age* |
| 63                | To Normal Retirement Age* |
| 64                | 36 months                 |
| 65                | 30 months                 |
| 66                | 27 months                 |
| 67                | 24 months                 |
| 68                | 21 months                 |
| 69 or more        | 18 months                 |


\*According to the 1983 US Social Security Act. For anyone born after 1959, Normal Retirement Age is age 67.



**The Hartford**




# Life Insurance

 (877) 533-5020

 [etf.wi.gov](http://etf.wi.gov)

The Wisconsin Public Employers Group Life Insurance Program is a benefit provided under the Wisconsin Retirement System (WRS) and is available to City of West Allis employees participating in the WRS pension.

## Coverage

 The City pays for basic life insurance coverage for qualified individuals. Basic coverage is in the amount of your annual salary adjusted to the next highest one thousand dollars.

You are also eligible to purchase additional options to expand this basic coverage.

- **The first option allows you to add extra coverage to the basic policy.**

You may add up to four extra units of coverage to the basic plan. Each unit is equal to your basic coverage.

*For example, if your annual salary is \$53,200, your basic coverage is \$54,000. If you add two more units of coverage, your life insurance coverage would be \$162,000 (\$54,000 in basic coverage plus two times your annual salary – or \$108,000 – in extra coverage).*

- **The second option allows you to purchase coverage for your spouse and dependents.**

You may purchase up to two units of coverage for your spouse or dependents. Each unit provides \$10,000 in coverage for your spouse and \$5,000 in coverage for each dependent, regardless of the number.

*For example, if you elect to purchase two units of spouse/dependent coverage, your spouse will have \$20,000 in coverage and each dependent will have \$10,000 in coverage.*

Both options for additional coverage are paid through employee payroll deductions. See Tables 15 and 16 on the following page for monthly rates and for an example of how insurance premiums are calculated.

## Changes to Coverage

If you did not enroll in life insurance during your initial enrollment period, or if you wish to apply for more insurance for yourself or your spouse or dependents, you must submit an Evidence of Insurability Application. You are allowed the opportunity to enroll or add a level of life insurance coverage or spouse/dependent coverage without evidence of insurability after a qualifying life event, such as marriage or birth.

## Why is Life Insurance Important?

If family members count on your income, you will want to ensure there is money available upon your death to replace your lost income, pay off the home mortgage, provide for your child's education, pay off debt, cover estate taxes, leave an inheritance, and cover burial and other expenses.





# Life Insurance

## Premiums

Premiums for coverage are set annually by the State of Wisconsin Group Insurance Board and are based on your age. Note that the cost of spouse/dependent coverage is a fixed dollar amount for each unit of coverage, regardless of the age or number of family members you have to insure. The City contributes the premium for basic coverage. Premiums for extra units of coverage are paid for by employees. Current premium rates are provided in the tables below.

To calculate your monthly premium, first round your salary up to the next nearest thousand. Multiply this number by the premium rate for your age provided in Table 15. Divide by 1,000 to get the premium for that unit. Add any extra units and any spouse/dependent units to get your total monthly premium.

**Example:** An employee is age 36, earns \$53,200 annually, and elects to purchase two extra units of individual coverage plus two units of spouse/dependent coverage.

|                   |  |   |        |
|-------------------|--|---|--------|
| Extra Unit 1:     | \$54,000 annual salary x .07 premium rate / 1000 | = | \$3.78 |
| Extra Unit 2:     | \$54,000 annual salary x .07 premium rate / 1000 | = | \$3.78 |
| Spouse/Dependent: | See Table 16 below for monthly rate              | = | \$3.20 |

**Total Employee Premium = \$10.76**

**Table 15. Premium Rates, Employee**

| Age         | Rate Per \$1,000 of Insurance                  |
|-------------|--|
| Under 30    | \$.05  |
| 30-34       | .06  |
| 35-39       | .07  |
| 40-44       | .08  |
| 45-49       | .12  |
| 50-54       | .22  |
| 55-59       | .39  |
| 60-64       | .49  |
| 65-69       | .57  |
| 70 and over | See <a href="http://etf.wi.gov">etf.wi.gov</a> |


**Table 16. Premium, Spouse/Dependent Coverage**

| Number of Units                          | Monthly Rate |
|--|--------------|
| 1 unit (\$10k spouse / \$5k per child)   | \$1.60       |
| 2 units (\$20k spouse / \$10k per child) | \$3.20       |





# Pet Insurance

 (800) 438-6388

 [MetLife.com/  
GetPetQuote](https://www.metlife.com/getpetquote)

## New for 2025!

The City has partnered with MetLife to offer discounted group rates on pet insurance. Here's how it works:

### 1. Contact MetLife to get a plan tailored to your needs.

- Visit [www.metlife.com/getpetquote](https://www.metlife.com/getpetquote) or call **1-800-GET-MET8** to browse plans.
- To receive a discounted rate, enter "City of West Allis" when asked to enter your employer.
- Select and enroll in the coverage that's right for you; levels of coverage range from \$500 to unlimited.
- Your monthly pet insurance premium can be paid automatically by credit card or ACH.
- Accident coverage and optional preventive care coverage begin on the effective date of your policy; illness coverage begins 14 days later.

### 2. Download the MetLife Pet App.

- Submit and track claims.
- Manage your pet's health records.
- Receive reminders and notifications about upcoming appointments.
- Find nearby pet services, such as emergency rooms or groomers.
- Use the live 24/7 Telehealth Concierge Services for advice from licensed veterinarians.

### 3. Visit any licensed veterinarian, specialist, or emergency clinic in the U.S.

- At the time of the visit, pay the bill as you usually would.
- Send the bill and your claim to MetLife to receive reimbursement of 50% to 90% (depending on your plan).
- Most claims are processed within 10 days; you will receive reimbursement via check or direct deposit.

## What's Covered

- |                       |                               |                         |
|-----------------------|-------------------------------|-------------------------|
| • Accidental injuries | • Ultrasounds                 | • Congenital conditions |
| • Illnesses           | • Hospital stays              | • Chronic conditions    |
| • Exam fees           | • X-rays and diagnostic tests | • Alternative therapies |
| • Surgeries           | • Hip dysplasia               | • Holistic care         |
| • Medications         | • Hereditary conditions       |                         |

Pre-existing conditions may not be covered; visit:  
[MetLifePetinsurance.com/coverage-exclusions](https://www.MetLifePetinsurance.com/coverage-exclusions)



**MetLife**

**Pet Insurance**



A large, stylized letter 'Q' composed of multiple concentric, rounded rectangular outlines. The innermost outline is a solid dark blue, while the subsequent outlines are thin, light green lines. The 'Q' is centered on a light green background, which is itself set within a dark blue rounded square frame.

***Wellness***

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|



The City has partnered with **Wellworks For You** to provide you support in your wellness journey, and to reward you for your commitment to your well-being. Through Wellworks, all benefit-eligible employees (and spouses, if applicable) have the opportunity to participate in various wellness activities and earn a Premium Incentive in the next plan year by completing a two-part Health Risk Assessment ([see page 37](#)).

Both represented and non-represented employees have access to Wellworks, and non-represented employees can also earn rewards by completing healthy activities. Complete information can be found on the Wellworks page on CityHub or via the following program guides:

- [Non-represented Program Guide](#)
- [Represented Program Guide](#)

## Employee and Spouse Login Instructions

Follow the steps below to log into your wellness portal through Wellworks For You. Employees and spouses are created an account when hired by the City; **please do not register as a new user!**

1. Go to [wellworksforyoulogin.com](https://wellworksforyoulogin.com) or download the Mobile App using one of the QR codes below.
2. Your username will be:

**Employee:** CWA + employee ID#      *Example: CWA12345*

**Spouse:** Employee Username + SP      *Example: CWA12345SP*

3. Your temporary password will be: Date of Birth in MMDDYYYY format (including leading zeros).

The temporary password is only for the first time you access the Wellworks portal, and you will be prompted to change it upon entry.

4. Accept the terms of the Consent Form
5. Fill in the required information

## Frequently Asked Questions

### **Q. Do represented employees have access to Wellworks For You?**

*A. Yes! Beginning March 1, 2024, all represented employees must use Wellworks For You if they wish to complete their Health Risk Assessment.*

### **Q. Can represented employees earn additional rewards through Wellworks For You?**

*A. No. At this time, only non-represented employees can earn additional rewards through Wellworks For You.*





# Health Risk Assessment



(800) 425-4657



WellworksForYou  
Login.com

## Overview

The cost of premiums for health insurance are shared by the City and employees; regular, full-time employees pay 20% and the City pays 80%. Employees who wish to pay a reduced premium share on their City health insurance plan must complete a Health Risk Assessment (HRA). The reduced premium share for represented / legacy employees is 15% and the reduced share for non-represented employees is 12%.

## Deadline

All parts of the HRA must be completed by employees and their spouse (if the spouse is covered under the medical plan) by **December 1** to qualify for the reduced premium the following plan year. Employees new to the City's health plan automatically receive the reduced premium for the remainder of the current plan year; employees hired after August 15 receive the reduced premium for the following plan year, as well.

## Completing the HRA

The process for completing the HRA is the same for represented and non-represented employees. The HRA can only be completed using **Wellworks For You** ([see page 36](#)). Completing the HRA is a two-part process:

### Part 1: Physician Results Form

Visit your primary care provider (PCP) for an annual physical with lab work. Print out the Physician Results Form located in your Wellness Locker on your Wellworks homepage and bring it to your exam. All required metrics indicated on the form must be collected between March 1, 2025 and December 1, 2025 and submitted to Wellworks by December 1, 2025 to receive credit. Forms can be submitted two ways:

- **Mobile App:** Take a photo of your form and upload it to the Wellworks For You mobile app via the "Contact Us/Send a Form" tab in the top left menu.
- **Web Portal:** Select the "Upload a Form" tile from the homepage or via the menu page.

### Part 2: "Know Your Number" Assessment

Complete the "Know Your Number" assessment located on the homepage of the Wellness Portal under "Wellbeing Desktop". Complete all questions, except for the Health Metrics section. Wellworks For You will upload your screening results once you complete and submit a Physician Results Form (see Step 1).

- If your health metrics have already been entered, complete the questionnaire and select "Finish" to submit your responses.
- If your health metrics have not been entered, complete the questionnaire and select "Save". The assessment will be completed once your metrics are entered by Wellworks For You.

Once your assessment is completed in its entirety (questionnaire and health metrics), a results report will be generated and available on the "Know Your Number" assessment page and uploaded to your Wellness Locker under the "Health Records" section.



# Health Risk Assessment

## Frequently Asked Questions

### **Q: Is participation mandatory?**

*A: No. Your participation in the City's HRA is completely voluntary. However, if you wish to receive a discount on your health insurance premium for the following plan year, you (and your spouse, if applicable) must complete all parts of the HRA before **December 1**.*

### **Q: Which Primary Care Provider do I visit?**

*A: You may visit the doctor's office, clinic, or health facility of your choice, including a **QuadMed clinic**.*

### **Q: What does the HRA cost?**

*A: There are no out-of-pocket costs to employees and covered spouses for in-network preventive care (wellness) exams and related clinical laboratory tests.*

### **Q: To receive the premium discount, who needs to complete the HRA?**

*A: If you and your spouse are both covered by the City's health insurance, you and your spouse must each complete all required parts of the HRA to be eligible for the reduced premium contribution. If you are covered by the City's health insurance, but your spouse is not, only you need to complete the HRA to receive the premium discount. Other dependents on your plan (children, for example) do not need to complete the HRA to receive the premium discount.*

### **Q: Do new employees need to participate in the HRA to get the premium discount?**

*A: Employees added to a City health plan automatically receive the reduced premium for the remainder of the current plan year. However, if they wish to receive the reduced premium for the following plan year, they must participate in the HRA by the **December 1** deadline. Employees hired after August 15 and enrolling in a City health plan will receive the reduced premium for the current plan year and the following plan year.*

### **Q: What is the Biometric Screening?**

*A: The Biometric Screening consists of your Body Mass Index, blood glucose, blood pressure, and total cholesterol. In essence, the Biometric Screening provides you with a snapshot of your health.*

### **Q: If I am currently on my spouse's plan and participating in the Family Savings Plan, should I complete the HRA?**



*A. The employee's premium share for City's health insurance is used to calculate the "premium differential reimbursement" you may receive by participating in the Family Savings Plan. Not participating in the HRA would increase your premium share thereby reducing your premium differential reimbursement. For more information on the Family Savings Plan, see [page 19](#).*

### **Q. Does the City have access to my health information?**

*A. No. In accordance with HIPAA confidentiality laws, your individual data is accessible only to you and the third-party vendor, Wellworks For You. For more detailed information on how your private health information is protected, review the Wellworks Program Guide.*



# Employee Assistance

 (800) 236-3231  
 [Aurora.org/eap](https://Aurora.org/eap)

The City recognizes that personal concerns can have an adverse effect on job performance but can be handled successfully when identified and addressed early. Advocate Aurora's Employee Assistance Program (EAP) is a free confidential benefit for all City employees to help address life's challenges.

## Who is eligible?

The EAP is available to all employees and family members residing in the household, regardless of whether you are enrolled in one of the City's health care plans.

## When to use the EAP

Consider using the EAP when a problem occupies too much of your time, interferes with normal activities, or persists for more than 2-3 weeks. Topics the EAP can help address include:

- Alcohol or drug abuse
- Anger management
- Anxiety or depression
- Balancing work and family
- Caring for aging parents
- Child care consultation and referral
- Communication and conflict resolution
- Financial pressures
- Legal issues
- Relationship issues and divorce
- Workplace stress

In addition to access to website resources, free one-on-one coaching is available.

## Getting Started

Help begins with a phone call. Simply call the Aurora Employee Assistance Program at **800-236-3231** and talk to one of their intake professionals. They will connect you with a specialist who can provide prompt, personalized assistance. They'll help you resolve your concern and restore a healthy balance to your life – at work and at home.

## Additional Services

The EAP provides a free half-hour financial consultation to all employees. The focus of the meeting can include budget and debt counseling; retirement, estate, college, and mortgage planning; and questions regarding new tax guidelines.

Aurora also provides free and confidential support for people in suicidal crisis or distress. If you or someone you know is at risk for suicide, call Aurora's 24/7 Suicide Prevention Lifeline at **(800) 273-8255**.







# Additional Wellness Benefits

## Nurseline (855-690-7800)

You can talk to a nurse 24 hours a day, 7 days a week, 365 days a year with Anthem's Nurseline. Qualified nurses on Nurseline can help you find providers, give referrals to LiveHealth Online, provide guidance during natural catastrophes and health outbreaks, discuss treatment options, and offer links to health-related educational information. Call **(855) 690-7800** to get started.

## Tobacco Cessation

To help assist you in your quest to quit smoking, the City of West Allis will reimburse you for smoking cessation counseling or other treatment programs for tobacco use treatment. Telephonic and in-person counseling are covered. Smoking/tobacco cessation counseling/treatment programs are paid like any other medical service. Health insurance members over age 18 are encouraged to take advantage of this program designed to help you succeed in your quest to quit smoking/chewing tobacco and contribute to improved health.

For reimbursement to be considered, a **reimbursement form** must be submitted within 12 months of completing a tobacco cessation program.

## Special Offers

You can get discounts on products and services that promote better health and well-being by being an Anthem member, including discounts on:

- Glasses and contacts
- LASIK vision correction
- Hearing aids
- Weight loss programs
- Fitness memberships
- Pet insurance
- Vitamins, minerals, and supplements
- Allergy control products
- Personal care products

For a list of available promotions, log in at **[anthem.com](https://www.anthem.com)** and select "discounts."







# Additional Wellness Benefits

## Travel Assistance & Identity Theft Support

The City's Long-Term Disability provider, The Hartford, provides travel assistance to all non-represented employees when traveling more than 100 miles from home and for 90 days or less. Services include:

- **Pre-trip Assistance**, lost luggage/document assistance, and legal referrals.
- **Medical assistance**, including worldwide medical referrals, medical monitoring, prescription transfer, replacement of medical devices and corrective lenses.
- **Emergency transports**, medical repatriations and evacuations and repatriations of mortal remains.
- **24/7/365 Identity Theft Support**, including help to review credit formation and, if a theft has occurred, notification of major credit bureaus, assistance with completing an identity theft affidavit, help with replacing credit/debit cards, and more.

For more information on Travel Assistance or Identity Theft Support Services:

- Call from U.S. and Canada: 800-243-6108 (toll-free)
- Call from Outside U.S.: 202-828-5885
- Email: [assist@imglobal.com](mailto:assist@imglobal.com)



(800) 243-6108



[assist@imglobal.com](mailto:assist@imglobal.com)



**The Hartford**

## WAWM Recreation Department Resident Rate

City of West Allis employees can receive the resident rate for classes with the West Allis-West Milwaukee Recreation and Community Services Department (the Recreation Department). You do not have to live in West Allis or West Milwaukee to receive the discount.

Choose from a variety of classes for all ages, including preschool and children's programs, youth sports, adult fitness and team sports, adult enrichment classes, arts programs, senior classes, and more. You simply need to provide your employee ID with your first-time registration. Browse the current activity guide on the Recreation Department's website.



(414) 604-4900

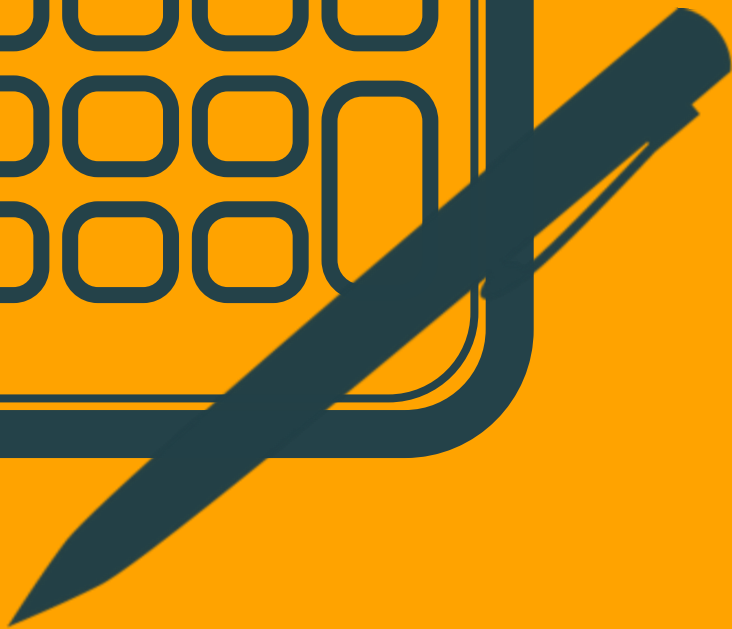
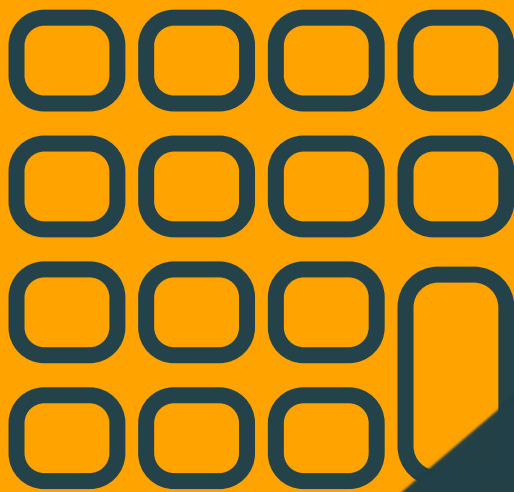


[www.wawmrec.com](http://www.wawmrec.com)



You can also purchase adult fitness punch passes for \$25. Punch passes allow you to try a few different classes to see which one you want to register for or give you the flexibility to drop in to a favorite class whenever your schedule allows. Each \$25 pass is good for five punches and is valid for one year after the purchase date. Passes are only sold at the Recreation Department office (1205 S. 70<sup>th</sup> Street).

FINANCE





# Health Savings Account

 (888) 874-2489

 [tcnb.com](https://tcnb.com)

## Overview

Participants in the **High Deductible Health Plan** are eligible to participate in a Health Savings Account (HSA), administered by Tri City National Bank. An HSA is a tax-free savings account, similar to an IRA, which allows you to make pre-tax contributions to an account owned by you to pay for current and future medical expenses.



In addition to any money you contribute to the account, the City of West Allis will contribute \$500 towards a single plan or \$1,000 towards a couple or family plan (prorated the first year based on the month you started).

## Eligibility & Enrollment

To establish an HSA, you have to be covered by a High Deductible Health Plan. The HSA is not available if you participate in Anthem's PPO plan, if you participate in other health insurance (including a spouse's plan, Medicare Parts A or B, Medicaid, or Title 19), or are claimed as a dependent on someone else's tax return. Your eligibility to contribute to an HSA is determined monthly.

You will receive instructions on how to enroll in the HSA when you elect the High Deductible Health Plan in BenefitSolver. Note: To receive the City's contribution, you **MUST** elect the HSA in BenefitSolver, even if you choose a personal contribution amount of \$0.





# Health Savings Account

## Frequently Asked Questions

### **Q: How much can I contribute to my HSA?**

**A:** *The combined employer and employee contributions for 2025 may not exceed \$4,300 for individuals (\$5,300 for individuals age 55 and older) and \$8,550 for family coverage (\$9,550 for individuals age 55 and older). Your HSA balance can be carried over from year to year. What you don't use in any given year will stay invested and continue to grow tax-free. Upon retirement, you may continue to use your HSA funds tax-free if the funds are used to pay for qualified medical expenses.*

### **Q: Can I change my election during the plan year?**

**A:** *You may change your election amount at any given time throughout the year, and accounts are completely portable, meaning you can keep your HSA even if you change jobs, change your medical coverage, become unemployed, or move to another state.*

### **Q: What are the advantages of an HSA?**

**A:** *An HSA provides you with triple tax savings: The money you deposit into the account is not taxed if contributions are made via payroll deduction, interest earned on the monies in the account grows tax free, and money withdrawn to pay for qualified medical expenses is tax free.*

### **Q: What are eligible expenses?**

**A:** *You can use your HSA to pay for current medical expenses, including dental, hearing, vision, and over-the-counter drugs. Your HSA can also be used for deductible and expenses that your insurance may not cover. Finally, you may elect to save funds for future medical expenses, such as:*

- *Health insurance or medical expenses if unemployed.*
- *Medical expenses after retirement (before Medicare).*
- *Out-of-pocket expenses when covered by Medicare.*
- *Long-term care expenses and insurance.*

### **Q: Can my HSA money be withdrawn for purposes other than medical expenses?**

**A:** *Yes, you may withdraw money from your HSA at any time and for any reason; however, if your HSA money is not used for medical expenses, you will have to pay income tax on your withdrawal. You will also have to pay a 20 percent additional tax, unless the withdrawal is made after you attain age 65, become disabled, or after your death.*



# Flexible Spending

 (800) 346-2126

 [ebcFlex.com](http://ebcFlex.com)

## What is a Flexible Spending Account (FSA)?

An FSA allows you to pay for qualified health care or dependent care expenses using tax free dollars deducted from your paycheck. You can choose to participate in the City's Health Care FSA, Dependent Care FSA, or both. Both FSAs are administered by Employee Benefits Corporation (EBC).

## Who is eligible to participate?

You do not need to participate in the City's health insurance plan to participate in an FSA. Eligibility for participation in the Health Care FSA is effective the first of the month following two months of employment. Eligibility for participation in a Dependent Care FSA is effective upon the date of hire, but you *and* your spouse must be working, looking for work, or attending school full-time to participate.

## How does an FSA work?

- Choose a dollar amount to contribute based on expected healthcare expenses in the coming plan year.
- A portion of the elected amount is deducted pretax from each paycheck and held in the FSA.
- Use your FSA debit card (Healthcare FSA only) to pay for eligible expenses for yourself or your eligible spouse or dependents. You may also submit a claim via smartphone, fax, mail, or online.
- If you used your FSA debit card, payments are debited directly from your FSA account; if you submitted a claim, you are reimbursed for the incurred expenses from your FSA account.<sup>6</sup>

<sup>6</sup>Claims can be submitted up to 2 ½ months after the end of the plan year, but the date of service for the claim must be in the FSA playyear

## Examples of ELIGIBLE Health Care FSA Expenses

### Dental Services

- Exams, Cleanings, & X-Rays
- Crowns, Bridges, Fillings
- Extractions & Dentures
- Orthodontia

### Medication

- Insulin
- Prescribed Birth Control
- Prescribed Vitamins
- Prescription Drugs

### Vision Expenses

- Eye Exams
- Contacts Lenses, Solution, & Cleaner
- Eyeglasses, Reading Glasses, & Prescription Sunglasses
- Laser Eye Surgery

### Copays/Coinsurance/Deductibles

### Lab Exams & Tests

### Feminine Hygiene Products

### Other

- Acupuncture
- Breast Pumps & Lactation Supplies
- Chiropractor Services
- Inpatient Drug & Alcohol Treatment
- Hearing Exams
- Physical & Speech Therapy
- Sterilization
- Vaccination & Immunization

**Employee  
Benefits  
Corporation**



# Flexible Spending

**Table 17. Summary of Flexible Spending Account Features**

| Frequently Asked Question                      | Health Care FSA  | Dependent Care FSA  |
|--|--|---|
| What kinds of expenses are eligible?           | Eligible medical, dental, and vision expenses for you, your spouse, or dependents                                      | Daycare expenses or other custodial care for your tax dependents (health care is not covered)   |
| What is the minimum contribution?              | \$300  | \$100   |
| What is the maximum contribution?              | \$3,300  | \$2,500 if married and filing separate tax returns<br>\$5,000 if an individual or if married & filing jointly                             |
| Can I change my election during the plan year? | Only if you experience a qualified change in status (change in marital status, number of dependents, employment, etc.) | Election amounts can be changed as dependent care costs change  |
| When do funds become available to use?         | The entire amount is available on day one of the plan year or (for new employees) the date you become eligible         | Funds must accumulate before you can use them; you can only be reimbursed up to the amount you have in the account at any time            |
| What happens to funds I don't use?             | Up to \$660 can be rolled over into the following plan year; additional unused funds are forfeited                     | No rollover; unused funds are forfeited. There is a 2 ½ month grace period to spend funds for anyone re-enrolling the following plan year |

## Examples of INELIGIBLE Health Care FSA Expenses

### Toiletries

- Lip Balm
- Shampoos & Soaps
- Sunscreen Less than SPF 15
- Toothbrushes & Toothpaste

### Hair Care

- Electrolysis
- Hair Loss Medications
- Hair Transplant

### Fitness

- Dance & Fitness Programs
- Exercise Equipment
- Gym Memberships / Dues
- Massage Therapy
- Personal Trainers
- Weight Loss Programs

### Nutrition

- Supplements
- Special Foods

### Insurance Premiums

#### Cosmetic

- Surgery & Procedures
- Face Creams & Moisturizers
- Teeth Whitening

#### Maternity / Childcare

- Baby-sitting
- Diaper Service
- Maternity Clothes

#### Marriage/Family Counseling





# WI Retirement System

(877) 533-5020

 [etf.wi.gov](http://etf.wi.gov)

## Eligibility

Employees hired on or after July 1, 2011, who work 1,200 hours or more per year participate in an integrated pension system comprised of benefits from Social Security and the Wisconsin Retirement Fund (WRS). Individuals who first participated in the WRS prior to July 1, 2011, are evaluated under the old WRS eligibility standard of 600 hours per year.

## Contributions

If your employment is eligible to be covered under the WRS, you must make employee-required contributions; these contributions are credited to your individual WRS account. Effective January 1, 2025, the employee-required WRS pension contribution is 6.95% for eligible employees, including elected officials and judges. Contributions are pre-tax for federal and state income tax purposes (FICA tax is unaffected). The City then pays the employer portion, which in 2025 is:

- 6.95% for general employees, elected officials, and judges.
- 14.95% for members of the Professional Police Association.
- 18.95% for members of the Fire Local 342 Union.

Employees must have WRS creditable service as noted below before becoming eligible (vested) for either a formula or money purchase annuity benefit:

- If you first participated in the WRS prior to July 1, 2011 (and did not take a lump-sum payout), vesting is immediate.
- If you first participated in the WRS on or after July 1, 2011, you must reach five years of WRS creditable service to become vested.







# Deferred Compensation

## What is Deferred Compensation?

A Deferred Compensation Plan is an IRS-approved method for deferring federal and state income taxes on savings until retirement. Taxes are paid on the savings and earnings when withdrawn, usually during retirement when you may be in a lower income tax bracket. Advantages of this plan include:

- Contributions are automatically deducted from your salary each pay period on a pre-tax basis.
- You reduce your current income taxes while investing for retirement.
- Your earnings accumulate tax-deferred.
- You can increase your savings without significantly reducing your take home pay.
- You can increase, decrease, stop and restart contributions as often as you wish.

## Eligibility

Any employee may participate in the plan. For more information on deferred compensation, and to discuss if deferred compensation is right for you, contact one of the representatives below.

## Investment Options

The City offers three deferred compensation plan options: MissionSquare (formerly ICMA-RC), Wisconsin Deferred Compensation Program, and Brighthouse (formerly MetLife). Each plan offers several different investment options, varying in risk. It is the employee's choice as to which plan, or plans, to invest. The City does not give advice on which company or plan to choose and is not responsible for employee gains or losses that result from such decisions.



### **MissionSquare (formerly ICMA-RC)**

Brad Smith  
1675 Green Rd.  
Ann Arbor, MI 48105  
(866) 328-4677  
JBsmith@icmarc.org



### **Brighthouse (formerly MetLife)**

Michael Russo  
9000 West Chester St., Suite 100  
Milwaukee, WI 53214  
(414) 615-4865  
mjrusso@financialguide.com



### **WI Deferred Comp. Program**

*New Representative Coming Soon!*  
5325 Wall St., Suite 2755  
Madison, WI 53718  
(877) 457-9327  
Wdc457.empower-retirement.com



# Deferred Compensation

## Frequently Asked Questions

### **Q: What happens to the money I elect to defer?**

**A:** When you enroll in the plan, you request that your withheld compensation be placed in one or more of the available investment options. An account is established into which your Deferred Compensation amounts are placed, and to which all investment earnings are credited. You will receive quarterly reports showing how much you have deferred, in which option(s) it was invested, the amount of your investment earnings, and the total current value of your account.

### **Q: How much salary can be deferred?**

**A:** The contribution limit for 2025 is 100% of compensation to a maximum of \$23,000 annually. If you will become 50 years of age (or older) in 2025, you may contribute up to an additional \$7,500 to Deferred Compensation, for a total of \$30,500. Contact your Retirement Plan Specialist for details.

### **Q: When can I change my contributions?**

**A:** You have the flexibility to increase, decrease, stop or restart contributions as often as you wish, without fees or penalties.

### **Q: When can I receive my money deferred under the plan?**

**A:** Your Deferred Compensation is payable to you upon termination of employment, retirement, disability, death, or severe financial hardship (with required approvals). In addition, the City sponsors a deferred compensation loan program. See below for details.

## 457 Loan Program

Are you having a financial emergency or have you experienced an unexpected expense and need to access money in your deferred compensation account?

The City of West Allis sponsors a Section 457 Deferred Compensation Loan feature through MissionSquare that provides eligible plan participants the ability to borrow funds from their plan account balance, for any purpose. The loan process is very similar to that of your bank or credit union.

The minimum loan amount is \$1,000 and the maximum cannot exceed \$50,000. Participants may receive one loan per calendar year, but may have only one outstanding loan at a time. Loans for active employees must be repaid through payroll deduction.

For more information, contact the City's Finance Department at (414) 302-8260.



# Additional Financial Benefits

## Educational Achievement Award

All non-represented, non-elective, full- and part-time employees can earn rewards for completion of an accredited or recognized certification program or an associate's, bachelor's, master's, or doctoral degree. The education must be relevant to the employee's current position, and enhance their ability to complete their duties and responsibilities. Awards include:

- Initial Certification/Licensure - \$400
- Associate's Degree - \$500
- Bachelor's Degree - \$1,000
- Master's Degree - \$1,500
- Doctoral Degree - \$2,000

## New Employee Referral Program

Employees can earn up to \$1,000 by referring friends and professional contacts to apply for jobs with the City. Simply ask the person you referred to include your name in their application, and you could receive:

- Up to \$500 after the candidate is hired and serves one month of satisfactory employment.
- Up to an additional \$500 after the referred employee completes a successful probation period.

The program is not available to employees hired by the Police Department, Fire Department, Library, or Municipal Court. Actual awards may vary and are subject to funding availability by department.

Complete program rules and the application can be [found on CityHub](#).





# Additional Financial Benefits

## Pay for Performance Program

The pay for performance program is designed to recognize and reward high performance. All non-represented, non-elective, full- and part-time employees who meet the definition of having an exceptional performance or being an exceptional performer may be nominated by department heads or supervisors during the formal nomination and review period that normally occurs in December of each year.

## Savings Bonds

Another way to save for retirement is through the purchase of electronic Savings Bonds through payroll deduction. Employees make recurring purchases of electronic savings bonds by having money from each paycheck sent automatically to a TreasuryDirect account. The bi-weekly amount chosen is deducted after-tax from your pay. Employee participation is voluntary. Visit [TreasuryDirect.gov](https://www.treasurydirect.gov) for more information.

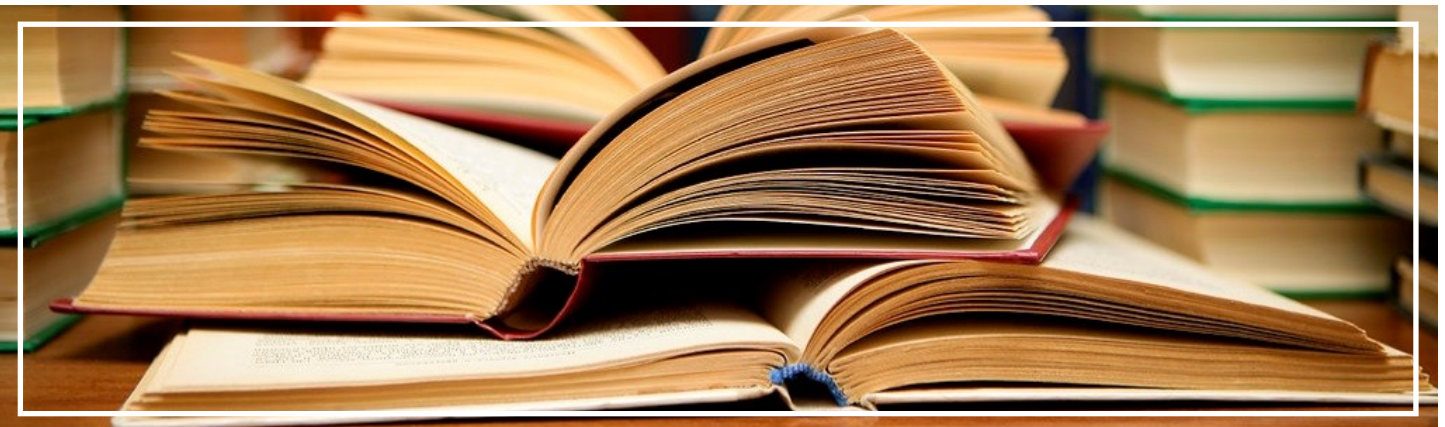
## Student Loan Repayment Program

Full-time employees who have passed probation and participate in the Total Benefit Package may receive up to \$900 per calendar year (\$4,500 lifetime benefit), contingent on budget capacity, as assistance in repaying certain student loan debt. An application can be [found on CityHub](#).

## Tuition Reimbursement

The City will cover 50% of educational costs up to \$1,500 per calendar year (\$6,000 lifetime) for employees voluntarily participating in job-related courses on their own time through accredited educational institutions. Reimbursement may be awarded for tuition, course materials, books, library fees, laboratory fees, and supplies for certificates, conferences, seminars, and academic degrees involving subjects that support the employee's development in their current position or a promotional opportunity with the City of West Allis.

Employees must hold a budgeted position of 0.5 full-time equivalent (FTE) or greater and remain employed for six months following completion of the approved program. Courses must be directly related to the employee's existing job classification or potential promotional job opportunities and **must be approved in advance** by both the department head and the City Administrator. An application can be [found on CityHub](#).





*Appendix*





## Glossary

**Allowed Amount:** Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

**Balance Billing:** When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30.

**Coinsurance:** The percentage of the cost you pay for covered health care services after the deductible is met. For example, if the plan’s allowed amount for a service is \$150 and your coinsurance is 20%, you would pay \$30 and insurance would pay \$120.

**Copayment:** A fixed amount you pay for a covered health care service. Copayments are usually paid before you receive the service. The amount can vary by the type of covered health care service.

**Deductible:** The amount you owe for health care services each year before the plan begins to pay benefits. For example, if your deductible is \$250, your plan won’t pay anything until you’ve met the \$250 deductible for covered health care services. Not all services may count toward the deductible.

**Embedded Deductible:** Each family member has an individual deductible in addition to the overall family deductible. If an individual in the family reaches their individual deductible before the family deductible is met, insurance will begin to pay benefits for that individual. Other individuals covered under the plan must reach their deductible (or the family deductible must be met) before the plan begins to pay benefits for others in the family.

**Excluded Services:** Health care services that your health insurance or plan doesn’t pay for or cover.

**Explanation of Benefits (EOB):** A statement provided by your insurer explaining the benefits provided (if any), such as the allowable reimbursement amounts, deductibles, coinsurance, any other reductions taken, the net amount paid by the plan, and the reason why the service or supply was not covered.





## Glossary

**Flexible Spending Account (FSA):** An IRS 125 plan that allows employees to be reimbursed for medical, dependent care, and parking expenses from an account funded through employee salary deductions.

**Health Savings Account (HSA):** A tax-free savings account, similar to an IRA, which allows you to make pre-tax contributions to an account owned by you to pay for current and future medical expenses.

**In-Network Provider:** A provider who has a contract with your insurer to provide services to you. Generally, members pay less when receiving care from in-network providers because the providers agree to charge a pre-negotiated fee.

**Network:** The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

**Open Enrollment Period:** The time during which eligible employees may enroll or make changes to their benefits for the following year, typically in January of each year.

**Out-of-Network Provider:** A provider who doesn't have a contract with your health insurer or plan to provide services to you. Members may pay more to see an out-of-network provider.

**Out-of-Pocket Maximum:** The maximum amount members pay during the plan year for covered services. When the plan year out-of-pocket maximum is met, the plan pays the full cost of covered expenses for the remainder of the plan year. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

**Premium:** The amount that must be paid for your health insurance or plan.

**Provider:** A doctor, hospital, lab, or other health care professional or facility licensed, certified or accredited to provide health care services.

**UCR (Usual, Customary and Reasonable):** The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.







# Notifications

## Important Notices

You can view the following [required legal notices on CityHub](#).

- Children's Health Insurance Program (CHIP) - Describes premium assistance programs for eligible employees unable to afford premiums.
- COBRA General Notice - Notification of your rights to choose to continue group health benefits under certain circumstances, such as job loss, reduction in hours, or transition between jobs.
- Family and Medical Leave Act (FMLA) - Provides information on employee eligibility and rights to unpaid leave.
- Fair Labor Standards Act - Summarizes federal law regarding minimum wage, overtime pay, equal pay for equal work, and child labor.
- Health Care Reform Notices - Summarizes federal health care reform notices and requirements.
- Health Insurance Exchange Notice - Required notification related to health insurance marketplaces/exchanges.
- Medicare Participants - The prescription drug coverage offered by the City's health plans (both PPO Plans and the High Deductible Health Plan) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered Creditable Coverage.
- Notice of Privacy Practices - Notification of how health information about you may be used or disclosed and how you can get access to this information.
- OSHA - Explains your right to a safe workplace under Federal Occupational Safety and Health Act.
- Uniformed Services Employment and Reemployment Rights Act (USERRA) - Describes the rights of individuals who leave employment to undertake military service.

## Equal Opportunity / Affirmative Action Employer

*The City of West Allis is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, sexual orientation, national origin, disability, or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.*

*Upon reasonable notice the City will furnish appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in and to enjoy the benefits of a service, program or activity provided by the City.*

*It is the policy of the City of West Allis to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits.*

**CITY OF WEST ALLIS**  
**PART-TIME INSURANCE ALLOCATIONS**  
**For the Year Beginning Mar 1, 2025**

|                                     | Total Premium | Employee Premium Share |       |          |         |         |          |          |          |          |          |
|-------------------------------------|---------------|------------------------|-------|----------|---------|---------|----------|----------|----------|----------|----------|
|                                     |               | %                      | 1 FTE | 0.95 FTE | 0.9 FTE | 0.8 FTE | 0.75 FTE | 0.7 FTE  | 0.6 FTE  | 0.5 FTE  |          |
| HEALTH - PPO w/ HRA (Non-Union)     |               |                        |       |          |         |         |          |          |          |          |          |
|                                     | Employee Only | 883.03                 | 12%   | 105.96   | 144.81  | 183.67  | 261.37   | 300.23   | 339.08   | 416.79   | 494.50   |
|                                     | Employee + 1  | 1,725.89               | 12%   | 207.11   | 283.05  | 358.99  | 510.87   | 586.81   | 662.74   | 814.62   | 966.50   |
|                                     | Family        | 2,578.10               | 12%   | 309.37   | 422.81  | 536.24  | 763.12   | 876.55   | 989.99   | 1,216.86 | 1,443.74 |
| HEALTH - PPO w/ HRA (Union)         |               |                        |       |          |         |         |          |          |          |          |          |
|                                     | Employee Only | 883.03                 | 15%   | 132.45   | 169.98  | 207.51  | 282.57   | 320.10   | 357.62   | 432.68   | 507.74   |
|                                     | Employee + 1  | 1,725.89               | 15%   | 258.88   | 332.23  | 405.58  | 552.28   | 625.63   | 698.98   | 845.68   | 992.39   |
|                                     | Family        | 2,578.10               | 15%   | 386.72   | 496.29  | 605.86  | 825.00   | 934.57   | 1,044.13 | 1,263.27 | 1,482.41 |
| HEALTH - PPO w/o HRA                |               |                        |       |          |         |         |          |          |          |          |          |
|                                     | Employee Only | 883.03                 | 20%   | 176.61   | 211.93  | 247.25  | 317.89   | 353.22   | 388.54   | 459.18   | 529.82   |
|                                     | Employee + 1  | 1,725.89               | 20%   | 345.18   | 414.22  | 483.25  | 621.32   | 690.36   | 759.39   | 897.46   | 1,035.54 |
|                                     | Family        | 2,578.10               | 20%   | 515.62   | 618.74  | 721.87  | 928.12   | 1,031.24 | 1,134.36 | 1,340.61 | 1,546.86 |
| HEALTH - HDHP w/ HRA (Non-Union)    |               |                        |       |          |         |         |          |          |          |          |          |
|                                     | Employee Only | 1,129.43               | 12%   | 135.53   | 185.23  | 234.92  | 334.31   | 384.01   | 433.70   | 533.09   | 632.48   |
|                                     | Employee + 1  | 2,215.46               | 12%   | 265.86   | 363.34  | 460.82  | 655.78   | 753.26   | 850.74   | 1,045.70 | 1,240.66 |
|                                     | Family        | 3,305.83               | 12%   | 396.70   | 542.16  | 687.61  | 978.53   | 1,123.98 | 1,269.44 | 1,560.35 | 1,851.27 |
| HEALTH - HDHP w/ HRA (Union)        |               |                        |       |          |         |         |          |          |          |          |          |
|                                     | Employee Only | 1,129.43               | 15%   | 169.41   | 217.41  | 265.41  | 361.41   | 409.42   | 457.42   | 553.42   | 649.42   |
|                                     | Employee + 1  | 2,215.46               | 15%   | 332.32   | 426.48  | 520.63  | 708.95   | 803.11   | 897.26   | 1,085.58 | 1,273.89 |
|                                     | Family        | 3,305.83               | 15%   | 495.87   | 636.37  | 776.87  | 1,057.86 | 1,198.36 | 1,338.86 | 1,619.85 | 1,900.85 |
| HEALTH - HDHP w/o HRA               |               |                        |       |          |         |         |          |          |          |          |          |
|                                     | Employee Only | 1,129.43               | 20%   | 225.89   | 271.07  | 316.24  | 406.60   | 451.78   | 496.95   | 587.31   | 677.66   |
|                                     | Employee + 1  | 2,215.46               | 20%   | 443.09   | 531.71  | 620.33  | 797.56   | 886.18   | 974.80   | 1,152.04 | 1,329.28 |
|                                     | Family        | 3,305.83               | 20%   | 661.17   | 793.40  | 925.64  | 1,190.10 | 1,322.34 | 1,454.57 | 1,719.03 | 1,983.50 |
| DENTAL - Standard (Anthem)          |               |                        |       |          |         |         |          |          |          |          |          |
|                                     | Employee Only | 38.11                  | 0%    | -        | 1.91    | 3.81    | 7.62     | 9.53     | 11.43    | 15.24    | 19.06    |
|                                     | Family        | 117.26                 | 0%    | -        | 5.86    | 11.73   | 23.45    | 29.32    | 35.18    | 46.90    | 58.63    |
|                                     |               |                        |       |          |         |         |          |          |          |          |          |
| DENTAL - Optional (Care Plus)       |               |                        |       |          |         |         |          |          |          |          |          |
|                                     | Employee Only | 37.03                  | 0%    | -        | 1.85    | 3.70    | 7.41     | 9.26     | 11.11    | 14.81    | 18.52    |
|                                     | Family        | 113.94                 | 0%    | -        | 5.70    | 11.39   | 22.79    | 28.49    | 34.18    | 45.58    | 56.97    |
|                                     |               |                        |       |          |         |         |          |          |          |          |          |
| VISION - Optional (Superior Vision) |               |                        |       |          |         |         |          |          |          |          |          |
|                                     | Employee Only | 5.95                   | 100%  | 5.95     | 5.95    | 5.95    | 5.95     | 5.95     | 5.95     | 5.95     | 5.95     |
|                                     | Family        | 16.21                  | 100%  | 16.21    | 16.21   | 16.21   | 16.21    | 16.21    | 16.21    | 16.21    | 16.21    |
|                                     |               |                        |       |          |         |         |          |          |          |          |          |

# Experiencing App Overload?

**Know which free tool to use to better navigate your benefits.**

## MyChoice

**Your one-stop-shop for benefits enrollment & management.**

*Who? All benefit-eligible employees & spouses*

- View plan information
- Enroll in benefits
- Process a life event
- Store & view ID cards
- Upload documents



## Wellworks

**The only way to complete your Health Risk Assessment.**

*Who? All benefit-eligible employees & spouses*

- Submit Physician Results Form
- Complete Know Your Number assessment
- Non-Represented: earn rewards



## MyChart

**All your health information right at your fingertips.**

*Who? City health plan participants (PPO/HDHP)*

- Manage appointments
- Message your doctor
- View test results
- View billing info
- Refill prescriptions



## EBC Mobile

**Manage your flexible spending account.**

*Who? Healthcare & Childcare FSA participants*

- Monitor balances
- Submit claims
- Review transactions
- Upload documents
- Manage cards



# Mental Health Resources



**You Are Not Alone. Support Is Available.**

## Emotional Support Connection

Speak to a licensed therapist within 5 days of calling.

- **Who?** Employees / retirees & dependents on a City Anthem health plan.
- **How?** Call **(414) 566-6080** to schedule an appointment/virtual visit.
- **Best for:** When it's not urgent, but you want to see a licensed therapist.



QuadMed

## Employee Assistance Program

Free and confidential help 24/7 for all of life's challenges.

- **Who?** All City employees and family members residing in their household.
- **How?** Call **(800) 236-3231** to speak with an intake professional.
- **Best for:** Work / life balance; when you're not sure who to talk to.



Aurora Health Care®

## ★★★ NEED HELP NOW? ★★★

### Craig Yabuki Mental Health Walk-in Clinic

- **Who?** Kids ages 5-18.
- **How?** Schedule online, call **(414) 337-3400**, or walk in (see QR code).
- **Best for:** Age-appropriate, in-person crisis care.



### Free Confidential 24/7 Crisis Text Line

- **Who?** Anyone.
- **How?** Text **HOME** to **741741** to connect with a crisis counselor.
- **Best for:** Confidential help any time.



### National Suicide & Crisis Lifeline

- **Who?** Anyone.
- **How?** Call or text **988** or via **988lifeline.org** online chat (chat may have wait times).
- **Best for:** Emergency help for you and others.



**Human Resources Department**

City Hall

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West Allis, WI 53214

(414) 302-8270

[HR@westalliswi.gov](mailto:HR@westalliswi.gov)

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