

# 2024 Benefits Guide



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# Welcome to your 2024 Benefits Program

Your benefit plans have been designed to provide you with options that are comprehensive and responsive to the needs of you and your family. This booklet is designed to help you navigate your benefit choices. The descriptions included in this summary are based on the documents that legally govern how the plans work. In the event of any discrepancy between the descriptions in this summary and the controlling contracts or plan documents, the language in the controlling contracts or plan documents will govern.

The following documents are available on the City of Wichita's SharePoint portal at <https://cowo365.sharepoint.com> or you can request a printed copy from Human Resources at 316-268-4531 or [HR@wichita.gov](mailto:HR@wichita.gov).



- Summary Plan Descriptions
- Notice of Exchange Availability
- Summary of Benefits and Coverage
- WHCRA Notice
- CHIP Notice
- HIPAA Privacy Notice and Enrollment Rights
- Medicare Part D Notice

## WHAT'S NEW FOR 2024 OPEN ENROLLMENT?

1. **IMPORTANT NOTICE:** Employees should access Employee Self Service (ESS/MUNIS) at <https://selfserviceict.wichita.gov/ess/> and **actively enroll or decline** 2024 insurance benefit options. If you do not enroll or make changes to your elections, your benefits will default to your current benefit elections but with 2024 premiums. You must re-enroll annually for your FSA.
2. **MEDICAL PLAN ADMINISTRATOR:** UMR / United Healthcare
3. **PRESCRIPTION DRUG ADMINISTRATOR:** Optum Rx
4. **NEW MEDICAL / RX INSURANCE ID CARDS**
5. **MEDICAL INSURANCE PREMIUM RATE CHANGE:**  
2% premium rate increase.
6. **ENHANCED DENTAL INSURANCE BENEFITS** for dependent children under age 12; eligible services covered at 100%
7. **DENTAL INSURANCE PREMIUM RATE CHANGE:** .3% premium rate increase
8. **HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA):** Annual maximum contribution increases to \$3,050 and carry over increases to \$610.
9. **LIFE AND LONG-TERM DISABILITY INSURANCE PROVIDER:** MetLife  
Open Enrollment – opportunity to add Basic Life insurance or increase Voluntary Life insurance 1x with no medical questionnaire.

**You must re-enroll in Flexible Spending Accounts each year.**

*This booklet describes the benefit plans and policies available to you as an employee of the City of Wichita. Details about these plans and policies, including insurance contracts, are contained within the official plan and policy documents. This booklet is meant only to cover the major points of each plan or policy. It does not contain all the details that are included in your Summary Plan Descriptions (SPDs) or in the official plan and policy documents. If there is ever a question about one of the plans and policies, or if there is a conflict between the information in this booklet and the formal language of the plan or policy documents, the plan or policy documents will govern. Please note that the benefits described in this booklet may be changed at any time and do not represent a contractual obligation on the part of the City of Wichita or a guarantee of continued employment.*

**TABLE OF CONTENTS & CONTACTS:**

Refer to this list when you need to contact one of your benefits vendors. For general information contact Human Resources at 268-4531 or [HR@wichita.gov](mailto:HR@wichita.gov).

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***UMR, United Healthcare – Medical Plan***  
Customer Service: 1-855-870-9174      [www.umar.com](http://www.umar.com)

**PRESCRIPTION DRUG**

***Optum Rx***  
Customer Service: 1-800-334-8134      [www.optumrx.com](http://www.optumrx.com)

**TELADOC VIRTUAL CARE**  
Talk to a doctor: 1-800-835-2362      [www.teladochealth.com](http://www.teladochealth.com)

**DARIO HEALTHY LIVING PROGRAMS**  
Get Started: 1-833-438-0739      [www.mydar.io/c/wichita](http://www.mydar.io/c/wichita)

**VISION**

***Vision Service Plan of Kansas (VSP)***  
Customer Service: 1-800-877-7195      [www.vsp.com](http://www.vsp.com)

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***Delta Dental of Kansas***  
Customer Service: 316-264-4511      [www.deltadentalks.com](http://www.deltadentalks.com)

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***Surency***  
Customer Service: 316-462-3316      [www.surency.com](http://www.surency.com)

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***MetLife***  
Customer Service: 1-800-438-6388      [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)

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***MetLife***  
Customer Service: 1-800-438-6388      [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)

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## WHO IS ELIGIBLE FOR BENEFITS

Active full-time employees regularly scheduled to work thirty (30) or more hours per week are eligible for employee benefits. Current employment status determines plan eligibility. See applicable Plan Documents for specifics.

### DEPENDENT ELIGIBILITY

You can also enroll your eligible dependent in certain coverages. Your eligible dependents may include:

- Your spouse, an individual to whom you are lawfully married (marriage license or common law documentation and social security card is required)
- Your children up to age 26 (birth certificate and social security card is required)
  - Your biological or adopted child(ren)
  - Your stepchild(ren)
  - Child(ren) for whom you are legal guardian (court document required)
  - Child(ren) recognized by a Qualified Medical Child Support Order (QMCSO). Documented proof of eligibility as a dependent will be required, including court documents (medical/dental/vision).
- Child(ren) age 25 and over who became disabled prior to age 26, who are unable to earn a living due to a mental or physical disability. You will be asked to provide proof that the child is incapacitated (medical/dental/vision).

## BENEFIT ENROLLMENT

Each fall, you have the opportunity during annual open enrollment to enroll or make changes to your benefits.

The benefits plan year is effective **January 1 through December 31.**

**Annual Open Enrollment:**  
New coverage elections will be effective on **January 1, 2024.**

### ANNUAL OPEN ENROLLMENT

The 2024 benefit plan year open enrollment begins **October 16** and ends on **October 27, 2023**, at 5 p.m. Changes will not be accepted after October 27.

### WHAT HAPPENS IF YOU DO NOT ENROLL IN BENEFITS

If you do not enroll or make changes during the annual open enrollment period, you will not be able to make changes until the next annual open enrollment period unless you have a *qualifying event*.

### NEW HIRE ENROLLMENT

To elect benefits as a **newly hired benefit eligible employee**, you must complete your online Benefits Enrollment within **30 days from your date of hire**. Benefits are effective the 1<sup>st</sup> of the month following your date of hire.

#### Qualified Change in Employment Status or Life Event

Once you enroll in benefits, you cannot change your benefit selections until the next annual enrollment period. However, you may make certain changes if you have a qualifying event that affects your benefits, and the event is consistent with your requested change. You must report your life event through Employee Self Service at <https://selfserviceict.wichita.gov/ess/> and provide the appropriate documents within 60 calendar days of the event. Failure to report the Life Event **within 60 days may result in retroactive termination of insurance benefits or denial of the request.**

Qualifying events include:

Marriage, Divorce

Death of a spouse or eligible dependent

Loss of Medicaid or CHIP

Birth, adoption

Loss or gain of coverage

Return to work from unpaid leave (Military or FMLA)

## GENERAL INSTRUCTIONS

### HOW TO ENROLL OR MAKE CHANGES:

- STEP 1:** Learn about your 2024 benefit plan options in this booklet, on the Employee Self Service Portal, or through the City of Wichita's Sharepoint website.
- STEP 2:** **Annual Enrollment:** Complete your online Benefit Enrollment on the Employee Self Service Portal at <https://selfserviceict.wichita.gov/ess/>  
**New Hires:** Complete your Benefit Enrollment through your NeoGov Onboarding link within 30 days of your hire date.  
**Qualified Life Events:** Report a Life Event (Marriage, birth, loss of coverage) on the Employee Self Service Portal at <https://selfserviceict.wichita.gov/ess/> within 60 days of the Life Event.
- STEP 3:** Upload **applicable supporting documents** (Marriage License, Birth Certificate, Social Security Card) with your Benefit Enrollment.

### **Required documentation for dependent enrollment in medical, vision and dental benefits.**

Gathering all the information below will help you complete the enrollment process faster.

- Certified Marriage License – visit <http://www.vitalchek.com> or call 316-660-5800
- Certified Birth Certificates of eligible family members you want on your benefit – visit <http://www.vitalchek.com> or call 1-785-296-1400
- Social Security Cards – All eligible family members you want on your benefits plans – visit <https://www.ssa.gov/ssnumber/> or call 1-800-772-1213 (TTY 1-800-325-0778)
- Guardianship / Adoption/ Legal Custody – visit <https://www.dc18.org/records> or call 316-660-5800.

## SEPARATION FROM EMPLOYMENT

**Medical, Dental and Vision Benefits:** Employees that separate employment from the City of Wichita may be eligible to continue certain insurance elections through Cobra. Eligible employees will receive a notice from the Cobra administrator regarding their options. Continuation rights are identified in the Medical Summary Plan Description.

**Life Insurance:** Participants in MetLife's Life Insurance may have the option to "port" (buy) or convert some or all of their Group Life insurance coverage to an individual whole Life insurance policy. Employees have 31 days from their termination date to exercise their options.

Separating employees who would like to continue their Life Insurance should contact MetLife at 1-800-438-6388.

**Long Term Care:** Participants in Unum's Long Term Care Insurance may contact Human Resources at [HR@Wichita.gov](mailto:HR@Wichita.gov) to obtain the *Election form to continue Group Long Term Care Insurance*.

**Employee Assistance Plan (EAP):** EAP services are available for a limited time.

# THE CITY OF WICHITA MEDICAL PLANS

The City of Wichita is pleased to offer two medical plan options. **UMR / United Healthcare** administers the medical plans.

- (1) **The Premium PPO Plan**
- (2) **The Select PPO Plan**

Search for in-network providers:  
[www.umar.com](http://www.umar.com)      855-870-9174

Both plans offer comprehensive coverage with in-network and out-of-network providers. The plans have different deductibles, copays and out of pocket maximums. Please refer to the medical summary or visit <https://cowo365.sharepoint.com> for full plan details.

You may see any doctor you choose, including specialists, but you will **receive the highest level of benefits from an in-network provider**. Search for in-network providers at [www.umar.com](http://www.umar.com) or call 1-855-870-9174.

## TELADOC

Teladoc virtual care is available with your UMR / United Healthcare coverage to provide you and your eligible covered dependents with 24/7/365 access to U.S. board-certified **doctors, pediatricians and mental health specialists** by phone or online video. Register today! [www.teladochealth.com](http://www.teladochealth.com) and talk to a doctor: **1-800-835-2362**

**Teladoc Virtual Care Visit  
FREE – \$0 copay**

## DARIO HEALTHY LIVING PROGRAMS

Dario's digital health programs help people live better and healthier lives. Want to **lose weight, lower your blood pressure, manage diabetes, elevate your emotional wellbeing, improve your posture, or tackle joint pain?** The Dario programs will help you create healthy habits you can stick with while staying focused on progress, not perfection. Employees that are enrolled in a medical plan are eligible to participate in these free, voluntary programs. Get started today at [www.mydar.io/c/Wichita](http://www.mydar.io/c/Wichita)



## OPTUM RX PRESCRIPTION PLAN AND VSP VISION PLAN

The Prescription Drug Plan and Vision Plan are included with the medical insurance plan benefits regardless of prescription and/or vision participation. See OPTUM RX PRESCRIPTION PLAN and VSP VISION PLAN sections for details.

## ID CARDS

Participating employees and their covered dependents will receive member ID insurance cards from UMR United Healthcare that includes UMR medical and Optum Rx prescription drug information.

### WHAT YOU PAY – MEDICAL PLAN PREMIUMS (Includes medical, prescription drug and vision)

Health/Rx/Vision	Cost – Biweekly	City Share – Biweekly	Employee Share - Biweekly
<b>Premium PPO Plan</b>			
Single	\$ 364.05	\$ 292.87	\$ 71.18
Family	\$1087.04	\$ 873.99	\$213.05
<b>Select PPO Plan</b>			
Single	\$ 307.86	\$ 285.39	\$ 22.47
Family	\$ 918.47	\$ 851.23	\$ 67.24

## THE CITY OF WICHITA MEDICAL PLAN COMPARISON

UMR/United Healthcare	Premium PPO Plan		Select PPO Plan	
Benefit	In-network	Out-of-network	In-network	Out-of-network
Calendar year medical deductible	\$250 / individual \$500 / family	\$500 / individual \$1,000 family	\$750 / individual \$1,500 / family	\$1,000 / individual \$2,000 / family
Coinsurance <i>Your share of the cost after meeting the deductible</i>	0%	50%	20%	50%
Calendar year out of pocket maximum <i>Deductible plus coinsurance and copays</i>	\$1,500 / individual \$3,000 / family	\$2,000 / individual \$4,000 / family	\$2,500 / individual \$5,000 / family	\$5,000 / individual \$10,000 / family
Lifetime maximum	Unlimited			
Preventive care	Covered in full	Deductible coinsurance	Covered in full	Deductible coinsurance
Physician office visit	\$20 copay		\$25 copay	
Specialist office visit	\$40 copay		\$50 copay	
Outpatient surgery	\$200 copay		Deductible coinsurance	
Emergency Room	\$150 copay		\$150 copay	
Urgent Care Facility	\$20 copay		\$25 copay	
Teladoc Services Teladochealth.com	\$0 copay	Not covered	\$0 copay	Not covered
Inpatient Hospital Services	Deductible; \$100/day copay (\$500 max)	Deductible coinsurance	Deductible coinsurance	Deductible coinsurance
Short term therapies (OT, PT, speech) * limitations apply	\$40 copay	Deductible coinsurance	\$50 copay	Deductible coinsurance
Chiropractic services	\$40 copay	No coverage	\$50 copay	No coverage
Durable Medical Equipment	\$0 copay	Deductible coinsurance	\$0 copay	Deductible coinsurance
Mental health, substance abuse, chemical dependency Office visit	\$20 copay	Deductible coinsurance	\$25 copay	Deductible coinsurance

## THE CITY OF WICHITA PRESCRIPTION DRUG PLAN — included with medical plan enrollment

Optum Rx	Premium Plan		
Participating Pharmacy	Retail	Performance 90	Mail Service
Maximum Day Supply	30	90	90
Generic Copay	\$5	\$10	\$10
Formulary Copay	\$15	\$30	\$30
Non-Formulary Copay	\$40	\$80	\$80

Select Plan		
Retail	Performance 90	Mail Service
30	90	90
\$10	\$20	\$20
\$25	\$50	\$50
\$50	\$100	\$100

### Optum Rx

To view the current formulary, please visit [www.optumrx.com](http://www.optumrx.com). *Note: Formulary is subject to change.*

## THE CITY OF WICHITA PRESCRIPTION DRUG PLAN

RxBenefits is the administrative component of the Optum Rx prescription drug plan. As the Pharmacy Benefits Optimizer, RxBenefits brings you greater discounts, better access, and improved member services.

Contact the RxBenefits Member Services Team at 800-334-8134 or [CustomerCare@rxbenefits.com](mailto:CustomerCare@rxbenefits.com).

1-800-334-8134  
[www.optumrx.com](http://www.optumrx.com)

Provider networks and formulary covered prescriptions are subject to change. The Pharmacy locator and prescription drug formulary is available at [www.optumrx.com](http://www.optumrx.com).

### SPECIALTY DRUG FORMULARY PRESCRIPTIONS

Specialty drugs treat multi-faceted chronic conditions such as rheumatoid arthritis, multiple sclerosis, and autoimmune disease. If you are filling a specialty medication, please contact Optum Rx at **1-855-427-4682**.

## THE CITY OF WICHITA VISION PLAN – included with medical plan enrollment

VSP administers the vision plan. Eye exams are an important part of routine preventive health care. Regular exams help maintain good vision and prevent permanent vision loss by early detection. Vision benefits are provided to encourage you and your dependents to have your eyes regularly examined for the correction and the prevention of major vision problems.

The summary of benefits identifies covered services when using in-network providers under the VSP vision plan. To view in-network providers, visit [www.vsp.com](http://www.vsp.com).

VSP Services	Description	Copay	Frequency
WellVision Exam	Preventive / wellness	\$0	Every 12 months
Prescription Glasses		\$40 copay	
Frames	\$150 allowance		Every 24 months
Lenses	Single vision, lined bifocal, lined trifocal lenses	Included with prescription glasses copay	Every 12 months
Lens Enhancements	Progressive lenses Anti-reflective coating Tints/photochromic adaptive lenses Polycarbonate lenses Scratch resistant coating, UV protection	\$0	Every 12 months
Contact Lenses <i>Instead of glasses</i>	\$150 allowance for contacts	\$0	Every 12 months
Diabetic Eye Exam	See Benefits Summary	\$20 copay	
Safety Glasses	See Benefits Summary	\$40 copay	Every 12-24 months



# THE CITY OF WICHITA DENTAL PLANS

**Delta Dental of Kansas** is the plan administrator for Dental benefits. Refer to the Summary Plan Description for full details, restrictions, and exclusions.

The City offers two Delta Dental Plans:

- (1) Delta Dental Traditional Plan
- (2) Delta Dental Preferred Plan

**Access in-network providers and additional plan details at [deltadentalks.com/cityofwichita](http://deltadentalks.com/cityofwichita)**

## THE TRADITIONAL PLAN – use Delta PPO + Premier network

You may use **any** dentist for services. Participating dentists accept Delta Dental’s allowances for the services provided, so you know what your responsibility will be. If you use a non-participating dentist, Delta will reimburse you directly for what the plan covers. You have a responsibility to pay the non-participating dentist for any difference between his/her charge and the Delta allowance. The Traditional Plan also provides up to a \$1,000 per lifetime, orthodontic benefits for dependent children, under age 19.

## THE PREFERRED PLAN – use Delta PPO network

You **must use a dentist from the Delta PPO list, or you will have no coverage**. Make sure your dentist is in this plan network. The Preferred Plan does not have any orthodontic coverage.



**\*Don’t forget** – The dental plan has an enhanced benefit for members who receive regular dental cleanings and exams. To receive the Incentive Level, you must have had a **cleaning within the last twelve (12) months**, unless you are a new enrollee in the plan.

Both dental plans include the **Right Start 4 Kids Program (RS4K)**. The program provides 100% coverage for all covered services (excluding orthodontics) for children under age 12 when visiting an in-network dentist. Covered services under **RS4K** are not subject to the deductible. The annual maximum does apply.

	Traditional Plan – Delta PPO + Premier network		Preferred Plan – Delta PPO network	
	Base Level	Incentive Level*	Base Level	Incentive Level*
Services				
Preventive and Diagnostic	100%	100%	100%	100%
Basic services*	60%	80%	60%	80%
Major services*	40%	50%	40%	50%
Orthodontics* <i>up to age 19</i>	50%	50%	No coverage	
*Subject to deductible	\$50 / individual \$150 / family		\$50 / individual \$150 / family	
*Maximum Benefit / person	\$1,000 (does not apply to preventive / diagnostic services)			

## WHAT YOU PAY – DENTAL PLAN PREMIUMS

Biweekly Cost	Traditional Plan	Preferred Plan
Single	\$16.86	\$13.44
Employee + 1	\$32.04	\$24.01
Family	\$52.36	\$40.54

## FLEXIBLE SPENDING ACCOUNTS (FSAs)

SURENCY is the administrator for Flexible Spending benefits.

**What are the benefits of enrolling in a Flexible Spending Account?** FSAs let you pay for certain out-of-pocket medical care and dependent care expenses with pre-tax dollars. All contributions to the FSA plan are deducted from your pay before federal, state, and social security taxes are calculated. This lowers your current taxable income, so **you pay less in taxes.**

**Each year you must enroll or re-enroll in the FSAs to participate**

If you currently participate in an FSA and do NOT enroll during the annual open enrollment period, you will NOT be enrolled in the next calendar year.

**HEALTH CARE FSA** – for unreimbursed medical expenses incurred during the calendar year (i.e. deductibles, copays, etc.) As part of your Health Care FSA benefit, you are eligible to carryover up to \$610.00 each year in unused dollars.

**What happens if I have money left in my FSA on December 31?** Any remaining funds over the \$610.00 carryover amount will be forfeited. You have until the last day of February to finish filing any claims for reimbursement that were incurred during the previous plan year ending December 31.

**Here's an overview of how the Health Care FSAs work:**

- The plan year runs from January 1 until December 31
- Your entire Health Care FSA election is available to you on January 1 (For new employees, it is available the first of the month following the date of hire)
- Your Health Care FSA has a “Carryover”: This allows you to rollover up to \$610 of the monies you have in your FSA on December 31, into the next plan year without forfeiting the money. This does not impact your ability to enroll for the maximum amount in future years.



### How Am I Reimbursed?

From your Health Care FSA account, you may be reimbursed for eligible expenses up to your total annual contribution amount. You can use your Surency Flex Benefits Card or file for reimbursement online.

Register [www.surency.com/CityofWichita](http://www.surency.com/CityofWichita)

**DEPENDENT CARE FSA** – for Qualifying Child/Other Dependent Care expenses.

**What's Eligible?** Qualifying child care (day care) expenses and expenses incurred in caring for other dependents (e.g., an adult dependent). Certain rules and restrictions apply.

**How Am I Reimbursed?** Submit a claim to Surency for reimbursement from your dependent care FSA, up to the amount in your account (after each pay period contribution).

**Mobile App** – Surency's mobile application allows you to check your balances and account activity, file new claims and upload receipts using your mobile device's camera.

Allowable FSA Contributions	Minimum Deduction	Maximum Deduction	Calendar Year Rollover
Medical FSA	\$130 per year (\$5 / paycheck)	\$3,050 per year (\$117.30 / paycheck)	Minimum \$50 Maximum \$610
Dependent Care FSA	\$130 per year (\$5 / paycheck)	\$5,000 per year (\$192.30 / paycheck)	\$0

The rules for making mid-year changes are indicated in the Cafeteria Plan plan document.

## LIFE INSURANCE PLANS

**METLIFE** is the administrator for The Basic Life/AD&D, Dependent Life and Additional/Supplemental Life insurance. See MetLife’s Plan Policy and Summary on the Portal or request one from Human Resources.

**BASIC LIFE INSURANCE COVERAGE** - Two-thirds (2/3) of contribution rates for **basic life, basic AD&D and dependent life insurance, is paid by the City**, with the remaining one-third (1/3) paid by the employee.

Voluntary Additional Life and Voluntary AD&D Life Insurance are employee-pay-all programs.

MetLife premium rates for coverage:

2023 Basic Life, Basic AD&D and Dependent Life Rates – The City pays 2/3 cost		
Product	Benefit	Employee Cost
Basic Life	2x Annual Salary up to Maximum* (see policy)	\$0.02085 per \$1,000 coverage per paycheck
Basic AD&D	Equal to the amount of basic life benefits	
Dependent Life for Spouse/Child	\$20,000 spouse / \$10,000 child(ren)	\$0.14 per paycheck

**VOLUNTARY ADDITIONAL LIFE INSURANCE**– Employees may elect additional term life insurance coverage. This is a voluntary program; you pay the full cost but at low group rates. Coverage is for the employee only.

Age	Cost per \$1,000/pay
Under 25	\$0.0310
25-29	\$0.0365
30-34	\$0.0470
35-39	\$0.0520
40-44	\$0.0625
45-49	\$0.0885

Age	Cost per \$1,000/pay
50-54	\$0.1405
55-59	\$0.2600
60-64	\$0.4005
65-69	\$0.7645
70+	\$1.2430

- You must be enrolled in the Basic Life Insurance plan to be eligible for the Additional Life Insurance plan.
- You can elect **1, 2, 3 or 4 times your annual salary**, up to a maximum of \$1,000,000 (combined maximum with Basic Life).
- The cost of additional life insurance coverage is based on your age and the amount of insurance you elect.

*Example: A 43-year-old employee that earns \$42,000 per year elects 2X coverage (\$84,000 Additional Life Insurance) will pay \$5.25 per paycheck. (84 x \$.0625 = \$5.25)*

**2024 Annual Open Enrollment:** If you enroll in Basic Life Insurance coverage for the first time or increase your Voluntary Additional Life Insurance coverage by 1X annual salary (the lesser of 3X base annual salary or \$400,000), you will not be required to complete a *Medical History Statement*.

**New Hires** can enroll in Basic Life Insurance coverage and Voluntary Additional Life Insurance up to 3X their annual salary (up to \$400,000) without completing a *Medical History Statement*.

MetLife will send instructions if a Medical History Statement is required.

MetLife’s Group Life Insurance Policy is available on Sharepoint at <https://cowo365.sharepoint.com/>

## LIFE INSURANCE PLANS

### VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT LIFE INSURANCE (AD&D)

Benefit amounts are available from \$25,000 to \$500,000. If bodily injury results in the death, dismemberment, or paralysis of an employee or covered family member AD&D may provide benefits.

You may cancel, change, or enroll in these plans at any time, subject to medical approval; except for the Voluntary AD&D plan, which does not require a Medical History Statement for enrollment.

EMPLOYEE PREMIUM RATES		
Amount of coverage	Employee Only	Family
\$25,000 - \$500,000 <i>Increments of \$25,000</i>	\$0.011 per \$1,000 in coverage / pay period	\$0.0155 per \$1,000 in coverage / pay period

If you elect AD&D coverage for yourself, you may also elect coverage for your spouse and/or dependent children. The amount for each dependent is as follows:

- Spouse only, 60% of your coverage, not to exceed \$250,000
- Child(ren) only, 15% of your coverage for each child, not to exceed \$30,000
- Spouse and child(ren), 50% of your coverage for your spouse, not to exceed \$250,000; and 10% of your coverage for each child, not to exceed \$30,000

**Don't forget to update your beneficiary designations for life insurance.** Your designated beneficiary(ies) will remain on record for your life insurance coverage until you change your beneficiary. Designate your beneficiaries through Employee Self Service (ESS) during annual open enrollment or request a paper **Beneficiary Designation Form** from Human Resources at HR@wichita.gov.

## LONG TERM DISABILITY

METLIFE is the administrator for Long Term Disability Insurance benefits.

EMPLOYEE PREMIUM RATES	
Age	Rate, per \$100 per paycheck
Less than 29	\$ .0650
30-34	\$ .1050
35-39	\$ .1750
40-44	\$ .2600
45-49	\$ .3850
50-54	\$ .5900
55-59	\$ .8000
60-64	\$ .8200
65-69	\$ .7150
70+	\$1.2700

### VOLUNTARY LONG-TERM DISABILITY (LTD)

This plan will pay 60% of the employee's salary while on a covered disability following the **90-day elimination period**.

You may elect Long Term Disability Income up to 60% of your monthly salary, or \$8,000/month, whichever is less.

*Refer to the Long Term Disability policy for pre-existing condition limitations, benefit exclusions and benefit reductions.*

**Annual Open Enrollment:** if you enroll for the first time in Voluntary Long Term Disability insurance coverage you will be required to complete the *Medical History Statement*. MetLife will send you instructions.

**New Hires** can enroll in Long Term Disability insurance coverage without completing a *Medical History Statement*.

## OTHER BENEFIT PLANS

### Pension and Deferred Compensation

The City of Wichita provides a **Pension Plan** and a **Deferred Compensation** or 457 (b) retirement savings program. For information regarding the plans, please contact **Pension Management** at **316-268-4544** or **Pension@wichita.gov**.

### Long-term Care Insurance (UNUM)

This plan provides coverage for personal care services, home health care, assisted living, or nursing home long-term care. You may choose how long Unum will pay you, how much they will pay you every month and other features. Medical information must be provided (unless you are a new hire). Coverage may be denied based on medical conditions. For more information about our LTC benefit, please visit [www.caregivingexchange.com/citywichita](http://www.caregivingexchange.com/citywichita).

### EMPAC Employee Assistance Program

EMPAC services are available to employees and their household dependents at no charge. Services include Confidential One-on-One Counseling, Money Management, Dependent Care Referrals and Legal Assistance. EMPAC is available 24/7 at 316-265-9922 or [empac@empac-eap.com](mailto:empac@empac-eap.com).

### Employee Discounts and Wichita Employee Association (WEA)

Visit the Employee Discount page on <https://cowo365.sharepoint.com/> to learn about discounts and membership to WEA. Start your membership today <https://selfserviceict.wichita.gov/ess/>

### Holidays

Employees will receive time off work with pay for the following holidays:

New Years Day	Dr. Martin Luther King, Jr.'s Birthday	Presidents' Day
Memorial Day	Juneteenth	Independence Day
Labor Day	Veterans' Day	Thanksgiving Day
Day after Thanksgiving	Christmas Day	One Personal Holiday

### Vacation Pay

The Vacation Leave earning rates apply to the following employee groups. The only difference is the number of hours in a "day" of earned leave.

- Non-exempt non-represented civilian employees working a 40-hour week (8-hour vacation days earned)
- Police Lieutenants who work an 85 hour work period (8.5 hour vacation days earned)
- Exempt employees who work a 24-hour shift (12-hour vacation days earned)
- Other exempt employees (8-hour vacation days earned)

### Vacation Earning Rates

Completed Years of Service	Vacation Days Earned per Year
Less than 5 Years	10
5-9 Years	15
10-15	17
16-20	20
21 or more	25

### Sick Leave with Pay

Sick Leave may be used for personal and immediate family illness, doctor's appointments, surgery, disability, maternity leave, paternity leave, off-job injury, on-job injury (when injury leave is exhausted), enforced quarantine, or for purposes consistent with the Family and Medical Leave Act.

Completed Years of Service	Sick Leave Days Earned
Less than 5 Years	½ day per month
6-15 Years	1 day per month
16 +	1.167 days per month



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