



Reduction in Workforce Supplemental Information

Am I or (is my employee eligible)?

All of the following must apply –

- 1) Non-represented
- 2) Non-sworn
- 3) Eligible for Retiree Health Care
- 4) Position has been identified as eligible through one of the following conditions:
 - a. Elimination: Position is not filled and removed from the organization chart in subsequent budgets.
 - b. Consolidation: Position combined with position(s) and likely reclassified to a higher salary position which recognizes the additional responsibilities.
 - c. Reclassified: Position will be reclassified to a lower salary based on the reallocated resulting in a minimum of 30% payroll cost savings. (30% is Savings will be calculated between the current employee's salary and the 3rd Step of the reclassified position.
- 5) Position eliminated, consolidated or reclassified in the same calendar year or in the case of consolidation that the consolidation occurs within 6 months of the first employee's termination of employment with the City.
- 6) Employment terminated after adoption of the policy* and on the date identified by the City.
- 7) Employee ends participation in the City's Self-funded Health Insurance Program, except for COBRA participation.

*A non-represented, non-sworn employee who is eligible for retiree health insurance and retired on or after December 1, 2019 and the position they held will not be filled in 2020 and will be eliminated in the 2021 Budget is also eligible for participation.

If I am eligible, what do I get if I wish to participate?

An amount which equals the lowest annual premium for a family plan in Milwaukee or Waukesha County offered through [State of Wisconsin Local Annuitant Health Plan](#) will be deposited in a Premium Only Health Reimbursement Account (HRA) for a period of five years (60 months)

Example **based on 2020 rates** the amount would be –
\$2011.44 per month, \$24317.28 annually, rounded to the higher thousand. (Maximum of \$2083.33 per month.)

An employee who terminates employment on December 31, 2020 will receive a deposit in January 2021, 2022, 2023, 2024, and 2025 of \$25,000 in their HRA Premium Only account.

What do I do with that money?

Participants may choose to participate in the State of Wisconsin Local Annuitant Health Plan or another plan. If they choose the state plan, the costs based on 2020 would be as follows:

- | | |
|--------------------|----------------------|
| Milwaukee | Waukesha |
| • Network Health | • Dean Health Plan |
| • WEA Trust - East | • Network Health |
| | • Quartz - Community |
| | • WEA Trust - East |

	Individual	Family (includes couple)
Network Health	\$817.98	\$2,011.44
WEA Trust - East	\$835.06	\$2,054.14
Dean Health Insurance	\$676.34	\$1,657.34
Quartz - Community	\$808.62	\$1,988.04

EXAMPLE

If an individual employee who wishes to choose a Dean Health Plan in Waukesha County because their providers are covered in the plan. The five years would work out as –

	Individual	Family/Couple
First Year Deposit	\$ 25,000.00	\$25,000.00
Annual Premium Payments for Dean Health Care Plan	\$ 8,116.08	\$19,888.06
HRA Balance that carries over indefinitely until used	\$ 16,883.92	\$ 5,111.94
Balance Remaining at end of 5 years	\$ 84,419.60	\$ 25,559.70

After 5 years eligible for Medicare, costs are

	Individual	Family/Couple
Participate in State Medicare Advantage Program through UHC		
Monthly Cost	\$240.48	\$458.62
With balance remaining, ability to cover months of premium	351	56
Years	29.25	4.64

All costs are illustrated at 2020 rates. Deposits, premiums, and coverages will change.

Monthly Premiums (Retirees with Medicare)


“Medicare All” is family coverage where all insured members are enrolled in Medicare Parts A, B and D.

“Medicare Some” is family coverage with at least one insured family member enrolled in Medicare Parts A, B and D. The “Medicare Some” rates below include the Local Health Plan for non-Medicare members.

	Individual	Medicare Some	Medicare All
Medicare Advantage			
UnitedHealthcare	\$240.48	See next page	\$458.62
Medicare Plus			
WEA Trust	\$357.80	See next page	\$693.26

Breakdown of Your Medical Costs

The table below lists how much you will pay for common services received in-network.

	Local Health Plan	Local Access Plan 
Annual Medical Deductible Individual / Family Counts toward out-of-pocket limit (OOPL)	\$250 / \$500 Office visit copays, preventive services and prescription drugs do not count toward your deductible	
Annual Medical Out-of-Pocket Limit (OOPL) Individual / Family The most you will pay in a year for covered medical services	\$1,250 / \$2,500	
Medical Coinsurance Applies to services beyond the office visit copay such as X-rays and lab work	100% until deductible met After deductible: 10%	
Preventive Services See healthcare.gov/preventive-care-benefits	\$0 Plan pays 100%	
Telehealth Visit	\$0	
Primary Care Office Visit	\$15 copay Does not count toward deductible	
Specialty Provider Office Visit	\$25 copay Does not count toward deductible	
Urgent Care	\$25 copay Does not count toward deductible	
Emergency Room Copay waived if admitted to inpatient directly from emergency room or for observation for 24 hours or longer	\$75 copay Deductible and coinsurance applies to services beyond the copay	

Breakdown of Your Pharmacy Costs

You must use an in-network pharmacy. Visit etf.benefits.navitus.com to find an in-network pharmacy near you. In-network pharmacies are available nationwide. Both plan designs have the same pharmacy benefits.

Prescription Deductible	None
Prescription Copay / Coinsurance	
Level 1	\$5 or less
Level 2	20% (\$50 max)
Level 3	40% (\$150 max) ¹
Level 4	\$50 ²
Preventive (As federally required)	\$0 - Plan pays 100%
Prescription Out-Of-Pocket Limit	
Levels 1 & 2 (Individual / Family)	\$600 / \$1,200
Level 3 (Individual / Family)	\$6,850 / \$13,700
Level 4 (Individual / Family)	\$1,200 / \$2,400

¹For Level 3 "Dispense as Written" or "DAW-1" drugs, your doctor must submit a one-time FDA MedWatch form to Navitus. If there is no form on file with Navitus, you will pay more. Contact Navitus for details.

²Must fill at Lumicera specialty pharmacy or UW Health Specialty Pharmacies.



Mail-Order Pharmacy

Why use a mail-order pharmacy?

- **You'll pay less**
Only 2 copays for a 3-month supply
- **It's safe and confidential**
Your medications are delivered in a confidential and weather-resistant package
- **You're supported**
Have a question about your medication?
Pharmacists are available 24/7

For more information, visit serve-you-rx.com/navitus or call **1-800-481-4940**



Vaccines at Pharmacies

Get vaccinated at any in-network pharmacy using your pharmacy benefit.

- **How much does it cost?** \$0, it's free!
- **Which vaccines are available?** Influenza, Pneumonia, Tetanus, Hepatitis, Shingles, Measles, Mumps, Human Papillomavirus (HPV), Pertussis, Varicella, Meningitis

Just show your Navitus card at the pharmacy. If you prefer, you can still get vaccinated at your doctor's office using your medical benefit.