

Employee Benefits Guide

FISCAL YEAR 2025





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Eligibility

Employee

All full-time employees working a minimum of 30 hours per week are eligible to participate in City sponsored benefit plans. **Your benefits are effective the date of hire.**

Dependents

- Lawful spouse **if not offered insurance thru their employer if employed**
- Employee's children or children of lawful spouse

Your dependent child(ren) are eligible for coverage for the following benefits as follows:

- Medical..... Dependents covered until the age of 26
- Dental/Vision..... Dependents up to the age of 19 or 25 if a full-time student
- Voluntary Life Dependents covered to the age of 25

Health Insurance

The City of Florence is self-insured for medical health insurance thru the City and uses MedBen as the third-party administrator. The City offers a Medicare Reference-Based Pricing program in lieu of a PPO discount.

Premiums

The following table sets forth the bi-weekly premiums in place:

- Employee \$11.54/pay
- Employee plus 1 \$26.54/pay
- Family..... \$34.61/pay

Co-pays

The following information is a summary of co-pays for various services used:

- Other Routine Wellness Services, including Recommended Wellness Services..... None
- Diabetic Self-Management not included in Recommended Wellness Services \$35.00
- Physician’s Office Visits Not Specified Elsewhere and Other Services/
Supplies during Same Visit (per visit) \$35.00
- Office-Based Surgery during Physician’s Office Visit (per visit) \$100.00
- Other Office Based Services (per visit - if no office charge)
 - Allergy Injections. \$5.00
 - Allergy Serum/ None
- Surgery \$250.00
- Other Covered Office-Based Services/Supplies None
- Outpatient Chemotherapy (per date of service) \$50.00
- Dialysis (per date of service)
 - Outpatient \$50.00
 - Inpatient None
- Outpatient Physical, Occupational or Speech Therapy \$35.00
- Outpatient Pulmonary or Cardiac Rehabilitation (per date of service) \$35.00
- Inpatient Well Newborn Expenses, including Nursery Expenses and Circumcisions None
- Treatment of Dental Injuries None

▪ Emergency Room (if not admitted)	
Facility (per visit)	\$300.00
Physician's Charges and Other Services/Supplies during Visit	None
▪ Urgent Care Facility	
Facility (per visit)	\$45.00
Physician and Other Services/Supplies during Visit	None
▪ Manipulative Treatment, including Related Visits and Diagnostics (per date of service)	\$35.00
▪ Other Physician's Charges	None
▪ Hospital and Freestanding Facility-Based CT	\$150.00
▪ Hospital and Freestanding Facility-Based MRI and PET Scans	\$250.00
▪ Sleep Studies	
Initial	\$35.00
Subsequent	None
▪ Hospital and Freestanding Facility Charges for Other Outpatient Surgical Procedures	\$300.00
▪ Other Outpatient Hospital and Charges, including Other Diagnostic Services	None
▪ Skilled Nursing Facilities (per date of service	\$100.00
▪ Hospital Room & Board, Intensive Care Units	\$500.00/\$1,500
▪ Other Inpatient Hospital Expenses	None
▪ Cochlear Implants/Other Devices to Restore Hearing (not including hearing aids	\$250.00
▪ Other Durable Medical Equipment, Prosthetics, Orthotics & Wigs (per date of service)	\$50.00
▪ Outpatient Medical Supplies (non-office based)	\$50.00
▪ Covered Routine Foot Care	\$35.00
▪ Treatment of Autism Spectrum Disorders (per date of service)	\$35.00
▪ Treatment of Sexual Dysfunction.....	\$35.00
▪ Treatment of Mental/Nervous Disorders, Alcohol and Substance Abuse	
Office Visits and Individual Counseling	\$35.00
Group Counseling	\$5.00
▪ Therapeutic Food, Formulas & Supplements and Low Protein Modified Foods	\$35.00

Prescription Drugs

Pharmacy Plan Copays	Generic	Formulary	Non-Formulary
Retail (30 Day Supply)	\$5.00	25% cost of drug	25% cost of drug + \$50.00
90 Day Retail / Mail Order	\$10.00	25% cost of drug	25% cost of drug + \$100.00

OUT-OF-POCKET MAXIMUM

(Retail & Mail Order Combined) \$9,450.00 Individual • \$18,900.00 Family

If you're taking a brand name drug and need assistance with your copays, you may seek financial assistance from the maker of the brand medicine by doing an internet search on the drug name. Another way to find lower cost prescription alternatives and coupons is to use the GoodRx application, which is free to download on your phone, tablet or computer.

Dependent Definition

The term “Dependent” means:

- A. The Participant’s legal spouse who is not eligible for group health coverage through his or her own employer and is a resident of the same country in which the employee resides. Such spouse must have met all requirements of a valid marriage contract in the state in which such parties were married; or
- B. The Participant’s child who meets all of the following conditions:
 - Is the Participant’s natural child, adopted child, stepchild, a child for whom the Participant has Legal Guardianship or legal custody or is a child Placed for Adoption with the Participant; and
 - Is less than twenty-six (26) years of age. The age requirement above is waived for any unmarried mentally or physically handicapped child who is incapable of self-sustaining employment and is chiefly dependent upon the Participant for support and maintenance, provided the child suffered such incapacity prior to attaining twenty-six (26) years of age. Proof of incapacity must be furnished to the Plan Administrator, or its designee, within thirty-one (31) days of the date the child’s coverage would have ended due to age.

Flexible Spending Account (FSA) Including Dependent Care (DC)

The purpose of the Plan is to allow Employees of City of Florence to choose certain Benefits provided by City of Florence so that Employees may receive Benefits that best meet their individual needs.

City of Florence intends that the Plan qualify as a cafeteria plan within the meaning of Section 125(c) of the Internal Revenue Code of 1986, as amended, and that the Benefits that an Employee elects to receive under the Plan be eligible for exclusion from the Employee's income for federal income tax purposes. City of Florence may offer a choice among additional Benefits that may not constitute Benefits, but nothing in this Plan shall be construed as offering any taxable Benefits except to the extent that City of Florence may otherwise specifically provide.

Medical Reimbursement Account (Health FSA)

There are some Expenses an Employee will have to pay for in the coming year; for instance, new eyeglasses, and medical and dental Expenses not reimbursed by the health Plan. Normally, an Employee would pay for Expenses like these with after-tax income. And because taxes reduce the value of a dollar, an Employee would have to earn considerably more than \$100 to pay \$100 of these Expenses.

If an Employee is eligible to participate, the City of Florence Flexible Benefit Plan allows the eligible Employee to contribute pretax income to create a special Reimbursement Account in order to reimburse themselves on a pretax basis for payment of certain Qualified Medical Services and other Qualified Section 213 Expenses. The money contributed to the Reimbursement Account by automatic payroll deduction is not subject to federal or Social Security taxes, but depending on the Participant's residence, may be subject to state and local income taxes.

HOW THE MEDICAL REIMBURSEMENT ACCOUNT WORKS:

An Eligible Employee may establish a Reimbursement Account for predictable medical Expenses, including dental and vision care Expenses. The maximum pretax deferral allowed for the Medical Reimbursement Account during a Plan Year is shown on Schedule A. Once an Eligible Employee has completed the Compensation Reduction Agreement for the Medical Reimbursement Account, the Participant may file a claim for the aforementioned medical Expense incurred on or after their Entry Date, and during the current Plan Year, that have not been reimbursed under their Employer's Plan, another health plan, FSA plan, HSA plan, or HRA plan. Generally, the qualified Expenses are costs a Participant incurred that exceed any Plan deductibles, co-payments and co-insurance as determined as allowable medical Expenses under IRS Code Section 213, and to the limit of the elected Benefit Credits. The Plan Administrator will inform a Participant of the rules that apply to filing claims.

Dependent Care (DC) Reimbursement Account

Benefits under this Plan shall take the form of reimbursement for Dependent Care, as determined by Code Section 129, by the Employer for eligible Expenses incurred by a Participant during the Plan Year. A Participant shall be entitled to Benefits under this Plan only for eligible Expenses incurred after becoming a Participant. A Participant who is married at the close of a Plan Year may not receive reimbursement for Eligible Expenses incurred for the Plan Year in excess of the lesser of \$5,000 (or \$2,500 in the case of a married Participant filing a federal income tax return separate from his Spouse).

HOW THE DEPENDENT CARE ACCOUNT WORKS:

A Participant shall be entitled to Benefits under this Plan in an amount that does not exceed his current payroll contributions to date. No Eligible Expense shall be reimbursed to the extent that the Expense exceeds such amount. Each payment hereunder shall be a charge to the Participant's Benefit Credits.

Dependent Care Expenses are Expenses that are considered to be employment-related Expenses under Code 21(b)(2) (relating to Expenses for the care of a Qualifying Individual necessary for gainful employment of the Employee and Spouse, if applicable), and Expenses for incidental household services, if paid for by the Participant to obtain Qualifying Dependent Care Services – provided, however, that this term does not include any Expenses for which the Participant or other person incurring the Expense is reimbursed for the Expense through insurance or any other plan. If only a portion of the Dependent Care Expense has been reimbursed elsewhere (e.g., because the Spouse's Dependent Care Reimbursement Account imposes maximum Benefit limitations), the Employee's Dependent Care Reimbursement Account can reimburse the remaining portion of such Expense if it otherwise meets the requirements of this Section.

Annual Election of Benefits

Each Eligible Employee shall submit to the Employer, before the close of the Enrollment Period for each Plan Year, or at another time if a change is necessary, a written statement identifying the Benefit program to be provided by the Employer to or on behalf of the Eligible Employee. Each election under this Section may be modified by the Employer to the extent required to enable the Plan, and payments hereunder, to satisfy the requirements of Section 125 of the Code. If an Eligible Employee separates from service with a Participating Employer during a period in which he is covered under a Benefit program, the Employer may terminate the remaining portion of Benefit program coverage provided by the Plan. If an Eligible Employee fails to submit a written statement identifying the Benefit program to be provided by the Employer, the Employee's participation will not commence until such written statement is provided to the Plan Administrator.

Reimbursement Accounts

In order to allow this unique opportunity to reduce a Participant's taxable income, the IRS has placed some restrictions on Flexible Benefit Plans.

- A.** Compensation redirection authorized for reimbursement is in effect for the entire year unless the Participant has a change in family status.
- B.** A Participant enrolled in the Medical Reimbursement Account shall be entitled to carry over a maximum amount of \$640 in unused Benefits from the Medical Reimbursement Account to the succeeding Plan Year within the limitations provided below. A Participant who has unused Benefits relating to a particular qualified Benefit from the immediately preceding Plan Year, and who incurs Expenses for that same qualified Benefit during the Run Out Period, may be paid or reimbursed for these Expenses from the unused Benefits as if the Expense had been incurred in the immediately preceding Plan Year. Remaining balances up to \$640 may be carried over into the following Plan Year. Balances in excess of \$640 will be forfeited. The excess amounts cannot be combined, carried over into the next year, or converted to cash. The Participant may continue to submit claims up to three (3) months after the Plan Year ends for the prior year's Expenses.
- C.** The Participant enrolled in the Dependent Care Reimbursement Account must use all the funds in their Reimbursement Account by the end of the Plan Year or he will forfeit them; the balances cannot be combined, carried over into the next year, or converted to cash. The Participant may continue to submit claims up to three (3) months after the Plan Year ends for the prior year's Expenses.
- D.** Employees who terminate employment or terminate from the Plan due to a qualifying Change in Status during the Plan Year will be given three (3) months from the date of termination in which to submit request for reimbursement for Expenses incurred before termination.

Schedule of Benefits

Medical Reimbursement Account

- Pay Period for Annual Payroll Contributions bi-weekly
- Employee Annual Contribution Limitations: Maximum Health Care Spending..... \$3,200.00

Services must be incurred in order to receive reimbursement from this Account. Expenses are considered to be incurred the day the service is rendered, not when a Participant is billed, charged or pays for the service. Reimbursements made during a Plan Year are only made for eligible Expenses incurred during that same Plan Year.

Examples of Expenses for which a Participant MAY BE ABLE TO RECEIVE REIMBURSEMENT include:

- Medical and dental Expenses not covered under any other plan,
- Deductibles, co-payments and co-insurance that Participants are responsible for under their primary medical, dental or vision plan, or under any other plan,
- Prescription drugs and medications (including over-the-counter drugs or medicines as long as it is prescribed and there is a written or electronic order for a medicine or drug that meets the legal requirements of a Prescription in the state in which the medical Expense is incurred and that is issued by an individual who is legally authorized to issue a Prescription in that state),
- Eye exams, eyeglasses, contact lenses, and other vision Expenses,
- Orthodontic Expenses,
- Hearing exams, hearing aids, other hearing Expenses,
- Physical therapy (not massage therapy),
- Chiropractics,
- Acupuncture, and
- Psychotherapy.

Examples of Expenses for which a Participant MAY NOT BE REIMBURSED include:

- Custodial care,
- Health insurance premiums that a Participant or their spouse pays for coverage under another health plan,
- Costs for sending a child to a special school for Benefits the child may receive from the course of study and disciplinary methods,
- Health club dues,
- Social activities, such as dance lessons,
- Bottled water,
- Maternity clothes,
- Diaper service or diapers,

- Cosmetics, toiletries, toothpaste, etc.,
- Vitamins taken for general health purposes, and
- Cosmetic surgery or other similar procedure, unless the surgery or procedure is necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or disfiguring disease. Cosmetic surgery means any procedure or drug that is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevents or treats illness or disease.

Dependent Care Reimbursement Account

- Pay Period for Annual Payroll Contributions bi-weekly
- Employee Annual Contribution Limitations: Maximum Dependent Care Spending \$5,000.00*

Services must be incurred in order to receive reimbursement from this Account. Expenses are considered to be incurred the day the service is rendered, not when a Participant is billed, charged or pays for the service. Reimbursements made during a Plan Year are only made for eligible Expenses incurred during that same Plan Year.

*A Participant who is married at the close of a Plan Year may not receive reimbursement for eligible Expenses incurred by him for the Plan Year in excess of the lesser of:

- A. \$5,000 (or \$2,500 in the case of a married Participant filing a federal income tax return separate from his Spouse);
- B. his Compensation for such Plan Year;
- C. the Compensation of his Spouse for such Plan Year; or
- D. the Benefit Credits allocated to a Participant's account for the Plan Year.

A Participant who is not married at the close of a Plan Year may not receive reimbursement for eligible Expenses incurred by him for the Plan Year in excess of the lesser of \$5,000 or his Compensation for the Plan Year. Notwithstanding the above, the maximum reimbursement paid under this Plan must also be reduced by the amount of any tax-exempt Dependent Care Reimbursement Account Benefits received by the Participant or his Spouse from any other employer during the Plan Year.

Dental Insurance

City of Florence is pleased to present its dental plan through Delta Dental Premier, a comprehensive plan to help you meet the dental needs of your family and to protect you from the high cost of dental services. The City offers two plans to choose from as follows along with the premium per bi-weekly pay.

Dental Benefits

Services	Dental Care Plus (PPO)	
Preventative Services	100%	
Basic Services	80%	
Major Services	50%	
Deductible (Not to Apply to Preventative)	None	
Annual Maximum	\$1,500	
Orthodontics	50% to \$1,000 Lifetime	

Delta Dental Premier: You must select a provider in the Delta Dental network for dental services to be covered at the percentages in the above schedule.

Nonparticipating Dentist: You can select to go to any dentist, BUT you may be balance billed for any portions of the charges above reasonable and customary for the tri-state area.

Cost

Plan Type	Dental Care Plus (PPO)	
Single	\$1.26 per pay	
Family	\$2.90 per pay	

Covered Services

Coverage of services vary from Preventive, Basic and Major categories. Refer to your Member Handbook or Summary Plan Description for a detailed benefit description and waiting periods.

General & Diagnostic Services

- Routine Oral examinations limited to two visits each year
- Prophylaxis (cleaning) limited to two each year
- Topical application of fluoride limited to two treatments each to children up to the age of 19
- Bitewing xrays limited to one set each year
- Vertical Bitewing xrays limited to once every three years (7-8 films)
- Periapical xrays limited to 5 films per year
- Full mouth x-rays. limited to once every 5 years (complete series or panoramic)
- Extraoral xrays Referral consultations and examinations performed by a specialist
- Emergency/limited oral examinations
Office visit after hours for emergencies only
- Sealants
Permanent molar teeth only limited to children under 15 / once every 5 years per tooth
- Space Maintainers
Fixed band type only with prior authorization, limited to children under age 19
- Implants not a covered service

Oral Surgery

Extractions

- Simple single tooth extractions
- Root removal - exposed roots

Surgical Extractions

- Removal of an erupted tooth (uncomplicated)
- Removal of impacted tooth - soft tissue
- Removal of impacted tooth - partially bony
- Removal of impacted tooth - completely bony
- Removal of impacted tooth - completely bony, with complications
- Surgical removal of residual roots
- Alveoloplasty and vestibuloplasty

- Incision and drainage of abscess
- Biopsy and examination
- General Anesthesia or intravenous sedation..... only when necessary and provided in connection with oral surgery

Services

- Emergency treatment (periodontal abscess, acute periodontitis, etc.)
- Periodontal scaling and root planning..... limited to 4 quadrants each year
- Surgical periodontics (including post-surgical visits)..... limited to 2 addl. recalls in the 1st year following complex surgery
- Gingivectomy, osseous and muco-gingival surgery, gingival grafting

Guided Tissue Regeneration

- Periodontal maintenance procedure..... limited to 2 each year following a history of periodontal disease

Orthodontics

**Orthodontic Benefits Refer to Plan design for Individual Lifetime Maximum*

- Comprehensive Orthodontic Treatment
- Other Orthodontic Treatment..... limited to one appliance per individual
- Appliance for tooth guidance
- Orthodontic retention appliance
- All benefits paid toward orthodontia services by your current employers previous dental carrier(s) will be applied to the Dental Care Plus lifetime orthodontia maximum.
- Root canal therapy, traditional
- Retreatment of previous root canal..... must be at least 3 years following previous root canal treatment on the same tooth

Recalcification and Apexification

(Gold restorations and crowns are covered only as treatment for decay or traumatic injury and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a covered partial denture or fixed bridge.)

- Amalgam, composite & sedative fillings limited to once every 2 years per tooth (same surfaces only)
- Inlays, Onlays, Crowns limited to once every 5 years on same tooth

Post and Cores

- Pins - pin retention as part of restoration when used instead of gold or crown restoration

- Stainless steel crowns when tooth cannot be adequately restored with filling material
- Recementation of inlays, onlays, crowns, bridges, and space maintainers

Repairs to Crowns and Bridges

- Fixed limited to 1 original or replacement prosthesis every 5 years
- Complete upper or lower limited to 1 original or replacement every 5 years
- Partial upper or lower dentures limited to 1 original or replacement prosthesis every 5 years
- Relining and rebasing limited to once every 3 years

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Both the life and AD&D are 100% paid for by the City of Florence.

Basic Life

To become insured for basic life insurance you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in Life Insurance and Active Work Provisions.

Definition of member — you are a member of you:

- An active employee of the Employer; and
- Are regularly working at least 30 hours each week.

AD&D Insurance Benefit

If you or your dependents have an accident, while insured for AD&D Insurance, and the accident results in a Loss, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us. **The amount of your Plan 1 AD&D Insurance Benefit is equal to the amount of your Plan 1 Basic Life Insurance Benefit in the amount of \$50,000.** The amount payable for certain losses may be less than 100% of the AD&D Insurance Benefit.

Reductions in Insurance

If you reach an age shown below, the amount of insurance will be the amount determined from the Schedule of Insurance, multiplied by the appropriate percentage below:

Benefit Amount: \$50,000

Life and AD&D Insurance:

- Age 65 – 69..... 65% of benefit
- Age 70 – 74..... 40% of benefit
- Age 75 or over 25% of benefit

Portability of Insurance

If your insurance under the Group Policy ends because your employment with your Employer terminates, you may be eligible to buy portable group insurance coverage as shown in the Coverage Features for yourself and your Dependents without submitting Evidence of Insurability.

To be eligible you must satisfy the following requirements:

- Requirement?
- Requirement?

Waiver of Premium Benefit

Insurance will be continued without payment of premiums while you are totally disabled if:

- A.** You become totally disabled while insured under the Group Policy and under age 60;
- B.** You complete your waiting period; and
- C.** You give us satisfactory proof of loss.

Voluntary Short-Term Disability

You are Disabled if you meet the following Own Occupation definition of Disability:

You are required to be Disabled only from your Own Occupation. You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder:

- A.** You are unable to perform with reasonable continuity the Material Duties of your Own Occupation; and
- B.** You suffer a loss of at least 20% in your Predisability Earnings when working in your Own Occupation for your Employer.

Own Occupation means the job you are regularly performing for your Employer when Disability begins. Material Duties means the usual duties you perform in your regular job with your Employer, that cannot be reasonably modified or omitted. In no event will we consider working more than 8 hours per day or an average of more than 40 hours per week to be a Material Duty.

Schedule of Insurance

Eligibility Waiting Period

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. **You are eligible on one of the following dates:**

- If you are a Member on the Group Policy Effective Date, you are eligible on that date.
- If you become a Member after the Group Policy Effective Date, you are eligible on the date you become a Member.

STD Benefits

- STD Benefit..... 60% of the first \$2,500 of your Predisability Earnings, reduced by Deductible Income.
- Maximum \$1,500 before reduction by Deductible Income.
- Minimum \$15
- Benefit Waiting Period 14 days
- Maximum Benefit Period..... 90 days.

However, STD Benefits will end on the date long term disability benefits become payable to you under a group plan provided by your Employer, even if that occurs before the end of the maximum Benefit Period.

STD Premiums

- Premium Rate\$0.208 monthly per \$10.00 of STD Benefit, before reduction by Deductible Income. **Paid 50/50 split between Employee/Employer.**
- Premium Due Dates..... September 1, 2017 and the first day of each calendar month thereafter.

Voluntary Long-Term Disability

You are Disabled if you meet the following Own Occupation definition of Disability:

You are required to be Disabled only from your Own Occupation. You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder:

- A. You are unable to perform with reasonable continuity the Material Duties of your OwnOccupation; and
- B. You suffer a loss of at least 20% in your Predisability Earnings when working in your Own Occupation for your Employer.

Own Occupation means the job you are regularly performing for your Employer when Disability begins. Material Duties means the usual duties you perform in your regular job with your Employer, that cannot be reasonably modified or omitted. In no event will we consider working more than 8 hours per day or an average of more than 40 hours per week to be a Material Duty.

Schedule of Insurance

Eligibility Waiting Period

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. **You are eligible on one of the following dates:**

- If you are a Member on the Group Policy Effective Date, you are eligible on that date.
- If you become a Member after the Group Policy Effective Date, you are eligible on the date you become a Member.

LTD Benefits

- LTD Benefit 60% of the following amounts of your Predisability Earnings, reduced by Deductible Income:
 - Effective September 1, 2017, the first \$8,333
 - Effective September 1, 2018, the first \$8,750
 - Effective September 1, 2019, the first \$9,187
 - Effective September 1, 2020, the first \$9,646
 - Effective September 1, 2021, the first \$10,129
 - Effective September 1, 2022, the first \$10,635
- Maximum The following amounts before reduction by Deductible Income:
 - Effective September 1, 2017, \$5,000
 - Effective September 1, 2018, \$5,250
 - Effective September 1, 2019, \$5,513
 - Effective September 1, 2020, \$5,788
 - Effective September 1, 2021, \$6,078
 - Effective September 1, 2022, \$6,381

LTD Premiums

- Premium Rate \$ 0.270% plus 0.290% of the above amounts of each insured Member's insured Predisability Earnings. **Paid 25/75 split between Employee/Employer.**
- Premium Due Dates..... September 1, 2017 and the first day of each calendar month thereafter.



Clinic Registration

Registration for New Users

Follow the directions below to register online. Please do not register again if you have already previously registered. However, each dependent or family member must register separately.

- 1) Use your home or office computer that is connected to the internet.
- 2) Start the Internet Explorer browser.
- 3) Enter www.MyPremiseHealth.com in the website address box of the Google Chrome (browser).
- 4) Click **Sign Up Now**.
- 5) Create a My Premise Health Account.

Meet your health ally.

City of Florence and Premise Health are bringing you a better healthcare experience. As a member, you now have access to a wellness center dedicated to you and your needs. It's not open to the public like other community clinics and the services offered are only available to members. This leads to a more personalized experience, shorter wait times and ultimately, better care.

Who can use the services?

Employees and dependents age 5 and up on employer sponsored benefit plan are eligible to receive care at the health centers.

How much does it cost?

No Cost to you. There are no costs to patients for services provided within the health centers.

We think you'll agree, Healthcare feels different here.

For the past 50 years, Premise has partnered with forward-thinking organizations to offer employees like you an easier way to experience high-quality care at a more affordable cost. With both virtual and in-person health services, our goal is to put you and your family first by meeting you where you are – whether at work, at home or on the go.

These are some of the services waiting for you as a member:

- Annual, Pre-Op & Sports physicals
- Preventive Wellness exams
- Chronic condition management
- Biometric screenings / HRA Labs
- Lab draws (lab orders from other doctors and routine labs not related to HRA)
- Immunizations, Allergy & Flu shots
- Acute & Chronic care
- Women's health
- Skin tag / Wart removal/treatment
- Symptomatic COVID testing
- Home Medication Delivery
- Referral programs for Home Sleep Studies, Computed Tomography Angiography (CTA)
- The Little Clinic after hours

Come see us.

CTK Health and Wellness Center

1840 Simon Kenton Way, Rm 3015

Covington, KY 41011

Monday, Tuesday, Friday, 7:30 a.m. – 5 p.m.

Wednesday, 7:30 a.m. – 11:30 a.m.

Thursday, 7 a.m. – 5:30 p.m.

Florence Health and Wellness Center

8100 Ewing Blvd

Florence, KY 41042

Monday, 8 a.m. – 5 p.m.

Tuesday, 8 a.m. – 3:30 p.m.

Wednesday, 8 a.m. – 4 p.m.

Thursday, 8 a.m. – 5 p.m.

Friday, 9 a.m. – 5 p.m.

Madison Pike Health and Wellness Center

1045 Eaton Drive

Fl. Wright, KY 41017

Monday, 8 a.m. – 6:00 p.m.

Tuesday, 7 a.m. – 3:30 pm

Wednesday, Nurse Only Schedule 7 a.m. – 1 p.m.

Thursday, 7 a.m. – 3:30 pm

Friday, 7:30 am – 1:30 pm

Call the Support Center to schedule your appointments.

877-685-5883

Schedule a visit to get started.

My Premise Health app

mypremisehealth.com

Annual Paid Leave, Sick Time and Retirement

Annual Paid Leave

Accumulating Time Off

Time off from the routine of work provides refreshment, whether just to relax at home or to take a trip. For this reason, the City of Florence provides annual paid leave. Employees are expected to use their annual paid leave for time away from work. Pay in lieu of time away from work will not be permitted. The City's system for annual paid leave includes hours of paid leave time credited as employees work from month to month. Annual paid leave permits employees to receive pay for vacations and holidays. The following rules apply to annual paid leave.

For all personnel, annual paid time will be credited to full time employees with their first paycheck on a pro-rated basis depending on hire date.

The following amounts will be accrued for each two week period:

Years of Continuous Service	37.5 Hrs. / Wk.	40.0 Hrs. / Wk.	On 24 / Off 48
Less than 7 Years	7.21	7.69	10.77
7 Years to Less than 15 Years	8.65	9.23	12.92
15 Years or More	10.09	10.76	15.06

Annual paid leave is also to be used to compensate employees for the following ten holidays when City Administrative offices are closed:

- New Year's Day
- Martin Luther King Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

Maximum Paid Leave

For all personnel, the maximum amount of paid leave time an employee may carry over into the next calendar year is the equivalent of the annual amount accrued for their annual vacation time (excluding holiday accruals), unless approved in writing by the City Coordinator and Mayor. Paid leave time exceeding the maximum will be reduced to the maximum at the beginning of the calendar year.

Years of Continuous Service	37.5 Hrs. / Wk.	40.0 Hrs. / Wk.	On 24 / Off 48
Less than 7 Years	112.50	120	168
7 Years to Less than 15 Years	150	160	224
15 Years or More	187.50	200	280

Sick Time

All regular full-time employees shall be eligible to receive sick leave credit. Sick leave may be used for actual sickness or disability of the employee, or for medical, dental, or eye examination or treatment for which arrangements cannot be made outside working hours, or for maternity leave.

Also, sick leave may (confirm that exhaustion of sick leave is optional for FMLA, ADA, etc) be used when the employee is required to care for a sick or injured spouse, child, or other immediate family member. Immediate family shall include spouse, child, parent, legal guardian or the equivalent relationships by marriage. A personnel action form must be completed and approved for sick leave use. Sick leave is *not* the same as annual paid leave. Sick leave abuse may result in disciplinary action, up to and including dismissal.

For personnel beginning on or after July 1, 2014, the following Sick Leave Hours will be credited to regular full-time employees with each two week pay period:

37.5 Hrs. / Wk.	40.0 Hrs. / Wk.	On 24 / Off 48
2.88	3.08	4.31

The maximum credited sick time is 487.5 hours for personnel whose schedule is 37.5 hours per week, and 520 hours for 40-hour/week, and 728 hours for on-24/off-48 shift employees.

Employees who have credited sick time over and above the maximum will receive compensation at 50% for hours beyond the maximum as of December 1 of each year.

Employees separating for reasons other than retirement shall not be compensated for unused sick leave. Once a resignation notice has been received, an employee will not be permitted to use sick leave unless accompanied by a physician's statement.

Retirement Program

All regular (not seasonal) full-time and qualified part-time employees of the City shall participate in the Kentucky County Employees Retirement System (CERS), with contributions from employees and the City according to amounts mandated by the Retirement System for hazardous duty and non-hazardous duty employees.

In addition, all employees have the option to voluntarily participate in the Kentucky Deferred Compensation or the ICMA retirement plans. Beginning January 1, 2017, any employee in the **Tier 3 Cash Balance Plan with CERS** will be eligible for a 1% match for every 1% contributed to a Kentucky Deferred Compensation or ICMA retirement account up to a maximum of 4%.

Tuition

The City may, upon recommendation of the City Coordinator or Mayor, reimburse tuition expenses to personnel upon completion, with a grade of not less than a C, of certain job-related courses of study at an accredited university or college, **up to a maximum of \$2,500 per employee during any fiscal year.**

Tuition reimbursement will be made at the following rate: for courses completed with a grade of A, 100%; for courses completed with a grade of B, 90%; for courses completed with a grade of C, 80%. A course of education is job related if it (1) maintains or improves skills required for retaining the employee's current job, or (2) meets the employer's express requirements for retaining the job.