



# Employee Benefit Handbook

March 2024

Ohio County Water District offers an extensive benefit package that is unique to OCWD in many areas. We want to provide an above normal benefit package for Full-Time employees. This handbook is an overview of Ohio County Water District Full-Time employee benefits. In addition to the OCWD Personnel Policy and Procedures Manual, this handbook is meant to be an informational tool for employee benefits. The OCWD Personnel Policy & Procedures Manual and current affiliate policies supersedes any information in this booklet. As health renewals change updates will be provided to employees at that time. If there are any questions about a benefit, please reach out directly to the Finance and Administrative Manager.

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**I. Health & Life Insurance**

a. *Medical Insurance* – The insurance coverage period runs from July 1 to June 31 yearly. Open enrollment is generally completed in May. OCWD offers 100% paid premium for employees only. Employees who choose to enroll in a Family or Spouse only plan may do so at a shared cost. Currently, the insurance provider is with Anthem.

i. Note: Even if employee only, prior to paid deductible. Make sure to provide health insurance information

PLAN SELECTION	EMPLOYEE MONTHLY COST	EMPLOYEE BI-WEEKLY COST
Employee Only	-	-
Employee / Spouse	119.23	59.62
Employee / Child(ren)	86.71	43.36
Employee / Family	238.45	119.23

b. *Vision Insurance* – The vision coverage is part of the Medical Policy with a minimum cost. Coverage runs from July 1 to June 31 yearly. Open enrollment is generally completed in May. OCWD offers 100% paid premium for employees only. Employees choosing to a Family or Spouse only plan may do so for premium cost.

PLAN SELECTION	EMPLOYEE MONTHLY COST	EMPLOYEE BI-WEEKLY COST
Employee Only	-	-
Employee / Spouse	5.17	2.59
Employee / Child(ren)		
Employee / Family	12.53	6.27

c. *Dental Insurance* – The insurance coverage period runs from July 1 to June 31 yearly. Open enrollment is generally completed in May. OCWD offers 100% paid premium for employees only. Employees who choose to enroll in a Family or Spouse only plan may do so at a shared cost. <https://www.deltadentalky.com/>

PLAN SELECTION	EMPLOYEE MONTHLY COST	EMPLOYEE BI-WEEKLY COST
Employee Only	-	-
Employee / Spouse	25.33	12.67
Employee / Child(ren)	38.72	19.36

Employee / Family	77.13	38.57
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- d. *BMS* – The insurance coverage period runs from December 1 to November 30<sup>th</sup> yearly. BMS is the company who handles the HRA (flex card). As an employee, this is annually automatically renewed based on your medical coverage. While BMS coverage period ends November 30<sup>th</sup>, they do allow for reimbursements to be turned in within 60 days of the end date for payment of services incurred during coverage period when funds remain available on the account.
- i. HRA Annually Renewed Funds
    1. Employee Only- Covers Medical Expenses of Employee & Family Members = \$3,500
    2. Employee Family & Employee Spouse Only = \$1,650
  - ii. The HRA card can be used at pharmacies, doctor visits, for over the counter medications. In addition, the HRA card can be used at the FSA Store online at <https://fsastore.com/>
- e. *MASA*- Health Insurance does not always fully cover emergency ambulance rides. MASA Insurance covers the air ambulance bills and other emergency transport-related costs that are not covered by your health insurance. MASA coverage is an option for the employee. The monthly cost is \$14.00 per month.
- f. *KHRIS* – This life insurance is through the State Insurance. OCWD pays the monthly cost and is offered free to the employee. This life policy is \$20,000 for employee.
- g. *Mutual of Omaha* – Covers is Life, AD&D, Short Term & Long Term Disability. OCWD pays the monthly cost and is offered free to the employee.
- i. Life Policy and AD & D = \$50,000 for employee. At the age of 65, insurance reduces to 65%. At the age of 70, insurance reduces to 50%. This insurance does cover a living benefit – If you incur a terminal illness while under the policy, you can request a living benefit % payment that will be deducted from your insurance benefits upon your death.
  - ii. Short Term Disability- Elimination Period is the 7th consecutive day of sickness. The day of occurrence counts as day 0. Weekly Benefit is 60% with a maximum of \$750.

- iii. Long Term Disability – Elimination Period is the later of a) 180 calendar days; or  
b) the date your Policyholder-sponsored short-term disability benefits from Mutual of Omaha end. The weekly Benefit Percentage 60% with a maximum of \$5,000 monthly.
- h. *Clearpath Specialty* – OCWD care for our employees and their safety. We strive to maintain a safe and healthy work environment. However, accidents can occur. Clearpath Specialty is the workers compensation carrier. If an employee is injured, Clearpath works with the employee, physician and employer on providing communications and requirements for returning to the workplace. OCWD does offer transitional duties to accommodate the employee of any temporary disability due to injury.
- i. *AFLAC* – Additional health coverage for Accident, Cancer, Critical and Hospital Coverage is available through AFLAC at a premium cost deducted bi-weekly. All correspondence is between employee and AFLAC. Enrollment is done generally in May during Open Enrollment Period. <https://www.aflac.com>



# Ohio County Water District

Rates Effective: 7/1/23 - 6/30/24  
L03491

Ohio County Water District currently has Calendar Year Benefits for Medical

	HRACA02TI		
	111-Network	IN-Network	
<b>Deductible</b>			
Single	\$1,500	\$1,500	
Family	\$3,000	\$3,000	
<b>Coinsurance</b>	20%	20%	
<b>Out-of-Pocket Maximum (includes deductible)</b>			
Single	\$3,500	\$3,500	
Family	\$7,000	\$7,000	
<b>Physician Copay</b>			
Preferred PCP	\$10	\$10	
PCP	\$20	\$20	
SCP	\$50	\$50	
<b>Urgent Care</b>	20%	20%	
<b>Emergency Room</b>	20%	20%	
<b>Deductible Type</b>	Non - Embedded	Non - Embedded	
<b>Level 1 / Preferred In-Network Provider</b>			
<b>Retail - 30 day supply</b> (Tier 1/Tier 2/Tier 3/Tier 4)	\$10/\$35/\$75/25% w/ \$350 Max	\$10/\$35/\$75/25% w/ \$350 Max	
<b>Mail Order - 90 day supply</b> (Tier 1/Tier 2/Tier 3/Tier 4)	\$25/\$105/\$225/25% w/ \$350 Max	\$25/\$105/\$225/25% w/ \$350 Max	
<b>Level 2 / Non-Preferred In-Network Provider</b>			
<b>Retail - 30 day supply</b> (Tier 1/Tier 2/Tier 3/Tier 4)	\$20/\$45/\$85/25% w/ \$450 Max	\$20/\$45/\$85/25% w/ \$450 Max	
<b>Census as of 4/1/23</b>			
<b>Single</b>	<b>12</b>	\$701.57	\$736.24
<b>EE/Sp</b>	<b>1</b>	\$1,458.56	\$1,531.08
<b>EE/Ch</b>	<b>0</b>	\$7,252.11	\$1,314.31
<b>Family</b>	<b>4</b>	\$2,215.55	\$2,325.92
<b>Total</b>	<b>17</b>	\$18,739.60	\$19,669.64

Percent Change from Current

4.96%

Please sign below if your group is renewing above plan(s) as is and not making any plan changes

Plan Selected: HRAC02T1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, please refer to the Summary Benefits of Coverage for your group's chosen plan details.

# Blue View Vision<sup>SM</sup>

Option 26



## Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, Sears Optical®, JCPenney® Optical and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select Find a Doctor. You may also call member services for assistance at 1-866-723-0515.

**Out-of-Network-** If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
<b>Routine Eye Exam</b>			
A comprehensive eye examination	\$10 copay	Up to \$42 allowance	Once every 12 months
<b>Eyeglass Frames</b>			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$45 allowance	Once every 24 months
<b>Eyeglass Lenses (instead of contact lenses)</b>			
One pair of standard plastic prescription lenses:			
o Single vision lenses	\$20 copay	Up to \$40 allowance	Once every 12 months
o Bifocal lenses	\$20 copay	Up to \$60 allowance	
o Trifocal lenses	\$20 copay	Up to \$80 allowance	
<b>Eyeglass Lens Enhancements</b>			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements. o Extra cost.			
o TransIt® Lenses (for a child under age 19)	\$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
o Standard polycarbonate (for a child under age 19)	\$0 copay		
o Factory scratch coating	\$0 copay		
<b>Contact Lenses (instead of eyeglass lenses)</b>			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
o Elective conventional (non-disposable)	\$130 allowance, then 15% off any remaining balance	Up to \$105 allowance	Once every 12 months
OR			
o Elective disposable	\$130 allowance (no additional discount)	Up to \$105 allowance	
OR			
o Non-elective (medically necessary)	Covered in full	Up to \$210 allowance	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

### EXCLUSIONS & LIMITATIONS (not a comprehensive list - please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.	Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.
Excess Amounts. Amounts in excess of covered vision expense.	Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.
Sunglasses. Plano sunglasses and accompanying frames.	Orthoptics. Orthoptics or vision training and any associated supplemental testing.
Safety Glasses. Safety glasses and accompanying frames.	
Not Specifically Listed. Services not specifically listed in this plan as covered services.	

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY

In-network Member Cost

(after any applicable copay)

<b>Retinal Imaging</b> - at member's option can be performed at time of eye exam		Not more than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a BlueViewVision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>o Transifit(2ns lenses(Adults) \$75</li> <li>o Standard Polycarbonate (Adults) \$40</li> <li>o Tint (Solid and Gradient) \$15</li> <li>o UV Coating \$15</li> <li>o Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>o Standard \$65</li> <li>o Premium Tier 1 \$85</li> <li>o Premium Tier 2 \$95</li> <li>o Premium Tier 3 \$110</li> </ul> </li> <li>o Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>o Standard \$45</li> <li>o Premium Tier 1 \$57</li> <li>o Premium Tier 2 \$68</li> </ul> </li> <li>o Other Add-ons 20% off retail price</li> </ul>	
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> <li>o Complete Pair 40% off retail price</li> <li>o Eyeglass materials purchased separately 20% off retail price</li> </ul>	
<b>Eyewear Accessories</b>	<ul style="list-style-type: none"> <li>o Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price</li> </ul>	
<b>Contact lens fit and follow-up</b> A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> <li>o Standard contact lens fitting<sup>3</sup></li> <li>o Premium contact lens fitting<sup>4</sup></li> </ul>	<p>Up to \$55 10% off retail price</p>
<b>Conventional Contact Lenses</b>	<ul style="list-style-type: none"> <li>o Discount applied to materials only 15% off retail price</li> </ul>	

<sup>1</sup> Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

<sup>2</sup> Please ask your provider for his/her recommendation as well as the available coating brands by tier.

<sup>3</sup> Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

<sup>4</sup> Premium fitting includes all lens designs, materials and specialty fillings for her/his standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision corrections surgery are available through a variety of vendors. Just log in at [anthem.com](http://anthem.com), select discounts, then Vision, Hearing & Dental.

<sup>1</sup> Discounts cannot be used in conjunction with your covered benefits.

**OUT-OF-NETWORK**

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at [anthem.com](http://anthem.com), or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call members services at 1-866-723-0515 to request a claim form.

**To Fax:** 866-293-7373  
**To Email:** [oonclaims@eyewearspecialoffers.com](mailto:oonclaims@eyewearspecialoffers.com)  
**To Mail:** BlueViewVision  
 Attn: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040-7111

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Delta Dental of Kentucky  
Dental Benefit Highlights for  
Ohio County Water District #703130



**Delta Dental PPO plus Premier™**  
Coverage effective July 1, 2023

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative</b>			
<b>Treatment</b> - to temporarily relieve pain	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> - fillings and crown repair	30%	80%	80%
<b>Endodontic Services</b> - root canals	30%	80%	80%
<b>Periodontic Services</b> - to treat gum disease	30%	80%	80%
<b>Oral Surgery Services</b> - extractions and dental surgery	30%	80%	80%
<b>Other Basic Services</b> - misc. services	30%	80%	80%
<b>Denture Repair</b> - repairs to complete or partial dentures	80%	80%	80%
<b>Major Services</b>			
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Relines and Rebase</b> - to dentures	50%	50%	50%
<b>Fixed Prosthodontic Repair</b> - to bridges	50%	50%	50%
<b>Implant Repair</b> - implant maintenance, repair, and removal	50%	50%	50%
<b>Adjustments to Dentures</b> - adjustments to complete or partial dentures	50%	50%	50%
<b>Prosthodontic Services</b> - bridges, implants, and dentures	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	Dependent Children to the end of the month of age 19	Dependent Children to the end of the month of age 19	Dependent Children to the end of the month of age 19

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that w/J/ be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

**Welcome to Kentucky's largest dental benefits family!**

As a member of Delta Dental of Kentucky, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care <md fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

**Quality Dental Program**

With our quick and accurate claims processing, *we pay more than 90% of claims in 10 days or less.* Delta Dental also offers world-class customer service from our award winning call center.

**Online Access**

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

**A Healthy Smile**

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

**Questions?**

If you have questions, please call our Customer Service team at 800-955-2030 or look online at

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GROUP TERM LIFE
CERTIFICATE SUMMARY



This summary describes the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on January 2, 2019.

POLICY INFORMATION

Policyholder: Ohio County Water District
Policy Effective Date: February 1, 2013
Policy Number: GLUG-ANRB
Class(es): All Eligible Employees

Policy Anniversary: February 1
Group Number: G000ANRB

ELIGIBILITY

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 30 or more hours each week to be eligible for insurance.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 30 days.

WHEN INSURANCE BEGINS

An eligible Employee will become insured on the first day of the month that coincides with or follows the day the Employee becomes eligible, subject to certain conditions (as described in the When Insurance Begins provision in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

BENEFIT AMOUNT(S)

Insurance for You (The Employee)

Your amount of life insurance is \$50,000.

Your amount of accidental death and dismemberment (AD&D) insurance is equal to Your amount of life insurance.

If You have questions regarding the amount of Your insurance, You may contact the Policyholder.

Benefit Reduction(s)

As You grow older, the amount of life and AD&D insurance for You will be reduced according to the following schedule:

Table with 2 columns: At the Age of, The Original Amount of Insurance Will Reduce to. Rows for ages 65 and 70 with corresponding reduction percentages (65% and 50%).

Insurance ends on the date of Your retirement.

FEATURE(S)

Living Benefits

In the event You incur a Terminal Condition while insured under the Policy, You, Your Spouse or Your legal representative may submit a Written Request for an advance payment of part of Your life insurance death benefit. The maximum amount of Living Benefits available is 75% of the amount of life insurance for You in effect at the time of the request or \$37,500, whichever is less.

Additional Accidental Death and Dismemberment (AD&D) Benefit(s)

In addition to basic AD&D benefits, You are protected by the following benefit(s):

- Airbag - Common Carrier - Repatriation of Remains

- See, net

**Continuation of Insurance for Layoff or Leave, Injury or Sickness, or Partial Disability**

You may be able to continue insurance if you cease to be Actively Working, subject to certain conditions.

**Continuation of Insurance for Total Disability with Waiver of Premium**

You may be able to continue insurance if you cease to be Actively Working due to Your Total Disability, subject to certain conditions.

**Conversion**

If group life insurance ends or the benefit reduces, you may apply for an individual policy of life insurance, subject to certain conditions.

**EXCLUSION(S)**

Several exclusions apply to the accidental death and dismemberment (AD&D) benefits as described in the Certificate.

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GROUP LONG-TERM DISABILITY
CERTIFICATE SUMMARY



This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on January 2, 2019.

POLICY INFORMATION

Policyholder: Ohio County Water District
Policy Effective Date: February 1, 2013
Policy Anniversary: February 1
Policy Number: GLTD-ANRB
Group Number: G000ANRB
Classification: All Eligible Employees
Minimum Work Hours Required: 30 hours per week
Eligibility Present Waiting Period: 30 days
Eligibility Future Waiting Period: 30 days
When Insurance Begins: the first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period: The later of:
a) 180 calendar days; or
b) the date Your short-term Disability ends.

BENEFITS

Monthly Benefit Percentage: 60%
Maximum Monthly Benefit: \$5,000
Minimum Monthly Benefit: \$100
Maximum Benefit Period:
Age at Disability Maximum Benefit Period
61 or less..... to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest;
62 ..... Your SSNRA, or 3 years and 6 months, whichever is longer;
63 ..... Your SSNRA, or 3 years, whichever is longer;
64 ..... Your SSNRA, or 2 years and 6 months, whichever is longer;
65 ..... 2 years;
66 ..... 1 year and 9 months;
67 ..... 1 year and 6 months;
68 ..... 1 year and 3 months;
69 or older..... 1 year.
Own Occupation Definition: 2 years
Survivor Benefit: 3 months
Vocational Rehabilitation Benefit: 5%

**LIMITATIONS/EXCLUSIONS**

Alcohol/Drug Abuse/Substance Abuse Limitation:	24 months
Mental Disorder Limitation:	24 months
Self-Reported Symptoms Limitation:	24 months
Pre-existing Condition Exclusion:	3/12

## UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL *of* OMAHA COMPANY

### GROUP SHORT-TERM DISABILITY CERTIFICATE SUMMARY



This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on January 2, 2019.

#### POLICY INFORMATION

Policyholder:	Ohio County Water District
Policy Effective Date:	February 1, 2013
Policy Anniversary:	February 1
Policy Number:	GUG-ANRB
Group Number:	G000ANRB
Classification:	All Eligible Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	30 days
Eligibility Future Waiting Period:	30 days
When Insurance Begins:	the first day of the month that coincides with or follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	0 calendar days
Sickness:	7 calendar days

#### BENEFITS

Weekly Benefit Percentage:	60%
Maximum Weekly Benefit:	\$750
Maximum Benefit Period:	26 weeks
Vocational Rehabilitation Benefit:	5%

Group Number: G000ANRB

# FSA Store

FSAstore.com

FSAstore.com



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FSAstore

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[OPTICAL](#)

[J&J EBS](#)

## Frequently Asked Questions

### What is FSAstore.com?

FSAstore.com is everything, flex spending with zero guesswork. It's both the largest online marketplace for guaranteed FSA eligible products and an educator/CU resource that you can actually understand. It's the company's mission to help millions of flexible spending account holders manage and use their FSAs and save on more than 4,000 health items using tax-free health money.

Note: Although we accept FSA cards and most card purchases should auto-approve without you needing to submit further paperwork, your FSA administrator might require a receipt for your purchase to substantiate that claim. Check out the [J&W.CIDG](#) formore FSA eligible tips and resource.!

### What does "FSA eligible" mean?

FSA eligible means that in most cases a product or service will be covered by your flexible spending account. We work with the latest in industry standard; to make sure the products we carry on our site are FSA eligible. If you use an active FSA card, your purchase will be auto-substantiated and you can skip the claims process! Note that not all FSAs are created equal; always check with your FSA administrator about plan allowances and requirements before you shop.

### Are all of your products FSA eligible?

Everything on the site is guaranteed FSA eligible or your money back...for the most part. There are certain flexible spending accounts that don't cover every item and some may be limited to only specific items and/or services. You should always check with your employer and/or FSA administrator to find out exactly what your FSA will cover. Out of the more than 4,000 items we carry, everything we carry is FSA eligible.

Still can't find what you're looking for? We have an [Eligibility List](#) with all the answers!

### Can I still shop if I don't have an FSA account?

Anyone can shop here. We accept all major credit cards and all FSA debit cards.

### What if I have an FSA without an FSA card?

If you don't have an FSA card, you can still shop on our site with a regular credit or debit card. Just print out a receipt and submit it to your FSA administrator so you can be reimbursed for your eligible purchase.

### Do I have to submit receipts for my purchases at FSAstore.com?

If you do not have an FSA debit card you can print out a receipt and submit it to your FSA administrator to be reimbursed as you would normally with FSA purchases. You can print receipts after you make your order, or come back any time to access your account.

Please note: although we accept FSA debit cards, your FSA administrator might require a receipt for your purchase to substantiate the claim.

### Do you accept insurance?

Most OTC (over-the-counter) products aren't covered by insurance so there's no need for insurance plans to process claims for your purchases. For home health products like wheelchairs that might be covered, we recommend you consult your insurance plan first; we're able to process or apply insurance.

[Chat](#)

## What is a flexible spending account (FSA)?

A **flexible spending account (FSA)** is an employer offered benefit, which lets you set aside tax-free money so you can save on qualified health purchases including, OTC products, prescriptions, vision health care, and much more. FSAs are employer-sponsored and are owned by your employer, so you're only eligible to participate if your employer offers the option. Some FSA eligible items include KT Tape, sunscreen, and copays. The IRS decides which items are eligible under FSA plans in general but your employer may choose to limit exactly what your FSA may be used on. Account holders can either use an FSA card for their purchase or use their own debit card and submit receipts with a claim to their administrator for reimbursement.

## How do I know which items are FSA eligible?

Everything on our site is FSA eligible!

Note: Although the IRS sets guidelines for FSA programs, individual employers have the final determination of which expenses are covered by their FSA programs. However, it is rare for employers to make such choices. We are a member of SIGIS which sets the eligible product list. The FSA icon displayed on our site does not guarantee you will be reimbursed. Check with your employer for the specific guidelines of your program.

## What's your privacy policy?

Please visit our privacy policy by clicking [here](#).

## Do you ship outside the U.S.?

We ship to any residential or business address in the contiguous U.S. except for Puerto Rico. All orders shipped to Alaska and Hawaii addresses are subject to \$29.99 shipping and additional weight-based charges. We do not ship to UPS, PO Boxes, US Post Offices, APOs, FPOs, or FedEx drop locations. Our checkout process will not authorize these types of addresses or locations as valid shipping addresses.

## Can I return my items?

Read our shipping and return policy [here](#).

If you are returning a product for any other reason, we will process a refund calculated as total order amount minus the return shipping, charge, and 10% restocking fee.

Please follow the instructions to make an approved return.

## Step 1: Call or email us to request a return

Please be ready to provide the agent with your order number, the product(s) you wish to return, and a reason for which the item is being returned to us.

Email: [info@fsastore.com](mailto:info@fsastore.com)

Phone: [1-888-372-1450](tel:1-888-372-1450)

## Step 2: A customer service representative will then send you an email with instructions for your return.

Once your return has been approved, you will be provided with a pre-paid UPS domestic or USPS domestic label to return the purchase to us. Once your return is received and inspected (usually within 24 hours of receipt), your refund will be processed and a credit will be applied to the original card used for this purchase.

Please note: returns will take 2-3 days to process back to your account.

## What's your shipping policy?

Please allow 1-2 business days for your order to be processed through our fulfillment center(s), except for the end of the calendar year, when seasonality may cause orders to take longer to process. Once picked up by the carrier, we'll email the tracking information to you. At this point, orders take anywhere from 1-5 business days for delivery, weather permitting. Click [here](#) for our full shipping policy!

## Will my order be subject to sales tax?

For orders subject to sales tax:

We're required by law to collect sales tax on orders shipping to addresses in these states: Alabama, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, New York, New Jersey, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Washington, Washington DC, Wisconsin, and Wyoming. The tax applied to your order will be the combined state and local rate for the zip code to which your order is delivered.

For self-reporting state sales and use tax:

We don't collect sales tax on orders shipping outside of the above mentioned states. However, just because we don't collect and aren't required to collect sales tax in other states doesn't necessarily exempt you from paying sales or use tax in your state. A purchase is not exempt merely because it was made online or other remote methods. In particular, the states of Colorado, South Dakota, Oklahoma, and Vermont require the reporting and payment of use tax for out of state internet purchases.



The following are voluntary work-site benefits through Aflac. These benefits are paid directly to you and provide supplemental income when circumstances related to a medical event, whether expected or unexpected, arises. The following is a brief summary of the benefit offered with each coverage. In all cases, actual policy provisions govern all benefits and costs.

### ACCIDENT INSURANCE (Level 3)

Event/Procedure	Benefit
Accident Emergency Treatment	\$120-\$200 for treatment within 72 hours
Accident Follow-up Treatment	\$35 per visit (max 6 visits per accident)
X-Ray	\$25 per accident at ER or hospital
Accident follow-up visit	\$35 (6 per accident)
Lump Sum	\$35-\$12,500 per injury
Appliance Benefit	\$25-\$300 (walking boot, knee scooter, crutches, can, wheelchair)
Accident Hospitalization	\$1,000-\$2,000 initial confinement; (\$250 additional per day)
ICU Confinement	\$400 per day (up to 15 days)
Major Diagnostic Exam	\$200 per calendar year
Physical Therapy	\$35 per treatment
Rehab Unit	\$150 per day
Ambulance	\$200/ground; \$1500/air
Fractures/Dislocations	\$125-\$3,750
Emergency Dental	\$130-\$400
Wellness	\$60 per calendar year
Organized sporting activity	Additional 25% benefits payable
Accidental Dismemberment	\$625 • \$40,000
Transportation and Lodging	\$600/round trip; \$125/night lodging
Accidental-Death Life Insurance	\$40,000-\$150,000
<b>Weekly Rates</b>	
Employee Only	\$6.21
Employee & Spouse	\$8.28
One-Parent Family	\$9.63
Two-Parent Family	\$12.12

Accident coverage is 24h on and off the job

**Aflac Short Term Disability keeps on working...if you can't**

### SHORT TERM DISABILITY INSURANCE.



### CRITICAL ILLNESS INSURANCE

Benefits	\$10,000 Coverage
Heart Attack	First Occurrence: <b>\$10,000</b> Lump Sum
Stroke	Reoccurrence: \$5,000 per reoccurrence
End Stage Renal Failure	Additional benefits available in \$5,000 increments (up to \$30,000)
Paralysis	
Major Human Organ Transplant	Children Covered for FREE!
Coma	50% Benefits for Spouse/Children
Coronary Artery Bypass Graft	\$3,000 once/person
<b>Weekly Non-Smoker Rates (Vary by Age)</b>	
Employee Only	<b>18-24</b> <b>25-29</b> <b>30-34</b> <b>35-39</b> <b>40-44</b>
	\$1.02 \$1.14 \$1.50 \$2.04 \$2.64
Employee & Spouse (Spouse & Children paid one-half benefits of covered individual)	<b>45-49</b> <b>50-54</b> <b>55-59</b> <b>60-64</b> <b>65-70</b>
	\$3.21 \$3.75 \$4.26 \$5.01 \$5.01
Employee & Spouse (Spouse & Children paid one-half benefits of covered individual)	<b>18-24</b> <b>25-29</b> <b>30-34</b> <b>35-39</b> <b>40-44</b>
	\$1.65 \$1.86 \$2.43 \$3.21 \$4.02
Employee Only	<b>45-49</b> <b>50-54</b> <b>55-59</b> <b>60-64</b> <b>65-70</b>
	\$4.89 \$5.88 \$6.90 \$8.49 \$8.49
<b>Weekly Smoker Rates (Vary by Age)</b>	
Employee Only	<b>18-24</b> <b>25-29</b> <b>30-34</b> <b>35-39</b> <b>40-44</b>
	\$1.32 \$1.65 \$2.28 \$3.12 \$4.05
Employee & Spouse (Spouse & Children paid one-half benefits of covered individual)	<b>45-49</b> <b>50-54</b> <b>55-59</b> <b>60-64</b> <b>65-70</b>
	\$4.95 \$5.79 \$6.54 \$7.65 \$7.65
Employee & Spouse (Spouse & Children paid one-half benefits of covered individual)	<b>18-24</b> <b>25-29</b> <b>30-34</b> <b>35-39</b> <b>40-44</b>
	\$2.28 \$2.76 \$3.72 \$4.95 \$6.24
Employee Only	<b>45-49</b> <b>50-54</b> <b>55-59</b> <b>60-64</b> <b>65-70</b>
	\$7.62 \$9.18 \$10.71 \$13.08 \$13.08

The facts say you need the protection of the Aflac Lump Sum Critical Illness plan:

**FACT NO. 1**  
**3**  
 ABOUT EVERY **4** SECONDS  
 SOMEONE SUFFERS A HEART ATTACK.

**FACT NO. 2**  
**4**  
 ABOUT EVERY **10** SECONDS  
 SOMEONE SUFFERS A STROKE.

Heart Disease and Stroke Statistics: 2012 Update - American Heart Association

Elimination Period Accident/sickness - 7/14 days.

(Elimination period can be adjusted)

Annual Income	\$12,000	\$16,000	\$18,000	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000	\$30,000	\$32,000
<b>Benefit Period</b>	<b>\$700</b>	<b>\$800</b>	<b>\$900</b>	<b>\$1,000</b>	<b>\$1,100</b>	<b>\$1,200</b>	<b>\$1,300</b>	<b>\$1,400</b>	<b>\$1,500</b>	<b>\$1,600</b>
<b>3 MONTHS</b>	18-49 \$3.15	\$3.60	\$4.05	\$4.50	\$4.95	\$5.40	\$5.85	\$6.30	\$6.75	\$7.20
	50-64 \$3.78	\$4.32	\$4.86	\$5.40	\$5.94	\$6.48	\$7.02	\$7.56	\$8.10	\$8.64
	65-74 \$4.62	\$5.28	\$5.94	\$6.60	\$7.26	\$7.92	\$8.58	\$9.24	\$9.90	\$10.56
<b>6 MONTHS</b>	18-49 \$3.78	\$4.32	\$4.86	\$5.40	\$5.94	\$6.48	\$7.02	\$7.56	\$8.10	\$8.64
	50-64 \$5.25	\$6.00	\$6.75	\$7.50	\$8.25	\$9.00	\$9.75	\$10.50	\$11.25	\$12.00
	65-74 \$6.51	\$7.44	\$8.37	\$9.30	\$10.23	\$11.16	\$12.09	\$13.02	\$13.95	\$14.88

You can protect up to 60% of your income or less. You can just protect what you need such as just your mortgage/rent



## CANCER INSURANCE (High & Low)

Event/Procedure	High	Low
Initial Diagnosis	\$5,000; \$10,000 for child	\$1,250; \$2,500 for child
Cancer Wellness	\$75 per person/year	\$25 per person/year
Bone Marrow Donor Screening	\$40	\$20
Additional Opinion	\$300	\$150
Radiation, Chemotherapy, Immunotherapy, or Experimental Chemo	\$1,600 per calendar month	\$800 per calendar month
Anti-nausea	\$100 once per calendar month	\$50 once per calendar month
Topical Chemotherapy	\$150 per calendar month	\$100 per calendar month
Surgery/Anesthesia	\$100-\$3,400 (NO lifetime maximum)	\$50-\$1,700 (NO lifetime maximum)
Skin Cancer Surgery	\$35-\$400 (NO lifetime maximum)	\$20-200 (NO lifetime maximum)
Hospital Confinement	\$200-\$400 per day	\$100-\$200 per day
Hospice Care	1st Day: \$1,000 (\$50 per day thereafter)	1st Day: \$1,000 (\$50 per day thereafter)
Home Health care/ Nursing services	\$100 per day	\$50 per day
Reconstructive Surgery	\$500; \$2,000 for Breast Reconstruction	\$250; \$1,000 for Breast Reconstruction
Ambulance	\$250 (ground); \$2,000 (air)	\$250 (ground); \$2,000 (air)
Transportation/Lodging	Up to \$1200 per round trip	Up to \$1,050 per round trip
	<b>Weekly Rates (Children covered at NO COST)</b>	
Employee Only	\$7.73	\$3.83
Employee & Spouse	\$13.30	\$6.08

FACT NO. 1

MEN HAVE A SLIGHTLY LESS THAN **1 IN 2**

LIFETIME RISK OF DEVELOPING CANCER IN THE UNITED STATES: 1

FACT NO. 2

WOMEN HAVE A SLIGHTLY MORE THAN **1**

LIFETIME RISK OF DEVELOPING CANCER IN THE UNITED STATES: 1

**Provide a safety net for your family.**

Aflac Helps Pay what Major Medical Doesn't.

Major Medical helps pay:

- Medical bills
- Mortgage
- Groceries
- Transportation
- Out-of-pocket expenses

Major Medical with Aflac helps pay:

- Medical bills
- Mortgage
- Groceries
- Transportation
- Other daily expenses

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## LIFE Insurance

\*example of 10-year term shown 20, 30, and Whole available.

<b>\$20,000</b>			
Age	Weekly Rate	Age	Weekly Rate
18-35	1.61	52	3.40
36	1.65	53	3.61
37	1.70	54	3.85
38	1.75	55	4.10
39	1.82	56	4.42
40	1.88	57	4.77
41	1.96	58	5.18
42	2.03	59	5.62
43	2.11	60	6.13
44	2.22	61	6.63
45	2.33	62	7.18
46	2.44	63	7.81
47	2.57	64	8.49
48	2.70	65	9.29
49	2.86	66	10.27
50	3.04	67	11.42
51	3.21	68	12.71



**DON'T FORGET**  
Take advantage of wellness benefits!

## HOSPITAL INSURANCE

Initial Confinement (23 hours+)	\$1,000 per yr/person		
Rehabilitation Facility	\$100 per day (up to 15 days)		
Emergency Room	\$100 (2 per year/person)		
Hospital Short-Stay (less than 23 hours)	\$100 (2 per year/person)		
Physician Visits	\$25 (3 individual/ 6 for family)		
Laboratory Test & X-Ray	\$35 (2 per year/person)		
Medical Diagnostic & Imaging Exams	\$150 (2 per year/person)		
Ambulance	\$200 (ground)/\$2,000 (air) (2 per year/person)		
<b>- Guaranteed Renewal:</b>			
Employee	Age 18-49 \$8.34	Age 50-59 \$8.79	Age 60-75 \$8.97
Employee & Spouse	Age 18-49 \$13.53	Age 50-59 \$14.64	Age 60-75 \$15.30
One-Parent Family	Age 18-49 \$12.36	Age 50-59 \$12.60	Age 60-75 12.84
Two-Parent Family	Age 18-49 \$15.15	Age 50-59 \$15.36	Age 60-75 \$16.20

I. **Pension & Retirement**

- a. *Kentucky Deferred Compensation* – Employees can participate in a 401K, Roth, or 457 pension plan through Kentucky Deferred Compensation. The minimum monthly contribution is \$30. There is no matching contribution from OCWD.  
<https://www.kentuckyplans.com/rsc-web-preauth/index.html>
- b. *Kentucky Public Pension Authority (CERS)*- OCWD is a local government special district entity. Therefore, OCWD and their employees must participate in KPPA Retirement. The contribution amount for OCWD is set by state law. KPPA Retirement currently has three tiers for the members and corresponding benefits.
  - i. Tier 1 – Participation date before September 1, 2008. Employees are required to contribute 5% of gross wages. For Tier 1 members, final compensation calculated based on the 5-High or 3-High fiscal years with the highest average monthly rate.
  - ii. Tier 2 – Participation date September 1, 2008 – December 31, 2013. Employees are required to contribute 5% of gross wages plus 1% for health fund. For Tier 2 members, final compensation is calculated based on the Last 5 or 3 High Fiscal Years with the highest average monthly rate.
  - iii. Tier 3- Participation date January 1, 2014. Employees are required to contribute 5% of gross wages plus 1% for health fund. Service credit is used to determine retirement eligibility but is not part of the Tier 3 benefit calculation. Tier 3 accounts earn a base of 4% interest annually on both the member contributions and the employer pay credit balance.
  - iv. For additional information regarding Kentucky Retirement visit their website  
<https://www.kyret.ky.gov/Members/Pages/Members.aspx>

## Final Compensation

For Tier Two members, Final Compensation is determined by dividing the total salary earned (Last 5 or 3-High) by the total months worked, then multiplying by twelve (12) to annualize.

**Nonhazardous** retirement benefits are based on the last (not highest) five full fiscal years of salary. If the member does not have five full fiscal years, partial years will be added to reach the 60-month minimum.

**Hazardous** retirement benefits are based on a member's highest three full fiscal years of salary (3-High). If the member does not have three full fiscal years, partial years will be added to reach the 36-month minimum.

## Member Pension Spiking

A member's final compensation will be adjusted if pension spiking is detected. A pension spike is when a member who is nearing retirement has their salary increase by more than 10% over the previous year's salary. [Read more.](#)

A member's final compensation will be adjusted unless the increase in creditable compensation is due to one of the following exemptions:

1. Bona Fide promotion or career advancement;
2. Lump sum payout for compensatory time at termination only;
3. Lump sum payout for alternate sick leave payments;
4. Increases in years where the member was on leave without pay in the prior fiscal year;
5. An increase due to overtime work and pay as the result of a state or federal grant, grant pass-through, or a similar program that requires overtime as a condition or necessity of the employer's receipt of the grant;
6. An increase due to overtime work and pay required by a federal, state, or local government-declared emergency; or
7. The first 100 hours of mandatory overtime in a fiscal year.

## Benefit Factor

Benefit factors are set by statute and vary depending upon the type of service (nonhazardous or hazardous), amount of service, and participation date. Benefit factors are applied based on a tiered structure. Higher factors are attained as Tier 2 members reach specified levels of service.

### Nonhazardous Member Benefit Factors

- 1.10% - Service Credit less than or equal to 120 months
- 1.30% - Service Credit between 121 and 240 months

- 1.50% - Service Credit between 241 and 312 months
- 1.75% - Service Credit between 313 and 360 months
- 2.00% - Service Credit in excess of 360 months only

#### **Hazardous Member Benefit Factors**

- 1.30% - Service Credit less than or equal to 120 months
- 1.50% - Service Credit between 121 and 240 months
- 2.25% - Service Credit between 241 and 300 months
- 2.50% - Service Credit greater than 300 months

## **Years of Service**

The years of service used to calculate retirement benefits include current service, prior service, purchased service, and sick leave service if the member's employer participated in an approved sick leave program.

- **Current Service** - Current service is earned as a contributing member after the establishment of the retirement system. For each month an employer reports wages and contributions for regular full-time employment, a member earns one month of service credit.
- **Prior Service** - Service earned before July 1, 1956 in KERS and July 1, 1958 in CERS and SPRS. There is no cost for this service. A member must have at least 12 months and have worked at least 100 hours per month of current service in the same retirement system.
- [Purchased Service](#) - Service a participating member may purchase to increase service credit. Please note that most service purchases do not apply when determining retirement eligibility.
- [Sick Leave Credit](#) - Tier 2 members may receive a maximum of 12 months of service credit for unused sick time. Sick leave service credit counts toward health insurance benefits but cannot be used to determine retirement eligibility.

## **What do I Pay and What Does My Employer Contribute?**

Tier 2 employees contribute a pre-tax percent of their creditable compensation as set by state law: nonhazardous employees pay 5% and hazardous employees pay 8%. These employee contributions are deposited to individual member accounts. All employees pay an additional 1% health insurance contribution that is deposited in a non-refundable trust to fund insurance benefits.

Recommended employer contribution rates are determined by KPPA's independent actuary based on data in the annual actuarial valuation. The Boards of Trustees adopt employer contribution rates necessary for the actuarial soundness of the systems governed by the respective boards as required by state law. Employer contributions are used to fund benefits and to fund KPPA expenses. See the current [Employer Contribution Rates](#).

## Can Tier 2 Members Opt-In to Tier 3? How?

Tier 2 members are eligible to opt-in to the Tier 3 Hybrid Cash Balance Plan. Tier 2 members that choose this option will have their accumulated contributions, less any interest earned, deposited into a hybrid cash balance account. [Read more](#).

## Am I Eligible for a Refund of My Account if I Quit My Job?

Upon termination of employment, a member has three options in regard to their retirement account: (1) retire if eligible; (2) leave the contributions in their account until eligible to retire; or (3) take a refund of their account balance.

# Cash Balance Plan

The Hybrid Cash Balance Plan is for Tier 3 members who began participation on or after January 1, 2014. Tier 3 is referred to as a hybrid plan because it has characteristics of both a defined benefit plan and a defined contribution plan. This plan resembles a defined contribution plan because it determines the value of benefits for each participant based on individual accounts. However, the assets of the plan remain in a single investment pool like a traditional defined benefit plan.

Laws governing Tier 3 benefits allow the General Assembly to change pension benefits and health insurance benefits for members participating on or after January 1, 2014 if fiscal circumstances call for it. If this occurs, the member's accumulated account balance as of the effective date of the law change is not affected.

## How Does It Work?

Members contribute a percent of their [creditable compensation](#) set by state law. Employers also contribute a set percentage, known as the Employer Pay Credit, which is deposited to the member's account. This Employer Pay Credit represents a portion of the [member contribution rate](#).

Tier 3 accounts earn a guaranteed amount of base interest annually on both the member contributions and the Employer Pay Credit balance. Interest is credited to a member's account each June 30, based on the account balance from the preceding June 30. New members do not see interest credited in their first year since there is no prior year balance.

Upside Sharing Interest is an additional interest credit that may be applied to a Tier 3 account. Upside Sharing Interest is not guaranteed (read more below). A member must have been active and contributing during the fiscal year to receive Upside Sharing Interest.

When a member is eligible to retire, the benefit is calculated based on their accumulated account balance and an actuarial factor based on age at retirement and type of service (hazardous or nonhazardous). Read more about [Le.LI. retirement eligibility](#).

## Investment of Contributions

Tier 3 members do not make their own investment decisions and do not bear the risk of investment losses. The assets of the plan remain in a single investment pool and the employer assumes all the investment risk. Even if the underlying investments lose value, the employer is still obligated to pay the required contribution so the plan can pay a benefit based on the member's individual account balance.

In other words, a Tier 3 member's retirement account will never be reduced due to investment losses. The CERS and KRS Boards and KPPA's investment professionals are responsible for investment decisions that affect Tier 3 accounts. The Boards establish clearly defined investment policies, objectives, and strategies for both the pension and insurance portfolios. The investment policies and detailed monthly investment performance reports are published in the Investments Library of our [Investments section](#).

## Total Interest Credited to Hybrid Cash Balance Plan Accounts

System	2019	2020	2021	2022	2023
CERS Nonhazardous	5.13%	4.97%	8.76%	5.68%	5.89%
CERS Hazardous	5.34%	5.15%	8.90%	5.79%	6.01%
KERS Nonhazardous	4.58%	4.57%	7.96%	5.28%	5.21%
KERS Hazardous	5.21%	5.07%	8.74%	5.70%	5.80%
SPRS	4.79%	4.85%	8.25%	5.58%	5.57%

\* These percentages include both the guaranteed base interest of 4% plus the additional Upside Sharing Interest.

### Am I Eligible for a Refund of My Account if I Quit My Job?

If a member chooses to take a refund of their account balance, they will receive their individual retirement contributions plus any accumulated interest. Please note that the one percent health insurance contribution paid by Tier 3 members is deposited in a non-refundable trust to fund insurance benefits.

Tier 3 members with at least 60 months of service credit are vested and will also receive employer pay credits and any associated Upside Sharing Interest. Tier 3 members with less than 60 months of service credit are only eligible for a refund of the member portion of the account balance. In this situation, the member is not vested, which means the refund will not include employer pay credits, interest on the pay credit balance, or Upside Sharing Interest. Learn more about [refund of contributions](#).

### Do Leave and Compensatory Payments Enhance my Benefit?

Any accumulated sick leave, annual leave, or compensatory time payments earned by the employee will not be used in calculating retirement benefits.

### Examples of How Accounts Earn Interest and Grow

Over time, the value of a member's account balance can increase a great deal because of compounding interest. Members can view their account balance and calculate benefit estimates using our [Self Service website](#).

The following examples are fictitious:

- Real world numbers may vary.
- Examples do not reflect any service that may be purchased, pay raises, inflation, or market performance.
- Both examples are based on a yearly salary of \$35,000 with only Base Interest applied. No Upside Sharing Interest is included.

John began working at 40 years of age, is currently 65, and has a non-hazardous service record.

Member Year	Contribution	Base Interest	Employer Pay Credit	Employer Pay Credit Interest	Accumulated Account Balance as of 6/30
	\$1,750	\$0	\$1,400	\$0	\$3,150



Year	Member Contribution	Base Interest	Employer Pay Credit	Employer Pay Credit Interest	Accumulated Account Balance as of 6/30
2	\$1,750	\$70	\$1,400	\$56	\$6,426
5	\$1,750	\$297.25	\$1,400	\$237.80	\$17,061.42
10	\$1,750	\$740.79	\$1,400	\$592.64	\$37,819.24
15	\$1,750	\$1,280.43	\$1,400	\$1,024.35	\$63,074.30
20	\$1,750	\$1,936.98	\$1,400	\$1,549.59	\$93,800.92
25	\$1,750	\$2,735.78	\$1,400	\$2,188.63	\$131,184.61

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Year	Member Contribution	Base Interest	Employer Pay Credit	Employer Pay Credit Interest	Accumulated Account Balance as of 6/30
	\$2,800	\$0	\$2,625	\$0	\$5,425.00
2	\$2,800	\$111.99	<b>\$2,625</b>	\$105.01	\$11,067.00
5	\$2,800	\$475.58	\$2,625	\$445.90	\$29,383.55
10	\$2,800	\$1,185.21	\$2,625	\$1,111.26	\$65,133.13
15	\$2,800	\$2,048.58	\$2,625	\$1,920.76	\$108,627.96
20	\$2,800	\$3,099.01	\$2,625	\$2,905.65	\$161,546.08
25	\$2,800	\$4,377.01	\$2,625	\$4,103.92	\$225,929.05

**I. Personal Protective Equipment & Phone Usage Reimbursement**

- a. *PPE- Chaps, Coveralls, Ear Plugs, Eye Protection, Masks, Gloves, Hard Hats*
  - i. Proper PPE is essential for the safety of employees. OCWD provides PPE for employees based on their department and the job tasks. Speak with the manager of the department if specific PPE is needed.
- b. *Uniforms*
  - i. OCWD provides specific uniforms for distribution employees and maintenance employees. Currently, Cinta's is the uniform provider.
  - ii. Water Treatment Plant Operators receive a clothing allowance due to their duties of operation. This allowance is \$100/ year for Operators and Maintenance/Operator \$500 (if chooses not to wear uniform)/ year. This allowance is in October.
- c. *Protective Footwear / Boot Policy*
  - i. Occupational Safety and Health Administration (OSHA) regulations require that under various conditions protective footwear is required; to ensure the safety of employees, appropriate protective footwear must be worn by all persons when working areas where there is a danger of foot injuries from heavy fall or rolling objects, objects piercing the soles and/or against crushing or lacerations.
  - ii. OCWD has a safety footwear allowance policy to provide an annual allowance for the purchase of safety shoes for employees who perform tasks that increase foot related injuries.
  - iii. Employees are eligible to participate in the allowance program when they meet one of the following categories:
    - 1. When the employee is hired into a position that requires protective footwear.
    - 2. Only one allowance per year will be allotted per required employee each calendar year. Any replacement of safety footwear within the year period must be purchased at the expense of the employee.
  - iv. If an employee is terminated within the probationary period, that person must reimburse the OCWD for the full cost of his/her pair of safety footwear.
  - v. The footwear allowance is paid yearly in October or upon hire, each eligible employee will receive an allowance that will cover up to \$250.00 for safety footwear including but not limited to steel toe boots, rubber boots, and waders.
- d. *Phone Usage*
  - i. Due to the nature of our business, communication is required while away from the office. On-call phones are provided for distribution employees during those times required to be on-call. A yearly allowance is provided to employees for using their personal phones during their course of work while away from an office phone. Hourly employees are paid \$20 per month of employment. This is paid in November yearly.

e. **Time Benefits**

i. Holidays- All full-time OCWD employees shall receive paid leave for the following twelve (12) holidays:

1. New Year's Day
2. Martin Luther King Day
3. Good Friday
4. Memorial Day
5. Independence Day
6. Labor Day
7. Veteran's Day
8. Thanksgiving Day
9. Day after Thanksgiving
10. Christmas Eve
11. Christmas Day
12. New Year's Eve

Holidays will be scheduled each year for the following year in conjunction with the Kentucky State Holiday Schedule if any additional holidays are added than what is shown.

ii. Vacation – All full-time OCWD employees are eligible for paid vacation leave. Vacation leave shall be granted to an employee each calendar year on the following basis:

From the beginning of employment with the OCWD through the end of the 5 <sup>th</sup> year of employment, 6.67 hours per month, 2 weeks or 80 hours per year.
For the 6 <sup>th</sup> through the 10 <sup>th</sup> year of employment, 10 hours per month, 3 weeks or 120 hours per year.
For the 11 <sup>th</sup> year of employment through the 20 <sup>th</sup> year of employment, 13.33 hours per month, 4 weeks or 160 hours per year
For the 21 <sup>st</sup> year of employment and each year of employment thereafter, 16.67 hours per month, 5 weeks or 200 hours per year

1. Full-time employees begin accruing vacation leave on the first day of the second month of employment. Employees will not receive vacation for any month in which they are employed but no work is performed. Employees are not eligible to use any vacation leave until successful completion of their introductory period. If an introductory period is not successfully completed, employees will not be paid for any vacation leave.
2. Employees may carry over a maximum of 960 hours of unused vacation leave time to the next calendar year
3. Upon termination of employment, an employee who complies with

advance written notification requirements shall be paid for all unused vacation leave.

4. OCWD allows employees to be compensated for unused vacation leave at the end of each fiscal year. OCWD will only purchase unused vacation leave for only the current year earned. Employees are encouraged to take vacation time off from work.
- iii. *Personal Time* - All full-time employees are eligible for an additional 12 hours of personal leave time as an incentive for every six (6) consecutive months of work without the use of sick leave.
1. A newly hired employee that begins work with the OCWD after July 1 shall not receive personal leave until they complete a full 6-month period as stated below.
  2. All unused personal leave time will be paid out in December of the same year.
  3. An employee shall not receive compensation for any unused personal leave time upon separation from employment.
- iv. *Bereavement* - All full-time OCWD employees shall be eligible for paid bereavement leave in the event of death in the employee's immediate or extended family. Bereavement leave shall be granted with approval by the Finance & Administrative Manager with review by the General Manager on the following basis:
- a. An employee shall be authorized for up to five (5) days of paid bereavement leave in the event of death in the employee's immediate family, one of the days to include attendance to the funeral. For the purposes of this paragraph "immediate family" shall mean the employee's parents, spouse, children, grandparents, grandchildren, brother, sister, spouse's parents, or anyone permanently residing with the employee. This includes step relationships.
  - b. An employee shall be authorized for paid bereavement leave for up to three days in the event of death of an extended family member of the employee. For purposes of this paragraph "extended family member" shall be limited to uncles, aunts, cousins, nieces, nephews, and spouse's immediate family, other than a spouse's parent. This includes step relationships.
  - c. An employee may be eligible for up to two days of additional paid bereavement leave for extenuating circumstances, such as for traveling long distances and making family arrangements. In addition, other special relationships may exist where the employee may be eligible for additional days of bereavement leave. In these instances, the employee should discuss the circumstance or the relationship with the employee's

immediate department supervisor/manager, who shall grant or deny such requests in light of the workload, the employee's circumstances, and other pertinent factors.

- v. *Unpaid leave* –Upon exhaustion of all sick, vacation or any other form of paid leave, a request of leave may be granted by the General Manager after consultation with employee's manager.
- vi. *Jury Duty* - OCWD encourages employees to fulfill their obligation as citizens when called to serve jury duty or to comply with a court or administrative subpoena. An employee that is required to attend jury duty or comply with a court or administrative subpoena during their regular working hours at the OCWD shall be paid their full salary for the period of such service.
- vii. *Military Leave* - OCWD will comply with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and the provisions of KRS 61.373 through 61.377 and KRS 61.394.
- viii. *Voting Leave* - OCWD encourages its employees to vote on Election Day. Department Managers grant a reasonable period of voting leave for an employee who is qualified to vote and who has requested voting leave. OCWD will compensate the employee for the leave.
- ix. *Inclement Weather Pay* – For the safety of employees, on occasion there is inclement weather that hinders transportation. In those situations, OCWD operates under the Inclement Weather Policy for pay.
  - 1. If the OCWD system is closed for an entire day because of an inclement weather situation, all employees scheduled to work that day will be paid for the number of hours they were scheduled to work including any applicable shift differential.
  - 2. If an emergency closing occurs during hours the OCWD is open, employees will be paid for any remaining hours scheduled including any applicable shift differential.
  - 3. The employees involved in essential services are excused from work only with the specific authorization of their department manager, regardless of radio or other announcements.
  - 4. If an employee is off on vacation or sick leave, the employee will need to continue to use vacation or sick leave for that time.
  - 5. Scheduled staff who report to work may, in the discretion of the General Manager and in addition to pay for hours worked, receive additional vacation time for regular scheduled hours for that day including any applicable shift differential.

- x. *Overtime – Overtime*” means any time in excess of 40 hours in any single workweek. In addition, if a nonexempt employee works seven days in any one workweek and works over 40 hours in those seven days, all hours worked on the seventh day are at time-and-a-half.
  - 1. All hourly employees holiday hours as well as vacation, sick, and personal leave hours are considered as hours worked for purposes of determining overtime.
  
- xi. *Call-In Pay*
  - 1. If an employee is called to report to work either after normal working hours or before normal working hours, the employee shall be paid at the overtime rate of pay if hours worked as defined in Personnel & Procedures Manual are met.
  - 2. Employees assigned to a standby shift will be paid according to the following guidelines:
    - a. Employees are paid a minimum of four (4) hours at the overtime rate for each weekend day they are on standby.
    - b. Actual hours worked will be added to the minimum four (4) hours of on-call at the overtime rate.