

EMPLOYEE HANDBOOK



CITY OF IOWA CITY

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A. INTRODUCTION

This handbook includes a summary of the policies, practices and programs that apply to employees of the City of Iowa City. It has been prepared to provide awareness of policies and procedures and will answer many general questions you may have. Specific situations or questions regarding topics outlined in this manual may be directed to your supervisor or Human Resources.

This handbook is also supplemented by several benefits booklets which outline specific benefits offered to you and your family, the Collective Bargaining Agreement or Administrative and Confidential Employee Employment Manual applicable to your position, and various policies and notices. The information contained in this handbook should be read in conjunction with these documents.

This handbook is not a contract but is intended solely to give employees an overview of the terms and conditions of employment with the City. If at any time there should be a conflict between a statement in this handbook and a collective bargaining agreement, City policy, or state/federal law, the terms of the actual contract, policy or law will govern in all cases.

Permanent City employees are provided a copy of this document at their new-employee orientation. However, ***please be advised that updates/revisions are not redistributed in hardcopy but rather posted to the Human Resources Division webpages, www.icgov.org/jobs. Employees are always advised to consult the HR webpages to ensure that they are accessing the most current information. Hardcopies of any documents posted to the HR webpages will be provided upon request.***

B. OVERVIEW OF GUIDING POLICIES & AGREEMENTS

Guidelines, rules and procedures guiding City employment issues are established by a combination of internal documents and applicable regulations.

(3) Collective Bargaining Agreement (union contract)

Employees in positions covered by a collective bargaining unit are subject to the terms of the agreement negotiated by union representatives for all positions covered by the agreement. The majority of permanent City employees are covered by one of three union contracts: AFSCME, Police Labor Relations Association of Iowa City, or the Iowa City Association of Professional Firefighters.

The specific terms of these contracts vary but address issues such as:

- Wages
- Work schedules
- Benefits
- Paid Time Off

- Holidays
- Seniority
- Grievance Procedure

A copy of the applicable collective bargaining agreement has been included in Appendix II and is also available on the Human Resources Division webpage, www.icgov.org/jobs, under *Policies, Contracts and Pay Plans*.

Administrative and Confidential Employees Employment Manual

This document addresses employment terms for City employees not subject to a collective bargaining agreement. The issues addressed by this document are similar in nature to the issues negotiated in the union contracts.

If applicable, a copy of the Administrative and Confidential Employees Employment Manual has been included in Appendix II and is also available on the Human Resources Division webpage, www.icgov.org/jobs, under *Policies, Contracts and Pay Plans*.

(2) Personnel Policies Overview

The Personnel Policies set forth the policies by which personnel-related decisions made by either supervisor or employee are to be guided; and to express mutual expectations for conduct in the workplace. These policies apply to all City employees and include provisions addressing issues such as:

- Equal Employment Opportunity
- Labor Relations
- Civil Service
- Harassment and Discrimination
- Workplace Violence Prevention
- Employee Relations and Conduct
- Whistleblower and State Ombudsman's Office
- Employee Assistance Program
- Substance Abuse Policy
- License, Certification and Insurability Requirements
- Personnel Transactions
- Safety

A copy of the Personnel Policies has been included in Appendix II and is also available on the Human Resources Division webpage, www.icgov.org/jobs, under *Policies, Contracts and Pay Plans*.

(3) Other City Policies

In addition to the Personnel Policies, various other City employment-related policies have been developed which are applicable to all employees. These policies address a variety of issues such as:

- Communications
- Drug Free Workplace
- Drug and Alcohol Policy (DOT)
- Workplace Health and Safety
- Service to Individuals with Disabilities

Copies of these policies have been included in Appendix III and are also available on the Human Resources Division webpage, www.icgov.org/jobs, under *Policies, Contracts and Pay Plans*.

(4) Administrative Regulations

The City has issued a number of miscellaneous administrative policies which address a variety of issues such as:

- Residency Requirements
- Timekeeping
- Limitations on Work Hours of Hourly Employees
- Internet/Intranet/Electronic Mail
- Criminal Background Checks in Hiring
- Employee Volunteerism
- Wellness
- Solicitation of City Employees
- Performance Evaluations
- Classification of Division Heads
- Others

A link to these policies can be accessed on the Human Resources Division webpage, www.icgov.org/jobs, under *Policies, Contracts, and Pay Plans* (see [Administrative Regulations](#)).

(5) State and Federal Regulations

The City is subject to a variety of state and federal regulations addressing employee rights. These include:

- Family and Medical Leave Act (FMLA)
- Health Insurance Portability and Accountability Act (HIPAA)
- Consolidated Omnibus Budget Reconciliation Act (COBRA)
- Children's Health Insurance Program (CHIP)

- Women’s Health and Cancer Rights Act
- Medicare
- Affordable Care Act – marketplace information
- Smokefree Air Act
- Other state and federal laws affecting health coverage

Required notices and information sheets regarding these regulations have been included in Appendix III.

C. GENERAL EMPLOYMENT INFORMATION

(1) Job Vacancies

Selection for employment is based on candidates’ qualifications as they relate to job specifications in conjunction with applicable Collective Bargaining Agreements and Civil Service.

As positions become available, Position Vacancy Announcements are distributed to divisions through the internal mail. Divisions have a designated posting place where employees may check for open positions. Job vacancies can be viewed online via Employee Self Services. Employees need to log in using their username and password in order to see all Internal and External job vacancies.

Position Vacancy Announcements will list an application deadline. Human Resources will not accept applications beyond the specified deadline date. Employees are able to apply online for open positions via Employee Self Services.

Refer to your Collective Bargaining Agreement for other guidelines regarding applying for open City positions and transfer procedures.

(2) Paid Time Off

The types of paid leave provided to employees are established by the appropriate collective bargaining agreement or the Administrative and Confidential Employee Employment Manual (see appendix II).

All permanent City employees accrue vacation and sick leave on a per pay period basis and receive some form of compensation for the City’s eleven designated holidays.

Vacation and sick leave accrue at the equivalent of 1 day per month. The vacation accrual rate increases every five years subject to the schedule established by the applicable collective bargaining agreement or the Administrative and Confidential Employee Employment Manual. Accrued vacation time is unavailable for use within the first six months of employment in a permanent position.

City's designated holidays are:

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day
- Floating Holiday to be determined by the City Manager

(3) Pay periods

City employees are paid on a bi-weekly schedule. Pay periods cover a 14-day period, starting on Sunday and ending a week from the following Saturday. Paychecks are distributed on the Friday following the end of the pay period.

Example: Paychecks are issued on Friday, January 25th for hours worked during the pay period of January 6th through January 19th.

January						
S	M	T	W	TH	F	S
		1	2	3	4	5
<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>
<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>
20	21	22	23	24	25	26
27	28	29	30			

(4) Time Records

All hours worked during a pay period must be recorded, approved by the respective department and submitted to Payroll in accordance with established deadlines.

Check with your supervisor regarding the specific procedures and deadlines regarding your department.

(5) Paycheck Deduction Schedule

- 1st Check of the Month
- AFSCME Union Dues
- Dependent Life (current month)
- Supplemental Life (current month)

2nd Check of the Month
Parking (current month)

1st and 2nd check of the Month
Wellmark (current month)
Delta Dental (current month)
Delta Vision (current month)
Flex
Child Support
Deferred Compensation
Annuities
Credit Union
United Way
Iowa Shares

3rd Check of the Month (when applicable)
Flex
Child Support
Deferred Compensation
United Way
Iowa Shares

D. BENEFITS OVERVIEW

(1) Medical Insurance

The City offers a medical insurance policy to eligible employees and their dependents through Wellmark. Employees may elect single or family coverage. The employee cost-share, deductibles, out of pocket maximums and other key terms of the coverage are subject to the provisions of the applicable collective bargaining agreement or the Administrative and Confidential Employee Employment Manual. A summary of benefits coverage and coverage manual have been included in Appendix I. These documents are also available on the Human Resources Division webpage, www.icgov.org/jobs, under *Benefits*.

Employees have the opportunity to enroll within their first 30 days of employment with coverage being effective on the first day of the month following their date of hire. Subsequent enrollment opportunities are available through the City's annual open enrollment process which occurs each November for the following plan year or when an employee experiences a qualifying status change event.

Reporting Changes (Qualifying Events)

The following events may affect your health insurance coverage and/or your ability to add/change dependent coverage. To prevent a loss of benefits, you must notify Human Resources within 60 days if one of the following events occurs.

- Marriage
- Addition of dependent children – newborn or adopted
- Divorce, annulment, or legal separation
- Death of spouse or a dependent
- Marriage of a dependent child
- Member becomes eligible for premium assistance under Medicaid or CHIP
- Military enlistment of a dependent child
- 26th birthday of a dependent child
- Completion of full-time schooling of a dependent child or a return to full-time schooling (for children 26 or older)
- Change in employment status
- Involuntary loss of coverage through a spouse's employer
- Exhaustion of COBRA coverage
- Loss of eligibility for coverage under Medicaid or CHIP

Refer to the specific coverage manual for the specific requirements of each plan.

Failure to provide timely notice of events impacting dependent eligibility and/or providing false, inaccurate, or incomplete information may result in serious consequences including **PERMANENT REMOVAL FROM THE GROUP MEDICAL PLAN** or **DISCIPLINE UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.**

Identification Card

You will receive two Wellmark Blue Cross/Blue Shield identification cards. The information on these cards, especially the identification numbers, is required to process your claims correctly and answer questions you may have on your coverage. You should carry your ID card with you at all times and present it to the provider of service at the time you receive care. For executive, administrative, confidential, and AFSCME employees, the Alliance (Classic Blue) 1-800 number for precertification is also listed on the back. Additional identification cards can be requested for your covered dependents through www.mywellmark.com or through Human Resources.

Filing Claims

Participating Wellmark providers will likely file claims on your behalf. Claim forms are available in Human Resources and on the Intranet if you need to file a claim directly. Instructions for filing claims are found on the back side of the claim form and in the Wellmark Coverage Manual.

If you have a question regarding coverage or provisions of the policy you should address these to Human Resources.

If you have a question about how a specific claim was handled you should contact Wellmark customer service for assistance at 1-800-600-4149.

When speaking with anyone about Wellmark problems, always have your Explanation of Benefits (EOB) available for reference as well as information pertinent to the claim. This includes your subscriber number, the date of service, the provider or doctor, and the amount of the bill. Make note of the name of the person you spoke with, the date, and a short summary of the conversation in case a follow-up is necessary.

(2) Dental Insurance

The City offers a dental insurance policy to eligible employees and their dependents through Delta Dental. Employees may elect single or family coverage. The employee cost-share, deductibles, out of pocket maximums and other key terms of the coverage are subject to the provisions of the applicable collective bargaining agreement or the Administrative and Confidential Employee Employment Manual. A summary of benefits coverage and coverage manual have been included in Appendix I. These documents are also available on the Human Resources Division webpage, www.icgov.org/jobs, under *Benefits*.

Employees have the opportunity to enroll within their first 30 days of employment with coverage being effective on the first day of the month following their date of hire. Subsequent enrollment opportunities are available through the City's annual open enrollment process which occurs each November for the following plan year or when an employee experiences a qualifying status change event.

Reporting Changes (Qualifying Events)

The following events may affect your dental insurance coverage and/or your ability to add/change dependent coverage. To prevent a loss of benefits, you must notify Human Resources within 31 days if one of the following events occurs *in most cases*.

- Marriage
- Addition of dependent children – newborn or adopted*
- Divorce, annulment, or legal separation
- Death of spouse or a dependent
- Marriage of a dependent child
- Member becomes eligible for premium assistance under Medicaid or CHIP
- Military enlistment of a dependent child
- 26th birthday of a dependent child
- Completion of full-time schooling of a dependent child or a return to full-time schooling (for children 26 or older)
- Change in employment status
- Involuntary loss of coverage through a spouse's employer
- Exhaustion of COBRA coverage
- Loss of eligibility for coverage under Medicaid or CHIP

*You must notify Human Resources within 60 days of the event.

Refer to the specific coverage manual for the specific requirements of each plan.

Failure to provide timely notice of events impacting dependent eligibility and/or providing false, inaccurate, or incomplete information may result in serious consequences including **PERMANENT REMOVAL FROM THE GROUP DENTAL PLAN** or **DISCIPLINE UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.**

Identification Card

You will receive two Delta Dental identification cards. The information on these cards, especially the identification numbers, is required to process your claims correctly and answer questions you may have on your coverage. You should carry your ID card with you at all times and present it to the provider of service at the time you receive care. At your request, additional identification cards can be issued for your covered dependents.

Filing Claims

Claim forms are available in Human Resources as well as the Intranet.

Dentists who are current members of the Delta Dental Plan of Iowa have agreed to accept 100% of the Usual, Customary, and Reasonable fee as payment in full for dental services provided. (You are responsible for any deductible or co-payment that may exist.) The dentist may file the claim for you, and Delta Dental will reimburse the dentist directly.

If you receive services from a dentist who is not a member of the Delta Dental plan of Iowa, you will be responsible for the payment of services and will be reimbursed at 100% of the Usual, Customary, and Reasonable fee, subject to any deductible or coinsurance amounts.

If you have a question regarding coverage or provisions of the policy you should address these to Human Resources.

If you have a question about how a specific claim was handled you should contact Delta Dental customer service for assistance at 1-800-544-0718.

When speaking with anyone about Delta Dental problems, always have your Explanation of Benefits (EOB) available for reference as well as information pertinent to the claim. This includes your subscriber number, the date of service, the provider or doctor, and the amount of the bill. Make note of the name of the person you spoke with, the date, and a short summary of the conversation in case a follow-up is necessary.

(3) Vision Insurance

The City offers a vision insurance policy to eligible employees and their dependents through Delta Vision. Employees may elect single, employee/spouse, employee/children or family coverage. Premiums are paid by the employee. A summary of benefits coverage and coverage manual have been included in Appendix I. These documents are also available on the Human Resources Division webpage, www.icgov.org/jobs, under *Benefits*.

Employees have the opportunity to enroll within their first 30 days of employment with coverage being effective on the first day of the month following their date of hire. Subsequent enrollment

opportunities are available through the City's annual open enrollment process which occurs each November for the following plan year or when an employee experiences a qualifying status change event.

Reporting Changes (Qualifying Events)

The following events may affect your vision insurance coverage and/or your ability to add/change dependent coverage. To prevent a loss of benefits, you must notify Human Resources within 31 days if one of the following events occurs *in most cases*.

- Marriage
- Addition of dependent children – newborn or adopted*
- Divorce, annulment, or legal separation
- Death of spouse or a dependent
- Marriage of a dependent child
- Member becomes eligible for premium assistance under Medicaid or CHIP
- Active military duty of spouse or child
- 26th birthday of a dependent child
- Completion of full-time schooling of a dependent child or a return to full-time schooling (for children 26 or older)
- Change in employment status
- Involuntary loss of coverage through a spouse's employer
- Exhaustion of COBRA coverage
- Loss of eligibility for coverage under Medicaid or CHIP

*You must notify Human Resources within 60 days of the event.

Refer to the specific coverage manual for the specific requirements of each plan.

Failure to provide timely notice of events impacting dependent eligibility and/or providing false, inaccurate, or incomplete information may result in serious consequences including **PERMANENT REMOVAL FROM THE GROUP DENTAL PLAN** or **DISCIPLINE UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.**

Identification Card

You will receive two Delta Vision cards. The information on these cards, especially the identification numbers, is required to process your claims correctly and answer questions you may have on your coverage. You should carry your ID card with you at all times and present it to the provider of service at the time you receive care. At your request, additional identification cards can be issued for your covered dependents.

Filing Claims

Claim forms are available in Human Resources as well as the Intranet.

Providers who are current members of the Delta Vision Insight network have agreed to file the claim for you, and Delta Vision will reimburse the provider directly.

If you receive services from a provider who is not a member of the Delta Vision Insight network, you will be responsible for the payment of services and will be reimbursed at out of network coverage level.

If you have a question regarding coverage or provisions of the policy you should address these to Human Resources.

If you have a question about how a specific claim was handled you should contact Delta Vision customer service for assistance at 1-888-899-3747.

When speaking with anyone about Delta Vision problems, always have your Explanation of Benefits (EOB) available for reference as well as information pertinent to the claim. This includes your subscriber number, the date of service, the provider or doctor, and the amount of the bill. Make note of the name of the person you spoke with, the date, and a short summary of the conversation in case a follow-up is necessary.

(4) Flexible Benefits (Section 125)

The Flexible Benefit plan allows you to use pre-tax dollars to pay for your portion of the premium for employer-sponsored medical or dental benefits and/or set aside some of your salary before taxes to be reimbursed for eligible health and/or daycare expenses. This reduction in taxable income lowers the amount of taxes you pay.

The City's Flex plan offers three options:

- **Premium Conversion:** Pay for your portion of the employer-sponsored insurance plan premiums with pre-tax dollars.
- **Health Care Spending Account:** If you have eligible health care expenses not reimbursed by insurance, (example: co-pays, certain items not covered by health insurance) you may be able to pay for some of those expenses with pre-tax dollars. Any expenses that are reimbursed through your Health Care Spending Account cannot be deducted for federal income tax purposes. You can set aside up to \$2,700 a year towards this account (this amount will be adjusted to remain consistent with the federal limit).
- **Dependent Care Spending Account:** If you hire a daycare provider to watch an eligible dependent (child under age 13, or a spouse or other dependent who lives with you and is unable to care for himself or herself), some of those expenses may be reimbursable tax-free. The expense must be incurred to enable you to work.

If you are married, your spouse must be employed, a full-time student, or incapable of self-care. You can set aside up to \$5,000 a year (\$2,500 if married and filing separately). Your election may not exceed the income of you or your spouse, whichever is less. *Note:* You cannot claim a tax credit on your income taxes for dependent care expenses reimburse through the FSA.

Contribution Guidelines

Elections are irrevocable for the duration of the plan year (January 1 – December 31). This means that no changes are allowed in the dollar amounts elected for the year and that participants must remain in the plan until the end of the plan year.

Certain qualifying status change events do allow you to make changes consistent with the event such as:

- Marriage
- Divorce
- Death of a spouse or child
- Birth or adoption of a child
- Termination or commencement of spouse's employment

Check with Human Resources for other events and remember that changes must be made within **30 days** of the event.

The Flexible Benefits Plan Summary Plan Description has been included in Appendix I. This document is also available on the Human Resources Division webpage, www.icgov.org/jobs, under *Benefits*.

Getting Reimbursed for Spending Accounts

After receiving services (health care or dependent care), get an Explanation of Benefits (EOB) from your insurance carrier or an itemized receipt which includes the following information:

- Name of service provider
- Date service provided
- Nature of service or expense
- Dollar amount of your responsibility

Claims Submission Process

If the service is covered by insurance, it must be processed by insurance first.

Online claims submission is available via the ThrivePass website <https://thrivepassbenefits.lh1ondemand.com> . Claim forms are available in Human Resources or on the Intranet. Complete the appropriate (health or dependent care) claim form with appropriate documentation attached.

Send claim forms to ThrivePass at:

ThrivePass
PO Box 220
Minneapolis, MN 55440

Or fax to (952) 541-6377. The claim form can serve as the cover sheet; no need to mail originals when faxing.

Claims must be received by Wednesday for weekly processing on Friday. Reimbursement checks are mailed to your home address on the day after processing. Direct Deposits are available, posting to your account two business days after processing. You have until April 30 to submit claims for the previous plan year.

ELECT CONSERVATIVELY – FUNDS NOT USED ARE FORFEITED

(5) Group Life Insurance

The City provides term life insurance, at no cost, to all permanent employees. The insurance is provided through Madison National Life Insurance Company and the benefit equals the amount of your annual salary, rounded to the next highest thousand dollars if not an even thousand.

This policy also includes an Accidental Death & Dismemberment provision for all active permanent non-Union employees.

Effective Date

Your insurance will be effective on the date of hire if your position is classified as Executive, Administrative, Confidential, or Police Bargaining Unit. Insurance is effective on the first day following 90 days as a permanent employee for all other positions.

Note: If you were disabled on the day before the scheduled effective date of your insurance, then the effective date of your insurance will be delayed until the first day after you complete one full day of Active Work.

Changes

Changes in the amount of your life insurance, due to changes in your annual earnings, become effective on the first day of the calendar month following such change, provided you meet the Active Work requirement.

Beneficiary Provisions

Beneficiary or beneficiaries means the person or persons you name to receive the death benefits under the group policy if you die. You may name or change beneficiaries at any time. The consent of a named beneficiary is not needed to change beneficiaries. You can name multiple primary and secondary beneficiaries and designate their respective shares.

No Surviving Beneficiary

If you do not name a beneficiary, or if you are not survived by a beneficiary, all death benefits will be paid in equal shares to the first surviving class of the following classes:

- Your spouse
- Your children
- Your parents

If none of them survives you, the benefits will be paid to your estate.

Conversion/Portability

Your life insurance coverage ends on the day you terminate employment with the City of Iowa City. At that time, you have the right to purchase an individual policy of life insurance or to purchase portable group insurance (provided you meet eligibility requirements for portability), without submitting evidence of insurability, provided you contact the company and make arrangements within 31 days of the date of coverage termination.

(6) Optional Dependent Life

You may choose to purchase life insurance coverage in the amount of \$5,000 for your spouse and/or children. This coverage is provided through Madison National Insurance Company. Coverage is offered to all permanent employees at a flat rate of \$1.68 per month regardless of the number of dependents covered on the policy.

You must apply for Dependent Life Insurance by completing an enrollment form. Required premium contributions will be payroll deducted. If you currently do not have any dependents, you have 30 days from the date you acquire your first dependent to elect this coverage.

Definition of Dependent:

- Your spouse
- Unmarried child, stepchild, or legally adopted child who is:
 - At least 15 days old but not yet 21 years old and financially dependent on parents; or
 - Age 21, but has not yet attained age 25, is primarily dependent on parents for financial support and attends an accredited school (other than correspondence school) on a regular and full-time basis as the child's principal activity; or
 - 21 years or older, and is disabled and primarily dependent upon parents for financial support.

Effective Date

Your insurance will be effective on the date of hire if your position is classified as Executive, Administrative, Confidential or Police Bargaining Unit. Insurance is effective on the first day following 90 days as a permanent employee for all other positions.

For employees who have an event (i.e. marriage), the date you apply for Dependent Life Insurance, provided you apply within 31 days after you become eligible and pay the premium for that month.

Once you have enrolled in the program, new dependents become insured automatically. Coverage for new dependent children becomes effective when the child is 15 days old.

Late Enrollment

If you do not elect coverage when first eligible, you may still apply in the future. Coverage on children will be guaranteed; however, a spouse (if applicable) will be subject to medical underwriting.

(7) Supplemental Life Insurance

Employees may purchase additional life insurance in \$10,000 increments up to the *greater of* 6x their annual salary or \$300,000. Employees may also purchase life insurance for their spouse increments of \$10,000 up to \$300,000 as long as they purchase an equivalent amount of coverage for themselves. This supplemental life coverage is provided through Madison National Life Insurance Company.

Evidence of insurability is required if:

- You fail to enroll within 30 days of your hire date
- If you choose more than \$100,000 coverage for yourself
- If you choose more than \$30,000 of coverage for your spouse

Coverage is also available for dependent children (to age 21; 25 for full-time students unless your child is an eligible disabled child who is unable to work) in the amount of \$2,000, \$5,000, or \$10,000. Coverage will end if the covered person enters the armed forces on a full-time basis.

Cost of coverage

Premiums are based on the amount of coverage purchased and the age of the insured individual. Child premiums are based on the amount of coverage purchased only. A rate sheet is included in Appendix I.

Portability

If your employment ends, you can choose to take the Life Insurance coverage with you. Restrictions apply, premiums and fees may be higher and you must apply and pay the first premium payment within 31 days following termination.

For specific plan details and provisions, a Group Term Life Insurance Certificate of Insurance regarding group life, dependent life and supplemental life insurance benefits has been included in Appendix II. This document is also available on the Human Resources Division webpage, www.icgov.org/jobs, under *Benefits*.

(8) Long Term Disability Insurance

Long-term disability coverage designed to partially replace income lost during periods of total disability by paying a portion of an employee's salary is provided to active, permanent employees filling positions budgeted at .75 FTE or higher, **except for Police or Fire employees covered under the Police and Fire Retirement and Pension System**. Coverage is provided through Madison National Life Insurance Company and begins on your date of hire into a .75 FTE or higher position. If you are not at active work on that date, the insurance will be effective on the day you begin active work. There is no employee cost for LTD insurance and enrollment is automatic.

Benefit

For employee's who experience a disabling condition, the LTD policy provides a monthly benefit of 60% of your Monthly Earnings, up to a Scheduled Maximum Amount, which becomes payable upon completion of the Elimination Period.

Elimination Period

The length of time you must be totally disabled before benefits are payable under this coverage is 120 calendar days or the length of sick leave, whichever is greater.

Conversion

Conversion to an individual policy is available, contact Human Resources for more information.

For specific policy terms and provisions, please see the Group Long Term Disability Insurance Certificate of Insurance included in Appendix I. This document is also available on the Human Resources Division webpage, www.icgov.org/jobs, under *Benefits*.

(9) Pension Benefits

City employees in permanent positions are covered by either the Iowa Public Employees' Retirement System (IPERS) or the Municipal Fire and Police Retirement System of Iowa (MFPRSI).

IPERS

IPERS is a defined benefit pension plan which provides a lifetime monthly benefit which is predictable and stable because it is calculated using a formula. As your years of service and salary increase, your IPERS benefits grow too.

All public employees (except Police Officers and Firefighters) become members upon hire and are required to contribute to IPERS through payroll deductions at rates set by the pension system. Current contribution rates are posted on the City's website www.icgov.org/jobs under *Benefits*.

As soon as you become an IPERS member, you must file a Designation of Beneficiary form, in which you name the person(s) you wish to receive any benefits payable in the event of your death. This form is in your orientation materials and also available in Human Resources. It is very important that the IPERS office have a current Designation of Beneficiary Form on file to ensure that your wishes will be carried out in the event of your death. It is also important that a new Designation of Beneficiary form be filed with the IPERS office if your designated beneficiary dies or when other circumstances warrant a change. You may change your designation by completing a new Designation of Beneficiary form. Legal documents such as wills or assignments do not supersede the designation of beneficiary you list on the IPERS form.

Once you become vested, you gain access to a greater percentage of your employer's contributions with each year you contribute to IPERS. You become vested after 7 years of service or when you reach age 65 while in IPERS-covered employment. Members who were vested before July 1, 2012, will remain vested.

If you terminate employment as a vested member, you may choose to leave your contributions in the System, earning interest and interest dividends, until you apply for retirement benefits. If you choose a retirement benefit option you will be eligible to receive your contribution and the City's contribution to the system.

If you terminate before becoming vested, you may **either** apply for a refund of your contributions plus accumulated interest **or** leave the contributions in the system. This option should be considered if there is a reasonable possibility that the member will return to covered employment. No interest will be credited to the member's account.

Your refund will not come to you automatically. You must apply for it. Refund forms are available in Human Resources or from IPERS.

Please refer to the "Welcome to IPERS" booklet included in Appendix I or visit www.ipers.org for more information.

MFPRSI (Sworn Police and Fire only)

MFPRSI provides a retirement plan which makes pension payments to its members who have retired from public service as a police officer or fire fighter and to their beneficiaries. The system also provides a disability program for its membership and employing cities. All Police Officers and Firefighters become members upon hire and are required to contribute to MFPRSI through payroll deduction at rates set by the pension system. Current contribution rates are posted on the City's website www.icgov.org/jobs under *Benefits*.

As soon as you become an MFPRSI member, you must complete the Membership form and a Designation of Beneficiary form, in which you name the person(s) you wish to receive any benefits payable in the event of your death. These forms are in your orientation materials and also available in Human Resources. It is very important that the MFPRSI office have a current Designation of Beneficiary form on file to ensure that your wishes will be carried out in the event of your death. It is important that a new Designation of Beneficiary form be filed with the MFPRSI office if your designated beneficiary dies or when other circumstances warrant a change. You may change your designation by completing a new Designation of Beneficiary form. Legal documents such as wills or assignments do not supersede the designation of beneficiary you list on the MFPRSI form.

Members are entitled to a retirement benefits at age 55 or over with at least 22 years of service at termination of employment.

If you terminate before meeting eligibility requirements, you may apply for a refund of contributions in the System or rollover the taxable portion of your refund directly to another qualified retirement plan or to an Individual Retirement Account (IRA).

Visit www.mfprsi.org for more information.

(10) Deferred Compensation Plan

Retirement through participation in a deferred compensation program.

Current tax law allows you to defer income through a deferred compensation plan without paying current income taxes on it. In addition, taxes on any investment earnings on your plan contributions are also deferred until benefits are actually paid to you. Even if you have an IRA

(Individual Retirement Account), you are still eligible to participate in the deferred compensation plan.

By deferring payment of income taxes until you receive the value of your account as a retirement benefit, you can invest more of your current earnings for retirement. Therefore, you may reduce the total amount of income taxes paid in your lifetime and accumulate a larger sum for retirement under the plan than if you had invested after-tax dollars outside the plan.

Some employees like to balance their deferred compensation portfolio by enrolling in both pre-tax and post-tax programs. The City also offers a Roth IRA, which is a post-tax program. The deferrals are taken out post-tax and since they have already been taxed there are no taxes when you withdraw the funds after retirement.

Who should participate?

The deferred compensation plan is not a short-term savings program. It is intended to provide employees with an opportunity to set aside money which will be used to supplement income during retirement years.

Generally speaking, you should consider enrolling if you:

- now have and will continue to have emergency funds
- are currently investing on an after-tax basis
- are paying substantial amounts of income tax
- are part of a dual-income family
- are single with no dependents
- are approaching retirement

You probably should not participate if you:

- have not first taken care of funds for emergencies
- cannot afford to invest part of your earnings on a long-term basis

Guidelines

The City of Iowa City's internal administrative rules for all deferred compensation programs are as follows. In some cases, the investment or insurance company (Company) providing the program may have more restrictive rules.

- All permanent employees are eligible to participate in deferred compensation
- The minimum deferrable amount is \$10.00 bi-weekly
- The reduction in taxable bi-weekly pay will be made on all paychecks; the annual amount will be spread evenly over all paychecks
- An employee may enroll, stop, increase or reduce deferred compensation amounts once a month, but the requests must be received on the 15th of the month to be effective the first paycheck of the following month. The City does not use a percentage but an actual dollar amount for the deduction. Please contact the Finance Administration Division at ext. 5050 for forms to enroll, stop, increase or reduce deductions
- Employees may specify in which investment fund/account deposits are to be made and may change diversification of accounts at any time within the parameters set by the Company

- The maximum deferred amount is limited to 33% of taxable income or \$16,500, whichever is less, as specified in Section 457 of the Internal Revenue Code

*NOTE: Any other pre-tax programs employees are participating in (i.e.: IPERS, MFPRSI, Flex Comp Health or dependent care reimbursement) must be deducted from gross pay prior to calculating the maximum 25% deferred compensation deduction.

Deferred funds are available when employees are (a) disabled, (b) retired, (c) deceased, (d) terminated, (e) involved in an unforeseeable financial emergency as approved by the Deferred Compensation Committee (the Internal Revenue Code defines an unforeseeable financial emergency as a severe financial hardship resulting from sudden and unexpected events beyond the participant's control).

The Deferred Compensation Committee shall consist of the Director of Finance, the City Attorney and the Assistant City Manager or their designees.

The City is not responsible for providing account status information or reports to individuals who have terminated employment with the City; this information/report is available from the Company.

If you are interested in participating in this program, contact Finance at (319) 356-5050.

(11) Family and Parental Leave

Eligible employees may apply for up to 4 weeks of partially paid leave to provide care immediately following the birth or adoption of a minor child or for a spouse, parent or child diagnosed with a serious health condition. Family and parental leave is available to all permanent non-bargaining, AFSCME and Fire union employees. The Family and Parental leave policy is included in Appendix I.

(12) Employee Assistance Program

The City of Iowa City sponsors an Employee Assistance Program (EAP) as a means of assisting all permanent employees and their families in resolving any problems that may affect personal well-being, and, potentially, job performance. These problems may include marital or family difficulties, financial or legal concerns, emotional conflicts or problems caused by alcohol or other substance abuse.

The program, administered by **Synchrony (351-9072), 438 Southgate Ave., Iowa City**, is a place employees can turn to when they, or their family members, feel they may need guidance assistance in solving personal problems. **It is entirely confidential** and in no way meant to interfere with an employee's private life. The City does not receive any notification when an individual accesses EAP services. The only data reported is an annual Utilization Report identifying the number of individuals who accessed services.

Employees and their families are encouraged to voluntarily seek assistance for a problem as soon as possible. This involves calling the program coordinator at (319) 351-9072 to schedule an appointment. You may be seen at the EAP for up to six visits at no cost. However, if a referral is made to another community resource, you will be responsible for costs incurred. The EAP counselor will recommend referral options and your health insurance may cover some of the costs, depending upon the nature of the problem and the referral agency. If you have questions about your health insurance coverage, you are encouraged to discuss this matter with the counselor

Voluntary EAP referrals

A voluntary, self-referral to the program is the preferred method. You, or a family member, upon recognition of a problem, simply phone the EAP to schedule an appointment for an initial interview.

Informal EAP referrals

An informal referral is a suggestion from either a supervisor, co-worker, or family member, to go to the EAP for assistance. This type of referral is generally made prior to any serious decline in job performance, but at a stage where concerned persons have noticed a change in an individual's personality, attitude, or overall health. The City will not be made aware of your visit if it is made voluntarily prior to the problem becoming a job performance issue.

Formal EAP referral

A formal referral is initiated by a supervisor and may be accompanied by disciplinary action or imposed as a condition of continued City employment. This type of referral is made at a point where job performance has declined to a critical level and corrective measures have been unsuccessful in resolving the situation. An individual who is formally referred to the EAP will be asked to sign a release of information form. **Information provided to the City is limited to information regarding attendance and level of involvement.**

(12) City-provided Exercise Facilities

The City of Iowa City maintains an exercise room in the lower level of City Hall as well as at the Transit Facility. The room(s) can be accessed using your employee proximity card. To use the room(s) you must sign a Release of Liability form.

Exercise Room Rules

- Use of the exercise room is limited to City of Iowa City employees who have signed a waiver of liability form (available in Human Resources).
- Equipment may be used on un-paid time only*. Equipment may not be used on paid break time or paid lunch time.
- No one except City employees may be in the exercise room. Family members and friends may not be in the room even if they are not using the equipment.
- Lockers are available (City Hall) for use while you are exercising. Items must be removed when you complete your workout so that lockers will be available for others.

- Locks may be affixed to the locker while you are working out but must be removed, along with your belongings, at the end of your workout.
- Please be courteous and play music and/or the television at a volume that will not disrupt others.
- Please be courteous and limit your time on each machine to 30 minutes if others are waiting to use the machine.
- Showers are available in the exercise room at City Hall. Police and Fire personnel are encouraged to use the showers available in their department so that showers will be available for others who do not have alternative shower facilities.
- Towels, soap, shampoo, etc. will not be provided. Please remove your personal use items from the shower area when you leave.

*Firefighters are permitted to use the equipment per Fire Department Policy.

City employees can also use the exercise equipment located in the Robert A. Lee Recreation Center at 220 S. Gilbert Street by registering for a building pass.

E. MISCELLANEOUS INFORMATION

(1) Employee Proximity Card

All permanent employees will receive an employee identification card that is also a proximity card. The card allows the employee to access certain doors at City facilities.

The employee is responsible for maintaining control of the card at all times and should not allow anyone else to use their card. If the card is lost, stolen, or misplaced it is the employee's responsibility to notify Human Resources (x5020) immediately. The employee will be charged a \$10 replacement fee for a new card. Access into buildings is electronically monitored and such records will be reviewed and maintained by the City of Iowa City.

If the employee resigns they will be required to return the card to Human Resources or a deduction of \$10 will be taken from the final paycheck or accrual check.

(2) Parking

Permanent employees may purchase a parking permit, which is payroll deducted, at 50% of the cost to the public. There will be no waiting if you, as a new City employee, contact the Parking Division during the first week of employment. Visit the Parking Office at Tower Place to complete the necessary paperwork.

If you do not request parking the first week of employment, but do so at a later date, your name will be added to a waiting list which also includes the general public. You will need to make other arrangements for parking until your name reaches the top of the list.

There are some hourly spaces in the Chauncey Swan lot or metered parking is available on several streets near City Hall.

(3) Bus Passes

In an attempt to assist those employees who ride the bus to work or who would like this option, the City offers a 50% subsidy for a monthly bus pass.

The guidelines for the program are as follows:

- Any City employee, full-time or part-time, is eligible to participate.
- Employees may not purchase both a City bus pass and a City parking permit at the subsidized rates.
- The purpose of the program is to encourage employees to use the bus for transportation **to and from the workplace**. The employee may not give their bus pass to another person (spouse, child or friend) for regular use.
- The employee must purchase their bus pass at Revenue in City Hall. Revenue may request to see the employee's identification card in order to verify permanent employment status.
- The City will not replace lost bus passes nor will the City reimburse a pro-rated share if the employee leaves employment with the City.