



City of  
**Fort Collins**

2024

**BENEFITS  
GUIDE**



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# INTRODUCTION

The City of Fort Collins offers meaningful, competitive benefits as part of our overall culture of wellbeing. We collaborate with colleagues, City Council, and strategic partners to continually evaluate and improve employee benefits while responsibly stewarding City resources.

This Benefits Guide provides employees with:

- A description of the benefit options
- Rules on eligibility and Qualified Life Events
- Important contact information to help employees manage their benefits

For complete details of each benefit and benefit related forms, refer to the full text of the official Summary Plan Descriptions (SPD) available on the [City of Fort Collins Human Resources Benefits page](#).

*The City of Fort Collins is committed to ensuring that no individual is discriminated against, excluded from participation in, denied the benefits of its programs or services, or subject to discrimination on the grounds of race, color, national origin, ethnicity, citizenship, immigration status, gender, age, sexual orientation, gender identity, gender expression, religion, source of income, military status, or disability.*

## KEY UPDATES FOR 2024 BENEFITS

Effective January 1, 2024:

- The FSA contribution limit for 2024: \$3,050 (projected rate \$3,200 for 2024)
- The HSA contribution limits for 2024: \$4,150 (Employee Only) and \$8,300 (Family)
- **REMINDER:** Employees enrolled in the PPO Plan should select a Primary Care Physician with UMR



### BENEFITS PHILOSOPHY

*Our benefits program reflects those who work for us and supports them by being “life-friendly.” This means looking at employees holistically, and offering high-quality, relevant programs for every stage of life in a convenient and accessible way.*

- 🌐 **Benefits Website:** [Benefits Connect](#)
- 📞 **Phone:** 970-221-6535
- ✉️ **Benefits Email:** [hrbenefits@fcgov.com](mailto:hrbenefits@fcgov.com)



# ELIGIBILITY

*Employees working 20 hours or more per week. Classifications include: Classified, Unclassified, CBU, Contractual, City-Appointed, Executive & Senior Leaders and City Council.*

## WHO CAN ENROLL?

If you are eligible to elect coverage for yourself, you may also elect coverage for your eligible dependents. Eligible dependents include:

- Your legal spouse (marriage license is required)
- Your domestic partner (affidavit is required)
- Your common-law spouse if you live in a state that recognizes such marriages (affidavit is required)
- Your children and stepchildren from birth to age 26 (birth certificate is required)
- Your adult child who depends solely on you for support because of a mental or physical handicap (documentation is required)

## WHEN DO MY BENEFITS BEGIN?

Your benefits begin the 1st of the month following your date of hire or following a qualified life event (QLE) with the exception of a birth of a child; wherein benefits will be effective the date of the child's birth.

## ENROLL & MAKE CHANGES

Carefully review the benefits available to you and choose the best package for you and your budget. Your enrollment choices will remain in place for the remainder of the plan year January 1, 2024 to December 31, 2024.

**Please note:** Newborns are not automatically added to your plan. You **must** add newborns within 31 days of birth; this is considered a qualified life event.

## QUALIFIED LIFE EVENT

Changes can only be made within the first 31 days of the event.

All benefit selections are binding except in the event you have a qualified life event. If you experience one of the situations listed below, you have 31 days to notify Human Resources Benefits at [HRBenefits@fcgov.com](mailto:HRBenefits@fcgov.com) and complete the Benefit Enrollment form found on [HR Connect Human Resources Forms](#). If you do not make the change within the 31 days following the event, your next opportunity to make a change will occur during the open enrollment period.

- Marriage or divorce
- Birth or adoption of a child
- Loss or gain of coverage for employee or dependents
- Change in employment status
- Death of a dependent

## DEPENDENT VERIFICATION

The City conducts a review of the dependents you add through your benefit elections. Please know it is the employee's responsibility to only include dependents that are eligible for coverage (see definition to the left). If through this review we find employees have included ineligible dependents for coverage under the City's benefit plans, the dependent will be removed. For a dependent to be re-enrolled, proof of eligibility is required.

### Dependent Verification Supporting Documentation:

- Newborn: Birth certificate (state certified)
- Marriage: Marriage License
- Divorce: Divorce Decree (final document signed by judge)
- Death of a Dependent: Death certificate
- Loss or Gain of Coverage: Proof of Benefits Letter, COBRA Notice, Medicare letter

Documentation must show date coverage ended or started.

## HEALTHCARE REFORM

Information regarding Colorado's Marketplace for healthcare, Connect for Health Colorado, is available online at the website and phone number below:

Phone: 855-752-6749  
Website: [connectforhealthco.com](http://connectforhealthco.com)

## 2024 RATES

Bi-Weekly Paycheck Contribution (based on 26 pay periods)

		Full-Time (.75 FTE or greater)	Part-Time (less than .75 FTE)
<b>Medical - UMR PPO</b>	Employee Only	\$46.87	\$78.13
	Employee plus Spouse	\$226.06	\$301.33
	Employee plus Child(ren)	\$184.95	\$246.54
	Family	\$287.69	\$383.49
<b>Medical - UMR HDHP</b>	Employee Only	\$36.56	\$60.94
	Employee plus Spouse	\$176.32	\$235.04
	Employee plus Child(ren)	\$144.26	\$192.30
	Family	\$224.40	\$299.13
<b>Delta Dental</b>	Employee Only	\$5.29	\$6.98
	Employee plus Spouse	\$12.68	\$15.70
	Employee plus Child(ren)	\$15.86	\$19.62
	Family	\$21.14	\$26.16
<b>VSP Vision</b>	Employee Only	\$3.59	\$3.59
	Employee plus Spouse	\$7.18	\$7.18
	Employee plus Child(ren)	\$7.18	\$7.18
	Family	\$11.29	\$11.29

## RELIANCE STANDARD SUPPLEMENTAL LIFE AND VOLUNTARY AD&D RATES

The **Bi-Weekly Rates** for these benefits are:

<b>SUPPLEMENTAL LIFE INSURANCE</b>	
Employee and Spouse Rates	
Age	Rate / \$1,000
18-24	\$0.013
25-29	\$0.020
30-34	\$0.024
35-39	\$0.031
40-44	\$0.046
45-49	\$0.069
50-54	\$0.106
55-59	\$0.198
60-64	\$0.294
65-69	\$0.404
70-74	\$0.823
75+	\$0.951
Dependent Rates	
Dependent Rates	Rate / \$1,000
Child Per \$5K	\$0.277
Child Per \$10K	\$0.554

<b>VOLUNTARY AD&amp;D RATES</b>	
Coverage	Rate / \$1,000
Employee	\$0.012
Spouse	\$0.012
Child(ren)	\$0.012

<b>VOLUNTARY AD&amp;D SCHEDULE</b>	
For Accidental Loss of	Amount Payable
Life	100%
Two or More Members*	100%
Speech and Hearing	100%
One Member*	50%
Speech or Hearing	50%
Thumb and Index Finger of Same Hand	25%

\* "Member" refers to a hand, foot, or eye

Full-Time = 30+ hours/weekly (.75 FTE thru 1.00 FTE)  
Part-Time = 20-29 hours/weekly (.50 FTE thru .74 FTE)



# UMR MEDICAL BENEFITS

The City's medical plan is administered on a self-funded basis, meaning the City pays for the claims that are incurred by covered plan members throughout the year. The City engages UMR, a third-party administrator (TPA), to pay the claims and help manage the plan. UMR helps ensure that your claims are paid correctly so your health care costs can be kept to a minimum and you can focus on wellbeing. You can contact UMR at any time if you have questions regarding your plan.

## UNITED HEALTHCARE NETWORK

The City's plan utilizes the **United Healthcare Select Colorado Network (PPO)**, which includes the SelectColorado Network specific to Colorado, and **Choice Plus Network (HDHP)**. This means that while UMR administers your plan, the doctors, hospitals and other facilities are contracted under the UnitedHealthcare network.

Register through the UMR website at [umr.com](http://umr.com) for access to your ID cards, view claim details, and to find a doctor or hospital.

The table below summarizes the benefits of the medical plan. For a comprehensive description of the plan, view the Summary Plan Description (SPD) located on [Benefits Connect](#).

UMR MEDICAL BENEFITS <i>A Division of United Healthcare</i>				
	PPO Plan (SelectColorado Network)		HDHP Plan (Choice Plus Network)	
	Tier 1	Tier 2	In Network	Out of Network
<b>NETWORK:</b>				
<b>Calendar Year Deductible:</b>	\$350 Individual \$700 Family	\$2,500 Individual \$5,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
<b>Coinsurance: (Plan Pays/You Pay)</b>	80%/20%	60%/40%	90%/10%	60%/40%
<b>Calendar Year Out-of-Pocket Max:</b>	\$5,000 Individual \$10,000 Family	\$8,550 Individual \$17,100 Family	\$4,000 Individual \$8,000 Family	\$12,000 Individual \$24,000 Family
<b>Primary Care Visit:</b>	\$0 Copay	40% After Deductible	10% After Deductible	40% After Deductible
<b>Specialist Office Visit:</b>	\$40 Copay	40% After Deductible	10% After Deductible	40% After Deductible
<b>Preventive Visit:</b>	100% Covered	100% Covered	100% Covered	40% After Deductible
<b>Inpatient Hospital:</b>	20% After Deductible	40% After Deductible	10% After Deductible	40% After Deductible
<b>Outpatient Hospital:</b>	20% After Deductible	40% After Deductible	10% After Deductible	40% After Deductible
<b>Emergency Room:</b>	20% after Tier 1 Deductible	20% after Tier 1 Deductible	10% After In-Network Deductible	10% After In-Network Deductible
<b>Urgent Care:</b>	\$0 Copay	\$0 Copay	10% After Deductible	40% After Deductible
<b>Ambulance:</b>	20% after Tier 1 Deductible	20% after Tier 1 Deductible	10% After In-Network Deductible	10% After In-Network Deductible
<b>Major Diagnostic &amp; Imaging (Including CT/PET scans, MRIs)</b>	\$250 Copay (Prior Authorization is Required for CT/PET Scans)	40% After Deductible (Prior Authorization is Required for CT/PET Scans)	10% After Deductible (Prior Authorization is Required for CT/PET Scans)	40% After Deductible (Prior Authorization is Required for CT/PET Scans)
<b>Minor Lab &amp; X-ray</b>	\$25 Office/ \$25 Outpatient	40% After Deductible	10% After Deductible	40% After Deductible
<b>Maternity: Prenatal Postnatal care/Delivery</b>	100% Covered 20% after Deductible	100% Covered 40% after Deductible	10% After Deductible	40% After Deductible

## UMR MEDICAL BENEFITS CONTINUED

	PPO Plan (SelectColorado Network)		HDHP Plan (Choice Plus Network)	
NETWORK:	Tier 1	Tier 2	In Network	Out of Network
<b>Outpatient Physical Therapy:</b>	\$40 Copay Per Visit	\$40 Copay Per Visit	10% After Deductible	40% After Deductible
<b>Speech, Hearing, and Occupational Therapy:</b>	\$40 Copay Per Visit	\$40 Copay Per Visit	10% After Deductible	40% After Deductible
<b>Durable Medical Equipment:</b>	20% after Tier 1 Deductible	20% after Tier 1 Deductible	10% After In-Network Deductible	10% After In-Network Deductible
<b>Human Organ Transplant:</b>	100% Covered At Optum COE Facility (Includes \$10,000 For Housing); 20% After Deductible For Non-Designated Facility	100% Covered At Optum COE Facility (Includes \$10,000 For Housing); 40% After Deductible For Non-Designated Facility	100% Covered At Optum COE Facility (Includes \$10,000 For Housing); 20% After Deductible For Non-Designated Facility	No Out-of-Network Benefit
<b>Home Healthcare:</b>	20% after Tier 1 Deductible	20% after Tier 1 Deductible	10% After In-Network Deductible	10% After In-Network Deductible
<b>Hospice:</b>	20% after Tier 1 Deductible	20% after Tier 1 Deductible	10% After In-Network Deductible	10% After In-Network Deductible
<b>Rehabilitation Services:</b>	\$40 Copay: Deductible Waived	\$40 Copay: Deductible Waived	10% After Deductible	40% After Deductible
<b>Skilled Nursing Care:</b>	20% after Tier 1 Deductible 120 visits per year	20% after Tier 1 Deductible 120 visits per year	10% After Deductible	40% After Deductible
<b>Hearing Aids:</b>	20% after Tier 1 Deductible	20% after Tier 1 Deductible	10% After Deductible	40% After Deductible
<b>Allergy Injections:</b>	100% Covered	40% After Deductible	10% After Deductible	40% After Deductible
<b>Chiropractic Care:</b>	\$20 Copay Per Visit	\$20 Copay Per Visit	10% After Deductible	40% After Deductible
<b>Mental Health/ Substance Abuse: (Inpatient)</b>	20% after Tier 1 Deductible	20% after Tier 1 Deductible	10% After Deductible	40% After Deductible
<b>Mental Health/ Substance Abuse: (Office Visits)</b>	<b>In-Network:</b> \$0 Copay <b>Out-of-Network:</b> 40% after Deductible		10% After Deductible	40% After Deductible
<b>Infertility Benefits</b>	Subject to place of service and treatment administered up to a \$25,000 lifetime max		Subject to place of service and treatment administered up to a \$25,000 lifetime max	
<b>Prescription Drugs administered by Express Scripts</b>				
<b>Rx Copay</b> (Generic / Tier 1; Formulary / Tier 2; Non-Formulary / Tier 3; Specialty / Tier 4)				
<b>Retail Pharmacy (30-day supply)</b>	\$10 / \$30 / \$50 / \$100		\$10 / \$30 / \$50 / \$100 After Deductible	
<b>Mail Order (90-day supply):</b>	\$25 / \$75 / \$125 Specialty: N/A for Mail Order	Not Covered	\$25/\$75/\$125 After Deductible Specialty: N/A for Mail Order	Not Covered

## SELECTCOLORADO NETWORK OVERVIEW

1. SelectColorado is a partnership with the state's leading doctors, including those from UHealth/SCL Health and Medical Center of the Rockies, all working together to coordinate care. This is a newer and innovative health plan that's built around strengthening the relationship between you and your primary care physician (PCP) — with the goal of meaningful engagement and more complete preventive care.
2. The network is comprised of 2 tiers: Tier 1 and Tier 2. Any doctors outside of these two tiers are out of network and there is no coverage.
3. Tier 1 Colorado providers can be found in 14 counties at this time: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Routt, Teller, and Weld.
4. Providers outside of these counties are treated as Tier 1 if they are participating with the national UnitedHealthcare Select Plus Network - the network is found if you look under "UnitedHealthcare" specifically.

## SEARCHING FOR PROVIDERS

### SelectColorado PPO Plan

1. If you are looking for a provider in the following counties: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Routt, Teller, Weld; please use the [Select Colorado search on UMR.com](#) and/or your UMR.com portal.
2. If you are looking for a provider in any Colorado county not listed above, they are also located in the Select Colorado provider search and will offer the highest benefit level of Tier-1.
3. All providers in Colorado are classified as either Tier-1 or Tier-2, utilizing a Tier-1 provider will yield the highest benefit level. Outside of Colorado, the UMR/UnitedHealthcare system will provide Tier 1 providers available in the SelectColorado network, regardless of state, look for the blue Tier 1 icon.

### Find a Choice Plus Doctor for HDHP

1. The High Deductible Health Plan (HDHP) does not have tiered providers.
2. Go to [umr.com](#) and select "Find a Provider." From there you can search for UnitedHealthcare Choice Plus using alphabet navigation or simply typing the text into the search box. Then, select "View Providers" and a directory will show you the medical doctors in your area.

When searching a provider on the PPO Plan be sure to look for this icon:

**TIER 1** Tier 1 Provider

*Click here to view full PDF from UMR!*

**How to find a SelectColorado provider**

Finding a network provider on umr.com has never been easier

- 1 Go to [umr.com](#) and select "Find a provider"
- 2 Search for **SelectColorado** using our alphabet navigation or type **SelectColorado** into the search box

Find a provider on-the-go using our [umr.com](#) mobile site

*continued on the back*

**UMR**



# BEHAVIORAL HEALTHCARE

1. SelectColorado PPO Plan
  - a. If a behavioral healthcare provider is in the UHC/Optum Behavioral Health network, they are in-network.
  - b. If a provider is not in the UHC/Optum network, employees will now be able to utilize them for mental healthcare office visits. Mental health or substance abuse office visits that are out-of-network will apply to the deductible of \$2,500 and out of pocket maximum of \$5,000. Once the deductible is met the claims will pay at 60% and when the out of pocket maximum is met, the claims will pay at 100%.
2. HDHP Plan
  - a. In-network: 10% after deductible
  - b. Out-of-network: 40% after deductible
3. You will continue to use the [Live and Work Well website](#) to search for providers.



## What type of Behavioral Health Care can we help you find near:

Fort Collins, CO 80526

[Change Location](#)

Search for providers and services

Search

4. If you see your provider on this site, the following benefits will apply:

UMR MEDICAL BENEFITS				
	PPO Plan (Optum Health Network)		HDHP Plan (Optum Health Network)	
	In Network	Out of Network	In Network	Out of Network
<b>Mental Health, Substance Use and Chemical Dependency</b>				
<b>Inpatient Services</b>	20% after Tier 1 Deductible	N/A	10% After Deductible	40% After Deductible
<b>Residential Treatment</b>	20% after Tier 1 Deductible	N/A		
<b>Outpatient Services</b>	\$0 Copay	40% After Deductible		
<b>Office Visits</b>	\$0 Copay	40% After Deductible		

# MENTAL HEALTH BENEFITS

Mental health benefits are an important component of the City’s benefits program. The City has several benefits programs that provide a wide range of mental health benefits, many of which are completely free and accessible in-person, virtually, or even through text – making it easier than ever for you to prioritize your mental health.

*Explore the programs below and choose the method of care that best suits your comfort and needs.*

		MINES EAP	MINES Supportiv	Teladoc Behavioral Health	Talkspace		UMR PPO Plan	UMR HDHP Plan
<b>Sessions</b>		8 sessions per issue per year	Unlimited peer chat sessions	Unlimited sessions	Unlimited text-based sessions		Unlimited sessions	Unlimited sessions
<b>Cost</b>		\$0	\$0	\$0 UMR members	Cost based on medical plan (PPO or HDHP)		<b>In-network:</b> \$0 <b>Out-of-network:</b> Deductible and coinsurance	<b>In and Out-of-Network:</b> Deductible and coinsurance
<b>Who’s Eligible?</b>		All employees and household members	All employees and household members	Employees & dependents covered on medical plan	Employees & dependents covered on medical plan		Employees & dependents covered on PPO	Employees & dependents covered on HDHP
<b>Delivery</b>	Digital	✓			✓			
	Telephone	✓		✓				
	Virtual	✓	✓	✓	✓	✓	✓	✓
	In-Person	✓					✓	✓



# HEALTH SAVINGS ACCOUNT (HSA)

## High Deductible Health Plan (HDHP) & Health Savings Account (HSA)

### WHAT IS A HDHP HSA?

A High Deductible Health Plan (HDHP) offers comprehensive healthcare coverage at a lower premium and higher deductible than traditional healthcare plans. A HDHP also features a Health Savings Account (HSA) that enables you to pay for current, qualified healthcare expenses and save for future expenses on a tax-free basis. You have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions. The City also contributes funds to your HSA to help your account grow.

### HOW DOES THE PLAN WORK?

The HDHP, along with your HSA, puts healthcare spending in your hands, allowing you to choose how to spend your health care dollars. You can either pay for eligible services by using funds in your HSA, or you can pay for them out of your own pocket. When you enroll into the HDHP, you will automatically have an HSA opened with Alerus. You will receive a debit card in the mail that will store your funds and can be used to pay for eligible expenses.

**Note:** You can only use HSA funds that are available in your account. You can always reimburse yourself later once you have accumulated funds in your account.

### HOW IS YOUR HSA FUNDED?

#### Your Contributions

There are a couple ways to contribute money into your HSA:

- Pre-tax contributions through payroll deductions
- Catch-up contributions up to \$1,000 per year if you are over age 55 (until you enroll in Medicare)

#### Employer Contribution

The City contributes \$700 annually for individuals and \$1,400 for employee plus one or more to supplement your own contributions as you work to make the account grow. (Contributions are bi-weekly and pro-rated based on eligibility date).

### ELIGIBILITY

To be eligible for contributions to the HSA bank account, the IRS requires that you:

- Must be enrolled in a qualified High Deductible Health Plan (HDHP). Our HDHP with HSA is a qualified medical plan
- Do not have any other health coverage that is not a HDHP
- Are not covered:
  - › By a spouse's medical or pharmacy plan and cannot have coverage under a spouse's HDHP plan
  - › Through Medicare Parts A, B, C and/or D, or TRICARE programs
  - › Through a general purpose Flexible Spending Account (FSA) plan (such as your spouse's plan)
- Are not active military
- Cannot be claimed as a dependent on another person's tax return

### QUESTIONS?

For more information, visit:

[www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf)

**Alerus Health Savings Account**

[www.alerus.com](http://www.alerus.com)

800-279-3200

### ANNUAL CONTRIBUTION LIMITS

*It is important to note that your contributions, when combined with those contributed by The City of Fort Collins, may not exceed the IRS annual maximum:*

Tiers	Employer HSA Contribution	Contribution Limits
Employee Only	\$700	\$4,150
Employee +1 or more	\$1,400	\$8,300
Catch-up (age 55+)*	-	\$1,000



### TRANSITION FROM GENERAL PURPOSE HEALTHCARE FSA TO HSA

The City's Healthcare FSA includes a carry over amount of \$610. If you have a carryover amount in the Healthcare FSA plan that is effective on the last day of the Plan Year, you cannot elect HSA benefits or otherwise make contributions to an HSA until your FSA funds are completely spent. You may enroll into the City's HDHP effective January 1st but due to IRS guidelines you would not be eligible to establish an HSA until all your FSA funds are used.

### QUALIFIED EXPENSES

HSAs enable you to pay for the following qualified healthcare expenses on a tax-free basis:

- Qualified expenses not covered by insurance, as defined by the IRS, online at: [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf)
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare/retiree health insurance premiums (excluding Medicare Supplement/Medigap insurance premiums)

### HSA ADVANTAGES

#### *Triple Tax Advantage*

1. You contribute pre-tax funds through payroll deductions, meaning the money comes out of your paycheck before federal income tax is calculated. This, in turn, reduces the amount of taxable income, so less tax is withheld from your paycheck.
2. Funds grow tax-free, and unused funds roll over year to year.
3. You can withdraw funds tax-free to pay for qualified healthcare expenses now and in the future—even in retirement.

#### *Control*

You own and control the money in your HSA. You decide how or if you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

#### *Investment Opportunities*

Once you reach and maintain a minimum threshold (\$2,000), you can make investment choices to help your money grow tax-free.

#### *Savings Potential*

There is no "use it or lose it" rule. Your account grows over time as you continue to roll over unused dollars from year to year.

#### *Portability*

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans,\* retire or leave the organization.

*\*You must be enrolled in a high deductible health plan to contribute to an HSA.*



# FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSA) allow employees to set aside pre-tax money from their paychecks to pay for eligible out of pocket expenses for healthcare and dependent care. Because the money put into these accounts is not considered taxable, employees save by paying less Federal, State and FICA taxes. Depending on personal circumstances, these plans can mean a significant tax savings. **The FSA does require re-enrollment each year.**



## HEALTHCARE FLEXIBLE SPENDING ACCOUNT

Contribute up to \$3,050 per household (per calendar year) for reimbursement of eligible health-related expenses incurred by you, your spouse, and your children, up to the age of 26, that you may need to pay for out of pocket. Expenses can be incurred from January 1, 2024 to December 31, 2024 as long as you are an active participant in the plan. You have access to your full plan year election amount of Healthcare FSA funds immediately. While this plan is use or lose it, you can carry over \$610 every year of unused funds.

### *Examples of Eligible Expenses*

- Copays, coinsurance and deductibles
- Dental and orthodontia expenses
- Contact lenses, eyeglasses, vision surgery
- Hearing aids
- Chiropractic care
- Over the counter medications, with a prescription

You can find a complete list of eligible expenses at: [irs.gov/pub/irs-pdf/p969.pdf](https://irs.gov/pub/irs-pdf/p969.pdf) or [alerus.com](https://www.alerus.com)

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Contribute up to \$5,000 per household (per calendar year) towards out of pocket dependent care expenses for children under age 13 and disabled dependents of any age. Expenses can be incurred from January 1, 2024 to December 31, 2024, as long as you are an active participant in the plan. Dependent care expenses are only reimbursable up to what has been deducted from payroll and deposited to your account.

### *Examples of Eligible Expenses*

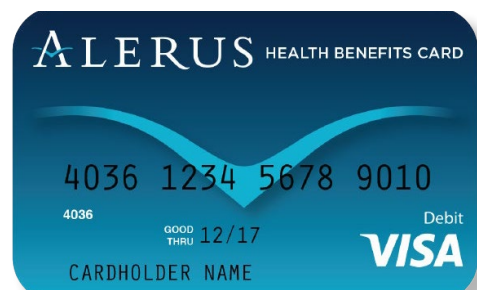
- Licensed day care centers for children and disabled dependents\*
- Costs for family or adult day care facilities\*
- Babysitters outside or inside your home while you are working\*
- Day camp expenses (but not overnight camp)\*

You can find a complete list of eligible expenses at: [irs.gov/pub/irs-pdf/p969.pdf](https://irs.gov/pub/irs-pdf/p969.pdf) or [alerus.com](https://www.alerus.com)

*\*Must provide a SSN or TaxID*

## LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT

If you or your spouse are enrolled in an HSA (Health Savings Account), you have the option of electing a Limited Purpose Healthcare FSA. Under the Limited Purpose Healthcare FSA you can be reimbursed for dental and vision expenses you may need to pay for out of pocket. Expenses can be incurred from January 1, 2024 to December 31, 2024 and you are allowed \$610 carry over.





# ALIGHT | HEALTHCARE ADVOCATE

Alight is your champion for simpler, smarter healthcare. Health benefits can be confusing, medical costs are rising, and finding the right care for you and your family can be frustrating and time consuming. Alight is here to simplify your healthcare experience and help you take control of healthcare costs. Your personal Health Pro® consultant will take care of you, so you can spend more time on what matters most.



## ALIGHT CAN HELP YOU...

### *Understand Insurance Benefits*

- Receive guidance in understanding your benefits throughout the year.

### *Find a Great Doctor & Schedule Appointments*

- Find the best doctors, dentists, and eye care professionals in your area who meet your personal preferences and healthcare needs.
- Alight can also schedule appointments at times most convenient for you.

### *Save Money on Healthcare*

- Get price comparisons before receiving care. Depending on the doctor, hospital or facility, costs can vary by hundreds or thousands of dollars, even in-network.

### *Pay Less for Prescriptions*

- Let Alight compare medication prices and explore lower-cost options for you.

### *Get Help with Medical Bills*

- Have your medical bills reviewed to make sure you are not overcharged.



## GET STARTED WITH ALIGHT TODAY!

**Member Portal:**  
[member.alight.com](https://member.alight.com)

**Health pro:**  
[myhealthpro@alight.com](mailto:myhealthpro@alight.com)  
800-513-1667

**Kadijah Johnson:**  
[kadijah.johnson@alight.com](mailto:kadijah.johnson@alight.com)  
800-513-1667 x 4402



# CITY CARE | A MARATHON HEALTH CLINIC

*Healthcare exclusively for Fort Collins employees and their families.*



## THE CITY OF FORT COLLINS CARES ABOUT YOUR WELLBEING -

That's why we have partnered with Marathon Health, an industry leader in employer-sponsored healthcare. Your benefit plan includes access to high quality, confidential care at CityCare, powered by Marathon Health. And the best part - you will save time and money.

- ① **Access when you need it:** appointments usually available within two days and often same day
- ② **Save money:** for the PPO plan, no copays or bills for services provided and for the HDHP only a \$45 copay for non-preventative
- ③ **Virtual and in-person appointments:** meet with a provider from your desk, on the go, or face to face
- ④ **One-stop shopping:** labs drawn onsite and many common medications can be prescribed and dispensed
- ⑤ **Complete help with your health:** our licensed clinicians are connected to community providers and immunization records, and have the time to address all your health-related questions



*Absolutely exceptional staff and services. I'm always impressed with Marathon Health and all that it provides.*

*- Fort Collins employee*



## WHO IS ELIGIBLE?

Employees, spouses, and dependents ages 2 and older who are on the City's medical plan are eligible for services at CityCare. Services include primary and preventive care such as sick visits, annual physicals, school and sports physicals, chronic condition care, and health coaching. There is no cost to patients for services delivered at CityCare (\$45 charge for HDHP members for acute care only). Your personal health information is protected by law and not shared with your employer.

### *City Care*

214 N Howes Street  
Fort Collins, CO 80521  
Ph. 970-672-4331

Scan the QR code to  
download the app or  
go online to:

[my.marathon-health.com](https://my.marathon-health.com)





Free services to spark your healthcare journey:

HDHP plan participants pay \$45 for sick visits



**PREVENTION**

*Health Screenings*

- Annual Exams
- Blood pressure
- Body mass index
- Cholesterol
- Glucose
- InBody Scan
- School, camp, and sports physicals

*Health Coaching*

- Nutrition
- Physical activity
- Tobacco cessation
- Stress management
- Weight loss

*Chronic Condition Coaching*

- Arthritis
- Asthma
- COPD
- Depression
- Diabetes
- Heart health
- Low back pain
- Sleep apnea
- Educational offerings



**SICK VISITS**

- Bronchitis
- Common Cold
- Constipation
- Cough
- Diarrhea
- Eye infections
- Headache
- Joint pain
- Nausea and vomiting
- Nosebleed
- Sinus infections
- Skin infections
- Strep throat
- Commonly-prescribed medications available



**LAB SERVICES**

Blood work and lab tests processed at the center include hemoglobin A1C, lipid panel, glucose, rapid strep, mono, urinalysis, oxygen saturation, and pregnancy. Additional lab tests can also be drawn and sent to an outside lab for processing.

**PRIVACY**

The care you receive by Marathon Health is confidential and protected by state and federal law.

**ELIGIBILITY**

Services are available to all employees, spouses, dependents age two and older covered by a City medical plan, and benefit-eligible veterans.

**LOCATION & HOURS**

**CityCare**

214 N. Howes Street  
Fort Collins, CO 80521

South side of building -  
look for green awning

970-672-4331

Monday - Friday: 8am - 5pm  
Closed 1pm - 2pm

**TO SCHEDULE AN APPOINTMENT, CALL CITYCARE OR SCAN THE QR CODE BELOW.**



*CityCare can augment the care you receive from your Primary Care Provider, or help you establish a relationship with one.*

# DELTA DENTAL

The City's dental plan allows you to use an extensive network of providers and offers flexibility based upon where you choose to access care. You are covered at the highest level if you select dental care through this network, but have the option to obtain care outside the network at a higher cost to you.

**PPO providers** are preferred providers where you will receive your highest benefits paid. The PPO percentage of benefits is based on the PPO Schedule of Allowance. **Premier providers** are contracted Delta Dental providers with a lower percentage of benefits based on the Premier Schedule of Allowance. **Non-network providers** also have a lower percentage of benefits and will be paid at the Maximum Plan Allowance. You may have additional out-of-pocket costs by using a non-network provider.

The City has made several improvements to the dental plan, including:

- Increased the annual maximum benefit to \$2,000
- Coverage for night guards
- Increased the orthodontia lifetime maximum benefit to \$2,000 and expanded coverage to adults

The table below summarizes the benefits of the dental plan. For a comprehensive description of the plan, view the Summary Plan Description (SPD) located on [Benefits Connect](#).



**TO FIND A PROVIDER**

Visit [deltadentalco.com](http://deltadentalco.com)  
or call 800-610-0201.

## DELTA DENTAL BENEFITS - Delta PPO plus Delta Premier Network

	PPO Provider	Premier Provider	Non-Network Provider
<b>Calendar Year Deductible:</b>	\$50/Individual \$100/Family	\$50/Individual \$100/Family	\$50/Individual \$100/Family
<b>Calendar Year Maximum Benefit:</b>	\$2,000/Individual	\$2,000/Individual	\$2,000/Individual
<b>Diagnostic/Preventive Care:</b> (X-ray/Oral Exams/Cleanings)	100%, no deductible	100%, no deductible	100%, no deductible
<b>Restorative Services:</b> (Fillings/Stainless Steel Crowns)	80%	60%	60%
<b>Endodontics:</b> (Root Canal Therapy)	80%	80%	80%
<b>Periodontics:</b> (Treatment of the gums)	80%	60%	80%
<b>Oral Surgery:</b> (Extractions) (Implant/Crown/Bridge)	80% 50%	80% 50%	80% 50%
<b>Prosthodontics:</b> (dentures, particals)	50%	50%	50%
<b>Orthodontic Treatment:</b>	50%, no deductible	50%, no deductible	50%, no deductible
<b>Orthodontic Lifetime Maximum:</b> (Adults & Children up to age 26)	\$2,000	\$2,000	\$2,000



# VSP VISION

Regular eye examinations can not only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages. The Vision plan operates much like a PPO—see any vision care provider, and receive the greatest benefits if you choose a provider within the network.

*The VSP KidsCare program provides additional benefits for children, up to age 18, covered under the plan, including a second WellVision exam each year, additional lenses with a minimum prescription change and new frames every 12 months.*

The vision plan includes the LightCare program where plan members without a need for prescription eyewear can use this benefit to purchase ready-made non-prescription blue light filtering glasses or ready-made non-prescription sunglasses.

To find a network provider visit [vsp.com](http://vsp.com), or call 800-877-7195.

The table below summarizes the benefits of the vision plan. For a comprehensive description of the plan, view the Summary Plan Description (SPD) located on [Benefits Connect](#).

## VISION SERVICE PLAN (VSP) VISION BENEFITS - VSP Choice Network

	In Network	Out of Network
<b>Eye Exam:</b>	\$15 Copay	Up to \$45 Copay
<b>Lenses</b> Single Vision Bifocal (Lined) Trifocal (Lined)	\$15	Up to \$30 Allowance Up to \$50 Allowance Up to \$65 Allowance
<b>Lens Enhancements</b> Standard Progressive Premium Progressive Custom Progressive	\$0 \$95 - \$105 \$150 - \$175	N/A
<b>Frames:</b>	\$205 Featured Frame Allowance; \$185 Frame Allowance; 20% discount on the amount over the allowance; \$100 Costco Frame Allowance	Up to \$70 Allowance
<b>Contact Lenses</b> (instead of glasses)	\$185 Allowance; Copay does not apply	Up to \$105 Allowance
<b>Essential Medical Eye Care</b>	\$20 Copay	N/A
<b>Additional Glasses and Sunglasses</b>	Extra \$20 to spend on featured frames 20% savings on additional glasses and sunglasses, including lens enhancements	N/A
<b>LightCare</b> (instead of glasses or contacts)	\$185 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses	N/A
<b>Retinal Screening</b>	No more than a \$39 copay on routine screening as an enhancement to a WellVision Exam	N/A
<b>Laser Vision Correction</b>	15% off the regular price or 5% off the promotional price	N/A
<b>Benefit Frequency</b>	<ul style="list-style-type: none"> <li>Examination/eyeglasses/lenses/contacts - Once every 12 months</li> <li>Frames - Once every 24 months</li> </ul>	
<b>Essential Medical Eye Care</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for member with diabetes, glaucoma, or age-related macular degeneration</li> <li>Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members</li> <li>Limitations and coordination with your medical coverage may apply.</li> <li>Ask your VSP doctor for details.</li> </ul>	

# CRITICAL ILLNESS INSURANCE

The Aflac Critical Illness plan can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke. More importantly, the plan helps you focus on recuperation instead of the distractions of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.



## THE AFLAC GROUP CRITICAL ILLNESS PLAN BENEFITS INCLUDE:

### – Critical Illness Benefit payable for:

- Cancer
- Heart Attack (Myocardial Infarction)
- Stroke
- Kidney Failure (End-Stage Renal Failure)
- Major Organ Transplant
- Bone Marrow Transplant (Stem Cell Transplant)
- Sudden Cardiac Arrest
- Coronary Artery Bypass Surgery
- Non-Invasive Cancer
- Skin Cancer
- Severe Burn
- Coma
- Paralysis
- Loss of Sight/Hearing/Speech

### – \$50 Health Screening Benefit

Policyholders will receive \$50 for getting covered preventative screenings or tests done. This benefit is limited to once per calendar year.

## FEATURES:

- Coverage is available for you, your spouse, and dependent children.
- Fast claims payment. Most claims are processed in approximately ten business days.

For a comprehensive description of the plan, view the Plan Summary located on [Benefits Connect](#).

<b>EMPLOYEE - NON-TOBACCO</b> (Biweekly – 26 pay periods/year)			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$2.46	\$4.27	\$6.09
31-40	\$3.73	\$6.82	\$9.92
41-50	\$6.59	\$12.53	\$18.48
51-60	\$11.79	\$22.94	\$34.09
61+	\$21.59	\$42.55	\$63.50

<b>SPOUSE - NON-TOBACCO</b> (Biweekly – 26 pay periods/year)			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$2.46	\$4.27	\$6.09
31-40	\$3.73	\$6.82	\$9.92
41-50	\$6.59	\$12.53	\$18.48
51-60	\$11.79	\$22.94	\$34.09
61+	\$21.59	\$42.55	\$63.50

<b>EMPLOYEE - TOBACCO</b> (Biweekly – 26 pay periods/year)			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$3.23	\$5.82	\$8.42
31-40	\$5.49	\$10.33	\$15.18
41-50	\$9.99	\$19.33	\$28.68
51-60	\$18.69	\$36.73	\$54.78
61+	\$33.26	\$65.89	\$98.51

<b>SPOUSE - TOBACCO</b> (Biweekly – 26 pay periods/year)			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$3.23	\$5.82	\$8.42
31-40	\$5.49	\$10.33	\$15.18
41-50	\$9.99	\$19.33	\$28.68
51-60	\$18.69	\$36.73	\$54.78
61+	\$33.26	\$65.89	\$98.51

# ACCIDENT INSURANCE

In the event of a covered accident, this plan will pay a cash benefit directly to you to help with the costs associated with out-of-pocket expenses and bills — expenses major medical insurance may not take care of, including:



- Ambulance rides
- Wheelchairs, crutches, and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches, and casts

## THE ACCIDENT INSURANCE PLAN ALSO OFFERS ADDITIONAL FINANCIAL RESOURCES TO HELP WITH THE COST OF FOLLOW-UP CARE, INCLUDING:

- A \$50 Wellness Benefit for covered preventive screenings
- Transportation and Lodging benefits
- An Emergency Room Treatment Benefit
- Coverage for certain serious conditions, such as coma and paralysis
- An Accidental-Death Benefit
- A Dismemberment Benefit

## FEATURES:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions)
- Benefits are paid directly to you unless otherwise assigned
- Coverage is available for you, your spouse, and dependent children
- Coverage is portable with certain stipulations – that means you can take it with you if you change jobs or retire
- Fast claims payment. Most claims are processed in approximately ten business days

For a comprehensive description of the plan, view the Plan Summary located on [Benefits Connect](#).

HIGH OPTION - 24 HOUR PLAN	<i>Bi-weekly (26 pay periods/year)</i>
Employee	\$6.67
Employee + Spouse	\$9.78
Employee + Dependent Children	\$11.58
Family	\$14.70

## HOW TO FILE A CLAIM

If you are sick or hurt, the last thing you need is an insurer that drags its feet when it's time to pay your claims. Aflac prides itself on being an insurer with a difference: Our goal is to process and pay, not deny and delay. That's why we make it easy to file your claims online.

Here's how:

1. Visit [www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com) and click on "Customer Service" and then "File a claim."
2. Choose from accident, hospital, critical illness or wellness and follow the instructions.
3. Complete and upload your HIPAA authorization, claim details and documents, and direct deposit information.
4. Feel secure in the knowledge that claims on group coverage like yours are processed in an average of two days.

### \* IMPORTANT INFO: \*

- Employer Name: City of Fort Collins
- Group/Policy #: 24228 (for both Accident and Critical Illness)
- If you prefer not to complete the direct deposit information, a physical check will be mailed to your home address from Aflac

Visit Aflac's Group Insurance page at [www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com) to get started or call 1-800-433-3036 for additional assistance.



# LIFE AND AD&D INSURANCE

## RELIANCE STANDARD BASIC LIFE AND AD&D INSURANCE

*The City provides, at no cost to you, Basic Life and AD&D insurance to all eligible employees in the amount of 1x your annual salary up to \$250,000.*

## RELIANCE STANDARD SUPPLEMENTAL LIFE INSURANCE

You can select additional life insurance coverage in increments of \$10,000 up to a maximum of \$1,000,000 (guarantee coverage up to \$300,000 for new hires and for those with a qualified life event). The minimum benefit is \$10,000.

You may choose coverage for you, your spouse, and/or your children. Coverage is portable, so upon termination of employment, you may continue your policy.

### *Benefit Amounts for Spouse*

You can select additional life insurance coverage for your spouse. Coverage can be elected in increments of \$5,000, to a maximum of \$250,000.

The guaranteed coverage amount for your spouse is \$30,000, offered only to new hires or with a qualified life event.

### *Benefit Amounts for Children*

You can select additional life insurance for your dependent children. Coverage can be elected in increments of \$2,000, to a maximum of \$10,000. Evidence of Insurability is not required for child coverage.

## RELIANCE STANDARD VOLUNTARY ACCIDENT DEATH & DISMEMBERMENT INSURANCE

You can select additional AD&D insurance coverage in increments of \$10,000, up to 10 times your annual salary with a maximum of \$550,000. Your benefit amount can equal the amount of life insurance benefit elected under the Reliance Standard Supplemental Life plan. You can elect coverage for your spouse in increments of \$5,000, to a maximum of \$250,000 that cannot exceed the employee election, and coverage for your child(ren) in increments of \$2,000, to a maximum of \$10,000.

### *Note:*

If you elect Voluntary Coverage for yourself and/or your dependents when you are initially eligible you will be allowed to elect coverage up to the Guaranteed Issue amount with no Evidence of Insurability. If you elect more than the Guaranteed Issue amount, please complete the DocuSign form on HR Connect.





# WELLNESS

The City of Fort Collins Employee Wellness Program is a comprehensive program designed to improve health and wellbeing, reduce medical claims costs, and increase employee engagement. The vision of the Wellness Program is “To be the healthiest workplace in America.” The mission of the program is “To provide City of Fort Collins employees, and their families, with exceptional wellness programming that motivates them toward healthy lifestyle choices and more productive lives.”



## WELLNESS

The Wellness Program is open to all employees, incentives vary depending on classification. Visit [Wellness Connect](#) or contact our [Wellness Team](#) for more information.

### AWARD-WINNING WELLNESS PROGRAM INCLUDES:

- Well Days Incentive Program
- Group and On Demand Exercise Classes
- On-site Workout Facilities and Maternity Care
- Lifestyle Management
- Recreation Facility Passes
- Wellness Coaching
- Health Fair
- Health Risk Assessment
- On-site Health Screenings
- Flu Shots
- Financial Wellbeing Program
- Special offers from Elevations Credit Union
- Behavioral Health Resources
- Tobacco Cessation Programs
- Mindfulness Resources
- Parenting Support
- Weight Management Program
- Employee Assistance Programs for legal, financial, referral, and counseling services

### WELL DAYS INCENTIVE PROGRAM

Earn up to 3 Well Days per year!

The Well Days Incentive Program is offered to educate, guide and empower you to make lifestyle choices that reduce the risk of illness and injury. This points-based program offers an abundance of options across the spectrum of health and wellness, allowing you to chart your personal path to optimal wellbeing. You can begin anytime by visiting the Well Days Point Portal on Wellness Connect to start earning your points.

#### *Fitness*

The Wellness Program offers many ways to help you increase your physical activity level.

#### On-Site Exercise Rooms:

Prior to using the exercise rooms, each employee is required to attend an exercise room orientation or watch the safety video and sign an exercise room waiver. Register for an Exercise Room Orientation on FC Career Connect.

#### **Locations:**

- 215 N. Mason Fitness Center
- Utility Service Center Fitness Center
- Streets Department Fitness Center
- Wellness Annex

#### Recreation Fitness Classes

With the purchase of a discounted Recreation Pass, City employees and their immediate family members receive a 70% discount on qualifying fitness classes through the Recreator. You must register for the entire class — not valid for drop-in use.

#### Recreation Facility Passes:

Passes for use at City Recreation Facilities are available for employees to purchase at a discounted rate. Employees may purchase a 25-Admission Multiple Facility Pass for \$25. The pass is valid for one year from the date of purchase. Once a pass is purchased, the employee will receive the following perks:

- 70% off all qualifying fitness classes. Must register for the entire class
- Pass may be used by the employee, spouse, domestic partner, and dependent children up to the age of 26
- Employee must show City ID at time of purchase. Library District employees show a pay statement and picture ID at the time of purchase
- Pass allows admission to Northside Aztlan Community Center, Edora Pool Ice Center, Foothills Recreation Center, Mulberry Pool, Fort Collins Senior Center, and The Farm — passes can be purchased from the front desk of any of these locations



*Exercise Classes*

**On-Site Exercise Classes:**

Examples of classes offered: Yoga, Boot Camp, & Core. Register for these classes in FC Career Connect. Classes are held in the Wellness Annex at 214 Howes Street. Classes are available for spouses when space is available. Some classes may have an additional fee.

**Off-Site Exercise Classes:**

Register for these classes in FC Career Connect. Registration closes one week prior to the class start date. These classes are offered at the Northside Aztlan Community Center. Spouses may register for these same classes through the Recreator.

*Personal Enrichment Classes*

Classes on various wellbeing topics such as nutrition, healthy cooking, stress management, financial wellness, and more are offered both virtually and in-person throughout the year. Visit Wellness Connect for registration information.

**LIFESTYLE MANAGEMENT PROGRAM**

The Benefits and Wellness staff are pleased to announce additional preventative care services covered through UMR. Visit Wellness Connect for more information. The following services are being offered to employees and their family members participating in the City’s medical plan:

*Preventative Services Covered:*

- Registered Dieticians
- Therapeutic Massage Therapy
- Acupuncture
- Biofeedback

*How they are covered:*

- OPEN NETWORK - can go to any Registered Dietician, Licensed/certified Therapeutic Massage Therapist or Acupuncturist, or Biofeedback professional
- No referrals needed

*The cost:*

- Preferred Provider Plan (PPO) \$20 copay
- HDHP no reimbursement, applies to the deductible
- \$500 maximum allowable benefit per service, per member, per year

These services support the City’s commitment to offer employees and their families Wellness coverage that helps to prevent injuries and illness.

**All Services to be paid in full up front to provider**

Visit [Wellness Connect](#) > Employee Assistance and Lifestyle Management Resources for more details about the program.







# WELLBEATS WELLNESS



## Welcomes You to Wellbeats

*Your Complimentary Wellness Offering Exclusively for City of Fort Collins and Poudre Library Employees*




Wellbeats *Wellness*, a product of LifeSpeak Inc., is an on-demand video streaming platform with high quality, expert-led fitness, nutrition, and mindfulness classes you can play on your personal devices anytime, anywhere.

### WHAT'S INCLUDED:




- 1,200+ fitness, nutrition, and mindfulness classes for all ages, levels, abilities, and interests
- Classes such as yoga, strength training, HIIT, running/walking, meditation, mental wellness, healthy recipes, cycling, kickboxing, kids activities, and cooking education
- Goal-based programs with guided plans to keep you on track such as Get Started, Train Your Way to a SK, Lose Weight, Build Strength, Daily Mobility, Healthy Back, Stress Less, and Nourish Your Everyday
- Short stretch breaks and exercises to recharge during the day
- Personalized class and program recommendations
- Personal statistics and automated reminders
- Social features to schedule classes, invite others to join, and chat in real time

### HOW TO GET STARTED:

- 1 Go to [portal.wellbeats.com](https://portal.wellbeats.com) or download the Wellbeats *Wellness* app
- 2 Enter your username and password. If you forgot your password, select "Forgot password?" to be emailed a new, temporary password.



Scan code to learn more about Wellbeats

Download the app on the App Store, Google Play, or Apple TV

[portal.wellbeats.com](https://portal.wellbeats.com)  
[support@wellbeats.com](mailto:support@wellbeats.com)



# RETIREMENT OPTIONS

## 401(A) DEFINED CONTRIBUTION PLAN

### *Who is Nationwide?*

Considered the Record Keeper for the City Retirement Plan, an independent financial services corporation focused on providing retirement plans and related services. All retirement programs, administrative services, and educational tools have been developed specifically for public sector retirement plan administrators and participants. For more information, visit [www.fortcollinsrp.com](http://www.fortcollinsrp.com).

### *Eligibility and Entry*

Enrollment is mandatory for Classified employees after six months of employment. Enrollment is mandatory for Unclassified Management employees upon hire. Rehires that have met the six month waiting period are eligible upon rehire. Employees will be auto enrolled into the appropriate plan. All contributions are pre-taxed, and contribution amounts are set by the Plan document. We provide Nationwide personal information via a secure electronic file feed. Nationwide will set up your account based on the information we provide. Once enrolled, you will receive a welcome letter to your home address on file. Your welcome letter will provide you details on how to create your online account. (Employees do not need to complete any enrollment for retirement)

### *Vesting*

You are always 100% vested in your mandatory contributions, and you cannot forfeit these contributions. You are 100% vested in the City of Fort Collins contributions based on eligibility.

Employees covered by the Police Collective Bargaining Agreement (CBA) have a three-year vesting schedule.

### *Investments*

Your retirement plans intend to qualify as an ERISA §404(c) plan. This means the Plan Fiduciary has transferred some responsibility for investing the retirement account balance by choosing among several fund options.

In order for you to make informed decisions, it is important that you attend the periodic educational meetings scheduled for your benefit and read the material available on Benefits Connect.

If you don't choose any investment options, contributions will be automatically directed to the specific Target Date Fund, which automatically handles asset allocation investment decisions for you. As with all mutual funds, the principle value in these funds is not guaranteed. Also, please note that the target date is an approximate date when investors may plan for you to begin withdrawing from the fund.

You may invest your contributions and your employer contributions in any of the options offered by this plan.

Transferring existing balances from prior employer(s) can be completed after you have become eligible to participate in the plan. Beware that redemption fees or restrictions on transfer frequency may apply.

### *Account Information*

You may obtain account information through: [www.fortcollinsrp.com](http://www.fortcollinsrp.com)  
– Investor Services 1-877-677-3678 from 6 a.m. to 9 p.m. Monday - Friday  
and 7 a.m. to 4 p.m. Saturday (Mountain Time)

### *Beneficiary Designations*

To make your appropriate designations, go to [www.fortcollinsrp.com](http://www.fortcollinsrp.com).



**CITY OF FORT COLLINS 457(B) DEFERRED COMPENSATION PLAN**

This plan allows you to save and invest additional money to help prepare for the retirement of your dreams.

*Eligibility and Entry*

Enrollment is voluntary for Classified and Unclassified Management upon hire. Saving through your plan is easy. Your contributions are automatically deducted from your paycheck and deposited into your Nationwide account.

Visit [www.fortcollinsrp.com](http://www.fortcollinsrp.com) for online enrollment.

*Flexible Contributions*

You decide how much to contribute based on the lesser of the annual IRS limits (see below) and any limits set by your employer. While it's generally recommended that you contribute the maximum amount, you should select a contribution rate that will help you stay on track to reach your retirement goals and leave enough take-home pay to cover living expenses and other obligations. Keep in mind—even small amounts can make a difference over time.

The IRS contribution limit is 100% of your gross income, not to exceed \$22,500. If you are age 50 and older, you may be eligible to contribute an additional \$7,500 as a catch-up contribution. An additional catch-up option may also be available.

PLAN	Normal Limit	Age 50 Catch-up :Limit
457(b)	\$22,500	\$7,500

*Vesting*

You are always 100% vested in your voluntary contributions. There are no employer contributions for Classified employees. All other employee categories, please check your benefits highlights regarding employer contributions on [Benefits Connect](#).

*Save with pre-tax dollars*

Your contributions have the pretax advantage; they are deducted from your pay before taxes. This means every dollar you invest in the plan reduces your current taxable income. In addition, you will not pay any taxes on these contributions or your investments earnings until you begin taking withdrawals from the plan.

*Consider the Roth option*

You have the option to make Roth contributions, any investment earnings will accumulate tax-free, provided you take withdrawals after age 59 ½ and you have held the account for at least five years. Consider this option if you:

- Think you might be in a higher tax bracket during retirement
- Would like to leave assets to your heirs
- May want to retrieve your original contributions before retirement
- Are age 70½ or older and want to continue making tax-advantaged retirement investments

*Investment options*

Based on your retirement goals, you can allocate your contributions among the different investments options that are offered under the plan. For detailed investment options, including current performance and fees, visit:

- [www.fortcollinsrp.com](http://www.fortcollinsrp.com)
- Customer Services 1-877-677-3678 from 6 a.m. to 9 p.m. Monday - Friday and 7 a.m. to 4 p.m. Saturday (Mountain time)

*Beneficiary Designations*

To make your appropriate designations, go to [www.fortcollinsrp.com](http://www.fortcollinsrp.com).



### POST EMPLOYMENT HEALTH PLAN (PEHP)

The Post Employment Health Plan (PEHP) is designed to help you and your loved ones meet a critical expense — retiree healthcare — through a tax-advantaged savings vehicle. Your PEHP Program is sponsored by your employer and administered by Nationwide. All contributions to your account are set aside exclusively for qualifying medical expenses.

#### *Participation*

Participating in the program is mandatory for **Collective Bargaining** employees. Eligibility and contribution amount is defined by years of credited service.

#### *PEHP Program Tax Benefits*

- Pre-tax contributions, if applicable, reduce your taxable income
- Tax-deferred earnings
- Tax-free distributions for qualifying medical expenses

#### *Investments*

At enrollment, a target-date fund based on your age or another default investment option is selected for you.

#### *Benefit Reimbursements*

To request reimbursements, you must:

- Be eligible for benefits. Eligibility is defined by your employer and may generally apply at retirement, upon separation from service, or if you become disabled
- Have medical expenses that qualify (Refer to your program summary for a list of eligible expenses, or visit [www.fortcollinsrp.com](http://www.fortcollinsrp.com))

#### *Survivor Benefits*

In the event of your death, your account will be transferred to your surviving spouse and/or eligible dependents, who can continue to use benefits for reimbursement of their qualifying medical expenses.

#### *How to get started?*

- View account at [www.fortcollinsrp.com](http://www.fortcollinsrp.com)
- Participant Help Center 1-877-677-3678 from 6 a.m. to 9 p.m. Monday - Friday and 7 a.m. to 4 p.m. Saturday (Mountain Time)
- Beneficiary Designations





### RETIRED PUBLIC SAFETY OFFICER NOTICE

A new, optional provision of the Pension Protection Act of 2006, allows qualified **Public Safety Officers** the option of subtracting a total of \$3,000 annually from their gross income from retirement plan distributions to pay for accident, health or long-term care insurance premiums. These distributions may be excluded from gross income if they come from an eligible governmental requirement plan such as a 401(a), 403(b), or 457(b) plan that offers this option. Distributions must be paid directly to an insurance company. Qualified health insurance premiums are premiums paid for coverage by an accident, health plan or qualified long-term care insurance contract for the participant, spouse or dependent(s). Distributions to surviving spouses and dependents are not eligible for this tax exclusion.

#### *Who is an eligible Public Safety Officer?*

For the purpose of this provision, a public safety officer is defined by federal not state-law. A public safety officer is defined in federal laws as an individual serving in a public agency in an official capacity, with or without compensation including:

- Professional firefighters
- Individuals involved in crime and juvenile delinquency control or reduction, or enforcement of the criminal laws (including juvenile delinquency), including but not limited to police, corrections, probation, parole, and judicial officers
- Officially recognized or designated public employee members of a rescue squad or ambulance crew
- Officially recognized or designated members of a legally organized volunteer fire department
- Officially recognized or designated chaplains of volunteer fire departments, fire departments, and police departments

Eligibility is also determined by employment status. To receive the tax benefit, a public safety officer must be severed from employment due to disability or attainment of the normal retirement age of 55. Further, the participant must have been serving as a public safety officer to qualify at the time of retirement or disability. Benefits attributable to service, other than as a public safety officer, qualifies for favorable tax treatment, provided the participant severs from employment as a public safety officer because of retirement or disability with the employer maintaining the eligible government plan.

#### *Who is not eligible?*

- Dispatchers, 911 Operators, and administrative personnel are not eligible
- Public safety officers who retire before the normal retirement age of 55 and who are not disabled are not eligible

#### *How can eligible Public Safety Officers get started?*

- [www.fortcollinsrp.com](http://www.fortcollinsrp.com)
- Customer Services 1-877-677-3678 from 6 a.m. to 9 p.m. Monday - Friday and 7 a.m. to 4 p.m. Saturday (Mountain Time)







# VACATION, HOLIDAYS, & SICK LEAVE

## VACATION

Years of Service	Vacation Hours Accrued* (Per Pay Period)	Days Accrued Per Year
0-3 Years	4.62 Hours	15 Days
4-5 Years	4.92 Hours	16 Days
6-7 Years	5.23 Hours	17 Days
8-9 Years	5.54 Hours	18 Days
10-12 Years	6.15 Hours	20 Days
13-14 Years	6.46 Hours	21 Days
15-16 Years	6.77 Hours	22 Days
17-18 Years	7.08 Hours	23 Days
19-20 Years	7.38 Hours	24 Days
Over 20 Years	7.69 Hours	25 Days

\*Hours are based on full-time employment and are pro-rated for employees in part-time positions based on their FTE. The leave accruals above are not necessarily reflective of intergovernmental agencies. For all other members, additional leave information can be found on City Hub. New employees receive a 40-hour bank which is pro-rated from date of hire.

- New Years Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veterans' Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

## HOLIDAYS

There are 11 designated holidays each year.

*All designated holiday time not used during a calendar year will be forfeited at the end of the final pay period of the calendar year.*

## SICK LEAVE

Full-time eligible employees receive 120 hours of sick leave at the beginning of each year for use in that calendar year. This amount is pro-rated for part-time employees AND is pro-rated for those employees starting employment after January 1 or employees moving into a newly eligible position within the calendar year.

*Unused Sick Leave will not be carried over to the following calendar year.*

## OTHER LEAVE BENEFITS

- Injury Leave
- Jury Duty and Witness Appearance Leave
- Voting Time
- Military Leave
- Bereavement Leave
- Domestic Violence Leave







# GLOSSARY

Following are definitions of terms commonly used when discussing benefits.

## **COINSURANCE**

The percentage the plan or you pay for a covered service or supply. For example, the plan may pay 80 percent while you pay 20 percent.

## **COPAYMENT (COPAY)**

A copay is a flat-dollar amount you pay for specific covered services upon each visit to the provider. It is not impacted by the plan deductible, coinsurance or out-of-pocket maximum.

## **DEDUCTIBLE**

The amount you pay each year for covered healthcare services before the insurance plan begins to pay.

## **EVIDENCE OF INSURABILITY (EOI)**

The documentation of the good health condition of the insurance beneficiary and his/her dependent's health in order to be approved for coverage. It is only required in certain circumstances.

## **EXPLANATION OF BENEFITS (EOB)**

After you receive medical services, your insurance will provide you with an EOB. It will outline details regarding how your insurance processed your medical claim, including what portion of the charges your insurance paid and what portion, if any, you are responsible for paying.

## **FLEXIBLE SPENDING ACCOUNT (FSA)**

An FSA is a tax-advantaged account that lets you put money aside on a pre-tax basis to pay for a wide range of health and/or dependent care expenses (as defined by the IRS) not covered by your plan that you incur during the plan year. Unlike the HSA, any unused funds remaining after the plan year ends will be forfeited.

## **FORMULARY**

A medical plan's formulary is a preferred brand-name drug list of the most cost-effective outcome-based drugs. You pay less when using a drug on the plan's formulary list.

## **HIGH-DEDUCTIBLE HEALTH PLAN**

A plan that provides competitive health insurance along with a tax-advantaged health savings account (HSA) that lets you decide how to spend your healthcare dollars. Essentially, you pay a lower premium in exchange for a higher deductible.

## **HEALTH SAVINGS ACCOUNT (HSA)**

An HSA is a tax-advantaged savings account for high-deductible health plan (HDHP) participants that lets you put money aside on a pre-tax basis to pay for a wide range of healthcare expenses (as defined by the IRS) not covered by your plan. Unused money remaining in the account at the end of the plan year rolls over to be used the next year. Please refer to IRS Publications 502 and 969 for complete details on eligible expenses.

## **IN-AND OUT-OF-NETWORK PROVIDERS**

Benefit plans develop networks by contracting with doctors, hospitals, labs, etc., who have agreed to provide healthcare services to members at negotiated rates. You generally pay less out of pocket when you use in-network providers.

## **OUT-OF-POCKET MAXIMUM**

The maximum amount you will pay out of pocket for covered medical expenses per calendar year, including your deductible. After your share of covered expenses reaches this annual limit, the plan pays 100 percent for eligible network services and supplies for the remainder of the calendar year.

## **PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM**

The maximum amount you will pay out of pocket for covered prescription drug expenses per calendar year. After your share of covered prescription drug expenses reaches this annual limit, the plan pays 100 percent for eligible prescription drugs for the remainder of the calendar year. The prescription drug out-of-pocket maximum is separate from the medical out-of-pocket maximum.

## **REASONABLE AND CUSTOMARY (R&C) CHARGES**

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount sometimes is used to determine the allowed amount.

## **SUMMARY PLAN DESCRIPTION (SPD)**

An important document that tells plan participants what the plan provides and how it works.

# DIRECTORY

For Question About...	Contact	Phone #	Web / Email
Medical Group # 76-411027	UMR	800-826-9781	<a href="http://www.umar.com">www.umar.com</a>
Prescriptions	Express Scripts	800-334-8134	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Alight	Health Pro Kadijah Johnson	800-513-1667 800-513-1667 x 4402	<a href="mailto:myhealthpro@alight.com">myhealthpro@alight.com</a> <a href="mailto:kadijah.johnson@alight.com">kadijah.johnson@alight.com</a>
Dental Group # 1857	Delta Dental	800-610-0201	<a href="http://www.deltadentalco.com">www.deltadentalco.com</a>
Vision Group # 12-293596	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Short Term Disability Family Medical Leave (FMLA) Paid Parental Leave	Matrix eServices	877-202-0055	<a href="http://matrixabsence.com">matrixabsence.com</a>
Long Term Disability Group # 133294	Reliance Standard	800-351-7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
Supplemental Life/AD&D Group # 164843	Reliance Standard	800-351-7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
Critical Illness & Accident Insurance Group # 24228	Aflac	800-433-3036	<a href="http://aflacgroupinsurance.com">aflacgroupinsurance.com</a> <a href="mailto:voluntaryclaims@hubinternational.com">voluntaryclaims@hubinternational.com</a>
Flexible Spending (FSA) & Health Savings Accounts (HSA)	Alerus	800-279-3200	<a href="http://alerus.com">alerus.com</a>
CityCare	Marathon Health	970-672-4331	<a href="http://marathon-health.com">marathon-health.com</a>
Employee Assistance Program	MINES	800-873-7138	<a href="http://www.minesandassociates.com">www.minesandassociates.com</a> Company Code: fortcollins
401(a) & 457	Nationwide	1-877-677-3678	<a href="http://www.fortcollinsrp.com">www.fortcollinsrp.com</a>
Human Resources	City of Fort Collins	970-221-6535	<a href="mailto:hrcbenefits@fcgov.com">hrcbenefits@fcgov.com</a> <a href="#">Benefits Connect</a>

## About This Brochure

This is a custom brochure that provides only a highlight of the plans offered to you by your employer and in no way serves as the actual plan description or plan document for the plans. The plan documents will always govern the offered benefits that your employer provides for you. We reserve the right to modify any or all of these plans at anytime.