



2025

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 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 2025 BENEFITS

Effective January 1, 2025:

- The FSA contribution limit for 2025: \$3,300
- The HSA contribution limits for 2025: \$4,300 (Employee Only) and \$8,550 (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](#) | fcgov.com/openenrollment
- 📞 **Phone:** 970-221-6535
- ✉️ **Benefits Email:** hrbenefits@fcgov.com



ELIGIBILITY

*Eligible Employee 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)

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.

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, 2025 to December 31, 2025.

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 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

2025 RATES

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

		All Benefit Eligible Positions
Medical – UMR PPO	Employee Only	\$49.45
	Employee plus Spouse	\$238.49
	Employee plus Child(ren)	\$195.12
	Family	\$303.51
Medical – UMR HDHP	Employee Only	\$38.57
	Employee plus Spouse	\$186.02
	Employee plus Child(ren)	\$152.20
	Family	\$236.75
Delta Dental	Employee Only	\$5.39
	Employee plus Spouse	\$12.93
	Employee plus Child(ren)	\$16.18
	Family	\$21.56
VSP Vision	Employee Only	\$3.47
	Employee plus Spouse	\$6.94
	Employee plus Child(ren)	\$6.94
	Family	\$10.92

RELIANCE STANDARD SUPPLEMENTAL LIFE AND VOLUNTARY AD&D RATES

The Bi-Weekly Payroll Contributions for these benefits are:

SUPPLEMENTAL LIFE INSURANCE	
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

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

VOLUNTARY AD&D SCHEDULE	
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

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 to access 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)	
NETWORK:	Tier 1	Tier 2	In Network	Out of Network
Calendar-Year Deductible:	\$350 Individual \$700 Family	\$2,500 Individual \$5,000 Family	\$3,300 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
Coinsurance: (Plan Pays/You Pay)	80%/20%	60%/40%	90%/10%	60%/40%
Calendar-Year Out-of-Pocket Max:	\$5,000 Individual \$10,000 Family	\$8,550 Individual \$17,100 Family	\$4,000 Individual \$8,000 Family	\$12,000 Individual \$24,000 Family
Primary Care Visit:	\$0 Copay	40% After Deductible	10% After Deductible	40% After Deductible
Specialist Office Visit:	\$40 Copay	40% After Deductible	10% After Deductible	40% After Deductible
Preventive Visit:	100% Covered	100% Covered	100% Covered	40% After Deductible
Inpatient Hospital:	20% After Deductible	40% After Deductible	10% After Deductible	40% After Deductible
Outpatient Hospital:	20% After Deductible	40% After Deductible	10% After Deductible	40% After Deductible
Emergency Room:	20% After Tier 1 Deductible	20% After Tier 1 Deductible	10% After In-Network Deductible	10% After In-Network Deductible
Urgent Care:	\$0 Copay	\$0 Copay	10% After Deductible	40% After Deductible
Ambulance:	20% After Tier 1 Deductible	20% After Tier 1 Deductible	10% After In-Network Deductible	10% After In-Network Deductible
Major Diagnostic & Imaging (Including CT/PET scans, MRIs)	\$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)
Minor Lab & X-ray	\$25 Office/ \$25 Outpatient	40% After Deductible	10% After Deductible	40% After Deductible
Maternity: Routine Prenatal Postnatal Care/Delivery	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
Outpatient Physical Therapy:	\$40 Copay Per Visit	\$40 Copay Per Visit	10% After Deductible	40% After Deductible
Speech, Hearing, and Occupational Therapy:	\$40 Copay Per Visit	\$40 Copay Per Visit	10% After Deductible	40% After Deductible
Durable Medical Equipment:	20% After Tier 1 Deductible	20% After Tier 1 Deductible	10% After In-Network Deductible	10% After In-Network Deductible
Human Organ Transplant:	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
Home Healthcare:	20% After Tier 1 Deductible	20% After Tier 1 Deductible	10% After In-Network Deductible	10% After In-Network Deductible
Hospice:	20% After Tier 1 Deductible	20% After Tier 1 Deductible	10% After In-Network Deductible	10% After In-Network Deductible
Rehabilitation Services:	\$40 Copay: Deductible Waived	\$40 Copay: Deductible Waived	10% After Deductible	40% After Deductible
Skilled Nursing Care:	20% After Tier 1 Deductible 120 visits per year	20% After Tier 1 Deductible 120 visits per year	10% After Deductible	40% After Deductible
Hearing Aids:	20% After Tier 1 Deductible	20% After Tier 1 Deductible	10% After Deductible	40% After Deductible
Allergy Injections:	100% Covered	40% After Deductible	10% After Deductible	40% After Deductible
Chiropractic Care:	\$20 Copay Per Visit	\$20 Copay Per Visit	10% After Deductible	40% After Deductible
Mental Health/ Substance Abuse: (Inpatient)	20% After Tier 1 Deductible	20% After Tier 1 Deductible	10% After Deductible	40% After Deductible
Mental Health/ Substance Abuse: (Office Visits)	In-Network: \$0 Copay Out-of-Network: 40% after Deductible		10% After Deductible	40% After Deductible
Infertility Benefits	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	
Prescription Drugs Administered by CVS Caremark				
Rx Copay (Generic / Tier 1; Formulary / Tier 2; Non-Formulary / Tier 3; Specialty / Tier 4)				
Retail Pharmacy (30-day supply)	\$10 / \$30 / \$50 / \$100	Not Covered	\$10 / \$30 / \$50 / \$100 After Deductible	Not Covered
Mail Order (90-day supply):	\$25 / \$75 / \$125 Specialty: N/A for Mail Order		\$25/\$75/\$125 After Deductible Specialty: N/A for Mail Order	

SELECTCOLORADO NETWORK OVERVIEW

1. SelectColorado is a partnership with leading doctors from UHealth, SCL Health and Medical Center of the Rockies collaborating to provide coordinated care. This innovative health plan focuses on strengthening the relationship between you and your primary care physician (PCP) — with an emphasis on meaningful engagement and comprehensive 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.

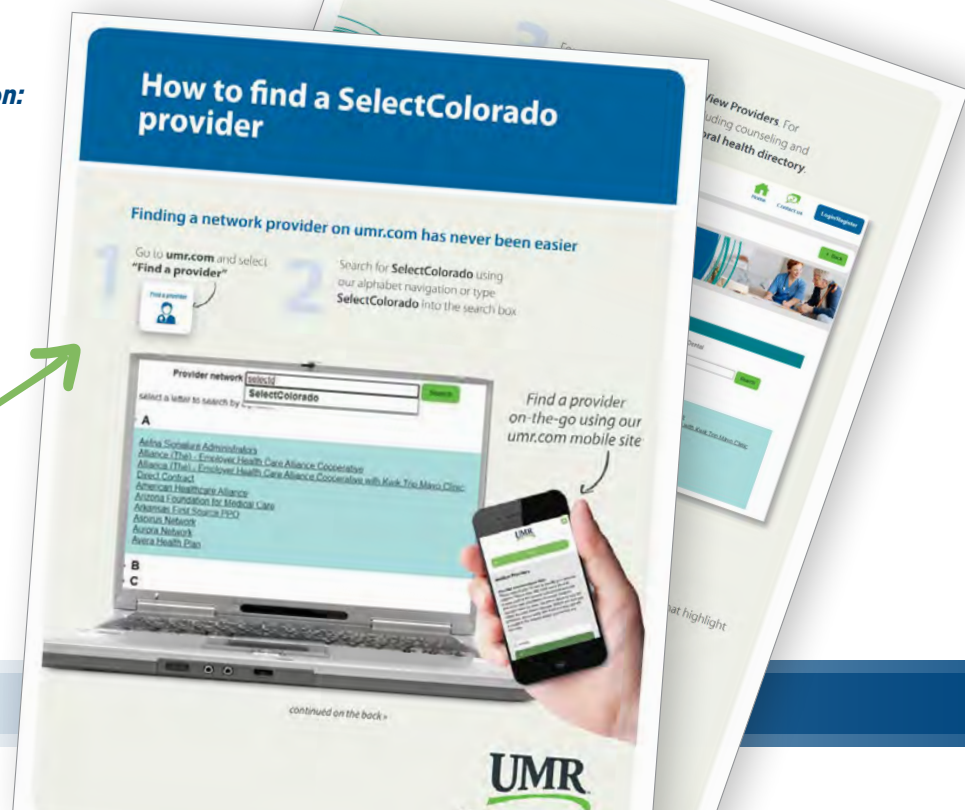
Find a Choice Plus Doctor for HDHP

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:



Click here to view full PDF from UMR!



BEHAVIORAL HEALTHCARE

SELECT COLORADO PPO PLAN

Employees on the Select Colorado PPO Plan will use the [Live and Work Well website](#) to search for behavioral health providers that are within the UHC/Optum Behavior Health network.

Employees can use behavioral healthcare providers that are not in the UHC/Optum network for office visits. Out-of-Network mental health or substance abuse office visits will count toward the \$2,500 deductible and the \$5,000 out-of-pocket maximum. After the deductible is met, employees will pay 40% of the claim, and once the out-of-pocket maximum is reached, the claim will be covered at 100%.

CHOICE PLUS HDHP PLAN

Employees on the HDHP will use the [Live and Work Well website](#) to search for behavioral health providers. After the deductible is met, employees will pay 10% of the claim for in-network and 40% of the claim for out-of-network 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

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
Mental Health, Substance Use and Chemical Dependency				
Inpatient Services	20% After Tier 1 Deductible	N/A	10% After Deductible	40% After Deductible
Residential Treatment	20% After Tier 1 Deductible	N/A		
Outpatient Services	\$0 Copay	40% After Deductible		
Office Visits	\$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
Sessions		8 sessions per issue per year	Unlimited peer chat sessions	Unlimited sessions	Unlimited text-based sessions		Unlimited sessions	Unlimited sessions
Cost		\$0	\$0	PPO: \$0 Copay HDHP: 100% after deductible is met	Cost based on medical plan (PPO or HDHP)		In-network: \$0 Out-of-network: Deductible and coinsurance	In and Out-of-Network: Deductible and coinsurance
Who's Eligible?		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
					Therapist	Psychiatrist		
Delivery	Digital	✓			✓			
	Telephone	✓		✓				
	Virtual	✓	✓	✓	✓	✓	✓	✓
	In-Person	✓					✓	✓
Contact		800-873-7138 minesandassociates.com Company Code: fortcollins		800-835-2362 teladoc.com	talkspace.com/connect or download the Talkspace App		800-207-3172 umr.com click "Find a Provider" then go to Behavioral Health Directory	

HEALTH SAVINGS ACCOUNT (HSA)

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

WHAT IS A HDHP HSA?

A High Deductible Health Plan (HDHP) provides comprehensive healthcare coverage with lower premium and higher deductible compared to traditional plans. It includes a Health Savings Account (HSA), which allows you to pay for qualified healthcare expenses now and save for future expenses, all tax-free. You can easily set aside pre-tax funds through payroll deductions, while the City contributes funds to your HSA to help it grow.

HOW DOES THE PLAN WORK?

The HDHP, combined with your HSA, gives you control over your healthcare spending. You can use funds from your HSA to pay for eligible services or cover them out of pocket and submit them for reimbursement later. When you enroll into the HDHP, an Alerus HSA will automatically be opened for you. You will receive a debit card in the mail that can be used to pay for qualified expenses directly from your account.

Note: You can only use the funds currently available in your HSA. However, you can pay for qualified expenses out of pocket and reimburse yourself later once more funds have been added to your account.

HOW IS YOUR HSA FUNDED?

Your Contributions

You can contribute to HSA in two ways:

- 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 help your account grow. Contributions are made bi-weekly and are prorated based on your eligibility date.

ELIGIBILITY

To qualify for HSA contributions, the IRS requires that you:

- Be enrolled in a qualified High Deductible Health Plan (HDHP). Our HDHP with HSA is a qualified plan.
- Have no other health coverage that is not a HDHP
- Are not covered by:
 - › A spouse's medical or pharmacy plan (including coverage under a spouse's HDHP).
 - › Medicare Parts A, B, C and/or D, or TRICARE programs.
 - › A general-purpose Flexible Spending Account (FSA) (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

Alerus Health Savings Account

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	\$4,300
Employee +1 or more	\$1,400	\$8,550
Catch-up (age 55+)*	-	\$1,000

TRANSITION FROM GENERAL PURPOSE HEALTHCARE FSA TO HSA

The City's Healthcare FSA includes a carryover amount of \$640. If you have an FSA carryover balance at the end of the plan year, you will not be eligible to elect HSA benefits or contribute to an HSA until those FSA funds are completely spent. While you may enroll in the City's HDHP starting January 1st, IRS guidelines state that you cannot establish an HSA until your FSA funds are fully used.

QUALIFIED EXPENSES

HSAs allow 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 (www.irs.gov/pub/irs-pdf/p502.pdf)
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums during periods of unemployment
- Medicare/retiree health insurance premiums (excluding Medicare Supplement/Medigap insurance)

HSA ADVANTAGES

Triple Tax Advantage

1. **Pre-tax contributions:** Funds are deducted through your paycheck before federal income taxes are calculated. This, in turn, reduces your taxable income and tax withholding.
2. **Tax-free growth:** Unused funds roll over year to year and grow tax-free.
3. **Tax-free withdrawals:** Funds can be withdrawn 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 when and how to spend it — for doctor's visits, prescriptions, braces, glasses or even laser vision correction surgery.

Investment Opportunities

Once your account reaches a minimum threshold of \$2,000, you can invest your funds to help your money grow tax-free.

Savings Potential

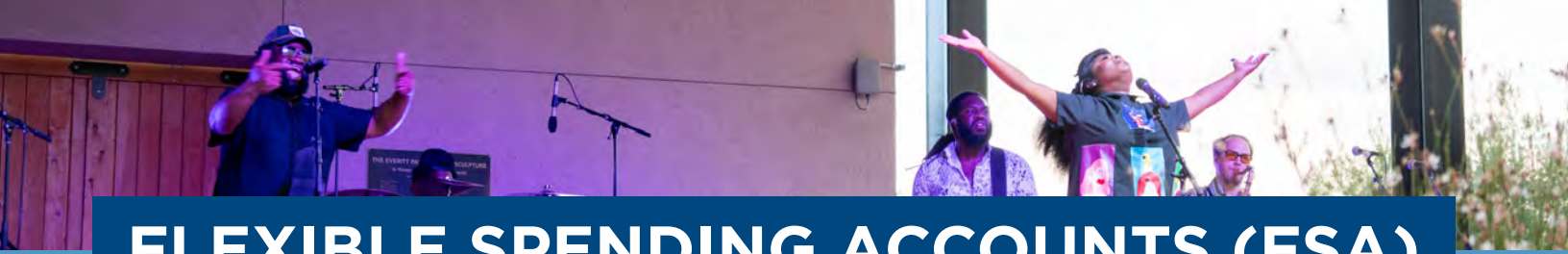
There is no "use it or lose it" rule. Unused funds roll over year to year, allowing your accounts to grow over time.

Portability

Your HSA is yours for life. The funds are yours to spend or save, even if you change health plans, retire or leave the organization.

Note: 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 result in significant tax savings. **Please Note: the FSA requires re-enrollment each year.**

ALERUS

HEALTHCARE FLEXIBLE SPENDING ACCOUNT

Employees can contribute up to **\$3,300 per household per calendar year** for the 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, 2025 to December 31, 2025** as long as you remain an active participant in the plan. You have immediate access to your full annual election amount of Healthcare FSA funds at the start of the plan year. While any excess unused funds will be forfeited at the end of the year, you can **carry over up to \$660** into the next plan year.

Examples of Eligible Expenses

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

Find a complete list of eligible expenses at irs.gov/pub/irs-pdf/p969.pdf or alerus.com.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Employees can 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, 2025 to December 31, 2025**, as long as you remain an active participant in the plan. Dependent care FSA funds are only reimbursable up to the amount that 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, used either outside or inside your home, while you are working*
- Day camp expenses (but not overnight camp)*

Find a complete list of eligible expenses at irs.gov/pub/irs-pdf/p969.pdf or alerus.com.

**Must provide a Social Security Number (SSN) or TaxID for reimbursement.*

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 FSA (LPFSA)**. This account can only be used to cover eligible **dental and vision** expenses that you may need to pay for out-of-pocket. Expenses can be incurred from **January 1, 2025 to December 31, 2025** and you are allowed **\$660 carryover** to the next year.





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

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

Health pro:
1-800-513-1667 x1011
dana.nguyen@alight.com

Kadijah Johnson:
kadijah.johnson@alight.com
800-513-1667 x 4402



UMR PLAN ADVISOR

YOUR PLAN ADVISOR

Ready to connect and guide you to the answers you need



Navigating healthcare today requires a personalized and empathetic approach — one built on trust and real relationships. That's why Plan Advisor goes beyond the traditional support models, partnering with you to help you feel confident in your healthcare decisions and reassured about the steps you're taking for your health.

**Because we all need someone we can rely on,
let your Plan Advisor be that person for you.**

Connecting you to the care you need

Whether your question is common or complex, we make it easier for you to get answers by ensuring you have the information you need.

Keeping it real

Your plan advisor is an actual person who's focused on serving you, equipped with knowledge and options to support and anticipate your unique needs and goals.

We're in it with you

If you need something that's out of our reach, we'll connect you to the resources your need – and we'll even stay on the call as long as you need.

WE'RE READY WHEN YOU ARE

Here are some of the ways we can help:

Finding the right fit is important. We can help

Finding the right provider can feel daunting. We'll match you to high-quality health care providers and the highest level of benefits – right where you live – to avoid paying more than you need to. We can schedule appointments with providers, and identify possible health screenings or preventive care.

Know your coverage – and costs

Navigating health care can be tricky, which is why no question is a bad one. Your plan advisor is ready to go over your benefit details with you, or connect you to the right person to find the answer you need, so you won't be caught by surprise.

We'll help you:

- Look into a recent medical claim to make sure it was paid correctly
- Check to see what your out-of-pocket costs are for services
- See how much you have paid – and how much you have left – of your individual or family deductible
- Understand reward programs available to you
- Discover what services are available to you based on your plan

VISIT US ANYTIME ONLINE AT UMR.COM

Sign up for online services and get quick and easy access to your claims and benefit information.

With umr.com, you can:

- Look up network providers
- Check your claims activity
- Review your financial activity
- Find tools for improving your health

You can even log in on the go with your smart phone or mobile device.

LET'S TALK

Our plan advisors are available weekdays from 6:00 a.m. to 6:00 p.m. Mountain Time at 800-207-3172.

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





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.



TELADOC

*Access to a doctor
anytime, anywhere*



General Medical

HDHP: 100% after deductible is met

PPO Plan: \$0



Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through convenience of phone, video or mobile app visits. It's an affordable alternative to costly urgent care and ER visits when you need care now.

Meet Our Doctors

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 20 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

Get the Care You Need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Sinus problems
- Sore throat
- Respiratory infection
- Skin problems
- And more!

Why Teladoc?

It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short term prescription refills

Talk to a doctor anytime!



Teladoc.com



1-800-Teladoc

UMR Group Number: 76411027 and
Member ID may be needed for access.



Available on the iPhone

App Store



ANDROID APP ON
Google play

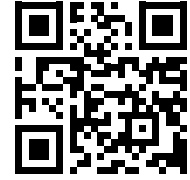
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MENTAL HEALTH

HOW TO REQUEST A VISIT

Scheduling a phone or video visit with a therapist is easy and convenient. You can make an appointment seven days a week, from 7 a.m. to 9 p.m. local time. Appointments are confirmed within 72 hours.

Please schedule your appointment online or via the Teladoc App. Although call center reps cannot schedule appointments for you, they can answer your questions.



Scan the QR code to
visit **Teladoc.com**

	<i>HDHP</i>	<i>PPO</i>
Psychiatrist (initial visit)	\$235	\$0
Psychiatrist (ongoing visit)	\$105	\$0
Psychologist, licensed clinical social worker, counselor, or therapist	\$95	\$0

HOW TO SCHEDULE A VISIT

- 1 Register your Teladoc account via web or app or log in to your account if you're already registered
- 2 Request a visit
- 3 Answer a few questions
- 4 Select your therapist
- 5 Request a time for your appointment

Confidential therapy on your terms

 Teladoc.com   Download the app



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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](#).



DELTA DENTAL BENEFITS - Delta PPO plus Delta Premier Network			
	PPO Provider	Premier Provider	Non-Network Provider
Calendar Year Deductible:	\$50/Individual \$100/Family	\$50/Individual \$100/Family	\$50/Individual \$100/Family
Calendar Year Maximum Benefit:	\$2,000/Individual	\$2,000/Individual	\$2,000/Individual
Diagnostic/Preventive Care: (X-ray/Oral Exams/Cleanings)	100%, no deductible	100%, no deductible	100%, no deductible
Restorative Services: (Fillings/Stainless Steel Crowns)	80%	60%	60%
Endodontics: (Root Canal Therapy)	80%	80%	80%
Periodontics: (Treatment of the gums)	80%	60%	60%
Oral Surgery: (Extractions) (Implant/Crown/Bridge)	80% 50%	80% 50%	80% 50%
Prosthodontics: (dentures, partials)	50%	50%	50%
Orthodontic Treatment:	50%, no deductible	50%, no deductible	50%, no deductible
Orthodontic Lifetime Maximum: (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, 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
Eye Exam:	\$15 Copay	Up to \$45 Copay
Lenses Single Vision Bifocal (Lined) Trifocal (Lined)	\$15	Up to \$30 Allowance Up to \$50 Allowance Up to \$65 Allowance
Lens Enhancements Standard Progressive Premium Progressive Custom Progressive	\$0 \$95 - \$105 \$150 - \$175	N/A
Frames:	\$205 Featured Frame Allowance; \$185 Frame Allowance; 20% discount on the amount over the allowance; \$100 Costco Frame Allowance	Up to \$70 Allowance
Contact Lenses (instead of glasses)	\$185 Allowance; Copay does not apply	Up to \$105 Allowance
Essential Medical Eye Care	\$20 Copay	N/A
Additional Glasses and Sunglasses	Extra \$20 to spend on featured frames 20% savings on additional glasses and sunglasses, including lens enhancements	N/A
LightCare (instead of glasses or contacts)	\$185 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses	N/A
Retinal Screening	No more than a \$39 copay on routine screening as an enhancement to a WellVision Exam	N/A
Laser Vision Correction	15% off the regular price or 5% off the promotional price	N/A
Benefit Frequency	<ul style="list-style-type: none"> Examination/eyeglasses/lenses/contacts - Once every 12 months Frames - Once every 24 months 	
Essential Medical Eye Care	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for member with diabetes, glaucoma, or age-related macular degeneration Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	

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 Wellness Benefit

Policyholders are eligible to receive a \$50 Wellness Benefit each year for completing preventive screenings and tests by submitting the [Wellness Benefit form](#) available on the Aflac website.

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](#).

EMPLOYEE - NON-TOBACCO (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

SPOUSE - NON-TOBACCO (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

EMPLOYEE - TOBACCO (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

SPOUSE - TOBACCO (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 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 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.





LEAVE AND DISABILITY

FAMILY AND MEDICAL LEAVE ACT (FMLA) | RELIANCE STANDARD

The FMLA entitles employees to take up to 12 weeks of unpaid, job protected leave from work for certain medical and family reasons, including your own or a spouse's, parent's or child's condition. Eligibility requires 1,250 hours and one year with the City. Part-time employees are eligible; however hours are pro-rated based upon FTE.

PAID FAMILY MEDICAL LEAVE (PFML)

Paid Family Medical Leave (PFML) ensures up to 12 weeks of paid leave, covering various life situations like medical conditions, welcoming a new family member, or caring for a family member. The benefit includes an Elimination Period (80 hours) and income replacement at 100% (160 hours) and 80% (240 hours). Eligibility requires 1,250 hours and one year with the City. Follows the same criteria and medical certification as FMLA.

SHORT-TERM DISABILITY | MATRIX

Employer-paid Short-Term Disability (STD) provides eligible employees with up to 180 days of leave time with medical certification for short-term disabilities arising from non-occupational illnesses or injuries. Once approved by Matrix Absence Management, the benefit includes an Elimination Period (weeks 1-2) and income replacement at 100% (six weeks), 80% (34 days) and 66.67% (weeks 13-26).

LONG-TERM DISABILITY | RELIANCE STANDARD

Employer-paid Long-Term Disability (LTD) provides eligible employees with 66.67% of their monthly base salary for a period determined by their age and disability.

If you're a firefighter, police officer, or emergency services dispatcher that is age 55 or older and has 25 years of service or more, the benefit pays monthly up to a maximum of 60% of your monthly income or \$7,500. If partially disabled, the long term disability benefit allows you to supplement your work earnings with LTD pay up to 100% of your monthly salary.

Employees must complete a 180 calendar-day elimination period per incident and have a 20% loss of income before LTD pay begins.

Firefighters, police officers and emergency dispatchers, under age 55 and less than 25 years of service are covered by an alternate benefit provided by the Fire & Police Pension Association of Colorado (FPPA).

CAREGIVER LEAVE

In the event an employee is not eligible for Paid Family Medical Leave and not eligible for FAMI through the State, the City of Fort Collins will provide up to 120 hours (prorated for less than 1.0 FTE) of paid caregiver leave to employees.

For employees who do not qualify for benefits, please email HRBenefits@fcgov.com for information about FAMI.



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 Dietitians
- 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
- \$1,000 maximum allowable benefit per service, per member, per year with an annual maximum benefit up to \$2,000

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 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
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.

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
– 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.



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 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 \$23,500. If you are age 50 and older, you may be eligible to contribute an additional \$7,000 as a catch-up contribution. An additional catch-up option may also be available.

PLAN	Normal Limit	Age 50 Catch-up :Limit
457(b)	\$23,500	\$7,000

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
- 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.

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)

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
- 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

Eligible Retired **Public Safety Officers** have 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, or directly to the eligible retiree. 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:

- A law enforcement officer means an individual 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
- A firefighter includes an individual serving as an officially recognized or designated member of a legally organized volunteer fire department, including an individual who, as such a member, engages in scene security or traffic management as the primary or only duty of the individual during emergency response
- A member of a rescue squad or ambulance crew means an officially recognized or designated employee or volunteer member of a rescue squad or ambulance crew (including a ground or air ambulance service) that— (A) is a public agency; or (B) is (or is a part of) a nonprofit entity serving the public that— (i) is officially authorized or licensed to engage in rescue activity or to provide emergency medical services; and (ii) engages in rescue activities or provides emergency medical services as part of an official emergency response system
- A chaplain includes any individual serving as an officially recognized or designated member of a legally organized volunteer fire department or legally organized police department, or an officially recognized or designated public employee of a legally organized fire or police department who was responding to a fire, rescue, or police emergency

Eligibility is also determined by employment status. To be eligible for the tax benefit, a public safety officer must be separated service by reason of 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
- 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 TIME

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. Classified and unclassified management employees receive up to 40 hours of prorated vacation upon hire. Eligibility for unclassified contractual employees depends on contract terms, while unclassified hourly employees are ineligible. Eligible hourly employees may accrue and use personal leave per policy.

- 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 TIME

Full-time eligible employees receive 120 hours of sick time 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 Time 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





IDENTITY & FRAUD PROTECTION

*Employees and their families
do nearly everything online.
We help them do it more safely.*



MetLife and Aura Identity & Fraud Protection is an award-winning, AI-powered solution that helps keep employees and their families safer from online threats and scams – all in one, easy-to-use app.



Scan to watch a short product video

Identity Theft Protection – Get alerted to threats to your personal info, online accounts and more. Plus, we automatically request removal of your info from data broker sites to protect it from thieves and spammers.

Financial Fraud Protection – Credit and financial accounts monitoring, credit lock, and financial tools to help keep your money and assets safe.

Privacy & Device Protection – Tools to monitor and manage your passwords, secure devices and public Wi-Fi connections, keep browsing activity private, and more.

Family Safety – Our inclusive family plans cover 10 adults and unlimited children and include make it easier for parents and caregivers to protect loved ones with family safety tools.

Service and Support – 24/7 US-based customer support. Plus, rest assured fraud victims are backed by a \$5M insurance policy and white glove fraud resolution service.

WHAT SETS US APART?

The MetLife and Aura partnership can uniquely deliver both a highly rated digital security solution and valuable administrative efficiencies.

- AI-powered platform with smarter, more automated features
- All features in one mobile app
- A simple, intuitive user experience
- The most auto-activated services using enrollment data
- Proven fastest credit fraud alerts
- Broadest family protection
- A MetLife offering with streamlined administration and service

Employee-paid, bi-weekly rates:

Protection Plus Individual Coverage	Protection Plus Family Coverage
\$3.90	\$6.44



To learn more, scan the QR code or visit www.metlife.com/identity-and-fraud-protection

BACK-UP CAREGIVING



MyWoosah

Every Family Deserves a **Breather**

Hello City of Fort Collins!

We are excited to provide our backup dependent care solution to help you balance your responsibilities and personal life. Whether you need care for a child or adult dependent, we're here to bring ease into your life so you can know that your loved ones are cared for.

OUR KEY BENEFITS INCLUDE:

- **Simplified Family Management**
Effortlessly organize and manage your childcare and adult caregiving needs.
- **Flexible Work-Life Solutions**
MyWoosah is here to support your journey to a healthier work-life balance.
- **24/7 Access**
Unlock a new level of convenience with emergency support, flexible scheduling, and real-time updates.



CHILD CARE

Traditional in-home childcare for children under 16 which includes overall care, engagement, safety, meal prep, light housekeeping, laundry, and homework supervision.



ADULT CARE

In-home, non-medical, companion care for adults requiring social interaction and daily assistance with meal preparation, household chores, errands, medication reminders, and appointments.



DRIVE

Traditional in-home childcare for children under 16 which includes overall care, engagement, safety, meal prep, light housekeeping, laundry, and homework supervision.

CONTACT US



www.mywoosah.com



844-775-0775



parents@mywoosah.com



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 (HDHP)

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.

Click each word to see an example of where the term is used in this guide.

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 Questions About...	Contact	Phone #	Web / Email
Medical Group # 76-411027	UMR Plan Advisor	800-207-3172	www.umar.com
Prescriptions Rx Bin: 004336, Rx GRP: RX24QK	CVS Caremark	833-896-1971	www.caremark.com
Alight	Health Pro Dana Nguyen	800-513-1667 800-513-1667 x 1011	myhealthpro@alight.com dana.nguyen@alight.com
Dental Group # 1857	Delta Dental	800-610-0201	www.deltadentalco.com
Vision Group # 12-293596	VSP	800-877-7195	www.vsp.com
Short Term Disability Family Medical Leave (FMLA) Paid Parental Leave	Matrix eServices	877-202-0055	matrixabsence.com
Long Term Disability Group # 133294	Reliance Matrix	800-351-7500	www.reliancestandard.com
Supplemental Life/AD&D Group # 164843	Reliance Matrix	800-351-7500	www.reliancestandard.com
Critical Illness & Accident Insurance Group # 24228	Aflac	800-433-3036	aflacgroupinsurance.com voluntaryclaims@hubinternational.com
Flexible Spending (FSA) & Health Savings Accounts (HSA)	Alerus	800-279-3200	alerus.com
CityCare	Marathon Health	970-672-4331	marathon-health.com
Employee Assistance Program	MINES	800-873-7138	www.minesandassociates.com Company Code: fortcollins
Back-Up Caregiving	MyWoosah	844-755-0775	www.mywoosah.com
401(a) & 457	Nationwide	1-877-677-3678	www.fortcollinsrp.com
Human Resources	City of Fort Collins	970-221-6535	hrbenefits@fcgov.com Benefits Connect

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.

Revised: 3/5/2025

