

CLASSIFIED EMPLOYEES

MEDICAL INSURANCE

UMR (A UNITED HEALTHCARE COMPANY)

PPO Tier 1/Tier 2: SelectColorado/Select Networks

- Effective: First day of the month following hire date
- Deductible (Tier 1): \$350 Individual / \$700 Family
- Out of Pocket Max (Tier 1): \$5,000 Individual / \$10,000 Family
- Copay (Tier 1): \$0 Primary Care / \$40 Specialty
- Coinsurance (Tier 1): 80% Insurance / 20% You

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

- Employer contribution HSA
- Effective: First day of the month following hire date
- Deductible (In-Network): \$3,000 Individual / \$6,000 Family
- Out of Pocket Max: \$4,000 Individual / \$8,000 Family (In-Network)
- Coinsurance: 90% Insurance / 10% You (In-Network)

HEALTH CLINIC CITYCARE

CityCare, managed by Marathon Health, is our onsite healthcare clinic providing services to employees and family members covered under the City's health plan. Staffed with a Physician Assistant and health coach, they treat a variety of common illnesses and injuries. A full range of prevention, health coaching, and assessments are provided in addition to sick care. There is no cost to use CityCare under the PPO Plan. For the HDHP, prevention is free, non-prevention \$45.

LIFESTYLE MANAGEMENT

As part of the City's commitment to offering benefit coverage, which helps prevent injuries and illness, the following preventative services are available to employees and family members covered under the City's health plan;

Preventative Services Covered:

- Registered Dietitians
- Therapeutic Massage Therapy
- Acupuncture
- Biofeedback

These services are only a \$20 copay, with a \$500 maximum allowable benefit per service, per member, per year.

Under HDHP:

- No copay
- Pay total amount which applies towards deductible and out-of-pocket

DENTAL INSURANCE

DELTA DENTAL

Effective: First day of the month following hire date
Prevention First: Diagnostic and preventative do not count against the annual maximum

- Deductible: \$50 Individual / \$100 Family
- Max Benefit: \$1,500 annually
- Basic Dental: Plan pays 80%, after deductible (In-Network)
- Major Dental: Plan pays 50%, after deductible (In-Network)
- Orthodontia: Plan pays 50%, after deductible (In-Network), Lifetime Max \$1,500

VISION INSURANCE

VSP (VISION SERVICE PLAN)

- Effective: First day of the month following hire date
- Examination: Every 12 months, \$15 Copay
- Lenses or Contacts: Every 12 months, Contact allowance up to \$185
- Frames: Every 24 months, Frame allowance \$185-\$205

FLEXIBLE SPENDING ACCOUNTS (FSA) 24HOURFLEX

FSA accounts allow you to set aside pre-tax funds to pay for eligible health and/or dependent care expenses before your federal and Social Security taxes are calculated.

- Health Care: employees may contribute up to \$2,750 per calendar year
- Dependent Care: employees may contribute up to \$5,000 per calendar year
- Carryover Provision: allows up to \$550 unused medical FSA contributions into the following year



BASIC LIFE INSURANCE AND AD&D VOYA

1x Annual Salary, up to \$250,000

(employer-paid)

LIFE INSURANCE

VOYA (SUPPLEMENTAL)

- Employee: 1x, 2x, 3x Annual Salary up to \$500,000 (Guaranteed Issue \$100K)
- Spouse: \$10K, \$25K, \$50K, \$75K or \$100K (Guaranteed Issue \$10K)
- Dependent: \$5,000 or \$10,000

ANTHEM (VOLUNTARY)

- Employee: \$10,000 increments up to \$300,000 (Guaranteed Issue \$30K)
- Spouse: \$10,000 increments up to \$300,000 (Guaranteed Issue \$10K)
- Dependent: \$5,000

PERSONALIZED BENEFITS

AFLAC

In the event of an accident or covered critical illness, these plans pay cash benefits directly to you, providing you the flexibility to help pay bills related to treatment or help with everyday living expenses.

Accident Plan

- Employee Only
- Employee + Spouse
- Employee+ Children
- Employee + Family

Critical Illness Plan

- Employee: \$10K, \$20K, or \$30K
- Spouse: \$10K, \$20K, or \$30K

**Rates based on age and tobacco vs. non-tobacco status*

Features:

- Coverage is available for you, your spouse, and dependent children
- Fast claims payment. Most claims are processed in about 4 business days
- Coverage begins the first of the month following 30 days from the date of hire.

RETIREMENT

NATIONWIDE

401(a) Defined Contribution Plan

- Mandatory participation, after 6 months of employment
- 3% employee contribution, 6.5% City contribution

457 Deferred Compensation Plan

- Voluntary participation, eligible on the date of hire

OTHER BENEFITS

- Award-Winning Wellness Program
- Employee Assistance Programs
- Back-up Child and Adult Care and Referral Services

VACATION

Vacation time is accrued bi-weekly each pay period in accordance with the schedule below:

0-3 years	4.62 hours or 15 days per year
4-5 years	4.92 hours or 16 days per year
6-7 years	5.23 hours or 17 days per year
8-9 years	5.54 hours or 18 days per year
10-12 years	6.15 hours or 20 days per year
13-14 years	6.46 hours or 21 days per year
15-16 years	6.77 hours or 22 days per year
17-18 years	7.08 hours or 23 days per year
19-20 years	7.38 hours or 24 days per year
20+ years	7.69 hours or 25 days per year

**Accrual for part-time employees is pro-rated based on FTE.*

Employees in classified positions may carry over up to twice the amount of vacation time they are eligible to accrue as of the last day of the current Leave Benefit Year, up to a maximum of 30 days (240 hours).

HOLIDAYS

9 designated holidays, a total of 72 hours per year (pro-rated for part-time employees)

Designated Holidays

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Veterans' Day
- Thanksgiving Day
- Christmas Day

All designated holiday time not used will be forfeited at the end of the Leave Benefit Year.



SICK LEAVE

Full-time eligible employees receive 120 hours of sick leave at the beginning of each year for use in that Leave Benefit Year. This amount is pro-rated for part-time employees and is pro-rated for those employees starting employment after January 1 of the current Leave Benefit Year.

Unused Sick Leave will not be carried over to the following Leave Benefit Year.

SHORT TERM DISABILITY VOYA

Employer-paid Short Term Disability (STD) provides eligible employees with up to 90 days of leave time (per illness/injury) for certain short term disabilities arising from non-occupational illnesses or injuries.

LONG TERM DISABILITY VOYA

Employer-paid Long Term Disability (LTD) provides eligible employees with 66.67% of their monthly base salary for a period of time determined by your age and disability. Employees must complete a 90 calendar day elimination period per incident and have a 20% loss of income before LTD pay begins.