# **Classified Employee Benefit Highlights**

This document contains information about benefits available to City of Fort Collins employees in Classified positions.

### **MEDICAL INSURANCE | UMR (A UNITED HEALTHCARE COMPANY)**

#### PPO Tier 1/Tier 2: Select Colorado/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 HSA contribution
- Effective: First day of the month following hire date
- Deductible (In-Network): \$3,300 Individual / \$6,000 Family
- Out-of-Pocket Max: \$4,000 Individual / \$8,000 Family (In-Network)
- Coinsurance: 90% Insurance / 10% You (In- Network)

### FLEXIBLE SPENDING ACCOUNTS (FSAs) | ALERUS

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 \$3,300
- Dependent Care: employees may contribute up to \$5,000 per calendar year
- Carryover Provision: allows up to \$660 unused medical FSA contributions into the following year

### 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
- LightCare<sup>™</sup>: \$185 allowance for ready-made non-prescription sunglasses or blue light filtering glasses, Every other calendar year, \$25 Copay
- Essential Medical Eye Care: Additional services for members with diabetes, glaucoma, or agerelated macular degeneration. Treatment and diagnosis of eye conditions including pink eye, vision loss, and cataracts.
- 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



### **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
- Basic Dental: Plan pays 80% after deductible (PPO Provider)
- Orthodontia: Plan pays 50%, no deductible, Lifetime Max \$2,000
- Occlusal Guards/Night Guards: 50% after deductible
- Major Dental: Plan pays 50% after deductible
- Max Benefit: \$2,000 per individual annually

### **HEALTH CLINIC | CITYCARE**

CityCare, managed by Marathon Health, is our onsite clinic for employees and family members on the City's health plan. Staffed by a Physician Assistant and health coach, CityCare offers sick care, health coaching, and preventive services. PPO members can use CityCare at no cost, while HDHP members pay \$45 per sick visit; preventive care is free for both plans.

### **HEALTH ADVOCACY PROGRAM | ALIGHT**

- Navigate Health and Benefit Plans
- Find In-Network, Highly Rated Cost-Effective Providers
- Coordinate Care

- Compare Costs for Procedures and Care
- Lower Cost Rx Options
- Help With Medical, Dental, and Vision bills or claims Issues

### BASIC LIFE INSURANCE AND AD&D | RELIANCE STANDARD

1x Annual Salary, up to \$250,000 (employer-paid)

### **RETIREMENT | NATIONWIDE**

#### 401(a) Defined Contribution Plan

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

#### 457(b) Deferred Compensation Plan

Voluntary participation, eligible on the date of hire

#### LIFESTYLE MANAGEMENT

To support health and injury prevention, the City offers the following preventive services to all health plan participants and their covered family members.

These services require only a \$20 copay, with a maximum benefit of \$1,000 per service, per member, per year, and a total annual benefit limit of \$2,000.

#### **Preventative Services Covered**

- Registered Dieticians
- Therapeutic Massage Therapy
- Biofeedback
- Acupuncture

#### **Under HDHP**

- No Copay
- Pay total amount which applies toward deductible and out-of-pocket max.

# Voluntary & Supplemental Benefits

### **SUPPLEMENTAL LIFE INSURANCE | RELIANCE STANDARD**

Employee Supplemental Life Insurance coverage required for Spouse and Child elections.

- Employee: up to \$1,000,000 in \$10,000 increments (Guaranteed Issue \$300K)
- Spouse: up to \$250,000 in \$5,000 increments (Guaranteed Issue \$30K)
- Child(ren): up to \$10,000 in \$2,000 increments

### ACCIDENTAL DEATH & DISMEMBERMENT | RELIANCE STANDARD

All elections not to exceed supplemental life insurance and employee AD&D coverage required.

- Employee: up to \$550,000 in \$10,000 increments (cannot elect more than 5x salary)
- Spouse: up to \$250,000 in \$5,000 increments
- Child(ren): up to \$10,000 in \$2,000 increments

### **ACCIDENT AND CRITICAL ILLNESS | 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:**

- Participant Only
- Participant + Spouse
- Participant + Children
- Participant + Family

#### Critical Illness Plan:

- Participant: \$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.

### **IDENTITY & FRAUD PROTECTION | METLIFE-AURA**

MetLife and Aura Identity & Fraud Protection provides employees and their families with comprehensive online security, offering alerts for identity threats, financial account monitoring, privacy tools, and family safety features. This easy-to-use, Al-powered app includes 24/7 U.S.-based support and up to \$5M in fraud insurance. Family plans cover up to 10 adults and unlimited children.

## **LEAVE BENEFITS AND PAID TIME OFF**

### **LEAVE BENEFITS**

**Paid Family Medical Leave (PFML):** Provides up to 12 weeks of paid leave for qualifying life events like medical needs, adding a family member, or caregiving. Includes an 80-hour elimination period, with income replacement at 100% (160 hours) and 80% (240 hours). Eligibility requires 1,250 hours and one year of service. Follows FMLA criteria and certification.

**Short-Term Disability (STD):** Employer-paid coverage offers up to 180 days of leave for non-work-related illnesses or injuries, with medical certification. After a 2-week elimination period, income is replaced at 100% (6 weeks), 80% (34 days), and 66.67% (weeks 13–26).

**Long-Term Disability (LTD):** Employer-paid benefit covers 66.67% of monthly base salary after a 180-day elimination period and a 20% income loss. Duration depends on age and disability.

#### **PAID TIME OFF**

#### **Vacation Time**

Vacation time is accrued biweekly each pay period in accordance with the schedule below:

| Years with the City | Hours/Days<br>Accrued per Year |
|---------------------|--------------------------------|
| 0-3                 | 4.62 hours/ 15 days            |
| 4-5                 | 4.92 hours/ 16 days            |
| 6-7                 | 5.23 hours/ 17 days            |
| 8-9                 | 5.54 hours/ 18 days            |
| 10-12               | 6.15 hours/ 20 days            |

| Years with | Hours/Days          |
|------------|---------------------|
| the City   | Accrued per Year    |
| 13-14      | 6.46 hours/ 21 days |
| 15-16      | 6.77 hours/ 22 days |
| 17-18      | 6.77 hours/ 22 days |
| 19-20      | 7.38 hours/ 24 days |
| 20+        | 7.69 hours/25 days  |

New classified employees receive up to 40 hours of prorated vacation 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).

#### **Holiday Time**

11 designated holidays, a total of 88 hours per year (pro-rated for part-time employees)

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day

- Juneteenth
- Independence Day
- Labor Day
- Veterans' Day

- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

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

#### **Sick Time**

Full-time employees receive 120 hours of sick time annually, prorated for part-time employees and those hired after January 1. Unused sick time does not carry over to the next year.

<sup>\*</sup>Accrual for part-time employees is pro-rated based on FTE.

# Wellness Programs & Other Benefits

| Annual Health Fair                             | Annual Wellness event featuring local health, wellness and safety resources, vendor booths, presentations, and wellness screenings.  |
|--|--|
| Bicycle Storage                                | Some City buildings offer bicycle storage centers for secure and convenient bike parking.  |
| Caregiving Support                             | Access to lactation support, maternity care, parenting classes, subsidized camps and preschool through Recreation, and backup dependent care services for children and adults.                                 |
| Discounted Access to Recreation Facilities     | Employees can show their badge at any Recreation Facility and buy a 25-Admission Pass for \$25 and get a 70% discount on Recreation fitness classes.   |
| Employee<br>Assistance<br>Program              | Employees can access behavioral health support, financial wellness programs, mindfulness resources, tobacco cessation, weight management, and wellness coaching through the MINES Employee Assistance Program. |
| Group Exercise<br>Classes                      | Access to free or subsidized classes like boot camp and yoga held at City facilities.  |
| Health Checks                                  | Employees on a City health plan have access to a free, annual health screenings and can complete an online health assessment to earn a gift card.  |
| Mini Incentives & Online Wellness Programs     | Offered for free on a variety of topics throughout the year to all participants.   |
| Onsite Flu Shots                               | Flu- shot clinics offered annually for free to those on a City Health Plan and for a small co-pay for those not on a City Health Plan.   |
| Onsite Exercise Rooms                          | Sign a waiver and watch a safety video to access three fully equipped exercise rooms available to employees. Spouses and dependents can utilize rooms after completing additional training.                    |
| Personal Enrichment<br>Classes                 | Personal Enrichment Classes are free, periodic offerings on a variety of topics for all employees.   |
| Special Offers from<br>Elevations Credit Union | Discounted rates and incentives for City employees.  |
| Weight Management<br>Programs                  | Real Appeal program and health coaching via CityCare if covered under City's health care plan, Weight Watchers reimbursement.  |
| Well Days Incentive<br>Program                 | The Well Days program encourages and supports City of Fort Collins and Library District employees in making lifestyle choices that reduce the risk of illness and injury, promoting overall wellbeing.         |

### **2025 RATES**

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

|               |                          | All Benefit-Eligible Employees |
|---------------|--------------------------|--------------------------------|
|               | Employee Only            | \$49.45                        |
| Medical -     | Employee plus Spouse     | \$238.49                       |
| UMR PPO       | Employee plus Child(ren) | \$195.12                       |
|               | Family                   | \$303.51                       |
|               | Employee Only            | \$38.57                        |
| Medical -     | Employee plus Spouse     | \$186.02                       |
| UMR HDHP      | Employee plus Child(ren) | \$152.20                       |
|               | Family                   | \$236.75                       |
|               | Employee Only            | \$5.39                         |
| Delta Dental  | Employee plus Spouse     | \$12.93                        |
| Deita Deittai | 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                        |

### **SUPPLEMENTAL LIFE AND VOLUNTARY BENEFIT RATES**

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

| SUPPLEMENTAL LIFE INSURANCE<br>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%            |  |

| FRAUD & IDENTITY THEFT PROTECTION |        |  |
|-----------------------------------|--------|--|
| Employee                          | \$3.90 |  |
| Employee + Family                 | \$6.44 |  |

<sup>\* &</sup>quot;Member" refers to a hand, foot, or eye