

BENEFITS HIGHLIGHTS | CLASSIFIED EMPLOYEE

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): \$3,000 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 on-site 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 visits are free, any non-preventative services or visits are \$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 Dieticians
- Therapeutic Massage Therapy
- Acupuncture
- Biofeedback

Under PPO: \$20 copay per service, with a \$500 annual maximum allowable benefit per service, per member.

Under HDHP: No Copay, total amount paid applies towards deductibles and out-of-pocket maximum.

DENTAL INSURANCE | DELTA DENTAL OF COLORADO

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

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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™: \$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 age-related 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

FLEXIBLE SPENDING ACCOUNTS (FSA) | 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 \$3,200 per calendar year
- Dependent Care: employees may contribute up to \$5,000 per calendar year
- Carryover Provision: allows up to \$640 unused healthcare FSA contributions into the following year

BASIC LIFE INSURANCE AND AD&D | RELIANCE STANDARD

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

LIFE INSURANCE | RELIANCE STANDARD (SUPPLEMENTAL)

- 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 (AD&D) | RELIANCE STANDARD (VOLUNTARY)

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

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

- 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.
- Coverage begins the first of the month following 30 days from date of hire.

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

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 Bills and Claims Issues
- Medicare Assistance

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

VACATION

Vacation time is accrued biweekly 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*

New employees hired into classified positions will receive up to 40 hours of vacation prorated 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)

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HOLIDAYS

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

Designated Holidays

- 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 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 does not carry over to the following benefit year.

OTHER BENEFITS

- **Award-Winning Wellness Program**
 - Well Days Incentive Program
 - On-Demand Exercise Classes
 - Group on-site Exercise Classes
 - On-site Workout facilities
 - Bicycle Storage
 - Lactation Support and Maternity Care
 - Lifestyle Management
 - Recreation Facility Passes
 - Wellness Coaching
 - Annual Health Fair
 - Health and Risk Assessment
 - Flu Shots
 - Financial Wellbeing Program
- Behavioral Health Resources
- Tobacco Cessation Programs
- Mindfulness Resources
- Parenting and Maternity Support Programs
- Weight Management Program
- **Back-up Caregiving**
- **Paid Caregiver Leave**
- **Recreation Childcare Benefits**
- **Special Offers from Elevations Credit Union**
- **Employee Assistance Program–MINES**
 - Legal Services
 - Financial Services
 - Referral Services
 - Counseling Services

2024 RATES

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

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

RELIANCE STANDARD SUPPLEMENTAL LIFE AND AD&D RATES

The **Bi-Weekly Rates** 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

Full-Time = 30+ hours/weekly (.75 FTE thru 1.00 FTE)

Part-Time = 20-29 hours/weekly (.50 FTE thru .74 FTE)