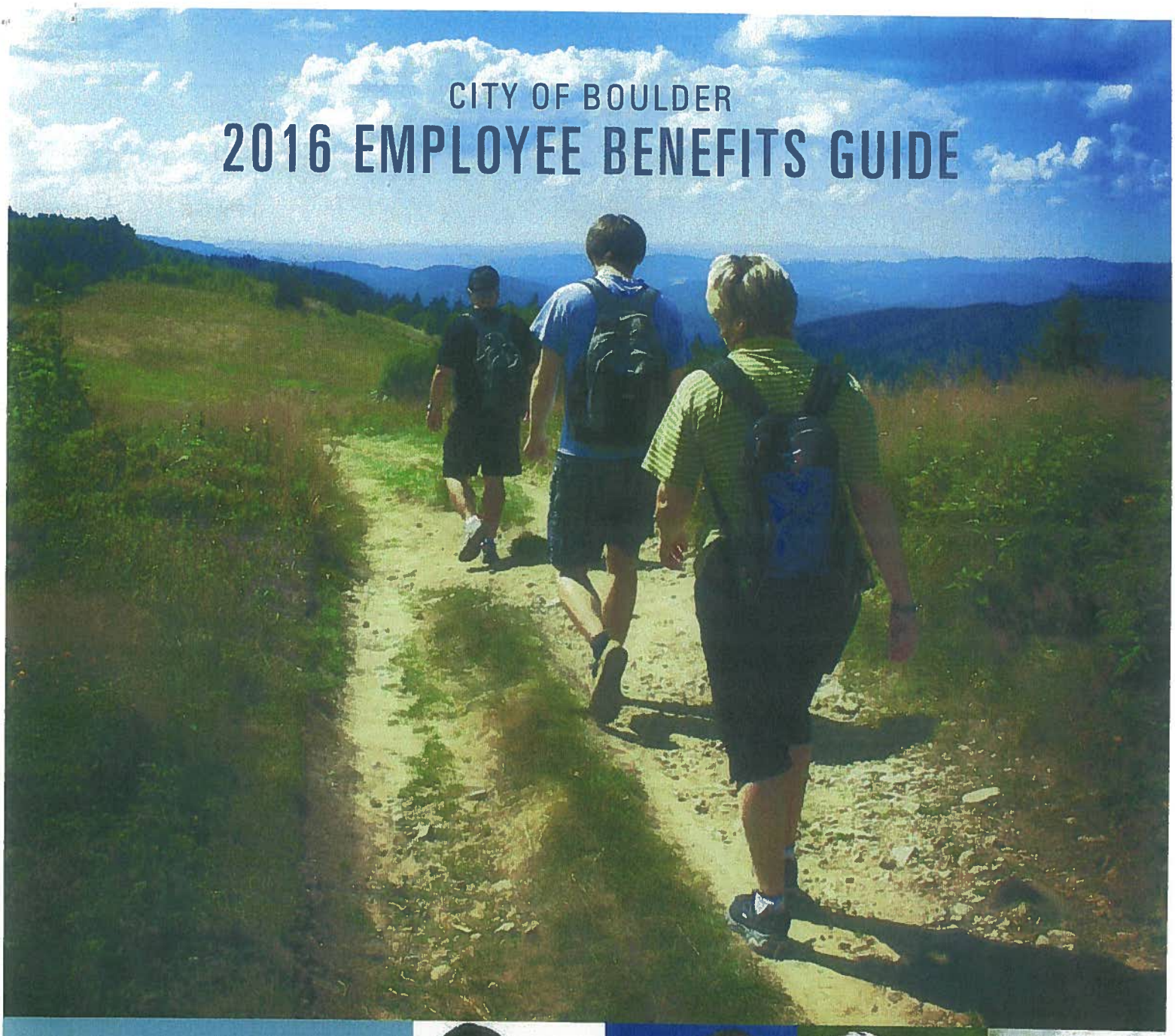
CITY OF BOULDER

2016 EMPLOYEE BENEFITS GUIDE



(COVERAGE FOR STANDARD EMPLOYEES WORKING 20 OR MORE HOURS PER WEEK)

http://intraweb.ci.boulder.co.us/wellness

Wellness Works!

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OVERVIEW

The benefits offered by the City of Boulder are designed to provide a comprehensive package in support of our Total Compensation Philosophy & Principles.

We encourage you to evaluate and select benefits that best suit the needs of you and your eligible dependents.

This benefits guide highlights the many benefit options available to you and explains how to enroll in the benefits you choose. Please read this guide carefully, make your decisions, and enroll.

ELIGIBILITY

All standard Management/Non-Union, BMEA, Police, Fire, and BHP employees who work at least 20 hours per week are eligible to enroll.

Eligible dependents are spouses and children.

Spouse includes: legally married spouse, common-law spouse, qualified same-gender domestic partner (signed affidavit required for common-law or domestic partner), or Colorado Civil Union partner.

Child(ren) includes: natural-born children, adopted children, and guardianship children up through the end of the month in which they turn 26 years of age. Children are not required to be enrolled in an educational institution; be unmarried, be supported by their parent, or reside with the parent/employee. The child (ren) must be ineligible for any other employer-provided plan coverage in order to enroll in City of Boulder plans.

Coverage is effective on the first day of hire, and terminates at the end of the month following termination. Open enrollment takes place in October of each year. During this period, you must enroll in and/or decline coverages for the coming year. The effective date is January 1 of each year.

Part-Time Standard employee positions (10-19 hours per week) are eligible for a free EcoPass (bus), a taxable Boulder Recreation pass, PERA pension, and supplemental retirement plans.

RESTRICTIONS ON MID-YEAR PLAN CHANGES

Under Federal regulations, after a plan year (January 1 through December 31) has started, employees may not change their benefit elections except under certain qualifying events deemed as exceptions (see box below). These regulations do not affect all insurance enrollment changes. Please contact Human Resources benefits staff no later than 31 days after the event for detailed discussion of your event and related enrollment possibilities. Allowable changes can only be made within 31 days of the qualifying event.

Your election changes must be consistent with your status change.

Qualifying Events:

Marriage, legal separation, divorce, or death of a spouse
Birth, adoption, or death of a child
Change in employment status for you or your spouse (example: layoff, change in hours, gain or loss of coverage)
Change in dependent's eligibility status (example: a child exceeding the maximum age for coverage)
A significant change in the cost or coverage of your spouse's benefits (example: spouse open enrollment)
Change in place of residence causing a loss of eligibility (example: moving outside of a plan's service area)
Change in the cost of dependent care (only for the Dependent Care Spending Account)

OVERVIEW

BENEFITS TAXATION

Internal Revenue Service (IRS) rules allow employees to use pre-tax dollars to pay for eligible benefit plans. The City of Boulder automatically processes medical, dental and vision premiums on a pre-tax basis for you. This is money deducted from your paycheck prior to the calculation and deduction of taxes. This results in a reduced taxable income base. For more information on regulations, contact the IRS or visit the following website: http://www.irs.gov/

Employees who are trying to maximize their PERA pension contributions and are within 4 years of a PERA retirement may want to have their benefits deducted on a post-tax basis. Please contact Human Resources benefits staff for the appropriate paperwork for post-tax benefits.

Benefit taxation can only be changed from pre-tax to post-tax at initial election or during open enrollment; it cannot be changed mid-year.

The IRS requires different taxation on domestic partnerships and civil union partnerships enrolled in benefits, as these are not "marriages" under federal law. Please request the domestic or civil union partner affidavit from benefits staff to review the details of these tax implications and speak with your tax advisor.

BOULDER HOUSING PARTNERS

The City of Boulder benefit plans currently include coverage for our housing authority, Boulder Housing Partners (BHP). The city's wellness program does not currently include BHP staff, but a separate recreation center reimbursement is available to BHP employees.

This document is intended as a summary of benefits provided to employees. For details of any program, please view the posted Summary Plan Document or Certificate of Coverage, contact the benefit provider, or speak with the Human Resources benefits staff.

WellnessWorks!

The City of Boulder offers a wide-ranging platform of benefits to help you maintain or achieve optimal health. Whether that is fitness and nutrition classes for your physical health, retirement classes and disability insurance for your financial health, employee assistance program and stress management classes for your mental health, or dental coverage for your oral health, these offerings are intended to support all aspects of your total employee well-being.

Our City of Boulder *WellnessWorks!* program currently includes the following benefit components:

• No co-pay annual preventive visits with your physician	• Personalized healthy lifestyle coaching sessions via phone
• No co-pay for maintenance prescriptions found on the Cigna Expanded Drug List	• Free recreation center passes (taxable), including drop-in classes
• Onsite health screening – body mass, blood pressure, pulse, hemogram (CBC), lipid profile including triglycerides, and fasting glucose included	• Self-tracking of health maintenance measures • Worksite wellness classes • Onsite classes, seminars, and special events
• Lab results from a recent physician visit now accepted	• Telemedicine option through MDLive
• Online health risk questionnaire	• Retirement planning & Social Security classes
• Educational videos	• Money management classes
• Mobile Mammography	• Challenge programs
• Individual health report & action plan	• 24-hour nurse call line
• Online medical record	• Monthly wellness newsletter

Since the onset of our enhanced program in 2009, our aggregate health screening data reflects that we have made great strides to improving employee health. Please see the City Manager's letter in the wellness brochure for details. Good health is vital to the success of our organization. We encourage you to take advantage of the program and benefits!

HEALTH INFORMATION PRIVACY & SECURITY

Your privacy and data security are very important to the City of Boulder.

Results of your health screening and answers to your Health Risk Questionnaire (HRQ) are transmitted only to certified nursing professionals at Cigna. Your data is stored on multiple servers and is only compiled into understandable information when you or the nurse logs into the secure site.

The City of Boulder will never receive information from this program, or from the healthcare plans, about your individually identifiable health data. With regard to *WellnessWorks!* the city only receives the following information:

- Whether you have enrolled in the program
- Whether you have completed the HRQ
- Whether you have completed the health screening
- The number of total points you have earned in the current plan year
- The aggregate enrollment and health data provided in our annual report (This report is available on the city's Boulder@Work wellness webpage for your review.)

ADVOCACY provided by AON Hewitt.

The City of Boulder wants to support our employees in utilizing our benefit plans and ensure that your experience is as positive as possible. At times, understanding your benefits can be challenging and time consuming, thus we are offering Advocacy services to you and your family.

AON advocates are trained benefits experts who are available to help you with individual questions or issues. All Advocates are educated on the City's medical, prescription, dental, vision, life, disability, HSA, FSA plans and carriers.

Save time and frustration by calling Advocacy if you have a question on benefits, experience a claim issue, or need help navigating the healthcare system. This service is available 24/7 and is free to you, your immediate family, and even your parents or in-laws. Advocates attempt to resolve urgent issues within 24 hours and non-urgent issues within five days.

Your question for an Advocate might be:

- "Why did my provider bill me $175 instead of $90?"
- "Can I pay for acupuncture with my HSA funds?"
- "Where is the nearest in-network specialist in allergies?"
- "Could someone help me understand this bill from my daughter's surgery?"
- "Where can I get a cheaper MRI than at the hospital?"
- "Is there a generic version of my prescription available?"
- "Can you help my mother-in-law choose between Medicare Supplement plans?"
- "How much should a CAT scan cost me in my area?"
- "How do I use my vision benefits to buy glasses?"
- "Who can help me understand why my dental claim was denied?"

You can also call advocates as you and your family members decide between benefit plan options during Open Enrollment.

Call Advocacy anytime at (866)279-0495.

MEDICAL & PRESCRIPTION DRUG PLANS

The City of Boulder provides three medical plan options through Cigna. These plans are Open Access Plus plans that give you the flexibility to choose your provider and offer in-network and out-of-network benefits. Other than the employee's monthly premium, deductible and out-of-pocket amounts, the $500 and $1,000 plans are identical. The $1,500 plan is compliant with IRS rules that make it HSA-eligible. This means that there is a pooled deductible for families; however, the out of pocket maximum is treated as an individual out of pocket maximum. Please see the plan document for more information. All three plans utilize the Open Access Plus Network.

CITY OF BOULDER 2016 Health Care Plans for Active and Retired Employees						
	$500 Deductible Open Access Plus		**$1,000 Deductible Open Access Plus**		**$1,500 Deductible Open Access Plus - HSA Eligible**	
	In Network	**Out of Network**	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Preventive/Well Office Visits (includes age appropriate screenings) **and Preventive Drugs**; MEMBER PAYS:						
	$0 co-pay	Not Covered	$0 co-pay	Not Covered	$0 co-pay	Not Covered
Co-pay Services: Amount a Member pays for services. It does not apply to deductible or coinsurance maximums. It does limit a member's financial exposure for this service type; MEMBER PAYS:						
Primary Care Visit	$25 co-pay	40% after Ded.	$25 co-pay	40% after Ded	20% after Ded.	40% after Ded.
Specialist Visit	$50 co-pay	40% after Ded	$50 co-pay	40% after Ded.	20% after Ded.	40% after Ded.
Retail Pharmacy	$15/$45/$60	Not Applicable	$15/$45/$60	Not Applicable	20% after Ded.	40% after Ded.
Deductible: Calendar Year: Amount a Member pays for services before coinsurance begins; MEMBER PAYS:						
Individual	$500	$500	$1,000	$2,000	$1,500	$3,500
Family	$1,000[1]	$1,000[1]	$2,000[1]	$4,000[1]	$3,000	$7,000
Coinsurance for All Services, including Prescriptions, except Preventive Care: Amount of a billing that is Member's responsibility, after reaching the deductible; MEMBER PAYS:						
	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximum: Calendar Year: If this amount of out of pocket payments is reached by a Member, all further bills for covered services are paid at 100% by the Plan; MEMBER PAYS:						
	(maximum of deductible + coinsurance)		*(maximum of deductible + coinsurance)*		*(maximum of deductible + coinsurance)*	
Individual	$2,000	$3,500	$3,000	$10,000	$4,000	$10,000
Family	$4,000	$7,000	$6,000	$20,000	$8,000	$20,000
Maximum Lifetime Benefit						
	Unlimited		Unlimited		Unlimited	

IMPORTANT: This benefit comparison is an outline of the coverages offered by the carrier, based on information provided to us. It does not include all of the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. In the event of discrepancies between this information and the actual plan documents, the plan documents will prevail.

[1] An individual within the family will not have to meet more than the individual out of pocket maximum amount.

HEALTH SAVINGS ACCOUNT

The City of Boulder offers a contribution to a Health Savings Account (HSA) in conjunction with enrollment in the $1,500 Deductible healthcare plan. We will facilitate payroll deductions and a contribution from the city into the HSA account of your choice.

Eligibility:

- Must be enrolled in the city's High Deductible Plan
- You cannot have other disqualifying coverage such as:
  - Military Coverage
  - Other non-qualified coverage, such as a spouse's PPO plan

An HSA allows employees to use pre-tax dollars to pay for eligible out-of-pocket health care expenses. Taxes are not required on HSA dollars as long as the funds in the account are used in compliance with IRS regulations.

- An employee, who has elected Employee Only (Single) coverage under the $1,500 plan, is able to contribute up to $3,350 during 2016 in their HSA.
- An employee, who has elected Family coverage (Two Person, or Family) under the $1,500 plan, is able to contribute up to $6,750 during 2016 in their HSA.
- Catch-Up: Employees who turn 55 during the plan year, may contribute an additional $1,000 per year until they enroll in Medicare.
- The IRS limits include the City of Boulder's contributions to your account.

If you receive an employer contribution into your HSA, be aware that this contribution counts toward your annual maximum. In addition, if you make a contribution directly to your HSA outside of payroll deduction, this is also counted toward your annual maximum contribution.

The great advantage of a HSA is that there is no "use it or lose it" rule as there is with the Flexible Spending Accounts (FSA). Funds are available as soon as they are deposited into your account. *The money in your HSA belongs to you and can be rolled over from year to year, and taken with you even if you leave the plan or leave the city.*

For more HSA information, visit the following website:
http://www.hsacenter.com/index.html

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses as described in Section 213(d) of the Internal Revenue Service Tax Code. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness, including dental and vision. A list of these expenses is available on the IRS Web site, http://www.irs.gov/publications/p502/ar02.html "Medical and Dental Expenses."

BANKING

Employees may open an HSA account at the financial institution of their choice. The city will administer pre-tax contributions via payroll deduction once we receive confirmation you have an open and eligible Health Savings Account. The following information will be required from the financial institution:

- Account Routing Number
- Account Number
- Name, address and phone number of the financial institution
- Whether the account is checking or savings

Failure to provide all requested information will causes delays in the receipt of the city's contribution..

Employees who are trying to maximize their PERA pension contributions and are within 4 years of a PERA retirement need not be concerned with having an HSA. It has no impact on your pensionable wages.

INCENTIVES for 2016

HSA INCENTIVE

The city offers an incentive to those who choose its $1,500 HSA-eligible plan.

To receive a tax-free contribution to their HSA account from the city must:

- elect the $1,500 deductible plan during open enrollment, AND
- open or maintain an active HSA account, AND
- have spent their 2015 Health Flexible Spending Account (FSA) dollars.

Initial deposits will be made with the processing of pay period 1.*

- Those who have employee only coverage will receive an $800 deposit
- Those who have two-person or family coverage will receive a $1,600 deposit

Employees hired after 11/1/15, who enroll and open their HSA account within 31 days of hire, or those current employees who delay in completing the steps above, will be eligible for a prorated amount of city coverage based on the chart below;

	Hire Dates	Single Contribution	Family Contribution
1st Quarter	11/1-3/31	$800	$1,600
2nd Quarter	4/1-6/30	$600	$1,200
3rd Quarter	7/1-9/30	$400	$800
4th Quarter	10/1-12/31	$200	$400

* The IRS requires you to have spent any remaining 2015 Health FSA dollars before any contributions can be made to your HSA account.
* You will receive a ***prorated*** employer contribution based on the above chart if you are unable to spend your Health FSA by March 15, 2016.
* Family members who are enrolled together on a city plan are only eligible for one HSA contribution.

WellnessWorks! PROGRAM INCENTIVE

Employees will be eligible for a health care premium credit if they:

1. Enroll in city healthcare coverage
2. Complete the health questionnaire prior to the 10/23/15 deadline, AND
3. Complete the screening either onsite or through their physician, by 10/23/15 with results submitted no later than 10/31/15.

The incentive is:

$15 credit per month ($180 per year) for the $500 and $1,000 deductible plans
$30 credit per month ($360 per year) for the new $1,500 deductible plan

This incentive is available to existing employees during open enrollment or after 10/31/2015 as a new hire.

A taxable recreation pass is also available to existing employees who complete all three eligibility steps. It is also available for employees hired after 10/31/2015. The rec pass has a $552 value.

FLEXIBLE SPENDING ACCOUNTS

The City of Boulder offers two types of Flexible Spending Accounts (FSA), Healthcare and Dependent Care. Rocky Mountain Reserve (RMR) administers these plans. Under IRS regulations, you ***must*** re-enroll in the Flexible Spending Account(s) each year in order to take advantage of the pre-tax benefits of the program. These plans allow employees to use pre-tax dollars to pay for eligible out-of-pocket health care or child/dependent care expenses. Eligible employees can choose either or both of these programs.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

This account allows employees to set aside a portion of earnings to pay for qualified day care expenses while the parent(s) or legal guardian(s) are at work (examples are: day care, preschool, before/after-school programs and elder day care). Money deducted from an employee's pay into an FSA is not subject to payroll taxes, resulting in substantial payroll tax savings.

The dependent care FSA is federally capped at $5,000 per year, per household (minimum contribution is $120 per year). Enrollment in the city health plan is not required.
Eligible dependents include:

- Your dependent child under the age of 13 who lives with you for more than half the year (and claimed on your taxes)
- Your spouse or other tax dependent who is physically or mentally incapable of self-care and lives with you for more than half the year.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (HCFSA)

An FSA allows an employee to set aside a portion of earnings to pay for qualified medical expenses. The FSA is used to pay for medical and dental expenses not paid for by insurance, for example, deductibles, copayments, and coinsurance for the employee's health plan. As of January 1, 2011, over-the-counter medications are allowed only when accompanied with a doctor's prescription, with the exception of insulin. Over-the-counter medical devices, such as bandages, crutches, and eyeglass repair kits, are also allowable.

- For a list of additional qualifying medical expenses visit the following website: http://www.irs.gov/publications/p502/ar02.html#en_US_2013_publink1000178885.
- Employees may contribute up to $2,550 per year (the minimum contribution is $120 per year).
- ***This HCFSA plan is not available to anyone with an active contribution to a Health Savings Account (HSA) in the same plan year.***

As with other benefit plans, the FSA plan year is January 1 through December 31. However, the City of Boulder allows a grace period through March 15 of each year to spend any remaining funds from the prior year. All claims must be submitted for reimbursement no later than March 31. each year.

See "Notes" below if you plan to take advantage of the grace period and also have an HSA account.

A debit card will be issued for healthcare spending accounts. A card will also be issued for Dependent Care if elected. However, you can only use the debit card for dependent care spending if it is a nationally recognized day care provider. For all other day care reimbursements, you will be required to submit a reimbursement request form. Your city email address has been provided to RMR for communication. You can change this to a personal email if you prefer. You will be required to have an email on file with the administrator so they can communicate with you when they need verification of a claim (a receipt or invoice). If a claim has been unverified for 90-days, the debit card will be suspended. Within 48-hours after your claim verification has been submitted and approved, card privileges will be reinstated. To request an additional debit card or review qualified FSA expenses, please contact Rocky Mountain Reserve. (Contact information provided at the end of this guide.)

How to use the card during the grace-period

You can use your 2015 plan year funds and be reimbursed for services rendered through 3/15/2016 (the grace period). However, you CANNOT use 2016 funds to pay for services rendered in 2015 (per IRS regulations).

FLEXIBLE SPENDING ACCOUNTS

Notes for Enrollment:

- If you are enrolling in the HSA plan for 2016, you must spend all of your 2015 Health FSA dollars by December 18, 2015 in order to receive your incentive contribution *in pay period 1*. If you intend to use the grace period, your 2015 Health FSA dollars must be spent by March 15, 2016. *Contributions cannot be made to your HSA until your FSA from the prior year is exhausted.* Per IRS rules, you cannot have both an FSA and HSA active on the same person without significant tax consequences.

Employees who are trying to maximize their PERA pension contributions and are within 4 years of a PERA retirement may not want to participate in Flexible Spending Account as it will reduce your pensionable wages. Please contact Human Resources benefits staff for more information.

DENTAL PLANS

The City of Boulder provides two dental plan options through Delta Dental of Colorado. Both plans are Preferred Provider Organization (PPO) plans that give you the flexibility to choose your provider and offer in-network and out-of-network benefits. The plans differ in network size and out-of-network benefits.

City of Boulder
2016 Dental Plans for Active and Retired Employees

	Low Plan			High Plan
	PPO Dentists	**Premier Dentists**	**Out of Network Dentists**	**All Dentists**
Annual Deductible Individual Family	$50 $150			$50 $150
Benefit Maximum Annual Maximum Lifetime Orthodontic Max. TMJ Services	$1,000 Per Person Not Covered $800			$2,000 $2,000 $800
Preventative and Diagnostic Services: Oral Exams- 2 every 12 months Cleanings - 2 every 12 months Bite Wing X-Rays; Full mouth X-Rays; Fluoride Treatments; Space Maintainers; Sealants (1)	100% Covered (no deductible)	*80% Covered (no deductible)	*80% Covered	100% Covered (no deductible)
Basic Services: Fillings; Oral Surgery; General Anesthesia; Periodontics-Surgical Procedures; Endodontics-Root Canal	80% Covered after deductible	*50% Covered after deductible	*50% Covered after deductible	80% Covered after deductible
Major Services: Crowns; Dentures; Partials; Bridges; Bridge/Denture Repair; Replacement Bridges/Crowns	50% Covered after deductible	*50% Covered after deductible	*50% Covered after deductible	50% Covered after deductible
Orthodontics- children to age 19 years old only	Not Covered	Not Covered	Not Covered	50% Covered after deductible
Temporomandibular Joint/Myofacial Pain Dysfunction (TMJ)	80% Covered	50% Covered	50% Covered	80% Covered

*** Out Of Network/Reasonable and Customary Charges for the Region**: Please note, when you go to an out of network provider even if the plan pays "100%" that is 100% of the "Reasonable & Customary" amount for the region. It does not mean 100% of the total bill. e.g. If your dentist bills $120, and the reasonable & customary amount is $80, Delta might have negotiated to pay $90 to their in-network dentists, but will only pay $80 to your out of network dentist. You then owe your dentist the remaining $40.

IMPORTANT: This benefit comparison is an outline of the coverages offered by the carrier, based on information provided to us. It does not include all of the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. In the event of discrepancies between this information and the actual plan documents, the plan documents will prevail.

(1) Specific Age Limits apply to these services: Fluoride Treatments, Space Maintainers, and Sealants

VISION PLAN

The City of Boulder offers two vision plans through Vision Service Plan (VSP). BPOA members receive vision coverage through their bargaining unit and not through this voluntary city offering. *(Police Management employees receive vision coverage through the BPOA union.)* The vision plan allows an eye exam once every 12 months. The city's plan utilizes the Choice network.

VSP	Basic Plan *In Network	Buy Up Option *In Network
Exam Copay	$20	$20
Materials Copay	$20	$20
Exam Frequency	Every 12 months	Every 12 months
Frame Frequency	Every 24 months	Every 12 months
Frame or Contacts Allowance	Up to $130	Up to $150
Anti-Reflective Lens Coating	Member pays full amount after 20% discount	Included in $20 materials copay above
Progressive Lenses	Member pays full amount after 20% discount	Included in $20 materials copay above
UV Lens Protection	Member pays full amount after 20% discount	Included in $20 materials copay above
Scratch Resistant Coating	Member pays full amount after 20% discount	Included in $20 materials copay above

When covered in full services are obtained from a VSP Choice Provider, the patient will have no out-of-pocket expense other than any applicable co-pays.

Benefit	Benefit Highlights
WellVision Exam	Eye-care is about more than just getting glasses or contacts. Eye exams can catch early warning signs of serious health conditions, like diabetes, high blood pressure, and high cholesterol. In fact, your eyes are the only places on your body that provide a clear view of your blood vessels. This can tell a lot about your overall health and allow for early treatment of symptoms before costly complications arise.
Lenses	In addition to covered-in-full glass or plastic lenses, VSP Preferred Providers offer cost controls on all lens options, saving our members an average of 35-40% off their normal fees. Members also receive 30% off unlimited additional pairs of prescription and non-prescription glasses, including sunglasses[1]. Plus, dependent children of members are eligible for covered-in-full polycarbonate lenses.
Frames	To ensure our members get the best value, our retail frame allowances are backed by a guaranteed wholesale allowance. This means the member receives the same value no matter which VSP Preferred Provider they visit. Members also receive 20% off any amount exceeding their allowance.

Contact Lenses	VSP Preferred Providers offer a 15% discount off their contact lens services. Refit and replacement contact lens wearers may qualify for a covered in full[2] contact lens exam and a six-month supply of approved lenses, including toric, multifocal, and silicone hydrogel. Necessary contact lenses are covered-in-full for members who have specific conditions for which contact lenses provide better visual correction.
Laser VisionCare Program	VSP contracted laser centers provide discounts for laser surgery, including PRK, LASIK and Custom LASIK[3]. Discounts average 15% off or 5% off if the laser center is offering a promotional price.[4] Plus, members who have had PRK, LASIK or Custom LASIK vision correction surgery can use their covered-in-full benefit for sunglasses, instead of a prescription pair of glasses.
Low Vision	Low vision is vision loss sufficient enough to prevent reading and performing daily activities. With pre-approval from VSP, low vision supplemental testing is covered every 2 years. VSP will pay 75% of the cost for approved low vision aids, up to $1,000 (less any amount paid for supplemental testing) per member every 2 years.
Primary Eye-Care Plan℠	VSP Preferred Providers provide supplemental medical coverage for specialty eye-care services and conditions, such as pink eye, and other urgent eye-care needs. Members can see their VSP Preferred Provider without a referral, as often as needed. A $20.00 co-pay applies for each visit.
Exclusions and Limitations	There may be some materials and services with either limited or no coverage under this plan. Please contact your VSP representative for more information.

[1] 30% discount applies to glasses purchased the same day as the member's eye exam from the same VSP Preferred Provider who provided the exam. Members will also receive 20% off unlimited additional pairs of glasses valid through any VSP Preferred Provider within 12 months of the last covered eye exam.

[2] If a member selects a lens from a tier that is above their allowance they pay the difference. If a member selects a lens from a tier that is below their allowance, they may apply the remaining balance toward additional contact lenses. This program was designed for standard fit members, VSP Preferred Providers will determine if a member qualifies.

[3] Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member.

[4] LaserVision Care discounts are only available from VSP-contracted facilities.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Life insurance provided through Standard Insurance Company is a very important part of good financial planning. It provides a tax-free sum to the beneficiary. The purpose is to help loved ones in case of your death. Accidental Death & Dismemberment insurance provides coverage for major bodily function losses, and will double the life insurance benefit if the covered individual dies as result of an accident.

- The City of Boulder provides 1.5 times annual salary of life and accidental death & dismemberment insurance to Management/Non-Union and BHP employees.**
- The City of Boulder provides $50,000 of life and accidental death & dismemberment insurance to BMEA employees through age 69; reduced to 50% coverage for age 70 and over. The city pays total premium for all employees working over 20 or more hours a week.
- The City of Boulder offers $25,000 of life and accidental death & dismemberment insurance to IAFF employees.
- The Voluntary Employee Benefit Association (VEBA) provides $100,000 life and accidental death & dismemberment insurance to BPOA employees $25,000 for a spouse, and $10,000 per child. Death and Disability through FPPA if hired before 1/1/1997, the State of Colorado pays full premium directly to FPPA. If hired 1/1/1997 or later, premium is paid by the City. Coverage is mandatory.
- IAFF employees receive $25,000 of basic Life and Accidental Death and Dismemberment Insurance through age 69; $12,500 for age 70 and over. City pays 1/3 of the premium and coverage is optional. Death and Disability through FPPA if hired before 1/1/1997, the State of Colorado pays full premium directly to FPPA. If hired 1/1/1997 or later, premium is paid by the city. Coverage is mandatory.

Benefits reduce to 50% at age 70 and over.

You may change your beneficiary at any time by completing a change form and submitting it to the Benefits staff.

** If your salary results in an amount of life insurance over $50,000, the City is required to charge taxes on the value of the benefit over $50,000.

ADDITIONAL LIFE

All employees, including Police and Fire, may elect to purchase additional life insurance for an additional cost.

- Employees may choose up to $300,000 of additional life insurance coverage. The guarantee issue amount is $120,000 ($20,000 for a spouse or partner). Employees may choose up to 100% of their own coverage amount for their spouse and up to $10,000 for their child (ren).

New employees may enroll during the first 30 days of employment to receive the guaranteed issue amount without medical underwriting. You may also enroll anytime throughout the year or during future open enrollment periods, but must complete medical underwriting form. Deductions will only begin upon notification from the Standard Insurance Company that the application has been approved.

The premium for employee and spouse coverage is based upon the **employee's** age each January 1. Please see the highlights brochure for more information.

Short and Long Term DISABILITY

Disability insurance provides loss of income protection to employees in the event of a serious injury or illness.

Fire & Police Pension Association (FPPA)

Police and Fire employees have Death and Disability through the Fire & Police Pension Association (FPPA) up to the age of 55.

Public Employers Retirement Association (PERA)

Management/Non-Union, BMEA, and BHP employees who have achieved vesting (5 years of service credit) with PERA are automatically eligible for their short-term disability coverage and/or disability retirement. Please review the PERA Disability Program brochure. https://www.copera.org/PDF/5/5-12.pdf

City Benefit

The city also offers a short and long-term disability benefits to Management/Non-Union BMEA, BPOA and IAFF employees based on the chart below. This coverage can provide security while working toward PERA vesting. The employee has to exhaust all accrued unused sick time before the city coverage provides a benefit for 50% of an employee's wages. However, if an employee qualifies for a PERA benefit in addition, the benefit can be up to 70% of wages. Please review the Standard Insurance Company Certificate of Coverage for more detailed information on the city's STD and LTD benefits.

Employee Group	*Short Term Benefits for Employees Own Disability	*Long Term Benefits for Employees Own Disability
BMEA		
More than 5 years of service, 20 + hrs/wk	Grandfathered into current sick match program, or PERA (varies by individual)	Grandfathered into current sick match program, or PERA (varies by individual)
Less than 5 years of service, 20 + hrs/wk	City Paid Benefit	City Paid Benefit
MGMT/Non Union		
More than 3 years of service, 20 + hrs/wk	Grandfathered into current sick match program, or PERA (varies by individual)	Grandfathered into current sick match program, or PERA (varies by individual)
Less than 3 years of service, 20 + hrs/wk	City Paid Benefit	City Paid Benefit
BPOA		
20 + hrs/wk	FPPA Program	FPPA (then City Paid LTD if 55 or older)
IAFF		
20 + hrs/wk	FPPA Program	FPPA (then City Paid LTD if 55 or older)

**As the City pays for this benefit, employees will be required to pay any taxes due on the benefits they receive. Benefit recipients will receive a 1099 to file with their taxes.*

RETIREMENT & INVESTMENT PLANS

People's retirement needs vary greatly, but everyone will have basic expenditures: home maintenance or rent, transportation, medical care and living expenses. Many Americans hope to be able to travel, golf, eat out and make big-ticket purchases during retirement.
In order to pay for life during your retirement – and maybe have some fun along the way – you will need a source of income. You will need to set money aside now, and allow that money to grow, in order to reach your retirement goals.

Thanks to today's healthier lifestyles and medical advances, Americans are living longer than ever before in history. In fact, there's a 50% chance that one member of an average, healthy 65-year-old couple will live to be 92 years of age. A typical 65-year-old retiree may need retirement income for 30+ years, even more if s/he retires early.

PENSION & RETIREMENT PLANS

All employees must participate in one of the following retirement plans appropriate to their employee group. The city contributes to all of these plans.

1. Public Employees Retirement Association (PERA) – Defined Benefit Pension
   For Management/Non-Union, BMEA, BHP, Temporary, and Seasonal employees.

2. International City Managers' Association (ICMA) – Defined Contribution Retirement Plan
   For Management/Non-Union employees satisfying PERA exemption criteria. (Includes Directors who report directly to the City Manager, Council Appointees and Council members)

3. Fire & Police Money Purchase Pension Plan & Trust Agreement of the City ("New Hire") – Defined Contribution Retirement Plan
   For Fire or Police, including Management/Non-Union command staff.

INVESTMENT PLANS

The city also encourages members to participate in voluntary retirement savings plans. PERA offers a 401(k) Plan with an array of high quality and low-cost investment options, including a Roth option, which can be used to supplement the PERA defined benefit plan for income in retirement

The 457(b) Deferred Compensation Plan is one piece of your retirement program designed to supplement your retirement savings. While a pension may go a long way, they may to be enough. Saving to your 457(b) plan can help you maintain your desired standard of living.

As part of retirement planning, eligible employees can choose to participate in one or both of these investments. Under either plan, you make a contribution to the Plan by agreeing to defer a dollar amount or percentage of your salary. Your deferrals are made on a pre-tax basis, and all earnings are tax deferred until benefits are distributed to you.

1. 457 Plan — Administered by ICMA
   Available to all benefit-eligible employees and all Temporary and Seasonal employees.

2. 401(k) Plan — Administered by PERA
   Available to PERA retirement plan participants.

LEAVE PROGRAMS

The City of Boulder provides all Federal and State mandated leaves and many others. An abbreviated list of the leave programs available to employees includes:

- Vacation Leave
- Sick Leave
- Emergency Leave
- Unpaid Leave
- Floating Holidays
- Paid Holidays
- Family & Medical Leave
- Military Leave
- Short Term (STD) and Long Term Disability (LTD)

Please visit our **Policies at https://bouldercolorado.gov/human-resources/city-policies** to review details of these programs as addressed in bargaining unit contracts or city policies.

ADDITIONAL PROGRAMS

The city provides numerous supplemental benefit plans to support all aspects of an employee's life. Some of these programs are:

Transamerica

In case of an accident, illness or hospitalization, Transamerica supplemental insurance policies pay cash benefits directly to you, regardless of any other insurance you may have. You can use this money for anything you need. These HSA compatible plans help offset the cost of your medical expenses such as deductibles, co-pays, emergency room, hospital bills and more. Transamerica offers convenient payroll deductions and is completely portable. Issue ages for employees and spouses are 18 through 64. Eligible children can have coverage through age 25.

EMPLOYEE ASSISTANCE PLAN (EAP)

An EAP is a voluntary program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees and their family members who have personal and/or work-related problems. Our program through Magellan Health can help with managing stress, handling relationship issues, balancing work and life, quitting an addiction, caring for aging parents, dealing with conflict or violence, working through grief, controlling depression and anxiety, and much more. Employees and their family members are eligible for telephonic counseling, up to six visits of in-person counseling, and legal and financial consultations.

LEGALASSIST

Legal matters can be tough. We understand that when you have a legal need, it can be the most important event in your life. We also know that finding an attorney can be stressful and dominate your time and attention. The legal plan is designed to help you save time and money, and to make things less stressful.

LONG-TERM CARE

Long-term care insurance protects you and your loved ones assets when you are no longer able to take care of yourself. It is a type of insurance developed specifically to cover the costs of long-term care services, most of which are not covered by traditional health insurance or Medicare. These include services in your home, such as assistance with activities of daily living, as well as care in a variety of facility and community settings, such as adult day care or nursing homes.

RTD ECO PASS PROGRAM

The Eco Pass is a tax-free benefit that entitles the holder to free or reduced fare use of the RTD mass transit system throughout the Denver Metro area, including Local, Express or Regional buses, SkyRide bus service to/from Denver International Airport (DIA), light rail, and call-n-Ride service.

RESOURCES AND CONTACT INFORMATION

PLAN	VENDOR	CUSTOMER SERVICE	WEBSITE
Medical / Rx	Cigna	800-Cigna-24	www.mycigna.com
MDLive	To request an appointment or video consultation	888-726-3171	www.mdlive.com/company
Healthcare Exchange	Connect for Health CO	1-855-752-6749	www.ConnectforHealthCO.com
Medicaid	Colorado Medicaid	1-800-221-3943	www.Colorado.gov/Peak
Advocacy	AON Hewitt	866-279-0495	
Dental	Delta Dental of CO	303-741-9305	www.deltadentalco.com
Vision	Vision Service Plan	800-877-7195	www.vsp.com
FSA	Rocky Mountain Reserve	888-722-1223	www.rockymountainreserve.com
Life, Additional Life, STD, LTD	The Standard	800-628-8600	www.standard.com
Death & Disability	Fire & Police Pension Association	303-770-3772	www.fppaco.org
Retirement	PERA Defined Benefit – BMEA & MGMT/Non-Union	303-832-9550	www.copera.org
	ICMA 401(a) - Management	Debra Adair 866-620-6069	www.icmarc.org
	New Hire ICMA 401(a) – Fire	Bruce Penfold or Mike Hankins	www.icmarc.org
	New Hire ICMA 401(a) - Police	Carey Weinheimber or Kerry Yamaguchi	www.icmarc.org
	Supplemental ICMA 457	Debra Adair 866-620-6069	www.icmarc.org
	Supplemental 401(k)	303-832-9550	www.copera.org
Supplemental Plans	Transamerica Employee Benefits (TEB)	888 -763-7474	www.TEBCS.com
Employee Assistance Program (EAP)	Magellan Health	800-523-5668	www.magellaassist.com
Legal	LegalEASE	888-205-4025 cs@legalplansusa.com	www.vsc-legalease.com
Long Term Care	LTC Pro	Michael Bellmont 303-678-9470 Michael@LTC-pro.com	www.ltc-pro.com
EcoPass	RTD	303-299-6000	www.rtd-denver.com

RESOURCES AND CONTACT INFORMATION

HUMAN RESOURCES	POSITION	PHONE	EMAIL
Pam Ungaro	Benefits Manager	303-441-4172	ungarop@bouldercolorado.gov
Marcie Keenmon	Benefits Specialist	303-441-4078	keenmonm@bouldercolorado.gov
Customer Service Center	Benefits Coordinators	303-441-3070	HRServiceCenter@bouldercolorado.gov

HOW TO ENROLL

For newly hired employees, benefits enrollment must be completed via paper forms within 31 days from the date of hire.

For active employees, benefits enrollment must be completed in the Vista online application during the annual open enrollment period, which occurs in October. (BHP employees enroll via paper forms during open enrollment.)

OPTIONS FOR OPEN ENROLLMENT COMPLETION INCLUDE:

- Enroll from your City desk or kiosk location
- Enroll from your home computer via Citrix
- Attend a Benefits Help Session to enroll with HR assistance during open enrollment

SIMPLE STEPS TO ENROLL IN OR WAIVE COVERAGE

1. Log in to Vista Self Service from the Boulder@Work intraweb page
2. Confirm or Edit your benefit plan dependents
3. Click "Benefits Open Enrollment"
4. Click "Submit" to save your enrollment elections
5. Review & Print the Benefits Statement as confirmation

See the 2-page instruction guide on the benefits webpage for more details

MEDICAL CONTRIBUTION AMOUNTS, All Employees:

2016 Medical Premium Contribution Amounts							
Medical		**Total Monthly Premium**	**Monthly City Cost**	**Monthly Employee Cost**	**WellnessWorks! Enrollment Incentive (2)**	**Final Employee Cost**	**H.S.A Incentive (3)**
Full Time							
$1,500 Deductible (1)	Single	$489.52	$392.72	$96.80	$30.00	$66.80	$800.00
	Two Person	$1,051.54	$842.43	$209.11	$30.00	$179.11	$1,600.00
($3,000 family deductible) (1)	Family	$1,467.34	$1,174.97	$292.37	$30.00	$262.37	$1,600.00
$1,000 Deductible	Single	$546.76	$438.51	$108.25	$15.00	$93.25	N/A
	Two Person	$1,174.63	$940.80	$233.83	$15.00	$218.83	N/A
($2,000 family deductible) (1)	Family	$1,640.13	$1,313.20	$326.93	$15.00	$311.93	N/A
$500 Deductible	Single	$717.22	$574.88	$142.34	$15.00	$127.34	N/A
	Two Person	$1,542.86	$1,235.39	$307.47	$15.00	$292.47	N/A
($1,000 family deductible) (1)	Family	$2,154.47	$1,724.58	$429.89	$15.00	$414.89	N/A
Three Quarter Time							
$1,500 Deductible (1)	Single	$489.52	$295.91	$193.61	$30.00	$163.61	$800.00
	Two Person	$1,051.54	$633.32	$418.22	$30.00	$388.22	$1,600.00
($3,000 family deductible) (1)	Family	$1,467.34	$882.60	$584.74	$30.00	$554.74	$1,600.00
$1,000 Deductible	Single	$546.76	$330.26	$216.50	$15.00	$201.50	N/A
	Two Person	$1,174.63	$706.98	$467.65	$15.00	$452.65	N/A
($2,000 family deductible) (1)	Family	$1,640.13	$986.28	$653.85	$15.00	$638.85	N/A
$500 Deductible	Single	$717.22	$432.53	$284.69	$15.00	$269.69	N/A
	Two Person	$1,542.86	$927.92	$614.94	$15.00	$599.94	N/A
($1,000 family deductible) (1)	Family	$2,154.47	$1,294.68	$859.79	$15.00	$844.79	N/A
Half Time							
$1,500 Deductible (1)	Single	$489.52	$199.11	$290.41	$30.00	$260.41	$800.00
	Two Person	$1,051.54	$424.22	$627.32	$30.00	$597.32	$1,600.00
($3,000 family deductible) (1)	Family	$1,467.34	$590.24	$877.10	$30.00	$847.10	$1,600.00
$1,000 Deductible	Single	$546.75	$221.99	$324.76	$15.00	$309.76	N/A
	Two Person	$1,174.63	$473.15	$701.48	$15.00	$686.48	N/A
($2,000 family deductible) (1)	Family	$1,640.13	$659.35	$980.78	$15.00	$965.78	N/A
$500 Deductible	Single	$717.22	$290.19	$427.03	$15.00	$412.03	N/A
	Two Person	$1,542.86	$620.44	$922.42	$15.00	$907.42	N/A
($1,000 family deductible) (1)	Family	$2,154.47	$864.79	$1,289.68	$15.00	$1,274.68	N/A

HSA Incentive: Employees who enroll in the $1,500/$3,000 deductible HSA eligible plan for 2016 are eligible for a contribution into their Health Savings Account (HSA) by the City in pay period one of 2016. In order to receive this incentive of $800 for employee only coverage or $1,600 for Employee plus one or more dependent(s) coverage, you are required to provide proof of an open HSA account no later than November 30 2015. Employees not enrolled in the city healthcare coverage, are not eligible for a premium discount.

Wellness Credit Incentive: Employees are eligible for a health premium credit if they: Complete the health questionnaire, **AND** complete the screening, either on site or through their own physician, prior to the 10/23/2015 deadline. Screening results must be submitted by 10/31/2015. The incentive amount is $15 credit per month if enrolled in the $500 or the $1,000 deductible plans: $30 a month if enrolled in the $1,500 deductible plan. Employees not enrolled in the City healthcare coverage, are not eligible for a premium discount. All employees who complete these two enrollment steps for Wellness Credit are eligible to receive a taxable 2016 annual recreation pass.

Notes: (1) Please see plan summary for more details on deductibles and other plan features. (2) The Wellness Credit is available to new hires upon completion of a health questionnaire at MyCigna.com. (3) The incentive amount is prorated for new hires.

DENTAL AND VISION CONTRIBUTION AMOUNTS, All Employees:

2016 Contribution Amounts								
Delta Dental Plan								
	Coverage Level	Total Monthly Premium	Monthly City Cost	Monthly Employee Cost	Monthly City Cost	Monthly Employee Cost	Monthly City Cost	Monthly Employee Cost
			*Full Time		Three Quarter Time		Half Time	
Low (Preferred) PPO	Single	$24.17	$19.34	$4.83	$14.50	$9.67	$9.67	$14.50
	Two Person	$48.35	$38.68	$9.67	$29.01	$19.34	$19.34	$29.01
	Family	$82.99	$66.39	$16.60	$49.79	$33.20	$33.20	$49.79
High (Premier) PPO	Single	$41.00	$32.80	$8.20	$30.75	$10.25	$10.25	$30.75
	Two Person	$83.00	$66.40	$16.60	$62.25	$20.75	$20.75	$62.25
	Family	$142.00	$113.60	$28.40	$106.50	$35.50	$35.50	$106.50
Vision Services Plan (VSP)								
			*Full Time		Three Quarter Time		Half Time	
Base Plan	Single	$8.14	$0.00	$8.14	$0.00	$8.14	$0.00	$8.14
	Two Person	$11.59	$0.00	$11.59	$0.00	$11.59	$0.00	$11.59
	Family	$20.79	$0.00	$20.79	$0.00	$20.79	$0.00	$20.79
Buy Up Option	Single	$17.17	$0.00	$17.17	$0.00	$17.17	$0.00	$17.17
	Two Person	$24.44	$0.00	$24.44	$0.00	$24.44	$0.00	$24.44
	Family	$43.84	$0.00	$43.84	$0.00	$43.84	$0.00	$43.84

Delta Dental Plan	Rates for the Delta Dental plan are the same for BMEA, BPOA, IAFF and Mgmt/Non Union employees
Vision Services	Rates for VSP are the same for BMEA, IAFF and Mgmt/Non Union employees. BPOA members receive VSP as part of their VEBA

Employees working less than 20 hours a week are not eligible to participate in any of the above insurance plans.

Contribution Rates, Boulder Housing Partners

for Full, Three Quarter, and Half Time Employees

	Coverage Level	Total Premium	Full Time BHP Share (70%)	Full Time Employee Share (30%)	Three Quarter Time BHP Share (75% proration of full time)	Three Quarter Time Employee Share (75% proration of full time)	Half Time BHP Share (50% proration of full time)	Half Time Employee Share (50% proration of full time)
Medical Insurance								
$1,500 Deductible ($3,000 family deductible)	Employee	$484.02	$338.81	$145.21	$254.11	$229.91	$169.41	$314.61
	Two Person	$1,045.54	$731.88	$313.66	$548.91	$496.63	$365.94	$679.60
	Family	$1,461.84	$1,023.29	$438.55	$767.47	$694.37	$511.64	$950.20
$1,000 Deductible ($2,000 family deductible)	Employee	$541.26	$378.88	$162.38	$189.44	$257.10	$189.44	$351.82
	Two Person	$1,169.13	$818.39	$350.74	$409.20	$555.34	$409.20	$759.93
	Family	$1,634.63	$1,144.24	$490.39	$572.12	$776.45	$572.12	$1,062.51
$500 Deductible	Employee	$711.72	$498.20	$213.52	$373.65	$338.07	$249.10	$462.62
	Two Person	$1,537.36	$1,076.15	$461.21	$807.11	$730.25	$538.08	$999.28
	Family	$2,149.47	$1,504.63	$644.84	$1,128.47	$1,021.00	$752.31	$1,397.16
Early Adopter HSA Incentive	Employees who enroll in the $1,500/$3,000 deductible HSA-Eligible plan for 2016 are eligible for a contribution into their Health Savings Account (HSA) by BHP in pay period 1 of the new year. In order to receive this incentive of $500 for employee-only coverage or $1,000 for self+dependent(s) coverage, we need confirmation of an open an HSA account no later than November 30, 2015, and spend every a zero balance in your 2015 Health FSA by November 30, 2015.							
Dental Insurance								
Low (Preferred) PPO	Employee	$24.17	$16.92	$7.25	$12.69	$11.48	$8.46	$15.71
	Two Person	$48.35	$33.85	$14.51	$25.38	$22.97	$16.92	$31.43
	Family	$82.99	$58.09	$24.90	$54.08	$39.42	$29.05	$53.94
High PPO/Premier	Employee	$41.00	$28.70	$12.30	$21.53	$19.48	$14.35	$26.65
	Two Person	$83.00	$58.10	$24.90	$43.58	$39.43	$29.05	$53.95
	Family	$142.00	$99.40	$42.60	$74.55	$67.45	$49.70	$92.30
Vision Insurance								
Vision: Vision Service Plan (VSP) Base Plan	Employee	$8.14	$5.70	$2.44	$4.27	$3.87	$2.85	$5.29
	Two Person	$11.59	$8.11	$3.48	$6.08	$5.51	$4.06	$7.53
	Family	$20.79	$14.55	$6.24	$10.91	$9.88	$7.28	$13.51
VSP Buy-Up Option	Employee	$17.17	$12.02	$5.15	$9.01	$8.16	$8.46	$11.16
	Two Person	$24.44	$17.11	$7.33	$12.83	$11.61	$16.92	$15.89
	Family	$43.84	$30.69	$13.15	$23.02	$20.82	$29.05	$28.50
Basic Life and Accidental Death & Dismemberment Insurance: Assurant	Coverage is 1.5x annual salary through age 69; reduces to 50% coverage for age 70 and over. Premium is $0.21/month per $1,000 of coverage. BHP pays total premium for all employees working 20 or more hours per week.							
Long Term Disability (LTD): Assurant	Premium cost is 0.32% of monthly base pay. Boulder Housing Partners pays total premium for full-time employees; Boulder Housing Partners share prorated at 75% or 50% for part-time employees working 20-39 hours per week.							

Employees working less than 20 hours per week are not eligible to participate in any of the above insurance plans.

IMPORTANT ANNUAL NOTICES

Notice of Medicaid and the Children's Health Insurance program (CHIP)

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available. See State of Colorado contact information below.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or visit www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

Contact the State of Colorado for further information:

Medicaid Website: www.colorado.gov
Medicaid Phone: 800-866-3513
CHIP Website: www.CHPplus.org
CHIP Phone: 303-866-3243

Notice of HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for the other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

You must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

Reminder of Availability of HIPAA Privacy Notice

HIPAA Privacy pertains to the following group health plan benefits sponsored by the City of Boulder:

- the Health Flexible Spending Account (Health FSA)
- and COBRA Administration

You may request a copy of this HIPAA Notice of Privacy Practice from the Human Resources Office.

HIPAA Privacy Notices that pertain to the city's insured medical and dental benefits can be obtained by contacting those insurance companies at their phone number listed on the city's benefits website.

Medicare Part D Notice
Updated for October 1, 2015

This Notice has information about prescription drug coverage with the City of Boulder and the prescription drug coverage available for people with Medicare. This information can help you decide whether or not you want to enroll in a Medicare prescription drug program.

- **If you and/or your family members are not now eligible for Medicare, and will not be eligible during the next 12 months, you may disregard this Notice.**

- **If you and/or your family members are now eligible for Medicare or may become eligible for Medicare in the next 12 months, you should read this Notice very carefully.**

There are two important things you should know about City of Boulder coverage and Medicare's prescription drug coverage:

1. In 2006, Medicare prescription drug coverage became available to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. **The City of Boulder has determined that the prescription drug coverage offered by Cigna under all three (3) of our 2016 plans is "creditable."** "Creditable" means that the value of this prescription drug benefit is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay.

Because the plan options noted above are, on average, at least as good as the standard Medicare prescription drug coverage, you can elect or keep prescription drug coverage through the City of Boulder and you will not pay extra if you later decide to enroll in Medicare prescription drug coverage. You may enroll in Medicare prescription drug coverage at a later time, and because you maintain creditable coverage, you will not have a late enrollment fee.

Medicare-eligible people can enroll in a Medicare prescription drug plan at one of the following times:

- when they first become eligible for Medicare; or
- during Medicare's annual election period (from October 15th through December 7th); or
- for beneficiaries leaving employer/union coverage, you may be eligible for a Special Enrollment Period in which to sign up for a Medicare prescription drug plan.

If you decide to join a Medicare drug plan, your current coverage will not be affected. The City of Boulder plan will pay primary coverage on all prescription drug claims, with the Medicare coverage paying secondary. Exception: If you are a retiree over age 65 with dual-coverage, Medicare will pay primary.

If you do not enroll in a Medicare prescription drug plan when you are first eligible to do so, you may pay a higher premium (penalty) to join a Medicare drug plan at a later date. This late enrollment penalty is described below:

> If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your premium will go up at least 1% per month for every month after May 15, 2006 that you did not have either Medicare drug coverage or coverage under a creditable drug plan. You will have to pay this higher premium as long as you have Medicare prescription drug coverage.

As long as you are enrolled in creditable drug coverage, you will not have to pay a higher premium (penalty) to Medicare if you do choose, at a later date, to sign up for a Medicare prescription drug plan.

For more information about this Notice, visit www.medicare.gov, call 1-800-633-4227, or contact Human Resources.

PART A: General Information

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Health Insurance Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How can I get more information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.connectforhealthco.com or call 1-855-PLANS4YOU (855-752-6749) for more information.

For more information about your coverage offered by your employer, please check the Benefits Guide on www.bouldercolorado.gov/benefits.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information.

Employer Name City of Boulder	Employer Identification Number (EIN) 84-6000566
Employer Address 1101 Arapahoe Ave.	Employer Phone Number 303-441-3070
City State Boulder CO	ZIP code 80302
Who can we contact about employee health coverage at this job? Human Resources Service Center	
Phone number 303-441-3070	Email address HRServiceCenter@bouldercolorado.gov

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees.
☒ Some employees. Eligible employees are:

Employees in a Standard position who work 20 or more hours per week.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouse, Domestic Partner, and Child (natural, adopted, step, and guardianship)

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard*, and the cost of the coverage to you is intended to be affordable**, based on employee wages.

*The lowest-cost plan that meets the minimum value standard[1] is the $1,500/$3,000 Deductible HSA-eligible plan.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, you wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. **

If you decide to shop for coverage in the Marketplace, www.connectforhealthco.com or 1-855-PLANS4YOU (855-752-6749) will guide you through the process.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Notice of Pre-existing Condition Exclusions

The City of Boulder's medical plans with United Healthcare do not contain pre-existing exclusions. This means that if you have a medical condition before coming to our plan, you will not have to wait a period of time before the plan will provide coverage for that condition.

Women's Health and Cancer Rights Act (WHCRA) of 1998

Your group health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

Newborns' and Mothers' Health Protection Act of 1996

The Newborns' Act and its regulations provide that health plans and insurance issuers may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by Cesarean section. However, the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother, to discharge the mother or newborn child earlier.

A mother cannot be encouraged to accept less than the minimum protections available to her under the Newborns' Act and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery.

All questions regarding annual notices should be directed to Pam Ungaro, Benefits Manager, (303)-441-4172.

An Employee Well-Being Program

This benefits guide is a brief summary and is not intended as policy or a complete description of benefits. The City of Boulder may amend the program at any time. If there are any discrepancies between this guide and the certificate of coverage for a benefit, the certificate will prevail.