2017 BENEFITS GUIDE
City of Boulder

Coverage for standard employees working 20 hours or more per week

Well-being @Work

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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. All seasonal/variable hour employees determined to average 30 hours or more per week during City measurement period. Temporary employees working 30 hours or more a week for more than 3 months consecutively.

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.

Medical and dental coverage is effective on the first day of hire, and terminates at the end of the month following termination. Vision, Short Term Disability and Life Insurance coverage is effective the first of the month following your date of hire. Open enrollment takes place in October of each year. During this period, you must enroll in and/or decline all coverage 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 annual reimbursement for gym, health club, or recreation center memberships and on-site yoga 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.

Well-being@Work

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 **Well-being@Work** program currently includes the following benefit components:

• No co-pay annual preventive visits with your physician	• Personalized healthy lifestyle coaching sessions via phone through MyCigna
• 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 and can be sent to Cigna	• Telemedicine option through MDLive
• Online health risk questionnaire through MyCigna	• Retirement planning & Social Security classes
• Educational videos	• Money management classes
• Ability to earn up to $150 in Visa debit cards for achieving various wellness goals	• Challenge programs
• Individual health report & action plan	• 24-hour nurse call line
• Online medical record through MyCigna	• 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!

How to Earn Up To $150 of Visa Debit Cards in 2017!

Well-being Perk	Details / How to get started	Timeframe
Do you have the city's Cigna insurance or did you decline coverage yet opt into the wellness program? If so, **Earn up to $150 of Visa Debit Cards for reaching wellness goals online at MyCigna.** 	The **MyCigna.com** wellness portal allows you to earn up to $150 of Visa Debit Cards this year for reaching various wellness goals (health coaching, preventive exams, etc). Goals are based on age and gender so they may differ between employees. **GET STARTED:** Go to www.mycigna.com to enroll or sign-in, click on "My Health," then click on "Incentive Awards." Use the **MyCigna User Guide** for enrolling or answering additional questions. • All goals (with the exception of preventive screening goals) must be completed between **1/1/17 – 12/31/17** • Preventive screening goals must be completed by **9/30/17.** • Be sure to redeem your gift cards by **12/31/17**. Click the link "**Redeem Your Dollars**" on the "Incentive Awards" page at MyCigna. Complete the required information such as shipping address.	**Goals must be earned between 1/1/17 – 12/31/17** to receive up to $150 of Visa Debit Cards. **Preventive exam goals** are an exception and must be **completed with Cigna & submitted to MyCigna by 9/30/17**

Wellbeing@Work ADDITIONAL ENROLLMENT PERKS!

Well-being Perk	Details / How to get started	Timeframe
Free Rec Class: Choose a class listed in the Parks and Recreation guide *(Must be a Well-being@Work Rec Pass holder)*	Free classes are available to you and your family members (that have purchased a discounted facility pass). You and your family can take one additional class per quarter at a 10% discount. **GET STARTED:** To view all the classes go to the www.**BPRfitness.org** **Register THREE days prior** to class start date in person at any recreation center or over the phone @ 303-413-7270. ***Exclusions:*** *Contractual programs (tennis, dance & pottery), special interest (drama, art & guitar classes), competitive programs (teams/leagues) and private/semiprivate lessons.*	Every quarter
Free CPR/AED/First Aid certification classes *(free for all employees including seasonal employees)*	Classes are offered through Risk Management and Parks and Recreation. **GET STARTED:** • Classes offered by **Risk** can be found on **Boulder@Work**: click on "employee tools," then "training and development," then "safety training." • Classes offered by Rec can be found under fitness classes on the **Parks and Recreation** web pages. www.**BPRfitness.org** Click on "online registration" under the "Classes" heading, then "register for programs," choose "fitness" from the drop down list, click on "First Aid/CPR" to see dates and times.	Once per year

Free consultation: One free session with a dietitian, personal trainer, physical therapist, or health coach every year *(Must be a Well-being@Work Rec Pass holder)*	Personal trainers can also set you up with a fitness program you can do in the gym or at home! Specialists can travel to any of the rec centers that work best for you. **GET STARTED:** Contact Summer Kennedy via email mailto:KennedySu@bouldercolorado.gov to schedule your session with your specialist. Go to www.**BPRfitness.org** to select your preferred specialist or let Summer Kennedy recommend a specialist that fits your needs.	Once per year
Well-being challenges, programs, events & more!	Participate in city-wide well-being challenges, programs, events and screenings and earn additional prizes! **Includes:** Walking Wednesday (May – October), stress management programs, ActiveFit Bracket Royal (Summer), October 4th Well-being Fair, and more! **GET STARTED:** See all upcoming events, challenges and programs by visiting **Boulder@Work** website, then clicking on Well-being@Work link.	Ongoing
YMCA monthly membership discount	Receive $10 off any membership each month for City of Boulder employees. **GET STARTED:** Contact your Boulder Valley YMCA for information. Locations at Boulder (Mapleton Center), Lafayette (Arapahoe Center) & Longmont and bring proof of employment: pay stub, work ID, business card. See YMCA employee discounts.	Ongoing
Weigh and Win Program *(free for all employees including seasonal employees)*	Get paid to achieve a healthy weight with the Weigh & Win program. Weigh and Win kiosks are located at East & North Boulder Recreation Centers. **GET STARTED:** Call 303-694-8007 or http://www.weighandwin.com/ or stop into a kiosk location.	Ongoing

Wellness perks for those who did not enroll in the wellness program by completing the health risk assessment (online through MyCigna AND complete the health screening OR are seasonal employees, interns, or temporary employees.

- Non Parks and Recreation seasonal employees can purchase a 25% discount on a recreation annual pass or punchcard from the main administration office at 3198 Broadway next to the North Recreation Center. The form is located on the Well-being@Work website, **"Seasonal Facility Use Pass Form"**
- Standard, seasonal, interns and temps can attend CPR/AED classes offered by Risk Management and Parks and Recreation at no cost.
- All employees can participate in Weigh & Win Program.
- All employees can participate in city sponsored wellness challenges, events, programs, Walking Wednesdays, and skin cancer screenings through Well-being@Work
- Standard employees can purchase the Chamber Partnership Pass, annual passes, punch cards, and Chamber discount of 10%. These can be purchased at any recreation center. If you have a family, the family pass sold through Parks and Recreation is the most economical option.
- All employees can attend the annual October Well-Being fair.

More Information online:

- **Well-being@work program**: Go to **Boulder@Work homepage,** click on the **Well-being@work** Logo or go to: https://work.bouldercolorado.gov/wellbeing
- **Rec Centers:**(drop-in-fitness or mind/body classes, pool schedules, and childcare). Go to www.BoulderParks-Rec.org.

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 **Well-being@Work** the city only receives the following information:

- Whether you have enrolled in the program
- Whether you have completed the online health risk assessment
- Whether you have completed the health screening (onsite at work or through your doctor)

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.

Do you need help deciding what Cigna coverage is best for you and your family, call 800.564.7642.

CITY OF BOULDER **2017 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.
MD Live	$25 co-pay	Not Applicable	$25 co-pay	Not Applicable	$38 consult fee	Not Applicable
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 coverage's offered by the carrier, based on information provided to us. It does not include all of the terms, coverage's, 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.

PREVENTATIVE DRUG LISTS

The City of Boulder offers two NO COST preventative drug lists located at https://bouldercolorado.gov/human-resources/benefits-guide

The first is an optional preventative drug list that not all employers offer. The 2016 No Cost Rx Preventative Drug List covers certain generic preventative medications for specific conditions (broken out by category).

- This list is available to all employees regardless of the plan selected.
- **Not all preventative prescriptions are included on the no cost list.**

The second list called zerodollar_ppaca_preventative is the list of preventative medications required as a result of healthcare reform. These are medications that Cigna is required to cover at no cost to employees (regardless of the plan selected).

For employees that are looking for discounts or need assistance with the cost of their medications please visit the below website: http://www.coloradodrugcard.com/index.php

MAIL ORDER PHARMACY

Cigna Home Delivery Pharmacy is designed for individuals that take medications on a regular basis, such as for diabetes, high blood pressure, high cholesterol, etc.
Home Delivery provides:

- Convenient delivery of your medication to the location of your choice.
- Easy refills, up to a 90 day supply
- Free refill reminder
- Cigna pharmacists are available 24/7 to answer your medication questions: 800. 285.4812
- Manage your medication by logging in to mycigna.com or download the mycigna app.

MDLIVE

The City of Boulder has selected MDLive to provide you with 24/7/365 access to board-certified primary care doctors and pediatricians by secure video, phone or e-mail.

Whether you are at home, at work, traveling or want the most convenient way to see a doctor without having to sit in the doctor's waiting room, MDLive is easy and convenient to use. Simply pay the co-pay or consult fee.

The service is secure, confidential and compliant with all medical privacy regulations.

When should you use MDLIVE?

- If you are considering the ER or urgent care for a non-emergency medical issue.
- Your primary care doctor is unavailable.
- Great for sick kids at home, when travelling or at work.

What can be treated?

- Allergies
- Asthma
- Bronchitis
- Colds and Flu
- Ear Infections
- Sinus/Respiratory infections
- Joint Aches and Pains
- And more

Register on line or by phone:
MDLive.com/cob or call 888.726.3171

- Enter your name, gender, date of birth and your Cigna ID (from the front of your Cigna ID card).
- Complete your medical history during registration.
- Request a consultation

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 or Medicare 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 $3,400 during 2017 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 2017 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 2017

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, the employees must:

- elect the $1,500 deductible plan during open enrollment, AND
- open or maintain an active HSA account, AND
- have spent their 2016 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 11/1/16, 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 2016 Health FSA dollars before <u>any</u> 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, 2017.
* Family members who are enrolled together on a city plan are only eligible for one HSA contribution.

Well-Being @ Work PROGRAM INCENTIVE

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

1. Enroll in city healthcare coverage
2. Complete the online health questionnaire prior to the 10/25/16 deadline, AND
3. Complete the screening either onsite or through their physician, by 10/25/16 with results submitted to Cigna no later than 10/31/16

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 10/31/2016 as a new hire.

Free Rec. Pass:

A taxable recreation pass (a $552 value) is also available to existing employees who complete 2 and 3 eligibility steps (see above). It is also available for employees hired after 10/31/2016. The value of the pass is taxable, approximately $16.40 a year depending on your tax bracket.

Employees also have the option to purchase rec. passes for their immediate family members at the discounted fee of $100 per family member. Family members are not taxed.

For more information about our Well-Being Program visit: https://work.bouldercolorado.gov/wellbeing.

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 that 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 funds can be used to pay medical and dental expenses not covered by insurance, for example, deductibles, copayments, and coinsurance for the employee's health plan. As of January 1, 2011, reimbursements for over-the-counter medications are not permitted, unless you have 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. The deadline to submit all claims is March 31st. each year.

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

New account holders will receive a debit card for healthcare spending accounts. Employees that are renewing for another year will not receive a new card. A card will also be issued for the Dependent Care Account 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.

Please Note:

- If you are enrolling in the Health Savings Account (H.S.A) in 2017, you must spend all of your 2016 Health FSA dollars by December 18, 2016 in order to receive the city's H.S.A. incentive contribution ***in pay period one of 2017***. If you intend to use the grace period, your 2016 Health FSA dollars must be spent by March 15, 2017.

Contributions will not 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. The H.S.A has no impact on your pensionable wages.

Please contact Human Resources benefits staff for more information.

MANAGING CLAIMS:

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). Your city e-mail address will be provided to RMR for communication. You can change this to a personal e-mail if you prefer.

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.

How to use the card during the grace period:

You can use your 2016 plan year funds and be reimbursed for services rendered through 3/15/2017 (the grace period). However, you CANNOT use 2017 funds to pay for services rendered in 2016 (per IRS regulations).

FLEXIBLE SPENDING ACCOUNT MOBILE APPLICATION

RMR's secure mobile app makes it easy to manage your FSA accounts on the go.

- Free app available for any Apple or Android smartphone or tablet.
- Gain instant access by entering the same username and password from www.rockymountainreserve.com
- View account balances and transaction history.
- Attach receipts by taking a photo.

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.)

2017 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, coverage and out-of-network benefits.

City of Boulder 2017 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 after deductible	*80% Covered after deductible	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.

(1) **IMPORTANT**: This benefit comparison is an outline of the coverage's offered by the carrier, based on information provided to us. It does not include all of the terms, coverage's, 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.

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

2017 VISION PLANS

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.***

**** 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.***

VSP	Basic Plan *In Network	Buy Up Option *In Network
Exam Co-Pay	**$20**	**$20**
Materials Co-Pay	**$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 co-pay above**
Progressive Lenses	**Member pays full amount after 20% discount**	**Included in $20 materials co-pay above**
UV Lens Protection	**Member pays full amount after 20% discount**	**Included in $20 materials co-pay above**
Scratch Resistant Coating	**Member pays full amount after 20% discount**	**Included in $20 materials co-pay above**

2017 VISION PLANS (CONTINUED)

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.
TruHearing	TruHearing is making hearing aids affordable by providing up to 50% savings to all VSP members and their dependents. TruHearing also provides you with: three provider visits for fitting, adjustments and cleanings, 45 day money back guarantee, manufacturer's warranty and 48 free batteries per hearing aid.
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 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 are offered $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.

VOLUNTARY 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 a 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.

DISABILITY INSURANCE

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. Police and Fire employees over the age of 55 are eligible for city paid LTD providing they meet the provisions of the plan

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 Paid Short Term and Long Term Disability Benefits (STD and LTD):

This coverage can provide security while working toward PERA vesting or after an employee is no longer eligible for FPPA. The employee (regardless of union) is required to exhaust all accrued unused sick time before the city coverage provides a benefit for 60% of an employee's wages (50% for LTD). However, if an employee also qualifies for a PERA benefit, the benefit can be up to 70% of wages.

All benefits are pro-rated based on the number of hours worked and eligibility depends on the years of service as outlined in the chart below.

Please review the Standard Insurance Company Certificates of Coverage for more detailed information on the city's STD and LTD benefits.

For employees that meet the City paid eligibility requirements outlined below, 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.

Employee Group	Short Term Disability (for Employees Own Disability)	Long Term Disability (for Employees Own Disability)
BMEA		
5 + years of service, 20 + hrs/wk	Grandfathered into current sick match program. These employees are not offered STD because they are eligible for the sick match program.	Grandfathered into current sick match program, or current LTD program, or PERA (varies by individual) Current LTD program is a City Paid Benefit (full-time; prorated for part-time). Employees will be required to exhaust all sick leave before LTD benefits are payable
Less than 5 + years of service, 20 + hrs/wk	Employee will receive City paid STD Program. (Once BMEA employee reaches 5+ years of service they are Grandfathered into current sick match program and will no longer receive City Paid STD Program.) Employees are required to exhaust their sick leave before the STD benefit will pay out.	Employees will receive City Paid LTD program. Employees will be required to exhaust all sick leave before LTD benefits are payable.
MGMT/Non-Union		
3 + years of service, 20 hrs/wk	Grandfathered into current sick match program. These employees are not offered STD because they are eligible for the sick match program.	Grandfathered into current sick match program, or current LTD program, or PERA (varies by individual) LTD is Voluntary (100% Employee Paid Benefit); Employees will be required to exhaust all sick leave before LTD benefits are payable
Less than 3 years of service, 20 hrs/wk	Employee will receive City Paid STD Program. Employees are required to exhaust their sick leave before the STD benefit will pay out.	Employees will receive City Paid LTD program. Employees will be required to exhaust all sick leave before LTD benefits are payable.
BPOA		
20+hrs/wk	**FPPA Program Only**	FPPA for employees less than age 55, then new LTD program if age 55 or older LTD program is a City Paid Benefit Employees will be required to exhaust all sick leave before LTD benefits are payable
IAFF		
20+hrs/wk	**FPPA Program Only**	FPPA for employees less than age 55, then new LTD program if age 55 or older LTD program is a City Paid Benefit Employees will be required to exhaust all sick leave before LTD benefits are payable
BHP		
20+ hrs/wk	BHP employees not offered STD	BHP pays 100% of the LTD for full time employees. This will be prorated to 75% paid for by BHP for BHP employees working ¾ time, and 50% paid for by BHP for employees working 50%.

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 plus 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. The 457 (b) also offers a wide variety of investment options, including a Roth option. While a pension may go a long way, it may not 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 options. Under either plan, you contribute 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.

2. 401(k) Plan — Administered by PERA
   Available to PERA retirement plan participants and all Temporary and Seasonal employees.

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://work.bouldercolorado.gov/policies** to review details of these programs as addressed in bargaining unit contracts or city policies.

ADDITIONAL VOLUNTARY BENEFITS

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

EMPLOYEE ASSISTANCE PLAN (EAP): (PAID FOR BY THE CITY OF BOULDER)

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.

LEGALEASE:

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. To learn more about these additional benefits please visit: https://bouldercolorado.gov/human-resources/benefits-guide and page down until you see Supplemental Benefits.

RTD ECO PASS PROGRAM: (PAID FOR BY THE CITY OF BOULDER)

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.

If you need to return home from work because of illness or an emergency or need to work late without prior notice, Guaranteed Ride Home (GRH) will get you there. In Boulder call 303.777.777 or in Denver 303.333.3333. Have your RTD Eco pass available. The GRH account # is 1895. For more information, call DRCOG Way to Go program 303.458.7665.

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. To learn more about these additional benefits please visit: https://bouldercolorado.gov/human-resources/benefits-guide and page down until you see Supplemental Benefits.

RESOURCES AND CONTACT INFORMATION

PLAN/GROUP #	VENDOR	CUSTOMER SERVICE	WEBSITE
Medical / Rx 3338899	Cigna	800-564-7642	www.mycigna.com
MDLive	To request an appointment or video consultation	888-726-3171	www.mdlive.com/COB
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 7574/7572	Delta Dental of CO	800-564-7642	www.deltadentalco.com
Vision 12106494	Vision Service Plan TruHearing	800-877-7195 877-396-7194	www.vsp.com vsp.truhearing.com
FSA	Rocky Mountain Reserve	888-722-1223	www.rockymountainreserve.com
Life, Additional Life, STD, LTD	The Standard	877-276-6616	www.standard.com
Death & Disability	Fire & Police Pension Association	303-770-3772	www.fppaco.org
Retirement 910	PERA Defined Benefit – BMEA & MGMT/Non-Union	303-832-9550	www.copera.org
	Supplemental 401(k)	303-832-9550	www.copera.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
300028	Supplemental ICMA 457	Debra Adair 866-620-6069	www.icmarc.org
EcoPass Guaranteed Ride Home	RTD GRH account # 1895	303-299-6000 303-458-7665	www.rtd-denver.com
Supplemental Plans G000031419	Transamerica Employee Benefits (TEB)	888 -763-7474	www.transamericaemployeebenefits.com
Employee Assistance Program (EAP)	Magellan Health	800-523-5668	www.magellanassist.com
Legal 1000008	LegalEASE	888-205-4025	www.vsc-legalease.com cs@legalplansusa.com

HUMAN RESOURCES	POSITION	PHONE	EMAIL
Human Resources	Main Line	303-441-3070	
Marcie Keenmon	Sr. Benefits Specialist	303-441-4078	keenmonm@bouldercolorado.gov
Dijana Alibasic	Benefits Specialist	303-441-4066	alibasicd@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.

MEDICAL CONTRIBUTION AMOUNTS, All Employees:

2017 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	$503.33	$402.89	$100.44	$30.00	$70.44	$800.00
	Two Person	$1,087.35	$870.31	$217.04	$30.00	$187.04	$1,600.00
($3,000 family deductible) (1)	Family	$1,520.31	$1,216.96	$303.35	$30.00	$273.35	$1,600.00
$1,000 Deductible	Single	$563.19	$450.69	$112.50	$15.00	$97.50	N/A
	Two Person	$1,216.60	$973.55	$243.05	$15.00	$228.05	N/A
($2,000 family deductible) (1)	Family	$1,701.02	$1,361.26	$339.76	$15.00	$324.76	N/A
$500 Deductible	Single	$741.73	$593.52	$148.21	$15.00	$133.21	N/A
	Two Person	$1,602.29	$1,282.10	$320.19	$15.00	$305.19	N/A
($1,000 family deductible) (1)	Family	$2,240.28	$1,792.67	$447.61	$15.00	$432.61	N/A
Three Quarter Time							
$1,500 Deductible (1)	Single	$503.33	$302.94	$200.39	$30.00	$170.39	$800.00
	Two Person	$1,087.35	$653.77	$433.58	$30.00	$403.58	$1,600.00
($3,000 family deductible) (1)	Family	$1,520.31	$914.11	$606.20	$30.00	$576.20	$1,600.00
$1,000 Deductible	Single	$563.19	$338.69	$224.50	$15.00	$209.50	N/A
	Two Person	$1,216.60	$731.00	$485.60	$15.00	$470.60	N/A
($2,000 family deductible) (1)	Family	$1,701.02	$1,022.00	$679.02	$15.00	$664.02	N/A
$500 Deductible	Single	$741.73	$445.81	$295.92	$15.00	$280.92	N/A
	Two Person	$1,602.29	$962.41	$639.88	$15.00	$624.88	N/A
($1,000 family deductible) (1)	Family	$2,240.28	$1,345.55	$894.73	$15.00	$879.73	N/A
Half Time							
$1,500 Deductible (1)	Single	$503.33	$203.00	$300.33	$30.00	$270.33	$800.00
	Two Person	$1,087.35	$437.24	$650.11	$30.00	$620.11	$1,600.00
($3,000 family deductible) (1)	Family	$1,520.31	$611.25	$909.06	$30.00	$879.06	$1,600.00
$1,000 Deductible	Single	$563.19	$226.68	$336.51	$15.00	$321.51	N/A
	Two Person	$1,216.60	$488.44	$728.16	$15.00	$713.16	N/A
($2,000 family deductible) (1)	Family	$1,701.02	$682.73	$1,018.29	$15.00	$1,003.29	N/A
$500 Deductible	Single	$741.73	$298.10	$443.63	$15.00	$428.63	N/A
	Two Person	$1,602.29	$642.72	$959.57	$15.00	$944.57	N/A
($1,000 family deductible) (1)	Family	$2,240.28	$898.44	$1,341.84	$15.00	$1,326.84	N/A

HSA Incentive: Employees who enroll in the $1,500/$3,000 deductible HSA eligible plan for 2017 are eligible for a contribution into their Health Savings Account (HSA) by the City in pay period one of 2017. 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 18 2016. 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 10/28/2016 deadline. Screening results must be submitted by 10/28/2016. 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 2017 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:

Delta Dental Plan								
2017 Monthly Contribution Rates								
	Coverage Level	Total Monthly Premium	City Cost	Employee Cost	City Cost	Employee Cost	City Cost	Employee Cost
			*Full Time		Three Quarter Time		Half Time	
Low (Preferred) PP	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	$24.60	$16.40	$16.40	$24.60
	Two Person	$83.00	$66.40	$16.60	$49.80	$33.20	$33.20	$49.80
	Family	$142.00	$113.60	$28.40	$85.20	$56.80	$56.80	$85.20
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	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 benefits.

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

2017 Contribution Rates, Boulder Housing Partners:

for Full, Three Quarter, and Half Time Employees

	Coverage Level	Total Premium	Full Time		Three Quarter Time		Half Time	
			BHP Share	Employee Share	BHP Share	Employee Share	BHP Share	Employee Share
			(70%)	(30%)	(75% proration of full time)		(50% proration of full time)	
Medical Insurance					Exception for HDHP; Pay FT			
$1,500 Deductible ($3,000 family deductible)	Employee	$503.33	$352.33	$151.00	$352.33	$151.00	$176.17	$327.16
	Two Person	$1,087.35	$761.15	$326.21	$761.15	$326.21	$380.57	$706.78
	Family	$1,520.35	$1,064.25	$456.11	$1,064.25	$456.11	$532.12	$988.23
$1,000 Deductible PO ($2,000 family deductible)	Employee	$563.19	$394.23	$168.96	$295.67	$267.52	$197.12	$366.07
	Two Person	$1,216.60	$851.62	$364.98	$638.72	$577.89	$425.81	$790.79
	Family	$1,701.02	$1,190.71	$510.31	$893.04	$807.98	$595.36	$1,105.66
$500 Deductible POS	Employee	$741.73	$519.21	$222.52	$389.41	$352.32	$259.61	$482.12
	Two Person	$1,602.29	$1,121.60	$480.69	$841.20	$761.09	$560.80	$1,041.49
	Family	$2,240.28	$1,568.20	$672.08	$1,176.15	$1,064.13	$784.10	$1,456.18
Early Adopter HSA Incentive	Employees who enroll in the $1,500/$3,000 deductible HSA-Eligible plan for 2017 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, open an HSA account no later than November 30, 2016, and spend every last penny of your 2016 Health FSA by Novermber 30, 2016. *BHP's employer contribution will be prorated based on the employee's hire date. Temporary employees who work more than 30 hours/week are eligible to enroll in the $1,500 high deductible HSA medical plan. However they are not eligible to receive a BHP employer contribution to their HSA account.*							
Dental Insurance								
Low PPO/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	$43.57	$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)	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	$6.01	$11.16
	Two Person	$24.44	$17.11	$7.33	$12.83	$11.61	$8.55	$15.89
	Family	$43.84	$30.69	$13.15	$23.02	$20.82	$15.34	$28.50
Basic Life and Accidental Death & Dismemberment Insurance: Assurant	**INCREASED BENEFIT** 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.							
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 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.anything you need. . To learn more about these additional benefits please visit: https://bouldercolorado.gov/human-resources/benefits-guide and page down until you see Supplemental Benefits.							
	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, 2016

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 2017 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.

New Health Insurance Marketplace Coverage Options and Your Health Coverage
Updated for October 1, 2016

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 begins in October for coverage starting as early as January 1.

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 9.69% 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. Temporary/Seasonal/Variable Hour employees averaging 30 or more hours per week following city measurement periods

- 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, your 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 Cigna 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 lymph edema).

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.

COLORADO
Department of Regulatory Agencies
Colorado Civil Rights Division

NOTICE FOR EMPLOYERS TO USE

IN ORDER TO BE IN COMPLIANCE WITH HB 16-1438 PREGNANCY ACCOMMODATIONS:

PREGNANT WORKERS FAIRNESS ACT
C.R.S. § 24-34-402.3

The Pregnant Workers Fairness Act makes it a discriminatory or unfair employment practice if an employer fails to provide reasonable accommodations to an applicant or employee who is pregnant, physically recovering from childbirth, or a related condition.

A. **Requirements:**

Under the Act, if an applicant or employee who is pregnant or has a condition related to pregnancy or childbirth requests an accommodation, an employer must engage in the interactive process with the applicant or employee and provide a reasonable accommodation to perform the essential functions of the applicant or employee's job unless the accommodation would impose an undue hardship on the employer's business.

The Act identifies reasonable accommodations as including, but not limited to:

- provision of more frequent or longer break periods;
- more frequent restroom, food, and water breaks;
- acquisition or modification of equipment or seating;
- limitations on lifting;
    - temporary transfer to a less strenuous or hazardous position if available, with return to the current position after pregnancy;
    - job restructuring;
- light duty, if available;
    - assistance with manual labor; or modified work schedule

The Act prohibits requiring an applicant or employee to accept an accommodation that the applicant or employee has not requested or an accommodation that is unnecessary for the applicant or the employee to perform the essential functions of the job.

B. **Scope of accommodations required:**

An accommodation may not be deemed reasonable if the employer has to hire new employees that the employer would not have otherwise hired, discharge an employee, transfer another employee with more seniority, promote another employee who is not qualified to perform the new job, create a new position for the employee, or provide the employee paid leave beyond what is provided to similarly situated employees.

Under the Act, a reasonable accommodation must not pose an "undue hardship" on the employer. Undue hardship refers to an action requiring significant difficulty or expense to the employer. The following factors are considered in determining whether there is undue hardship to the employer:

- the nature and cost of accommodation;
- the overall financial resources of the employer;
- the overall size of the employer's business;
- the accommodation's effect on expenses and resources or its effect upon the operations of the employer;

If the employer has provided a similar accommodation to other classes of employees, the Act provides that there is a rebuttable presumption that the accommodation does not impose an undue hardship.

C. **Adverse action prohibited:**

The Act prohibits an employer from taking adverse action against an employee who requests or uses a reasonable accommodation and from denying employment opportunities to an applicant or employee based on the need to make a reasonable accommodation.

D. **Notice:**

This written notice must be posted in a conspicuous area of the workplace. Employers must also provide written notice to new employees at the start of employment and to current employees within 120 days of the Act's August 10, 2016 effective date.

Summary: Final Rule Implementing Section 1557 of the Affordable Care Act

Applicability to Employer Group Health Plans

The HHS nondiscrimination regulations apply to a "covered entity", which includes "an entity that operates a health program or activity, any part of which receives Federal financial assistance." Under that definition, a "covered entity" could include a self-insured or fully insured group health plan, if the entity receives "Federal financial assistance," such as Medicare Part D payments. (Expatriate health plans are specifically excluded from the nondiscrimination requirements.)

Due to the broad scope of the HHS nondiscrimination rules, a group health plan sponsored by an employer and administered by a third party administrator ("TPA") could be subject to the HHS nondiscrimination rules. An employer that does not receive Federal financial assistance and that does not otherwise meet the definition of a "covered entity" could be indirectly subject to the HHS nondiscrimination rules if the employer's group health plan uses a third party administrator that receives Federal financial assistance. For example, an insurance issuer that operates in the Health Insurance Marketplace, is principally engaged in providing health insurance, and receives Federal financial assistance is a covered entity. If that insurance issuer also maintains a TPA business that administers self-insured benefits, the TPA will be subject to the nondiscrimination rules, since HHS notes there is no basis on which to exclude the TPA services or to treat them differently from other entities and services covered by the rule.

HHS recognizes that a TPA that administers a self-insured group health plan is generally not responsible for the design of the plan. Thus, the TPA could potentially be held responsible for plan features over which it has no control. In the event the HHS Office of Civil Rights ("HHS-OCR") receives a claim alleging discrimination in a self-insured group health plan administered by a TPA that is a covered entity, HHS-OCR will determine whether responsibility for the alleged discrimination rests with the TPA or the employer. Where the alleged discrimination relates to the TPA's administration of the plan, HHS-OCR will process the complaint against the TPA because it is responsible for the decision or other action being challenged in the complaint.

However, where the alleged discrimination relates to the benefit design of a self-insured plan—for example, where the plan excludes coverage for all health services related to gender transition—and where HHS-OCR has jurisdiction over the claim against an employer as a "covered entity", HHS-OCR will typically address the complaint against that employer. As part of its enforcement authority, HHS-OCR may refer matters to other Federal agencies with jurisdiction over the entity, such as the Equal Employment Opportunity Commission.

HHS-OCR intends to analyze the applicability of the nondiscrimination requirements to group health plans on a case-by-case basis. If a group health plan does not receive Federal financial assistance, OCR will evaluate the group health plan's relationship with the employer to determine applicability of the nondiscrimination requirements.

Note: A benefit that is an excepted benefit with respect to the group market reforms under the Affordable Care Act (for example, a stand-alone dental or vision benefit) is not exempt from these requirements if they would otherwise apply.

Nondiscrimination Requirements for Covered Entities

Prohibited Actions

In administering or providing health-related insurance or coverage, a covered entity shall not, based on race, color, national origin, sex, age or disability:

- Deny, cancel, limit, or refuse to issue or renew a plan or policy or other health related coverage, or deny or limit coverage of a claim or impose additional cost sharing or other restrictions on coverage; or
- Have or implement marketing practices or benefit designs that are discriminatory.

While a group health plan does not have to cover a particular benefit or service, a covered entity cannot have coverage that operates in a discriminatory manner. For example, a plan that covers inpatient treatment for eating disorders in men but not women would not be in compliance with the prohibition of discrimination based on sex.

In addition, the regulations specifically address transgender benefits and indicate that a covered entity shall not:

- Deny or limit coverage, deny or limit coverage of a claim, or impose additional cost sharing or other restrictions on coverage for health services that are ordinarily or exclusively available to individuals of one sex, to a transgender individual based on the fact that an individual's sex assigned at birth, gender identity, or gender otherwise recorded is different from the one to which such health services are ordinarily or exclusively available;
- Have or implement a categorical exclusion or limitation for all health services related to gender transition; or,
- Otherwise deny or limit coverage, deny or limit coverage of a claim, or impose additional cost sharing or other limitations or restrictions on coverage for specific health services related to gender transition if such denial, limitation, or restriction results in discrimination against a transgender individual.

Designation of Responsible Employee and Grievance Procedures

A covered entity that employs 15 or more persons must designate at least one employee to coordinate efforts to comply with and carry out responsibilities under the nondiscrimination rule, including investigating any grievance. The covered entity must also adopt a grievance procedure that incorporates appropriate due process standards and that provides for the prompt and equitable resolution of any grievance. A sample grievance procedure is provided in Appendix C of the final regulations.

Notice Requirements and Required Information

By October 17, 2016, a covered entity must provide and/or post a notice containing the following information and taglines (using a conspicuously visible font size) in significant publications or communications to participants, in conspicuous physical locations where the entity interacts with the public, and in a conspicuous location on a covered entity's web site accessible from the home page. A sample notice is provided in Appendix A of the final regulations.

The notice must contain the following information:

- The covered entity does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities (this information must also be provided in any postcards and tri-fold brochures that are significant publications or communications);
- The covered entity provides appropriate auxiliary aids and services including qualified interpreters for individuals with disabilities and information in alternate formats, free of charge and in a timely manner (and how to obtain the aids and services);
- The covered entity provides language assistance services including translated documents and oral interpretation, free of charge and in a timely manner for individuals with limited English proficiency (and how to obtain the services);
- The identification and contact information for the designated responsible employee(s), if applicable;
- The availability of the grievance procedure and how to file a grievance, if applicable; and
- How to file a discrimination complaint with HHS-OCR.

Taglines notify individuals about language assistance services that are available, free of charge. A covered entity is required to post taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states. (Sample tagline information is provided in Appendix B of the final regulations.)

For small-sized significant communications or publications (for example, postcards and tri-fold brochures), a covered entity is required to include a shorter nondiscrimination statement and a limited number of taglines (taglines in the top 2 languages spoken by individuals with limited English proficiency of the relevant state(s)). A sample nondiscrimination statement is provided in Appendix A of the final regulations.

Accommodation Requirements for Health Programs and Activities

The final HHS regulations set forth requirements for providing specific services to individuals with limited English proficiency and disabilities. These services include interpreters, building accessibility, technology accessibility, and access to services consistent with an individual's gender identity.

Access for Individuals with Limited English Proficiency

In general, a covered entity with respect to its health programs, including health insurance coverage and group health plans, and activities must take reasonable steps to provide meaningful access to individuals with limited English proficiency. In meeting this obligation, the requirements and standards include:

- Provide accurate and timely language assistance services that are free of charge and protect the privacy and independence of individuals with limited English proficiency;
- Provide a qualified interpreter to an individual with limited English proficiency when oral interpretation is a reasonable step to provide meaningful access to information for that individual;
- Use a qualified translator when translating written content in paper or electronic form;
- Not require an individual to provide his or her own interpreter;
- Not rely on an adult accompanying an individual to interpret or facilitate communication, except in an emergency or where specifically requested by the individual and the accompanying adult agrees, and reliance on that adult for assistance is appropriate under the circumstances;
- Not rely on a minor child to interpret or facilitate communication, except in an emergency;
- Not rely on staff other than qualified bilingual/multilingual staff to communicate directly with any individual with limited English proficiency; and
- For a qualified interpreter provided through video remote interpreting services, provide real-time, full-motion video and audio over a dedicated connection that delivers high-quality video images, a sharply delineated image of the interpreter and participating individual, clear audio, and adequate training to individuals using the technology.

Covered entities also are required to take appropriate steps to comply with the nondiscrimination requirements, such as:

- Ensuring that communications with individuals with disabilities are as effective as communications with others in health programs and activities (using specific Americans with Disabilities Act standards);
- Ensuring that health programs and activities provided through electronic means are accessible to people with disabilities (unless it would result in undue financial and administrative burdens); and
- Providing equal access to health programs and activities without discrimination on the basis of sex and treating individuals consistent with their gender identity. A covered entity must provide coverage for health services, that are appropriately provided to an individual, on the same terms regardless of an individual's gender identity, sex assigned at birth, or recorded gender.

The full text of the final regulations can be found here:

https://ww w.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf

October 24, 2016

Pam Ungaro
City of Boulder
3065 Center Green Drive
Boulder, CO 80301

Re: 2017 changes to abortion coverage under City of Boulder's medical plan

Dear City of Boulder Members:

The City of Boulder currently only covers non-elective abortions under the medical plan. However, beginning January 1, 2017, the City of Boulder will also cover abortions in the cases of rape and incest.

The following abortion codes are covered under the plan:

59812	Treatment of incomplete abortion, any trimester, completed surgically.	Non-elective
59820	Treatment of missed abortion, completed surgically, first trimester.	Non-elective
59821	Treatment of missed abortion, completed surgically, second trimester	Non-elective
59830	Treatment of septic abortion, completed surgically	Non-elective

Depending on how a provider may code an abortion in the cases of rape and incest, the claim may be denied. In these cases, you will need to file an appeal and send in documentation supporting that the abortion was due to a case of rape or incest. The second page of this letter outlines your rights of review and appeal, as well as what should be included in the appeal.

If you have any questions, please contact Cigna's Customer Service Department at 1-800-Cigna24.

Sincerely,

Liz Reiter
Senior Client Manager

Rights of review and appeal

You can start the Appeal process by sending a written request to the address listed in your plan materials within 180 days of receipt of the explanation of benefits (unless a longer time is permitted by your plan).

Please follow the steps below to make sure that your appeal is processed in a timely manner.

- Send a copy of the explanation of benefits along with any relevant additional information (e.g. benefit documents, medical records) that helps to determine if your claim is covered under the plan. Contact Customer Service if you need help or have further questions.

- Be sure to include: 1) Your name 2) Account number from the front of the form 3) ID number from the front of the form 4) Name of the patient and relationship and 5) "Attention: Appeals Unit" on all supporting documents.

- Contact Customer Service at 1-800-Cigna24 to request access to and copies of all documents, records and other information about your claim, free of charge.

- You will be notified of the final decision in a timely manner, as described in your plan materials. If your plan is governed by ERISA, you may also bring legal action under section 502(a) of ERISA following our review and decision.

NOTICE TO CITY OF BOULDER EMPLOYEES REGARDING WELLNESS PROGRAM

MotivateMe® and Well-being@work is a voluntary wellness program available to all employees in some capacity. The program is administered by Cigna per federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (for example, cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides and blood glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of Visa Debit Cards for completing the incentive activities. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the health care premium credit of $15 credit per month for the $500 and the $1,000 deductible plans and $30 credit per month. A free taxable recreation pass (a value of $552) is also available to all employees that complete the HRA and the Biometric Screening.

Additional incentives of Visa Gift Cards may be available for employees who participate in certain health-related activities online coaching, telephonic coaching, Apps and Activities or achieve certain health outcomes for example BMI, blood pressure, total cholesterol, LDL cholesterol, blood glucose, waist circumference.

For all participants - If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Cigna at 800.cigna24 and they will work with you and, if you wish, with your doctor.

For participants who may have an impairment - If you are unable to participate in any of the program events, activities or goals, because of a disability you may be entitled to a reasonable accommodation for participation, or an alternative standard for rewards. For work-site accommodations please contact Well-being Coordinator Alexia O'Conner at O'ConnerA@bouldercolorado.gov; for accommodations with online, phone or other Cigna programs, please contact Cigna at 800.cigna24

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as online coaching, telephonic coaching or the Weigh and Win program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the City of Boulder may use aggregate information it collects to design a program based on identified health risks in the workplace, Cigna and MotivateMe® and Well-being@work will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The personally identifiable health information that Cigna and MotivateMe® receive will only be used in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and no information you provide as part of the wellness program will be used in making any employment decision. Although no one can prevent all cyber-attacks, Cigna has an information security program consisting of people, process, and technology – including encryption and monitoring tools designed to protect electronic information. We maintain safeguards intended to protect the security of your information. In the event a data breach, as defined by law, occurs involving information you provide in connection with the wellness program, we will notify you as required by law.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Well-being Coordinator Alexia O'Conner at O'ConnerA@bouldercolorado.gov or contact the EEOC at 1.800.669.4000 or info@eeoc.gov

All questions regarding annual notices should be directed to:

Lori Sohn, Deputy Director of HR (303)441-4176

NOTES

Well-being @Work

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