



Health
Wellness
Financial

City of Loveland
Benefits Enrollment
Guide For Full Benefit
Eligible Positions
Plan Year 2019





welcome

WELCOME TO YOUR 2019 BENEFITS!

The City recognizes the importance of providing a comprehensive benefits program to our regular full-time and part-time benefit eligible employees. These benefits help provide employees and their family members opportunities to maintain their health and welfare. This “Enrollment Booklet” provides employees with:

- ▲ A description of the benefit options
- ▲ Important phone numbers and websites to help employees manage their benefits

For completed details of each benefit plan and benefit related forms, refer to the full text of the official Summary Plan Descriptions available on the UltiPro Payroll system.

Please review this enrollment booklet to understand your City of Loveland benefit enrollment options, and retain the enrollment booklet for your reference throughout the year.

If you need further assistance, contact the Human Resources Department:

Phone: (970) 962-2371, Fax: (970) 962-2919 or
Human Resources Department, 500 E. 3rd St., Suite 220, Loveland, Colorado 80537

Open Enrollment

Open enrollment is the only time, other than during a qualified change in family status, in which you can make changes to existing benefit elections. Benefit changes you may make during open enrollment include:

- ▲ Add or delete dependents
- ▲ Switch, enroll, or waive medical plans
- ▲ Add or delete dental or vision
- ▲ Enroll or renew flexible spending accounts

Open enrollment for 2019 will be conducted online, through the City’s enrollment portal. You will receive an email with instructions shortly before open enrollment begins; please contact the Human Resources department with any questions.

New Hire Enrollment

As a newly benefit eligible employee, you have 30 days from your hire date to complete the enrollment by following the directions you have been given. Please contact the Human Resources department with any questions.



at a glance

2019 BENEFITS OVERVIEW

The City of Loveland is proud to offer comprehensive wellness and health benefits to eligible employees and their dependents, and is committed to partnering with employees to ensure that they get the best possible benefit from their plans. Eligibility begins on the first day of the month following date of hire unless otherwise noted

PLAN	WHO PAYS (PART-TIME RATES ARE PRO-RATED)
Medical – PPO (preferred provider)	Premiums are shared by the City and employees
Medical – CDHP-HRA (Consumer driven high deductible plan with a health reimbursement arrangement)	Premiums are shared by the City and employees
Dental	Premiums are shared by the City and employees
Vision	Premiums paid 100% by employee contribution
Flexible Spending Health and/or Dependent Care	Employee makes pre-tax contribution
Life and Accidental Death & Dismemberment Insurance	Premiums paid by the City
Supplemental Life	100% employee contribution, costs are age-based, and may be subject to approval by medical underwriting (after-tax deduction)
Short-Term Disability (STD)	Premiums paid 100% by the City
Long-Term Disability (LTD)	Premiums paid 100% by the City—see LTD section for taxability
Employee Assistance Program (EAP)	Premiums paid 100% by the City
529 College Invest	Voluntary enrollment
General Retirement 401(a) <i>begins at six months of service</i>	Requires employee contribution of 3%, City contribution 5% and increases with longevity
Retirement 457 Retirement Roth 457 – After tax	Voluntary employee pre-tax contribution (Roth contribution is after-tax)
Police Retirement <i>begins on first day of employment</i> Police Match Plan <i>begins at time of enrollment into additional contributions</i>	Requires employee contribution of 10%, City contribution is 10%. Voluntary Match Plan up to 5%

Enrollment and Employee Contributions

Employees pay their portion of premium contributions for medical, dental, and vision insurance on a pre-tax basis through payroll deductions 24 times per year. Employees may only make changes to their elections during the annual open enrollment period or within 30 days of a qualified change in family status as described in the “Change in Family Status” section of this enrollment booklet.

Employees can, at any time, make changes to their 457 retirement plan, W-4 and direct deposit accounts. Supplemental Life can, at any time, be added, dropped or changed subject to approval by the Hartford’s medical underwriting. New employees must enroll in or waive all benefit plans within 30 days from date of eligibility.



at a glance

WHEN IS MY COVERAGE EFFECTIVE?

If you enroll during the new hire process, coverage will begin the first day of the month following your hire date. If you enroll during the annual open enrollment period, the coverage you select will be effective January 1, 2019 provided you have met the eligibility requirements.

What If I Choose Not To Enroll Now Or Miss The Open Enrollment Period?

If you choose not to enroll during the new hire process (your eligibility period) or during open enrollment, you will be required to wait until the next annual open enrollment unless you have a qualifying change of status as described below.

Qualifying Event: HIPAA Special Enrollment Rights/Change of Status for Which You May Make Changes to Your Elections

You may only enroll, add family members, or cancel your elections during the annual enrollment period, or within 30 days of experiencing a qualifying life status change, including:

- ▲ Marriage, death of spouse, divorce or legal separation;
- ▲ Birth, adoption, placement for adoption or death of a dependent;
- ▲ Termination or commencement of employment for you, spouse, or;
- ▲ Increase or decrease in hours of employment by you or your spouse;
- ▲ A change in the cost of your benefits due to job or status changes, including leave without pay,
- ▲ Your dependent child satisfies or ceases to satisfy the requirements for coverage because of age;
- ▲ A change in coverage in order to comply with a court order;
- ▲ Change in dependent care provider or salary paid to provider (dependent flexible spending only);
- ▲ A change in the place of residence or work for you, your spouse, or dependent;
- ▲ Change in coverage due to Medicare or Medicaid eligibility; or
- ▲ You or your spouse experiences an open enrollment event.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, you may qualify for a Special Enrollment Opportunity. You must request coverage within 60 days of being determined eligible for premium assistance.

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 that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment through the on-line portal within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). The City may require documentation regarding termination of or change in contributions for the other coverage.



at a glance

Dependents

Dependents are defined as:

- ▲ The employee's lawful spouse/common law spouse (with signed affidavit);
- ▲ A Civil Union Partner by way of legal certificate;
- ▲ Any dependent less than 26 years old; or
- ▲ Any dependent over the age of 26 and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap.

A child includes a legally adopted child, a child placed for adoption, or a qualifying child as defined by the IRS. It also includes:

- ▲ A stepchild who lives with you.
- ▲ Child(ren) of your Civil Union Partner.

Anyone who is eligible as an employee can be considered either an eligible employee or a dependent, but they cannot be both. No one may be considered as a dependent of more than one employee. Benefits for a dependent child will continue until the last day of the calendar month in which the limiting age is reached.

Benefits Continuation / COBRA

Employees enrolled in the medical, dental, vision plan, and/or a healthcare flexible spending account who experience a "qualifying event" may be eligible to continue coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Some examples of "qualifying events" that affect employees or covered dependents include: end of employment, death of a covered employee, or the change in eligibility of a dependent. Employees covering a dependent must complete a change in family status (Life Event) in the on-line portal for certain qualifying events (divorce, legal separation, or a child ceasing to be a dependent under the plan) within 30 days of the event.

The City's COBRA Plan Administrator will provide a written notice of COBRA rights and obligations within 44 days of a "qualifying event." Employees will be required to pay the full cost of any COBRA coverage elected, plus an administration fee. Continuation of benefits through COBRA must be elected within 60 days of the later of either: a) the qualifying event, or b) the date the employee or his/her covered spouse/dependent children are advised by the COBRA Plan Administrator of their right to continued benefits. Please refer to the summary plan descriptions for additional information on COBRA rights and obligations.



medical

UMR

The City offers two medical plans: Preferred Provider Plan (PPO), and the Consumer Driven High Deductible Plan with Reimbursement Arrangement (CDHP-HRA). Both plans are self-insured by the City, administered by UMR, have a no pre-existing condition policy and include the following benefits:

- ▲ Yearly routine physical
- ▲ DOT physical
- ▲ Infant up to 3 years of age: up to 9 routine preventive visits
- ▲ Includes immunizations
- ▲ Includes Pharmacy Benefits through SouthernScripts;
- ▲ Mail order program through Postal Prescriptions up to a 90 day prescriptions

City of Loveland Employee Wellness Center

The Employee Wellness Center is a benefit for you and your dependents (age 2+) that are enrolled in either of the City’s medical plans. The center provides wellness, disease management and minor episodic care. All services are provided free of charge – no copays or charges, and no lab bills! Other benefits include pre-scheduled appointments, which eliminate long wait times; employees do not need to utilize medical leave for their own care; a selection of generic medication dispensed on-site at no cost; personalized care plans; the Nurse Practitioner will work in conjunction with your primary care physician if requested. This will all be a direct savings in out-of-pocket expenses and will help control costs of actual claims to our health plan!

As part of our wellness and disease management program, the City offers a premium reduction incentive program. Employees and spouses covered under the medical plan who meet certain criteria which includes a Health Risk Assessment will be provided a reduction in premium.

Medical Premium Incentive

Employees and spouses covered under the medical plan must meet certain criteria in order to earn a \$40 per month premium reduction during each calendar year.

New Employees: During the year they are hired (called year 1), there is nothing that needs to be completed. However, in January of the year following their hire date (called year 2), employees and covered spouses are required to complete the biometric mass event in order to have the premium incentive for year 2. During year 2, all ongoing criteria must be met in order to earn the premium incentive for the following year(s).

Ongoing Employees: Each year the employee and covered spouses must complete the January annual mass biometric screen and complete the HHRA (or HHRA update) on-line questionnaire. Employees (but not covered spouses) are required to schedule/attend a comprehensive health review (CHR) at the Wellness Center before November 30; and complete 2 of the following items (self report items): Set a goal (at the CHR by 5/30); Meet the set goal (and verified at the wellness center); complete a physical (self report); and one (1) age-appropriate or preventive screening (self report) All items must be completed by November 30th unless otherwise noted. Please review the official Medical Premium Incentive Program flyer for details and reasonable alternative methods.

WELLNESS CENTER HOURS

Monday, Wednesday, & Friday:

7:00 AM to 4:00 PM

Tuesday and Thursday:

9:00 AM to 5:00 PM

LOCATION

1632 Topaz Lane

(SE Corner of Eisenhower & Boise,
behind McGraff’s American Grille)

**SCHEDULE AN
APPOINTMENT ON THE PORTAL**

www.my.marathon-health.com



medical

MEDICAL PLAN COVERAGE

	CDHP-HRA		PREFERRED PROVIDER NETWORK (PPO)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Fund Rollover Cap	Single \$3,300/Family \$6,600		N/A	N/A
Employer Paid Fund – Single	Single \$500/Family \$1,000		N/A	N/A
Calendar Year Deductible	Single \$2,000/Family \$5,000	Single \$4,000/Family \$10,000	Single \$600/Family \$1,800	Single \$1,200/Family \$4,800
Maximum Lifetime Benefit	Unlimited		Unlimited	
Coinsurance	80%	60%	80%	60%
Out-of-pocket Maximum*	Single \$6,000/Family \$12,000	Single \$10,000/Family \$20,000	Single \$3,000/Family \$7,000	Single \$6,000/Family \$14,000
Doctor Office Visit – PCP/Specialist	80%	60%	\$25/\$30 Copay	60%
Preventive Care – PCP/Specialist (includes routine physical, DOT-CDL, well baby care)	100%	In-Network only	100%	In-Network only
Preventive Care (mammography, PAP smear, prostate screen)	100%	60%	100%	60%
Hospital Inpatient/Outpatient	80%	60%	80%	60%
Urgent Care Facilities	80%	80%	\$50 copay	\$50 copay
Emergency Room	80%	80%	80%	80%
Ambulance	80%	80%	80%	80%
Diagnostic Lab	80% (without first meeting deductible)	80% *deductible applies	80% (without first meeting deductible)	80% *deductible applies
Diagnostic X-ray	80% (without first meeting deductible)	60%	80% (without first meeting deductible)	60%
MRI/CAT/PET	80%	60%	80%	60%
Therapy (Physical, Occupational & Speech)	80% (60 visit max/yr)	60% (60 visits max/yr)	\$25/\$30 copay (60 visit max/yr)	60% (60 visits max/yr)
Autism Therapy (Physical, Occupational & Speech)	80% (60 visit max/yr)	60% (60 visits max/yr)	\$25/\$30 copay	60% (60 visits max/yr)
Maternity	80%	60%	Office copay to confirm, then 80%	60%
Chiropractic Care	80% (20 visit max/yr)	60% (20 visits max/yr)	\$25/\$30 copay (20 visit max/yr)	60% (20 visits max/yr)
Mental Health Outpatient Facility	80%	60%	80%	60%
PRESCRIPTION DRUGS — (Deductible Does Not Apply)				
30 Day Supply Generic Preferred brand Non-Preferred brand	You pay 10% (\$5 max) You pay 20% (\$60 max) You pay 30% (\$125 max)	Not covered	\$5 copay \$30 copay \$50 copay	Not covered
90 Day Supply Generic Preferred brand Non-Preferred brand	You pay 10% (\$10 max) You pay 20% (\$175 max) You pay 30% (\$370 max)	Not covered	\$10 copay \$85 copay \$145 copay	Not covered
Telemedicine	80%	Not covered	\$25/\$30 copay	Not covered

*Deductible, Coinsurance and Copays apply to annual Out-of-Pocket Maximum unless otherwise stated



dental

DELTA DENTAL OF COLORADO

The dental plan covers cleanings and a variety of dental expenses subject to certain limits, deductibles, copayments, and restrictions. The City’s dental coverage is self-insured and claims are paid and administered by Delta Dental of Colorado. Delta Dental offers two distinct provider networks, and also allows services from dentists outside the networks.

The Delta Dental PPO network offers a wide selection of dentists. The dentists in the PPO network provide services at the maximum savings level. The Delta Dental Premier network also has a wide selection of dentists. The dentists in the Premier network provide services at a slightly higher cost than the dentists in the PPO network. Note: If the dentist is outside the Delta Dental networks, services are usually not discounted. Out-of-network expenses typically result in a higher out-of-pocket cost. Patient is responsible for all non-PPO charges over the Delta scheduled fee.

Visit the Delta Dental website at www.deltadentalco.com and use the dentist search feature or print out a paper ID card. Provider networks include PPO or Premier. Call 1-800-610-0201 if you have questions. Present providers with the employee social security number and group number 1856 for submitting claims.

Schedule of Dental Plan Benefits

CALENDAR YEAR MAXIMUM	\$1,500 per person – Combination of in- and out-of-network*
ORTHODONTIC LIFETIME MAXIMUM (AGE 19 AND UNDER)	\$1,500 per person – Combination of in- and out-of-network*
CALENDAR YEAR DEDUCTIBLE	Individual Deductible – \$25 per person, per calendar year

*Qualified preventive care at in-network providers will not be included in the total annual maximum payable.

	PREFERRED PPO DENTIST	PREMIER PPO AND/OR OUT-OF-NETWORK DENTIST
Preventive and Diagnostic Services Oral Evaluation (2 per year); Bitewing X-rays (1 set per year); Full X-rays or Panoramic (1 every 3 years); Routine Cleaning (2 per year); Fluoride Treatments (1 per year, up to age 17); Space Maintainers (for posterior primary teeth, to age 14); Sealants (1 per tooth in 36 months, to age 17 on unrestored molars)	100%	100%
Basic Services Amalgam/Resin, Composite (Benefits on the same surface limited to 1 per year); Oral Surgery (Extractions); General Anesthesia (covered Oral Surgery only); Surgical Periodontal (Gums) (once every 36 months); Root Canal Therapy	85%	75%
Major Services Crowns (1 in 60 months on same tooth – excludes participants under age 12); Dentures, Partials, Bridges (1 visit in 60 months – excludes participants under age 16); Implants (Prosthetic appliances placed into or on a bone of the upper or lower jaw to retain or support dental prostheses.)	60%	50%
Orthodontics Braces (Complete Orthodontic Evaluation/Active Orthodontic Treatment – Orthodontic benefits provided up to age 19 only)	50%	50%



vision

VISION SERVICE PLAN (VSP)

The vision plan is administered by Vision Service Plan (VSP). The vision plan offers both in-network and out-of-network coverage. Employees may choose any licensed provider for vision care services. If an out-of-network provider renders services, the employee will be reimbursed up to the maximum allowances shown on the schedule of vision benefits. The most current list of in-network providers can be found on the VSP website at www.vsp.com or by calling 1-800-877-7195. Employees will pay the full premium for the vision plan.

Log into www.vsp.com using the employee social security number to view benefits. Inform the provider that coverage is with Vision Service Plan (VSP). The provider and VSP handle the rest. If the provider is out-of-network, the employee must pay for services and submit a claim for reimbursement.

Schedule of Vision Plan Benefits

EXAMINATION	Every 12 months	
PRESCRIPTION CONTACTS OR EYEGASS LENSES	Every 12 months	
PRESCRIPTION EYEGASS FRAMES	Every 24 months	
	IN-NETWORK COVERAGE	MAX OUT-OF-NETWORK REIMBURSEMENT
Vision Exam	\$20 copay	Up to \$50*
Prescription Eyeglasses	\$20 copay	N/A
LENSES		
Single Vision	Covered in Full*	Up to \$50*
Lined Bifocal	Covered in Full*	Up to \$75
Lined Trifocal	Covered in Full*	Up to \$100
Polycarbonate	Covered in full for dependent children	N/A
LENS OPTIONS		
Standard Progressive Lenses	\$50 copay	N/A
Premium Progressive Lenses	\$80 - \$90 copay	
Custom Progressive Lenses	\$120 - \$160 copay	
Other Lens Options	Average 30-40% Discount	
Frames	<ul style="list-style-type: none"> ▲ \$130 frame allowance ▲ \$150 allowance for featured frame brands ▲ Additional 20% off any amount over allowance 	Up to \$70*
CONTACT LENSES		
Contact Lens Exam	Up to \$60 copay (fitting & evaluation)	N/A
Contacts	\$130 contact allowance <i>(if you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained.)</i>	Up to \$105*
Other Discounts when Using a VSP Doctor <i>*Subject to copayment if any</i>	<ul style="list-style-type: none"> ▲ 30% off additional pairs of glasses or sunglasses, including lens options when purchased on the same day as your vision exam. 20% discount on purchases at another visit within 12 months of exam. ▲ Average 15% off the regular price of Laser Vision Correction, or 5% off the promotional price from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor. 	



rates

2019 MONTHLY PREMIUMS

*Cobra rates are the full premium equivalent plus 2%

Medical — CDHP-HRA Plan

	EMPLOYEE ONLY		EMPLOYEE + SPOUSE		EMPLOYEE + CHILD(REN)		EMPLOYEE + FAMILY	
	With Incentive	Without Incentive	With Incentive	Without Incentive	With Incentive	Without Incentive	With Incentive	Without Incentive
Full Premium Equivalent	\$818.45		\$1,712.35		\$1,486.24		\$2,184.06	
Full-Time (40 hours)	\$58.95	\$98.95	\$315.95	\$355.95	\$274.92	\$314.92	\$440.99	\$480.99
Part-Time (35-39 hours)	\$58.95	\$98.95	\$315.95	\$355.95	\$274.92	\$314.92	\$440.99	\$480.99
Part-Time (30-34 hours)	\$58.95	\$98.95	\$315.95	\$355.95	\$274.92	\$314.92	\$440.99	\$480.99
Part-Time (25-29 hours)	\$351.79	\$391.79	\$841.54	\$881.54	\$729.11	\$769.11	\$1,103.34	\$1,143.34
Part-Time (20-24 hours)	\$437.39	\$477.39	\$1,006.69	\$1,046.69	\$871.68	\$911.68	\$1,311.66	\$1,351.66

Medical— PPO (previously OAP)

	EMPLOYEE ONLY		EMPLOYEE + SPOUSE		EMPLOYEE + CHILD(REN)		EMPLOYEE + FAMILY	
	With Incentive	Without Incentive	With Incentive	Without Incentive	With Incentive	Without Incentive	With Incentive	Without Incentive
Full Premium Equivalent	\$1,043.57		\$2,203.10		\$1,909.96		\$2,812.01	
Full-Time (40 hours)	\$107.76	\$147.76	\$404.95	\$444.95	\$338.02	\$378.02	\$566.60	\$606.60
Part-Time (35-39 hours)	\$107.76	\$147.76	\$404.95	\$444.95	\$338.02	\$378.02	\$566.60	\$606.60
Part-Time (30-34 hours)	\$107.76	\$147.76	\$404.95	\$444.95	\$338.02	\$378.02	\$566.60	\$606.60
Part-Time (25-29 hours)	\$453.07	\$493.07	\$1,085.42	\$1,125.42	\$939.73	\$979.73	\$1,421.06	\$1,461.06
Part-Time (20-24 hours)	\$561.23	\$601.23	\$1,299.67	\$1,339.67	\$1,124.65	\$1,164.65	\$1,693.46	\$1,733.46

Dental

	EMPLOYEE ONLY		EMPLOYEE + SPOUSE		EMPLOYEE + CHILD(REN)		EMPLOYEE + FAMILY	
	With Incentive	Without Incentive	With Incentive	Without Incentive	With Incentive	Without Incentive	With Incentive	Without Incentive
Full Premium Equivalent	\$42.43		\$88.97		\$94.28		\$123.04	
Full-Time (40 hours)	\$16.98		\$35.35		\$37.71		\$49.23	
Part-Time (35-39 hours)	\$20.16		\$42.26		\$44.78		\$58.45	
Part-Time (30-34 hours)	\$23.34		\$48.94		\$51.85		\$67.67	
Part-Time (25-29 hours)	\$26.52		\$55.61		\$58.92		\$76.90	
Part-Time (20-24 hours)	\$29.70		\$62.28		\$66.00		\$86.16	

Vision

	EMPLOYEE ONLY		EMPLOYEE + SPOUSE		EMPLOYEE + CHILD(REN)		EMPLOYEE + FAMILY	
	With Incentive	Without Incentive	With Incentive	Without Incentive	With Incentive	Without Incentive	With Incentive	Without Incentive
Full Premium Equivalent	\$10.58		\$15.34		\$18.22		\$29.12	
All Employees	\$10.58		\$15.34		\$18.22		\$29.12	

*Civil Union Premiums have tax implications, please contact HR for more information

**Same sex spouse (legal marriage) mirrors opposite sex spouse premiums



flexible spending

UMR

Health Care Flexible Spending Account

The health care flexible spending account is administered by UMR. The health care flexible spending account allows employees to use pre-tax dollars to pay for out-of-pocket eligible health care expenses. Eligible family members include any person you claim as a dependent for income tax purposes. Employees can set up a health care flexible spending account regardless of enrollment in a medical plan offered by the City.

Eligible health care expenses not covered by a plan include deductibles, copayments, and amounts paid out-of-pocket for eligible medical, dental, vision, and prescription drug expenses. A maximum of *\$2,700 per year, per employee can be contributed into the health care flexible spending account. *If you are enrolled in the medical plan AND decline a debit card claims will automatically route to UMR Flex and be paid if meets requirements.*

*Maximums are subject to change by IRS indexing formulas.

Health FSA Debit Card

Participants who elect to enroll in the health care flexible spending account (FSA) have the option to receive a FSA debit card for \$16.82 per year. Payments are made directly from the FSA account to the approved provider. IRS regulations require itemized receipts are saved. UMR may also request copies of receipts. *Election of a debit card removes the ability for claims to automatically be forwarded for processing Flex reimbursement; therefore if you do not use your Flex debit card for a claim, you will be required to submit a paper claim.*

Dependent Care Flexible Spending Account

The dependent care flexible spending account allows employees to use pre-tax dollars to pay for eligible dependent care expenses, such as day care for children or care for an older family member. Eligible expenses include care at a qualified day care center, nursery school expenses, before and after school child care and certain types of expenses related to elder care. Employees can contribute up to a maximum of \$5,000 per year, per household into the dependent care flexible spending account.

FSA Rules and Regulations

Plan annual FSA contribution amounts carefully; the election made when enrolling is binding for the entire plan year (January 1 to December 31) unless there is a qualifying change in family status. The City participates in the Grace Period, allowing claims to extend through March 15 of the following year. Additionally, the IRS www.irs.gov imposes some rules and restrictions on the way employees can use flexible spending accounts:

- ▲ Eligible expenses must be incurred during the plan year (or during the grace period (through March 15)).
- ▲ Claims for reimbursement for the plan year and any grace period claims (through March 15) must be submitted prior to the claims submittal deadline of March 30.
- ▲ If the family incurs fewer expenses than expected, any money remaining in your FSA(s) will be forfeited.
- ▲ Employees cannot transfer money from one account to another.
- ▲ Re-enrollment is required each year.

Filing FSA Claims for Reimbursement

To file a claim for health or dependent care reimbursement, log on www.UMR.com; > Account Balances > Flexible Spending > View My Account > File a Claim > *follow the rest of the prompts depending on what action you wish to take.*

Note: Civil Union Spouse/Dependents are NOT eligible to participate in the health care spending or dependent care FSA plans.



life and ad&d

THE HARTFORD

Basic Life

All eligible employees are automatically enrolled in the City paid basic life insurance coverage including accidental death and dismemberment (AD&D) (one-and-one-half (1.5) times annual salary up to a maximum of \$200,000). Spouses (including Civil Union Spouse) are covered for \$2,000 and children up to age 19 are covered for \$1,000 under this plan. Employees must complete the Life beneficiary on the on-line enrollment portal. The basic life insurance plan is administered by The Hartford.

Employees leaving employment with the City may convert this coverage to an individual policy within 30 days after their last day of employment.

Supplemental Life

In addition to City-paid life insurance, employees may purchase supplemental life insurance for themselves, their spouse (including Civil Union Spouse) and/or their dependent children. All premiums are paid through payroll deductions on an after-tax basis.

An employee who enrolls in supplemental life insurance when they first become eligible may enroll without providing evidence of good health as long as they select an amount that does not exceed the guaranteed amount indicated below. With evidence of good health, employees may purchase coverage up to the plan maximum of \$300,000. An employee that declines coverage when first eligible and wishes to apply at a later date will be required to provide evidence of good health for any benefit amount. The supplemental life insurance plan is administered by The Hartford.

CITY PAID LIFE INSURANCE*	SUPPLEMENTAL LIFE INSURANCE*
<p>Premium Paid 100% by City</p> <p>Employee coverage:</p> <ul style="list-style-type: none"> ▲ Life (1.5) times annual salary ▲ AD&D (1.5) times annual salary ▲ \$200,000 maximum benefit on each <p>Spouse coverage: \$2,000 Dependent coverage: \$1,000</p>	<p>Premiums Paid 100% by Employee</p> <p>Age-Based Guaranteed Eligibility (no proof of good health) — available for 30 days from date of hire and during certain qualified family status changes only</p> <ul style="list-style-type: none"> ▲ up to \$200,000 for employee ▲ up to \$50,000 for spouse ▲ up to \$10,000 for children <p>Maximum Coverage Amounts</p> <ul style="list-style-type: none"> ▲ Employee coverage: Maximum of \$300,000 ▲ Spouse coverage: Maximum of \$150,000 ▲ Children coverage: Maximum of \$10,000

RATES — LISTED PER \$10,000, PER MONTH OF COVERAGE BASED ON AGE (EMPLOYEE OR SPOUSE)												
AGE	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75 & up
Cost for \$10,000	\$0.60	\$0.60	\$0.80	\$0.90	\$1.35	\$2.25	\$3.75	\$6.00	\$8.00	\$12.70	\$21.90	\$38.40
Cost for \$100,000	\$6.00	\$6.00	\$8.00	\$9.00	\$13.50	\$22.50	\$37.50	\$60.00	\$80.00	\$127.00	\$219.00	\$384.00
<i>Child(ren) Coverage available from age 14 days to age 19</i>										*coverage reduced to 70%	*coverage reduced to 50%	



leave of absence

THE HARTFORD

Leave of Absence Important Information

The City of Loveland requires employees who are absent from work three (3) or more consecutive days due to a FML or short term disability qualifying event: non-work related illness or injury; or for a family members' illness or injury and/or eligible military leave to contact The Hartford at 1-800-549-6514 or log into www.thehartfordatwork.com to determine eligibility for FMLA and/or short term disability (STD) benefits. The Hartford will mail employees forms for completion. Please follow directions provided by The Hartford to ensure receiving the correct benefits.

Employees are REQUIRED to:

1) keep their supervisor informed of their need for leave (not medical diagnosis information); 2) The Hartford of all pertinent information; 3) Complete and return requested City forms; 4) Have physician complete and return any requested form; 5) Have physician complete and return to the City Human Resources Department a City Return to Work note a minimum of 48 hours prior to returning to work (when leave is for a personal illness or non-work injury).

All leave requests must be made through The Hartford, by calling **1-800-549-6514**. The City of Loveland will receive notification from The Hartford regarding an approval/denial. Employees will be required to use applicable accruals in order to receive pay. The City will process your pay and benefits through the normal payroll process. Please see the City of Loveland Leave of Absence Process Packet for full details.

Family Medical Leave Act (FMLA)

The Family Medical Leave Act provides job protection to employee who are qualified for specific family, medical or military occurrences. FML will run concurrently with your STD, Workers' Compensation or Long-Term Disability. FML offers you unpaid job protection for a maximum benefit of 12 weeks.

Short Term Disability (STD) Plan

Employees in a benefit eligible position are eligible for the City of Loveland's Short-Term Disability Plan (STD). In the event the employee has a non-work related personal illness, injury or pregnancy/childbirth, and are incapacitated for more than the elimination period of fourteen (14) consecutive calendar days, (80 consecutive work hours for regular full-time employees may apply for STD. Employees may also qualify for partial benefits if disabled and working. If approved, STD benefits will pay 70% of normal base pay for a combined maximum of 90 calendar days at which time the employee may apply for Long Term Disability. All medical determinations are provided by the Hartford.

Long Term Disability (LTD) Plan

The Long Term Disability Plan (LTD) has a 90-day elimination period, and benefits may be payable on the 91st day of the disability. Time worked after being deemed disabled by the plan may qualify as part of the elimination period. If an employee returns to work for any period of time less than 45 days, and again goes off work for the same disability, that time will apply toward the elimination period.

If partially disabled, employees may be eligible to work part-time, use available accruals and continue under the LTD benefit. The City requires employees to use available accruals at the beginning of any LTD benefit for missed work time. Ability for the employee to work part time while under disability will be determined by Human Resources.

Long term disability medical criteria are determined by The Hartford. Benefits are paid by The Hartford at 60% of base wages (with a monthly benefit maximum of \$5000). Benefits will be offset by other income sources.

Note: Please consult a tax advisor for any questions. Employees will be required to exhaust existing accruals at the beginning of an LTD leave.

Health Champion Services are available to assist you in support assistance in Health-care decisions. Contact 1-800-964-3577 for assistance.



work-life balance

EMPLOYEE ASSISTANCE PROGRAM

ComPsych Guidance Resources

All eligible City employees and their household members are automatically enrolled in the EAP. The employee assistance program is a confidential telephone assistance and referral service provided by ComPsych Guidance Resources. Through this plan, employees have access to a number of health, wellness, legal resources and discounts 24 hours a day. The program can direct employees to appropriate external professional help or coordinate treatment through their medical plan.

There are no membership ID cards for the employee assistance program. Employees simply call the toll-free number 1-800-327-1850. All EAP-related activity is strictly confidential in accordance with the laws that govern an employee resource plan.

An EAP professional may treat you for up to six (6) face-to-face visits per issue at no charge. After 6 visits for the same issue, the employee or his/her dependent will be referred to your medical plan for further treatment. Medical plan benefits may apply if the employee or his/her dependent is referred for treatment is covered by the medical plan.

Visit the Guidance Resources website at www.guidanceresources.com for information and available resources on a variety of work/life topics. To create your own personal username and password, register using the City of Loveland Organization ID: HLF902.

COLLEGE SAVINGS PLAN

Employer 529 College Savings Program

All employees are eligible to enroll in the College Invest Employer 529 College Savings Plan. This additional benefit offers you the ability to save for college in a tax-advantaged 529 College Savings Plan by setting up direct deposit from your paycheck, establishing automatic transfers from your checking or savings account, or simply mailing in a check when you see fit.

For additional information, please go to www.collegeinvest.org.



retirement

EMPOWER | PRINCIPAL

Required

General Employees: After six months of employment the employee will contribute 3% of their base salary to the 401(a) Money Purchase Plan, and the City will contribute 5%. After three years the employee will be 100% vested. The City's contributions increase with employment longevity. Six months through seven years = 5%; eight through ten years = 6%; eleven through fifteen years = 7%; sixteen through 20 years = 8%; twenty-one years and up = 9%. The general employee retirement plan record-keeper is Empower. Employees have access to their account online at www.Empower-Retirement.com.

Sworn Police Officers

Police officers become eligible for the police retirement on the first day of employment. Officers contribute 10% of their base salary and the City contributes 10%. Officers are 100% vested at five years of employment. Officers are eligible to contribute additional (up to IRS limits) after-tax contributions to their 401(a) Money Purchase Plan. The Police retirement plan record-keeper is Principal Financial. Employees have access to their account on-line at www.principal.com.

Police Match Plan

Additional contributions may be made by Police Officers and matched by the City up to the maximum of 5%. Employees have their choice of the 401(a) Principal Voluntary after tax, 457 deferred or ROTH plans with Empower or FPPA. City portion of the match will be made to the 401(a)-pre-tax plan. Officers are required to enter contribution amounts into the Payroll/benefits portal in order to participate. **Remember, employees can contribute up to the IRS maximums; however, the City will only match the first 5%.*

All plan funds are contributed on a pre-tax basis unless otherwise noted.

Voluntary

All employees are eligible to participate in a 457 Deferred Compensation Plan through the City's general plan. This plan provides for pre-tax or Roth after-tax contributions. Sworn police officers have the option to participate in the general plan OR with the Fire and Police Pension Association (FPPA) plan to contribute pre-tax dollars to a retirement account. General employees are automatically enrolled in the current record keeper 457 pre-tax option for a contribution of 2% unless the employee completes an opt out form. Contact Human Resources for how to enroll in this plan.



additional benefits

THE HARTFORD

Travel Assistance

This free service provided by The Hartford offers a wide range of helpful services before and during your travel. Employees should keep this contact information handy and call 1-800-243-6108. These services include:

- ▲ Pre-trip planning, such as foreign exchange rates and embassy and consular referrals
- ▲ Emergency medical referrals to locate physicians and dentists during your travel
- ▲ Assist in monitoring foreign care
- ▲ Medically necessary evacuation OR transportation home— transportation arranged and paid
- ▲ Dependent Children Assistance during medical emergencies
- ▲ Return of mortal remains – arranged and paid
- ▲ Medication and eyeglass assistance

Identity Protection

If employees suspect that they are a victim of identity theft, The Hartford's Identity Protection plan can provide support. This free service will provide a professional who will walk the employee through an entire resolution process by calling 1-800-243-6108 for assistance.

Life Conversations

Life Conversations is a single source to assist families in preparing for the future, and to navigate difficult end-of-life decisions. Call 1-800-523-2233 for this free service to receive assistance in:

- ▲ Selecting the appropriate amount of life insurance
- ▲ Creating a free, simple will

Everest Funeral Planning

Everest Services provides 24/7 assistance with funeral planning and advisors. Call 1-866-854-5429 and use Code: HFEVLC for this free service to receive assistance in:

- ▲ Price comparisons on funeral services
- ▲ On-line planning, research and knowledge tools
- ▲ Funeral planning and reference materials



notices

Federal regulations require the City to provide benefit eligible employees with the following important annual notices. For a copy of any of the following notices please contact Human Resources at (970) 962-2371.

PRIVATE HEALTH INFORMATION

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as "protected health information" (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan's HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan's Notice of Privacy Practices that describes the Plan's policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact the Human Resources Department.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

Effective for plan renewals after January 1, 2012, the Patient Protection and Affordable Care Act requires employers that offer health coverage to provide a uniform Summary of Benefits and Coverage (SBC) to people who apply for and enroll in the health plan. This document contains the following:

- Four-page overview of plan benefits, cost sharing and limitations
- Required set of examples of how the plan works
- Phone number and internet address for obtaining copies of plan documents
- A Standard glossary of medical and insurance terms must also be available

The SBC will be updated each plan renewal to reflect applicable plan changes.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The City's medical plans, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and treatment of physical complications resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

INDIVIDUAL COVERAGE MANDATE

Federal law requires that you have Health Care coverage or you may be subject to an income tax penalty. You can enroll in the City's health plan, or you may want to consider visiting www.healthcare.gov for information on health plans available through the Healthcare Marketplace in your area.

NOTICE OF PRESCRIPTION DRUG CREDITABLE COVERAGE

The City provides a "Notice of Prescription Drug Creditable Coverage" to all Medicare eligible participants on an annual basis. This notice states that under the City medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare Prescription Drug Coverage.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

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 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, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

COLORADO - MEDICAID

Medicaid Website:

<http://www.colorado.gov>

Medicaid Phone (In state):

(800) 221-3943

For all other states:

(877) 267-2323, Ext. 61565

To see if any more States have added a premium assistance program since July 31, 2012, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Ext. 61565

UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

If you are called to active duty in the uniformed services, you may elect to continue coverage for you and your eligible dependents under USERRA. This continuation right runs concurrently with your continuation right under COBRA, explained below, and allows you to extend an 18-month continuation period to 24 months. You and your eligible dependents qualify for this extension if you are called into active or reserve duty, whether voluntary or involuntary, in the Armed Forces, the Army National Guard, the Air National Guard, full-time National Guard duty (under a federal, not a state, call-up), the commissioned corps of the Public Health Services and any other category of persons designated by the President of the United States.



contact

MEDICAL & FLEXIBLE SPENDING ACCOUNTS

UMR Group #76-413064	(800) 826-9781	www.umar.com User Name: _____ Password: _____
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PRESCRIPTIONS

Southern Scripts Prescriptions	(800) 710-9341	www.southernscripts.net
Postal Prescriptions (Mail-In Prescriptions)	(800) 552-6694	www.ppsrx.com
Teladoc	(800) 835-2362	www.teladoc.com

EMPLOYEE WELLNESS CENTER

Marathon Employee Wellness Center 1632 Topaz Lane Loveland, CO 80537	(970) 776-9550 (970) 776-9745 (fax)	www.my.marathon-health.com User Name: _____ Password: _____
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DENTAL

Delta Dental of Colorado Group #1856	(800) 610-0201	www.deltadentalco.com User Name: _____ Password: _____
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VISION

Vision Services Plan (VSP)	(800) 877-7195	www.vsp.com User Name: _____ Password: _____
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LIFE / AD&D AND ADDITIONAL BENEFITS THROUGH THE HARTFORD

The Hartford Life & AD&D — Group #677799	(888) 563-1124	
Travel Assistance & Identity Protection	(800) 243-6108 (US/Canada)	Travel Assistance ID: GLD-09012
Life Conversations Free Will Estate Guidance Code: WILLHLF Everest Funeral Planning Code HREVLC	Life Conversations (800)-523-2233 Everest 1-866-854-5429	free will www.estateguidance.com www.everestfuneral.com/hartford



contact

LEAVE ADMINISTRATION — FMLA, SHORT-TERM DISABILITY (STD), & LONG-TERM DISABILITY (LTD)

The Hartford

FMLA — Group #072429
STD — Group #072429
LTD — Group #677799

(800) 549-6514
(866) 411-5613 (fax)

www.thehartfordatwork.com

User Name: _____

Password: _____

EMPLOYEE ASSISTANCE PROGRAM (EAP)

ComPsych Guidance Resources

ComPsych ID: HLF902

Health Champion services for disability, call
(800) 964-3577

EAP—(800) 327-1850

www.guidanceresources.com

User Name: _____

Password: _____

COLLEGE SAVINGS PLAN

529 College Invest

(888) 376-8804

employerprogram@collegeinvest.org

RETIREMENT

General Retirement — Empower

Charles.King@Empower-Retirement.com

(800) 701-8255

www.empower-retirement.com

User Name: _____

Password: _____

Sworn Police Officers — Principal

(800) 547-7754

www.principal.com

User Name: _____

Password: _____

HUMAN RESOURCES

City of Loveland Human Resources
500 E. 3rd Street, Suite 220
Loveland, CO 80537

(970) 962-2371
(970) 962-2919 (fax)

EMPLOYEE PORTAL

Ultipro by Ultimate Software

<https://nw12.ultipro.com>

User Name: *CLOYourEmployee ID*

Password: _____

IMA — BENEFITS PROVIDER

Alli Boyd — Account Manager
Denver, CO

(303) 615-7548

alli.boyd@imacorp.com



Benefits Enrollment Guide

This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.