

## HOLIDAYS

All eligible employees receive paid leave for designated holidays. Employees who work in positions that require working on a holiday will: (1) be credited with holiday leave that can be taken at a later date; or (2) be credited at the beginning of the year with holiday hours available for use anytime during the year.

UCFRA shift employees refer to Union contract.

New Year's Day  
President's Day  
Memorial Day  
Independence Day  
Labor Day  
Veteran's Day  
Thanksgiving Day  
Day after  
Thanksgiving  
Christmas Eve  
Christmas Day  
Floating Holiday\*

\*Granted January 1  
for active employees

## PAID TIME OFF

Paid time off (PTO) is in lieu of the traditional vacation and sick leave plans. PTO can be used for rest, recreation, personal illness/injury or other personal needs such as doctor, dentist or EAP appointments.

Leave accrual begins the first full pay period following completion of the first two months of employment. Full-time employees will be credited with 16 PTO hours with an accrual of 4.64 hours for each pay period thereafter. Please refer to the Employee Handbook for accrual increments.

Police and UCFRA union employees refer to contract.

## EMPLOYEE SAVINGS PLAN

For regular employees, effective on your date of employment the City contributes 5% of your base salary to a pre-tax savings plan, subject to vesting. You may also contribute an additional amount to the savings plan through a 401(k) plan. If you contribute at least 2% to the 401(k) plan, the City contributes an additional 1%. You are 100% vested in your own contributions and the City's 1% matching contribution from your date of employment. Sworn Police and Certified UCFRA employees refer to benefit plan handbooks for pension plan contribution levels.

## DEFERRED COMPENSATION

The City has contracted with International City Management Association (ICMA) to provide a 457 deferred compensation plan option for employees.

## SHORT TERM DISABILITY

Employees enrolled in the PTO program may be eligible to apply for disability income if disabled more than 14 calendar days. Short Term disability income pays you 70% of your base monthly earnings. This benefit is paid by the City.

## LONG TERM DISABILITY

You may be eligible for long term disability income if you are disabled more than 90 calendar days. Disability income pays you 60% of your base monthly earnings. The premium is paid by the City, taxable to the employee and any income you receive is tax free.

Sworn police and fire employees have long term disability coverage through FPPA.

## EDUCATION ASSISTANCE

Following successful completion of your probationary period, you may be eligible to receive reimbursement for up to 100% of the cost of tuition for successful completion of job-related courses or courses required to complete a degree for career development.

## SPECIAL INSURANCE OPTIONS

Three supplement insurance options are available to you. Your cost (premium) is based on a variety of factors specific to your situation.

- 1) **CRITICAL ILLNESS:** Protection in the event of a catastrophic illness.
- 2) **CANCER INSURANCE:** Helps offset both direct and indirect costs related to the treatment of cancer.
- 3) **ACCIDENT:** Provides income in the event of an accidental injury to employee or family member.

*Note: Please refer to individual benefit summary plan descriptions for more specific information regarding coverage. In the event of a conflict between this summary and the plan document, the plan document prevails.*

**FOR MORE INFORMATION, PLEASE CONTACT  
THE HUMAN RESOURCES DEPARTMENT AT  
970-350-9710.**

**JANUARY 2010**

# Benefit Summary Package



**Serving Our Community • It's a Tradition**

## MEDICAL PLAN

Our Preferred Provider Organization (PPO) self-funded plan is administered through Cigna Healthcare. The following provides In-Network Benefits for both plans. For information about Out-of-Network coverage refer to the Health Plan Booklet. Your bi-weekly medical premiums are deducted from each paycheck on a pre-tax basis.

Option #1	
<b>Medical Benefits</b>	<b>Standard PPO</b>
Office Visit Co-pay	\$25
Specialist Co-pay	\$25
Preventive Care Co-pay	\$25
Laboratory & X-ray	Paid @ 80% /Deductible Waived
Emergency Room Co-pay	\$100
Hospital Admission	Deductible & Coinsurance
Outpatient Surgery	Deductible & Coinsurance
Individual Deductible	\$1,000
Family Deductible	\$2,000
Coinsurance	80-20%
Individual Max Out of Pocket	\$2,000
Family Max Out of Pocket	\$4,000
Prescription Drug Card (Separate Formulary List)	Separate \$50 /person Deductible (\$100 max) \$15 Generic \$40 Brand \$60 Non-Formulary

Option #2	
<b>Medical Benefits</b>	<b>Choice PPO</b>
	<b>Tier 1</b>
Office Visit Co-pay	\$30
Specialist Co-pay	\$40
Preventive Care Co-pay	Paid @ 100% (after co-pay)
Prescription Drug Card (Generic Incentive Program Separate Formulary List)	\$10 Generic \$30 Brand \$60 Non-Formulary

<b>Medical Benefits</b>	<b>Tier 2</b>
Hospital Admission	Deductible & Coinsurance
Individual Deductible	\$1,000
Family Deductible	\$2,000
Coinsurance	90-10%
Individual Max Out of Pocket	\$3,750
Family Max Out of Pocket	\$7,500

<b>Medical Benefits</b>	<b>Tier 3</b>
Laboratory & X-ray	Paid @ 70% /Deductible Waived
Emergency Room Co-pay	Deductible & Coinsurance
Outpatient surgery	Deductible & Coinsurance
Individual Deductible	\$1,000
Family Deductible	\$2,000
Coinsurance	70-30%
Individual Max Out of Pocket	\$3,750
Family Max Out of Pocket	\$7,500

Option # 3	
	<b>High Deductible Health Plan</b>
Annual Deductible	\$2,000 Individual \$5,000 > one
<b>Tier 1</b> Services (Preventive)	Pays 100% /Deductible Waived
<b>Tier 2</b> Services (Inpatient/ Catastrophic)	Pays 100% after deductible met
<b>Tier 3</b> Services (Outpatient/Lab/Radiology)	Pays 100% after deductible met
Pharmacy	Pays 100% after deductible met

## DENTAL ASSISTANCE PLAN

Dental premiums are deducted from 24 bi-weekly paychecks on a pre-tax basis.

You may choose from the following three options:

Alpha Dental and Care POS Options

Coverage is provided by Beta Health Association. The plan contracts with dental providers that you choose at the time of enrollment and designates co-payments for covered dental procedures. There are no deductibles and no annual maximums. These plans will discount services up to 65% depending on provider selected and service provided. These plans include up to a 35 % discount for orthodontic services.

### Delta Dental Plan Options

#### Low Option (A)

Maximum Benefit	\$1,000 /person/year
Deductible	\$25/person or \$75/family
Coinsurance	100% Preventive
(based on usual and customary charges)	80% Basic 50% Major
Orthodontia	No
Network	Yes - Delta Dental
Waiting Period	12 months for all <u>major</u> services

#### High Option (B)

Maximum Benefit	\$1,500 /person/year
Deductible	\$25/person or \$75/family
Coinsurance	100% Preventive
(based on usual and customary charges)	100% Basic 50% Major
Orthodontia	\$1,000 lifetime/individual
Network	Yes - Delta Dental
Waiting Period	12 months for all <u>major</u> services

## VISION PLAN

Vision benefits are administered through Vision Service Plan (VSP). Benefits cover one annual professional eye exam per covered person by an ophthalmologist or optometrist listed on the VSP website. The City pays 100% of the premium. You pay the \$20 co-pay at the time of service.

Additional coverage can be purchased to cover lenses and frames or contact lenses with a two-year required enrollment.

If you enroll for the additional coverage, vision premiums are deducted from 24 bi-weekly paychecks on a pre-tax basis.

## FLEXIBLE SPENDING

### ACCOUNTS

Flexible spending accounts allow you to set aside a portion of your income on a pre-tax basis each pay period. You can use the money from your flexible spending account to pay for certain health and day care expenses.

## HEALTH SAVINGS ACCOUNT

Health savings accounts are similar to flexible spending accounts in that you can set aside portions of income on a pre-tax basis. Left over money can be rolled over from year to year and the City will also contribute to the account. Must be enrolled in the High Deductible Health Plan to be eligible.

## EMPLOYEE ASSISTANCE PLAN

This benefit is available to you and your family members. Each person may use free sessions of confidential counseling (per event) per year as plan provides, to help resolve a variety of personal, family or work-related issues. Offices are located in Greeley, Loveland, Ft. Collins and the Denver area.

## BASIC LIFE INSURANCE

The City offers life insurance equal to 1-1/2 times your base annual salary at no cost to you. This includes a double indemnity accidental death benefit which provides coverage equal to three times your annual salary in the event of an accidental death.

## SUPPLEMENTAL LIFE INSURANCE

You may purchase supplemental life insurance for yourself, your spouse and your dependents. Premiums are based on age and tobacco use.

## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Employees may choose to purchase AD&D coverage in addition to the coverage provided under the basic life insurance plan. Coverage may be purchased in increments of \$10,000 to a maximum of \$250,000, subject to approval by the insurance company.

# 2010 Premiums

## Medical Plans

Per paycheck (26 deductions per year)

### Choice Plan

	FT	3/4	PT
Employee	\$50.49	\$88.58	\$126.46
Employee + Children	\$80.32	\$140.49	\$200.77
Employee + Spouse	\$99.25	\$173.82	\$248.31
Family	\$129.70	\$227.10	\$324.46

Office Visit Co-pay \$30.00 PCP ; \$40 SCP (Tier 1)

### Standard Plan

	FT	3/4	PT
Employee	\$62.96	\$100.98	\$138.95
Employee + Children	\$98.78	\$159.00	\$219.23
Employee + Spouse	\$122.79	\$197.35	\$271.85
Family	\$160.16	\$257.58	\$354.92

Office Visit Co-pay \$25.00

### High Deductible Health Plan

	FT	3/4	PT
Employee	\$50.49	\$88.58	\$126.46
Employee + Children	\$80.32	\$140.49	\$200.77
Employee + Spouse	\$99.25	\$173.82	\$248.31
Family	\$129.70	\$227.10	\$324.46

City HSA contributions made on bi-weekly basis.

## Prescription Co-Pays

### Choice Plan

Retail (30 day supply)	Mail Order (3 month supply)
\$10 Generic	\$20 Generic
\$30 Brand	\$60 Brand
\$60 Non Preferred	\$120 Non Preferred

### Standard Plan

Retail (30 day supply)	Mail Order (3 month supply)
\$15 Generic	\$30 Generic
\$40 Brand	\$80 Brand
\$60 Non Preferred	\$120 Non Preferred

After individual deductible of \$50 or family deductible \$100 is satisfied.

### High Deductible Health Plan

Plan pays 100% after deductible is met.

## Dental Plans

First two paychecks of month (24 deductions per year)

### Alpha Dental & Care POS

Full-time	Employee	\$0.00
	Employee + 1 dependent	\$0.00
	Employee + 2 or more	\$0.00
3/4-time	Employee	\$0.00
	Employee + 1 dependent	\$0.00
	Employee + 2 or more	\$0.50
Part-time	Employee	\$0.00
	Employee + 1 dependent	\$2.00
	Employee + 2 or more	\$5.50

### Delta Dental Plan Low Option (A)

Full-time	Employee	\$0.00
	Employee + 1 dependent	\$6.50
	Employee + 2 or more	\$11.00
3/4-time	Employee	\$ 5.00
	Employee + 1 dependent	\$10.25
	Employee + 2 or more	\$17.25
Part-time	Employee	\$6.80
	Employee + 1 dependent	\$13.94
	Employee + 2 or more	\$23.46

### Delta Dental Plan High Option (B)

Full-time	Employee	\$3.50
	Employee + 1 dependent	\$12.50
	Employee + 2 or more	\$21.00
3/4-time	Employee	\$7.50
	Employee + 1 dependent	\$16.25
	Employee + 2 or more	\$27.25
Part-time	Employee	\$9.30
	Employee + 1 dependent	\$19.94
	Employee + 2 or more	\$33.46

## Vision Plan

First two paychecks of month (24 deductions per year)

Employee Only	\$4.05
Employee + 1 Dependent	\$5.86
Employee + 2 or more dependents	\$10.36

## Accidental Death & Dismemberment

Employee Only	\$.08 per \$1,000
Family Plan	\$.095 per \$1,000