

2025 EMPLOYEE BENEFITS GUIDE



City of Commerce City 2025 Benefits Guide

Benefits Designed to Support You

At the **City of Commerce City**, we know our dedicated employees—YOU—are key to our overall success as an organization. To reward you for your hard work, we provide a benefits package that is designed to help you reach your physical, financial, and mental health goals.

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Important Notice

THIS DOCUMENT DOES NOT PROVIDE AN EMPLOYEE WITH FULL DETAILS REGARDING THE BENEFITS OFFERED.

THE TEXT CONTAINED IN THIS GUIDE WAS TAKEN FROM VARIOUS SUMMARY PLAN DESCRIPTIONS AND BENEFIT INFORMATION. WHILE EVERY EFFORT WAS TAKEN TO ACCURATELY REPORT YOUR BENEFITS, DISCREPANCIES OR ERRORS ARE ALWAYS POSSIBLE. IN CASE OF DISCREPANCY BETWEEN THE GUIDE AND THE ACTUAL PLAN DOCUMENTS, THE ACTUAL PLAN DOCUMENTS WILL PREVAIL. ALL INFORMATION IS CONFIDENTIAL, PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996. IF YOU HAVE ANY QUESTIONS ABOUT YOUR GUIDE, CONTACT HUMAN RESOURCES.

THE PREMIUMS LISTED IN THIS BENEFITS SUMMARY ARE EFFECTIVE UNTIL DECEMBER 31, 2025; HOWEVER, PREMIUM RATES ARE NOT GUARANTEED AS THE INSURANCE CARRIERS RESERVE THE RIGHT TO RE-EVALUATE THE RATES. IN ADDITION, BENEFITS ARE SUBJECT TO CHANGE AT THE DISCRETION OF THE CITY OF COMMERCE CITY.



► Welcome to your 2025 Benefits

The City of Commerce City recognizes the importance of providing an encompassing total rewards program. As a result, the city has developed a comprehensive benefits package for 2025 that provides employees and their dependents opportunities to maintain and enhance their health and welfare. This guide is offered as a resource for you on the various benefit plan options, plan specific details, rules on eligibility and enrollment as well as information on how to contact providers and manage your benefits.

Key Updates for 2025 Benefits:

•**The 2025 benefits open enrollment period will be a PASSIVE process.** This means that if you do not want to make any changes to your current medical, dental, or vision benefits AND decline the flexible spending accounts for medical or dependent care then you will not be required to go into the HR Portal and make any changes. If you have any changes to plans or dependents covered as well as if you would like to participate in the Flexible Spending Accounts you will need to go into the HR portal and make elections no later than Tuesday, Nov. 12.

•**GREAT NEWS! The city will offer the same medical plans and structure as in 2025 with no premium or cost share increases!** While the plans remain the same, we have added an enhancement to the prescription benefit plan. Starting on January 1, 2025, employees and their covered dependents will have access to vital medications with a \$0 cost share and without having to satisfy their deductible. There is one change to the HSA plan based on an IRS required \$50 increase in the deductible on the HSA plan. The increase will keep the plan qualified to have a Health Savings Account.

•**Benefits HUB and video.** The Benefits Hub on the intranet will continue to be available to provide information and resources for employees and their dependents at the click of a button. Additionally, a 10-minute benefits overview video that discusses each of our plans in more detail will continue to be available to view on the landing page of the Benefits Hub. More information can be found by visiting this website at flimp.live/CoCC-2025-Benefits-Fair.

•**The Delta Dental and VSP plans will remain the same in 2025 with no rate changes.**

•**Health Savings Account:** The IRS announced the annual limit maximum for Health Savings Accounts for 2025: Employee Only: \$4,300 | Family: \$8,550

•**The 2025 Flexible Spending** limits are \$3,300 for health and \$5,000 for DCFSA.

•**Retirement** plan limits have yet to be released by the IRS. We expect to have this information available in Human Resources by early November 2024.

•**“Ask Charlie!”** At no additional cost, the city’s benefits broker, IMA, is providing an advocacy center to help you and your family’s benefit needs. This program began in January 2024 and employees and their dependents can reach out to representative for advice on a variety of benefit questions such as explaining how the benefits work, locating in-network providers, navigating billing issues and assist in resolving insurance claims.

It is important that you take an active role in you and your family’s benefit choices and understand the plans available. We ask you to carefully review this guide before enrolling in your benefits for the coming year and please reach out to us if you have any questions.

► Eligibility, Enrollment, and Making Changes

The City of Commerce City offers a variety of benefits, either automatically or upon your election. The benefits outlined in this section are provided under plans described in greater detail later in this booklet and in separate plan documents.

Eligibility

All “*full-time*” and “*variable-hour benefits-eligible*” employees are eligible to enroll in benefits. For full-time employees, benefits are effective on the first day of the month following the date of full-time employment. For variable-hour benefits-eligible employees, benefits are effective after 31-days and then the first of the month following the status change to variable-hour benefits-eligible. Insurance benefits elected during your last enrollment period will run through December 31, 2025.

You may cover yourself and your family under the city’s medical/pharmacy, dental, and vision plans. Eligible dependents include your legal or common-law spouse and children under age 26 (as well as qualified disabled children of any age).

Automatic (city-paid) Benefits

The city provides eligible employees with the following benefits at no cost to you

- Short-Term and Long-Term Disability
- Basic Life, Dependent Life, and Accidental Death and Dismemberment Insurance
- Employee Assistance Program
- City contribution to 401 and 457 (if elected) retirement plans

Elected Benefits

The city provides eligible employees the option to elect the following benefits

- Medical and Prescription Drug
- Dental
- Vision
- Voluntary Life and Accidental Death and Dismemberment Insurance
- Accident, Critical Illness and Hospital Supplemental Plans
- Flexible Spending Accounts (Health or Dependent Care)
- Health Savings Account (HSA)
- Voluntary Retirement Plans (457, Roth 457 and/or Roth IRA)
- Additional Voluntary Benefits

When to Enroll and Making Changes

Elections need to be made within the first 31 days of employment or status change. If no elections are made, the next opportunity to make elections will be during the annual open enrollment. The choices you make during your new hire enrollment period or new benefits eligibility cannot be changed during the plan year unless you have a **qualifying life event** such as a marriage, divorce, birth or adoption of a child, your child’s eligibility change (i.e., turns 26), you or your spouse’s employment status change, Medicare coverage eligibility, or with a HIPAA special enrollment opportunity. Please note you have 30 days from the date of a Qualifying Life Event to notify us of your benefit changes.

Get Ready to Enroll

- This guide will help educate you about your benefit options so you may select the benefits that best match your needs.
- Gather your dependent’s information: you will need each of your dependent’s Social Security number and date of birth.

For questions regarding your benefits package, contact the Benefits team at Benefits@c3gov.com or 303-289-3624.

► 2025 Medical Premiums

Employees are paid bi-weekly, but benefit deductions are withheld twice a month (semi-monthly) rather than every payroll period. Medical, dental, and vision insurance deductions will not be taken in any months that have a third paycheck. In 2025, those months are January, May and October. These pay dates are considered benefit deduction holidays.

MEDICAL

United Healthcare	EE Semi-monthly	City Semi-monthly	TOTAL Semi-monthly
EPO Choice			
Employee Only	\$65.69	\$372.23	\$437.92
EE + Spouse	\$134.67	\$763.07	\$897.74
EE + Child(ren)	\$131.38	\$744.47	\$875.85
Family	\$189.84	\$1,075.76	\$1,265.60
HMO Navigate			
Employee Only	\$35.54	\$319.79	\$355.32
EE + Spouse	\$72.84	\$655.56	\$728.40
EE + Child(ren)	\$71.07	\$639.57	\$710.64
Family	\$102.69	\$924.19	\$1,026.87
HSA Choice Plus			
Employee Only	\$29.25	\$336.32	\$365.57
EE + Spouse	\$59.95	\$689.46	\$749.41
EE + Child(ren)	\$58.49	\$672.64	\$731.13
Family	\$84.52	\$971.96	\$1,056.48

(See page 9 for plan overview)



► 2025 Dental and Vision Premiums

DENTAL

All Employees (Non-Union, FOP, & AFSCME)			
	EE Semi-monthly	City Semi-monthly	TOTAL Semi-monthly
DPO Base Plan			
Employee Only	\$0.82	\$12.84	\$13.66
Employee + Spouse	\$11.62	\$16.72	\$28.34
Employee + Child(ren)	\$14.04	\$19.39	\$33.43
Family	\$29.89	\$23.49	\$53.38
Premier Buy-Up Plan			
Employee Only	\$5.78	\$16.46	\$22.25
Employee + Spouse	\$22.55	\$22.55	\$45.10
Employee + Child(ren)	\$26.60	\$26.60	\$53.20
Family	\$51.80	\$33.12	\$84.92

(See page 11 for plan overview)

VISION – (100% EMPLOYEE PAID)

All Employees (Non-Union, FOP, & AFSCME)			
VSP	EE Semi-monthly	City Semi-monthly	TOTAL Semi-monthly
Employee Only	\$5.91	\$ –	\$5.91
Employee + Spouse	\$9.46	\$ –	\$9.46
Employee + Child(ren)	\$9.65	\$ –	\$9.65
Employee + Family	\$15.56	\$ –	\$15.56

(See page 12 for plan overview)



The City of Commerce City offers three medical plan options through United Healthcare (UHC). Carefully review the options to determine the plan that best meets your and your family's needs.

EPO Choice

The EPO Choice plan is an Exclusive Provider Organization plan that utilizes the UHC Choice network.

- Highest traditional coverage level, higher premium costs.
- Co-pay, deductible, co-insurance, and out-of-pocket maximum plan.
- An EPO does not require the selection of a Primary Care Physician (PCP) or receive referrals for specialist visits.
- There is no out-of-network care through this option except for emergency care services.

HMO Navigate

The HMO Navigate plan is a Health Maintenance Organization plan that utilizes the UHC Colorado Navigate network.

- Lower coverage level, lower premium costs.
- Co-pay, deductible, co-insurance, and out-of-pocket maximum plan.
- An HMO requires the selection of a Primary Care Physician (PCP). If you do not select a PCP, United Healthcare will assign you a PCP that is located close to your home zip code. You can make changes to the PCP by calling UHC Customer Care at (855) 828-7715. Each family member can select a different PCP.
 - If you have a dependent who lives out-of-state, they must select a Colorado Navigate provider.
 - You must request an **electronic referral** from your PCP when you need to see a specialist; OB/GYN's are excluded from this requirement. Tell your doctor you are a Navigate member and they will know how to process the electronic referral. It is a good idea to confirm with UHC before seeking treatment with the specialist that they have received the referral. Payment is the member's responsibility is no referral is submitted.
- There is no out-of-network care through this option except for emergency care services.

HSA Choice Plus

The HSA Choice Plus is a High Deductible Health Plan (HDHP) that utilizes the UHC Choice Plus network.

- An HDHP does not require the selection of a Primary Care Physician (PCP) or receive referrals for specialist visits.
- The plan is considered a High Deductible Health Plan (HDHP) which requires you to meet your deductible before the plan pays for non-preventive care or any prescriptions (not co-pay based).
- The city provides some HSA money to pay for medical expenses; additionally, you can contribute to your HSA for current and future medical costs and save for retirement (details on page 10).
- You will be eligible to have an HSA when you elect the HSA plan; however, due to IRS regulations, you are not able to be enrolled in a healthcare Flexible Spending Account (FSA). The HSA will allow you to pay for medical, dental, and prescription qualified expenses tax-free, up to the IRS maximum. Restrictions apply for members 65 years and older who are enrolled in Medicare plans.
- Out-of-network coverage is available.



▶ Advocating for Your Benefits Support Needs

Discover How Charlie Can Help You Today!

Charlie's personalized benefits support provides a team of dedicated advocates to help you, and your covered family members maximize your benefits, alleviating the overwhelming process of navigating the complex world of employee benefits.

A Line of Support at Your Fingertips

At Charlie, our team of licensed experts are available to answer benefit questions you may have, from:

- + Medical, Dental and Vision
- + Voluntary, Life & Disability
- + Wellness & EAPs

Here to Help You!

CommerceCity.benefits@imacorp.com

833.570.2588

Monday through Friday 7 a.m. to 5 p.m. MTN

Please note that our emails could be mistakenly placed in your spam folder. Kindly check and mark us as "Not Spam" to receive all important communications.

Our Benefits Experts

- + Explain the value and functionality of your benefits
- + Help locate in-network providers
- + Navigate your billing issues and assist in resolving insurance claims
- + Facilitate your pre-authorizations and support appeal options

...and other benefits-related concerns!



This material is for general information only and should not be considered as a substitute for legal, medical, tax and/or actuarial advice. Contact the appropriate professional counsel for such matters. These materials are not exhaustive and are subject to possible changes in applicable laws, rules, and regulations and their interpretations.

NPN 1316541 | IMA, Inc dba IMA Insurance Services | California Lic #0H64724



IMACORP.COM/BENEFITS

United Healthcare provides you with additional options for accessing care, including:

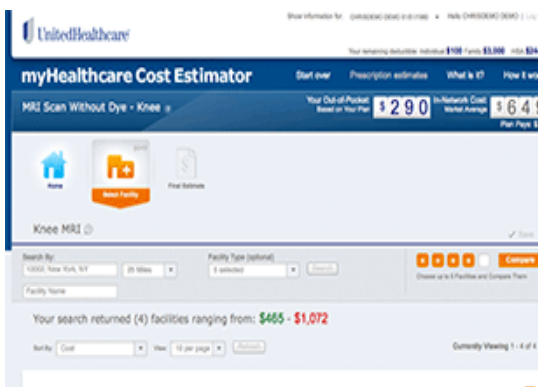
- **Convenient Care Clinics** – These are clinics located at local grocery stores and pharmacies. When seeking care at these clinics you will only pay your PCP co-pay if you elect the EPO Choice or HMO Navigate plan. If you elect the HSA Choice Plus plan, the cost will be less than an average doctor’s visit.
- **Virtual Visits** – You can access a physician by visiting myuhc.com or the United Healthcare App. This is available 24/7 and you will only pay your PCP co-pay if you elect EPO Choice or HMO Navigate plan, or approximately \$40 with the HSA Choice Plus plan.
- **Dispatch Health** – A partner of UHC that provides immediate and mobile urgent care services. Dispatch health provides services in the comfort of your own home. Visit dispatchhealth.com or download the “DispatchHealth” mobile app on your smartphone. This is available every day from 8 a.m. to 10 p.m. You will only pay your normal Urgent Care cost.
- **Advocate4Me** – A simple, reliable, and personalized way for you to get end-to-end health, wellness, and benefits support and information. Get help from an advocate including assistance with benefits coverage and claims questions, finding a doctor, health education, clinical programs enrollment, and additional guidance and support. Call the phone number listed on the back of your medical ID card, or log into myuhc.com and click on “Call or Chat.”

Through the partnership with UHC, you and your family have access to programs that empower you to make informed health decisions and provide support to help you reach your own health and wellness goals. You can stay connected with UHC by phone, web, or mobile access, and connect to your health plan information, wellness services, and financial resources.

myuhc.com® allows you to access your health plan information. You can see how much of your deductible you’ve met, pay bills, search for a network provider, watch helpful videos, and much more. You will need your health plan ID card, or you can use your social security number and date of birth to register.



The UnitedHealthcare App – Whether you need to find urgent care, forgot your health plan ID card, or you need to call Customer Care, the UnitedHealthcare app help puts your insurance information in the palm of your hand.



The **myHealthcare Cost Estimator** tool allows you to compare estimated health care costs before you receive treatment. This will help you budget for costs and compare costs between providers.

► Rewards and Incentives

City Wellness Program

The city's wellness program promotes employee wellness by offering wellness challenges, educational lunch and learns, fitness series, and wellness events throughout the year. Employees earn WorkTango points for their participation in wellness events that they can use to redeem for prizes or gift cards. Full-time employees who complete two wellness challenges and the online health assessment will earn a floating holiday for the following year.

City Health Incentives

The city promotes employee's engagement in their health. The city offers health incentives to covered employees and spouses who complete their annual wellness visit, biometric screening, and the online health assessment. Employees and spouses, who complete all three activities will each earn \$300.

UHC's Wellness Program

United Healthcare offers rewards through the **myuhc.com** website for employees and their spouses. Members can participate in a variety of activities throughout the year and earn rewards.

Activity	Rewards	Who is Eligible?	What Steps Do I Take?
Two Wellness Challenges	8-hour Floating Holiday for the following year	All full-time employees	Visit the City Health & Wellness page on the employee intranet and read wellness announcements throughout the year
Online Health Assessment			
Wellness Visit	\$200 incentive added to a paycheck	Employees and spouses enrolled in a city health plan	Visit the City Health & Wellness page on the employee intranet and review the Health Incentives for Employees document
Biometric Screening	\$75 incentive added to a paycheck		
Online Health Assessment	\$25 incentive added to a paycheck		
UHC Rewards	Various activities such as Health Survey, Biometric Screening, Wellness Visit, Tracking your Sleep, Fitness Tracker to earn rewards through the year on the United Healthcare site	Employees and spouses enrolled in a city health plan	Visit the UHC website or use their app to access the rewards site for a list of eligible activities

► Medical and Prescription Drug Coverage

Employees may choose among three different medical plan options with **United Healthcare (UHC)**. It is up to you to decide which plan best meets your needs and budget.

The EPO Choice and HMO Navigate plans are similar in that they:

- Cover in-network preventive care at 100%
- Cover the same services and provide the same quality of care
- Have co-pays for medical services then co-insurance once deductibles are met

The HSA Choice Plus plan is a high deductible health plan (HDHP) with a Health Savings Account (HSA). The plan pays only after you pay your deductible; this includes prescriptions. Once you meet your deductible, you will be responsible for a co-insurance for medical services and a co-payment for prescriptions. What is similar to the EPO Choice and HMO Navigate is in-network preventive care is covered at 100%.

UHC Plan Features Overview

	Plan Feature	EPO Choice	HMO Navigate	HSA Choice Plus
Plan Basics	Deductible (Individual/Family)	\$750 / \$2,250	\$1,500 / \$4,500	\$1,650 / \$3,300
	Coinsurance (Plan/ Member)	90% / 10%	80% / 20%	70% / 30%
	Out-of-Pocket (Individual/Family) (Includes deductible, coinsurance & co-pays)	\$3,000 / \$6,000	\$4,000 / \$8,000	\$4,000 / \$6,850
	Office Visits (Primary/Specialist co-pays)	\$20 / \$50 Deductible then 10% for procedures received during visit	\$25 / \$50 Deductible then 20% for procedures received during visit	Deductible then 30%
Network Benefit	Preventive Care	100% covered		
	Diagnostics (Basic Lab Testing, X-Ray, other diagnostic testing)	No co-payment or deductible	No co-payment or deductible	Deductible then 30%
	Emergency Services	\$500 co-pay	\$700 co-pay	Deductible then 30%
	Urgent Care	\$50 co-pay	\$50 co-pay	Deductible then 30%
Prescription Benefits	Tier 1 (Retail/Mail Order)	\$10 / \$30	\$10 / \$30	Deductible then \$10 / \$20
	Tier 2 (Retail/Mail Order)	\$35 / \$70	\$45 / \$90	Deductible then \$35 / \$70
	Tier 3 (Retail/Mail Order)	\$70 / \$140	\$80 / \$160	Deductible then \$70 / \$120

See the full health plan certificates for plan details, exclusions may apply.

Some covered services have maximum number of days, visits or dollar amounts. These maximums apply even if the applicable out-of-pocket annual maximum is satisfied.

► What is an HDHP and an HSA?

The Health Savings Account (HSA) plan is a Qualified High Deductible Health Plan (HDHP). An HDHP is a plan that requires you to pay 100% of your medical expenses (except preventive care) until you meet your deductible. Once the deductible is met the plan pays for 70% of costs and you are responsible for 30% until you meet the plan maximum. Preventive care is always covered at 100% with no deductible.

- The HDHP plan meets Internal Revenue Service (IRS) requirements which allow the city to offer an HSA. An HSA is a tax-free way of saving money for eligible health care expenses such as deductibles, medical expenses, and dental services. Unlike a Flexible Spending Account (FSA) there is no “use it or lose it” rule in an HSA. The money is yours even if you later change health plans, retire or leave the city.
- For the 2025 plan year the city will fund your HSA based on the coverage tier you elect:**

Employee Only: \$750	EE+Spouse: \$1,000	EE+ Child(ren): \$1,000	Family: \$1,500
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- City HSA contributions are made annually in January of the plan year. New hires or late enrollees due to a QLE will receive a prorated amount based on their coverage effective date.
- An HSA is limited by IRS contribution maximums. Including city contributions, the limits are \$4,300 for individuals and \$8,550 for families. If you are 55 or older, you may make “catch-up contributions” up to an additional \$1,000 per year.

To be eligible for an HSA:

- You cannot be covered by any other medical coverage (excluding dental vision)
- You cannot be enrolled in Medicare (even the free Part A coverage)
- You cannot receive health benefits under TRICARE.
- You cannot have received Veterans Affairs (VA) benefits within the past three months.
- You cannot be claimed as a dependent on another person’s tax return.
- You cannot be covered by a general-purpose health care flexible spending account (FSA) or health reimbursement account (HRA).

How paying for network care works with an HSA

STEP 1

Your deductible

You pay for all services, including prescriptions, until you meet your deductible. You can use an HSA to help pay it.

Employee Only – \$1,600
Family – \$3,200

STEP 2

Your co-insurance

After you reach the deductible, you share the costs with the plan. You can use an HSA to help pay your share.

STEP 3

Your out-of-pocket limit

When you reach the limit, you are done paying. The plan pays 100% of covered services for the rest of the coverage year.

Employee Only – \$4,000
Family – \$6,850

Pay with your HSA
or another way

Plan pays 70%
You pay 30%

You are done paying

Preventive care is covered at 100% when you use an in-network doctor

For details about HSA and HDHP’s you can visit choiceplushsa.welcometouch.com

2025 Vital Medication Program

This is a list of drugs in the **Vital Medication Program**. If your plan elects to participate in the Vital Medication Program these drugs will be available to members at a \$0 cost share without the member having to satisfy their deductible. Please note this list may not be all-inclusive, is subject to change throughout the year and some of the drugs may have quantity limits and other clinical requirements.

Therapeutic Drug Classes	Requirements & Limits
Asthma	
albuterol HFA (generic ProAir HFA, generic Proventil HFA)	SL
albuterol nebulized solution (generic Proventil)	SL
Diabetes - Insulin¹	
Humalog cartridge, KwikPen	SL
Humalog Junior KwikPen	SL
Humalog mix 50/50 KwikPen, vials	SL
Humalog mix 75/25 KwikPen, vials	SL
Humulin 70/30 KwikPen, vials	SL
Humulin N KwikPen, vials	SL
Humulin R KwikPen, vials	SL
Insulin Lispro Junior KwikPen (unbranded Humalog Junior KwikPen)	SL
Insulin Lispro KwikPen, vials (unbranded Humalog)	SL
Insulin Lispro Protamine/Insulin Lispro KwikPen Mix 75/25 (unbranded Humalog Mix 75/25 KwikPen)	SL
Lantus SoloStar, vials	SL
Lyumjev KwikPen, vials	SL
Toujeo Max SoloStar	SL

Therapeutic Drug Classes	Requirements & Limits
Toujeo SoloStar	SL
Hypoglycemia	
Baqsimi	SL
glucagon (generic Glucagon Kit)	SL
Gvoke	SL
Zegalogue	SL
Opioid overuse	
Kloxxado nasal spray	SL
naloxone nasal spray (generic Narcan) ²	SL
naloxone injection (generic Narcan) ¹	SL
Narcan nasal spray²	SL
Opvee	SL
RiVive²	
Zimhi	SL
Allergic reactions	
Auvi-Q	SL
epinephrine (generic Adrenaclick, generic EpiPen)	SL
epinephrine (generic EpiPen Jr)	SL
Symjepi	SL

¹Syringes and needles used for the administration of these Vital Medications may also be covered at \$0.

²Includes over-the-counter when processed through the pharmacy benefit at a participating pharmacy.

Bold type = Brand-name drug

[Plain type = Generic drug]

SL = Supply Limits—Specifies the largest quantity of medication covered per copayment or in a defined period of time. Supply limits can be found at <https://www.uhcprovider.com/en/resource-library/drug-lists-pharmacy.html>.



Dental Coverage



Dental insurance is offered through Delta Dental. You get the best value from your dental plan when you visit a **Delta Dental PPO** network dentist. If you visit a premier or non-contracted provider, you are subject to Usual Customary and Reasonable Charges and/or balance billing charges.

Plan Features Overview

Dental Services	Base Plan		Buy Up Plan	
	PPO Providers	Premier Providers	PPO Providers	Premier Providers
Annual Maximum Benefit <i>In- and out-of-network combined</i>	\$1,500 per person		\$2,500 per person	
Annual Deductible <i>Deductible waived for preventive</i>	\$50 individual \$150 family		\$50 individual \$150 family	
Preventive Services <i>Exams; cleanings; fluoride treatment; X-rays; space maintainers; sealants; other covered services</i>	100% with no deductible	80% with no deductible	100% with no deductible	100% with no deductible
Basic Services <i>Fillings; root canal therapy; periodontal procedures; oral surgery; other covered services</i>	80% after deductible	50% after deductible	80% after deductible	80% after deductible
Major services <i>Crowns; inlays/onlays; bridges; dentures; other covered services</i>	50% after deductible	50% after deductible	80% after deductible	80% after deductible
Orthodontic services	\$1,000 per person lifetime up to age 19		\$1,000 per person lifetime – no age limits	

Network Options with Delta Dental:

PPO Provider – Payment is based on the PPO provider’s allowable fee, or the actual fee charged by the provider, whichever is less.

Premier Provider – Payment is based on the Premier Maximum Plan Allowance (MPA), or the actual fee charged by the provider, whichever is less.

Non-Participating Provider – Payment is based on the non-participating MPA. Members are responsible for the difference between the non-participating MPA and the actual fee charged by the provider (balance-billing). You will receive the best benefit by choosing a PPO provider.

To find a dentist, visit deltadentalco.com

Customer Service: 1-800-610-0201

▶ Vision Coverage



The City of Commerce City partners with Vision Service Plan (VSP) to administer vision coverage. The city's vision plan allows the freedom to use providers in or out-of-network. You get the best value from your VSP benefit when you visit a VSP Signature network provider. If you use non-contracted providers, co-pays still apply. You will receive a lesser benefit by using non-contracted providers and will pay more out-of-pocket.

Vision Services	In-Network	Non-Network
Exam <i>Frequency</i>	\$10 co-pay Once per 12 months	Up to \$50 after co-pay Once per 12 months
Lens <i>Single Vision</i> <i>Bifocal</i> <i>Trifocal</i> <i>Frequency</i>	\$25 co-pay \$25 co-pay \$25 co-pay Once per 12 months	Up to \$50 after co-pay Up to \$75 after co-pay Up to \$100 after co-pay Once per 12 months
Frames <i>Co-pay</i> <i>Allowance</i> <i>Discounts</i> <i>Frequency</i>	\$0 co-pay \$130 allowance 20% off balances over \$130 Once every 12 months	Up to \$70 Once every 12 months
Contact Lenses <i>Elective</i> <i>Medically Necessary</i> <i>Frequency</i>	\$130 allowance & 15% off balance \$0 co-pay Once every 12 months	Up to \$105 Up to \$210 Once every 12 months
Laser Vision Care Program	Discounts for laser vision correction vary by location but will average 15% off the laser center's usual and customary price or 5% off the center's promotional price.	

Note: You may choose to use your benefit for lenses or contacts per year, not both. If you choose to use the benefit for contacts, you may still be eligible for the frame benefit.

VSP's vision plan offers you the flexibility to see any eye care provider. You save more money and receive more benefits when you visit a provider in VSP's *Signature* network. To find a vision provider in the VSP Signature network, visit VSP's website (vsp.com) and click on the "Find a VSP doctor" link in the member section of the website.

Using VSP, in network, is easy because there are no claim forms. All you need to do is locate the VSP provider you would like to visit, make an appointment, and pay any applicable co-payments. Your doctor and VSP handle the rest.



► Flexible Spending Accounts (FSA)

A Flexible Spending Account (FSA) allows you to set aside a portion of your salary, before taxes, to pay for qualified medical or dependent care expenses.

Employees enrolled in the HSA medical plan are not eligible to participate in the FSA. Once the plan year has started, you cannot change your elections unless you experience an IRS approved status change event. Refer to your Summary Plan Description for more information about family status changes, including how to change your election.

Using Your Flexible Spending Account Benefits	
Medical and Dependent Care Claim Tips	Claims must be incurred during the plan year or grace period to be eligible for reimbursement. Incurred is the date you received the services, not when you are billed/pay for the service
To get reimbursed for a medical expense, the IRS requires:	Expenses should be for the diagnosis, cure, mitigation, treatment or prevention of disease and for treatments affecting any part or function of the body primarily to alleviate or prevent a physical or mental defect or illness
Expenses NOT generally eligible are those:	Cosmetic in nature; Beneficial to one's general health (for example, health spas); Over-the-counter items without prescriptions
Claims Reimbursement	Online at alerusrb.com Mobile App: Alerus Health Benefits – iTunes or Google Play

Account Features	Healthcare FSA (HCFSA)	Dependent Care FSA (DCFSA)
Purpose	Pay for medical, dental or vision expenses like co-payments, co-insurance, prescriptions, glasses, contacts, etc.	Use for dependent care services for children up to age 13, a disabled dependent of any age, or a disabled spouse. To be eligible for this type of account, both you and your spouse (if applicable) must work, be seeking work, or be full-time students
The maximum that you can contribute:	\$3,300 per plan year	\$5,000 per plan year if you are single or married filing jointly, or \$2,500 per plan year if you are married and filing separately
The IRS requires you to substantiate:	Date of service/purchase Description of service or item purchased Dollar amount Provider or store name	In some cases, a Medical Necessity Form or physician letter may be required. Over-the-counter medications require a prescription from your doctor

Vague or missing information causes your reimbursements to be held up or become ineligible. Keep your receipts!
For a list of eligible items, visit alerusrb.com

Download the Mobile App!



▶ Disability Coverage



GROUP BENEFIT
SOLUTIONS

Short-Term and Long-Term Disability Income Benefits – NY Life

The city provides full-time employees with Short-and Long-Term Disability income benefits at no cost. In the event you become disabled from a non-work-related injury, illness or pregnancy, disability income benefits are provided as a source of income replacement. You are not eligible to receive Short-Term Disability benefits if you are receiving workers' compensation benefits.

Short-Term Disability

	STD Coverage
Benefits Begin	After 40 hours of general leave, sick leave, or compensatory time if you become disabled from a non-work-related injury, illness or pregnancy
Percentage of Income Replaced	100% of your weekly earnings
Duration	Benefits will continue for up to 90-days (includes waiting period) as long as you are disabled through that time

Long-Term Disability

	LTD Coverage
Benefits Begin	After you have been disabled for 90 days due to an injury or illness
Percentage of Income Replaced	60% of your monthly earnings up to age 65 or your Social Security Normal Retirement age if you continue to be disabled through that time
Maximum Benefit	\$6,000 per month
Duration	Coverage can end at different times, depending on age and length of the disability. Please refer to the plan document for detailed benefit end information.

If you become eligible for Short-Term Disability or Long-Term Disability, please contact Human Resources immediately. All claims must be verified by a physician and are subject to review by NY Life's claims department.

Contact Human Resources at 303-289-3624 or leaves@c3gov.com to initiate disability benefits.



Basic Life and AD&D



GROUP BENEFIT
SOLUTIONS

The city provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance to protect family members and loved ones who count on employee support. This is provided at no cost to you.

Basic Life and AD&D Insurance – NY Life

	Life and AD&D Coverage
Full-time Employees	Group Life and Accidental Death and Dismemberment (AD&D) insurance in the amount of two times your annual salary up to a maximum benefit of \$200,000
Spouses	\$5,000 benefit (terminates at age 70)
Children (from 6 months of age up to age 26)	\$2,000 benefit (maximum benefit for dependent children 14 days to six months is \$500)

Any Basic Life Insurance in excess of \$50,000 is considered a taxable fringe benefit and therefore must be taxed accordingly. Please refer to IRS Publication 15-B for more details.

Voluntary Life and AD&D Insurance – NY Life

Employees who want to supplement their city-paid Group Life and AD&D insurance benefits may purchase additional coverage. When you enroll yourself and your dependents in this benefit, you pay the full cost through payroll deductions.

Employee: Coverage up to a maximum of \$500,000; purchased in increments of \$10,000. Guarantee Issue of up to \$100,000

Spouse: Coverage up to 50% of what employee elects; purchased in increments of \$5,000 to a maximum of \$250,000. Guarantee Issue of up to \$50,000

Child: Coverage up to a maximum of \$10,000; purchased in increments of \$2,500. All amounts guaranteed

If you/spouse decline coverage when initially eligible, you/spouse are required to provide proof of good health for any amounts of coverage applied for. See NY Life Insurance packet on the city's intranet for details. Exclusions or additional documentation may be required for the purchase of voluntary life insurance.

Employee Age Range	Cost Per \$10K	Spouse Age Range	Cost Per \$5K
<20	1.00	<20	0.50
20 - 24	1.00	20 - 24	0.50
25 - 29	1.00	25 - 29	0.50
30 - 34	1.10	30 - 34	0.55
35 - 39	1.20	35 - 39	0.60
40 - 44	1.70	40 - 44	0.85
45 - 49	2.60	45 - 49	1.30
50 - 54	4.10	50 - 54	2.05
55 - 59	6.60	55 - 59	3.30
60 - 64	9.70	60 - 64	4.85
65 - 69	16.80	65 - 69	8.40
70 +	30.20	Not Eligible	Not Eligible

For more information or to apply, please contact Human Resources at 303-289-3624 or Benefits@c3gov.com

► Employee Assistance Program

There are times in our lives when we need a little help. ComPsych Guidance Resources is there for you. As a part of your employee benefits package, the city provides employees with an Employee Assistance Program (EAP) which provides you support, guidance, and resources when you need them (e.g. family, relationship, stress, financial, legal, child and elder care, alcohol and drug, depression/anxiety, grief, crisis, and work issues). The EAP services provided through ComPsych are completely confidential and available 24 hours a day, 7 days a week, 365 days a year!

The program includes:

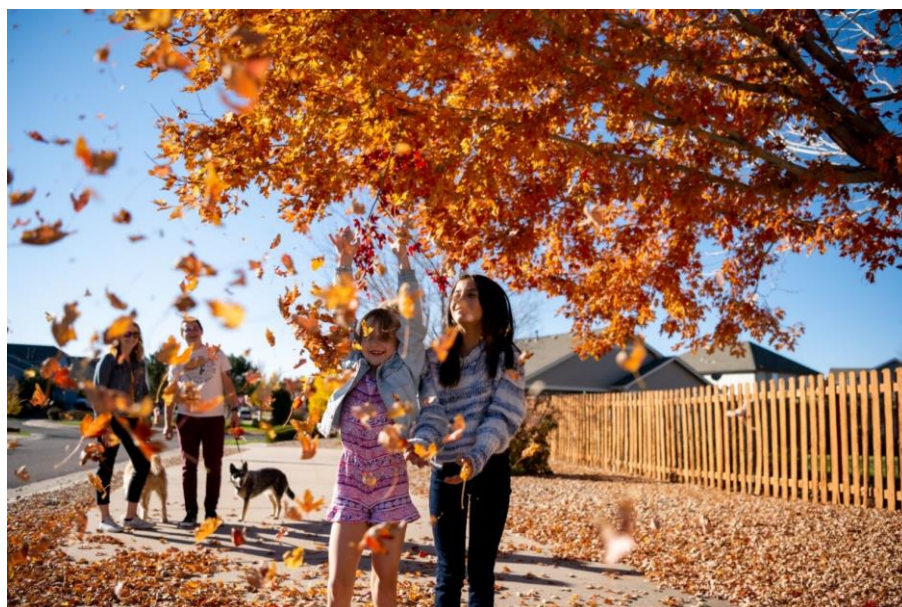
- **Life Management:** Unlimited phone and web access with up to eight in-person counseling sessions per policy year. Includes unlimited support in child/elder care, educations, moving/relocation
- **LegalConnect:** Unlimited telephonic consultations and free 30 minute, in-person consultation in family law, identity theft, real estate, contracts, and tax questions
- **FinancialConnect:** Unlimited consultation in budgeting, credit, debt, estate planning and saving for college
- **FamilySource:** Unlimited support for finding childcare services, planning vacations, and support for weight loss

For convenient access on the go, download the ComPsych mobile app GuidanceNow. From the app, you can find a provider, view the discount center, chat with a Guidance Consultant, and more

Access to ComPsych services are available online at guidanceresources.com

WebID: COM589
or via phone at **800-272-7255**.

COMPSYCH®
GuidanceResources® Worldwide



▶ Voluntary Benefits



The city provides you the option to purchase accident insurance, critical illness and/or hospital care insurance through Cigna. The amount you pay for these plans is deducted from your paycheck on a post-tax basis, which ensures that any payments you receive are not taxed.

Accident Insurance

Accident insurance can help you pay expenses that may follow an accident, including out-of-pocket health care costs. This plan pays benefits if you are injured in an accident while off the job.

Key features:

- You are paid cash directly, and the amount you receive is based on your injuries, services provided, and treatment
- You can use the money for whatever you like – medical bills, rent, mortgage, groceries or something fun
- You do not need to be enrolled in the city's health plan to elect this coverage

PICTURE THIS:

Mark breaks his leg playing soccer. Mark goes to the emergency room. Five days later, Mark files a claim and receives a check from **Cigna**:

Emergency Room	\$200
X-Ray	\$50
Broken Leg	\$1,000
Follow Up Visit	\$75
Total Received	\$1,325

Critical Illness Insurance

Critical illness insurance provides a lump-sum, cash benefit if you are diagnosed with a covered illness (e.g. heart attack, stroke, cancer). A critical diagnosis can cause significant financial burden, especially if you are unable work while receiving treatment. You can use the money you receive however you would like, including to help you pay your mortgage, pay your deductible, seek experimental treatment, or for any other expenses.

Key features:

- You are paid cash directly; you can use the money for whatever you would like
- You do not need to be enrolled in the city's health plan to elect this coverage
- Health screening benefit: \$50 cash for completing an annual wellness exam or other preventive screening

Coverage options: Employees can elect a coverage level of \$5,000, \$10,000, \$20,000 or \$30,000. Spouse coverage can be elected at 50% of the issued employee benefit and dependent child coverage can be elected at 25% of the issued employee benefit.

Hospital Care Insurance

A hospital stay can be expensive and can happen at any time. Even with medical insurance, out-of-pocket expenses such as deductibles, rehabilitation, and transportation can add up quickly. However, you can use cash from this benefit however you want! Hospital Care Coverage through Cigna offers you two options:

Benefit Type	<u>Plan 1</u>	<u>Plan 2</u>
Hospital Admission	\$1,000 per day	\$2,000 per day
Hospital Stay	\$100 per day	\$100 per day
Hospital Intensive Care Unit Stay	\$200 per day	\$200 per day

► Voluntary Benefits (Continued)

Accident Insurance Rates

TIER	MONTHLY RATES
Employee	\$7.59
Employee & Spouse	\$13.99
Employee & Child(ren)	\$18.81
Family	\$25.20

Hospital Care Insurance Rates

TIER	Plan 1	Plan 2
Employee	\$11.78	\$20.38
Employee & Spouse	\$27.38	\$47.87
Employee & Child(ren)	\$21.17	\$36.24
Family	\$36.78	\$63.72

Critical Illness Insurance Rates

\$5,000 Coverage

Attained Age	EE	EE+Sp	EE+Ch	EE+Fam
0-29	\$1.12	\$1.81	\$1.35	\$2.05
30-39	\$1.90	\$3.07	\$2.14	\$3.31
40-49	\$3.76	\$6.17	\$4.00	\$6.41
50-59	\$7.87	\$12.42	\$8.11	\$12.66
60-69	\$12.85	\$20.05	\$13.09	\$20.29
70-79	\$19.86	\$31.28	\$20.10	\$31.52
80+	\$38.12	\$59.27	\$38.36	\$59.51

\$10,000 Coverage

Attained Age	EE	EE+Sp	EE+Ch	EE+Fam
0-29	\$2.23	\$3.61	\$2.70	\$4.09
30-39	\$3.79	\$6.13	\$4.27	\$6.61
40-49	\$7.51	\$12.33	\$7.99	\$12.81
50-59	\$15.74	\$24.83	\$16.21	\$25.31
60-69	\$25.69	\$40.10	\$26.17	\$40.57
70-79	\$39.71	\$62.56	\$40.19	\$63.04
80+	\$76.24	\$118.54	\$76.71	\$119.01

\$20,000 Coverage

Attained Age	EE	EE+Sp	EE+Ch	EE+Fam
0-29	\$4.46	\$7.22	\$5.40	\$8.18
30-39	\$7.58	\$12.26	\$8.54	\$13.22
40-49	\$15.02	\$24.66	\$15.98	\$25.62
50-59	\$31.48	\$49.66	\$32.42	\$50.62
60-69	\$51.38	\$80.20	\$52.34	\$81.14
70-79	\$79.42	\$125.12	\$80.38	\$126.08
80+	\$152.48	\$237.08	\$153.42	\$238.02

\$30,000 Coverage

Attained Age	EE	EE+Sp	EE+Ch	EE+Fam
0-29	\$6.69	\$10.83	\$8.10	\$12.27
30-39	\$11.37	\$18.39	\$12.81	\$19.83
40-49	\$22.53	\$36.99	\$23.97	\$38.43
50-59	\$47.22	\$74.49	\$48.63	\$75.93
60-69	\$77.07	\$120.30	\$78.51	\$121.71
70-79	\$119.13	\$187.68	\$120.57	\$189.12
80+	\$228.72	\$355.62	\$230.13	\$357.03

Total Advantage Card

The city partners with NewBenefits to offer employees the Total Advantage Card. Employees can select one of two packages:

Benefit Options	Benefits Included
Total Advantage Card	Legal Services, Financial Helpline, ID Sanctuary Enhanced
Total Advantage Card Plus	Legal Services, Financial Helpline, ID Sanctuary Enhanced, and Pet Care

For more information or to elect the Total Advantage Card
please contact Human Resources at 303-289-3624 or Benefits@c3gov.com

Retirement

ICMA-RC is now



The City of Commerce City sponsors retirement plans for eligible employees through MissionSquare Retirement. Additional retirement plan options are available to full-time and eligible variable-hour employees as voluntary enrollments.

Automatic Retirement Benefits – Mandatory 401(a) Plan

The city provides a mandatory 401(a) plan for all full-time employees. This plan cannot be changed or declined

- Non-union and AFSCME employees: Mandatory contribution of 6%, with the city matching 6%
- Executive Retirement Plan: Mandatory 8%, with the city matching 8%
- Police Retirement: Mandatory 10% with the city matching 10%
- Executive Police Team: Mandatory 3% with the city matching 3% (in addition to participation in the FOP Police Plan)

Vesting Schedule

At the time of separation, balances are cashed out per the vesting schedule

- Employees are always 100% vested in their own contributions
- Non-union General Service and AFSCME employees: Employees are on a 3-year vesting schedule with employees earning 33% of the city's contributions each year and being fully vested after 3 years
- FOP employees: Employees are on a 5-year vesting schedule with employees earning 20% of the city's contributions each year and being fully vested after 5 years
- Executive employees: Employees are on a 2-year vesting schedule with employees earning 50% of the city's contributions after the 1st year and fully vested after 2 years

Elected Retirement Benefits

The city provides eligible employees the option to elect the following retirement benefits

Elections in the voluntary retirement plans listed below may be added, changed, or declined at any point throughout the calendar year. To enroll in either plan below, please contact Human Resources for the enrollment forms.

457 Deferred Compensation Plan: Eligible to full-time and part-time employees who work more than 20 hours per week

- Pre-tax contributions through payroll deduction
- Minimum contribution of 1% with a maximum contribution of \$22,500 per year: If you are over the age of 50, the maximum contribution limit is \$30,000 per year*
- The 457 Deferred Compensation and Roth 457 have a combined annual maximum.
- 50% employer match, up to a maximum 2% employer contribution**

Roth 457: Eligible to full-time and part-time employees who work more than 20 hours per week

- After-tax contributions through payroll deduction
- Minimum contribution of 1% with a maximum contribution of \$22,500 per year: If you are over the age of 50, the maximum contribution limit is \$30,000 per year*
- The 457 Deferred Compensation and Roth 457 have a combined annual maximum.
- 50% employer match, up to a maximum 2% employer contribution (employer match will be pre-tax)**

Roth IRA: Eligible to full-time employees

- Post-tax contributions through payroll deduction
- Minimum contribution of 1% with a maximum contribution of \$6,500 per year; if you are over the age 50, the maximum contribution limit is \$7,500 per year*

*IRS has not yet released 2025 limits– expected release October/November of 2024

** The 457 plan will only offer a 2% employer match total, if you choose to participate in both the pre and after tax plans you will have a 50% matching up to 2% maximum.

► Leave and Holiday Info

Full-time employees are eligible for general leave in the amounts stated below. For more information on availability of leaves and specifics, please refer to the city policies or please contact Human Resources at hr2@c3gov.com.

Variable-hour, and part-time employees accrue paid sick leave at the rate of one hour per thirty hours worked. During a public health emergency, full time employees will have access to up to 80 hours of public health emergency pay during a declared public health emergency, and part time or variable hour employees will have access to a prorated amount of time of up to two weeks which is determined based on their work schedule. For additional information on general leave, please refer to the city policies.

General Leave for Full-Time Employees (including FOP & AFSCME)	
Years of Service*	Annual Hours Awarded
6 months through 4 years	152
5 through 9 years	200
10 through 14 years	232
15 or more years	272
*An employee's year of service is determined by looking forward to the number of years the employee will complete during the upcoming year. Leadership Team employees earn General Leave at the 5-year rate upon hire.	

In addition to general leave, full-time employees will receive 88 hours of holiday leave at the beginning of each year, please see a list of city holidays below. The city also offers the following leave benefits – Injury Leave, Short-Term and Long-term Disability, Jury Duty, Voting Time, Military Leave, Bereavement Leave, and Domestic Violence Leave. Please reach out to HR for questions on using any of these leave benefits.

Holidays

11 paid holidays are provided for full-time staff:

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas

General Notice

Employee Annual Notices

Every Annual Enrollment, the City of Commerce City provides employee benefit's plan notices.

Notices include the following information – please be sure to review:

- MEDICARE PART D PRESCRIPTION DRUG CREDITABILITY/NON-CREDITABILITY
- OUR PLAN PAYS SECONDARY TO DISABILITY-BASED MEDICARE AFTER BEING SOCIAL SECURITY DISABLED FOR 24 MONTHS
- PROVIDER CHOICE WHEN PLAN REQUIRES A PRIMARY CARE PHYSICIAN
- NON-GRANDFATHERED MEDICAL PLAN APPEALS PROCESSES
- WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)
- PUBLIC HEALTH INSURANCE MARKETPLACE
- SPECIAL MEDICAL ENROLLMENT RIGHTS AND RESPONSIBILITIES UNDER HIPAA
- PREMIUM ASSISTANCE UNDER MEDICAID OR THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

**To review these full notices, please visit our intranet page at
intranet.c3gov.com/employee-center/benefits**

If you have questions or would like to request a paper copy of these notices, please contact Human Resources at
hr2@c3gov.com or call **303-289-3624**.

► Contact Information

Benefit Plan	Carrier	Group ID	Contact Information	Website
Medical & Prescription	United Healthcare	906353	EPO Choice Plan: (866) 633-2446 HMO Navigate Plan: (855) 828-7715 HSA Choice Plus Plan: (866) 314-0335	myuhc.com
Dental	Delta Dental of Colorado	7577	Premier: (303) 741-9305	deltadentalco.com
Vision	VSP	12107998	(800) 877-7195	vsp.com
Flexible Spending Plans and COBRA	Alerus	N/A	(877) 661-4727	alerusrb.com
Health Savings Account	Optum	N/A	(866) 234-8913	optumbank.com
Short-Term Disability	NY Life	SHD961065	(888) 842-4462	myNYLGBS.com
Long-Term Disability	NY Life	LK960264	(888) 842-4462	myNYLGBS.com
Life Insurance and AD&D	NY Life	FLX960284	(800) 362-4462	myNYLGBS.com
EAP	ComPsych	Web ID: COM589	(800) 272-7255 TDD: (800) 697-0353	guidanceresources.com
Total Advantage Card	NewBenefits	N/A	(800) 800-8304	mybenefitswork.com
Voluntary Benefits	Cigna	Commerce City	(800) 754-3207	cigna.com
Retirement	Mission Square	Contact HR for Specific Plan Numbers	(800) 825-0765	missionsq.org
Human Resources	Commerce City	N/A	(303) 289-3624 hr2@c3gov.com	intranet.c3gov.com

