

2023 BENEFITS GUIDE



City of
Golden





Table of Contents

Welcome To Your 2023 Benefits	1
Important Notice	2
Important Contact Information	3
Medical Coverage	4-5
Health Advocacy	6
Wellness Program	7
Dental Insurance	8
Vision Insurance	9
Monthly Cost Sharing – Medical	10
Monthly Cost Sharing – Dental/Vision	11
Retirement	12
Flexible Spending Accounts (FSA)	13-14
Disability Insurance	15
Life and AD&D Insurance	16
Accident & Critical Illness Benefits	17-18
ID Theft Protection	19
Premium Only Plan & Other Provisions	20
Employee Assistance Programs	21
Tuition Assistance Program	22
Time Off and Annual Leave	22



Welcome to Benefit Enrollment for Your 2023 Benefits

Now is the time to make changes to your benefit plan options, add or drop dependents, and enroll in 2023 Health Care and Dependent Care Reimbursement Flexible Spending Accounts. Elections you make during open enrollment will become effective Jan. 1, 2023, or upon your defined eligibility entry date if you are a new hire.

The City of Golden offers you and your eligible family members (i.e. spouse, dependent children) a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

When to Enroll for Open Enrollment

The open enrollment period runs from Monday, Nov. 7 through Friday, Nov. 18, 2022.

When to Enroll for New Hires

You have 30 days from your hire date to complete your enrollment forms.

Your effective date of coverage is the first day of the month following your hire date.

Changes that can be made effective Jan. 1, 2023:

- Enroll in or switch between medical plans.
- Enroll in or switch between dental plans.
- Make changes to dependents.
- Enroll or Opt out of the health and/or dependent Flexible Spending Accounts.
- Add or make changes to Voluntary Life plan and consider enrolling in Accident or Critical Illness Insurance.
- Update your beneficiaries and personal information. (This can also be done at any time during the year should it need to be changed.)

Forms to be completed if making changes, waiving or newly enrolling:

- Benefit Enrollment Form
- Accident & Critical Illness
- 457 Deferred Compensation Form

Who do I contact with questions?

- (1) Rebecca Glover at rglover@cityofgolden.net or 303-215-8899
- (2) Samantha Laubhan at slaubhan@cityofgolden.net or 303-215-8891
- (3) Kristen Meier at kmeier@cityofgolden.net or 303-597-5209
- (4) Katie Coker at kcoker@cityofgolden.net or 303-384-8185

When are the forms due and where do I return them?

All forms are due by 4 p.m. on Nov. 18, 2022 and must be returned to HR.



When Can Changes Be Made After This Open Enrollment Period

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include, but are not limited to: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in employment status. An employee must request changes with Human Resources within 30 days after the qualifying event.

Important Notice

THIS DOCUMENT SUMMARIZES THE COMPETITIVE BENEFITS THAT THE CITY OF GOLDEN OFFERS IN ORDER TO ATTRACT AND RETAIN VALUED EMPLOYEES. THESE BENEFITS, COMBINED WITH REGULAR PAY FORM A TOTAL COMPENSATION AND REWARDS PACKAGE.

THIS DOCUMENT DOES NOT PROVIDE AN EMPLOYEE WITH DETAILS REGARDING THE BENEFITS OFFERED. FOR SPECIFIC QUESTIONS REGARDING ANY BENEFITS YOU ARE CURRENTLY ELIGIBLE FOR, PLEASE REFER TO THE SPECIFIC PLAN DOCUMENT RELATING TO EACH INDIVIDUAL BENEFIT PLAN. IF YOU NEED ASSISTANCE WITH A QUESTION, PLEASE CONTACT HUMAN RESOURCES.

THE DESCRIPTION OF CURRENT BENEFITS DOES NOT GUARANTEE THAT BENEFIT LEVELS WILL CONTINUE INTO THE FUTURE. THE CITY OF GOLDEN MAY CHANGE OR TERMINATE PLANS AND COVERAGE AT ANY TIME.

THE INFORMATION IN THIS GUIDE IS PRESENTED FOR ILLUSTRATIVE PURPOSES. 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.



City of
Golden

Important Contact Information

Benefit Plan	Vendor	Group ID	Contact Information	Website/E-mail
Human Resources	Rebecca Glover	N/A	303-215-8899	rglover@cityofgolden.net
Human Resources	Samantha Laubhan	N/A	303-215-8891	slaubhan@cityofgolden.net
Human Resources	Katie Coker	N/A	303-384-8185	kcoker@cityofgolden.net
Human Resources	Kristen Meier	N/A	303-597-5209	kmeier@cityofgolden.net
Accident	CIGNA	N/A	800-521-3535	www.mycigna.com
Critical Illness	CIGNA	N/A	800-521-3535	www.mycigna.com
Medical/ Prescription	CIGNA	N/A	866-494-2111	www.mycigna.com
Dental	Delta Dental	Base 7988 Buy Up 6051	800-610-0201	www.deltadentalco.com
Vision	EyeMed	9767880	866-299-1358	www.eyemedvisioncare.com
Health Advocacy	Health Advocate	N/A	866-695-8622	www.healthadvocate.com
TeleMedicine	MDLive	00605762	888-726-3171	www.MDLIVEforCigna.com
ID Watchdog	ID Watchdog	N/A	866-513-1518	www.idwatchdog.com/home
Flexible Spending	Rocky Mountain Reserve	N/A	888-722-1223	www.rockymountainreserve.com
Retirement	Mission Square	N/A	800-669-7400	www.missionsq.org
Short-Term Disability	Lincoln Financial	10201912	800-423-2765	www.lincoln4benefits.com
Long-Term Disability	Lincoln Financial	10197002	800-423-2765	www.lincoln4benefits.com
Life & AD&D Basic/Voluntary	Lincoln Financial	10197001 400010000-8913	800-423-2765	www.lincoln4benefits.com
EAP – All Employees	Mines and Associates	N/A	800-873-7138	www.minesandassociates.com
EAP – Police/Fire Dept.	Brower Psychological Services	N/A	720-222-3400	www.browerpsychological.com
Wellness	Virgin Pulse	5178	888-671-9395	https://member.virginpulse.com



Medical Coverage

The City has two plan options with CIGNA. Which option is right for you?

LocalPlus IN

LocalPlus is a local in-network plan comprised of doctors, specialists and hospitals right where you live. **LocalPlus IN does not offer out-of-network coverage.** The network covers most of the Denver metro area including the following counties: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Eagle, Jefferson, Larimer and Weld. Most of the metro area hospitals are included in the LocalPlus network. There are also some LocalPlus providers in other states.

To see if a doctor, lab, facility (i.e. radiology) or hospital is in the LocalPlus IN network:

1. Go to www.cigna.com
2. Click on "Find a Doctor"
3. Click on "For plans offered through work or school"
4. Enter the requested details for your search
5. Select "LocalPlus" and click on "Select"
6. Click on "Search" to see a list of network doctors near you
7. You can also call CIGNA's customer service for pre-enrollment help at 1-888-806-5094

In your local area, or when in any LocalPlus Network area, you must receive care from a LocalPlus provider to receive coverage.

If you are away from home and need care, call CIGNA to determine available options. **If you go out of these in-network options, you will be responsible for the total cost of the services.** See the following page for a brief overview of plan coverage.

Open Access Plus PPO

Open Access Plus PPO is for those who want a greater provider network plus out-of-network coverage options. Open Access Plus provides you the greatest flexibility to see providers in and out-of-network. On the Open Access Plus PPO, you pay less out-of-pocket by staying with providers in the Open Access Plus network. See the following page for a brief overview of plan coverage.

Medical Coverage

The table below provides an overview of the plans we offer. Please refer to your CIGNA Plan Documents for full details. The City of Golden offers two plan options to choose from. LocalPlus is a smaller network designed to offer the right mix of health care benefits at the right price without sacrificing quality. LocalPlus has NO out-of-network coverage so participants selecting this option MUST use a LocalPlus network provider. Open Access Plus PPO includes both in-network and out-of-network benefits.

PLAN FEATURE	LocalPlus Network (No Out-of-Network Coverage)	Open Access Plus Network Benefits	Open Access Plus Non-Network Benefits
Deductible (Single/Family)	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance (most services)	Plan 80%/ Member 20%	Plan 80%/ Member 20%	Plan 60%/ Member 40%
Out-of-Pocket Limit (Single/Family)	\$3,500/\$7,000 Includes deductible and office visit co-pays	\$4,500/\$9,000 Includes deductible and office visit co-pays	\$8,000/\$16,000 Includes deductible and office visit co-pays
Telemedicine	\$15 co-pay	\$15 co-pay	\$15 co-pay
Primary Care Office Visit	\$30 Primary Care co-pay/ \$45 Specialist co-pay	\$30 Primary Care co-pay/ \$45 Specialist co-pay	40% after deductible
Preventive Services	Plan pays 100%	Plan pays 100%	40% after deductible
Lab & X-ray Services: a) Lab & X-ray b) MRI/MRA/CT/PET, nuclear med., and other high tech services	a) Independent lab - 20% no deductible b) Varies by location See plan document for detail.	a) Independent lab - 20% no deductible b) Varies by location See plan document for detail.	40% after deductible. May vary by location. See plan document for detail.
Prescriptions: Tier 1/Tier 2/Tier 3/ Tier 4	\$10/\$30/\$60/20%	\$10/\$30/\$60/20%	Member pays 100% at the time of purchase then reimbursed 50% after the applicable co-pay
Inpatient Hospital	20% after deductible	20% after deductible	40% after deductible
Outpatient Hospital	20% after deductible	20% after deductible	40% after deductible
Emergency Room Visits	\$100 co-pay, waived if admitted	\$100 co-pay, waived if admitted	\$100 co-pay, waived if admitted
Urgent Care Visits	\$30 co-pay	\$30 co-pay	40% after deductible
Chiropractic (30 visit max per calendar year)	\$45 co-pay	\$45 co-pay	40% after deductible



we make healthcare easier

Our experts can:

- **Support medical issues**, from common to complex
- **Answer questions** about diagnoses and treatments
- **Research the latest** treatment options
- **Find the right** in-network doctors and make appointments
- **Research and arrange** expert second opinions
- **Facilitate pre-authorizations** and coordinate benefits
- **Resolve insurance claims** and billing issues
- **Explain benefits** and your share of the costs
- **Get cost estimates** for medical and dental procedures



Available at no cost to employees, their spouse, dependent children, parents and parents-in-law. Completely confidential.

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Turn to us—we can help.



866.695.8622

Email: answers@HealthAdvocate.com
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Wellness Program

At the City of Golden, we believe that promoting good health and enhancing the quality of life of our employees is vital to the success of our organization.

To support our employees and their families' well-being we are proud to offer (starting 1/1/23) FREE Golden Community Center passes for eligible employees and their family members. This is a taxable benefit and the pass value will be reflected on your annual W-2 if you sign up for a pass.

The *City of Golden Wellness Program* is here to help you reach and maintain optimal health. We have partnered with *HealthBreak* to provide a comprehensive and completely private online health management program, powered by *Virgin Pulse*. The *Virgin Pulse* program challenges you to earn points and rewards you along the way! This point-based program offers a wealth of helpful tools and resources while integrating many of our offerings.

Wellness Activities and Rewards

Participation in wellness activities throughout the year will earn you points in the *Virgin Pulse* program. Earning established points by the dates defined will earn you \$50 per month cash for medical-eligible wellness participants and other gift cards and prize drawings.

Required Activities:

Wellness Credit Required Activity
Biometric screening
Reward: \$600/yr. wellness credit (\$50/month) if eligible

Optional Activities:

- 1. Tracking preventive appointments with physician, dentist, optometrist, etc.
- 2. Healthwise education content – quick and easy online videos to learn more about your health.
- 3. Health trackers – track exercise, nutrition, sleep, etc.
- 4. Wellness events – challenge events, healthy lifestyle classes, lunch & learn seminars, and more!



Dental Insurance

Dental – Delta Dental

The City of Golden offers two plan options to choose from.

The Delta Base PPO plan allows you to see providers within the PPO network only. There is NO coverage outside the network. This plan provides basic coverage and you will pay less in monthly premiums.

The PPO Buy Up dental plan allows you to seek treatment from the dentist of your choice; however, you'll receive the best savings by using dentists that are in the Delta PPO network. On this plan, if you visit a dentist out-of-network, you still have coverage, but may also be responsible for any amount over the usual customary and reasonable charges.

Services	Delta Base PPO Plan (In-Network Only)	
Deductible No out of Network coverage	\$50 Individual/\$150 Family	
Preventive Services Exams, cleanings, preventive x-rays, etc.	Covered at 100% in-network (No out of network coverage)	
Basic Services Fillings, extractions, root canals, etc.	Covered at 50% in-network after deductible (No out of network coverage)	
Major Services Bridges, dentures, crowns, etc.	Covered at 30% after deductible (No out of network coverage)	
Annual Maximum Benefit	\$1,000 per person	
Child Orthodontia (to age 19)	Covered at 50%	
Child Orthodontia Lifetime Maximum Benefit	\$1,000 per person	
Services	Delta Buy Up PPO Plan	
	PPO	Premier and Non-Network
Deductible Combined for Network and Non-Network Providers	\$50 Individual/\$150 Family	
Preventive Services Exams, cleanings, preventive x-rays, etc.	Covered at 100% - No deductible	Covered at 80% - No deductible
Basic Services Fillings, extractions, root canals, etc.	Covered at 80% after deductible	Covered at 50% after deductible
Major Services Bridges, dentures, crowns, etc.	Covered at 50% after deductible	Covered at 50% after deductible
Annual Maximum Benefit Combined for Network and Non-Network Providers	\$1,500 per person	
Child Orthodontia (to age 19)	Covered at 50%	Covered at 50%
Child Orthodontia Lifetime Maximum Benefit	\$2,000 per person	

Vision Insurance

Vision – EyeMed

For a complete list of providers near you, go to www.eyemedvisioncare.com and choose the “Select” Network or call 1-866-299-1358.

Services	EyeMed Select Plan	
	Network	Out-of-Network Reimbursement
Exam (every 12 months)	\$10 co-pay	Up to \$35
Contact Lens Fit and Follow-up	Up to \$40	N/A
Frames (every 24 months)	\$120 allowance, 20% discount on amounts over \$120	Up to \$48
Lenses (every 12 months) Single Vision Bifocal Trifocal Standard Progressive Lens Premium Progressive lens	\$25 copay \$25 copay \$25 copay \$25 copay, 80% of charge less \$55 allowance \$25 copay, 80% of charge less \$55 allowance	Up to \$25 Up to \$40 Up to \$60 Up to \$40 Up to \$40
Contact Lenses (in lieu of glasses) Conventional Disposable Medically Necessary	\$135 allowance, 15% off amounts over \$135 \$135 allowance plus balance over \$135 Paid in Full	Up to \$95 Up to \$95 Up to \$200



Your eyes are your window to the world.

Keep them healthy and bright by taking advantage of this valuable benefit.

2023 Medical, Dental & Vision Premiums - Monthly

The City pays for the majority of your premiums, and you are responsible for the balance. You pay the lowest monthly rate if you are Tobacco Free and in the LocalPlus IN plan. Medical-eligible wellness participants, who complete required activities, will receive \$50 per month case award (\$600 annually) paid bi-weekly through payroll to use toward medical out-of-pocket expenses, put toward Flex savings, or however you choose.

MEDICAL PLAN – LOCALPLUS NETWORK			
Tobacco Free			
Tier	Monthly Total Premium	City Pays Monthly	Employee Pays Monthly
Employee Only	\$780	\$635	\$145
Employee + Child(ren)	\$1,483	\$1,213	\$270
Employee + Spouse	\$1,639	\$1,336	\$303
Employee + Family	\$2,341	\$1,888	\$453

MEDICAL PLAN – OPEN ACCESS PLUS NETWORK			
Tobacco Free			
Tier	Monthly Total Premium	City Pays Monthly	Employee Pays Monthly
Employee Only	\$839	\$644	\$195
Employee + Child(ren)	\$1,595	\$1,203	\$392
Employee + Spouse	\$1,763	\$1,331	\$432
Employee + Family	\$2,517	\$1,834	\$683

MEDICAL PLAN – LOCALPLUS NETWORK			
Tobacco User (\$35 per month per Tobacco User)			
Tier	Monthly Total Premium	City Pays Monthly	Employee Pays Monthly
Employee Only	\$780	\$600	\$180
Employee + Child(ren)	\$1,483	\$1,178	\$305
Employee + Spouse (1 Tobacco User)	\$1,639	\$1,301	\$338
Employee + Spouse (2 Tobacco Users)	\$1,639	\$1,266	\$373
Family (1 Tobacco User)	\$2,341	\$1,853	\$488
Family (2 Tobacco Users)	\$2,341	\$1,818	\$523

MEDICAL PLAN – OPEN ACCESS PLUS NETWORK			
Tobacco User (\$35 per month per Tobacco User)			
Tier	Monthly Total Premium	City Pays Monthly	Employee Pays Monthly
Employee Only	\$839	\$609	\$230
Employee + Child(ren)	\$1,595	\$1,168	\$427
Employee + Spouse (1 Tobacco User)	\$1,763	\$1,296	\$467
Employee + Spouse (2 Tobacco Users)	\$1,763	\$1,261	\$502
Family (1 Tobacco User)	\$2,517	\$1,799	\$718
Family (2 Tobacco Users)	\$2,517	\$1,764	\$753

Monthly Cost Sharing – Dental/Vision

DENTAL PLAN Delta Dental - Base Plan PPO <i>(In-Network Only)</i>			
Tier	Monthly Total Premium	City Pays Monthly	Employee Pays Monthly
Employee Only	\$31.90	\$24.90	\$7.00
Employee + One	\$54.15	\$28.15	\$26.00
Employee + Two / Family	\$109.18	\$53.18	\$56.00

DENTAL PLAN Delta Dental - Buy Up PPO <i>(In- and Out-of-Network)</i>			
Tier	Monthly Total Premium	City Pays Monthly	Employee Pays Monthly
Employee Only	\$39.54	\$29.54	\$10.00
Employee + One	\$69.15	\$32.15	\$37.00
Employee + Two / Family	\$124.17	\$49.17	\$75.00

VOLUNTARY VISION PLAN - EYEMED SELECT	
Tier	Monthly Premium - Employee Pays Monthly
Employee Only	\$6.14
Employee + One	\$11.66
Employee + Two / Family	\$17.14





Retirement

Mission Square Retirement Plans

The City offers retirement plans through Mission Square. To transfer investments, receive account information, or receive up-to-date information, call Mission Square at 800-669-7400 or visit their website at www.missionsq.org.

401(a) Retirement Plan – General Employees

You are automatically enrolled upon hire in the City's 401(a) retirement plan. The plan requires you to contribute 2% of your base salary to the plan on a pre-tax basis. At the same time, the City will contribute 5% of your base salary to your account. At the time of enrollment, you will choose which funds you wish to allocate your retirement dollars to. Your payroll contributions are always 100% vested.

Employer contributions in the general employee plan are subject to the following vesting schedule:

0-1 years – 20%

After 1 year – 40%

After 2 years – 60%

After 3 years – 80%

After 4 years – 100%

401(a) Retirement Plan – Sworn Police and Fire Employees

You are automatically enrolled upon hire in the City's 401(a) retirement plan. The plan requires you to contribute 10% of your base salary to the plan on a pre-tax basis. At the same time, the City will contribute 13% of your base salary to your account. At the time of enrollment, you will choose which funds you wish to allocate your retirement dollars to. Your payroll contributions are always 100% vested.

Employer contributions in the sworn employee plan are subject to the following vesting schedule:

0-2 years – 0%

After 2 years – 40%

After 3 years – 60%

After 4 years – 80%

After 5 years – 100%

457 Deferred Compensation Plan

If you wish to contribute additional pre-tax retirement dollars, you may choose to enroll in the Mission Square 457 plan. Full-time employees who participate in the 457 plan receive an additional match from the City to their 401a plan. You may enroll in the 457 plan at any time and contribute up to 100% of your wages, on a pre-tax basis, to a maximum of \$20,500 in 2022 (at time of printing this brochure). You can start with as little as 1% and receive a 1% match, up to the maximum of a 3% match. Those age 50 and over can contribute an additional \$6,500 catch-up contribution in 2022 (at time of printing this brochure). Starting in 2023 you will be able to contribute post-tax dollars towards your 457.



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. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA.

- Set aside money to pay expenses not covered by your medical, dental or vision expenses with a Health FSA.
- Set aside money to help pay for dependent care expenses with a Dependent Care Account.

Healthcare FSA

Use it to pay for things like medical, dental and vision copayments and coinsurance, prescriptions, OTC medication and medical equipment.

Dependent Care Account (DCA)

Deduct a portion of your paycheck to use for dependent care 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.

How Much to Contribute?

You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period of Jan. 1 - Dec. 31. You will be able to carry over \$500 of unused funds from your Health FSA into the next year. Any unused funds over \$500 will be forfeited and you will lose these contributions. Our plan includes a run-out period, which gives you until March 31 to claim reimbursement for any expenses incurred during the Jan. 1 - Dec. 31 plan year.

The maximum that you can contribute to the:

- **Healthcare FSA** is \$2,850 per plan year (Jan. 1 - Dec. 31) at time of printing this brochure. Check with HR for updates.
- **Dependent Care Flexible Spending Account** is \$5,000 per plan year (Jan. 1 - Dec. 31) if you are a single employee or married filing jointly, or \$2,500 per plan year if you are married and filing separately.

Changing your Flexible Benefits Plan Elections

Once the plan year has started, you cannot change your elections unless there is 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.

Substantiation is Key to Success with Your FSA

You may be asked for documentation from Rocky Mountain Reserve because the IRS requires you to substantiate:

- Date service was received or purchase was made
- 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. Hang on to your receipts and documentation.



Using Your Flexible Spending Account Benefits

Medical and Dependent Care Claims Tip

Claims must be incurred during your plan year dates to be eligible for reimbursement. Incurred is the date you received the service, not when you are billed or pay for the service.

You must submit claims for eligible expenses that have not yet been reimbursed that were incurred during the plan year within 90 days after the plan year ends.

To get reimbursed for a medical expense, the IRS requires that it is:

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:

- For cosmetic reasons
- Merely beneficial to one's general health (for example, health spas, massage)

Claims Reimbursement

Rocky Mountain Reserve, Claims Administrator, provides you with several convenient reimbursement options.

- **Online:** www.rockymountainreserve.com
- **Fax:** 866-557-0109
- **Email:** claims@rmrbenefits.com
- **Mail:** Rocky Mountain Reserve
P.O. Box 631458
Littleton, CO 80163
- **Mobile App** (See info below)

Payment Choices

- Free direct deposit
- Reimbursement by check



You can submit claims simply and quickly through the Mobile app.

- Download the Rocky Mountain Reserve app in the Apple Store or Google Play Store.
- You can file claims, upload receipts and check your balance right from your phone!

Disability Insurance

Short Term Disability

The City of Golden provides eligible employees with a short term disability income benefit plan through Lincoln Financial. In the event you have a qualifying disability, disability income benefits are provided as a source of income. The benefit is 60% of your weekly earnings up to a maximum of \$2,500 per week. Benefits will begin after the first day of an accident/injury or after 14 days for illness for employees with less than two years of service; for employees with more than two years of service, benefits for illness begin on or after the 30th day. All available sick leave must be exhausted for any benefit waiting period. You may supplement your salary through the use of annual leave, holiday pay, and/or compensatory time if available. The benefit will continue for a maximum duration of 26 weeks if you remain disabled through that time. See plan document for plan details.

Long Term Disability

The City of Golden provides eligible employees with a long term disability income benefit plan through Lincoln Financial. In the event you have a qualifying disability, disability income benefits are provided as a source of income. The benefit is 60% of your annual earnings up to a maximum of \$10,000 per month. Benefits will begin after 180 days of disability and will continue to age 65 if you remain disabled through that time. See plan document for plan details.

The City of Golden pays 100% of the premium for both plans. Your disability income benefit is taxable when you receive your benefit. You will receive tax documentation from Lincoln Financial for income tax filing purposes.

All claims must be verified by a physician and are subject to review by Lincoln. Please contact Human Resources if you have questions.





Life and AD&D Insurance

Basic Life & AD&D Insurance – Lincoln Financial

The City of Golden provides eligible employees with group life and accidental death and dismemberment (AD&D) insurance and pays 100% of the premium.

- Your benefit will equal two times your basic annual earnings up to \$400,000.
- Please note that an age reduction formula applies at age 70.

Please see Human Resources if you wish to review and update your beneficiary information on file.

Please note: Any group-term 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 & AD&D Insurance – Lincoln Financial

Employees may purchase additional life insurance coverage through Lincoln Financial to suit their needs. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

Employee

You can purchase Life and AD&D coverage on yourself in \$10,000 increments. Minimum coverage is \$10,000 and maximum coverage is \$300,000. Amounts up to \$100,000 will not require proof of good health for new hires if you sign up within 30 days of your date of hire.

Spouse

If you elect coverage for yourself, you can elect Life coverage in increments of \$5,000, up to a maximum of 50% of your election amount. Spouses will not have to provide proof of good health for amounts up to \$30,000 if you sign up within 30 days of your date of hire.

Child(ren)

If you elect coverage for yourself, you can elect \$10,000 per child of child Life coverage. Child coverage will not require proof of good health.

Important Note

Anyone who previously waived coverage (employee and/or dependents) will be required to provide proof of good health for any amounts of coverage applied for now or in the future. See the Lincoln Financial packet for details and rates for supplemental insurance.

Cigna Critical Illness Coverage

Unforeseen accidents and major illness treatment can put a huge strain on your finances. The City is pleased to offer these supplemental benefits through Cigna to help alleviate that strain by paying you cash benefits, regardless of any other coverage, to use however you see fit. Plan highlights are below but please see your full product brochure for complete details.

Critical Illness Plan

- You can elect a \$10,000 or \$20,000 benefit that will be paid to you if you are diagnosed with a covered illness.
- Covered spouses are covered 100% of issued employee benefit amount.
- Covered children are covered 50% of issued employee benefit amount.
- Covered illnesses include invasive cancer, heart attack, stroke, benign brain tumor, blindness - plus many more.
- The plan includes a \$50 preventive care benefit that you can collect each calendar year.
- **The plan is attained age** meaning your premium will change as you age into new age bands.

CRITICAL ILLNESS PREMIUMS

Premiums Monthly		Plan 1 - \$10,000				Plan 2 - \$20,000			
Tobacco Class	Attained Age	Employee	Employee + Spouse	Employee + Child(ren)	Family	Employee	Employee + Spouse	Employee + Child(ren)	Family
No	0-29	\$2.47	\$5.15	\$3.78	\$6.45	\$4.49	\$10.30	\$7.56	\$12.90
	30-39	\$3.80	\$8.29	\$5.10	\$9.58	\$7.60	\$16.58	\$10.20	\$19.16
	40-49	\$6.96	\$15.42	\$8.25	\$16.72	\$13.92	\$30.84	\$16.50	\$33.44
	50-59	\$14.17	\$30.41	\$15.47	\$31.72	\$28.34	\$60.82	\$30.94	\$63.44
	60-69	\$23.39	\$48.60	\$24.69	\$49.89	\$46.78	\$97.20	\$49.38	\$99.78
	70-79	\$36.54	\$82.46	\$37.84	\$83.76	\$73.08	\$164.92	\$75.68	\$167.52
	80+	\$65.74	\$101.09	\$69.69	\$145.15	\$131.48	\$202.18	\$139.38	\$290.30
Yes	0-29	\$3.27	\$6.87	\$4.57	\$8.17	\$6.54	\$13.74	\$9.14	\$16.34
	30-39	\$5.99	\$13.19	\$7.29	\$14.50	\$11.98	\$26.38	\$14.58	\$29
	40-49	\$12.92	\$28.69	\$14.22	\$29.99	\$25.84	\$57.38	\$28.44	\$59.98
	50-59	\$26.43	\$57.08	\$27.73	\$58.39	\$52.89	\$114.16	\$55.46	\$116.78
	60-69	\$40.87	\$85.65	\$42.17	\$86.95	\$81.74	\$171.30	\$84.34	\$173.90
	70-79	\$60.31	\$129.99	\$61.61	\$131.29	\$120.62	\$259.98	\$123.22	\$262.58
	80+	\$98.21	\$149.81	\$98.85	\$208.61	\$196.42	\$299.62	\$197.70	\$417.223



Cigna Accidental Injury Coverage

Unforeseen accidents and major illness treatment can put a huge strain on your finances. The City is pleased to offer these supplemental benefits through Cigna to help alleviate that strain by paying you cash benefits, regardless of any other coverage, to use however you see fit. Plan highlights are below but please see your full product brochure for complete details.

Accident Plan

Off the job coverage for you and your entire family to help protect finances should an unforeseen accident occur that can lead to costly medical bills and treatment

Benefit Type	Plan 1	Plan 2
Emergency Care Treatment	\$200	\$400
Physician Office Visit	\$100	\$200
Diagnostic Exam	\$200	\$400
Ground/Water Ambulance	\$200	\$400
Air Ambulance	\$600	\$1,200
Hospital Admission	\$1,000	\$2,000
Hospital Stay	\$200/day	\$400/day
Intensive Care Unit Stay	\$400/day	\$800/day
Preventive Care Benefit	\$75	\$75

ACCIDENT PREMIUMS

	Plan 1	Plan 2
Employee	\$5.84	\$9.95
Employee + Spouse	\$13.34	\$23.27
Employee + Child(ren)	\$16.34	\$28.85
Family	\$21.44	\$36.95

ID Theft Protection

With ID Watchdog's award-winning service, you have an easy and affordable way to help better protect the identities of you and your family.

- **Control and manage.** Customize your alerts. Depending on your plan, lock or unlock access to your 1-Bureau credit report (Equifax) or Multi-Bureau credit reports (Equifax and TransUnion®) through your ID Watchdog account with certain exceptions².
- **Monitor and detect.** By monitoring your credit and billions of data points, we help keep you informed of changes and activity related to your personal information.
- **Support and restore.** If you become a victim, you don't have to face it alone. Our certified resolution specialists will fully manage your case until your identity is restored.

PLAN OPTIONS

Plan Options	Essentials	Platinum Plus
Credit Report Monitoring	1 Bureau	3 Bureaus
Credit Report(s) & VantageScore Credit Score(s)	1 Bureau Monthly	1 Bureau Daily & 3 Bureaus Annually
Credit Score Tracker	1 Bureau Monthly	1 Bureau Daily
Credit Report Lock	1 Bureau	Multi-Bureau
Identity Theft Insurance	Up to \$1M	Up to \$1M
401K Stolen Funds Reimbursement		X
Subprime Loan Block <i>Within the monitored lending network</i>		X
Social Account Takeover Alerts		X
Personal VPN & Safe Browsing		X
Password Manager		X

PLAN PREMIUMS

Plan Premiums	Essentials	Platinum Plus
Employee	\$6.90/month	\$8.90/month
Employee + Family	\$12.50/month	\$15.90/month

¹ 2020 Identity Fraud Study, Javelin Research, April 2020.

² Locking your Equifax or TransUnion credit report will prevent access to it by certain third parties. Locking your Equifax or TransUnion credit report will not prevent access to your credit report at any other credit reporting agency. Entities that may still have access to your Equifax or TransUnion credit report include: companies like ID Watchdog and TransUnion Interactive, Inc. which provide you with access to your credit report or credit score, or monitor your credit report as part of a subscription or similar service; companies that provide you with a copy of your credit report or credit score, upon your request; federal, state, and local government agencies and courts in certain circumstances; companies using the information in connection with the underwriting of insurance, or for employment, tenant or background screening purposes; companies that have a current account or relationship with you, and collection agencies acting on behalf of those whom you owe; companies that authenticate a consumer's identity for purposes other than granting credit, or for investigating or preventing actual or potential fraud; and companies that wish to make pre-approved offers of credit or insurance to you. To opt out of pre-approved offers, visit www.optoutprescreen.com.



Premium Only Plan & Other Provisions

Premium Only Plan

If you have elected medical, dental, or vision insurance coverage, you are eligible to participate in the Premium Only Plan with The City of Golden. This benefit is designed to allow an employee to convert a portion of his/her taxable earnings to a tax-free benefit status, pursuant to IRS Code Section 125 Plan and other code sections listed under Flexible Benefit Plan. This means you are not paying taxes on the premiums you pay towards these coverages. Employees are automatically enrolled in the Premium Only Plan during their benefits renewal period or as the result of a qualifying event. An employee may opt out of this benefit by contacting Human Resources and completing a waiver.

Participants of this benefit cannot change or revoke this election, or any medical, dental, or vision election, at any time during the Plan Year, unless you experience a qualifying event (such as marriage, divorce, death of a spouse or child, birth or adoption of a child, involuntary loss of other coverage, and such other events as the Plan Administrator determines will permit a change or revocation of an election).

Termination of the employee's employment ends this agreement. Expenses reimbursed to the employee by any other company plan or insurance plan are not eligible expenses under this Premium Only Plan.

Other Provisions

The premiums listed in this Benefits Summary are effective until Dec. 31, 2023, 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 Golden.





Employee Assistance Programs

All Employees

Employee Assistance Program – MINES and Associates

There are times in our lives when we need a little help. As a part of your employee benefits package, the City of Golden provides you with an Employee Assistance Program that gives you support, guidance and resources when you need them (i.e. family, relationship, stress, financial, legal, child and elder care, alcohol & drug, depression/anxiety, grief, crisis and work issues). The Employee Assistance program is available from MINES and Associates and is available via the internet (www.minesandassociates.com) or via phone (1-800-873-7138) 24 hours a day, 7 days a week, 365 days a year! The program includes unlimited phone and web access and up to three in-person counseling sessions per issue per year. This benefit is free to you and any members in your household and is completely confidential.

Police & Fire Department Employees

Employee Assistance Program – J. Brower Psychological Services

J. Brower Psychological Services was developed in recognition of the unique demands placed upon Police and Fire Department employees and their families. Confidential counseling services are available for a wide variety of life issues, including, but not limited to:

- Couples and family counseling
- Alcohol and drug counseling
- Stress, panic and anxiety
- Grief and Loss

Call 720-222-3400 for an appointment or additional information.





Tuition Assistance Program

The City supports and encourages professional development. To assist you in your efforts toward continuing education, the City of Golden offers reimbursement up to \$5,250 per year.

The following criteria must be met:

- You must be a full-time employee and have completed 6 months of service
- Courses must be taken at an accredited academic or vocational institution
- You must submit an application for approval prior to the beginning of the course
- Coursework or degree program must be directly applicable to your current position or any full-time position at the City
- Achieve a grade of “A” or “B” for 75% reimbursement of tuition only

See Human Resources for more information on the Tuition Assistance Program.

Time Off and Annual Leave

Annual leave is provided to eligible full-time employees for the purpose of granting paid time off for vacation and personal business. In addition to annual leave, full-time employees also receive sick leave and holiday pay.

Full-Time Employees accrue annual leave on a prorated basis according to the following schedule:

Months of Continuous Full-Time Employment Completed	Maximum Hours of Annual Leave Accrued Annually
0 months but less than 60 months	128 (16 8-hour days)
60 months (5 years) but less than 120 months	152 (19 8-hour days)
120 months (10 years) but less than 180 months	176 (22 8-hour days)
180 months (15 years) and above	200 (25 8-hour days)



Your Notes Here

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Your Notes Here

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City of
Golden