

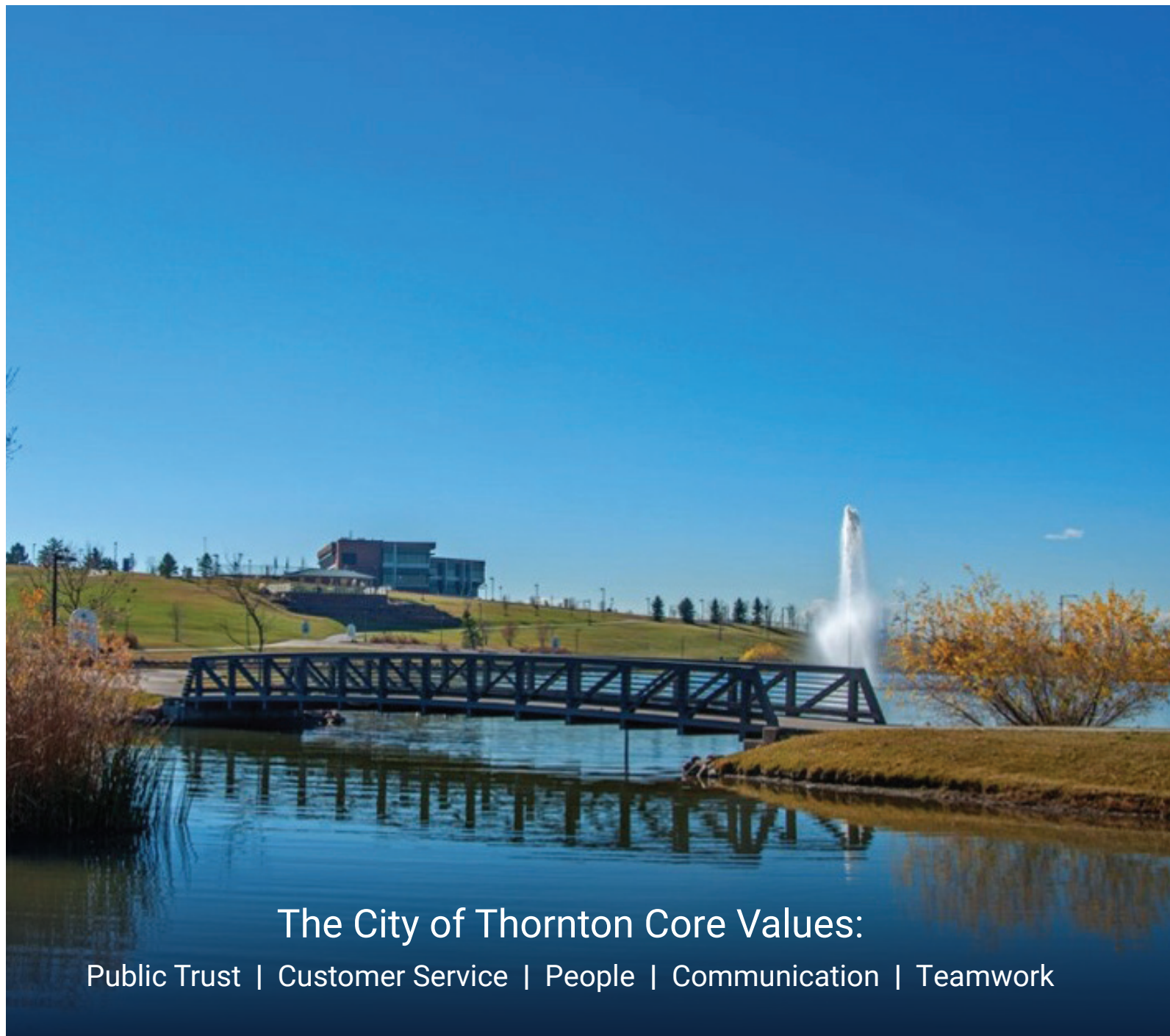


City of Thornton

Employee Benefits Summary

EFFECTIVE JANUARY 1, 2024

This guide provides only a highlight of the benefit plans offered to you and in no way serves as the actual plan description or plan document for the plans. The plan documents will always govern the offered benefits that your employer provides for you. The City reserves the right to modify any or all of these plans at anytime.



The City of Thornton Core Values:

Public Trust | Customer Service | People | Communication | Teamwork

Privacy Statement

Federal law, specifically the Health Insurance Portability and Accountability Act, known as "HIPAA," requires the privacy protection of the employees personal health information.

At the city of Thornton, we respect and recognize every individual's right to privacy. We also recognize our obligations to preserve the confidentiality of personal information and have adopted all the guidelines under HIPAA for our use in the collection, use and disclosure of personal information. We have established and will continue to maintain appropriate safeguards under HIPAA to protect the security and confidentiality of personal information.

Disclaimer

This summary is provided for the employees information only. Specific benefits are detailed in and subject to the limitations and provisions of the Personnel Code and Administrative Directives, in addition to any limitations of contract with the City's insurance providers. This summary is neither an express nor an implied contract, and the City retains the right to change, delete, or modify any benefit as authorized by applicable law. Pro-rated benefits are available for regular part-time employees. Additional information is available on the City's intranet site.

The City of Thornton partners with Cigna & Kaiser Permanente to offer you a broad choice of medical plans. You may be confident that any plan you choose will provide 100% coverage for preventive care, and comprehensive coverage if you experience a significant medical event.

Cigna plans provide access to a local network of providers through their Local Plus Network. Choose between two Cigna medical plans:

1 Cigna Copay Plan

- » Predictable copays for most medical services.
- » Low out-of-pocket costs at the time you use the plan.

2 Cigna HDHP Plan

- » A high-deductible health plan (HDHP) with an affordable payroll deduction.
- » You will pay more out-of-pocket at the time you access medical services.
- » The City offers a Health Reimbursement Account (HRA) to help offset some of your deductible. More details about the HRA can be found on page 6.

Monthly Payroll Deductions for Regular Full-Time Employees

For part-time and other status types please request rates from HR



CIGNA MONTHLY CONTRIBUTIONS	EMPLOYEE
CIGNA COPAY PLAN	
Single	\$112.10
Dual (EE + 1)	\$370.42
Family	\$614.38
CIGNA HDHP PLAN	
Single	\$86.74
Dual (EE + 1)	\$285.88
Family	\$473.80

Kaiser Permanente is a self-contained medical plan that provides convenient access to services within their network of healthcare providers and facilities. Choose between two Kaiser medical plans:

1 Kaiser Copay Plan

- Predictable copays for most medical services.
- » Low out-of-pocket costs at the time you use the plan.

2 Kaiser HDHP Plan

- » A high-deductible health plan (HDHP) with an affordable payroll deduction.
- » You will pay more out-of-pocket at the time you access medical services.
- » The City offers a Health Reimbursement Account (HRA) to help offset some of your deductible. More details about the HRA can be found on page 9.

Monthly Payroll Deductions for Regular Full-Time Employees

For part-time and other status types please request rates from HR



KAISER MONTHLY CONTRIBUTIONS	EMPLOYEE
KAISER COPAY PLAN	
Single	\$91.24
Dual (EE + 1)	\$297.64
Family	\$486.40
KAISER HDHP PLAN	
Single	\$76.56
Dual (EE + 1)	\$247.10
Family	\$408.60



SINGLE COVERAGE

100% above the out-of-pocket maximum of \$3,500 (including the deductible)

80% coinsurance	20%	100% preventive care
Employee pays the remaining \$500 for a total deductible of \$1,500		
Employer Contribution of \$1,000		

DUAL / FAMILY COVERAGE

100% above the out-of-pocket maximum of \$7,000 (including the deductible)

80% coinsurance	20%	100% preventive care
Employee pays the remaining \$1,000 for a total deductible of \$3,000		
Employer Contribution of \$2,000		

How the Health Reimbursement Account (HRA) works:

1. Employer funds HRA based on tier coverage elected.
2. Participant attends appointments/picks up prescriptions, utilizes various medical services (MRI, lab work, etc.).
3. Actual cost of medical procedure and medications are deducted from City funded HRA amount.
4. Explanation of Benefits will be mailed to participants showing costs of services that have been utilized by participant and covered family members. Explanation of Benefits will show remaining amount of HRA available.
5. Once HRA fund is exhausted, participant will be responsible for any costs incurred until out-of-pocket maximum is reached. Once out-of-pocket maximum is reached, any costs incurred for the remainder of the year should be at no cost to the participant.
6. If any amount of HRA is remaining at the end of the plan year, this amount will be rolled over into the upcoming year.



CIGNA COPAY PLAN

Deductible (Individual / Family)	\$500 / \$1,000
Out-of-Pocket Limits (Individual / Family)	\$3,500 / \$7,000
CIGNA COPAY PLAN SUMMARY	
IN-NETWORK	
Primary Care Visit	\$20 copay per visit
Virtual Visit (including mental health & specialists)	No charge
Specialist Visit	\$50 copay per visit
Preventive Care/Screening/Immunizations	No charge
If you have a test	
Diagnostic Test (x-ray, bloodwork)	10% coinsurance
Imaging (CT/PET scans, MRIs)	\$100 copay
If the employee needs drugs to treat the employee's illness or condition (retail 30-day supply, retail 90-day supply, 90-day mail order supply)	
Generic Drugs	Retail 30-day: \$10 copay Retail 90-day: \$30 copay Mail Order: \$20 copay
Preferred Brand Drugs	Retail 30-day: 20% coinsurance up to \$75 Retail 90-day: 20% coinsurance up to \$225 Mail Order: 20% coinsurance up to \$150
Non-Preferred Brand Drugs	Retail 30-day: 30% coinsurance up to \$125 Retail 90-day: 30% coinsurance up to \$375 Mail Order: 30% coinsurance up to \$250
If you have outpatient surgery	
Facility Fee (ex. ambulatory surgery center)	10% coinsurance
Physician/Surgeon Fees	10% coinsurance
If you need immediate medical attention	
Emergency Room Care	\$250 copay per visit
Emergency Medical Transportation	10% coinsurance
Urgent Care	\$75 copay per visit
If you have a hospital stay	
Facility Fee (ex. hospital room)	10% coinsurance
Physician/Surgeon Fees	10% coinsurance
If you need mental health, behavioral health, or substance abuse services	
Outpatient Services	\$20 copay per office visit
Inpatient Services	10% coinsurance
If you are pregnant	
Office Visits	10% coinsurance
Childbirth Delivery/Professional Services	10% coinsurance
Childbirth Delivery/Facility Services	10% coinsurance
If you need help recovering or have other special health needs	
Rehabilitation Services	\$20 copay per PCP visit
Habilitation Services	\$20 copay per PCP visit

CIGNA HDHP PLAN

Deductible (Individual / Family)	\$1,500 / \$3,000
Out-of-Pocket Limits (Individual / Family)	\$3,500 / \$7,000
CIGNA HDHP PLAN SUMMARY	
IN-NETWORK	
Primary Care Visit	20% coinsurance
Virtual Visit (including mental health & specialists)	No charge
Specialist Visit	20% coinsurance
Preventive Care/Screening/Immunizations	No charge
If you have a test	
Diagnostic Test (x-ray, bloodwork)	20% coinsurance
Imaging (CT/PET scans, MRIs)	20% coinsurance
If the employee needs drugs to treat the employee's illness or condition (retail 30-day supply, retail 90-day supply, 90-day mail order supply)	
Generic Drugs	Retail & Mail Order: 20% coinsurance
Preferred Brand Drugs	Retail & Mail Order: 30% coinsurance
Non-Preferred Brand Drugs	Retail & Mail Order: 40% coinsurance
If you have outpatient surgery	
Facility Fee (ex. ambulatory surgery center)	20% coinsurance
Physician/Surgeon Fees	20% coinsurance
If you need immediate medical attention	
Emergency Room Care	20% coinsurance
Emergency Medical Transportation	20% coinsurance
Urgent Care	20% coinsurance
If you have a hospital stay	
Facility Fee (ex. hospital room)	20% coinsurance
Physician/Surgeon Fees	20% coinsurance
If you need mental health, behavioral health, or substance abuse services	
Outpatient Services	20% coinsurance
Inpatient Services	20% coinsurance
If you are pregnant	
Office Visits	20% coinsurance
Childbirth Delivery/Professional Services	20% coinsurance
Childbirth Delivery/Facility Services	20% coinsurance
If you need help recovering or have other special health needs	
Rehabilitation Services	20% coinsurance
Habilitation Services	Not covered

NOTE: Certain services may be excluded and/or limited. For a full list of excluded and other covered services, please check your plan documents for more information.

Regenexx

Regenexx is now being offered for those enrolled under a Cigna medical plan! Regenexx uses your body's natural healing agents to replace the need for up to 70% of elective surgeries.

Contact Regenexx at 866-932-7511 or visit regenexxbenefits.com/thorntonco





SINGLE COVERAGE

100% above the out-of-pocket maximum of \$3,500 (including the deductible)

80% coinsurance	20%	100% preventive care
Employee pays the remaining \$600 for a total deductible of \$1,600		
Employer Contribution of \$1,000		

DUAL / FAMILY COVERAGE

100% above the out-of-pocket maximum of \$7,000 (including the deductible)

80% coinsurance	20%	100% preventive care
Employee pays the remaining \$1,200 for a total deductible of \$3,200		
Employer Contribution of \$2,000		

How the Health Reimbursement Account (HRA) works:

1. Employer funds HRA based on tier coverage elected.
2. Participant attends appointments/picks up prescriptions, utilizes various medical services (MRI, lab work, etc.).
3. Actual cost of medical procedure and medications are deducted from City funded HRA amount.
4. Explanation of Benefits will be mailed to participants showing costs of services that have been utilized by participant and covered family members. Explanation of Benefits will show remaining amount of HRA available.
5. Once HRA fund is exhausted, participant will be responsible for any costs incurred until out-of-pocket maximum is reached. Once out-of-pocket maximum is reached, any costs incurred for the remainder of the year should be at no cost to the participant.
6. If any amount of HRA is remaining at the end of the plan year, this amount will be rolled over into the upcoming year.



KAISER COPAY PLAN

Deductible (Individual / Family)	\$500 / \$1,000
Out-of-Pocket Limits (Individual / Family)	\$3,500 / \$7,000
KAISER COPAY PLAN SUMMARY	
IN-NETWORK	
Primary Care Visit	\$20 copay per visit
Virtual Visit (including mental health & specialists)	No charge
Specialist Visit	\$50 copay per visit
Preventive Care/Screening/Immunizations	No charge
If you have a test	
Diagnostic Test (x-ray, bloodwork)	X-ray: 10% coinsurance Lab: No charge
Imaging (CT/PET scans, MRIs)	\$100 copay
If the employee needs drugs to treat the employee's illness or condition (retail 30-day supply or 90-day mail order supply)	
Generic Drugs	Retail: \$10 copay Mail Order: \$20 copay
Preferred Brand Drugs	20% coinsurance
Non-Preferred Brand Drugs	20% coinsurance
Specialty Drugs (up to 30-day retail)	20% coinsurance up to \$250
If you have outpatient surgery	
Facility Fee (ex. ambulatory surgery center)	Ambulatory Surgical Center: \$500 copay Outpatient Hospital: 10% coinsurance
Physician/Surgeon Fees	See facility fee
If you need immediate medical attention	
Emergency Room Care	\$250 copay per visit
Emergency Medical Transportation	10% coinsurance up to \$500
Urgent Care	\$75 copay per visit
If you have a hospital stay	
Facility Fee (ex. hospital room)	10% coinsurance
Physician/Surgeon Fees	10% coinsurance
If you need mental health, behavioral health, or substance abuse services	
Outpatient Services	\$20 copay per office visit
Inpatient Services	10% coinsurance
If you are pregnant	
Office Visits	10% coinsurance
Childbirth Delivery/Professional Services	10% coinsurance
Childbirth Delivery/Facility Services	10% coinsurance
If you need help recovering or have other special health needs	
Rehabilitation Services	Outpatient: \$20 copay per visit Inpatient: 10% coinsurance
Habilitation Services	\$20 copay per visit

KAISER HDHP PLAN

Deductible (Individual / Family)	\$1,600/\$3,200
Out-of-Pocket Limits (Individual / Family)	\$3,500 / \$7,000
KAISER HDHP PLAN SUMMARY	
IN-NETWORK	
Primary Care Visit	20% coinsurance
Virtual Visit (including mental health & specialists)	Cost-share applies until deductible is met
Specialist Visit	20% coinsurance
Preventive Care/Screening/Immunizations	No charge
If you have a test	
Diagnostic Test (x-ray, bloodwork)	20% coinsurance
Imaging (CT/PET scans, MRIs)	20% coinsurance
If the employee needs drugs to treat the employee's illness or condition (retail 30-day supply or 90-day mail order supply)	
Generic Drugs	Retail & Mail Order: \$15 copay
Preferred Brand Drugs	Retail & Mail Order: \$30 copay
Non-Preferred Brand Drugs	Retail & Mail Order: \$50 copay
Specialty Drugs (up to 60-day retail)	Cost-share for generic, brand, or non-preferred drugs may apply.
If you have outpatient surgery	
Facility Fee (ex. ambulatory surgery center)	Ambulatory Surgical Center: 10% coinsurance Outpatient Hospital: 20% coinsurance
Physician/Surgeon Fees	See facility fee
If you need immediate medical attention	
Emergency Room Care	20% coinsurance
Emergency Medical Transportation	20% coinsurance
Urgent Care	20% coinsurance
If you have a hospital stay	
Facility Fee (ex. hospital room)	20% coinsurance
Physician/Surgeon Fees	20% coinsurance
If you need mental health, behavioral health, or substance abuse services	
Outpatient Services	Office Visit: 20% coinsurance
Inpatient Services	20% coinsurance
If you are pregnant	
Office Visits	20% coinsurance
Childbirth Delivery/Professional Services	20% coinsurance
Childbirth Delivery/Facility Services	20% coinsurance
If you need help recovering or have other special health needs	
Rehabilitation Services	20% coinsurance
Habilitation Services	20% coinsurance

NOTE: Certain services may be excluded and/or limited. For a full list of excluded and other covered services, please check your plan documents for more information.

Dental & Vision Plans

Delta Dental Benefit Plans



The city of Thornton provides two comprehensive dental plans for employees to choose from. The plans provide coverage for in-network and out-of-network provider services. It is the employee's choice to use in-network or non-network providers. However, out-of-pocket expenses will be significantly lower for the employee if the employee uses in-network providers. Below is a summary of the dental plans offered by the city of Thornton through Delta Dental. **To find a dentist visit www.deltadentalco.com | For customer service call 800-610-0201**

DENTAL PLAN SUMMARY

	EXCLUSIVE PANEL OPTION (EPO) PLAN DELTA DENTAL PPO PROVIDERS	TRADITIONAL DELTA DENTAL PLAN DELTA DENTAL PPO AND PREMIER PROVIDERS
Deductible	None	\$50 individual / \$150 family
Annual Maximum	None	\$1,700
Diagnostic & Preventive Services Oral Evaluation & Cleanings, Fluoride Sealants, Space Maintainers, Bitewing X-Rays, Full Mouth X-Rays	\$10 copay for periodic evaluation & cleaning	100%
Basic Services Fillings, Simple Extractions, Endodontics, Periodontics, Oral Surgery	Refer to copay schedule posted on the intranet: https://cotstaff.net/benefits	80%
Major Services Dentures, Bridges, Crowns	Refer to copay schedule posted on the intranet: https://cotstaff.net/benefits	50%
Orthodontia	\$1,700 max lifetime for orthodontia. Refer to copay schedule posted on the intranet: https://cotstaff.net/benefits	50% to \$1,000 max lifetime (employees, spouses, and children)

Monthly Payroll Deductions for Regular Full-Time Employees

For part-time and other status types please request rates from HR

DELTA DENTAL MONTHLY CONTRIBUTIONS	EMPLOYEE
EXCLUSIVE PANEL OPTION (EPO) PLAN DELTA DENTAL PPO PROVIDERS	
Single	\$2.72
Dual (EE + 1)	\$15.32
Family	\$28.30
TRADITIONAL DELTA DENTAL PLAN DELTA DENTAL PPO AND PREMIER PROVIDERS	
Single	\$4.66
Dual (EE + 1)	\$35.48
Family	\$75.36

VSP Vision Care Benefit Plan



The city of Thornton provides Vision Coverage through VSP Vision Care. The plan provides coverage for network providers and non-network providers. To locate network providers the employee can call VSP Member Services toll-free at 800-877-7195, or online at www.vsp.com. Below is a summary of the vision plan offered by city of Thornton through VSP Vision Care.

VISION PLAN SUMMARY

	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENTS	FREQUENCY
Eye Exam	\$20 copay	Up to \$35	Every calendar year
Prescription Glasses	\$20 copay	N/A	Every calendar year
Frames	\$120 allowance for frames, \$140 for featured frames. 20% savings on amount over allowance \$65 Costco frame allowance	Up to \$45	Every calendar year
Lenses Single Vision Lined Bifocal Lined Trifocal	Included in Prescription Glasses	Up to \$25 Up to \$40 Up to \$55	Every calendar year
Lens Options Standard Progressive Premium Progressive Custom Progressive	\$50 \$80 - \$90 \$120 - \$160	Up to \$55	Every calendar year
Contact Lenses (elective) In lieu of glasses	\$105 allowance Up to \$60 copay for exam	Up to \$105	Every calendar year
Diabetic Eye Care Plus	\$20	VSP doctors only	As needed

Monthly Payroll Deductions for Regular Full-Time Employees

For part-time and other status types please request rates from HR

VSP MONTHLY CONTRIBUTIONS	EMPLOYEE
VSP VISION PLAN	
Single	\$4.30
Dual (EE + 1)	\$10.30
Family	\$21.80



Flexible Spending Accounts (FSA's)

The City offers several FSA plans which provide employees the opportunity to pay their portion of the health, dental, and vision insurance premiums with pre-tax dollars; to pay dependent care costs with pre-tax dollars; and to pay for qualifying medical (includes dental and vision) expenses not covered by insurance with pre-tax dollars. The cap on employee contributions for medical expenses not covered by insurance is \$3,050 per year, and the cap for dependent care is \$5,000 per year. Save receipts! The IRS requires documentation of the employee's expenses, so the employee may be asked to submit a receipt at a later date.

Health Care FSA

The Health Care FSA offers the employee the opportunity to be reimbursed for most out-of-pocket medical, dental and vision care expenses for the employee's self and the employee's dependents as long as these expenses are not paid for by any insurance plan. Eligible expenses include medical deductibles and coinsurance, dental coinsurance, vision copayments and coinsurance and certain over-the-counter drug expenses. Certain exclusions apply; we recommend that the employee check with a member of the Benefits staff to clarify any questionable expense prior to enrolling. The employee can contribute an annual minimum of \$240 and maximum of \$3,050.

IMPORTANT: Reimbursable medical expenses will process through the Health Reimbursement Account (HRA) first. Any remaining unreimbursed eligible medical expenses will then be reimbursable under the FSA. The IRS does not allow the same expenses to be reimbursed through both the HRA and FSA.

Dependent Care FSA

The Dependent Care FSA offers the employee the opportunity to be reimbursed for certain eligible dependent care expenses incurred while the employee and the employee's spouse (if married) work. Eligible dependent care expenses include before- and after-school care, day care, preschool, nursery school, summer day camp and elder day care. An eligible dependent is a child under age 13 who is claimed as a dependent on the employee's income tax, a child age 13 and older who is physically or mentally unable to care for himself/herself, a disabled spouse or an elderly parent. To enroll the employee must be either single with eligible dependents or married with a spouse who is actively employed, a full-time student or disabled. The employee can contribute an annual minimum of \$240 and maximum of \$5,000 per family.

Commuter and Transit Plan (Section 132)

The Commuter and Transit Plan is a pre-tax way to pay for van-pooling and transit expenses before Federal, State and FICA taxes are deducted. The employee can elect a monthly amount, not to exceed the IRS limit of \$300 per month, to pay for transit passes or van pooling. The employee can elect the Commuter and Transit Plan at any time and may also revoke the election at any time as long as it's before the start of the month in which the deduction is being made. Amounts not used for the month can be carried over to the next month.

Employee Assistance Program (EAP)

EAP counseling is free to all employees and their family who experience difficulty in managing personal crises. The employee and the employee's household members have access to five (5) no-cost, face-to-face counseling sessions per issue, per year. Unlimited telephonic support is available 24/7. Go to www.mycigna.com or call 877-622-4327 to get started.

Life and Disability Benefits



REMINDER: The city of Thornton provides the following benefits for all Regular employees. Police and Fire Union refer to CBA.

Basic Life Insurance

The City currently pays the full cost of the premium for group term life insurance coverage for Career Service and Excluded employee coverage, which is one and one-half times the employee's annual base salary, not to exceed an amount of \$400,000. This plan also insures the employee's spouse, domestic partner, and/or children as defined in the existing group term life insurance policy for up to \$1,000 each. Coverage amount reduces by 35% at age 65 and by 50% at age 70. Police and Fire Union refer to CBA.

Supplemental Term-Life Insurance

Employees may purchase additional term life insurance for themselves, their spouse, domestic partner, and/or child(ren). Proof of good health is required for amounts more than 4x annual compensation or \$150,000, and also for all late enrollments.

Voluntary Accidental Death & Dismemberment (AD&D)

Employees may purchase AD&D coverage for themselves, their spouse, domestic partner, and/or child(ren).

Short-Term Disability (STD) Program (non-work related)

The city provides partial income continuance program for absence due to the birth of a child, adoption or foster care placement of a child, serious health condition of the employee, to care for a family member with a serious health condition, situations relating to an employee's family member's active-duty status in the armed forces, or for safe leave. To qualify, employees must be employed for 180 days. An employee eligible for STD leave shall receive STD pay at the rate of 90% of his/her base salary; employees can supplement the remaining 10% of pay with sick time or vacation time. Employees requesting STD must contact Human Resources 30 days in advance when possible. The duration of this benefit shall not exceed 960 hours total, or 1,120 hours for employees experiencing a serious health condition related to childbirth who have already exhausted their 960 hours. STD and FMLA leave shall run concurrently. Refer to Administrative Directive 2-46 for more information.

Long-Term Disability (LTD) Program (non-work related)

The city currently provides partial income in the event of continuous long-term absence, specifically, absences extending beyond six months, in the amount of 60% of the employee's base salary in effect at the time the disability began. These disability payments are paid by a third-party administrator in accordance with the long-term disability insurance policy. In lieu of the above long-term disability coverage for Sworn Police and Fire employees hired after January 1, 1997, the city pays the costs for the State Fire and Policy Pension Association Disability Benefits Program.



Sick Leave

Each full-time employee accrues sick leave at the rate of eight hours per month of employment with the City. For more information, refer to Personnel Code 54-311. Police and Fire Union refer to CBA.

Vacation

A **regular, non-union, full-time employee** accrues vacation at the following rates. For more information on Vacation Accruals, refer to Personnel Code 54-304. For 56-hour week schedule multiply hours by 1.5.

Years Of Employment	Number of Vacation Hours Accrued Per Month	Number of Vacation Hours Accrued Per Year
0 through 2	10	120
3 through 7	12	144
8 through 12	14	168
13 through 17	16	192
18 through 22	18	216
Over 22	20	240

Holidays

Every **regular, non-union, full-time employee** working an average 40-hour per week schedule shall receive 104 hours (156 for 56-hour week) of paid holidays per year, as follows:

- **New Year's Day:** January 1st
- **Martin Luther King, Jr. Day:** Third Monday in January
- **President's Day:** Third Monday in February
- **Memorial Day:** Last Monday in May
- **Juneteenth:** June 19
- **Independence Day:** July 4th
- **Labor Day:** First Monday in September
- **Veteran's Day:** November 11th
- **Thanksgiving Day:** Fourth Thursday in November
- **Thanksgiving Friday:** Friday following Thanksgiving
- **Christmas Day:** December 25th
- **Two Floating Holidays:** Two floating holidays may be taken at any time subject to approval of supervisor. **Employees hired after June 30 will be eligible to take one floating holiday for the year they were hired.**
- The second floating holiday may be taken at any time subject to approval of supervisor, unless the Appointing Authority designates the use of such holiday for the day before (Monday) or after (Friday) the Christmas holiday.

Retirement Plans

An employee shall be considered eligible for retirement from the City at the completion of 20 continuous years of service, at age 62 with at least 10 years of service, or if qualified for normal or disability retirement in accordance with the provisions of the applicable general employee, police or fire pension plan. Any employee who terminates under this section may immediately continue to participate in the City's health plan, subject to any limitation in the plan, providing that the employee pays the entire cost of each premium, in advance, upon becoming due and payable.

- 1. General Employees** - The City and employees make contributions to FICA (Social Security/Medicare). Additionally, the City and employees each make a pre-tax contribution of 7.6% and 6.5%, respectively, of salary to the City's Nationwide Pension Plan (401 plan). In addition, the City will match 1:1 of an employee's voluntary (pre-tax) contributions to the City's Nationwide Deferred Compensation Plan (457 plan) up to a maximum of an additional 1%. Matching contributions will be deposited to the Employee's 401(a) and are subject to a 5 year vesting schedule.
- 2. Sworn Police Employees** – In lieu of Social Security, the City and employees each make contributions to a Police Pension Plan. New employee contributions are 12% of eligible compensation, employer contributions are 9.5% of the eligible compensation. For those who were hired after March 31, 1986, additional contributions will be made by the City toward the Medicare portion of FICA withholding. In addition, the City will match 1:1 of an employee's voluntary (pre-tax) contributions to the City's Nationwide Deferred Compensation Plan (457 plan) up to a maximum of an additional 1%. Matching contributions will be deposited to the Employee's 457 plan which is immediately vested.
- 3. Sworn Fire Employees** – In lieu of Social Security, the City and employees each make contributions to a Fire Pension Plan. New employee contributions are 12% of eligible compensation, employer contributions are 9.5% of the eligible compensation. For those who were hired after March 31, 1986, additional contributions will be made by the City toward the Medicare portion of FICA withholding. Refer to CBA for any additional deferred compensation (457) options.

Employees earn ownership in the city of Thornton's contributions to their retirement plan account in accordance with the following vesting schedule:

Employees earn ownership in the city of Thornton's contributions to their retirement plan account in accordance with the following vesting schedule:

1 year of service	20% vested
2 years of service	40% vested
3 years of service	60% vested
4 years of service	80% vested
5 years of service	100% vested



Retiree Health Savings (RHS)

The RHS Plan is a City-sponsored health benefit savings vehicle that allows employees to accumulate assets to pay for medical expenses for themselves and their spouse, domestic partner, or dependents at separation from service or age 50 on a tax-free basis.

Upon the completion of the employee's fifth year of continuous regular employment, the employee becomes eligible to receive the annual Employer contribution, which is subject to change and approved by City Council each year. Other allowable contributions to the Plan are forfeitures of vacation over 300 hours (450 hours for 56-hour week) at the end of the year, maximum of 40 hours. Participation in the RHS Plan will be mandatory for all non-union Regular full-time employees. Police and Fire Union should refer to the CBA.



Multi-Lingual Pay Program

This program provides employees who are bi-lingual in Spanish, Hmong and/or American Sign Language an incentive, in addition to their base pay if they are proficient. The maximum annual amount of the incentive will be \$800 or \$1,000 depending upon employee's bi-lingual ability and how often the alternative language is used in the workplace.

Qualified Life Events

Benefits are elected on an annual basis and can only be changed during Open Enrollment. However, certain life events qualify the employee to make changes to their benefits during the year. All benefit changes require two conditions to be met before they can be approved: changes must be requested within 31 days, and appropriate document proof must be provided within 45 days of the event. If both conditions are not met, the life event will not be approved and the next opportunity to make changes will be at Open Enrollment.

The following are events that qualify the employee to make changes:

- » The employee gains or loses a dependent (birth, marriage, divorce, death, adoption, common law marriage, etc.)
- » The employees dependent loses coverage due to employment change
- » The employees dependent becomes eligible for other coverage
- » The employee becomes ineligible for benefits because he/she does not work the required number of hours
- » The employee becomes eligible for benefits because their employment status changes

To make a benefit election, please contact Tammy at 303-538-7529 or Krista at 303-538-7453 within 31 days from the work/family qualifying event, with appropriate documentation provided within 45 days of the event.



Well-Being Initiatives

Welcome to BeWell. The city of Thornton is committed to creating a culture of well-being and BeWell is a comprehensive approach to employee wellness. All employees are welcome to participate in opportunities designed to support your well-being inside of and outside of work. It's also a great way to earn recognition and a way to have fun and feel well!

What are BeWell's Long-Term Goals?

- Support the physical, mental and emotional health of employees
- Create an organizational culture and climate that supports and promotes well-being

Questions?

Contact Jill Collins, your Wellness Coordinator:

- jill.collins@thorntonco.gov
- 720-977-5925

BeWell Annual Events, Program and Opportunities

- BeWell Annual Recognition Program - An opportunity to be recognized for your well-being efforts and achievements and earn the following:
 - *Regular Staff:* your choice of up to 28 hours of vacation time OR up to 16 hours of vacation time + up to \$300 for your choice of thousands of items or gift cards.
 - *Temporary Staff:* Up to \$450 for your choice of thousands of items or gift cards.
- Race sponsorship
- Team & individual challenges
- Flu shots
- Blood drives and other volunteerism/social well-being opportunities
- On-site massage
- One-on-one, on-site consultations with a Registered Dietitian, Exercise Physiologist or Personal Trainer
- Staff sports leagues
- Workshops
- On-site fitness classes available to employee and immediate families
- Free Rec Center pass & more!

Federal regulations require city of Thornton to provide benefit eligible employees with the following notices:

Pre-Authorization Notice

Participant must complete pre-certification procedures of any inpatient hospital stay as required in the plan document section entitled "Pre-Certification Procedures," or be subject to an additional charge of \$500.

Private Health Information

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

Women's Health and Cancer Rights Act

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

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

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

Special Enrollment Rights

If the employee declined enrollment for themselves or their dependents (including the employee's spouse) because of other health insurance coverage, the employee may be able to enroll themselves or their dependents in the city of Thornton's health plan if the employee or the employee's dependents lose eligibility for that other coverage (or if the employer stops contributing towards the employee or the employee's dependents' other coverage). However, the employee must request enrollment within 31 days after the employee or the employee's dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if the employee has a new dependent as a result of marriage, birth, adoption, or placement for adoption, the employee may be able to enroll themselves or their dependents, provided that the employee requests enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If the employee or their children are eligible for Medicaid or CHIP and the employee is eligible for health coverage from the State, they may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If the employee or the employee's children are not eligible for Medicaid or CHIP, the employee will not be eligible for these premium assistance programs.

If the employee or the employee's dependents are NOT currently enrolled in Medicaid or CHIP, and the employee thinks the employee or any of the employee's dependents might be eligible for either of these programs, the employee can contact the state Medicaid or CHIP office to find out how to apply. If the employee qualifies, the employee can ask the state if it has a program that might help the employee pay the premiums for an employer-sponsored plan.

Once it is determined that the employee or the employee's dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under the employee's employer plan, the employee's employer must permit the employee to enroll in the plan if the employee is not already enrolled. This is called a "special enrollment" opportunity, and the employee must request coverage within 60 days of being determined eligible for premium assistance. If the employee has questions about enrolling in a premium assistance plan, the employee can contact the local state Medicaid or CHIP office for more information.

COLORADO-Medicaid

Medicaid Website: www.colorado.gov/

Medicaid Phone: 1-800-221-3943

For all other states: (877) 267-2323, Ext. 61565

To see if any more States have added a premium assistance program since July 31, 2017, or for more information on special enrollment rights, the employee can contact either:

U.S. Department of Labor Employee Benefits Security Administration

www.dol.gov/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Ext. 61565

This guide provides only a highlight of the benefit plans offered to you and in no way serves as the actual plan description or plan document for the plans. The plan documents will always govern the offered benefits that your employer provides for you. The City reserves the right to modify any or all of these plans at anytime.

Important Contacts



Important Contacts

Employees are encouraged to review and consider the information provided in this guide carefully. Should an employee have questions on any of the plan options or need assistance related to the open enrollment process, please contact any member of the Benefits staff:

BENEFITS STAFF		PHONE NUMBER EMAIL		
Tammy Guinn, Benefits Coordinator		303-538-7529 tammy.guinn@thorntonco.gov		
Krista Payne, Benefits Administrator		303-538-7453 krista.payne@thorntonco.gov		

COVERAGE	CARRIER	GROUP NUMBER	PHONE NUMBER	EMAIL/WEB ADDRESS
Medical	Cigna	3178056	800-244-6224	cigna.com mycigna.com
Home Delivery Pharmacy	Cigna	3178056	800-285-4812	mycigna.com
Medical	Kaiser	00365	303-338-3800	kp.org
Clinical Pharmacy Call Center New Member Connect Dept. Physician Selection Team	Kaiser	00365	303-338-4503 844-639-8657 303-338-4477	
Dental Plans (EPO & PPO)	Delta Dental	7990-0000	800-610-0201	deltadentalco.com
Vision	VSP	12 134630	800-877-7195	vsp.com

FLEXIBLE SPENDING ACCOUNT (FSA)				
Flexible Spending Account	Rocky Mountain Reserve		888-722-1223	rockymountainreserve.com

RETIREMENT				
401(a)	City employees	0059994001	888-401-5272	mythorntonretirement.com
457	All eligible employees	0059990001		
RHS	All eligible employees	803478	800-669-7400	missionsq.org
Fire & Police Defined Benefit	-	-	303-770-3772	fppaco.org

EMPLOYEE ASSISTANCE PROGRAM (EAP)				
EAP	Cigna EAP	Company Code: COT	877-622-4327	mycigna.com