



Benefits Guide

General Employees

2020

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This is a summary of benefits drafted in plain language to assist an employee's understanding of what benefits are offered, and does not constitute a policy. Detailed provisions are contained in each provider's plan document. If there is a discrepancy between what is presented here and the official plan documents, the plan documents will prevail as accurate.

Introduction

Open Enrollment

Open Enrollment

Open Enrollment is upon us! This is your annual opportunity to make any changes to your benefits and/or confirm the benefits you currently have are what you want for 2020 as well. If you have a Flex Spending Account, you will need to select an amount for 2020. This is also true for the Health Savings Account if you are enrolled in or are planning to enroll in the High Deductible Health Plan.

ALL BENEFIT ELIGIBLE EMPLOYEES will need to log onto InfinityHR during the designated time in October or November to complete Open Enrollment.

Benefit-eligible means employees that are Regular Full-Time, Regular Three-Quarter-Time or hourly/seasonal employees classified as 30+ Health Plan Eligible.

You will be required to log onto Infinity HR and go through your benefits even if you are not making any changes. Even if you currently waive City benefits, you must go through this process to confirm that you are waiving them again for the following plan year.

Once the Open Enrollment window opens, Human Resources will have computers set up in our office for those who would like in-person help with their 2020 benefit selections. Otherwise, this process can be completed from any computer (work or home) at your convenience by logging onto infinityhr.com.

The Human Resources Department will be holding Open Enrollment meetings to go over any changes to premiums and coverage, and we will be happy to take questions then.



Introduction

Eligibility/Family Status Change

Who is Eligible for Benefits?

Employees

Regular full-time and regular three-quarter time employees are eligible for benefits.

Dependents

Dependents are defined as:

- Your spouse (including those defined as common-law and domestic partner).
- Your same-gender civil union partner.
- Child(ren) through the age 26 (yours, your spouse's, or your partner's).
- A dependent child over the age of 26 primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap.
- A child under your legal custody, which includes a legally adopted child, a child placed for adoption, or qualifying child as defined by the IRS.

When Can I Enroll in or Change My Benefit Selections?

There are three options for enrolling in or making changes to your benefits.

First, is as a New Hire. Generally, employees enroll in their benefits on the first day of employment. As such, benefits would be effective the first of the next month.

(For example, if you were hired September 22, your benefits would be effective October 1.)

Second is at Open Enrollment, which is typically held in October or November. At that time, you can make any legal change to any type of benefit, and the changes will be effective January 1st of the coming year.

The third instance is if you undergo a Family Status Change. Any changes to benefits due to a Family Status Change must be made within 30 days of the event. A Family Status Change is any of the following:

- Marriage
- Divorce
- Birth of a Child
- Loss of other coverage
- Gaining coverage elsewhere
- Adoption/placement for adoption
- Legal guardianship of a child

Introduction

Terms to know

Allowed amount: the amount the plan pays for covered services is based on the allowed amount. If an out of network provider charges more than the allowed amount, you may have to pay the difference.

Coinsurance: your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your co-insurance payment of 20% would be \$200. This may change if you haven't met your deductible.

Contracted rate: the rate the provider has contracted with the insurance company to pay. For example: the full cost of an office visit might be \$200, but the provider has contracted with the insurance to have it only cost \$80. You would pay the \$80 out-of-pocket.

Copay: fixed dollar amounts you pay for covered health care, usually when you receive the service. The insurance pays the rest.

Deductible: the amount of covered medical or prescription drug benefit expense that must be paid by you each calendar year before the plan begins to pay benefits.

Discount Dental Plan: a type of coverage that prices dental care services on a fee schedule. This means that you pay a certain fee that the dentist and the network provider have agreed upon for specific services. A Discount Dental Plan is *not insurance*.

Evidence of Insurability (EOI): a form that confirms physical fitness and eligibility to raise one's amount of supplemental life insurance.

Extended Plan Year: The plan year is January 1—December 31, the extended plan year refers to the time you have to spend money in your FSA, which runs January 1—March 15 of the following year (ex. January 1, 2020—March 15, 2021).

Guaranteed Issue: Policy is offered to an eligible party without regard for health status.

Generic Incentive Plan: If a substitution for a brand name prescription can be made, you will receive the generic version.

Out-of-Pocket Costs: Your expenses for medical care that aren't reimbursed by insurance. This can include deductibles, coinsurance, and copayments.

Out-of-Pocket Maximum: the most you will pay before the health plan covers 100% of your costs. Must be met each year.

Preferred Provider Organization: A type of dental insurance coverage in which you can select a dentist from a network of preferred dental providers. These providers have agreed to provide dental care to members at reduced rates.

Prefund: Your money is available all at once, right away.

Self-funded: Premiums that the City pays and Premiums employees pay go into the same fund, which is then used to pay out claims incurred by employees and their covered dependents.

Medical

About the Plans



Medical Insurance

The City of Greeley offers two self-funded medical plans. Medical insurance works for you in many ways. It reduces the expense for your health care needs, helps prevent financial hardship in the event major health problems arise, and keeps you and covered dependents in good health.

The City is self-funded for health insurance. This means the premiums that the City and employees pay go into the same fund, which is then used to pay out claims incurred by employees and their covered dependents. These plans are administered by Aetna, which means that it establishes the provider network, administers claims, and pays medical providers. Both plans meet the Minimum Essential Benefits required under the Affordable Care Act.

Plans

Choice Plan

The Choice Plan is a traditional Preferred Provider plan requiring co-pays for office visits and pharmacy expenses, a deductible and co-insurance for more significant medical needs.

High Deductible Health Plan (HDHP)

The HDHP is a plan in which all medical costs (beyond preventive care) are applied to a deductible prior to insurance being applied. Medical costs include pharmacy expenses and acute visits to your health care provider. To assist with saving for potential costs, this plan provides a Health Savings Account (see page 7).

Bi-weekly Employee Premiums (Full-Time and 30+. See Benefits Summary sheet for 3/4 Time)

Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Choice Plan	\$79.38	\$163.85	\$137.08	\$220.62
HDHP	\$60.00	\$123.69	\$106.62	\$168.00

Your Maximum Annual Medical Liability

	ANNUAL Premium	+ Out-of-Pocket Max	- City HSA Contribution	= Your Maximum Annual Liability
Choice Plan Single	$(\$79.38 \times 26) = \$2,063.88$	\$5,500	\$0	\$7,563.88
HDHP Single	$(\$60.00 \times 26) = \$1,560.00$	\$3,500	\$1,450.00	\$3,610.00
Choice Plan Employee + Spouse	$(\$163.85 \times 26) = \$4,260.10$	\$11,000	\$0	\$15,260.10
HDHP Employee + Spouse	$(\$123.69 \times 26) = \$3,215.94$	\$7,000	\$2,400.00	\$7,815.94
Choice Plan Employee + Children	$(\$137.08 \times 26) = \$3,564.08$	\$11,000	\$0	\$14,564.08
HDHP Employee + Children	$(\$106.62 \times 26) = \$2,772.12$	\$7,000	\$1,820.00	\$7,952.12
Choice Employee + Family	$(\$220.62 \times 26) = \$5,736.12$	\$11,000	\$0	\$16,736.12
HDHP Employee + Family	$(\$168.00 \times 26) = \$4,368.00$	\$7,000	\$2,900.00	\$8,468.00



Medical

Plan Summary

	Choice Plan		High Deductible Health Plan	
Service	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$1,000 Single \$2,000 Family	\$2,000 Single \$4,000 Family	\$3,500 Single \$7,000 Family	\$7,000 Single \$14,000 Family
Co-insurance	You pay 20%, Plan pays 80% after the deductible is met	You pay 50%, Plan pays 50% after the deductible is met	You pay 0%, Plan pays 100% after the deductible is met	You pay 50%, Plan pays 50% after the deductible is met
Out-of-pocket Maximum	\$5,500 Single \$11,000 Family	Unlimited	\$3,500 Single \$7,000 Family	\$10,000 Single \$20,000 Family
Pharmacy Plan	Performance Pharmacy Plan *Generic Incentive Plan Retail—(per 30 day supply) Tier 1—Generic: \$10 Tier 2:-Brand Name \$30 Tier 3-Non-preferred: \$60 Home Delivery—(Per 90 Day supply) 2x retail Co-pay 90 day retail supply at 3x retail copay for Non-Specialty medications	Member pays 100% at the time of purchase, then reimbursed 50% after the applicable copay	Med Pharmacy Plan Once the medical deductible is met then the member is responsible for the coinsurance You pay 0%, plan pays 100%	Member pays 100% at the time of purchase and submits a claim for reimbursement. Member responsibility subject to medical deductible and elected Rx coinsurance
Primary Care Visit	\$30 co-pay/visit	You pay 50%, Plan pays 50% after the deductible is met	You pay 0%, Plan pays 100% after the deductible is met	You pay 50%, Plan pays 50% after the deductible is met
Specialist Visit	\$40 co-pay/visit	You pay 50%, Plan pays 50% after the deductible is met	You pay 0%, Plan pays 100% after the deductible is met	You pay 50%, Plan pays 50% after the deductible is met
Preventive Care, Services, Immunizations	\$0	You pay 50%, Plan pays 50% after the deductible is met	\$0	Lab & x-ray: Plan pays 100%; All other services: You pay 50%, Plan pays 50% after the deductible is met
Urgent Care	\$40 co-pay/visit	You pay 50%, Plan pays 50% after the deductible is met	You pay 0%, Plan pays 100% after the deductible is met	You pay 50%, Plan pays 50% after the deductible is met
Emergency Room Care	\$350		You pay 0%, Plan pays 100% after the in-network deductible is met	
Inpatient Hospital Services	In-network facility: you pay 20% plan pays 80% after the deductible is met	Out-of-network facility: you pay \$500 per admission deductible then you pay 50% plan pays 50% after the deductible is met	You pay 0%, Plan pays 100% after the deductible is met	You pay 50%, Plan pays 50% after the deductible is met
Outpatient Hospital Services	Outpatient facility: you pay 20% plan pays 80% after the deductible is met	Outpatient facility: you pay \$500 per admission deductible then you pay 50% plan pays 50% after the deductible is met	You pay 0%, Plan pays 100% after the deductible is met	You pay 50%, Plan pays 50% after the deductible is met

Health Savings Account

(HSA)

What is it?

A Health Savings Account (HSA) is a tax-advantaged savings account to help you pay for qualified healthcare expenses. For those enrolled in the HDHP, there are no co-pays for services. With the exception of preventive care, all medical expenses (office visits, prescriptions, lab work, etc.) incurred before the deductible is met are paid at the full contracted rate out of your pocket. Your HSA will work like a checking account to assist in paying these costs, as well as dental and vision out-of-pocket costs. A Health Savings Account (HSA) is provided for participants in the High Deductible Health Plan (HDHP), and is only available to those participating in the High Deductible Health Plan.

Once you open an HSA, the account is yours forever. Any savings that are not used roll over from year to year and can be used to pay healthcare costs in years to come, even if you no longer work for the City.

Each year, you will be asked to choose a contribution amount during Open Enrollment, however you can change it throughout the year if you should need to. The IRS sets a maximum amount that can be contributed to your Health Savings Account. For 2020, those limits are \$3,550 for a single person, and \$7,100 for two or more people on a plan, that includes the employer contribution. Employees age 55+ can contribute an extra \$1,000 each year. Once an employee turns 65, they can no longer contribute to an HSA.

Payflex

HSAs are administered by Payflex. You will receive a debit card to use to pay eligible healthcare expenses. Visit payflex.com to manage your account!



Health Plan Level	Annual City Total Contribution	2020 HSA Maximum
Single	\$1,450.00	\$3,550
Employee + Spouse	\$2,400.00	\$7,100
Employee + Children	\$1,820.00	\$7,100
Employee + Family	\$2,900.00	\$7,100

How Much Can I Contribute?

Not sure how to calculate your contribution per pay check? Choose your plan level and use this worksheet to help!

2020 HSA Maximum — Annual City Total Contribution = Total 2020 Employee Contribution

_____ — _____ = _____

2020 Employee Contribution ÷ 26 pay periods = Maximum contribution per pay check

_____ ÷ 26 = \$ _____

Flexible Spending Account

Healthcare FSA, Dependent Care FSA

What is it?

A Flex Spending Accounts (FSA) is another way to set aside pre-tax dollars for out-of-pocket healthcare expenses. The City offers three types:

- Healthcare FSA: for eligible medical, dental, and vision expenses not covered by insurance.
- Limited Use Healthcare FSA: If you are signed up for the High Deductible Health Plan and HSA eligible, you can also have an FSA, however it can only be used for eligible dental and vision expenses.
- Dependent Care FSA: For child and/or elder care costs.

Be aware that money in Flexible Spending Accounts is USE IT OR LOSE IT. The City has an extended plan year, which means that the money you contribute January through December can be used until March 15 of the following year. After that, any remaining funds are forfeited.

Healthcare FSA

Healthcare FSAs allow you to set aside up to \$2,750 annually for eligible healthcare costs. Healthcare FSAs prefund, which means that the total amount you choose to contribute is available to you right away, even though your actual contributions will come out of your paycheck throughout the year.

Example:

During Open Enrollment, I decide to contribute \$10 each pay period to a Healthcare FSA in 2020. This will come to \$260 for the whole year. On January 1st, all \$260 in my FSA will be available for me to use, but my \$10 will come out of every paycheck all year.

Dependent Care FSA

A Dependent Care FSA allows you to set aside up to \$5,000 annually to pay for eligible child and/or elder care expenses ('married filing separately' max is \$2,500). Your Dependent Care FSA does NOT prefund, which means that you can only use funds that are available at the time of use.

Payflex



FSAs are administered by Payflex. You will receive a debit card to pay eligible healthcare expenses, or you can manually submit reimbursement requests. Visit payflex.com to manage your account!

How Much Can I Contribute?

Not sure how to calculate your contribution per pay check? See below!

Healthcare FSA

$$\begin{array}{rclcl} 2020 \text{ Employee Contribution} & \div & 26 \text{ pay periods} & = & \text{Maximum contribution per pay check} \\ \underline{\hspace{1.5cm} \$2,750 \hspace{1.5cm}} & \div & 26 & = & \$ \underline{\hspace{1.5cm} \$105.77 \hspace{1.5cm}} \end{array}$$

Dependent Care FSA

$$\begin{array}{rclcl} 2020 \text{ Employee Contribution} & \div & 26 \text{ pay periods} & = & \text{Maximum contribution per pay check} \\ \underline{\hspace{1.5cm} \$5,000 \hspace{1.5cm}} & \div & 26 & = & \$ \underline{\hspace{1.5cm} \$192.31 \hspace{1.5cm}} \end{array}$$

Dental

About the Plans



Dental Plans

Dental Plans help to pay for dental expenses and make routine care and maintenance affordable. The City offers four options. Two are discount dental plans offered through Beta Health, and two are PPO (preferred provider organization) plans offered through Delta Dental of Colorado.

A Discount Dental Plan is a type of coverage that prices dental care services on a fee schedule. This means that you pay a certain fee that the dentist and the network provider have agreed upon for specific services. A Discount Dental Plan is *not the same as insurance*.

A Preferred Provider Organization is a type of dental insurance coverage in which you can select a dentist from a network of preferred dental providers. These providers have agreed to provide dental care to members at reduced rates.

Beta Health

Beta Health is a Colorado-based organization, and both plans are network only, meaning you must visit a dentist in their network in order to be covered.

Alpha Dental

Alpha Dental is a discount dental plan that offers discounts of up to 100% on preventive care, up to 80% on basic services, and up to 60% on major services. This plan has no waiting periods and has no annual maximums.

CarePOS

CarePOS is a discount dental plan that offers discounts of up to 80% on preventive care, up to 70% on basic services, and up to 50% on major services. This plan has no waiting periods and has no annual maximums.

Delta Dental

Delta Dental is a nationwide provider, and you can see any dentist in the Delta network. Both plans have a 12 month wait for major services! A "major service" includes things like crowns, root canals, dentures, etc. Preventive care and basic services can be performed and covered as soon as coverage is effective.

Delta A Low Option

Delta A covers preventive care 100%, basic services at 80%, and major services at 50%. This plan has a \$1,000 annual maximum per person and does NOT cover orthodontics.

Delta B High Option

Delta B covers preventive care 100%, basic services 100%, and major services at 50%. This plan has a \$1,500 annual maximum per person. Orthodontics are covered, however there is a \$1,000 lifetime benefit per individual (that does not count towards the annual max).



Dental

Plan Summary

Service	Beta Health		Delta Dental	
	Alpha	CarePOS	Delta A	Delta B
Annual Maximum Benefit	Unlimited	Unlimited	\$1,000 per person	\$1,500 per person
Deductible	None	None	\$25 single/\$75 family	\$25 single/\$75 family
Preventive Services	Co-pay, see Fee Schedule (save up to 100%)	Co-pay, see Fee Schedule (save up to 80%)	Plan pays 100%	Plan pays 100%
Basic Services	Co-pay, see Fee Schedule (save up to 80%)	Co-pay, see Fee Schedule (save up to 70%)	You pay 20%, Plan pays 80% after the deductible is met	Plan pays 100%
Major Services	Co-pay, see Fee Schedule (save up to 60%)	Co-pay, see Fee Schedule (save up to 50%)	You pay 50%, Plan pays 50% after the deductible	You pay 50%, Plan pays 50% after the deductible
Orthodontics	Up to 23% discount on normal full fees.	Up to 20% discount on normal full fees	N/A	\$1,000 lifetime benefit per person paid at 50%

Sample Fee-Schedule For current rates, see betadental.com

Dental Procedure	Normal Fee	Alpha Plan Cost	Care POS Plan Cost
Routine Office Visit	\$35	\$5	20% Discount
Periodic Oral Evaluation	\$53	\$0	\$25
Bitewing X-Ray	\$134	\$29	\$75
Adult Cleaning	\$96	\$15	\$50
Amalgam Filling	\$150	\$33	\$66
Porcelain/Ceramic Substrate Crown	\$1,196	\$395	\$639
Complete Denture—Maxillary	\$1,799	\$533	\$838
Complete Denture—Mandibular	\$1,799	\$533	\$838
Extraction*	\$185	\$46	\$85

Bi-weekly Employee Premiums

Plan	Employee Only	Employee + 1	Employee + 2
Alpha	\$0	\$2.00	\$3.00
Care POS	\$0	\$2.00	\$3.00
Delta A	\$0	\$8.31	\$13.38
Delta B	\$4.15	\$14.77	\$24.92

Vision

About the Plans



What about it?

Vision benefits are not just for individuals who wear glasses or contacts. A comprehensive annual eye exam is important for everyone at every age to help maintain healthy eyes and vision, and for your overall wellness. In fact, a comprehensive eye exam can provide an early diagnosis of vision and eye issues, health conditions, and systemic diseases, including:

- Blurred vision
- Computer Vision Syndrome
- Diabetes
- High blood pressure
- High cholesterol
- Glaucoma
- Cataracts
- Cancer

Plan Options

The City offers two levels of vision care. For both, there are no claim forms and no ID cards provided. When you visit a provider, you will let them know that you are covered on VSP and give the covered employee's Social Security Number.

Basic

The Basic Option provides a \$20 eye exam every 12 months to all members covered under the plan. The City pays the full premium for this benefit level.

Buy Up

The Buy-Up option also offers a \$20 eye exam every 12 months. This plan level also offers discounts on lenses, frames, or contacts every 24 months.

Bi-weekly Employee Premiums

Plan	Employee Only	Employee + 1	Employee + 2
Basic	\$0	\$0	\$0
Buy Up	\$4.34	\$6.27	\$11.09





Group Life and AD&D

About the Plans

What is it?

Both Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance are provided by the City to eligible employees at NO COST to the employee.

Group Basic Life

The City provides a life insurance benefit equal to 1.5x your annual salary or up to \$300,000—whichever is less. You are automatically enrolled in this benefit if you are eligible, and you can see your specific coverage amount as you go through InfinityHR's enrollment process.

Dependent Rider

If you have a spouse and/or children, the City provides a life insurance benefit for them as well. The Dependent Rider covers \$5,000 for your spouse, and \$1,000 per child also at NO COST to you. Even if you are not planning to enroll your dependents in any other benefits offered by the City, you can add them to InfinityHR for this benefit.

Group AD&D

AD&D differs from Life insurance in that it covers you if death is a result of an accident, or, it pays out a percentage of your coverage amount if you should lose a limb or are paralyzed in the course of your work for the City. The City provides an AD&D benefit equal to 1.5x your annual salary or up to \$300,000—whichever is less. You are automatically enrolled in this benefit if you are eligible, and you can see your specific coverage amount as you go through InfinityHR's enrollment process.

Supplemental Life and AD&D

About the Plans



What is it?

The City provides Basic Life and AD&D Insurance, but you may purchase more in addition to what the City offers.

Supplemental Life

Employee Supplemental Life

Employees have a guaranteed issue of \$250,000. Guaranteed issue means you do not have to complete an Evidence of Insurability. You can purchase as little as \$10,000 or as much as 5 times your base pay, so the amount you are eligible for will vary depending your annual salary. If you choose this option as a new hire, you may enroll in supplemental life insurance as you go through your first benefit enrollment. If you choose to add or increase your coverage later, you will be required to complete an Evidence of Insurability (EOI) form. Please note that in order to purchase any Supplemental Life Insurance for your Spouse or your Child(ren), you must have it for yourself first.

Spouse Supplemental Life

Employees may purchase additional life insurance on their spouse. Spouses are guaranteed issue \$50,000 and are eligible for up to 50% of the total insurance benefit selected by the employee. All new enrollments or increases to supplemental life insurance policies for spouses require EOIs.

Dependent Child(ren) Supplemental Life

Employees may purchase additional life insurance in the amount of \$10,000 for each child.

Supplemental AD&D

Supplemental AD&D provides an additional death benefit should a covered person die as a result of an accident. Coverage can be purchased at two levels– employee only or employee + family. AD&D premiums are not based on age.



Disability

About the Plans

In the event of an accident, illness, or injury that interferes with your ability to work, the City offers both short-term and long-term disability benefits.

Short Term Disability (STD)

Short term disability benefits are available to General Employees after the first day of the month following date of hire. A pre-existing condition limitation applies.

Short term disability benefits have a 14 day elimination period, after which it will replace 70% of your base salary with taxes coming out as usual. The remaining 30% of your salary must be supplemented using your available PTO or other leave hours. STD benefits cover you for up to 90 days, at which point you may apply for long-term disability (LTD).

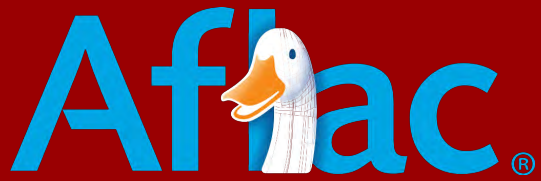
Long Term Disability (LTD)

Long term disability benefits are available to General Employees. Employees are eligible for LTD when all other benefits go into effect.

Long term Disability has a 90 day elimination period, after which it will replace 60% of your base salary. This benefit is *not* taxed, so you receive the full 60%. LTD insurance is available until age 65, or until you are no longer disabled.



Aflac



Aflac Accident Advantage Plan

In the event of a covered accident, the Accident Advantage Plan pays you cash benefits to help with the costs associated with out-of-pocket expenses and bills that your medical insurance may not fully cover. Coverage on this plan is available to you (the employee), your spouse, and dependent children.

This Accident Advantage Plan covers things like transportation, lodging, ER treatment, rehabilitation, etc. For more information, please visit Human Resources for a packet.

The Accident Advantage Plan also provides a Wellness Benefit for a covered preventative screening if you go 12 months without having to use this plan.

Aflac Hospital Indemnity Plan

The Hospital Indemnity Plan pays you cash benefits to help offset out-of-pocket costs that come with extended hospital stays in the event of an injury or covered sickness. These benefits include a Hospital Admission Benefit, Hospital Confinement Benefit, and an Intensive Care Benefit.

Want More Information?

Detailed packets and brochures are available at your New Hire Orientation, on COGI, and in the Human Resources Office.

Employee Savings Plan

About the Plans

About

It is never too soon to start saving for your retirement, and the City offers a few ways for you to do so. The City's Employee Savings Plan is provided through Principal Financial Services, Inc. and puts you in total control of your contributions and savings. Annual maximum contribution (that includes the City's) is \$18,500. If you are over 50 years of age the annual contribution goes up to a total maximum of \$24,500.

Traditional 401(k) vs. Roth 401(k)

The difference between these two types of accounts is the timing of taxes.

With a Traditional 401(k), your contributions are made with pre-tax dollars. That is, the money you put into this account comes out of your paycheck before all of the taxes do. The money is allowed to grow tax sheltered, and when it comes time for you to withdraw funds in your retirement, your withdrawals will be taxed as ordinary income.

A Roth 401(k) is just the opposite— you pay taxes up front. Your contributions come out of your check after they have already been taxed. The money in your account grows tax sheltered and when it comes time to retire, qualified withdrawals come out tax-free.

How Do I Get Started?

When you begin your employment with the City, you are automatically enrolled into a Traditional 401(k). The City will contribute 4% to this Traditional 401(k). You are automatically set to contribute 4%. Provided that you continue to contribute at least 4%, the City will contribute an additional 2% (for a total of 6%).

With Principal, you are in total control of your contributions and account types. You can set up a Roth 401(k), manage investments, change your contribution percentages, and direct your contributions however you want, whenever you want through principal.com. You can contribute up to 50% of your base salary (not to exceed \$18,500 or \$24,500 if age 50 or older.)

Automatic Increase

Every March, the City will automatically increase your contributions:

- If you are contributing less than 4%, you will be bumped up to 4%.
- If you are contributing at least 4%, you will be bumped up 1%, up to a maximum of 10%.

You can opt out if you choose. Notices will be sent out in February via mail, email, and COGI.

Why March? Annual evaluations are due in February, and any resulting merit increases also go into effect in March. Why not put away more for your retirement as you get a raise?



Deferred Compensation

About the Plans

About 457 Plans

A 457 Deferred Compensation Plan is a defined contribution retirement plan option available to public sector employees only. 457s allow you to save and invest money for retirement with tax benefits. Similarly to a 401(k), the IRS limits contributions. For 457 plans, the annual contribution limit is \$18,500, however if you are age 50 or older, you may contribute up to \$24,500. While 457 plans are similar to 401(k) plans in many ways, there are some differences when it comes to early withdrawal penalties and minimum required distributions. With 457 plans:

- There isn't a minimum retirement age
- There isn't a 10% federal penalty for early withdrawal of funds, although withdrawals are subject to ordinary income taxes
- There is a withdrawal option for unforeseen emergencies that meet certain legal criteria, if all other financial resources are exhausted
- Distributions are available in a lump sum, annual installments or as an annuity
- There is no tax withholding if you leave for a new job and roll over your money into an IRA or your new employer's 401(k), 403(b) or 457 plan – or if you take regular installments for 10 years or more. (All other distributions are subject to 20% withholding for federal taxes.)

Plan Option

The City offers one 457 Deferred Compensation Plan to General Employees. This plan is offered through ICMA-RC. Enrollment in this plan is entirely voluntary, and you can sign up at any time. Please contact Human Resources for an enrollment form if you are interested!



Paid Time Off & Holidays

Paid Time Off

Paid Time Off (PTO) can be used for rest, recreation, personal illness/injury or time off to meet other personal needs such as doctor, dentist, or EAP appointments with supervisory approval as needed. Unscheduled use of PTO may be used without prior approval for employee or family illness or emergencies.

PTO starts accruing for New Hires on the first paycheck.

PTO Accrual Rates

PTO accrues each bi-weekly pay period at the rates below:

Length of Service	Full Time	Three-Quarter Time
Start through 2nd year	4.64	3.48
3rd through 5th Year	5.24	3.93
6th through 10th year	6.14	4.61
11th through 15th year	7.04	5.28
16th through 20th year	7.74	5.81
21st year or more	8.04	6.03

*Please view the Employee Handbook for details on maximum accrual limits.

Holidays

The City observes 10 holidays each year, and the schedule can be found on COGI year round. Most employees will receive the observed holiday off as it occurs in the calendar year. If an employee is required to work on a holiday, the leave will be credited to their Holiday Bank for use at a later time.

In addition, a Floating Holiday is granted on January 1st for employees active during the pay period encompassing January 1st.

General Employees in positions that are generally scheduled to work on or through holidays (PW– Transit; GPD—Records Employees) will instead receive holiday hours in a lump sum at the start of the year, or a prorated lump sum amount if they start mid-year. This Holiday Bank can be used at the employee's discretion if approved by the supervisor.

HOLIDAY LEAVE IS USE IT OR LOSE IT. Any holiday hours not used by DECEMBER 31, 2020 will be forfeited.

Employee Assistance Program

About the Employee Assistance Program



Anytime support

Aetna Resources For LivingSM

What is it?

Living a healthy and balanced life means taking care of your emotional health just as much as your physical health. The Employee Assistance Program (EAP) provides employees and their families with resources to deal with personal or work-related issues that may cause stressors and affect day to day life.

The EAP provides professional and confidential counseling for a variety of needs. Employees may have up to 6 sessions per person, per issue, per year. Any use of the services provided is kept completely confidential from your employer, your insurance, and your medical provider.

How can EAP Help Me?

- Unlimited Telephonic Consultation
- Management Consultation
- Available 24/7
- Work/life support such as eldercare, childcare, and pet care
- Education, Financial, Legal, and Identity Theft Services
- Health Rewards (discounts for healthy lifestyle services)

Reach Out:

Calling: 888-238-6232

Online: resourcesforliving.com (Username: greeleygov, Password: eap)

aetna[®]

Employee Wellness Center

About CareHere

What is it?

The Employee Wellness Center (EWC) is a health clinic available to ALL benefit eligible employees. Dependents enrolled in one of the City's medical plans are also eligible to use the EWC.

The EWC is provided through CareHere and is located in the lower level of the Senior Center at 1010 6th Street, Greeley, CO 80631.

The EWC offers a wide variety of services such as physicals, shots, care for sprains/strains/cuts, and treatment for everything from allergies to sinus infections. You can visit for preventive or acute causes, and you can use the EWC as your primary care physician. The EWC can help manage ongoing health issues such as diabetes, cholesterol, and high blood pressure, as well as provide referrals if need be. The EWC can also run lab and pathology services, and offers a variety of generic prescriptions.

Any use of the EWC is kept completely confidential. Employees and their dependents are eligible to use it as soon as their health insurance with the City is effective.

How much does it cost?

Choice Plan: FREE!

HDHP: FREE for preventative services, \$20 co-pay for non-preventative services.

Not Enrolled in Either Plan: Employee Only—FREE for preventive services; \$20 co-pay for non-preventive services.

Schedule an Appointment:

Registration required. Call the number below or [create an account](#) online using the access code for your plan. Once you have an account, schedule an appointment online, with the app, or by phone!

Access codes:

PPO/Choice: CGRCP2

HDHP: CGHSA4

Waived Coverage (employee only): CGRWV9

Call: 877-423-1330 24/7

CareHere!



CITY OF GREELEY
**EMPLOYEE
WELLNESS
CENTER**

Hours:

Monday: 7:30 am– 12:00 pm & 12:30 pm– 3:30 pm

Tuesday: Closed

Wednesday: 7:30 am– 12:00 pm & 12:30 pm– 3:30 pm

Thursday: 7:30 am– 12:00 pm & 12:30 pm– 3:30 pm

Friday: 7:30 am– 12:00 pm & 12:30 pm– 3:30 pm

Wellness Program

About the Plans

What is it?

Our Wellness Program provides a pathway for all staff to pursue a healthy lifestyle. The program is designed to promote and improve health and well-being in the lives of City employees and their families through health education and wellness interventions aimed at fostering healthy lifestyles. Check your email for Wellness Weeklies to keep up to date on monthly challenges and events to participate in!



CITY OF GREELEY
WELLNESS
empower. thrive. live.

Programs Available:

- AHA/Know Your Numbers Campaign
- Hearing Screening
- Mammogram Event
- Flu Clinics
- Lunch & Learns
- Injury Clinics
- Exercise and Weight Loss Program
- Bike Library Program
- Mother's Room
- Monthly Challenges

What's in it for me?

[Other than your health?!](#) The City will offer ONE Health Premium Holiday and the opportunity to earn 8 hours of PTO in 2020. This means there will be a paycheck where the City waives your health premium and 8 hours of PTO added to your leave bank. Certain simple rules and guidelines will apply; watch for more information throughout the year on how to qualify. The "Wellness Year" runs from January 1—September 30.

Grokker

Join in on the fun and participate in online wellness opportunities!

- Participate in online challenges
- Earn points for chances to win prizes
- Track your health premium holiday progress
- See calendar of upcoming wellness events
- View over 3,700 videos and media content
- And More!

Username: Your Work Email (Greeleygov.com/greeleypd.com)

Password: Whatever you create.

You DO NOT have to be enrolled in the City's benefits to participate in the online wellness portal.

The Grokker logo features the word "Grokker" in a bold, red, sans-serif font. The letter 'o' is replaced by a stylized red heart shape.

Wellness Program

Wellness Partnerships

Wellness Recreation Membership

All memberships will include access to both the Greeley Recreation Center and the Family Funplex. This includes unlimited use of both facilities, including:

- Fitness centers
- Open gyms
- Locker rooms
- Open swims and lap swims
- Adventure Golf (FunPlex)
- Walking track (FunPlex)
- Racquetball courts (Rec Center)
- Rock climbing wall (Rec center, certification required).
- Core fitness classes

Rates:

Payments can be made directly at the facility, or via bi-weekly payroll deduction. Rates are as follows:

- Employee - \$25 per year (1 time payment)
- Employee Spouse/Domestic Partner- \$20 per month (\$9.23/paycheck)
- Employee Family (spouse and up to 4 children) - \$40 per month (\$18.46/paycheck)



Golf Punch Cards

Golf Punch Cards are available courtesy of the City's Golf Courses, Boomerang Links and Highland Hills. Each Punch Card allows you to walk 10 rounds of 9 holes or 10 rounds of 18 holes, Monday—Friday. Punch Cards are eligible to be a payroll deduction that comes out of your check for 12 weeks.



Greeley Bike Share

There are 20 bikes available in at City locations for employee check out. Sign out a bike for free by contacting your building's bike advocate.



Greeley-Evans Transit

For \$5 annually, you can have unlimited access to riding around town with GET Transit.



Benefits On the Go

Online Access, Apps, and More!

Aetna.com

When you're an Aetna member, you get tools and resources to help manage your health and your benefits. All of your plan information and cost-savings tools are in one place – your member website. And with new enhancements, you'll enjoy a cleaner screen, simpler searches, uncomplicated claims and plenty of perks.



Sign up for this members-only website at aetna.com.

Teladoc doctor access

by phone or video

Is it after hours? Or you can't get to the doctor's office? Teladoc gives you 24/7 access to quality care by board-certified doctors. They can treat many nonemergency medical issues by phone or video. Members can request a visit through the web, Teladoc app or by phone and speak to a licensed doctor in under ten minutes. And while urgent care centers and the emergency room can be costly and time consuming, Teladoc visits are never more than \$40. Find out more and set up your Teladoc account at teladoc.com/aetna or 1-855-Teladoc (835-2362).

Informed Health-Line* - 1-800-556-1555

Sometimes, a phone call makes all the difference. You can talk to a registered nurse for information about tests, procedures and treatment options. 24 hours a day, 7 days a week. And the call is free. You can find the

Aetna Concierge

Aetna Concierge - 1-855-220-6507

Have questions about your plan? Our concierge is here to help.

Aetna concierge can help you with questions about a diagnosis, select a doctor, learn about your coverage or plan for upcoming treatment. Think of the concierge as your personal assistant for health care.

Your concierge will help find solutions that fit your needs, show you how to use our online tools, find network providers based on your medical needs and even help you schedule appointments.

Simply call the number on your ID card or log in to your member website at aetna.com

Get it all in the way that's most convenient for you. Call or download the myCigna app!

Benefits On the Go

Online Access, Apps, and More!

PayFlex Mobile



The PayFlex App gives you real time access to manage your account(s) anywhere you go, 24/7. Designed to accommodate your schedule and lifestyle, the PayFlex App is perfect for situations when you're away from home and need to pull

up your account quickly and securely. Check your balance, file a claim, store documents, check the status of a claim, or mark your card lost or stolen.

Care Here



- See all available appointment times
- Easily reserve your appointment
- Set text & e-mail appointment reminders
- Change or cancel appointments
- Review appointment history

Delta Dental



Your dental health is important to Delta Dental... and to your overall health. We want to make it easy for you to make the most of your dental benefits, so you can maximize your health, wherever you are. Delta Dental's mobile app gives

you access to the dentist search tool, claims and coverage, ID cards, and more, right on your mobile device.

Principal



View your retirement and insurance accounts from Principal® anytime and anywhere—with this free and secure mobile app. Change your contribution amounts, try out My Virtual Coach, and view the Retirement Wellness Planner.

Grokker



VSP



Manage your eye care needs at any time, and from anywhere, with VSP Vision Care On The Go. Find a doctor, check your coverage, access your vision card, and shop the latest eyewear fashions 24/7. Caring for your eyes has never been so easy.

- Complete the Wellness Quiz
- Access Activity & Incentive Trackers
- Participate in Campaigns & Challenges
- Take Advantage of Behavior Change Tools
- Enter Reward Activities & Receive Incentives
- Utilize Goal Setting Tools

Benefits On the Go

Contact Information

Aflac

aflacgroupinsurance.com
Laura Marcotte—Regional Sales Coordinator
larua_marcotte@us.aflac.com
(970) 667-3770

Payflex

payflex.com
(844) 729-3539
payflex.com

CareHere

carehere.com
(877) 423-1330
info@carehere.com

Medical

Aetna
aetna.com
(855) 220.6507

Vision

VSP
vsp.com
(800) 877-7195

457

ICMA-RC
icmarc.org
1 (800) 326-7272

Aetna Resources for Living

resourcesforliving.com

1-888-238-6232

Dental

Beta Health
betadental.com
(303) 744-3007

Delta Dental
deltadentalco.com
1 (800) 610-0201

customer_service@ddpco.com

Employee Savings Plan

Principal
principal.com
(800) 986-3343

Human Resources Contacts

Human Resources Department
(970) 350-9710
hr@greeleygov.com

Mandy Warehime, Benefits
(970) 350-9711
HRBenefits@greeleygov.com
mandy.warehime@greeleygov.com

Jennifer Cooney, Wellness Coordinator
greeleygov.com/employees
(970) 350-9705
jennifer.cooney@greeleygov.com



BETA Health
"Benefits Done Your Way"



Published by the City of Greeley Human Resources Department

This is a summary of benefits drafted in plain language to assist an employee's understanding of what benefits are offered, and does not constitute a policy. Detailed provisions are contained in each provider's plan document. If there is a discrepancy between what is presented here and the official plan documents, the plan documents will prevail as accurate.