

Town of Parker

EMPLOYEE BENEFITS GUIDE

2025 Edition

Benefits are an integral part of the ov compensation package provided by Town of Parker. Within this Benefits you will find important information benefits available to you for the 2025 year (January 1, 2025– December 31, 2025).

Please take a moment to review the the Town of Parker offers to determine which plans are best for you.

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MEDICAL INSURANCE

BENEFITS ELIGIBILITY

Full-time employees are eligible for the following benefits on the first day of the month following 30 days of employment:

- Medical *Full-time employees are eligible to participate in the retirement programs immediately upon hire.*
- Dental
- Vision
- HSA/FSA *The EAP program is available to employees on their first day of employment.*
- Life and AD&D
- Disability

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse*.
- Your domestic partner.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

*If legal spouse is a Town employee, please reach out to HR for more information.

ENROLLMENT

You may sign up for benefits or change your benefit elections at the following times:

- Within 30 days of your initial eligibility date (as a newly-hired employee).
- During the annual benefits open enrollment period.
- Within 30 days of experiencing a qualifying life event.

The choices you make at this time will remain the same through December 31, 2025. If you **do not** sign up for benefits during your initial eligibility period or during the open enrollment period, you will **not be able** to elect coverage until the following plan year.

CHANGING YOUR BENEFITS DURING THE YEAR

The Town of Parker allows you to pay your portion of the medical, dental, and vision plan costs, and fund the flexible spending accounts, on a **pre-tax** basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event.

QUALIFYING LIFE EVENT (QLE)

Any employee who experiences a qualifying life event (QLE) and wishes to change their benefit election to coincide with that event, must request a Life Event Change through UKG within 30 days of the QLE. Change requests submitted after 30 days cannot be accepted per IRS regulation.

Each life event requires applicable documentation to be uploaded into UKG as part of the QLE benefit change process. You will not be able to submit or be approved for a QLE without supporting documentation.

Below, please see the list of qualified life events with the accepted proof of documentation for each event.

Birth, adoption and legal guardianship

- Birth certificate or application for a birth certificate
- Adoption record or placement for adoption
- Legal guardianship document
- Court order or child support order

Marriage

- Marriage license (include proof of coverage for at least one, subscriber or spouse)

Loss of employer-sponsored group coverage

- Letter or document from employer stating the employer changed, dropped or will drop coverage or benefits for the employee, spouse or dependent, including the date coverage ended or will end
- Letter from health insurance company showing coverage termination date
- COBRA documentation showing length of coverage with beginning and end dates

Divorce or legal separation

- Divorce or annulment papers including the ending of health care responsibility and proof of prior qualifying health coverage within the last 60 days

Death of policyholder

- Death certificate or public notice of death

Loss of Medicaid

- Documentation from Colorado Department of Health and Human Services indicating the reason for loss and when coverage ended or will end
- Letter from Medicaid or Children's Health Insurance Plan (CHIP) stating when coverage ended or will end

Other events

- Letter from school stating when student health coverage ended or will end
- Dated copy of military discharge papers or Certificate of Release including the date coverage ended or will end due to no longer active military service
- Letter or notice from government program, like TRICARE, Peace Corps, AmeriCorps, or Medicare stating when coverage ended or will end
- Document from the Department of Corrections, jail or prison indicating release or parole, including an order of parole, order of release or an address certification
- Documentation from the Health Insurance Marketplace or state-based exchange showing determination of eligibility and date for the following events:
 - Newly eligible for Advanced Premium Tax Credit
 - Materials violation of the plan contract
 - Unintentional, inadvertent or erroneous enrollment
- Decertified or plan discontinuance letter

MEDICAL INSURANCE

The Town of Parker offers four medical plan options through Cigna. The High-Deductible Health Plan (HDHP) and the Basic PPO will now both be offered through Cigna's OAP and LocalPlus networks. All plans offer in and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Cigna network provider. Locate a Cigna network provider at www.my.cigna.com.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount **you pay**. Please refer to the official plan documents for additional information on coverage and exclusions.

	CIGNA HDHP LocalPlus Network or OAP Network		CIGNA BASIC PPO LocalPlus Network or OAP Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
PLAN YEAR DEDUCTIBLE <i>Individual/Family</i>	\$2,500/\$5,000*	\$5,000/\$10,000*	\$1,000/\$3,000	\$2,000/\$6,000
OUT-OF-POCKET MAX** <i>Individual/Family</i>	\$4,000/\$7,900*	\$8,000/\$15,800*	\$5,000/\$10,000	\$10,000/\$20,000
PREVENTIVE CARE	Plan pays 100%	50% after ded.	Plan pays 100%	50% after ded.
PROVIDER SERVICES <i>PCP</i> <i>Specialist</i> <i>Telehealth</i> <i>Urgent Care</i>	20% after ded. 20% after ded. 20% after ded. 20% after ded.	50% after ded. 50% after ded. 50% after ded. 50% after ded.	\$25 copay \$50 copay \$25 copay \$75 copay	50% after ded. 50% after ded. N/A 50% after ded.
LAB/X-RAY <i>Diagnostic Lab/X-Ray</i> <i>High-Tech Services (MRI, CT, PET)</i>	20% after ded. 20% after ded.	50% after ded. 50% after ded.	Same as Provider Copay \$150	50% after ded. 50% after ded.
HOSPITAL SERVICES <i>Inpatient</i> <i>Outpatient</i>	20% after ded. 20% after ded.	50% after ded. 50% after ded.	20% after ded. 20% after ded.	50% after ded. 50% after ded.
EMERGENCY ROOM	20% after ded.	20% after ded.	\$250 copay	\$250 copay
CHIROPRACTIC CARE <i>(Limit 20 visits per calendar year)</i>	20% after ded.	50% after ded.	\$25 copay	50% after ded.
VISION EXAM	Plan pays 100% every 12 months	Not Covered	Plan pays 100% up to \$60 maximum every 24 months	Not Covered
PRESCRIPTION DRUGS <i>Tier 1</i> <i>Tier 2</i> <i>Tier 3</i> <i>Mail Order (up to 90-day supply)</i>	<i>MAC C No generic restrictions</i> 20% after ded. 20% after ded. 20% after ded. 20% after ded.	Not Covered	<i>MAC B restricted generics</i> \$25 copay \$50 copay \$75 copay \$63/\$125/\$188 copays	Not Covered

*For individual HDHP coverage, the individual deductible is the amount the member must pay each plan year before the plan begins paying toward covered services. If electing dependent coverage, the individual deductible does not apply. The family deductible must be met, either by one individual or by a combination of family members, before the plan begins to pay. The same rule applies to the out-of-pocket maximum.

**Includes deductible, coinsurance, and copays.

GLOSSARY

Plan Year Deductible: The amount you pay before the medical plan starts sharing costs with you.

Out-of-pocket maximum: The most you will pay for eligible expenses in a calendar year.

Coinsurance: The percentage you pay after meeting your deductible; some services and treatments require prior authorization.

MEDICAL INSURANCE

CIGNA LOCALPLUS

Here at the Town of Parker, we care about your health. And your budget. The LocalPlus plan options gives you cost-efficient access to quality doctors, specialists and hospitals.

Get quality care at the right price.

Health care costs are rising, but the need for quality care remains. Cigna LocalPlus delivers a cost effective solution designed to be flexible and help you control health care costs – without sacrificing the quality and convenience you want and expect.

How does it work?

Cigna collaborates with health care communities to create local networks of health care providers, specialists and hospitals that deliver value and results right where you live. Plus, Cigna’s Away From Home Care feature gives employees access to in-network care from anywhere in the country. Reach out to Cigna’s customer service line at 866-494-2111 to get set up.

Affordable and accessible.

LocalPlus is designed to deliver cost-effective, quality care for today’s busy, on-the-go families.

- More top-quality providers make it easier to choose and use quality care.
- Employees have access to any LocalPlus network across the country.
- When temporarily away from a LocalPlus network, the Away From Home Care feature provides coverage at in-network cost.
- Out-of-network coverage is available with LocalPlus.
- An in-network-only coverage option is available with LocalPlus IN.

CIGNA MAKES IT EASY

LocalPlus has the features you are looking for.

- Primary care provider (PCP) selection is encouraged, but not required
- No specialist referrals
- In-network Away From Home Care for peace of mind
- Access to our national network of labs, behavioral providers, convenience care clinics and virtual care services
- In-network nationwide coverage in case of emergency
- Helpful decision - support tools on my.Cigna.com and the myCigna App
- 24/7 live customer service

24/7/365 SERVICE - PERSONALIZED FOR YOU

Live customer service – with translation services available in over 150 languages

Cigna 24-hour health information line – speak with a nurse

Decision support tools on my.Cigna.com and myCigna® App

MEDICAL INSURANCE

CIGNA LOCALPLUS

Is your doctor in the LocalPlus Network?

If you're already a Cigna LocalPlus customer:

1. Go to my.Cigna.com and sign in with your user ID and passcode. (If you're not already registered for myCigna.com, click on "Register Now" to sign up).
2. Click on the "Find Care & Costs" tab.
3. Select the type of search you'd like to perform (you can search for Doctor by Name, Doctor by Type, locations, etc.)
4. Follow the on-screen prompts to see providers in the LocalPlus Network.

If you're not yet a Cigna LocalPlus customer:

1. Go to Cigna.com.
2. Click on "Find a Doctor, Dentist or Facility."
3. Under "How Are You Covered" click on "Employer or School."
4. Enter your location in the search box. Then select the type of search you'd like to perform, and follow the prompts to search for a provider.
5. Confirm your location under "I Live in" and click "Continue."
6. Choose "Cigna LocalPlus" from the list of medical plans to see providers in the LocalPlus network.

LocalPlus - Colorado Coverage At A Glance

Service Area: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Eagle, Jefferson, La Plata, Larimer, Mesa, Montezuma, Routt, Summit, Weld

Network includes:

MAJOR PROVIDER GROUPS

- Boulder Valley IPA
- Community Medical Associates
- Colorado Care Partners
- Colorado Health Neighborhoods
- New West Physicians
- Optum Medical Group
- PHP Prime
- UCHealth Integrated Network

MAJOR HOSPITALS

Front Range:

- Boulder Community Health
- Centura Health*
- Children's Hospital Colorado
- Craig Hospital
- Denver Health Medical Center
- HealthONE, National Jewish Health
- SCL Health System, UCHealth

Mountain (Eagle, Routt and Summit counties):

- Centura St. Anthony Summit Medical Center
- UCHealth Yampa Valley Medical Center
- Vail Valley Medical Center West

West (La Plata, Mesa and Montezuma counties):

- Animas Surgical Hospital
- Centura Health Mercy Regional Medical Center
- Southwest Memorial Hospital
- St. Mary's Medical Center

* Excludes Penrose Hospital and St. Francis Medical Center

*Local Plus coverage is available across the US, not just in Colorado. Please see [page 5](#) for additional information on this.

MEDICAL INSURANCE

CIGNA ONE GUIDE

CHOOSE A PLAN WITH CONFIDENCE

Cigna One Guide service can help.

We understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why Cigna One Guide® service is available to you now.

Call a Cigna One Guide representative during preenrollment to get personalized, useful guidance. Your personal guide will

help you:

- Easily understand the basics of health coverage
- Identify the types of health plans available to you
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you

The best part is, during the enrollment period, your personal guide is just a call away.

After enrollment, the support continues for Cigna customers

Cigna One Guide service will be there to guide you through the complexities of the health care system, and help you avoid costly missteps. Our goal is a simpler health care journey for you and your family.

Cigna One Guide service provides personalized assistance to help you:

- Resolve health care issues
- Save time and money
- Get the most out of your plan
- Find hospitals and health care providers in your plan's network
- Get cost estimates and avoid surprise expenses
- Understand your bills

Access Cigna One Guide – after enrollment –in the way that's most convenient for you:

- [my.Cigna.com](https://my.cigna.com) or the myCigna app
- Live chat
- Telephone

Download the myCigna app from the app store or call 888.806.5094 to speak with a Cigna One Guide representative today.

MEDICAL INSURANCE

YOUR HEALTH HAS MET ITS APP.

Access your health plan anytime and just about anywhere you go.

Life can be busy and complicated. So we created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. myCigna helps you personalize, organize and access your important plan information on your phone or tablet. Use the myCigna app to:

- View, fax or email ID card information
- Access virtual care directly from your phone or tablet
- Manage and track claims
- Find in-network doctors and compare cost and quality information
- Review your coverage
- Track your account balances and deductibles
- Submit receipts for reimbursement from your Cigna HealthcareSM HRA and/or FSA
- Order your prescriptions from Express Scripts Pharmacy, a Cigna Healthcare company, and get home delivery, the ability to view your order history online and more
- Compare prescription drug prices for retail and home delivery pharmacies

Download the myCigna App for your mobile device. Disponible en español.

MEDICAL INSURANCE

PREVENTIVE CARE

The Cigna medical plans cover in-network preventive care at **100%**. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems. Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam. Learn more about preventive care at www.my.cigna.com.

- You won't have to pay anything—no deductible, copay, or coinsurance—for preventive services when:
 - You get them from a doctor or other health care provider in the Cigna network.
 - The main purpose of your visit is to get preventive care.

AFFORDABLE CARE ACT INDIVIDUAL MANDATE

Federal law requires you and your family members to have health insurance coverage. Learn more about the Affordable Care Act at www.healthcare.gov.

90-DAY SUPPLY FOR MAINTENANCE MEDICATIONS

You can have a 90-day supply of your maintenance medication refilled at a 90-day network pharmacy for two times the retail copay. The 90-day network pharmacy network consists of 29,000+ of the total contracted (68,000+) pharmacies, including CVS (Target), Walmart, and Kroger (King Soopers). 30-day refills can be filled at both the 90-day and 30-day contracted pharmacies.

CIGNA TELEHEALTH CONNECTION

Cigna is providing access to telehealth services as part of your medical plan through MDLive. You will be able to connect with a board-certified doctor via secure video chat or phone, 24/7/365. Services are available for minor, non-life threatening conditions. Examples of some conditions that would be appropriate for telehealth consultations are:

- Sore throat
- Headache
- Stomach ache
- Fever
- Cold and Flu
- Allergies
- Rash
- Acne
- UTI's and more!

FOR CIGNA TELEPHONIC SERVICES...

The cost is the same as a PCP copay for PPO members. For HDHP participants, the cost for MDLive's service is subject to your deductible and coinsurance. It is recommended that you register for MDLive online (mdlive.com or my.Cigna.com) or by phone (800-400-MDLIVE) so you will be ready to use them when you need them.

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the Town of Parker High-Deductible Health Plan (HDHP), you may be eligible to open and fund a Health Savings Account (HSA).

An HSA is a personal health care savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Your contributions are tax free, and the money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account.

The Town will contribute the following into your HSA TWICE per plan year. The first contribution will be made on the first pay day in January 2025 and the second contribution will be made on the first pay day in July 2025.

- Employee: \$375 (totaling \$750 per plan year)
- Employee & Spouse: \$625 (totaling \$1,250 per plan year)
- Employee & Child(ren): \$625 (totaling \$1,250 per plan year)
- Family: \$875 (totaling \$1,750 per plan year)

2025 IRS HSA CONTRIBUTION MAX

- Employee Only: \$4,300
- All other tiers: \$8,550

For more information visit https://www.irs.gov/publications/p969#en_US_2023_publink1000204025

Employees age 55+ by 12/31/2025 may contribute additional funds to their HSA (up to \$1,000 in 2025).

Contributions to an HSA (including the Town of Parker contributions) cannot exceed the annual IRS contribution maximums.

HSA ELIGIBILITY

You are eligible to open and fund an HSA if:

- You are enrolled in the Cigna HDHP or the CIGNA HDHP LocalPlus.
- You are not covered by a non-HSA plan, health care FSA, or health reimbursement arrangement.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE for Life.
- You have not received Veterans Administration Benefits in the last three months.

PAYING FOR QUALIFIED MEDICAL EXPENSES

You can use your HSA money to pay for eligible expenses now or in the future.

Funds in your HSA can be used for your expenses and those of your spouse and eligible dependents, even if they are not covered by either of the Cigna HDHP plan options. Eligible expenses include deductibles, doctor's office visits, dental expenses, eye exams, prescription expenses, and LASIK eye surgery.

A complete list of eligible expenses can be found at: <https://www.irs.gov/pub/irs-dft/p502--dft.pdf>.

ACCESSING YOUR HSA FUNDS

Two easy ways to access your HSA money:

- Debit card—Draws directly from your HSA and can be used to pay for eligible expenses at your doctor's office, pharmacy, or other locations where you purchase health-related items or services.
- Checkbook (optional)—Works just like your personal checkbook, with the exception that it draws from your HSA, and can be used to pay for eligible expenses or to reimburse yourself for expenses you've paid out of your pocket. The Checkbook feature can be set up through optumbank.com. Log onto your account and click on Accounts then Account Management and Checkbooks.

AN HSA IS AN INDIVIDUALLY-OWNED ACCOUNT

You own and administer your HSA. The money in the account is always yours, even if you change health plans or jobs. You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses.

Like a bank account, you must have a balance in order to pay for eligible health care expenses. Keep all receipts for tax documentation. An HSA allows you to save and "roll over" money from year to year.

There are no vesting requirements or forfeiture provisions. You can change your contribution through payroll during the plan year (at any time throughout the year).

MAXIMIZE YOUR TAX SAVINGS

Contributions to an HSA are **tax-free**, and can be made through payroll deduction on a pre-tax basis when you open an account through Optum Bank.

If you open an account through an institution other than Optum Bank, the Town of Parker cannot deduct pre-tax contributions from your paycheck; you will need to make post-tax contributions directly to the institution and take an "above the line" deduction on your federal income tax filing for any amounts you contribute to your HSA.

The money in your HSA (including interest and investment earnings) grows tax free.

As long as you use the funds to pay for qualified medical expenses, the money is spent tax free.

IMPORTANT:

If you fund an HSA, you cannot contribute pre-tax dollars to the traditional health care flexible spending account. If your spouse participates in a health care FSA, you are not eligible to contribute to an HSA. The IRS prohibits the funding of both account types within a single household.

FLEXIBLE SPENDING ACCOUNTS (FSA)

The Town of Parker offers two Flexible Spending Account (FSA) options—the Health Care FSA, and the Dependent Care FSA—which allow you to pay for eligible health care and dependent care expenses with pre-tax dollars. The FSAs are administered by Rocky Mountain Reserve. Log in to your account at www.rockymountainreserve.com to view account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

HOW DOES AN FSA WORK?

You decide how much to contribute to each FSA on a plan year basis up to the maximum allowable amounts. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the year. You will receive a debit card from Rocky Mountain Reserve, which can be used to pay for eligible health care expenses at the point of service. If you do not use your debit card or if you have dependent care expenses to be reimbursed, submit a claim form and a bill or itemized receipt from the provider to Rocky Mountain Reserve. Keep all receipts in case Rocky Mountain Reserve requires you to verify the eligibility of a purchase.

HEALTH CARE FSA *(not available if you fund an HSA)*

The Health Care FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible out-of-pocket expenses, such as deductibles, copays, and other health-related expenses, that are not paid by the medical, dental, or vision plans.

The Health Care FSA maximum contribution for 2025 is \$3,300.

DEPENDENT CARE FSA

The Dependent Care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider).

The Dependent Care FSA maximum contribution for 2025 is \$5,000. If you are married and file separate returns, you can each elect \$2,500 for the 2025 plan year.

To review the Health Care FSA contribution limits visit <https://www.rockymountainreserve.com/support/articles/360041790474>

Things to consider before contributing to an FSA:

- Be sure to fund the accounts wisely as the IRS requires you forfeit any unused funds left in your account at the end of the year.
- You cannot take income tax deductions for expenses you pay with your FSA(s).
- You cannot stop or change your FSA contribution(s) during the plan year unless you experience a qualifying life event.

DENTAL + VISION INSURANCE PLANS

DENTAL INSURANCE PLAN

The Town of Parker offers a dental insurance plan through Cigna. The plan offers in and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Expenses from non-network providers are reimbursed based on Reasonable and Customary Charges (R&C). Any charges over the R&C amount will be your responsibility. Locate a Cigna network provider at www.my.cigna.com.

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount **you pay**. Please refer to the official plan documents for additional information on coverage and exclusions.

	In-Network	Out-of-Network
	CIGNA DENTAL	
PLAN YEAR DEDUCTIBLE	\$50 individual / \$150 family	\$50 individual / \$150 family
PLAN YEAR BENEFIT MAX	\$2,000	\$2,000
PREVENTIVE CARE	Plan pays 100%	Plan pays 100%
BASIC SERVICES <i>(including endodontic and periodontic treatment)</i>	20% after deductible	20% of R&C after deductible
MAJOR SERVICES	50% after deductible	50% of R&C after deductible
ORTHODONTIA SERVICES <i>(Up to age 19)</i>	50%	50% of R&C
ORTHODONTIA LIFETIME MAX	\$1,500	\$1,500

Open Enrollment: Employees who do not enroll in the dental plan when first eligible must wait to enroll during a subsequent annual enrollment period. Refer to the official plan documents for additional details about coverage and exclusions.

VOLUNTARY VISION INSURANCE PLAN

The Town of Parker provides you the option to purchase voluntary vision insurance through Ameritas. The vision plan is 100% paid by you. You have the freedom to choose any vision provider; however, you will maximize the plan benefits when you choose either a VSP or EyeMed network provider. If you choose a non-network provider, you may be responsible for paying in full at the time of service and submitting a claim to Ameritas for reimbursement. Locate a VSP or EyeMed network provider at ameritas.com. The table below summarizes the key features of the vision plans. Please refer to the official plan documents for additional information on coverage and exclusions.

	AMERITAS VISION			
	VSP		EYEMED	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Eye Exam <i>(Every 12 months)</i>	\$0	Up to \$50	\$0	Up to \$35
Lenses <i>(Every 12 months)</i>	Covered in full	Up to \$50	Covered in full	Up to \$55
Frames <i>(Every 12 months)</i>	\$150 allowance	Up to \$70	\$150 allowance	Up to \$75
Contact Lenses <i>(fit and follow-up)</i>	Up to \$60	No benefit	Up to \$40	No benefit
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$200
Elective	Up to \$150	Up to \$120	Up to \$150	Up to \$120
Laser Correction	Discounts available		Discounts available	

Members receive a discount on an additional set of prescription glasses or sunglasses (VSP: 20% off / EyeMed: up to 40% off)

Note: If you enroll for 2025, you must remain on the plan at the same level of coverage for a year, unless you experience a qualifying event.

MEDICAL, DENTAL, AND VOLUNTARY VISION PLAN COSTS

Listed below are the 2025 per paycheck costs for medical, dental, and voluntary vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

For those members who are covering a domestic partner and/or their children, their benefit deductions will be post-tax, and subject to imputed income. Speak with your tax advisor for more information on imputed income and how that could affect you financially.

CIGNA MEDICAL				
Medical	Total Monthly Premium	Monthly Town Cost	Monthly Employee Cost	Per Pay Period Employee Cost
Cigna HDHP Open Access Plus				
EMPLOYEE ONLY	\$891.96	\$802.75	\$89.21	\$44.61
EMPLOYEE + SPOUSE	\$1,842.34	\$1,381.75	\$460.59	\$230.30
EMPLOYEE + CHILD(REN)	\$1,678.17	\$1,258.62	\$419.55	\$209.78
FAMILY	\$2,628.49	\$1,839.94	\$788.55	\$394.28
Cigna Basic PPO Open Access Plus				
EMPLOYEE ONLY	\$922.56	\$830.30	\$92.26	\$46.13
EMPLOYEE + SPOUSE	\$1,937.40	\$1,453.05	\$484.35	\$242.18
EMPLOYEE + CHILD(REN)	\$1,752.89	\$1,314.67	\$438.22	\$219.11
FAMILY	\$2,767.72	\$1,937.40	\$830.32	\$415.16
Cigna HDHP LocalPlus				
EMPLOYEE ONLY	\$825.35	\$766.18	\$59.17	\$29.59
EMPLOYEE + SPOUSE	\$1,702.42	\$1,352.26	\$350.16	\$175.08
EMPLOYEE + CHILD(REN)	\$1,551.59	\$1,232.04	\$319.55	\$159.78
FAMILY	\$2,428.62	\$1,831.16	\$597.46	\$298.73
Cigna Basic PPO LocalPlus				
EMPLOYEE ONLY	\$847.66	\$787.94	\$59.72	\$29.86
EMPLOYEE + SPOUSE	\$1,780.13	\$1,419.05	\$361.08	\$180.54
EMPLOYEE + CHILD(REN)	\$1,610.60	\$1,283.90	\$326.70	\$163.35
FAMILY	\$2,543.07	\$1,925.94	\$617.13	\$308.57

CIGNA DENTAL				
Dental	Total Monthly Premium	Monthly Town Cost	Monthly Employee Cost	Per Pay Period Employee Cost
Cigna DPPO				
EMPLOYEE ONLY	\$46.68	\$34.49	\$12.19	\$6.10
EMPLOYEE + SPOUSE	\$113.45	\$91.07	\$22.38	\$11.19
EMPLOYEE + CHILD(REN)	\$117.51	\$93.05	\$24.46	\$12.23
FAMILY	\$163.24	\$107.16	\$56.08	\$28.04

AMERITAS VISION				
Vision	Total Monthly Premium	Monthly Town Cost	Monthly Employee Cost	Per Pay Period Employee Cost
Ameritas Dual Network Option				
EMPLOYEE ONLY	\$12.68	\$0.00	\$12.68	\$6.34
EMPLOYEE + SPOUSE	\$20.24	\$0.00	\$20.24	\$10.12
EMPLOYEE + CHILD(REN)	\$20.32	\$0.00	\$20.32	\$10.16
FAMILY	\$32.96	\$0.00	\$32.96	\$16.48

LIFE, AD&D, AND DISABILITY INSURANCE

BASIC LIFE AND AD&D INSURANCE

Life and Accidental Death and Dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security. For your peace of mind, Town of Parker provides Basic Life and AD&D insurance to all eligible employees automatically and at **no cost** through Mutual of Omaha.

If you die as a result of an accident, your beneficiary would receive both the Life benefit of \$50,000 and the AD&D benefit in the amount of \$50,000. You also have the option to purchase Voluntary Life and AD&D insurance. Please be sure to keep your beneficiary designations up to date.

VOLUNTARY LIFE AND AD&D INSURANCE

The Town of Parker provides you the option to purchase additional Life and AD&D insurance for yourself, your spouse, and your dependent children through Mutual of Omaha. You must purchase voluntary coverage for yourself in order to purchase coverage for your spouse and/or dependents. Benefits will reduce to 65% at age 65 and to 50% at age 70.

As a **New Hire Employee** electing benefits for the first time (outside of open enrollment), you may elect coverage up to the guarantee issue amounts for yourself, your spouse and/or child(ren) if applicable. Evidence of Insurability (EOI) is required if you elect more than the guarantee issue amount(s). Children will never have to provide EOI.

- **Employee:** \$10,000 increments up to \$500,000 (up to 5x salary maximum). Guarantee issue: \$140,000.
- **Spouse:** \$5,000 increments up to 100% of the employee's election or \$250,000, whichever is less. Guarantee issue: \$30,000.
- **Dependent Children:** \$2,500, \$5,000, or \$10,000 not to exceed 100% of the employee election up to \$10,000. Guarantee issue: \$10,000

Evidence of Insurability: Our policy requires Evidence of Insurability (EOI) be submitted before coverage is approved for an amount over the Guaranteed Issue (GI) amount. This can be completed [online](#), or by mailing a [form](#) to Mutual of Omaha. After form submission, Mutual of Omaha's underwriting team will review the request and decide to approve, pend, or decline the request.

If you are a **Current Employee** (not a new hire) participating in open enrollment, your options to increase coverage depend on if you currently are enrolled in Voluntary Life for yourself (there are no restrictions to waive/decline or reduce coverage):

- **Currently Enrolled Employee:** You may increase your coverage up to two benefit levels on a guaranteed acceptance basis (\$10,000 or \$20,000), up to the guarantee issue of \$140,000 during open enrollment without EOI (provided you have not previously been declined for coverage). Any amount you request over the guarantee issue of \$140,000 requires EOI. If you want to increase coverage over \$20,000, EOI is required, even if the total amount requested would be under the guarantee issue of \$140,000.
- **Currently Enrolled Spouse/Domestic Partner:** ANY increase for a currently enrolled Spouse/Domestic Partner to coverage at open enrollment requires EOI. The \$30,000 guarantee issue for spouse coverage is only guaranteed for new employee elections.
- **Not Currently Enrolled:** If you declined/waived coverage when you were a new hire, and you want to elect coverage for yourself and your dependents for the first time, EOI will be required for any amount you wish to elect for yourself and/ or your spouse. Child(ren) dependents never require EOI.

SHORT-TERM DISABILITY INSURANCE (STD)

The Town of Parker provides Short-Term Disability (STD) insurance to all eligible employees automatically and at **no cost** through Mutual of Omaha. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

Benefit: 60% of base salary up to \$1,000 per week.
Elimination period: 14 days.
Benefit duration: Up to 11 weeks.

LONG-TERM DISABILITY INSURANCE (LTD)

The Town of Parker provides Long-Term Disability (LTD) insurance to all eligible employees automatically and at **no cost** through Mutual of Omaha. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the Short-Term Disability period.

Benefit: 60% of base salary up to \$5,000 per month.
Elimination period: 90 days.
Benefit duration: Up to social security normal retirement age.

RETIREMENT PROGRAMS

401(a) PLAN (Social Security Replacement)

- **Employee Contribution:** You are required to contribute 8% of your gross earnings.
- **Employer Contribution:** Town of Parker contributes 10.5% of your gross earnings.
- **Vesting Schedule:** 1 year = 20%, 2 years = 40%, 3 years = 60%, 4 years = 80%, and 5 years = 100%.

To review contribution limits set by the IRS click here: <https://www.irs.gov/retirement-plans/irc-457b-deferred-compensation-plans>

457(b) DEFERRED COMPENSATION PLAN

- **Employee Contribution:** You may contribute up to 100% of your pay on a pre-tax basis up to the IRS annual maximum (\$23,000 for 2024). There is no match from Town of Parker.
- **Catch-Up Contribution:** Employees age 50+ may contribute an additional \$7,500 in 2024. Beginning 1/1/2025, those who are between the ages of 60 and 63 will have the option to contribute additional funds. The contribution limits for 2025 are currently pending.
- **Commissioned Police Officers:** Employee Contribution: 12% of gross earnings to FPPA. Employer Contribution: 10.5% of gross earnings to FPPA.

ADDITIONAL BENEFITS

2025 PAID HOLIDAYS

- Jan 1, New Year's Day
- Jan 20, Martin Luther King Jr. Day
- Feb 17, Presidents' Day
- May 26, Memorial Day
- June 19, Juneteenth
- July 4, Independence Day
- Sept 1, Labor Day
- Nov 11, Veterans Day
- Nov 27, Thanksgiving Day
- Nov 28, Thanksgiving
- Dec 24, Christmas Eve
- Dec 25, Christmas Day

	Hours Accrued/Pay-Period	Hours Accrued/Year
After:	PAID VACATION TIME SCHEDULE	
UPON HIRE	4.62	120.00
2 YEARS	5.23	136.00
5 YEARS	6.15	160.00
10 YEARS	6.77	176.00
15 YEARS	7.69	200.00
20 YEARS	8.31	216.00

PAID SICK LEAVE

Regular, full-time employees earn paid sick leave at the rate of **12 days per year**, accruing 3.7 hours per pay period. Sick leave may be used for regular, full-time employees or their immediate family member's illness, injury, temporary disability, medical circumstances, or medical appointment.

Approval must be granted by the Department Director if an employee wishes to utilize sick leave beyond 4 days for the illness or injury of an immediate family member.

RECREATION CENTER MEMBERSHIP

As a Town of Parker employee, you, your spouse, and your dependent children are offered a free membership to the Parker Recreation Center and/or Fieldhouse. You will need to fill out a membership enrollment form, which can be obtained on the Town of Parker's Intranet or at the Recreation Center or Fieldhouse. Completed enrollment forms must be taken to the Recreation Center or Fieldhouse in order for your membership to be setup. Under IRS regulations, the amount of the membership is taxable to employees who are not employed within the Recreation Division.

EMPLOYEE ASSISTANCE PROGRAM

Welcome to SupportLinc, an emotional wellbeing and work life balance resource to keep you at your best. SupportLinc offers expert guideline to help you and your family address and resolve everyday issues.

In-the-moment support
Reach a licensed clinician by phone 24/7/365 for immediate assistance.

Financial Expertise
Consultation and planning with a financial counselor.

Legal Consultation
By phone or in-person with a local attorney.

Short-term counseling
Access up to six (6) no-cost counseling sessions, in-person or via video, to resolve stress, depression, anxiety, work related pressures, relationship issues or substance abuse.

Convenience Resources
Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.

Confidentiality
Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law

Start with Navigator

Take the guesswork out of your emotional fitness. Visit supportlinc.com and use **group code: townofparker**, or use your mobile app to navigate and complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.

Download the SupportLinc mobile app.

Your web portal and mobile app

- ° The one-stop shop for program services, information and more.
- ° Discover on-demand training to boost wellbeing and life balance.
- ° Find search engines, financial calculators and career resources.
- ° Explore thousands of articles, tip sheets, self- assessments and videos.

Convenient, on-the-go support

- ° Textcoach® – Personalized coaching with a licensed counselor on mobile or desktop.
- ° Animo – Self-guided resources to improve focus, wellbeing and emotional fitness.
- ° Virtual Support Connect – Moderated group support sessions on an anonymous, chat-based platform.

CONTACT INFORMATION

IF YOU HAVE ANY QUESTIONS REGARDING YOUR BENEFITS OR THE MATERIAL CONTAINED IN THIS GUIDE, PLEASE CONTACT HUMAN RESOURCES.

Town of Parker Human Resources Department

Phone: 303-805-3333

| Email: hr@parkerco.gov

	POLICY #	PHONE	WEBSITE/EMAIL
MEDICAL (<i>Cigna</i>)	00612155	866-494-2111	www.my.cigna.com
DENTAL (<i>Cigna</i>)	0612155	800-244-6224	www.my.cigna.com
VOLUNTARY VISION (<i>Ameritas</i>)	—	800-487-5553	www.ameritas.com/service/login.asp
HEALTH SAVINGS ACCOUNTS (<i>Optum Bank</i>)	612155	800-791-9361	www.optumbank.com
FLEXIBLE SPENDING AND DEPENDENT CARE ACCOUNTS (<i>Rocky Mountain Reserve</i>)	N/A	866-494-2111	www.rockymountainreserve.com
LIFE AND DISABILITY (<i>Mutual of Omaha</i>)	G000BGPB	800.877.5176	www.mutualofomaha.com
EAP (<i>SupportLinc</i>)	N/A	888-881-5462	www.supportlinc.com (Group Code:Townofparker)
RETIREMENT PLANS (<i>Empower</i>)	401(a) - 95027-01 457(b) - 95027-02	855-756-4738	www.gwrs.com
POLICE OFFICER RETIREMENT AND AD&D (<i>FPPA</i>)	N/A	303-770-3772	www.fppaco.org
HR DIRECTOR (<i>Amber Moreno</i>)	N/A	303-805-3120	amoreno@parkerco.gov
DEPUTY DIRECTOR OF HR (<i>Tara Moore</i>)	N/A	303-805-3329	tmoore@parkerco.gov
HR BUSINESS PARTNER I (<i>Angie Combest</i>)	N/A	303-805-3127	acombest@parkerco.gov
HR BUSINESS PARTNER I (<i>Mandy Oliver</i>)	N/A	303-805-3109	moliver@parkerco.gov
HR BUSINESS PARTNER II (<i>Randi Chalk</i>)	N/A	303-805-3110	rchalk@parkerco.gov
HR BUSINESS PARTNER II (<i>Shelley Crawford</i>)	N/A	303-805-3189	sacrawford@parkerco.gov

IMPORTANT NOTICES

Federal regulations require The Town to provide benefit eligible employees with the following notices:

PRIVATE HEALTH INFORMATION

The Health Insurance Portability and Accountability Act (HIPAA) provides you certain rights to privacy concerning your health information. The regulations designate certain types of information as Protected Health Information (PHI). It applies to all health benefit plans. Confidential health information that identifies (or could be used to identify) you is kept completely confidential.

This individually identifiable health information PHI will not be used or disclosed without your 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 your rights with respect to your PHI under HIPAA is available from your medical plan provider.

Healthcare providers (medical professionals) and health plans, including The Town's health plan representatives, are restricted in their use of PHI to purposes of treatment, payment, and healthcare operations and as required by national public health activities.

Written authorization is required to use or disclose your PHI pertaining to your medical, dental, prescription drug, employee assistance program and healthcare spending accounts outside of these purposes.

You may receive a form requesting your authorization to use your PHI for another purpose. Should you grant this authorization, your PHI is still protected from use and disclosure by any party other than the one(s) to whom you grant written authorization, and from use and disclosure by authorized parties for any purpose other than the one you specifically authorized.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Town'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
- Prostheses 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 your medical plan provider.

SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself and your dependents in The Town's health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you

must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

INDIVIDUAL COVERAGE MANDATE

Effective January 1, 2014, federal law requires that you have Health Care coverage. You can enroll in The Town's health plan, or you may want to consider visiting www.healthcare.gov for information on health plans available through the Healthcare Marketplace in your area. Please note that the plan provided by The Town meets the affordability and minimum value requirements for employee only coverage, and therefore you will not be eligible for a tax credit through the Marketplace for that tier of enrollment.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Contact your State for more information on eligibility.

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

IMPORTANT NOTICES

Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program> HIBI Customer Service: 1-855-692-6442

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/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, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

NOTICE OF CREDITABLE PRESCRIPTION DRUG COVERAGE MEDICARE PART D

The Town provides a "Notice of Creditable Prescription Drug Coverage" to all participants. This notice states that under The Town's medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare prescription Drug Coverage.

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you 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

SUMMARY PLAN DESCRIPTION (SPD)

This guide does not provide all of the details about the benefits programs. More information is available in each program's Summary Plan Description (SPD). In addition to receiving your SPDs after enrolling, they are available at any time from the Human Resources Department.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

Effective for plan renewals after January 1, 2012, the Patient Protection and Affordable Care Act requires employers that offer health coverage to provide a uniform Summary of Benefits and Coverage (SBC) to people who apply for and enroll in the health plan. This document contains the following:

- Four-page overview of plan benefits, cost sharing and limitations
- Required set of examples of how the plan works
- Phone number and internet address for obtaining copies of plan documents
- A Standard glossary of medical and insurance terms must also be available

The SBC will be updated each plan renewal to reflect applicable plan changes.

PREGNANT WORKERS FAIRNESS ACT C.R.S. § 24-34-402.3

The Pregnant Workers Fairness Act makes it a discriminatory or unfair employment practice if an employer fails to provide reasonable accommodations to an applicant or employee who is pregnant, physically recovering from childbirth, or a related condition.

Requirements

Under the Act, if an applicant or employee who is pregnant or has a condition related to pregnancy or childbirth requests an accommodation, an employer must engage in the interactive process with the applicant or employee and provide a reasonable accommodation to perform the essential functions of the applicant or employee's job unless the accommodation would impose an undue hardship on the employer's business.

The Act prohibits an employer from taking adverse action against an employee who requests or uses a reasonable accommodation and from denying employment opportunities to an applicant or employee based on the need to make a reasonable accommodation.

This guide is a brief summary of your benefits and does not constitute a policy. The Town of Parker may amend the benefit program at any time. Your certificate booklets contain the actual detailed provisions of your benefits. If there are any discrepancies between the information in this brochure and the official plan documents, the official plan documents will prevail.

Town of Parker

EMPLOYEE BENEFITS GUIDE

2025 Edition