



City of
Loveland

2023 Benefits Guide

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2023 Benefits Guide

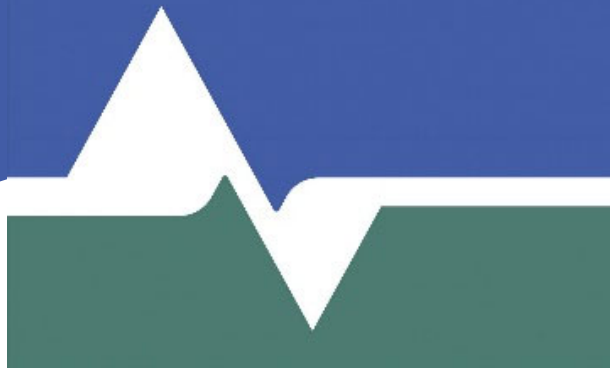
Detailed plan document
information is available
upon request.

COBRA

Employees enrolled in medical, dental, vision and/or healthcare FSA who experience a qualifying event may be eligible to continue coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Events include – end of employment, death of covered employee, change in dependent eligibility.

Requirements under COBRA:

- The City’s COBRA Plan Administrator, UMR, will provide a written notice to the participant of COBRA rights and obligations within 44 days of when they first enroll or have a “qualifying event.”
- Continuation of benefits through COBRA must be elected within 60 days of the later of either: a) Loss of coverage, or b) the date the employee or his/her covered spouse/dependent children are advised by the COBRA Plan Administrator of their right to continued benefits. Employees will be required to pay the full cost of any COBRA coverage elected, plus an administration fee.
- Please refer to the summary plan descriptions for additional information on COBRA rights and obligations.



Welcome to the City of Loveland Benefits Guide

This guide provides information to be used all year long and includes:

- Benefits Information
- Open Enrollment
- New Hire Enrollment
- Life Events/Change in Family Status
- Provider Contact Information

Welcome to 2023

The City recognizes the importance of providing a comprehensive benefits program to you as a regular full-time or part-time benefit eligible employee. These benefits help you and your family to maintain your health and welfare.

Please review this Benefits Guide to understand the City of Loveland benefit options and retain the Guide for reference throughout the year.

For complete details of each benefit plan and benefit related forms, refer to the full text of the official Summary Plan Descriptions available upon request. In the event this booklet differs from the official Plan Documents, the Plan Documents prevail.

Open Enrollment

Open enrollment is the only time during the year, other than during a qualified life event, in which you can make changes to existing benefit elections. Benefit changes allowable during open enrollment include:

Add or delete dependents * Switch, enroll, or waive coverage in all plans * Enroll or renew Flexible Spending Accounts

Open enrollment for 2023 IS **PASSIVE**. If you do not wish to make any changes, no action is needed UNLESS you have a Flexible Spending Account in which you are required to make an election.

Please contact the Human Resources Department with any questions at 970-962-2371;
HR@CityofLoveland.org
500 E. 3rd Street, Suite 300
Loveland, CO 80537

Coverage & Eligibility

WHO IS ELIGIBLE

As a full time or part time benefit eligible positions, you are eligible for health and welfare benefits.

ELIGIBLE DEPENDENTS

Eligible dependents include:

- Lawful spouse/common law spouse (with signed City affidavit);
- Any dependent less than 26 years old; or
- Any dependent over the age of 26 and primarily supported by the employee and incapable of self-sustaining employment by reason of mental or physical handicap;
- A child:
 - legally adopted child
 - A child placed for adoption
 - a qualifying child as defined by the IRS
 - A stepchild in which your spouse is responsible for

Anyone who is eligible as an employee can be considered either an eligible employee or a dependent, but they cannot be both. No one may be considered as a dependent of more than one employee.

DATE OF ELIGIBILITY

When enrolling during the new hire process, coverage will begin the first day of the month following your hire date. Enrolling during the annual open enrollment period, your coverage changes will be effective January 1, 2023. Life Event Changes, if eligible, become effective the first day of the month following your qualified life event.

ENROLLMENT AND EMPLOYEE CONTRIBUTIONS

You are required to enroll or waive coverages. Please see the section on Open Enrollment, New Hire Enrollment and Life Events. You pay your portion of premium contributions for medical, dental, and vision insurance on a pre-tax basis through payroll deductions 24 times per year. You may only make changes to your elections during the annual open enrollment period or within 30 days of a qualified life event as described in the “Life Event/Change in Family Status” section of this enrollment booklet.

You can, at any time, make changes to your 457 Retirement, W-4 and direct deposit accounts. Supplemental Life can, at any time, be added, dropped or changed subject to approval by the Hartford’s medical underwriting.

For assistance contact:
Human Resources at
HR@CityofLoveland.org or
970-962-2371



What If I Choose Not To Enroll Now Or Miss The Open Enrollment Period?

If you choose not to enroll during the new hire process (your eligibility period) or during open enrollment, you will be required to wait until the next annual open enrollment unless you have a qualifying change of status as described on the following page.

Qualifying Events

LIFE EVENTS/CHANGE OF STATUS

You may only enroll, add family members, or cancel elections during the annual enrollment period, or **within 30 days of experiencing** a qualifying life event/change in status.

Life Events must be completed on UKG, go to MENU, MYSELF, Benefits-Life Events and additionally upload the require proof documents into UKG, employee documents.

You can change insurance coverages if you experience a life event listed below. The request must be consistent with your qualifying event AND the you must complete the appropriate on-line UKG Life Event within 30 days of the qualifying event. Example of consistency: if you have a baby, you can add the baby to insurance, but you cannot add or drop any other family member.

All coverage changes (except birth or adoption) will be effective on the first day of the month following the qualifying event.

- Loss of coverage elsewhere for you or your eligible family member
- Gaining coverage elsewhere for you or your eligible family member
- Marriage, death of spouse, divorce or legal separation
- Birth, adoption, placement for adoption or death of your spouse/dependent
- Termination or commencement of employment for you, or your eligible family member
- Increase or decrease in hours of employment by you or your eligible family member
- A change in the cost of benefits due to job or status changes, including leave without pay
- Your dependent child satisfies or ceases to satisfy the requirements for coverage because of age
- A change in coverage in order to comply with a court order
- Change in coverage due to Medicare or Medicaid eligibility
- You or your eligible family member experiences an open enrollment event that affects coverage
- If you or your eligible family members become eligible for OR lose eligibility for premium assistance under Medicaid or CHIP, you may qualify for a Special Enrollment Opportunity. You must request coverage within 60 days of being determined eligible for premium assistance. Please contact HR for assistance.

Flexible Spending Dependent (Day) Care Only: If you experience a change in dependent care provider or salary paid to provider, you may qualify to change the annual election through the Life Event process.

Life Insurance Beneficiaries and Supplemental (Voluntary) Life Insurance: Can be changed at anytime through a separate life event. Supplemental Life requests for increases are subject to the Hartfords Medical underwriting process.

For assistance contact:
Human Resources at
HR@CityofLoveland.org or
970-962-2371

Life Events are found in UKG:
MENU > MYSELF, Benefits-Life
Events. *Please read the descriptions to
ensure you are using the most applicable
event.*

Open Enrollment

- ❑ **PASSIVE Open Enrollment:** Employees that **do not** want to make any changes to their current enrollments do not need to take action for their medical, dental, vision, accident or critical illness coverages. DEADLINE to complete changes is Tuesday, November 15, 2022 at 10 pm.
- ❑ **Flexible Spending Session** only needs completed if you wish to have a 2023 Flexible Spending Plan.
- ❑ **Life Insurance Beneficiary** Changes and/or **Voluntary Life Insurance** coverage (found under Life Events) only needs to be completed if you wish to make a change.

Employees that wish to make changes: Basic Plans Open Enrollment Session.

The deadline for Open Enrollment Changes is 10:00 pm on Tuesday, November 15, 2022. Coverage changes are effective January 1, 2023.

1. In UKG, go to MENU>MYSELF>Open Enrollment.
2. Eligibility documents are required for any new coverage, unless already on file in UKG
 - a. In UKG, go to Menu > Myself > Documents > Employee Documents
3. Review Open Enrollment Learning Resources for Employees on the right hand side
4. Go to UKG Learning Center and search Open Enrollment

5. There are two Open Enrollment Sessions:
 - a. **OE Basic Coverage** (medical, dental, vision, critical illness or accident AND DOES NOT INCLUDE FLEXIBLE SPENDING)
 - b. **OE Flexible Spending Enrollment** (for 2023)

6. Your current coverage can be found in the right-hand side by clicking on the ►
7. Election changes cannot be submitted until all pages are complete. Once submitted, it will forward the request for processing.
8. OE sessions may be revisited and changed up until the deadline. Re-opening the OE session may REQUIRE moving to the final page and RE-SUBMITTING.
9. **PRINT a copy of your final elections. THIS IS THE ONLY PROOF of Change. Without this documentation, discrepancies may not be reviewed.**

8. Changes to contacts/dependents and/or beneficiaries data require assistance from Human Resources. Please email or call HR.
9. Review/correct if necessary, address, phone and/or email addresses under MENU > MYSELF > Personal, Name, Address **NOTE: the primary email MUST be the City of Loveland email address!! This is required for proper UKG notifications!**

Life Insurance Beneficiary and/or changes to Supplemental (voluntary) Life Insurance, follow these steps.

1. In UKG, go to MENU>MYSELF>life events,
2. Select the appropriate Life Event
 - a. Complete every page, submit for processing.
3. You may change your Life Beneficiaries or Voluntary Life coverages at any time of the year. However adding new or additional supplemental life coverage requires approval through Hartford's Medical Underwriting process. After submitting the request for new or additional voluntary life coverage, you will receive an email from the Hartford requesting medical information.

For assistance contact:
Human Resources at HR@CityofLoveland.org
or 970-962-2371

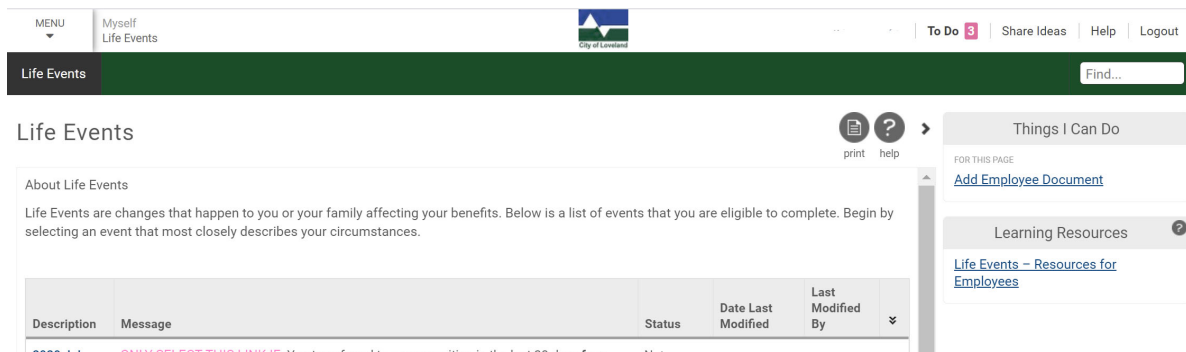
LOGGING ON AT HOME

Benefits Open Enrollment and/or Life Events requires the use of CHROME and can be done with any computer. Log into UKG at: www.nw12.ultipro.com

Open Enrollment Meetings

Watch for Open Enrollment Meeting notifications. View the pre-recorded OE meeting found in UKG, LMS, search Open Enrollment

New Hire-How to Enroll



NEW HIRE **REQUIRED** ENROLLMENT

If you are a new benefit eligible employee, you have 30 days from your date of hire to complete the **REQUIRED** enrollment process

1. Log onto UKG, go to: MENU>MYSELF>Life Events and click on the appropriate new hire life event.
2. **EMPLOYEES ARE REQUIRED to complete this process EVEN if waiving coverages.**
3. Complete EVERY PAGE and Elect or Waive each section.
 - a. Dependent changes require assistance from Human Resources. Please contact HR at HR@CityofLoveland.org or at 970-962-2371 for assistance.
 - b. **REQUIRED: Upload copies of eligibility documents into the Employee Documents section of the UKG Benefits page in order to have coverage for any spouse or child.**
4. Review/correct if necessary, address, phone and email address. NOTE: the City email address must be listed as the primary email address. This is **required** for proper UKG notifications!
5. Continue through the entire Life Event and SUBMIT in order for elections to be processed. Please contact the Human Resources department with any questions. **Failure to enroll within 30 days of the new hire date will mean a loss of the ability to enroll until Open Enrollment.**

Benefit Documents

Many Benefit documents are found on UKG under My Company Information and Electronic Forms. *If you are unable to locate what you need, please reach out to Human Resources and we will assist you.*

Current news and information can be found on UKG under My Company, News & Information.

For assistance contact:
Human Resources at HR@CityofLoveland.org or
970-962-2371

Medical Benefits

TWO MEDICAL PLAN OPTIONS

The City of Loveland offers two medical plan options:

- **The ACO SelectColorado Plan**
- **CDHP-HRA Plan option**

FINDING AN ACO TIER 1 PROVIDER

Go to www.umar.com; click on Find a Provider; enter SelectColorado (all one word); enter your provider search criteria and review. In order to use Tier 1 Benefits, your provider **MUST BE DESIGNATED/LISTED** as a Tier 1 Provider. If the provider is in-network and **DOES NOT HAVE** Tier 1 noted, then services will be paid at the Secondary Benefit Level when services are received in the Select 14 Colorado Counties.

WHICH PLAN IS BEST?

Carefully consider your options when deciding which plan to select. Compare the amount paid out of pocket and through payroll deductions, including the cost of copays, coinsurance and/or deductibles.

FINDING A PRIMARY CARE PHYSICIAN

While neither plan requires a primary care physician (PCP), it is recommended. A PCP is a vital part of your health journey and provider relationship to monitor ongoing care and to have a doctor to call with urgent questions. *The Marathon Health Clinic is not open on evenings and weekends AND cannot be an attending physician at the hospital.*

MEDICAL CARD & WEBSITE

Log onto www.umar.com for access to your personal account information, to print a temporary ID card or order an ID card. **If you are a newly covered participant, you will need a UMR ID number to establish your username and password, call 1-800-207-3172 for assistance.**

VIRTUAL VISITS - TELADOC

If you or your family members are enrolled in either Medical Plan, you are eligible for Teladoc 24/7 Virtual Care visits (at no cost to you) for Both Medical AND Mental Health needs. You will be seen by a board-certified provider for a variety of common ailments from the comfort of your home. Visit teladoc.com today to set up an account or call 1-800-TELADOC (1-800-835-2362).

See more information on the Teladoc page of this guide.

See the
Medical Comparison
Benefits Chart on the
next page



A UnitedHealthcare Company

BOTH PLANS INCLUDE:

- Access to the Wellness Center
- Teladoc, no cost Virtual appointments
- Surgery+ Coordinated surgical care with no cost option
- Yearly routine physicals and other preventive care
- DOT physical
- Preventive infant care up to 3 years of age: up to 9 routine preventive visits
- Immunizations
- Pharmacy Benefits at local pharmacies – Capital RX
- Pharmacy Mail Order 90-day supply – Walmart Home Delivery
- Epic Hearing Member Savings Program

ACO SELECTCOLORADO PROVIDER NETWORK

- The COL ACO plan provides a group of doctors, hospitals and other health providers who together provide coordinated high-quality care to their patients. The goal is to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.
- Office visit copays – lower costs when seeing a Tier 1 provider within 14 Select Colorado Counties. You have the option of using any other provider in the United Health Care Choice Plus with a higher deductible and co-insurance.
- This plan has **NO** out-of-network coverage.

CDHP - HRA

- A High-Deductible Health Plan
- The City of Loveland provides a Health Reimbursement Account (HRA) of \$500 per year for single coverage to offset out-of-pocket medical expenses. If you enroll your spouse and/or children your HRA account will provide \$1,000 per year
- In-network coverage includes all United Health Care Choice Plus providers.
- *Mid-Year Enrollment HRA accounts will be pro-rated costs at the point of service.*

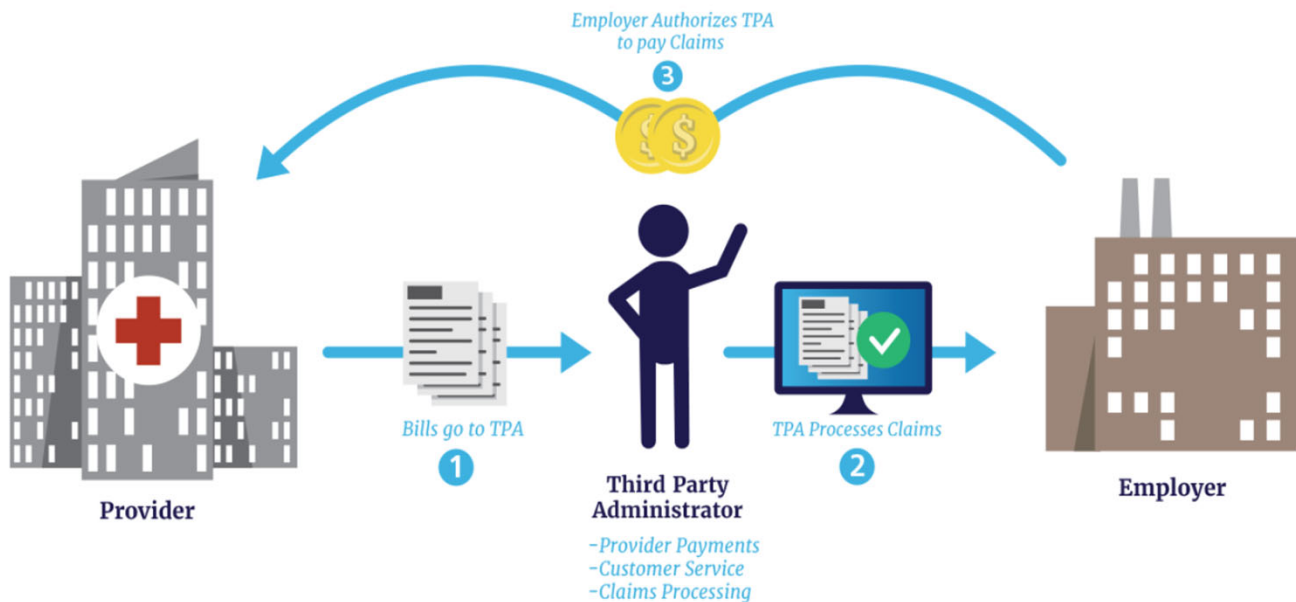
Contact Information

**UMR Group Number – 76-4136064
800-207-3172; www.umar.com**

Self-Funding and Member Privacy

Did you know the City's medical plan is self-funded?

- This is an alternative means of financing and structuring the medical benefits we provide to employees. Instead of paying premiums directly to an insurance company, the City pays claims as they are incurred – which also helps determine what employees pay in premiums each plan year – the higher our claims, the higher the premiums
- We work with a third-party administrator (TPA), UMR (a United Healthcare company), to operate the plan, process claims, maintain eligibility, produce plan documents and ID cards, and use their provider network
- Being self-funded gives us the opportunity to customize our plans instead of settling for a “one size fits all” benefit
- To help protect the City and budget from large, catastrophic claims, we carry Stop-Loss insurance, which acts as a safety net should incurred claims exceed a certain dollar amount



Member Privacy

We take the protection of your personal information very seriously!

- Although the City is paying based on incoming claims, our TPA, UMR, does not identify claimants, providers, diagnoses, or the type of provider used to the City of Loveland.
- Claims data is gathered by our benefits consultant in aggregate form and used to assist in planning
- The City may offer some general assistance to employees who seek help with insurance questions but is done with limited amounts of information
- Personal Information is regulated by the City of Loveland AR-00069 Data Privacy and Incident Response. The City of Loveland does provide Personal Identifying Information to Benefits Vendors via encrypted means in order to provide accurate enrollment.

Comparison of Medical Plans



A UnitedHealthcare Company

	ACO SelectColorado		CDHP-HRA	
	Tier 1 – SelectColorado ¹	Secondary Benefit Level	In-Network	Out-of-Network
HRA Rollover Cap (Single Family)	N/A		\$3,300 \$6,600	
HRA Fund (Single Family)	N/A		\$500 \$1,000	
Annual Deductible (Single Family)	\$600 \$1,800	\$1,200 \$4,800	\$2,000 \$5,000	\$4,000 \$10,000
Maximum Lifetime Benefit	Unlimited		Unlimited	
Coinsurance ² (Plan Member)	80% 20%	60% 40%	80% 20%	60% 40%
Out-of-Pocket Maximum* (Single Family)	\$3,000 \$7,000	\$6,000 \$14,000	\$6,000 \$12,000	\$10,000 \$20,000
Doctor Office Visit (PCP Specialist)	\$0 \$30	60% 40%	80% 20%	60% 40%
Teladoc (Medical or Mental Health)	\$0 copay		\$0 cost	Not covered
Preventive Care	100% covered		100%	60% 40%
Hospital Inpatient/Outpatient	80% 20%	60% 40%	80% 20%	60% 40%
Urgent Care Facilities	100% covered		80% / 20%	
Emergency Room & Ambulance**	80% / 20%		80% / 20%	
Diagnostic Lab & X-ray	Office Visit or Independent Lab/X-Ray: 100%		80% 20% (Deductible Waived)	60% 40%
	Hospital: 80% 20% (Deductible Waived)	Hospital: 60% 40%		
MRI/CAT/PET	Freestanding: 80% 20%	Freestanding: 80% 20%	80% 20%	60% 40%
	Hospital: 80% 20%	Hospital: 60% 40%		
Therapy, Including Autism (PCP Specialist) Physical, Occupational and Speech	\$25 \$30 copay 60 Visits Max/Year		80% 20% 60 Visits Max/Year	60% 40% 60 Visits Max/Year
Maternity	Office Visit: \$0 Inpatient: 80%	60% 40%	80% 20%	60% 40%
Fertility Treatment	80% 20% \$30,000 lifetime maximum	60% 40% \$30,000 lifetime maximum	80% / 20% \$30,000 lifetime maximum	60% 40% \$30,000 lifetime maximum
Gender Transition Surgery: In/Outpatient	80% 20%	60% 40%	80% 20%	60% 40%
Chiropractic Care (PCP Specialist)	\$25 \$30 copay 20 Visits Max/Year		80% 20% 20 Visits Max/Year	60% 40% 20 Visits Max/Year
Mental Health Office Visits	100%		80% 20%	
Mental Health In/Outpatient Facility	80% / 20%		80% 20%	

*Includes deductibles, copayments and Rx payments

** Emergency Room and ambulance will be covered at standard benefit regardless of network for true life/limb threatening emergencies

¹ Tier 1 only applies while seeing a provider within the 14 Colorado Counties

² All coinsurance applies after deductible unless otherwise noted

Note: ACO SelectColorado does **NOT** have out-of-network coverage except for Emergency Room and Ambulance services and Mental Health Providers.

Contact Information
UMR Group Number 76-413064
1-800-207-3172; www.umar.com

ACO SelectColorado with UMR

SelectColorado

The ACO SelectColorado (Accountable Care Organization) was created in Colorado to deliver a highly collaborative, integrated model of care to provide a Best-In-Class network and to offer an affordable, differentiated care and member experience.

The ACO SelectColorado network is broken out in two different levels:

Tier 1 Providers are: hand selected based on patient outcomes and provide services in 14 Colorado counties: **Larimer, Weld, Routt, Boulder, Broomfield, Denver, Jefferson, Adams, Arapahoe, Douglas, Teller, El Paso, Pueblo and Mesa.** **These providers are also part of the United Health Care Choice Plus Network. NOTE: The In-Network designation DOES NOT MEAN TIER 1.*

TO FIND AN ACO TIER 1 PROVIDER: Go to www.umar.com; click on Find a Provider; enter SelectColorado (all one word); enter your provider search criteria. In order to use Tier 1 Benefits, your provider MUST BE DESIGNATED as a Tier 1 Provider. If the provider is in-network and DOES NOT HAVE Tier 1 noted, then services will be paid at the Secondary Benefit level when services are received in the Select 14 Colorado Counties.

Secondary Benefit Providers (no Tier 1 designation): The United Health Care Choice Plus Network while seeing providers within the 14 Colorado Counties.

Seeing a United Health Care Provider **INSIDE** one of the 14 Colorado Counties:

- **Tier 1 Providers:** You will save the most money on your health care expenses.
- **Secondary Benefit Level:** Any United Health Care Choice Plus Network (*that is not designated as a Tier 1*) will be covered under Secondary Benefit plan benefits schedule which includes a deductible and co-insurance on services.
- If you see a provider who is NOT in the United Health Care Choice Care Plus Network, your services will **NOT** be covered by the plan and you will be responsible for all costs incurred. **Exception for emergency services only.*

Providers **OUTSIDE** of the 14 Colorado Counties – if out of area and unable to see provider in coverage areas:

- You can go to any **United Health Care Choice Plus Network provider/facility**, and it will follow the Tier 1 plan benefits. **NOTE: outside of the 14 Colorado Counties Tier 1 is NOT APPLICABLE.**
- If you see a provider who is NOT in the United Health Care Choice Care Plus Network, regardless of location from coverage area, your services will not be covered by the plan **and you will be responsible for all costs incurred.** **Exception for emergency services only*
- **Example: If you decided to have services at a United Health Care Choice Plus Provider in Omaha, NE, since this is outside of Colorado and outside of the Tier 1 Service Network Area, you will follow Tier 1 benefit structure.**

The chart below shows examples of services that are Tier Inclusive (meaning Tier 1 is not applicable). If you go to any **United Health Care ChoicePlus Network provider for the following services** costs will fall under the Tier 1 benefit schedule:

Tier Inclusive Services with ACO SelectColorado		
Chiropractic Care	Urgent Care	Durable Medical Equipment
Independent Laboratories	Free Standing Imaging	Outpatient Mental Health Visits
Ambulatory Surgery Centers	Rehabilitation Services	Habilitative Services
Hospice	Home Health	Enteral Nutrition
Accidental Dental	Ambulance	Ostomy Supplies
Prosthetic Devices	Urinary Catheters	Therapeutic Treatments

For a full list of services that are Tier Inclusive, please refer to your UMR plan documents.

IMPORTANT NOTE:

Out-of-Network: The UMR ACO SelectColorado plan does not provide any **out-of-network** benefits except for **EMERGENCY SERVICES**. If you see a provider that is not in the United Health Care Choice Plus Network, you will be billed for services directly.

Prescription Drug Benefits



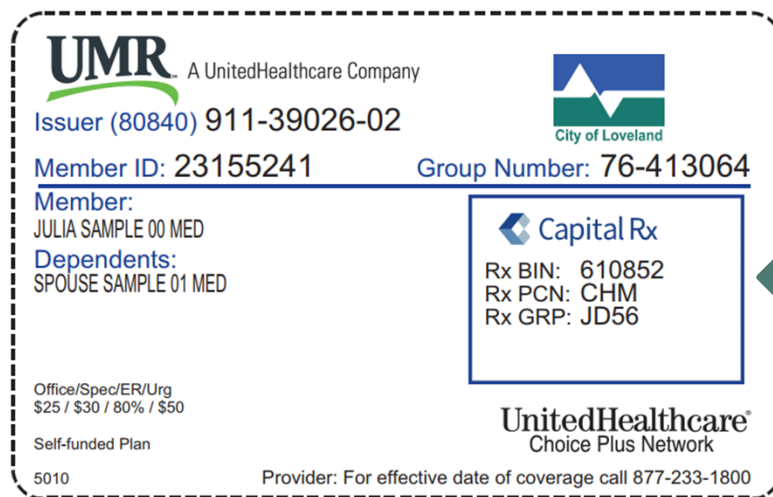
If you are enrolled in the City medical plan you covered under the prescription coverage through Capital Rx. Your pharmacy information will be included on your UMR Medical ID card.

	ACO Select Colorado		CDHP-HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
30 Day Supply				
Generic	\$5 copay	Not Covered	You pay 10% (\$5 max)	Not covered
Preferred brand	\$30 copay		You pay 20% (\$60 max)	
Non-Preferred brand	\$50 copay		You pay 30% (\$125 max)	
90 Day Supply				
Generic	\$10 copay	Not covered	You pay 10% (\$10 max)	Not covered
Preferred brand	\$85 copay		You pay 20% (\$175 max)	
Non-Preferred brand	\$145 copay		You pay 30% (\$370 max)	

Important!!

- You must present your ID card when filling prescriptions to your pharmacy
- Register at cap-rx.com to utilize the digital portal – search for lowest cost drugs at area pharmacies, view claims history, display accumulators and look up co-pay and coinsurance information

Contact Information
 Capital RX
 888-302-2779
www.cap-rx.com



Find a Pharmacy!

Go to Cap-RX.com, click on member tools, you can access a list of National Chains OR you can establish a user name and password for a list based on zip code. (use BIN 610852)

Once enrolled on-line, you can contact Capital Rx at 1-888-302-2779 or visit them online at cap-rx.com to register and find a pharmacy near you!

Prescription Drug Benefits



Mail Order



If you are enrolled in the City Medical Plan, Capital Rx's mail-order pharmacy, Walmart Home Delivery, will be your new mail-order pharmacy provider.

GET STARTED WITH MAIL SERVICE

Prior to your first fill with the Capital Rx mail service, you will need to setup an account with Walmart Home Delivery Pharmacy.

Choose one of the following options to complete setup an account and submit your prescription:

Option 1, phone account setup: call **Walmart Home Delivery at 1-800-236-7563** to set your profile up over the phone, transfer prescriptions from your current pharmacy, or contact your healthcare provider for new prescriptions.

Option 2, Mail your prescription: Download the paper mail service **order form at www.walmart.com/homedelivery**, and U.S. postal mail in the completed form with your paper prescription to 1025 W. Trinity Mills Rd, Carrollton TX, 75006

Option 3, E-prescribe: After you setup an account with Walmart Home Delivery Pharmacy via phone or mail, have your prescriber e-prescribe your prescription to Walmart Pharmacy Mail Order 2625.

Option 4, Fax: After you setup an account with Walmart Home Delivery Pharmacy via phone or mail, have your **prescriber fax your prescription to 1-800-406-8976**. Faxed prescriptions may only be sent by a doctor's office and must include patient information.

MAIL-ORDER PHARMACY QUESTIONS?

For Mail-Order questions, please call us at 1-800-236-7563 Monday–Friday from 7:00am to 7:00pm CST, and Saturday 9:00am to 1:00pm CST. You may also email us at wmsrx@wal-mart.com.

WHY MAIL ORDER?

Home delivery can be convenient and cost effective for:

- Patients who are prescribed maintenance medications
- Patients who received 90 supplies of a prescription

Contact Information Walmart Home Delivery

Phone: 1-800-236-7563

Fax: 800-406-8976

Email questions: wmsrx@Wal-Mart.com

www.Walmart.com/homedelivery

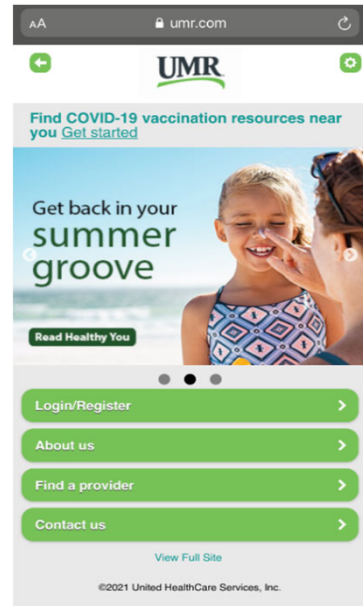


UMR Mobile Web

You can access personal health benefits anywhere, anytime using the mobile phone browser. Just use the same username and password that is used while logging on with a computer.

Members can:

- View, scan or fax an ID card
- Find a provider
- Check benefits
- Access account balances
- And more



EPIC – Hearing Healthcare



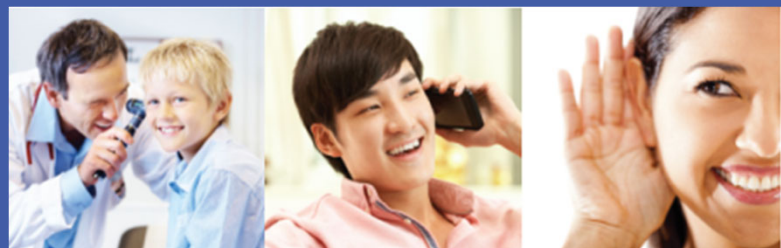
An additional feature through the UMR Medical plan is EPIC Hearing Healthcare. UMR members receive access to the largest hearing care provider network in the country as well as substantial savings on top tier brand devices and services!

EPIC HSP members save up to 60% off retail prices on brand name hearing aids from major manufacturers through the EPIC Hearing Service Plan:

- Phonak
- Resound
- Widex
- Unitron
- Starkey
- Oticon
- Hansaton
- Signia
- Widex

Technology Levels	Typical MSRP	EPIC HSP Price	Member Savings
Entry	\$1,400	\$495	\$905
Essential	\$1,650	\$999 / \$1,199	\$550
Standard	\$2,250	\$1,299 / \$1,499	\$850
Advanced	\$2,700	\$1,899 / \$2,099	\$700
Premium	\$3,500	\$2,399 / \$2,499	\$1,050

Contact EPIC to get started!
 1.866.956.5400
www.epichearing.com/registration



Virtual Visits through Teladoc

Medical and Behavioral Health



Member Benefits include

If you are enrolled in one of the City's health plans, you have 24/7/365 access to virtual visits through Teladoc at no cost to you.

- You can speak with a licensed doctor about non-emergency health AND behavioral (mental) health issues anywhere –from home, work, or on vacation
- The median wait time to speak with a Teladoc doctor is 10 minutes
- Teladoc doctors can diagnose and treat cold and flu symptoms, allergies, upper respiratory infections, skin problems and more
- Teladoc doctors can send a prescription to local pharmacies, when medically necessary
- Dependents enrolled in the medical plan are also eligible for Teladoc, including adult children up to age 26
- You can connect with an experienced doctor by phone, web, or mobile app



24/7/365 care for:

Cold & flu, allergies, rash and much more!



Licensed doctors

U.S. board-certified doctors average 20 years of experience



In minutes

Connect with a doctor by phone or video



Get a diagnosis

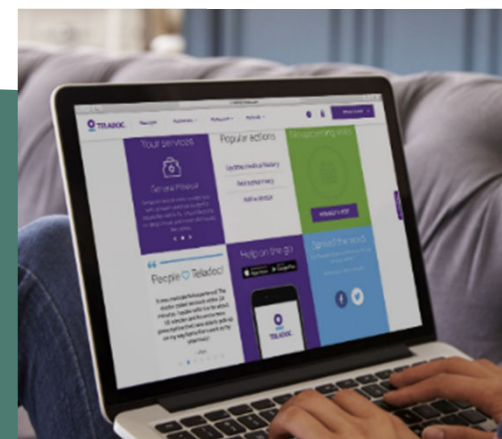
Our doctors recommend treatment and prescribe medication (when medically necessary)



Teladoc is included as part of the medical benefits package. There is **\$0** cost out of pocket to you.

Get started today by downloading the mobile app or visiting [Teladoc.com](https://www.teladoc.com)!

Teladoc
[Teladoc.com](https://www.teladoc.com)
1-800-835-2362
Download the app!



Behavioral Health through Teladoc

Feel Like Yourself Again!



Behavioral (Mental) Health Services:

- Confidential treatment
- Convenience to speak with a therapist from anywhere
- Flexible scheduling
- ***NEW*** - Behavioral Health Services are now available to dependents down to **age 13**





Build a relationship with an experienced therapist or psychiatrist of your choice by video or phone for support with:

- **Anxiety, stress, depression**
- **Relationship conflicts**
- **Mood swings**
- **Trauma or PTSD**
- **Not feeling like yourself**
- **Medication management**

Get started—it's already part of your benefits

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (835-2362) | Download the app  

Find a Therapist for your teen

- 1) Log in to or set up a Teladoc account by web or app, then add your teen as a dependent.
- 2) Download and print the Teladoc consent form and the intake form. Upload the completed forms to schedule a mental health visit for your teen.
- 3) Choose a therapist for your teen.
- 4) Please note that only talk therapy is available for teens. Request a time for the appointment and receive confirmation.




Teladoc is included as part of the medical benefits package. There is \$0 cost out of pocket to you.


About SurgeryPlus


SurgeryPlus is an important part of your medical benefits plan enrollment plan with no enrollment required, providing you with access to top-quality, affordable care for more than 1,500 surgical procedures. **Your deductible and co-insurance will be waived.** *You must contact SurgeryPlus for services

Types of Procedures: Cardiac; General Surgery; GYN; Orthopedic; Bariatrics; Pain Management; Spine; Gastroenterology; ENT; Joint Replacement

What to Expect

- 1 

If you think you need surgery, call SurgeryPlus at 833-512-1177 and a Care Advocate will discuss your needs and begin coordination of services
- 2 

With an understanding of your care needs and preferences, the SurgeryPlus team will hand-select three surgeons for you to evaluate and choose from.
- 3 

Your dedicated team of Care Advocates will provide personalized support and manage related needs such as the coordination of logistics and booking of travel (if required).
- 4 

Your procedure with a Surgeon of Excellence at a Center of Excellence. As you recover, we will ensure all of your needs have been met.

Top-Quality Providers



SurgeryPlus has a nationwide network of over 400 hospitals and surgery centers to ensure you receive the right care, from the right provider in the right place. Our network is built with provider quality and surgical outcomes as the top priority. With an understanding of your care needs and preferences, the SurgeryPlus provider team will hand-select three surgeons for you to evaluate and choose from.

Our standards of excellence include: board certification, specialty training requirement, procedure volume requirements, state sanctions check, medical malpractice claims review, background review, CMS quality requirements (hospital only), monthly network monitoring.

All-Inclusive Support

- Personalized case management
- Travel costs (if necessary)
- All provider and hospital charges covered (including anesthesia)
- Doctor appointments related to your procedure
- Your employer will waive your coinsurance and deductible, making your procedure free.



Scan to view our SurgeryPlus overview video!



Visit your member portal at cityofloveland.surgeryplus.com or call 833-512-1177 to learn more

To get started with SurgeryPlus if you think you need a procedure, or know you need one, give them a call at 833-512-1177 or email your dedicated team at CityofLoveland@SurgeryPlus.com

Wellness Center

MARATHON HEALTH



The Employee Wellness Center is a benefit for you and your dependents (age 2+) if you are enrolled in either of the City's medical plans. The center provides wellness, disease management and minor episodic care.

All services are provided free of charge to you – no copays or charges, and no lab bills!

This is a direct savings in your out-of-pocket expenses and will help control costs of actual claims to our self-insured health plan! Best of all, you do not need to utilize medical leave for appointments for your own care.

Features Include:

- **Access when you need it:** appointments usually available within two days and often same day
- **Save money:** no co-pays or bills for services provided at the health center
- **Virtual and in-person appointments:** meet with a provider from your desk, on the go, or face to face
- **One-stop shopping:** labs drawn onsite, and many common medications can be prescribed and dispensed
- **Complete help with your health:** our licensed clinicians are connected to community providers and immunization records, and have the time to address all your health-related questions

Marathon Wellness Portal

Log onto the Marathon Wellness Portal to self-report Medical Premium Incentive items, to schedule appointments, participate in wellness challenges, see useful articles and information AND to communicate with the Wellness Center via messaging.

Annual Medical Premium Incentive

If you are enrolled in the medical plan and if you (and your spouse if covered) complete certain criteria you will earn \$40 monthly premium credit. Please see the next page for more details.

Registration via Marathon Portal:

To register, simply go to the portal homepage and start your registration. No password is needed to get started. Your information will need to match what Marathon has on file



"The care I receive at the Employee Wellness Center is exceptional. Everyone is so nice and professional, and I've never had to wait longer than five minutes." - Loveland employee

Marathon Health Hours

Monday through Friday
7:00 am to 4:00 pm
1632 Topaz Lane

SE Corner of Eisenhower & Boise, behind McGruff's American Grille

Schedule an Appointment on the portal

<https://my.marathon-health.com>

(970) 776-9550

(970) 776-9745 (Fax)



City of Loveland Medical Premium Incentive (MPI)



2023 Actions to earn 2024 MPI



Employee and spouse (if on the plan) must each earn 50 points between December 1, 2022 and November 30, 2023 to earn a \$40/month premium reduction in 2024.

Employees hired in 2022 or before 8/1/2023: If enrolled in medical, you automatically receive the MPI for 2023. To earn the MPI for 2024 you, and spouse if enrolled, need to earn 50 points each by completing the applicable activities listed below by **11/30/2023**.

Employees hired between 8/1/2023 and 7/31/2024: If enrolled in medical, you will automatically receive the MPI for remainder of 2023 and **all of 2024**. To earn the MPI for 2025 you, and spouse if enrolled, need to earn 50 points each by completing the applicable activities listed below **between January 1 and November 30, 2024**.

Activities and points are tracked in the Marathon Health Member Portal: <https://my.marathon-health.com> (see p.2 for login assistance). Note that points for some activities will be automatically allocated, while others **must be entered by the employee**. It is the employee's responsibility to monitor point collection and to ensure that all items are completed **by November 30th, 2023**.

Employee and Covered Spouses: Required Activities (Both Must be Completed)

Complete a Biometric Screening between 12/01/22 to 11/30/23 using one of these 3 options: <ol style="list-style-type: none"> Free Mass Biometrics event in late August Dates TBD PCP Visit - requires approved form to be submitted to the Wellness Center by 11/30/23 Appointment at Wellness Center for Biometrics <ul style="list-style-type: none"> Biometrics Include: Blood pressure, Ht/ Wt, Waist Circumference, TC, HDL, TC/ HDL Ratio, Fasting Glucose 	15 points - employees 25 points – spouses	Clinic entered	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse (if applicable)
Complete the Health Risk Assessment (HRA) questionnaire in the Marathon Portal every year.	15 points - employees 25 points - spouses	Clinic entered	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse (if applicable)

Employee Only: Complete any Four (4) Wellness Activities to earn remaining 20 points (details on p. 2)

Comprehensive Health Review (available at the Employee Wellness Center)	5 points (max of 1)	Clinic entered
Health Coaching Visit (available at the Employee Wellness Center)	5 points each (max of 2)	Clinic entered
Routine Annual Physical (at own PCP or at Wellness Center)	5 points (max of 1)	Employee entered for non-clinic appts
Other Age- and Gender- Specific Preventative Care (with your Primary Care Provider or specialist, i.e. dental, eye, other)	5 points each (max of 2)	Employee entered for non-clinic appts
Wellness Portal Challenges – examples: Step challenges, weight management, mindfulness	5 points each (max of 2)	Clinic entered
COVID Vaccine or Booster, Flu Shot, Shingles Vaccine OR Pneumonia	5 points (max of 2)	Employee entered

Wellness Programs



An additional benefit of working for the City of Loveland is the Employee Health, Wellness & Financial Program, which offers many events and activities throughout the year including:

WELLNESS FOR EVERY EMPLOYEE:

- Employee Assistance Program - through Mines & Associates
- Bike to Work Day sponsored by Public Works
- Learning Management Courses on a variety of health topics
- Seminars on topics from fitness to cooking to financial well-being & beyond
- Open Participation in community fitness groups



WELLNESS FOR BENEFIT-ELIGIBLE EMPLOYEES:

REIMBURSEMENT PROGRAM

Be reimbursed up to \$75 annually for: Organized Fitness Events, Smoking Cessation, Personal Training, Registered Dietitian/Nutritionist. To submit: complete the Reimbursement Form, found in UKG: MYSELF>MY COMPANY > ELECTRONIC FORMS

FITNESS RESOURCES

You have access to discounted Chilson Center passes. Cost varies by residency and age. Call Chilson Center front desk at 970-962-2386 for details. In addition, discounted Fitness Classes are available.

WELLNESS FOR EMPLOYEES ON THE CITY MEDICAL PLAN:

MARATHON EMPLOYEE CLINIC

Convenient, high-quality care at no cost, available to City of Loveland employees, spouses, and dependents (age 2 and over) including preventative care, acute care, and chronic condition coaching.

ACTIVITY CHALLENGES

Accessed through the Marathon Health e-portal. These challenges are completed to be entered for prizes and/or premium incentives and may include hydration, weight-loss, step competitions and the completion of health screens and educational courses.

TELADOC

A cost-free service that provides 24/7/365 access to virtual visits accessed by phone, web, or mobile app

MEDICAL PREMIUM INCENTIVE (MPI)

Complete activities between December 1st and November 30th to earn a total of 50 incentive points to be used to reduce your insurance premium for the following calendar year.

**Additional Information on these Programs can be found in this Guide*



Health Wellness Financial
Human Resources
970-962-2371
HealthWellnessFinancial@CityofLoveland.org

Mental Health Resources

Your mental health is important to the City of Loveland. Below you will find the mental health resources provided for the City employees/family members who are on the City's medical plan.

Virtual Behavioral Health - Teladoc

Our plan with Teladoc offers behavioral health visits at \$0 to our health plan members!

- Website: www.teladoc.com
- Phone: 1-800-835-2362

ACO Plan	Zero co-pay
HRA Plan	Zero co-pay

Mental Health Resources – SelectColorado ACO and HRA medical plan with UMR

Don't forget that our medical plans have mental health care coverage embedded in the plans!

- Website: www.umar.com
- Phone: 1-800-207-3172

ACO Plan	Zero co-pay for any United Health Care Choice Plus Provider
HRA Plan	Deductible, then plan pays 80% for any United Health Care Choice Plus Provider

The following services are available to ALL CITY OF LOVELAND EMPLOYEES.

Employee Assistance Program (EAP) – MINES & Associates

Offers counseling, legal and financial consultations, work-life assistance and crisis intervention services to all employees and eligible household members

- + Website: minesandassociates.com
 - + Username: loveland
 - + Password: employee
- + Phone: 800-873-7138

Up to 6 Free visits (virtual or in-person) per year, per incident

National Suicide Prevention Hotline

If someone you know exhibits warning signs of suicide:

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Take the person to an emergency room or seek help from a medical or mental health professional
- **Call the US National Suicide Prevention Lifeline at 1-800-273-8255**



09/28/2022

Reimbursement Form

Please check the applicable box(es), sign, date and submit to Health Wellness Financial with pertinent documentation via interoffice mail or email to HealthWellnessFinancial@CityofLoveland.org

All reimbursements are taxable and processed through payroll. These are available to benefit eligible employees including spouses on the medical plan

Tobacco Cessation Program – *programs must be pre-approved by HWF; max \$75 (taxed) per year for membership fees*

Program Name: _____ Amount: _____

Personal Training (Certified Only) – *max \$75 (taxed) per year. Please provide receipt*

Certified Trainer Name: _____ Amount: _____

Registered Dietitian/Nutritionist – *max \$75 p (taxed) per year. Please provide receipt*

Registered Name: _____ Amount: _____

Organized Fitness Events – *max \$75 (taxed) per year for registration fees. Please provide receipt & official race results (hard copy)*

Event Name: _____ Amount: _____

Results Website: _____



Health
Wellness
Financial

Growing together in your health, wellness & financial well-being

Employee Signature: _____ Date: _____

Participant Name: _____ Employee Phone: _____

Employee Email: _____

Please call HWF if you have any questions or concerns
962-2371

Dental Benefits



The Dental plan covers cleanings and a variety of dental expenses subject to certain limits, deductibles, copayments, and restrictions. The City’s dental coverage is administered by Delta Dental of Colorado. Delta Dental offers two distinct provider networks and allows services from dentists outside the networks.

The Delta Dental PPO network offers a wide selection of dentists. The dentists in the PPO network provide services at the maximum savings level. The Delta Dental Premier network also has a wide selection of dentists. The dentists in the Premier network provide services at a slightly higher cost than those in the PPO network.

Delta Dental group number **1856**
 Your ID number is your social security number
 Website:
www.DeltaDentalCO.com

NOTE: If the dentist is outside the Delta networks, services are usually not discounted. Out-of-network expenses typically result in a higher out-of-pocket cost. Members are responsible for all non-PPO charges over the Delta scheduled reimbursements.

Employees may enroll in Delta Dental without being enrolled in the medical plan.

CALENDAR YEAR DEDUCTIBLE	Individual Deductible – \$25 per person, per calendar year
CALENDAR YEAR MAXIMUM BENEFIT	\$1,500 Per Person*
ORTHODONTIC LIFETIME MAXIMUM (AGE 19 AND UNDER)	\$1,500 per person*

*Qualified preventive/diagnostic care at in-network providers will not be included in the total annual maximum payable. Annual and Lifetime Maximums are a combination of in- and out-of-network

PPO Dentist – Payment is based on the PPO dentist’s allowable fee, or the actual fee charged, whichever is less. You will receive the best benefit by choosing a PPO dentist.

Premier Dentist – Payment is based on the Premier Maximum Plan Allowance, or the fee actually charged, whichever is less.

Out-of-Network Dentist – Payment is based on the non-participating Maximum Plan Allowance (MPA). Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist.

SCHEDULE OF DENTAL PLAN BENEFITS	PREFERRED PPO DENTIST	PREMIER PPO AND/OR OUT-OF-NETWORK DENTIST
Preventive and Diagnostic Services Oral Evaluation (2 per year); Bitewing X-rays (2 sets per year); Full X-rays or Panoramic (1 in 36 months); Routine Cleaning (2 per year); Fluoride Treatments (1 per year, up to age 17); Space Maintainers (for posterior primary teeth, to age 14); Sealants (1 per tooth in 36 months, to age 17 on unrestored molars)	100%	100%
Basic Services Amalgam/Resin, Composite (Benefits on the same surface limited to 1 per year); Oral Surgery (Extractions); General Anesthesia (covered Oral Surgery only); Surgical Periodontal (Gums) (once every 36 months); Root Canal Therapy	85%	75%
Major Services Crowns (1 in 60 months on same tooth – excludes participants under age 12); Dentures, Partials, Bridges (1 in 60 months – excludes participants under age 16); Implants (1 in 60 months on same tooth, excludes participants under age 12)	60%	50%
Orthodontics Braces (Complete Orthodontic Evaluation/Active Orthodontic Treatment – Orthodontic benefits provided up to age 19 only)	50%	50%

Vision Benefits



The vision plan is administered by Vision Service Plan (VSP). The vision plan offers both in-network and out-of-network coverage. If an out-of-network licensed provider renders services, the employee will be reimbursed up to the maximum allowances shown on the schedule of vision benefits. Employees will pay the full premium for the vision plan.

Benefit	Description	Copay	Frequency
Well Vision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every 12 months
Prescription Glasses		\$20	See frame and lenses
Frame	<ul style="list-style-type: none"> \$220 featured frame brands allowance \$200 frame allowance 20% savings on the amount over allowance 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Anti-glare coating Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$0 \$80 - \$90 \$120 - \$160	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$180 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Primary Eyecare	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details 	\$0 \$20 per exam	As needed
Extra Savings	<p>Glasses & Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Visit vsp.com/offers for details 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your Well Vision Exam. Or 20% from any VSP provider within 12 months of your last Well Vision Exam <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than \$39 copay on routine retinal screening as an enhancement to Well Vision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off regular price or 5% off promotional price from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP provider 		

For out of network reimbursements, please log in to vsp.com

Contact Information
 Vision Services Plan
www.vsp.com
 Your ID number is your Social Security Number
 1-800-877-7195
 No ID cards will be issued, view your benefits on-line

2023 Medical, Dental and Vision Premiums

The following chart provides an overview of the monthly premiums. Rates are listed without the \$40 medical premium incentive. Please see details regarding earning the Medical Premium Incentive in this guide.

The City will continue to deduct premiums 24 times per year, which allows 2 paychecks each year with no insurance premiums. **In 2023, the two paychecks with no premiums* will be: February 7 and August 8.** *The first day of the month worked will trigger the first ½ of that month's premium collection. The payperiod immediately following will be the second ½ of that month's premium.

Medical, Dental, Vision and Flexible Spending plans will continue to be taken on a pre-tax basis. Voluntary Life, Accident and Critical Illness will continue to be taken on an after-tax basis.

Medical: ACO SelectColorado Plan

If the employee has earned a premium incentive, they will receive \$40 per month off the rates below

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
	Without Incentive	Without Incentive	Without Incentive	Without Incentive
Full Premium Equivalent	\$947.85	\$2,001.02	\$1,734.77	\$2,554.06
Full-Time (30 to 40 hours)	\$134.21	\$404.14	\$343.35	\$550.95
Part-Time (20 to 29 hours)	\$464.44	\$1,060.54	\$919.43	\$1,379.19

Medical: CDHP—HRA

If the employee has earned a premium incentive, they will receive \$40 off the rates below

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
	Without Incentive	Without Incentive	Without Incentive	Without Incentive
Full Premium Equivalent	\$866.20	\$1,814.49	\$1,574.88	\$2,268.96
Full-Time (30-40 hours)	\$103.28	\$377.18	\$333.70	\$499.69
Part-Time (20-29 hours)	\$424.44	\$961.68	\$834.69	\$1,225.24

Dental

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Full Premium Equivalent	\$45.24	\$94.84	\$100.51	\$131.17
Full-Time (30-40 hours)	\$18.10	\$37.68	\$40.20	\$52.48
Part-Time (20-29 hours)	\$28.50	\$59.75	\$63.32	\$82.64

Vision

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Full Premium Equivalent	\$10.04	\$14.57	\$17.31	\$27.66
All Employees	\$10.04	\$14.57	\$17.31	\$27.66

Flexible Spending Accounts

A Flexible Spending Account (FSA) is a special account established through UMR to allow you to set aside money on a pre-tax basis to pay for qualified healthcare or dependent care expenses throughout the year. Two types of Flexible Spending Accounts are available: A **Healthcare Flexible Spending** Account for qualified out-of-pocket medical expenses, and a **Dependent Care Flexible Spending** Account for qualified childcare and eldercare expenses

HEALTHCARE FSA

The FSA for Health Care allows you to use pre-tax dollars to pay for eligible expenses not covered by your health care, dental or vision plans, such as copays, deductibles and other expenses.

Here's how it works:

- Estimate the amount of money you and your dependents expect to spend on eligible out-of-pocket health care expenses from Jan 1, 2023 through Dec 31, 2023.
- Designate up to \$3,050 annually in your FSA for Health Care account to pay for eligible expenses. The Annual election will be split into 24 equal amounts, deducted every pay period on a pre-tax basis and deposited into your FSA.
- When you incur an eligible expense, use your FSA debit card** or submit documentation with a claim form to receive reimbursement. **Save your receipts!** UMR may require proof of purchase at anytime.

If you are enrolled in the medical plan AND decline a debit card all claims will automatically route to UMR Flex and be paid out to you if it meets all requirements.

DEPENDENT DAY CARE FSA

The FSA for Dependent Day Care allows you to pay for eligible day care expenses (**not** health care expenses) with pre-tax dollars. You can use the account to pay childcare or dependent day care expenses, so you and your spouse (if married) can work outside your home.

Here's how it works:

- Federal tax dependents include any qualifying child or relative who is under the age of 13, or your spouse or older dependent who is mentally or physically incapable of self-care and who lives in your home at least half of the taxable year.
- You may set aside up to \$5,000 FAMILY MAXIMUM each plan year. The Annual election will be split into 24 equal amounts, deducted every pay period on a pre-tax basis and deposited into your FSA. As your balance accrues, use your FSA debit card or submit documentation with a claim form to receive reimbursement.
- Qualifying providers may provide care in your home or outside your home (caregiver's Social Security number or Taxpayer ID number is required to receive reimbursement).

PLAN CAREFULLY

IRS rules require that any balance remaining in your account after the deadline for submitting claims will be forfeited. Eligible expenses must be incurred between January 1, 2023 – March 15, 2024. You have until April 30, 2024 to submit reimbursement claims for these eligible expenses. After April 30, 2024, any remaining balance will be forfeited.

Additionally, the IRS www.irs.gov imposes some rules and restrictions on the way employees can use flexible spending accounts.

DID YOU KNOW?

- **Your FSAs are administered through UMR (your health plan administrator).**
- **Re-Enrollment is required each year to participate.**
- **Medical Debit Cards have an annual cost of \$16.80**
- **If your old medical debit card hasn't expired, IT WILL STAY ACTIVE the new plan year, so don't throw them away!**
- **For eligible expenses, balances, to file claims, FAQs and other self-service options, log into www.umar.com**

**Medical Debit Cards have a \$16.80 annual charge



Important reminder

For additional information regarding your Flexible Spending Accounts for Health Care and Dependent Day Care, contact UMR:

800-207-3172 or www.umar.com

UMR Group #: 76-4136064

**Flexible
Spending
Accounts**



Basic & Supplemental Life Insurance

As a benefit eligible employee you are automatically enrolled in the City-paid basic life insurance coverage, which includes accidental death and dismemberment (AD&D) equal to 1.5x your annual salary up to a maximum of \$200,000. Spouses are covered for \$2,000 and children up to age 26 are covered for \$1,000 under this plan as long as they are listed in the system as a “dependent”. ***If both you and your spouse are benefited employees, you are NOT eligible to be covered as a dependent under basic life NOR Voluntary Life coverages.***



Employees **must** complete the Life beneficiary on the on-line benefits enrollment. The basic life insurance plan is administered by The Hartford. Employees leaving employment with the City may convert this coverage to an individual policy within 30 days after their last day of employment.

Monthly rates for employee and spouse are listed below and are Per \$10,000. Enrollment must be in \$10,000 increments (except for children it is \$1,000 increments)

Basic and Voluntary Life Insurance coverages are reduced to 70% at age 65 and to 50% at age 70.

SUPPLEMENTAL LIFE INSURANCE

In addition to City-paid life insurance, you may purchase supplemental life insurance for yourself, your spouse and/or your dependent children. All premiums are paid through payroll deductions on an after-tax basis. ***If both you and your spouse are benefited employees, you are NOT eligible to be covered as a dependent under basic life NOR Voluntary Life coverages.*** Coverage requests must be in \$10,000 increments.

If you elect coverage during your new hire enrollment you can enroll up to \$300,000 in coverage. The first \$200,000 is under a Guaranteed Eligibility and the remaining \$100,000 is subject to Hartford’s Evidence of Insurability process.

Your spouse can be enrolled up to \$150,000 in coverage. If you are a new hire, the first \$50,000 is under a Guaranteed Eligibility and the remaining \$100,000 is subject to the Hartford’s Evidence of insurability process.

Your eligible dependents, up to the age of 26 can be enrolled in up to \$10,000 each. Coverage requests must be in \$1,000 increments. You pay one premium for all eligible children. Example: 4 eligible children coverage at \$10,000 each is one premium of \$24.00 for the year.

You can drop, enroll or request a change in supplemental life any time of year through the UKG Life Events section. You are not required to have a qualifying event; however, all new or increase in coverage requests are subject to The Hartford's Evidence of Insurability process.

Age	Coverage rate per month *Paid on an after-tax basis	
	Coverage per \$10,000	Example: \$100,000
<25	\$0.60	\$6.00
25-29	\$0.60	\$6.00
30-34	\$0.80	\$8.00
35-39	\$0.90	\$9.00
40-44	\$1.35	\$13.50
45-49	\$2.25	\$22.50
50-54	\$3.75	\$37.50
55-59	\$6.00	\$60.00
60-64	\$8.00	\$80.00
65-69	\$12.70	\$127.00
70-74	\$21.90	\$219.00
75+	\$38.40	\$384.00

Dependent Children can be covered for \$0.20 per \$1,000 (one rate covers ALL eligible children). Coverage maximum is \$10,000 per child.



The Hartford Life Insurance, Group Term Life and Voluntary Term Life, group # 677799
Contact HR for assistance at 970-962-2371;
HR@CityofLoveland.org

Voluntary Accident & Critical Illness



Facing a serious illness or an unexpected accident can be devastating both emotionally and financially. Major medical insurance may pick up most of the tab but can still leave out-of-pocket expenses that add up quickly.

Critical Illness insurance can provide a you lump-sum benefit upon diagnosis that can be used however you choose - from expenses related to treatment, deductibles or day-to-day cost of living.

Accident Insurance provides lump sum payments when you incur healthcare expenses related to an accident.

You **DO NOT** need to be enrolled in our medical plan if you wish to enroll.

WHO IS ELIGIBLE?

You are eligible for this insurance if you are a benefit eligible employee who works at least 20 hours per week on a regularly scheduled basis and are less than age 80. Your spouse and child(ren) up to the age of 26 are also eligible for coverage.

AM I GUARANTEED COVERAGE?

When enrolling during your new hire process or during open enrollment this insurance is guaranteed issue coverage – it is available without having to provide information about your or your family’s health. Premiums will be paid through payroll deductions, as authorized by you during the enrollment process. This ensures you don’t have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll within 30 days of your hire date or qualified life event date. Additionally, you can enroll during the annual open enrollment period.

WHEN DOES COVERAGE BEGIN?

Coverage begins on the first day of the month following your hire date or life event date. During the annual open enrollment period, your coverage will begin on the first day of the new calendar year. You must be actively at work with the City of Loveland on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES COVERAGE END?

This insurance will end on the last day of the month in which you, or your dependent no longer meets the eligibility requirements, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employment, or the coverage is no longer offered.

The Hartford is our vendor for Accident Insurance and Critical Illness Insurance. These plans are designed to pay a cash benefit to help you meet financial obligations resulting from a designated accident or critical illness. The money can be used for any purpose.

To learn more about Accident and Critical Illness insurance, visit

<https://www.thehartford.com/employeebenefits>

1-866-547-4205

Group #677799

Voluntary Critical Illness

Critical Illness is a voluntary benefit, and you pay 100% of the cost of coverage. You can purchase coverage for yourself, your spouse and children. The Critical Illness benefit pays fixed, lump-sum amounts in the event you are diagnosed with a covered critical illness.

The maximum benefit is \$20,000 per critical illness. Spouse elections are covered up to \$10,000 per illness, and children are covered up to \$5,000 per illness.

COVERAGE AMOUNT	
Employee Coverage Amount	\$20,000
Spouse Coverage Amount	\$10,000
Child(ren) Coverage Amount	\$5,000
COVERED ILLNESSES	BENEFIT AMOUNTS
CANCER CONDITIONS	
Benign Brain Tumor*; Invasive Cancer*	100% of coverage
Non-invasive Cancer	25% of coverage
VASCULAR CONDITIONS	
Heart Attack*; Heart Transplant*; Stroke*	100% of coverage
Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft	25% of coverage
OTHER SPECIFIED CONDITIONS	
Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Transplant*; Paralysis	100% of coverage
Bone Marrow Transplant	25% of coverage
NEUROLOGICAL CONDITIONS	
Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's)	100% of coverage
CHILD CONDITIONS	
Cerebral Palsy; Congenital Heart Disease; Cystic Fibrosis; Muscular Dystrophy; Spina Bifida	100% of coverage
ADDITIONAL BENEFITS	
Recurrence – Benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	100% of original benefit amount
Health Screening Benefit	\$50/Year/Person
Coverage Maximum –Employee & Spouse	500% of coverage
Coverage Maximum – Child(ren)	300% of coverage

Critical Illness Rates Per Month	Age	\$20,000
Employee	<25	\$5.00
	25-29	\$6.22
	30-34	\$7.05
	35-39	\$9.11
	40-44	\$12.88
	45-49	\$20.15
	50-54	\$28.18
	55-59	\$38.59
	60-64	\$54.42
	65-69	\$74.44
Employee plus Spouse	70-74	\$49.98
	75-79	\$65.25
	<25	\$7.85
	25-29	\$9.66
	30-34	\$10.92
	35-39	\$14.01
	40-44	\$19.77
	45-49	\$30.99
	50-54	\$43.44
	55-59	\$59.65
Employee plus Child(ren)	60-64	\$84.16
	65-69	\$114.68
	70-74	\$77.11
	75-79	\$100.31
	<25	\$7.87
	25-29	\$8.86
	30-34	\$9.30
	35-39	\$11.14
	40-44	\$14.70
	45-49	\$21.92
Employee plus Family	50-54	\$29.89
	55-59	\$40.30
	60-64	\$56.10
	65-69	\$76.13
	70-74	\$51.15
	75-79	\$66.43
	<25	\$11.20
	25-29	\$12.75
	30-34	\$13.54
	35-39	\$16.36
40-44	\$21.89	
45-49	\$33.06	
50-54	\$45.44	
55-59	\$61.63	
60-64	\$86.12	
65-69	\$116.64	
70-74	\$78.48	
75-79	\$101.68	

Voluntary Accident Coverage

PLAN INFORMATION		
Coverage Type		Off-job only
EMERGENCY HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	\$75
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$25
Ambulance – Air	Once per accident	\$900
Ambulance – Ground	Once per accident	\$300
Blood/Plasma/Platelets	Once per accident	\$200
Daily Hospital Stay	Up to 365 days per lifetime	\$200
Daily ICU Stay	Up to 30 days per accident	\$400
Diagnostic Exam	Once per accident	\$200
Emergency Dental	Once per accident	Up to \$300
Emergency Room	Once per accident	\$150
Hospital Admission	Once per accident	\$1,000
Initial Physician Office Visit	Once per accident	\$75
Medical Appliance	Once per accident	\$100
Rehabilitation Facility	Up to 15 days per lifetime	\$100
Urgent Care	Once per accident	\$75
X-Ray	Once per accident	\$50
SPECIFIED INJURY & SURGERY		
Abdominal/Thoracic Surgery	Once per accident	\$1,500
Arthroscopic Surgery	Once per accident	\$300
Burn	Once per accident	Up to \$10,000
Burn – Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit
Concussion	Up to 3 per year	\$150
Dislocation	Once per joint per lifetime	Up to \$4,000
Eye Injury	Once per accident	Up to \$400
Fracture	Once per bone per accident	Up to \$4,000
Hernia Repair	Once per accident	\$150
Joint Replacement	Once per accident	\$2,000
Knee Cartilage	Once per accident	Up to \$750
Laceration	Once per accident	Up to \$600
Ruptured Disc	Once per accident	\$750
Tendon / Ligament / Rotator Cuff	Up to 2 per accident	Up to \$1,000
CATASTROPHIC		
Accidental Death	Within 90 days; Spouse @50% and child @25%	\$30,000
Common Carrier Death	Within 90 days	3x Death Benefit
Coma	Once per accident	Up to \$10,000
Dismemberment	Once per accident	Up to \$30,000
Home Health Care	Up to 30 days per accident	\$50
Paralysis	Once per accident	Up to \$10,000
Prosthesis	Up to 2 per accident	Up to \$1,500

With **Accident Insurance**, you'll receive payment(s) associated with a covered non-work-related injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.

This is a voluntary benefit, and you pay 100% of the cost of coverage.

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

Examples of treatment and care include: Emergency room care, accident follow up, ambulance costs, hospital confinement, admissions, urgent care, x-rays, fractures, certain surgeries, paralysis and many more.

Monthly Accident Insurance Rates

Employee	\$5.21
Employee + Spouse	\$8.22
Employee + Child(ren)	\$8.85
Employee + Family	\$13.87

To learn more about Accident and Critical Illness insurance, visit thehartford.com/employeebenefits Group # 677799 1-866-547-4205



Additional Services From the Hartford

SPECIAL SERVICES PROVIDED BY THE HARTFORD

The following services are available, at no cost, as part of your employer-paid life and AD&D and Disability Insurance coverage



FUNERAL CONCIERGE SERVICES

Helps provide peace of mind when it's needed most.

The Hartford's Funeral Concierge offers a suite of online tools and live support to help guide you through key decisions. It allows for pre-planning, documentation of wishes, and even offers cost comparisons of funeral-related expenses. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant savings.

For more information, call: 1-866-854-5429

Visit: www.everestfuneral.com/Hartford use code: HFEVLC

ESTATEGUIDANCE WILL SERVICES

Create a simple will from the convenience of your home

Whether your assets are few or many, it's important to have a will. Through The Hartford you have access to EstateGuidance. It helps you protect your family's future by creating a will online – backed by online support from licensed attorneys.

For more information visit: www.estateguidance.com

Use code WILLHLF

TRAVEL ASSISTANCE

Even the best planned trips can be full of surprises.

Travel Assistance with ID Theft Protection (resources) includes pre-trip information to help you feel more secure while traveling. It can also help you access professionals across the globe for medical assistance when travelling 100+ miles away from home for 90 days or less. ID Theft Resource/Services are available to you and your family at home or when traveling.

Call toll-free: 1-800-243-6108

Or Collect: 202-828-5885

Fax: 202-331-1528

WHAT TO HAVE READY:

- Your employer's name
- Your phone number
- Nature of the problem
- Your policy number: 677799
- Your Travel Assit ID: GLD-09012

BENEFICIARY ASSIST

Getting through a loss is hard. Getting support shouldn't be.

The Hartford offers you Beneficiary Assist counseling that can help you or your beneficiaries (named in your policy) cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with a counselor, attorney or financial planner and five face-to-face sessions for up to a year from the date a claim is filed.

For more information, call 1-800-411-7239

ABILITY ASSIST COUNSELING SERVICES WITH HEALTHCHAMPION SUPPORT

Disability can be a challenge. Getting support doesn't have to be.

If you have an approved Short term or Long-term disability claim with the City of Loveland's plan, you will have access to Ability Assist Counseling Services which offers 24/7 access to master's and Ph.D. level clinicians. Includes three face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal and work-life concerns.

HealthChampion offers support if you've become disabled or are diagnosed with a critical illness. You'll receive guidance on care options, helpful resources and help with timely and fair resolution of issues.

Call toll free: 1-800-964-3577

Leave of Absence

The City of Loveland has a variety of Leave of Absence Benefits. Please refer to each respective policy/benefit for specific details. If you are a benefit eligible employee and are absent from work for three (3) or more consecutive days or have other reasons you may need any amount of time off due to any of the following, you will need to begin a leave of absence process: FMLA reason, Short- or Long-Term Disability, Active Military Leave, American's With Disability Act leave, leave without pay.

FAMILY MEDICAL LEAVE ACT (FMLA) GROUP #072429

The Family Medical Leave Act provides job protection to you if you are qualified for specific family, medical or military occurrences. FMLA will run concurrently with your STD, Workers' Compensation or Long-Term Disability and is managed by the Hartford. Please refer to the City of Loveland FMLA Administrative Regulations for details.

DISABILITY PLANS

The City of Loveland provides (pays the premiums) for both Short-Term and Long-Term Disability

LEAVE WITHOUT PAY

Employees are considered leave without pay when absent from work without available accruals to cover missed time. Please call Human Resources at 970-962-2371 for assistance.

AMERICAN'S WITH DISABILITY ACT (ADA)

The City will make reasonable accommodations for qualified individuals with a temporary or long-term disability to perform the essential functions of a job. Please refer to the ADA Administrative Regulation for further information. If you have questions or need assistance, please contact the Human Resources Department at 970-962-2371.

SHORT-TERM DISABILITY GROUP #072429

The Short-Term Disability Plan (STD) may provide pay in the event you have a non-work-related personal illness, injury or pregnancy/childbirth and are unable to work for more than 14 consecutive calendar days. You may also qualify for partial benefits if disabled and working less hours. If approved, STD benefits will pay 70% of your normal base pay for up to 76 calendar days, at which time the employee may apply for Long Term Disability. All medical determinations are provided by the Hartford. During the period of time the employee is paid 70%; they may supplement that pay with available accruals.

ACTIVE MILITARY LEAVE REQUESTS

The City of Loveland provides paid and unpaid leave to eligible military employees consistent with the requirement of state and federal law. Eligible employees on military leave may receive a maximum of 15 days of regular wages each calendar year in accordance with the employee's typical scheduled hours, not to exceed 120 hours. Contact Human Resources at 970-962-2371 for assistance.

The Hartford manages FMLA and Disability Plans
1-800-549-6514

To submit your claim on-line and see updates, register for an account at TheHartford.com/mybenefits

FMLA/STD Group #072429

LTD Group #677799

For HR assistance email:

LeaveOfAb@CityofLoveland.org

or all 970-962-2371

LONG-TERM DISABILITY GROUP #677799

The Long-Term Disability Plan (LTD) has a 90-day elimination period and benefits may be payable on the 91st day of the disability. If partially disabled, employees may be eligible to work part-time and receive an LTD benefits. Long Term Disability medical criteria is determined and paid by the Hartford at 60% of your base wages (monthly maximum of \$5,000). Benefits will be offset by other income sources. **You will be required to exhaust existing accruals at the beginning of an LTD leave.** NOTE: Please consult a tax advisor any questions regarding taxation of disability benefit payments.



Other Time Off

For all other time off questions, such a vacation, bereavement leave, additional medical leave, please refer to the applicable Administrative Regulation found on the intranet home page.

Paid Time Off Options

The City of Loveland has a variety of time off options. Please refer to each respective policy/benefit for specific details.

MEDICAL LEAVE

As a regular benefited employee, medical leave is available to be used for illness, injury, and health related appointments for you and your qualified family members. Medical leave is advanced on the first pay period of each calendar year and is pro-rated based on date of hire and budgeted hours status.

Budgeted Hours	Annual Medical Leave Hours	Year End Maximum Medical Leave Balance
40 Hour Full-Time	80 hours	240 hours
35 Hour Part-Time	70 hours	210 hours
30 Hour Part-Time	60 hours	180 hours
25 Hour Part-Time	50 hours	150 hours
20 Hour Part-Time	48 hours	120 hours

VACATION LEAVE

As a regular benefited employee, you are provided vacation benefits. Vacation is accrued on a per pay period basis. You are not eligible to use vacation until it is accrued. Vacation increases with length of service on the following schedule and is pro-rated based on budgeted hours. If you reach the maximum amount, accruing vacation will continue during the calendar year; however, vacation leave in excess of the maximum is forfeited if not used by the last day of the final pay period of the current year. Only the maximum accrual allowed is carried over to next year.

Length of Service	Non Exempt Vacation Plans					Maximum Accrual FT	Maximum Accrual PT
	40 hrs FT	35 hrs PT	30 hrs PT	25 hrs PT	20 hrs PT		
Date of hire – 3 years	80.40	70.35	60.30	50.25	40.20	240	240
3 years - 6 years	96.00	84.00	72.00	60.00	48.00	240	240
6 years - 10 years	120.00	105.00	90.00	75.00	60.00	240	240
10 years - 15 years	144.00	126.00	108.00	90.00	72.00	480	240
15 years +	168.00	147.00	126.00	105.00	84.00	480	240

Length of Service	Exempt Vacation Plans				Maximum Accrual
	Level C	Level B	Level A		
Date of hire - 3 years	105.6	110.4	120		480
3 years - 6 years	121.2	126	136.8		480
6 years - 10 years	145.2	150	160.8		480
10 years - 15 years	169.2	174	184.8		480
15 years +	193.2	198	208.8		480



HOLIDAY & FLOATING HOLIDAY

The City of Loveland provides benefit eligible employees with nine proposed (9) designated holidays and three (3) floating holidays per year. *If the Holiday lands on a weekend it will be celebrated either Friday or Monday whichever is closest.*

New Years Day – Monday, January 2

Memorial Day – Monday May 29th

Juneteenth – Monday, June 19

Independence Day – Tuesday, July 4

Labor Day – Monday, September 4

Veteran's Day – Friday, November 10

Thanksgiving Day – Thursday, November 23

Day after – Friday November 24

Christmas Day – Monday, December 25

Three (3) floating holidays – Employee choice

OTHER BENEFITS AVAILABLE

The City of Loveland offers additional benefit programs based on situational need and availability.

- Jury Duty
- Bereavement Leave
- Military Leave
- Volunteer time
- Comp time
- Award time

Recording time off

Requesting time off and recording time off can be accomplished through UKG

Employee Assistance Program (EAP)

Mines & Associates

Counseling and Support Services

This service is provided by MINES & Associates and offers you and your household members free and confidential counseling services for everyday issues including stress, anxiety, depression, family issues, drug and alcohol abuse, relationships, death and grief, and work-related issues.

Your MINES & Associates benefits include:

- You have **6 counseling sessions per issue, per year** for you and each household member.
- Free **30-minute office or telephone consult per separate legal or financial matter**. Additionally, you will receive a 25% discount on select services needed after the initial consult.
- Balancing work and family can be difficult. For everything from finding the right care for your children or elderly loved ones, to knowing where to find a good pet sitter, MINES can help. Call for **unlimited work/life services** to help find the right provider for your needs so you can rest easy.
- No matter your wellness goals, MINES can help. You may use **up to 4 free and confidential wellness sessions** per year with professional coaches to help you assess your level of wellbeing, set goals around your individual needs, and check-in to ensure you're on track for success.

To access
counseling services:

Call MINES at
1-800-873-7138

To access online resources:

Visit **minesandassociates.com**
and establish a username and
password
Company Code: loveland

ADDITIONAL MINES & ASSOCIATES RESOURCES

- Newsletters – Monthly newsletters and quarterly magazines available!
- Personal Advantage – a go-to online resource for you and your family – wellness articles, online tools, calculators, videos
- Webinars – MINES has an archive of online webinars. There is a new topic each month! Register online.



Employee Retirement Plan

401(a) Money Purchase Plan:

As a benefited employee after six months of employment, you are required to contribute 3% of your base salary to the 401(a) Money Purchase Plan, and the City will contribute 5%. This is a required plan and does not allow additional contributions. After three years, you will be 100% vested. The City's contribution increases with employment longevity. Six months through 7 YEARS = 5%; 8 through 10 years = 6%; 11 through 15 years = 7%; 16 through 20 years = 8%; 21+ years = 9%. This retirement plan is record-kept by Nationwide.

457 Deferred Compensation/Roth

All employees are eligible to participate in the 457 Deferred Compensation (Pre-tax) or Roth (After-tax) plan with Nationwide. IRS regulations state that as a governmental employee, you may contribute up to the IRS limits. 2023 limits are \$22,500 or if you are age 50 or older an additional \$7,500. New hires will be automatically enrolled for 2%; however can opt out, increase or change contributions at any time. As a 457 plan, you may not withdraw funds unless you leave employment. Log into www.LovelandRetirement.Com to access your account or to enroll in the 457 if you have not already done so.

Nationwide Retirement
1-877-677-3678

Go to
LovelandRetirement.Com
to access your account

Schedule an appointment
with Chad Ballandby to
review your fund options
<https://nationwide457btelephoea.ppt.myretirementappt.com/#/>
or 1-888-401-5272

New Hires: Approximately 30 to 60 days after your hire date, you will receive your first of two emails from Nationwide. The first email will provide notice that you will be automatically enrolled in the voluntary 457 plan with a 2% tax-deferred contribution. You may change your contribution amount, change or add a Roth account, or opt out of the plan. The second email will be sent about 45 days after hire and will provide you information regarding your mandatory enrollment into the 401(a) plan at six (6) months of employment. You will go to LovelandRetirement.com in which to complete your enrollment. While completing your enrollment, you will select your fund allocations and beneficiaries for each of the two plans and verify all your personal information.

Nationwide services include the 401 and 457 plan recordkeeping, virtual and in-person meetings with Chad Ballandby, Retirement Specialist, group trainings, online website tools, videos, tools and calculators, Investment Planner tool (on-line), managed accounts service for a fee and certified financial planner appointments (at no cost). Go to www.LovleandRetirement.Com for access to your account and these services.

529 College Invest

529 College Savings Program

All employees are eligible to enroll in the College Invest 529 College Savings Plan. This additional benefit offers you the ability to save for college in a tax-advantaged 529 College Savings Plan by setting up direct deposit from your paycheck, establishing automatic transfers from your checking or savings account, or simply mailing in a check when you see fit. For more information go to www.collegeinvest.org.



Retirement Benefits Police Officer

Sworn Police Officers Mandatory 401(a) plan

Police officers become eligible for the police retirement on the first day of employment. This is a required plan. Officers contribute 10% of their base salary and the City contributes 10% into a pre-tax plan. Officers are 100% vested following five years of employment. *Police Officers do not participate in Social Security.*

Principal Financial
1-800-547-7754
www.principal.com

Police Voluntary Match Plan

Any voluntary contributions made (into any City plan available Voluntary 401 or 457 plans) by Police Officers are matched by the City up to the maximum of 5% and will be an additional contribution to your 401(a). Employees have their choice of the 401(a) Principal Voluntary after tax, 457 deferred or ROTH plans with Nationwide Retirement or FPPA. City portion of the voluntary match will be made to the 401(a)-pre-tax Principal Police plan. Officers are required to complete enrollment in order to participate **Remember, employees can contribute up to the IRS maximums; however, the City will only match the first 5%.*

Sworn Officer Voluntary 401 AFTER TAX

Sworn police officers have the option to participate in the Principal AFTER tax 401 additional plan up to the IRS 401 limits. Contributions to the Principal Voluntary 401 counts towards the Police Match Plan. *Please complete the City of Loveland Police Match Plan form to initiate.*

Voluntary 457 Deferred Compensation with Nationwide Retirement

You are eligible to participate in a 457 Deferred Compensation Plan through Nationwide Retirement. This plan provides for pre-tax or Roth after-tax contributions. *Please complete the City of Loveland Police Match Plan form to initiate.* Once you have established an account, Nationwide contributions changes can be made at any time on-line at www.LovelandRetirement.com.

Voluntary 457 Deferred Compensation With FPPA

Police Officers are eligible to participate in a 457 Deferred Compensation Plan through FPPA This plan provides for pre-tax or Roth after-tax contributions. *Please complete the City of Loveland Police Match Plan form to initiate or to make contribution changes.*



Fire Police Pension Association Death & Disability

As a Police Officer with the City of Loveland, Colorado Revised Statutes require you participant in the Fire and Police Pension Association of Colorado (FPPA) Death and Disability Plan. This plan was established January 1, 1980 and is administered by FPPA. This program is based on Colorado Revised Statutes, Title 31, Articles 30, 20.5 and 31 and as a new officer, you will contribute 3.2% of your base wages into the plan until you have reached age 55 and 25 years of service.

<p>Nationwide Retirement www.LovelandRetirement.Com Chad Ballandby ballac6@nationwide.com 1-320-267-7400</p>	<p>Principal Financial Steve Laine 970-484-9776 or Steve@MKOFinancial.com</p>	<p>Fire Police Pension Association www.fppaco.org Click on Fidelity</p>	<p>College Invest www.collegeinvest.org</p>
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Annual Notices

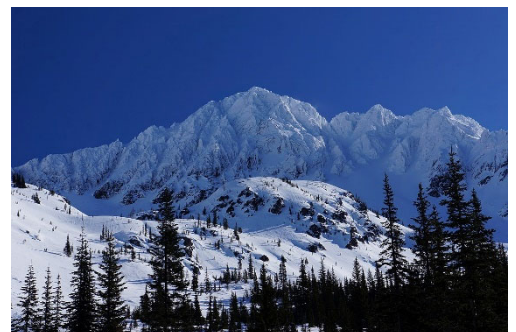
Employee Annual Benefit Notices

Every year, the City of Loveland provides employee benefit's plan notices to employees.

The following legal notices are available for review and/or to print on UKG:
MENU>MYSELF> Company Information

- Medical Part D prescription Drug Creditability Notice
- Non-Grandfathered Medical Plan appeals
- Women's Health and Cancer Rights Act (WHCRA)
- Public Health Insurance Marketplace
- Wellness Plan
- Special Medical Enrollment Rights and Responsibilities Under HIPAA
- Premium Assistance Under Medicaid or the Children's Health Insurance Program (CHIP)

Plan Documents: In the event you are unable to locate any Benefits Plan document, reach out to Human Resources by emailing HR@CityofLoveland.org and we will be happy to provide you with a copy.



Contact Information

Benefit	Contact	Additional Information	Website or Email	Phone
Human Resources	Human Resources		HR@CityofLoveland.org	970-962-2371
Additional Voluntary Insurances	Hartford - Accident Insurance	VAC-677799	www.thehartford.com/employeebenefits	866-547-4205
	Hartford - Critical Illness Insurance	VCI 677799	www.thehartford.com/employeebenefits	866-547-4205
Dental	Delta Dental of Colorado	Group: 1856	www.deltadentalco.com	800-610-0201
Employee Assistance Program	Mines & Associates	username: loveland; pass: employee	www.MinesAndAssociates.com	800-873-7138
Flexible Spending	UMR - Flexible Spending		www.umar.com	800-207-3172
Leave of Absence The Hartford	Leave of Absence/FMLA	Group # 072429	www.TheHartford.com/mybenefits	800-549-6514
	Long Term Disability	Group # 677799	www.TheHartford.com/mybenefits	800-549-6514
	HR/Leaves Processing		leaveofab@CityofLoveland.org	970-962-2371
	Short Term Disability	Group # 072429	www.TheHartford.com/mybenefits	800-549-6514
	Ability Assist/Health Champion			800-964-3577
Life & Additional Services The Hartford	Funeral Concierge	Code HFEVLC	www.everestfuneral.com/Hartford	866-854-5429
	Estate Guidance	use code WILLHLF	www.estateguidance.com	
	Beneficiary Assist		-	800-411-7239
	Travel Assistance	Policy: 677799; ID: GLD-09012	or call collect at 202-828-5885	800-243-6108
Life Insurances The Hartford	Life Insurance	contact HR with questions		970-962-2371
Medical	UMR	Group #76-413064	www.umar.com	800-207-3172
	SurgeryPlus		email: cityofloveland@surgeryplus.com	833-512-1177
	Marathon - Wellness Center	1632 Topaz; Loveland	www.my.marathon-health.com	970-776-9550
	Capital RX Pharmacy		www.cap-rx.com	888-302-2779
	WalMart Mail Order		www.walmart.com/homedelivery	800-236-7563
	Teladoc		www.teladoc.com	800-835-2362
	Epic Hearing		www.epichearing.com/registration	866-956-5400
Payroll/Time System	UKG		https://nw12.ultipro.com	970-962-2371
Police Death & Disability	Fire Police Pension Association (FPPA)		www.fppaco.org	303-770-3772
Retirement	Nationwide	0061269001 & 0061269002	www.LovelandRetirement.com	877-677-3678
	Principal Financial	Group # 377917	www.principal.com	800-547-7754
	529 College Savings Plan		www.employerprogram@collegeinvest.org	888-376-8804
Vision	Vision Services Plan		www.vsp.com	800-877-7195

General Glossary of Terms

Authorize/Authorization: When a health plan approves treatment for covered health care services. Members may have to pay for non-approved treatment. Note: Emergency Services and out-of-area urgent care services usually do not require prior authorization. Your prescription vendor uses pre-approved criteria to provide authorizations for claims. For certain types of drugs, prior authorization is required.

Accountable Care Organization (ACO): ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to their patients. The goal of coordinated care is to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

Brand-Name Drug: Prescription drugs that are manufactured and marketed under a registered trade name or trademark. Your health plan's formulary provides access to brand name drugs, as well as generic drugs.

Claim: A request for payment of benefits.

Coinsurance: A cost-sharing feature in which the member pays a percentage of the cost of care (e.g., 10 percent coinsurance = member pays 10 percent of the cost).

Copayment (or copay): A cost-sharing feature where the member pays a set dollar amount for the cost of care (e.g., \$20 per physician office visit). For prescription drugs, you will pay whichever costs less – the copayment or the retail price charged.

Deductible: A cost-sharing feature in which the member pays a set dollar amount before becoming eligible for payment for some or all covered services. Example: If a member has a \$250 deductible, they pay up to \$250 for services before the plan begins paying.

Dependent: Person (e.g., a spouse or child) other than the subscriber (employee) who is covered in the subscriber's health care plan.

Diagnostic Tests: Tests and procedures ordered by a doctor to determine if the patient has a certain condition or disease based upon specific signs or symptoms demonstrated by the patient. Such diagnostic tools include but are not limited to radiology, ultrasound, nuclear medicine, laboratory, pathology services or tests.

Flexible Spending Account (FSA) – For Health Care and Dependent Day Care: A Flexible Spending Account is another way to defer taxable income to pay for eligible health care expenses as defined by the IRS. This account differs from the Health Savings Account (HSA), as FSAs are subject to "use it or lose it" rules and do not roll over year-to-year.

Formulary: A list of preferred pharmaceutical products and medicines developed in consultation with physicians and pharmacists.

Drug Tier 1 (Lowest copayment): Prescription drugs offering the greatest value within a therapeutic class. Some of these are generic equivalents of brand name drugs.

Drug Tier 2 (Medium copayment): Drugs on this tier are generally the more affordable brand-name drugs. Other drugs are on this tier because they are preferred within their therapeutic classes based on clinical effectiveness and value.

Drug Tier 3 (Highest copayment): These are higher cost brand-name drugs. Some Tier 3 drugs may have generics or equivalents available in Tier 1. In addition, some drugs on this tier may have been evaluated to be less cost-effective than equivalent drugs on lower tiers.

Exclusions: Specific conditions or circumstances including medical, surgical, hospital or other treatments for which the program offers no coverage. It is very important to consult the health benefit plan to understand what services are not covered services.

Explanation of Benefits (EOB): A form that may be sent to the member after a claim has been processed by the health plan. The form explains the action taken on that claim.

This explanation usually includes the amount paid, the benefits available, reasons for denying payment or the claims appeal process.

Generic Drug: Generic drugs are medication equivalents that have the same active ingredients and provide the same clinical benefits as their brand name counterparts. Generic equivalents become available when a brand name drug patent expires. They may look different than their counterpart brand name drugs in size, shape or color, but they meet the same U.S. Food and Drug Administration standards for safety, purity and potency.

Health Reimbursement Arrangement (HRA): Health Reimbursement Arrangements (HRAs) are employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the arrangement. Health Reimbursement Arrangements are sometimes called Health Reimbursement Accounts..

High-Deductible Health Plan: A type of plan where the member pays out of pocket for the majority of services until a deductible is reached. Unlike a PPO, this plan offers no copayment options. A qualified HDHP is a requirement for health savings accounts and other tax-advantaged programs.

In-Network: Refers to the use of doctors or facilities who participate in the health benefit plan's provider network. The City of Loveland Exclusive plan requires members to use participating (in-network) doctors and facilities only to receive benefits.

Inpatient: When a person receives medical treatment in a hospital or other health care facility with an overnight stay.

Maintenance Drug: Medications that are prescribed for chronic, long-term conditions and are taken on a regular, recurring basis. Examples of chronic conditions that may require maintenance drugs are high blood pressure, high cholesterol, epilepsy and diabetes.

Glossary of Terms (Continued)

Mental Health Services: Rehabilitative services that include mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services such as: psychiatric inpatient hospital services; targeted case management; psychiatric services; psychologist services; early, periodic, screening, diagnosis and treatment (EPSDT); supplemental specialty mental health services.

Network: The doctors, clinics, hospitals and other medical providers with whom the health plan contracts to provide health care to its members. Members may be limited to network providers for full benefits.

Network Provider: A doctor, hospital, pharmacy, laboratory, or other appropriately licensed facility or provider of health care services or supplies, who has contracted with a health plan to participate in the network and has agreed to certain contracted fees.

Non-Formulary Drug: A drug that is not listed on the health plan's formulary and requires authorization from the health plan in order to be covered.

Non-Network Provider: A doctor or facility who has not contracted with a health plan to participate in the network. It is also known as a non-participating provider or out-of-network provider.

Out-of-Network: The use of non-network doctors or facilities. Members using out-of-network doctors and facilities may pay additional costs because non-network doctors and facilities have not contracted with the health plan for reduced fees.

Out-of-Pocket Maximum: The maximum amount that a member will generally have to pay in a fiscal year for covered services under the health benefit plan. Once this limit is reached, the health plan pays for all services up to a maximum level of coverage.

Outpatient: When a person receives medical treatment in a hospital or other health care facility without an overnight stay.

Outpatient Surgery: Surgical procedures performed that do not require an inpatient (or overnight) admission. Such surgery can be performed in a hospital, or an ambulatory surgery center.

Over-the-Counter (OTC) Drugs: Drugs which may be purchased without a prescription and are not covered by the Rx benefit.

Pre-Authorization: A formal process or procedure used to review and assess the medical necessity and appropriateness of elective hospital admissions and non-emergency care before the services are provided. Prior authorization is required for many services; however, for emergency or out-of-area urgent care service, prior authorization is not required.

Primary Care Physician (PCP): A doctor or clinic in the network selected by the member to be the first physician contacted for any non-emergency care medical problem. The physician acts as the patient's regular physician and coordinates any other care the patient needs, such as a visit to a specialist or hospitalization.

Prior Authorization (Medications): The process required to dispense certain drugs when the use of those drugs is defined or limited by conditions of the subscribers' coverage or health plan.

Certain prescription drugs (or the prescribed quantity of a particular drug) may require prior authorization of benefits. Prior authorization helps promote appropriate usage and enforcement of guidelines for prescription drug benefit coverage. At the time the subscriber fills a prescription, the network

pharmacist is informed of the prior authorization requirement through the pharmacy's computer system and the pharmacist is instructed to contact the prescription vendor for the subscriber's health plan.

The health plan's prescription vendor uses pre-approved criteria to complete prior authorizations. The prescription vendor communicates the pre-approved criteria to the pharmacist. If additional information is needed regarding the prior authorization criteria, the prescription vendor or the pharmacist may contact the subscriber's prescribing physician. This is also called pre-certification.

Provider: A health care facility, program, agency, physician or health professional that delivers health care services or supplies. Examples include doctors, clinics, hospitals, skilled nursing facilities, home health agencies, pharmacies, laboratories, X-ray facilities, durable medical equipment suppliers.

Retail Chain Pharmacies: A group of pharmacy stores under the same management or ownership. Examples include City of Loveland retail pharmacy, CVS, Walgreens, King Soopers, Target, and Wal-Mart. The Rx Retail Pharmacy Network includes most national chain pharmacies, along with many locally owned independent pharmacies.

Specialist: A doctor or other health professional who has advanced education and training in a clinical area of practice and is accredited, certified, or recognized by a board of physicians or like peer group, or an organization offering qualifying examinations (board certified) as having special expertise in that clinical area of practice.

Surgery Plus: Supplemental benefit for non-emergency surgeries which provides high-quality care, concierge-level member service and lower costs.