



ESTES PARK
COLORADO



Benefits Overview

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ESTES PARK
COLORADO

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800.826.9781 / www.umar.com
Group # 76412721
OptumRx
877.559.2955 / www.optumrx.com
Group # 2267 | Life and AD&D
800.423.2765
www.lfg.com / Group ID: ESTES PARK |
| 4 | Teladoc
800.teladoc / www.teladoc.com
Group # 136819 | Long-Term Disability
800.423.2765
www.lfg.com / Group ID: ESTES PARK |
| 5 | MASA Medical Transport Solutions
800.643.9023 / www.MASAmts.com
Group # 1160286
Dental
800.547.9515 / www.standard.com
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800.877.7195 / www.vsp.com
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WELCOME

The **Town of Estes Park** recognizes the importance of providing a comprehensive benefits program to our regular full-time and part-time benefit eligible employees. Benefits are extended to the employee, spouse¹ and their dependents. These benefits help provide employees and their family members opportunities to maintain their health and welfare. This “Enrollment Booklet” provides employees with:

- A description of the benefit options
- Important phone numbers and websites to help employees manage their benefits

For complete details of each benefit plan and benefit related forms, refer to the full text of the official Summary Plan Descriptions available on **the Town’s** Human Resources intranet page.

Please review this enrollment booklet to understand your **Town of Estes Park** benefit enrollment options. The benefits that you choose at this time will remain in effect until the next open enrollment, unless you have a qualified change of family status, including but not limited to:

- Marriage/Divorce
- Birth/Adoption of a Child
- Spouse’s loss of other coverage

¹If your spouse is eligible for any other employer-sponsored group medical benefit plan, he/she will not be eligible to participate in the Town’s medical plan.



Questions?



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MEDICAL



The Town offers a self-funded medical plan (**PPO Choice Plus**) administered by **UMR**. Below are the medical plan highlights. Please refer to your plan document for a full description.



Don't forget! Telemedicine allows you to reach a medical provider by phone (1-800-826-9781) when access to regular doctor is not available.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$500/\$1,500	\$1,000/\$3,000
Out-of-Pocket Maximum	\$2,000/\$5,000	\$5,000/\$15,000
Coinsurance	10%	30%
Preventive Care	100%	30% after deductible
Office Visit PCP/Telemedicine/Specialist	\$25 copay/\$25 copay/\$25 copay	30% after deductible
Teladoc	No copay	N/A
Urgent Care	\$40 copay	30% after deductible
Emergency Room	\$150 copay	
Inpatient Hospital Services	10% after deductible	30% after deductible +\$750/admission deductible
Outpatient Hospital Services	10% after deductible	30% after deductible +\$500/ admission deductible
Outpatient Lab & X-ray	100%	30% after deductible
Acupuncture/Chiropractic Services (20 visits/year)	\$25 copay	30% after deductible
Physical/Occupational/Speech Therapy	\$25 copay	30% after deductible
PRESCRIPTION DRUGS		
Generic Brand	\$5 copay	Member pays 100%, then reimbursed 50% after applicable copay
Preferred Brand	\$25 copay	
Non-Preferred Brand	\$50 copay	
Specialty	20% (\$150 maximum)	

TELADOC

All benefit eligible employees can utilize Teladoc at **no additional cost**.

What is Teladoc?

Teladoc is the first and largest provider of telehealth medical consults in the United States, giving you 24/7/365 access to quality medical care through phone and video consults.

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Skin problems
- Respiratory infection
- ...and more!



Need a consultation?

You can talk with a **Teladoc** doctor via phone consult, video consult within the secure member portal, or video consult within the Teladoc mobile app.

- 1-800-Teladoc
- Teladoc.com
- Facebook.com/Teladoc
- Teladoc.com/mobile



MASA MEDICAL TRANSPORT SOLUTIONS



Emergencies can happen to anyone, anytime and anywhere. With **MASA**, employees will have zero out of pocket expenses for any emergent air or ground transport from anywhere in the U.S., regardless who transports you. **MASA** is provided at no cost to all benefit eligible **Town of Estes Park** employees and their household members.

DENTAL



Staying healthy includes obtaining quality dental care for you and your family. **The Town** offers a Dental plan through **The Standard**. The chart below provides an overview of the Dental plan:

BENEFIT	PPO DENTAL NETWORK
Calendar Year Deductible Individual/Family (Type 2 & 3)	\$25/\$75
Calendar Year Maximum	\$1,500
Preventive Care	100%
Basic Services	80%
Major Services	50%
Orthodontia	50%
Orthodontia Lifetime Maximum	\$1,500

VISION



VSP allows you to choose an ophthalmologist or optometrist from the **VSP** national network, or you may use any licensed provider of your choice. **VSP** offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians.

Regardless of who you choose, the vision plan will cover a portion of the benefits.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Exam	\$10 copay	Up to \$50	12 months
Material	\$25 copay	Reimbursements vary	12 months
Frames	\$130 allowance	Up to \$70	24 months
Necessary Contact Lenses	Covered in full, after copay	Up to \$210	12 months
Elective Contact Lenses	\$130 allowance	Up to \$105	12 months

FLEXIBLE SPENDING ACCOUNT



The **Town of Estes Park's** Flexible Spending Accounts are administered through **Regional Care Flex**. You may participate in **the Town's** Health and Dependent Care Flexible Spending Accounts (FSAs). These accounts allow you to use pre-tax dollars to pay for a wide variety of health and/or dependent care expenses that aren't covered through your other benefit plans. The maximum annual amount you can elect is \$2,750¹ for Health and \$5,000¹ for Dependent Care. Your contribution to each account will be divided into equal amounts and deducted pre-tax from your paychecks. You can incur claims for 2021 expenses up to March 15, 2022. You will then have until April 15, 2022 to turn in those claim expenses.

¹This amount is subject to change as directed by the IRS.

LIFE AND DISABILITY



LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Life insurance is an important part of your financial well-being, especially if others depend on you for support. **Town of Estes Park** provides at no cost to you, Basic Life and AD&D coverage in the amount of 1 times your annual salary, up to \$50,000 for full-time employees working 24 hours per week through **Lincoln Financial Group**.

VOLUNTARY LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

In addition to **the Town**-paid life and AD&D insurance, employees may purchase Voluntary Life and AD&D insurance for themselves, their spouse and/or their dependent children. Please see the table below.

	BENEFIT AMOUNTS	GUARANTEE ISSUE	MINIMUM	MAXIMUM
Employee	\$10,000/\$20,000/ \$30,000/\$50,000/ \$80,000/\$100,000	\$100,000 < age 65 \$25,000 age 65-69 No Guarantee Issue age 70+	\$10,000	\$100,000
Spouse	\$10,000/\$15,000/ \$25,000/\$30,000	\$30,000, if employee is < age 65 No Guarantee Issue, if Employee is age 65+	\$10,000	\$30,000
Dependent	\$250 (14 days - 6 months) \$10,000 (6 months-age 19 or age 25, if full-time student)	\$10,000	\$10,000	\$10,000

The cost of Voluntary Life & AD&D insurance is based on your age (for both employee and spousal coverage) and the amount of coverage chosen. For dependent coverage, only one premium is required regardless of the number of dependent children.

Annually, during the month of November, employees and spouses may be able to increase their coverage amounts to the next election amount without medical evaluation/evidence of insurability (EOI). If you wish to increase any coverage amounts, please contact Human resources.

If you do not elect any coverage upon initial employment for you and your dependents, you will be subject to EOI. Please see Human Resources for the appropriate paperwork.

VOLUNTARY LONG TERM DISABILITY

You may purchase Long Term Disability (LTD) benefits offered through **Lincoln Financial Group**. LTD benefits are designed to replace your income in the event that you suffer an illness or off-the-job injury and are unable to work.

If disability continues for longer than 90 days, the LTD benefit will reimburse 60% of your monthly earnings up to a monthly maximum of \$5,000. The benefit duration will depend on your age at the time of disability.

VOLUNTARY BENEFITS



As a **Town of Estes Park** employee you are also able to purchase additional **Aflac** Voluntary Benefits, such as:

- Group Accident
- Hospital Indemnity
- Term Life Insurance
- Critical Illness
- Disability Insurance

EMPLOYEE ASSISTANCE PROGRAM



The **Mines and Associates** Employee Assistance Program (EAP) may help give you a performance boost, helping employees and their immediate family members identify challenges that can interfere with work performance, health, and well-being. As a **Town of Estes Park** employee, you and your household members are each entitled to 5 counseling sessions per issue, per year. The use of your Employee Assistance Program is strictly confidential and available 24/7. **Mines and Associates** can help with everyday issues that come up in your life, including:

- Stress
- Career
- Child and elder care
- Death and grief
- Anxiety
- Financial problems
- Drug/alcohol abuse
- Eating disorders
- Depression
- Legal referrals
- Relationships
- Work-related issues

The EAP is a free service, so simply call **800.873.7138** or you can also go to the website at **www.minesandassociates.com**. Please log in with username: estespark and password: employee.

RETIREMENT

PERA/ICMA

Town of Estes Park offers **PERA** and **ICMA** retirement plans. Eligible **PERA** employees are full-time and part-time employees and management (optional). Eligible **ICMA** employees are sworn Police Officers and management (optional). Employee and Employer contributions are listed below:

PERA/ICMA CONTRIBUTIONS		
	Employee	Employer
Contribution	8.5%	14.2%

VOLUNTARY 401(k)/457/ROTH IRA

The **Town of Estes Park** also offers Voluntary 401(k) and 457/Roth IRA. There are also Roth IRA options available through PERA. Please see Human Resources for additional Information.



EMPLOYEE HOME OWNERSHIP PROGRAM

The **Town of Estes Park** provides all eligible full-time employees the opportunity to purchase or build a home in the Park R-3 School District as their primary residence. The **Employee Home Ownership Program** offers 3-year and 5-year programs, in which an internal account is funded by the Town's contributions (amounts shown below) and can be used as part of a down payment on the purchase of a home. The employee must set-up a separate savings account and make per payroll contributions (amounts shown below). Please see Human Resources for eligibility requirements and restrictions. **Due to financial impacts from the COVID pandemic, the town is not accepting new participants in the home ownership program for 2021. If this situation changes, we are hoping to reinstate the program as soon as possible.**

HOME OWNERSHIP PROGRAM CONTRIBUTIONS		
	The Town (per participating employee)	Employee
3-year program	\$555.55 per month	\$159.00 per payroll
5-year program	\$333.33 per month	\$95.00 per payroll

Please note, The Estes Park Housing Authority evaluates eligibility for all employees and the Town reserves the right to alter this program at anytime.

CHILDCARE ASSISTANCE PROGRAM

The **Town of Estes Park** will match up to a 100%¹ of an employee's annual contribution (up to the annual maximum) to a Dependent Care Flexible Spending Account (DCFSA) to assist with childcare expenses.

In order to participate in this program, employees must meet the following requirements:

- Seasonal, part-time and contract employees without benefits are not eligible for this program;
- Have one or more dependent children aged birth through twelve (12) years;
- If there are two parents/guardians in the household, the second parent/guardian must work a minimum of 20 hours per week or attend school with 6 credit hours or equivalent per term; and
- One (1) Childcare Assistance per household as allowed by IRS standards.
- Sign up for Dependent Care Flexible Spending Account through the Town.

¹The amount of this contribution will vary by year depending on the Town's budget.

PAID TIME OFF

HOLIDAYS

The Town of Estes Park observes eight holidays and accrues thirty-two floating holiday hours each year for full-time employees (new hires are pro-rated based on start date).

weekly pay periods of each month (pro-rated for eligible part-time employees).

each month (pro-rated for eligible part-time employees).

VACATION LEAVE

Vacation leave hours are accrued based on years of service.

VOLUNTEER TIME

All full-time employees are eligible for 8 hours of Volunteer time per year (pro-rated for eligible part-time employees).

SICK LEAVE

As a **Town of Estes Park** employee you accrue at the rate of four hours for the first two bi-

weekly pay periods of each month (pro-rated for eligible part-time employees).

For more paid time off leave information, refer to Policy 306: Leave.

CONTRIBUTIONS

MEDICAL CONTRIBUTIONS (BI-WEEKLY)

	Employee	Employer
Employee Only	\$44.73	\$350.00
Employee + Spouse	\$150.57	\$678.34
Employee + Child(ren)	\$84.87	\$664.09
Family	\$222.28	\$961.88

DENTAL CONTRIBUTIONS (BI-WEEKLY)

	Employee	Employer
Employee Only	\$2.23	\$20.10
Employee + Family	\$6.60	\$59.41

VISION CONTRIBUTIONS (BI-WEEKLY)

	Employee	Employer
Employee Only	\$0.53	\$4.76
Employee + Family	\$1.14	\$10.24



IMPORTANT NOTICES

Federal regulations require the Town to provide benefit eligible employees with the following notices listed below. If you would like a complete copy of any of the following notices, please contact Human Resources.

Private Health Information

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

Summary of Benefits and Coverage (SBC)

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

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

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

Women’s Health and Cancer Rights Act

The Town medical plans, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance

- Prostheses and treatment of physical complications resulting from mastectomy (including lymphedema)

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

Notice of Prescription Drug Creditable Coverage

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

Continuation Of Coverage

If your coverage ends under the Plan, you may be entitled to elect continuation coverage (coverage that continues on in some form) in accordance with federal law.

If you selected continuation coverage under a prior plan which was then replaced by coverage under this Plan, continuation coverage will end as scheduled under the prior plan or in accordance with the terminating events listed below, whichever is earlier.

When Coverage Ends

We may discontinue these benefit plans and/or all similar benefit plans at any time. Your entitlement to benefits automatically ends on the date that coverage ends, even if you are hospitalized or are otherwise receiving medical treatment on that date.

When your coverage ends, the Town will still pay claims for Covered Health Services that you received before your coverage ended. However, once your coverage ends, we do not provide benefits for health services that you receive after coverage ends for medical conditions that occurred before your coverage ended, even if the underlying medical condition occurred before your coverage ended. An enrolled dependent’s coverage ends on the date your coverage ends.



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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

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

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

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov.

For All States:
(877) 267-2323, Ext. 61565

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa or 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov or 1-877-267-2323, Ext. 61565

Uniformed Services Employment And Reemployment Rights Act (USERRA)

If you are called to active duty in the uniformed services, you may elect to continue coverage for you and your eligible dependents under USERRA. This continuation right runs concurrently with your continuation right under COBRA and allows you to extend an 18-month continuation period to 24 months. You and your eligible dependents qualify for this extension if you are called into active or reserve duty, whether voluntary or involuntary, in the Armed Forces, the Army National Guard, the Air National Guard, full-time National Guard duty (under a federal, not a state, call-up), the commissioned corps of the Public Health Services and any other category of persons designated by the President of the United States.

Wellness Program

The Town's wellness programs and activities are voluntary programs. The programs are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in a program you may be asked to answer voluntary questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

In some programs, employees who choose to participate can earn a small incentive. If you are unable to participate in any of the health-related activities to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Human Resources/Benefit Department.

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

Where benefits matter...



Town of Estes Park Human Resources

970.577.4775 or 970.577.4771

170 MacGregor Avenue

Estes Park, CO 80517