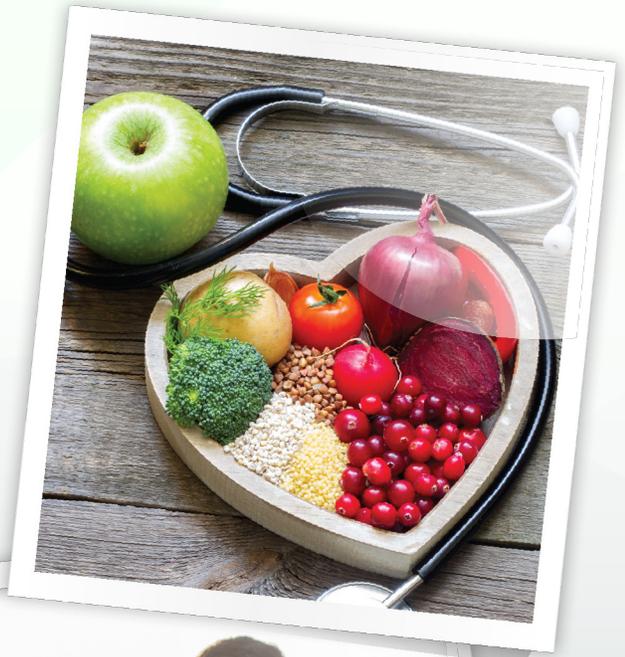




ESTES PARK
COLORADO



Benefits Overview

2026



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.

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800.826.9781 / www.umar.com
Group # 76412721

OptumRx
877.559.2955 / www.optumrx.com
Group # 2267
- 7 Airrosti Remote Recovery**
800.404.6050 / Airrosti.com
Teladoc
800.835.2362 (800.teladoc) / www.teladoc.com
Group # 136819
- 8 Dental**
800.942.0854 / www.metlife.com
Group # 5392144
- 9 Vision**
800.877.7195 / www.vsp.com
Group # 12135694
- 10 Flexible Spending Account (FSA)**
800.492.0669 / www.wexinc.com
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800.423.2765 / www.lfg.com / Group ID: ESTES PARK
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800.643.9023 / www.MASAmts.com
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ESTES PA

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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, eligible spouse¹ and their dependents. These benefits help provide employees and their family members opportunities to maintain their health and welfare. This “Benefits Overview” 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

Please note that each benefit has specific eligibility requirements which are governed by the plan documents and summarized in this guide.

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.



Click on the icon throughout the benefits guide to download benefits summaries, voluntary coverage rate sheets, and other helpful communication.



Medical

 ...Click the icon to learn more



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.

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	30% after deductible
TELADOC 	No copay	N/A
URGENT CARE 	\$40 copay	30% after deductible
EMERGENCY ROOM 	\$150 copay	
INPATIENT HOSPITAL 	10% after deductible	30% after deductible +\$750/admission deductible
OUTPATIENT HOSPITAL 	10% after deductible	30% after deductible +\$500/admission deductible
OUTPATIENT LAB & X-RAY 	100%	30% after deductible
ACUPUNCTURE/CHIROPRACTIC (20 visits/year) 	\$25 copay	30% after deductible
PHYSICAL/OCCUPATIONAL/SPEECH THERAPY 	\$25 copay	30% after deductible
NEW! AIRROSTI 	\$25 copay	Not covered
OUTPATIENT MENTAL HEALTH 	\$25 copay, deductible waived	30% coinsurance, deductible waived
PRESCRIPTION DRUGS 	Generic - \$5 copay Preferred - \$25 copay Non-Preferred - \$50 copay Specialty - 20% (\$150 maximum)	Member pays 100%, then reimbursed 50% after applicable copay

...Click the icon to learn more



NEW!

Airrosti Remote Recovery

The Town now offers **Airrosti Remote Recovery** to all eligible employees and family members enrolled in the medical plan. Airrosti providers help diagnose and treat most common musculoskeletal and joint conditions, including pain in the neck, back, shoulders, hips, elbows, knees and feet.

\$25
copay



Through the app, connect with a licensed Airrosti Provider who will conduct a thorough visual evaluation, provide an accurate diagnosis and create a custom treatment plan.



Remote Recovery Kit gives you the tools you need to speed up recovery. Your licensed Airrosti Provider will review the rehab tools and guide you through manual therapy movements.



Access your custom mobility and stability exercises anytime, anywhere through the app. When you need additional help, Airrosti has you covered with unlimited virtual visits and in-app messaging.

For more information, visit Airrosti.com or call **800-404-6050**.

VIP Chat

Airrosti also offers a complimentary VIP Chat. Airrosti's knowledgeable providers can help you understand why it hurts, what's happening to your body and your options for recovery. A comfortable and relaxed conversation designed to help you make informed decisions about your care. Schedule at airrosti.com/vipchat.



...Click the icon to learn more



Teladoc

All benefit eligible employees and their **eligible dependents** can utilize Teladoc at **no additional cost**. Utilization of Teladoc is not dependent upon enrollment in the Town's medical plan.

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.

Teladoc doctors can treat many medical conditions, including:

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

You can talk with a **Teladoc** doctor via phone consult (**1-800-835-2362**), video consult within the secure member portal (www.teladoc.com), or video consult within the Teladoc mobile app.

Dental



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

Search for a participating dentist online by using the PDP Plus Network at www.metlife.com/dental.

Please note: If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be higher, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

Annual Deductible 	\$25 Individual	\$75 Family	
Maximums 	ANNUAL \$2,500 Per Individual (Dental)	LIFETIME \$1,500 Per Individual (Orthodontia)	
 100% Coinsurance	 80% Coinsurance	 50% Coinsurance	 50% Coinsurance
PREVENTIVE CARE <ul style="list-style-type: none"> • Oral Examinations • Fluoride • Bitewings X-rays • Full Mouth X-rays • Cleanings 	BASIC SERVICES <ul style="list-style-type: none"> • Periodontal Maintenance • Emergency Palliative Treatment • Periodontal Root Planing & Scaling • Periodontal Surgery • Sealants • Amalgam & Composite Fillings • Simple Extractions • Root Canal • Repair (Crown) 	MAJOR SERVICES <ul style="list-style-type: none"> • Space Maintainers • Crowns • Dentures • Bridges • Surgical Extractions • Implants 	ORTHODONTIA SERVICES <ul style="list-style-type: none"> • Adults and dependent children up to age 26

Vision



VSP Vision Care 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.

NEW! VSP Lightcare

The Town's vision plan now offers VSP Lightcare benefits that allows members to use their eyewear benefits for non-prescription sunglasses and blue light filtering glasses.

<u>BENEFIT</u>	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
EXAM	\$10 copay	Up to \$50
MATERIAL	\$25 copay	Reimbursements vary
FRAMES	NEW! \$200 allowance	Up to \$70
NECESSARY CONTACT LENSES	Covered in full, after copay	Up to \$210
ELECTIVE CONTACT LENSES	\$130 allowance	Up to \$105
VSP LIGHTCARE (In lieu of glasses or contacts)	NEW! \$200 allowance, after copay	Not Covered



CONTACTS
12 MONTHS



FRAMES
24 MONTHS



EXAM
12 MONTHS



Flexible Spending Accounts

The **Town of Estes Park's** Flexible Spending Accounts are administered through **Wex Inc.** 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 **\$3,400¹** for Health and **\$7,500¹** for Dependent Care. Your contribution to each account will be divided into equal amounts and deducted pre-tax from your paychecks. For medical FSA, you can incur claims for 2026 expenses up to March 15, 2027. You will then have until April 15, 2027 to turn in those claim expenses.



HEALTH CARE FSA

\$3,400¹

Annual Maximum



DEPENDENT CARE FSA

\$7,500¹

Annual Maximum

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



...Click on the icon to learn more



Child Care Assistance Program

The **Town of Estes Park** could match up to 50%¹ of an employee's contributions, with a total match not to exceed \$2,500. To access the application, please [click here](#).

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

- Seasonal and part-time 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.



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.

	<u>BENEFIT AMOUNTS</u>	<u>GUARANTEE ISSUE</u>	<u>MINIMUM</u>	<u>MAXIMUM</u>
EMPLOYEE 	Increments of \$10,000	The lesser of 5x annual earnings or up to \$200,000*	\$10,000	NEW! \$500,000
SPOUSE 	Increments of \$5,000	The lesser of 50% of the employee benefit or up to \$30,000*	\$10,000	NEW! \$250,000
DEPENDENT 	\$250 (14 days - 6 months) \$10,000 (At least 6 months - 26 years)	Full benefit amount	\$10,000	\$10,000

*Age reduction schedule may apply

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.





MASA Medical Transportation

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 spouses and eligible dependents. Utilization of MASA is not dependent upon enrollment in the Town’s medical plan



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.



PERA*/MISSIONSQUARE CONTRIBUTIONS

9%

Employee Contribution Rate

15.80%

Town of Estes Park's Contribution Rate

**PERA may initiate automatic adjustments up to .5% in June of each calendar year effective the following calendar year. MissionSquare contributions will be the same as PERA contributions.*

Retirement

PERA/MISSIONSQUARE (formerly ICMA)

Town of Estes Park offers **PERA** and **MissionSquare** retirement plans. Eligible PERA employees are full-time and part-time employees. Eligible **MissionSquare** employees are Sworn Patrol Officers. Department Directors (i.e. Direct Report of Town Administrator) have the option of selecting either **PERA** or **MissionSquare**. Employee and Employer contributions are shown on the left.

Please note: The Town pays into Social Security (both employee and employer contributions) in addition to paying into PERA/MissionSquare.

VOLUNTARY 401(k)/457/Traditional and ROTH IRA

The **Town of Estes Park** also offers employees options to participate in voluntary retirement plans such as 401(k), 457, and Traditional and Roth IRA options. Please see Human Resources for additional information.



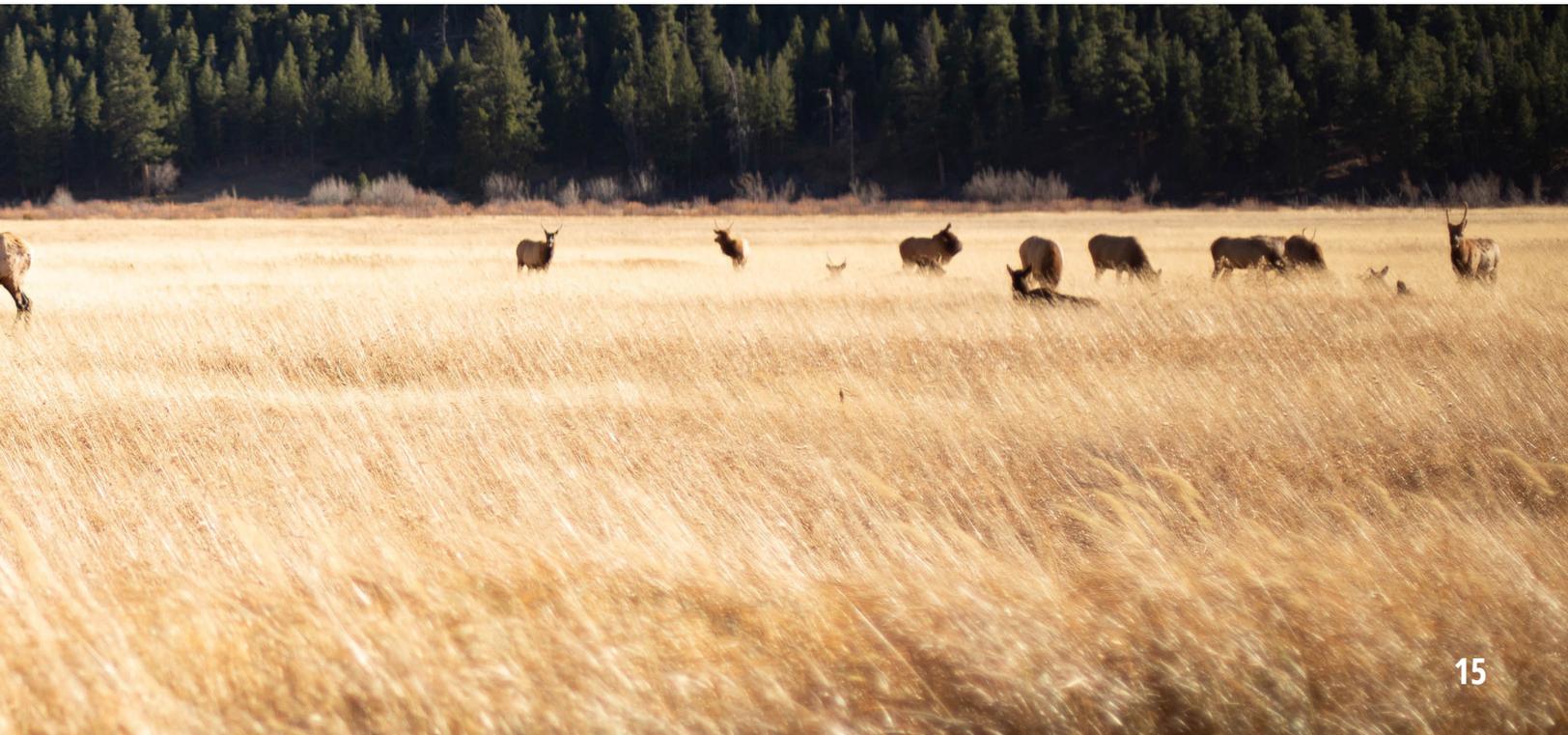
Employee Home Ownership Program

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. To access the application, please [click here](#).

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: This program is pending available funding. The Estes Park Housing Authority evaluates eligibility for all employees. The Town reserves the right to alter this program at any time.





Paid Time Off

HOLIDAYS

The Town of Estes Park observes 10 holidays and accrues 32 floating holiday hours each year for full-time employees (new hires are prorated based on start date).

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.

VACATION LEAVE

Vacation leave hours are accrued based on years of service.

For the first two years of employment you accrue at the rate of four hours for the first two bi-weekly pay periods of each month.

VOLUNTEER TIME

All full-time employees are eligible for 8 hours of Volunteer time per year.

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

**Benefits accruals are pro-rated for eligible part-time employees.*

Contributions

(Bi-weekly)

MEDICAL			Employee	The Town
		EMPLOYEE ONLY	\$54.90	\$488.37
		EMPLOYEE + SPOUSE	\$184.82	\$956.00
		EMPLOYEE + CHILD(REN)	\$104.16	\$926.55
		FAMILY	\$272.84	\$1,356.90

DENTAL			Employee	The Town
		EMPLOYEE ONLY	\$2.21	\$19.83
		FAMILY	\$6.51	\$58.63

VISION			Employee	The Town
		EMPLOYEE ONLY	\$0.53	\$4.76
		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 symmetrical appearance

- Protheses 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.

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, callup), 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.



Town of Estes Park Human Resources

970.577.4778

170 MacGregor Avenue

Estes Park, CO 80517