

YOUR
2024
BENEFITS GUIDE



Excellence through Integrity, Collaboration and Innovation

Welcome to your 2024 Benefits Guide.

Please review this guide to understand your benefit options and retain this Benefits Summary for reference throughout the plan year.

The City of Lone Tree recognizes the importance of providing a comprehensive benefits program to benefit eligible employees. These benefits help provide employees and their family members opportunities to maintain their health and welfare. In this Benefits Summary, employees will be able to review:

- A description of the City's Employee Benefit Program
- Important phone numbers and websites to help employees manage benefits

For complete details of each benefit plan, please refer to the full text of the official Summary Plan Descriptions available through the City's Human Resources Office.

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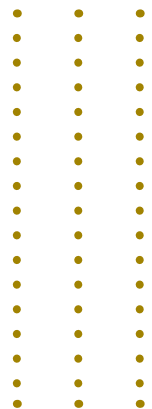




Table of Contents

Eligibility Information	4
Definitions	5
Medical Benefits Summary	6
Claims Examples	7
FSA & HSA Summary	8
City of Lone Tree Wellness	9
Dental Benefits Summary	10
Vision Benefits Summary	11
Life and Disability Summary	12
Optional Aflac Benefits	13
Other Benefits	14
Required / Voluntary Retirement Plans (sworn positions)	15
Required / Voluntary Retirement Plans (non-sworn positions)	16
Paid Time Off	17
Important Notices	18
Contact Information	20



Eligibility Information

This brochure provides only a highlight of the benefit plans offered to you by City of Lone Tree 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.



Employees are City of Lone Tree's greatest asset and we offer a rich benefit package to meet the needs of you and your family. This guide summarizes the options available to you during our 2024 benefit plan year.

Eligibility

Employees working on average 30 hours per week are eligible for benefits on the 1st of the month following your date of hire. Employees who are eligible for medical, dental, and vision are able to elect to cover a spouse and/or child(ren) who are under 26 years of age.

Change in Family Status

All benefit selections are binding except in the event you have a change in family status which affects your eligibility. If one of these situations occurs, you have 30 days to notify the group administrator and complete the appropriate paperwork. If you do not make the change within the 30 days following the event, your next opportunity to make a change will occur during the plan's open enrollment period. Examples of status changes include:

- Marriage or divorce
- Birth or death of dependent
- Adoption
- Loss of eligibility for insurance
- Spouse's employment or termination of employment
- Reduction or increase in hours worked from part-time to full-time



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Definitions

Coinsurance:

After you meet your deductible, you pay coinsurance, which is your share of the costs of a covered health care service. For example, if the plan's allowed amount for lab work is \$100 and your coinsurance is 20%, once you meet your deductible, you will pay 20% of \$100, which is \$20. The health plan will pay the remaining amount (\$80).

Copay:

A fixed dollar amount that you pay for a covered health service. Typically, your copay is due up front at the time of service.

Deductible:

The amount that you must pay each calendar year for covered health services before the insurance plan will begin to pay.

Network Provider:

If you seek care with a provider that participates in the carrier network, this means they are contracted with the insurance carrier. This also means that you will enjoy significant savings while seeking care with this provider. They have contracted rates that are negotiated with the carriers. Should you choose to seek services from an out-of-network provider you will pay more for those services.

Out-of-pocket maximum:

The most you will pay for covered health services during the calendar year. All copay, deductible, and coinsurance payments count toward the out-of-pocket maximum. Once you've met your out-of-pocket maximum, your insurance plan will pay 100% of covered health services.

Pharmacy Tier Description:

Generic Drugs: A generic drug is a pharmaceutical drug that contains the same chemical substance as a drug that was originally protected by a chemical patent.

Preferred vs Non-Preferred Drugs: Often when two brand names drugs help treat the same problem, but one has been shown to be more cost- or medically effective than the other. That more effective drug becomes a preferred drug and the other drug becomes non-preferred.

Specialty Drug: Specialty Drugs are high-cost prescription medications used to treat complex, chronic conditions. They sometimes require special handling and administration (typically injection or infusion). Patients using specialty drugs may need careful oversight from a health care provider who can watch for side effects and ensure the medication is working as intended.

Premium:

The amount that you pay out bi-weekly in order to be enrolled in benefits.

Preventive care:

Covered services that are intended to prevent disease. Examples of preventive care services include screenings, checkups and patient counseling to prevent illnesses, disease or other health problems. In-network preventive care is covered 100% by the medical plans.

HSA Plan/Contribution Year:

HSA contributions run on a calendar year; January - December.

Plan year:

A 12-month period of benefits coverage under a group health plan. Our plan year begins January 1, 2024 and will run through December 31, 2024. This is also when deductibles reset and new contribution limits to FSA and HSA's are changed.

Medical Benefits Summary



Each plan allows you the freedom to use providers in Kaiser's network while the PPO plan also gives you access to an expansive provider network nationwide. For those enrolled in the PPO plan, you can find in-network providers on Kaiser's website, kp.org/choiceppo-colorado, and selecting the Choice PPO plan option from the drop down options at the top. The chart below represents the amount that you are responsible for.

Plan Year: 1/1/2024 - 12/31/2024

	HDHP	HMO	PPO
Calendar Year Deductible* (1/1/24 - 12/31/24)	\$2,000 Single \$4,000 Family	No Deductible	\$4,000 Single \$8,000 Family
Coinsurance	0%	0%	20%
Calendar Year Out-of-Pocket Max** (Deductible is included)	\$2,000 Single \$4,000 Family	\$2,000 Single \$4,000 Family	\$6,500 Single \$13,000 Family
Preventive Care	No charge	No charge	No charge
Physician Office Visit	0% after deductible	\$15 copay	\$30 copay
Specialist Office Visit	0% after deductible	\$30 copay	\$60 copay
Inpatient Hospital	0% after deductible	\$300 copay	20% after deductible
Outpatient Hospital	0% after deductible	\$200 at Amb. Center \$500 at Plan Hospital	20% after deductible
Emergency Room	0% after deductible	\$300 copay	\$500 copay
Urgent Care	0% after deductible	\$30 copay	\$75 copay
Rx Copay			
Generic	0% after deductible	\$20 copay	\$15 copay
Preferred Brand	0% after deductible	\$40 copay	\$50 copay
Non-Preferred Brand	0% after deductible	\$60 copay	\$75 copay
Specialty	0% after deductible	20% up to \$250	30% up to \$300
Mail Order Program	90 day supply, 0% after deductible	90 day supply for 2 copays	90 day supply for 2 copays
* If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.			
**If you have other family members on the policy, the overall family out-of-pocket limit must be met.			

Kaiser Medical Benefits Semi-Monthly Contributions	Paid by Employee	Paid by the City	Paid by Employee	Paid by the City	Paid by Employee	Paid by the City
Employee Only	\$32.37	\$261.75	\$40.92	\$299.97	\$60.83	\$299.97
Employee + Spouse	\$153.89	\$487.30	\$193.21	\$549.92	\$236.62	\$549.92
Employee + Child(ren)	\$115.18	\$408.37	\$145.63	\$461.15	\$181.08	\$461.14
Family	\$252.83	\$650.13	\$313.96	\$732.57	\$375.08	\$732.57

Claims Examples

Physician Services	HDHP	HMO	PPO
Claim (Cost)*			
	All services with the exception of preventive care are subject to the plan's deductible and out of pocket maximum. You will pay the full price of services until your deductible is met at which point the plan will pay 100% of all services through the end of the plan year.	Member pays applicable copay	Member pays applicable copay
New Patient Visit (\$102)	\$102	\$15 copay	\$30 copay
Existing Patient Visit (\$80)	\$80	\$15 copay	\$30 copay
Specialist Visit (\$242)	\$242	\$30 copay	\$60 copay

**All amounts in each situation are estimated and are intended solely for illustrative purposes.*

Inpatient Hospital Stay	HDHP	HMO	PPO
	<p>Example of Individual Coverage Cost: \$14,000 (total cost) -\$2,000 (minus individual deductible) \$12,000 (balance)</p> <p>After your deductible is satisfied the plan pays 100% of the cost for covered services.</p> <p>Total cost is \$2,000 (for an individual on employee only coverage), however if the member had any services prior to the hospital stay, those services may have already applied towards the deductible and/or the out-of-pocket maximum.</p>	<p>\$14,000 (total cost) -\$0 (deductible) \$14,000 (balance)</p> <p>\$300 copay per admission</p> <p>Total Cost is \$300, however if the member had any services prior to the visit, those services may have already applied towards the out-of-pocket maximum.</p> <p>Any future services this member has will continue to go towards the out-of-pocket maximum until it has been satisfied.</p>	<p>\$14,000 (total cost) -\$4,000 (minus individual deductible) \$10,000 (balance)</p> <p>\$2,000 (20% of balance-known as member coinsurance)</p> <p>\$6,500 is the individual out-of-pocket maximum (this is the most a member is required to pay for network services)</p> <p>If you add up the \$4,000 deductible and the \$2,000 coinsurance, the member is at \$6,000. The member has not hit their \$6,500 out-of-pocket maximum yet.</p> <p>Total Cost is \$6,000, however if the member had any services prior to the visit, those services may have already applied towards the deductible and/or the out-of-pocket maximum.</p> <p>Any future services this member has will continue to go towards the members coinsurance until the \$6,500 out-of-pocket maximum has been satisfied.</p>

All amounts in each situation are estimated and are intended solely for illustrative purposes.

Prescription Drugs	HDHP	HMO	PPO
Prescription Type*			
	All services with the exception of preventive care are subject to the plan's deductible and out of pocket maximum, including prescription costs. You will pay the full price of the prescription cost until your deductible is met. Once the deductible is met the plan will pay 100% of all services through the end of the plan year. If you elected family coverage, you must meet the full family deductible, prior to the plan paying for your prescription drugs.	Member pays applicable copay	Member pays applicable copay
Generic	0% after deductible	\$20 copay	\$15 copay
Preferred Brand	0% after deductible	\$40 copay	\$50 copay
Non-Preferred Brand	0% after deductible	\$60 copay	\$75 copay
Specialty	0% after deductible	20% up to \$250	30% up to \$300

**All amounts in each situation are estimated and are intended solely for illustrative purposes.*

FSA & HSA Summary



Flexible Spending Accounts

City of Lone Tree offers you the choice of opening a Health Care Flexible Spending Account and/or a Dependent Care Flexible Spending Account. These accounts allow you to set aside pre-tax dollars from each paycheck to help pay for eligible health care and dependent care expenses for you and your family.

Dependent Care FSA

The Dependent Care FSA allows employees to set aside pre-tax dollars out of your paycheck to be used for daycare, spousal dependent care or elder dependent care. The maximum amount that you can contribute is \$5,000 per year, or \$2,500 if married and filing separate tax returns. Eligible dependents include children under the age of 13 and, if physically or mentally unable to care for themselves, children over the age of 13, spouse or elderly parent(s).

Medical FSA

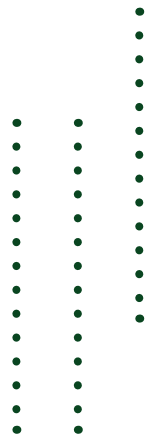
The Medical FSA allows employees to set aside up to \$3,200 annually and may be used for medical, dental, or vision expenses. This is a use-it or lose-it account, so you will want to budget wisely. At the end of the plan year, you will have 90 days to submit receipts for expenses incurred during the plan year. If you still have funds available after that point, you can roll over \$640 to the next year.

Health Savings Account (HSA)

An HSA is a pre-tax, consumer owned savings plan with no “use it or lose it” provisions, meaning the funds rollover from one calendar year to the next. Employees may also enroll, cancel or change their contributions at any time. To be eligible for the HSA account, employees must be enrolled in the HDHP Plan. To assist with funding your HSA account, the City will contribute \$500 for employee-only coverage, and \$1,500 for employee plus dependent(s) coverage. The City contributions will be made each pay period (divided over the 26 pay periods in 2024). The annual maximum contribution for HSAs for 2024 is \$4,150 for individual coverage and \$8,300 for employee plus one or more dependents. These limits include the City’s contribution as well. HSA account holders age 55 and older are eligible to make catch-up contributions up to \$1,000 per calendar year.

Limited Purpose Medical FSA

Those employees participating in the Health Savings Account may only use the Medical FSA for the limited purpose of dental and vision expenses. At the end of the plan year, you will have 90 days to submit receipts for expenses incurred during the plan year. If you still have funds available after that point, you can roll over \$640 to the next year.



City of Lone Tree Wellness

The City of Lone Tree Wellness Program encompasses a variety of wellness offerings available to all City employees and their spouses. Your health and financial wellbeing are very important to us. This program is meant to be a fun and rewarding way to encourage wellness in all its meanings. All components of the program are voluntary and optional.

We offer a variety of opportunities to accumulate points toward rewards for your participation.

Healthy Work Place

- Ergonomic evaluations of employee work spaces
- Filtered water in all break kitchens
- Complimentary coffee/tea
- First-aid stations that include otc medications
- AED in all city office locations
- First Aid and CPR training
- Opportunities to Volunteer through YES! (Your Excellence Shows) Recognition Program
- Gym on premises
- Access to the Lone Tree Recreation Center

Financial Wellness

- Employees have access to UMB MyPerks at umb.com/cityoflonetree: Financial Education Center, which provides resources to help make better informed financial decisions.
- The City hosts Financial Wellness Education events with our benefit providers that include one-on-one financial consultations, bank statement reviews, sessions and lectures concerning topics like retirement planning, wealth building, budget, homebuying, and savings.
- Lone Tree's Financial Wellness Center via Employee Intranet includes helpful links, articles, and calculators. (Coming 2024)
- Personal retirement, investment, and pension consultations are available through PERA, FPPA, and MissionSquare.
- Retirement and savings accounts are available to employees including Health Savings, 457, 401(k), and ROTH IRA.

Ongoing Health Events

- Blood drives
- Step/Wellness Challenges
- Colfax Marathon City Sponsored Teams
- Bike to Work Day
- The Murph Challenge

Wellable

We use a portal called Wellable which helps the City create fun employee wellness challenges with the integrated website. Monthly and quarterly prizes are rewarded for earning points. Spouses are encouraged to participate also, please have them send in their name and email address to HR@cityoflonetree.com.

Services offered by Kaiser Permanente

Class Pass

The City of Lone Tree has teamed up with fitness industry leader ClassPass to make it easier for you to work out from anywhere. ClassPass Partners with gyms and studios around the world, offering a range of classes including yoga, dance, cardio, boxing, pilates, boot camp and more.

With Class Pass you get:

- On demand work outs at no cost to you
- Reduced rates on live stream fitness classes
- Reduced rates on in person fitness classes

Get started at kp.org/exercise.

My Strength

We all have our struggles. The myStrength app can help. myStrength is designed to help you navigate life's challenges, make positive changes, and support your overall wellbeing. The app can help you set goals that work best for you. You can get myStrength at kp.org/selfcareapps and chose the mental health and wellness areas you want to focus on, including:

- Managing depression
- Reduce stress
- Improve sleep
- Mindfulness and meditation
- Pregnancy and parenting
- Drug, alcohol, or nicotine recovery

Calm App

You time. Anytime. Try the Calm app for self-care and better sleep. Calm is an app that uses meditations and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. Adult Kaiser members can get Calm at kp.org/selfcareapps.



Dental Benefits Summary

City of Lone Tree offers dental benefits through Delta Dental. This Delta Dental PPO plan allows you to utilize services from in and out-of-network providers. Keep in mind, if you use an out-of-network provider, you may have higher out-of-pocket costs. Please see the rates chart for plan details.



	PPO & Premier In-Network	Out-of-Network
Calendar Year Maximum	\$1,500 PPO / \$1,000 Premier	\$1,000
Calendar Year Deductible	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Preventive Care	100%	80%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
Orthodontic Lifetime Maximum	\$1,500	\$1,500

Delta Dental Benefits Semi-Monthly Contributions	Paid by Employee	Paid by the City
Employee Only	\$0.00	\$23.24
Employee + Spouse	\$8.22	\$38.49
Employee + Child(ren)	\$8.65	\$39.31
Family	\$18.27	\$57.17



Vision Benefits Summary

City of Lone Tree and Vision Service Plan (VSP) offers you an option for affordable eye care. Visit www.vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.



	VSP Vision Plan B
Co-payment Schedule	<ul style="list-style-type: none"> Eye Exam: \$10 copay Materials: \$30 copay
Frame Allowance	<ul style="list-style-type: none"> \$130 Allowance, 20% discount for frames over allowance \$150 allowance on featured frames
Contacts	<ul style="list-style-type: none"> \$130 allowance in lieu of glasses
Contact Fitting and Evaluation	<ul style="list-style-type: none"> Up to \$60 copay
Frequency	<ul style="list-style-type: none"> Eye Exam, Lenses, and Frames: Once every 12 months
Cosmetic Extras	<ul style="list-style-type: none"> 20% off retail prices
Additional Discounts	<ul style="list-style-type: none"> Glasses, sunglasses and contacts: 15-40% off retail price
Laser Vision Correction	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price

VSP Vision Benefits Semi-Monthly Contributions	Paid by Employee	Paid by the City
Employee Only	\$0.00	\$5.55
Employee + One	\$0.90	\$7.14
Family	\$3.18	\$11.24



Life and Disability Summary

Basic Term Life and AD&D Insurance

City of Lone Tree provides Basic Term Life insurance through Mutual of Omaha at no cost to you in the amount of \$100,000 to all benefit eligible employees. In addition, you have Accidental Death & Dismemberment coverage if your death is the result of an accident. Part-time employees receive basic term life insurance in the amount of \$10,000, at no cost to the employee, after six months of employment.

Voluntary Life and AD&D Insurance

If you are interested in supplementing your Basic Life and AD&D Insurance benefit, you may purchase additional coverage through Mutual of Omaha. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. If you apply for coverage during your first opportunity, such as when you are first hired, you can elect up to the Guaranteed Issue (GI) of 5 times your salary, up to \$150,000. Amounts over this GI require Evidence of Insurability (EOI). If you are increasing current coverage or electing coverage after your first opportunity, EOI is required.

You can purchase coverage on yourself in \$10,000 increments. The minimum coverage is \$10,000 and the maximum is \$500,000 for each employee. You can also purchase additional Life Insurance for your spouse and dependent children. You can purchase up to \$250,000 or 100% of your employee benefit, whichever is less, for your spouse. You can also purchase up to \$10,000 Voluntary Term Life insurance on your dependent children.

	Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount
Employee	\$10,000	5 times annual salary, up to \$500,000	\$10,000	Up to \$150,000
Spouse	\$5,000	100% of employee's benefit, up to \$250,000	\$5,000	Up to \$25,000
Child(ren)		\$10,000		\$10,000

Monthly Cost for each \$1,000 of Employee and Spouse Insurance Coverage												
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$0.10	\$0.09	\$0.10	\$0.13	\$0.19	\$0.28	\$0.43	\$0.65	\$0.99	\$1.58	\$3.63	\$8.03

The Child Rate is \$2.00 per month for \$10,000.

Disability Coverage

Short-Term Disability Coverage by Mutual of Omaha

This benefit replaces 60% of your pre-disability weekly earnings, less the income you may receive from other sources, up to a maximum of \$2,500 per week. Benefits begin after a 14 day elimination period and continue for up to 24 weeks. City of Lone Tree pays 100% of the short-term disability premium.

Long-Term Disability Coverage by Mutual of Omaha

This benefit replaces 60% of your pre-disability monthly earnings, less the income you may receive from other sources, up to a maximum of \$8,000 per month. Benefits begin after a 180 day elimination period and last until the later of age 65 or Social Security normal retirement age. City of Lone Tree pays 100% of the long-term disability premium.

Colorado Family and Medical Leave Insurance Program (FAMLI)

Beginning January 1, 2024 paid family and medical leave benefits are available to most Colorado employees who have a qualifying condition and who earned at least \$2,500 over the previous year for work performed in Colorado.

Due to other coverage provided, the City of Lone Tree has exercised the right to opt-out of FAMLI, meaning that the City has declined to participate and will not make contributions to the program. However, even though the City of Lone Tree is not participating in the program, employees may individually opt into the program by contacting the FAMLI Division at [CDLE FAMLI info@state.co.us](mailto:CDLE_FAMLI_info@state.co.us) or 866-263-2654.

Any City employee who chooses to opt in to the program will be responsible to remit premiums directly to the State of Colorado. City of Lone Tree will not be deducting the premium from paychecks or handling any related reporting. See www.famli.colorado.gov for more information.

Optional Aflac Benefits

Group Hospital Indemnity Plan

This plan provides financial assistance to enhance your current coverage. With this plan you might be able to avoid dipping into savings or having to borrow to address out-of-pocket expense major medical insurance was never intended to cover. This plan can help with medical expenses such as transportation, meals for family members, help with child care or time away from work.

This plan includes the following benefits:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit



Group Hospital Indemnity Plan	Semi-Monthly (24pp/yr)
Employee Only	\$20.88
Employee + Spouse	\$41.41
Employee + Child(ren)	\$34.14
Family	\$54.67

Accident Insurance

As an optional benefit, you may purchase two types of supplemental insurance from AFLAC. You pay the full cost through payroll deductions.

Accident Insurance is available 24 hours a day, 7 days a week. If you have minor accidents or major accidents you are paid for your initial visit, follow ups, surgery, hospital stays, and more. Aflac does not coordinate or offset with any other coverage you may have. It also includes a wellness benefit of \$50 for all covered members including children.

High Option - 24 Hour Plan	Semi-Monthly (24pp/yr)
Employee Only	\$8.39
Employee & Dependent Spouse	\$12.62
Family	\$14.69
	\$18.92

Critical Illness Insurance

Lump sum coverage available up to \$50,000 for you. Your spouse can elect half of the coverage you elect up to \$25,000. Protection includes coverage for cancer, heart attack, stroke, major organ transplant, renal failure, bone marrow transplant, coronary artery bypass surgery, and wellness benefits. It also includes a wellness benefit of \$50 for employee and spouse. Please see HR for Critical Illness rates.



Other Benefits



Employee Assistance Program (EAP)

The City of Lone Tree provides an Employee Assistance Program (EAP) through Cura Linc that provides immediate, professional assistance for personal, work-related, or emotional issues. This benefit includes 5 in person, face to face visits as well as virtual telephonic visits for both you and your family members. Some common issues are:

- Addictive Behaviors
- Anxiety
- Depression
- Grief and Loss
- Relationship Problems
- Alcohol or Drug Abuse
- Caregiver Support
- Family/Marital Problems
- Legal Issues
- Stress-Related Concerns
- Anger Management
- Dependent Care Issues
- Financial Issues
- Organizational Change
- Work-Life Balance
- PTSD

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, CuraLinc will be there to help. The CuraLinc employee assistance program (EAP) is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. CuraLinc provides professional counseling and referrals to address a wide array of personal and work-related concerns.

Phone: 1-888-881-LINC (5462)
 Web: www.supportlinc.com | Code: lonetree



RTD EcoPass

The digital pass allows for unlimited rides on all RTD services. In addition, the guaranteed ride home program provides employees with an emergency ride home of up to 100 miles one-way. This would cover any employee who used any sustainable form of transportation to get to work.

Tuition Reimbursement



After one year of service, full time employees may be eligible to receive tuition reimbursement for continuing education. The maximum reimbursement is \$2,500 per calendar year.



Required Retirement Plans (sworn positions)

FPPA Retirement



The Fire and Police Members' Benefit Fund (the Common Fund) is established pursuant to Title 31, Article 31, Part 3 of the Colorado Revised Statutes, as amended. As trustee of the Common Fund, the Fire and Police Pension Association of Colorado (FPPA) collects, invests, administers and disburses monies on behalf of firefighters and police officers throughout the State of Colorado. Members are required to contribute a fixed percentage of their salary to the retirement fund. The percentage for 2024 is 12 percent. The required employer contribution is 13.6 percent of pay to the retirement fund for 2024.

Voluntary Retirement Plans (available to sworn positions)

401(k) - PERA Plus Plan

As part of the PERA Plus program, Colorado PERA's 401(k) Plan offers you the opportunity to plan for a secure financial future. The PERA Plus 401(k) Plan offers tax benefits to participants by allowing you to automatically save a portion of your salary before taxes and invest it in your choice of investment funds. The maximum contributions for 2024 is \$23,000.



457 Deferred Compensation Plan

A 457 Deferred Compensation Plan is a supplemental retirement savings program that allows you to make contributions on a pre-tax basis. Federal, and in most cases, state income taxes are deferred until your assets are withdrawn, usually during retirement when you may be in a lower tax bracket. Participants have the option of choosing between various funds offered and managed by Mission Square Retirement. The maximum contributions for 2024 is \$23,000.



457 Deferred Compensation Plan FPPA

A 457 Deferred Compensation Plan is a supplemental retirement savings program that allows you to make contributions on a pre-tax basis. Federal, and in most cases, state income taxes are deferred until your assets are withdrawn, usually during retirement when you may be in a lower tax bracket. Participants have the option of choosing between various mutual funds offered and managed by Fidelity Investments. The maximum contributions for 2024 is \$23,000.



Roth Options: Both of the 457 plans (Mission Square Retirement and FPPA) also permit Roth deferrals, which are made on an after-tax basis. Roth deferrals and associated earnings can be withdrawn tax-free in retirement if the requirements for a "qualified distribution" are met. With the Roth contribution option available in the 457 plan, an employee can designate a portion (or all) of their contributions to the plan as Roth.

Roth IRA

A ROTH IRA is a retirement savings account that allows your money to grow tax-free. You fund a Roth with after-tax dollars, meaning you've already paid taxes on the money you put into it. In return for no up-front tax break, your money grows tax free and at retirement, you pay no taxes. The annual contribution limit is \$7,000. Those that are over age 50, can contribute an additional \$1,000. Please note the amount that you can contribute to the Roth IRA depends on your tax filing status and your income.



10 Required Retirement Plans (non-sworn positions)

PERA Retirement Plan

PERA provides retirement and other benefits to the employees of more than 500 government agencies and public entities in the state of Colorado. For City of Lone Tree non-sworn staff, PERA serves as a substitute for Social Security. Colorado PERA provides benefits to you when you retire or are disabled or to your survivors after your death. Benefits are pre-funded, which means while a member is working, they're required to contribute a fixed percentage of their salary to the retirement trust funds. Currently the percentage is 9 percent for City of Lone Tree employees. The current required employer contribution is 14.78 percent of pay to the trust fund.



Voluntary Retirement Plans (available to non-sworn positions)

401(k) - PERA Plus Plan

As part of the PERA Plus program, Colorado PERA's 401(k) Plan offers you the opportunity to plan for a secure financial future. The PERA Plus 401(k) Plan offers tax benefits to participants by allowing you to automatically save a portion of your salary before taxes and invest it in your choice of investment funds. The maximum contributions for 2024 is \$23,000.



457 Deferred Compensation Plan

A 457 Deferred Compensation Plan is a supplemental retirement savings program that allows you to make contributions on a pre-tax basis. Federal, and in most cases, state income taxes are deferred until your assets are withdrawn, usually during retirement when you may be in a lower tax bracket. Participants have the option of choosing between various funds offered and managed by Mission Square Retirement. The maximum contributions for 2024 is \$23,000.



Roth IRA

A ROTH IRA is a retirement savings account that allows your money to grow tax-free. You fund a Roth with after-tax dollars, meaning you've already paid taxes on the money you put into it. In return for no up-front tax break, your money grows tax free and at retirement, you pay no taxes. The annual contribution limit is \$7,000. Those that are over age 50, can contribute an additional \$1,000. Please note the amount that you can contribute to the Roth IRA depends on your tax filing status and your income.



Paid Time Off

Paid Time Off (PTO)

Currently, PTO is an earned benefit based on employment status, length of service and hours worked. Full time and part time (working at least 30 hours per week) employees earn PTO per hour worked (not including overtime, premium pay or outside hours). The schedule of earning is based on the employee's length of service and hours worked per pay period and are earned as listed in the table below.

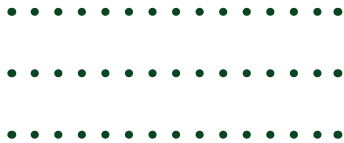
Years Of Service	Accrual Rate Per Hour	Maximum Accrual
0 through the completion of the employee's 5th year	.08076 (168 annually) Not to exceed 6.46 per pay period	336
Start of the employee's 6th year through the completion of his or her 10th year	.09230 (192 annually) Not to exceed 7.38 per pay period	384
Start of employee's 11th year	.10384 (216 annually) Not to exceed 8.30 per pay period	432

Holidays

City of Lone Tree recognizes the following holidays in 2024:

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

** Holiday hours do not carry over from one year to the next.



Important Notices

Federal regulations require City of Lone Tree to provide benefit eligible employees with the following important annual notices. For a full copy of any of these notices, please see 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. The SBC will be updated each plan renewal to reflect applicable plan changes. 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

Women’s Health and Cancer Rights Act

City of Lone Tree’s 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
- Prosthesis 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

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

Newborns and Mothers Health Protection Act Rights

Under federal law, group health plans offering group health coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse, midwife, or physician assistant), after consultation with the mother discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that you, your physician, or other healthcare provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, you may be required to obtain pre-certification for any days of confinement that exceeded 48 hours (or 96 hours). For information on pre-certification, please refer to your Summary Plan Description.

Summary Plan Description (SPD) Access

This guide does not provide all of the details about the benefits programs. More information is available in each program’s Summary Plan Description (SPD). In addition to receiving your SPDs after enrolling, they are available at any time from Delilah Andrew at 720.279.3434.

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, explained below, 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.

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

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

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

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

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

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

COBRA Continuation Coverage

COBRA continuation coverage is a continuation of group health plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” COBRA applies to each group health plan under the Plan. Specific qualifying events are listed later. COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under a group health plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under a group health plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare (Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under a group health plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a “dependent child.”

Each group health plan under the Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator (or third-party COBRA administrator, as applicable) has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or entitlement of the employee to Medicare (Part A, Part B, or both), the Plan Sponsor must notify the Plan Administrator (or third-party COBRA administrator, as applicable) of the qualifying event within 30 days of the date the event occurs or the date you would otherwise lose coverage under the group health plan due to a qualifying event, whichever is later.

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator (or third-party COBRA administrator, as applicable). Each group health plan covered under the Plan requires you to notify the Plan Administrator (or third-party COBRA administrator, as applicable) within 60 days after the qualifying event occurs or the date you would otherwise lose coverage under the group health plan due to a qualifying event, whichever is later.

Within 14 days of the Plan Administrator (or third-party COBRA administrator, as applicable) receiving notice (in accordance with the procedures set forth below under “Furnishing Notice to Administrator”) that a qualifying event has occurred, the Plan Administrator (or third-party COBRA administrator, as applicable) will send out an election notice, offering COBRA continuation coverage to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that coverage under the group health plan would otherwise have been lost.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, enrollment of the employee in Medicare (Part A, Part B, or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months. When the qualifying event is the end of employment or reduction of the employee’s hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under a group health plan is determined by the Social Security Administration to be disabled at any time during the first 60 days of COBRA continuation coverage and you notify the Plan Administrator (or third-party COBRA administrator, as applicable) in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that the Plan Administrator (or third-party COBRA administrator, as applicable) is notified of the Social Security Administration’s determination within 60 days of the latest of the date of the determination, the date of the qualifying event or the date you would otherwise lose coverage under the group health plan due to a qualifying event, and before the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage, and such event would result in loss of health coverage if the first qualifying event had not already occurred, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, becomes entitled to Medicare (Part A, Part B, or both), or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible for coverage under the group health plan as a dependent child. In all of these cases, you must make sure that the Plan Administrator (or third-party COBRA administrator, as applicable) is notified of the second qualifying event within 60 days of the second qualifying event or the date you would otherwise lose coverage under the group health plan due to a qualifying event, whichever is later.

Furnishing Notice to Administrator

Unless the Plan has a third-party COBRA administrator, in which case qualified beneficiaries should follow the notice procedures established by the third-party COBRA administrator, when furnishing a notice to the Plan Administrator with respect to the occurrence of a qualifying event or with respect to a disability determination by the Social Security Administration, such notices will be delivered to the human resources department of the Plan Administrator (i) by hand-delivery, (ii) via facsimile, followed by written confirmation by first class mail, or (iii) by registered or certified mail, return receipt requested. Such notices will include the name(s) of the covered employee and/or qualified beneficiaries, as applicable, a general description of, and circumstances surrounding, the qualifying event or disability determination, and the date of such qualifying event or disability determination. Once the Plan Administrator receives such notice, it reserves the right to make further inquiry to verify the circumstances surrounding such qualifying event or disability determination.

If you have questions

If you have questions about your COBRA continuation coverage, you should contact the Plan Administrator or you may contact the nearest regional or district office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA). Addresses and phone numbers of regional and district EBSA offices are available through EBSA’s website at www.dol.gov/ebsa.

Keep your plan informed of address changes

In order to protect your family’s rights, you should keep the Plan Administrator (and third-party COBRA administrator, if applicable) informed of any changes in the addresses of family members. You should also keep a copy for your records of any notices you send to the Plan Administrator (or third-party COBRA administrator, as applicable).

Paperwork Reduction Act Statement

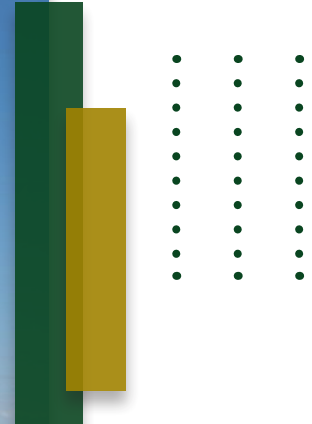
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor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

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

Important Contacts

9220 Kimmer Dr., Suite 100
 Lone Tree, Colorado 80124
hr@cityoflonetree.com
 (303) 708-1818

	Policy / Group Number	Phone	Website
Medical - Kaiser	47114	HMO/HDHP 303.338.3800 PPO 855.364.3184	www.kp.org/choiceppo-colorado
Dental - Delta Dental	12470	800.521.2651	www.deltadentalco.com
Vision - VSP	12247386	800.877.7195	www.vsp.com
Life, AD&D, Disability - Mutual of Omaha	G000BXXC	800.655.5142	www.mutualofomaha.com
FSA / HSA / DCA - Rocky Mountain Reserve	-	888.722.1223	www.rockymountainreserve.com
MyPerks	-	-	www.umb.com/cityoflonetree
EAP - Cura Linc	-	888.881.5462	www.supportlinc.com
Group Hospital Indemnity - Aflac	Group: 44766 Plan: 282829	800.433.3036	www.aflacgroup.com
Accident and Critical Illness - Aflac	10757	800.433.3036	www.aflacgroup.com
PERA / 401(k)	846	800.759.7372	www.copera.org
FPPA, FPPA 457	02681	800.332.3772	www.fppaco.org
457 / ROTH - Mission Square Retirement Cherie Mason	305866	800.825.0765	www.icmarc.com cmason@missionsq.org
Lone Tree Recreation Center	-	303.708.3510	www.ssprd.org/lone-tree-recreation-center
HR/Benefits Contact Information			
Sr. HR Manager	Kanisha Stone - 720.509.1292		kanisha.stone@cityoflonetree.com
HR Generalist	Monique Macias - 720.509.1278		monique.macias@cityoflonetree.com
HR Generalist	Marina Jové - 720.509.1152		marina.jove@cityoflonetree.com
Payroll	Kathy Monahan - 720.509.1262		kathy.monahan@cityoflonetree.com



This brochure provides only a highlight of the benefit plans offered to you by City of Lone Tree 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.