

Totally You!

City of Colorado Springs 2024 Benefits Guide



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Hello City Team:

Thank you for your passion and hard work providing the essential services that residents rely on every day. We've seen a lot of great accomplishments in 2023, and it is because of the dedication and passion each of you bring to serving our community.

Attracting and retaining a highly skilled and talented workforce is critical to the success of our organization and to creating positive impacts for citizens. That is why we are pleased to offer a competitive Total Rewards package for City employees. We are committed to providing a comprehensive benefits package that supports your physical and mental wellbeing, as well as your financial security. We are excited to share changes for 2024 that provide enhanced coverage with robust and high-quality providers.

We are proud to invest in our employees with a 2024 Benefits Program that contributes to your overall well-being.

Onward and Upward,

**Mayor Yemi Mobolade
Chief of Staff, Jamie Fabos
Chief Human Resources and Risk Officer, Myra Romero**

[Please visit the Benefits and Wellness webpage for detailed information](#) or contact HR Solutions Center (719) 385-5125 or email at HR@coloradosprings.gov.

This benefits guide is not intended to include all benefit details. It is an outline of available coverage and is not intended to be a legal contract. If a discrepancy exists between this document and the Plan Documents, the Plan Documents govern.

The benefits guide applies to all City of Colorado Springs civilian and sworn employees, unless otherwise noted.

NOTE: ANNUAL APPROPRIATIONS REQUIREMENT: Other than those benefits specifically required by federal or state law, the programs within the benefits plan provided by the City for employees are subject to annual review and budget appropriations by City Council. The City and employee contributions toward the cost of the benefits plan, as well as the benefit plan designs, may be changed, or discontinued altogether at the Mayor's discretion. Specific details are available at Colorado Springs in the Policies and Procedures Manuals (PPM). Please note that all tables listed in this booklet are not intended to include all benefit details. It is an outline of coverage available and is not intended to be a legal contract. If a discrepancy exists between this document and the official Plan Documents, the Plan Documents govern.

Vendor Directory

Medical Benefits

AmeriBen Medical Plan

AmeriBen: Group Number JCQ003

City Care phone: (866) 955-1482

Website: [My AmeriBen](#)

AmeriBen Medical Management phone: (855) 778-9052

Anthem Blue: Priority PPO Network

Website: [Anthem](#)

Castlight: Provider Search, cost and quality comparisons, and health related resources

Phone: (800) 684-0624, Website: [My Castlight Health](#)

City Employee Medical Clinic

Hours: Monday, Tuesday, Thursday, Friday

7:30AM – 4:30PM, Wednesday 9:00AM – 6:00PM

Address: 4863 North Nevada Avenue, 2nd Floor, Colorado Springs, CO 80918

Phone: (719) 385-5841,

Fax: (719) 385-5842

City Employee Pharmacy

Hours: Monday – Friday 8:30AM – 5:30PM

Address: Pharmacy located in the Garden Level of the City Administration Building (CAB), Suite L04

Phone: (719) 385-2261, Auto-Refill Line: (800) 573-6214, Website: [City Employee Pharmacy](#)

Prescription Drug Plan - Maxor

Phone: (800) 687-0707, Website: [Maxor](#)

Teladoc

Phone: (800) 835-2362, Website: [Teladoc](#)

ZERO Health

Phone: (855) 816-0001, Website: [ZERO Health](#)

Hinge Health

Phone: (855) 902-2777, Website: [Hinge Health](#)

Wellness Program: Reach Your Peak

HealthYou, Phone : (719) 314-3535, Website: [HealthYou](#)

**University of Colorado, Colorado Springs (UCCS)
email: cityinfo@uccs.edu**

Other Benefits

Dental Insurance

Hi Option Group Number: 1512

Standard Option Plan: 1844

Phone: (800) 610-0201, Website: [Delta Dental](#)

Vision Insurance

Plan Number 12061804

Phone: (800) 877-7195, Website: [VSP](#)

Life Insurance and Short- and Long-Term Disability

The Hartford, policy number: 804057

Life Insurance Phone: (888) 563-1124,

Website: [The Hartford](#)

Disability Phone: (888) 301-5615

Website: [Disability at The Hartford](#)

Long Term Care

Unum

Old plan policy number: 220508, New plan

policy number: 127251 Phone: (800) 227-4165,

Website: [UNUM](#)

Spending Accounts

Navia Benefit Solutions

Company Code: YLR

FSA for Health Care & Dependent Care HRA for Advantage Plan Participants Phone:(866)

897-1996, Fax: (866) 831-6222 Website: [Navia Benefits](#) Email:105@NaviaBenefits.com

Profile EAP

Company Code: COSPGS

Phone: (800) 645-6571, Website: [Profile EAP](#)

Face It Together

Phone: (855) 539-9375, Website: [We Face it Together](#)

Retirement

PERA Retirement

Phone: (800) 759-7372, Website: [PERA](#)

FPPA Retirement

Phone: (800) 332-3772, Website: [FPPA](#)

MissionSquare Retirement

Phone: (202) 759-7268, Email: zpitman@missionsq.org

ELIGIBILITY, ENROLLMENT, & QUALIFYING LIFE EVENTS

ELIGIBILITY

All regular, probationary, and special employees scheduled to work 20 hours or more each week may participate in the City of Colorado Springs' Benefits Programs unless otherwise noted.

Hourly employees may be eligible for medical benefits as mandated by the Patient Protection and Affordability Care Act.

Eligible dependents include:

- Your legal spouse, common law spouse or civil union.
- Your natural, adopted, or stepchildren (up to age 26).
- Eligible children of any age who were disabled before age 26.

Note: Only eligible dependents can be covered under the plan(s). Must provide proof of dependent eligibility

ENROLL & MAKE CHANGES

Carefully review the benefits available to you and choose the best package for you and your family and budget.

Your enrollment choices remain in place for the plan year (January 1, 2024 – December 31, 2024)

You can enroll in or make changes to your benefits:

- Within 30 days of your hire date.
- During the annual Open Enrollment(OE) period.
- Within 30 days of a qualifying Life Event.

WHAT IS A QUALIFYING LIFE EVENT (QLE)?

Birth of a newborn, adoption, placement or guardianship of a child. This QLE occurs on the event date.

Note: Newborns are not automatically added to your plan. Do not wait until you receive the birth certificate and/or Social Security number to contact the HR Solution Center.

Family changes, such as marriage, divorce, legal separation, change in dependent eligibility, or death of your spouse or dependent.

Change in employment status by you or your eligible dependents such as termination or commencement of employment, unpaid leave status, or change from full-time to part-time.

Enrollment in a Qualified Health Plan through the Marketplace; Government Health Plan such as Tricare, Medicare, or Medicaid; or other Group Health Coverage.

QUALIFYING LIFE EVENTS:

You can review your benefits at the time of a qualifying life event. If you have a qualified life event change in status during the plan year, you must:

- Contact HR Solutions Center within 30 days of the event in writing.
- Complete and submit a Benefits Change Form.
- Provide documentation of the qualifying event.

NOTE: Benefits changes occur prospectively on the first of the month after the HR Solutions Center Receives all necessary paperwork

2024 MEDICAL PLAN HIGHLIGHTS BENEFIT RATES

Premier Medical Plan Rates – Monthly

Coverage Level	Total Plan Cost	Employer Share	Employee (EE) Share*
EE Only	\$947	\$699	\$248
EE + Spouse	\$1,879	\$1,270	\$609
EE + Child	\$1,767	\$1,222	\$545
EE + Family	\$2,674	\$1,850	\$824

Advantage Medical Plan Rates – Monthly

Coverage Level	Total Plan Cost	Employer Share	Employee Share*	Annual Employee HRA Funding
EE Only	\$738	\$699	\$39	\$500
EE + Spouse	\$1,491	\$1,270	\$221	\$750
EE + Child	\$1,419	\$1,222	\$197	\$750
EE + Family	\$2,152	\$1,850	\$302	\$750

***Note:** There is an additional \$50 per month surcharge for employees on the Premier and Advantage medical plan who are tobacco users.

Delta Hi-Option PPO Dental Plan Rates – Monthly

Coverage Level	Total Plan Cost	Employer Share	Employee Share
EE Only	\$49	\$35	\$14
EE + Spouse	\$111	\$45	\$66
EE + Child	\$90	\$45	\$45
EE + Family	\$136	\$45	\$91

Delta Standard Option PPO Dental Plan Rates – Monthly

Coverage Level	Total Plan Cost	Employer Share	Employee Share
EE Only	\$35	\$35	\$0
EE + Spouse	\$83	\$45	\$38
EE + Child	\$67	\$45	\$22
EE + Family	\$101	\$45	\$56

Vision Service Plan Rates – Monthly

Coverage Level	Total Plan Cost	Employer Share	Employee Share
EE Only	\$7.72	\$0	\$7.72
EE + Spouse	\$15.46	\$0	\$15.46
EE + Child	\$16.55	\$0	\$16.55
EE + Family	\$26.44	\$0	\$26.44

To calculate your rates per pay period, divide the Employee Share amount by 2. There are 24 premium payments during the year. Civil Union costs may have Pre-Tax and Post Tax implications; contact the HR Solutions Center for more details.

MEDICAL PLAN HIGHLIGHTS TERMS & MORE

IMPORTANT PLAN TERMS

Premiums

The amount you and your employer pay each month to be enrolled in medical, dental, and vision insurance.

Deductible

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

Coinsurance

Your share of the cost of covered health care services, after you meet your deductible.

Co-pay

A fixed amount you pay for certain covered health services. Typically, your co-pay is due at the time of service.

Out-of-Pocket Maximum

The most you will pay for covered health services during the plan year. Co-pays, deductibles, and coinsurance all apply toward the out-of-pocket maximum.

Covered Services

Services for which benefits are payable. If you receive care for services not covered under the plan, the amount you pay for those services will not apply toward your deductible or out-of-pocket maximum.

Enhanced Personal Health Care (EPHC)

Primary Care Providers. You will pay a lower co-pay, and have your deductible waived when you see these providers.

Tier I Specialists

Using these specialists will reduce your out-of-pocket expenses and you will pay a lower co-

pay and have your deductible waived.

Site of Service Program

Save money on advanced imaging and outpatient surgery by participating in a free-standing, independent imaging provider or ambulatory surgery center from the Anthem Network.

MEDICAL PLANS

The City offers two self-funded medical plans: the Premier Plan and the Advantage Plan. The Advantage Plan is paired with a Health Reimbursement Account (HRA) funded by the City. Both plans feature an in-network and out-of-network benefit. Anthem Blue Cross Blue Shield is our preferred provider organization (PPO) network for both plans and AmeriBen is the medical claims administrator. Medical premiums may be paid using pre-tax dollars and both plans include access to a robust, affordable care delivery model.

Employees and family members on the City's Medical Plan are eligible for these services:

- AmeriBen
- Castlight
- Teladoc
- ZERO
- Hinge Health
- City Employee Medical Clinic
- City Employee Pharmacy
- Alternative Medicine
- Diabetes Ten City Challenge
- CardioRx Program
- Maternal Health Program
- Tobacco Cessation
- Reach Your Peak (Available only for Employee and Spouse)

MEDICAL PLAN OVERVIEW

Premier Plan vs. Advantage Plan

Type of service	In-Network Benefit	Out-of-Network Benefit	In-Network Benefit	Out-of-Network Benefit
Lifetime Maximum	Unlimited		Unlimited	
Annual Deductible	\$500 Individual \$1,250 Family	\$1,250 Individual \$2,500 Family	\$1,500 Individual \$3,000 Family	\$4,500 Individual \$9,000 Family
Coinsurance (1)	You pay 20%	You pay 50%	You pay 20%	You pay 50%
Annual Out-of-Pocket Maximum (OPM)/Coinsurance (1)	\$2,500 Individual \$7,500 Family	\$4,050 Individual \$12,150 Family	\$3,500 Individual \$8,000 Family	\$9,000 Individual \$18,000 Family
Primary Care Office Visit (2)	EPHC - \$25 co-pay, deductible waived; All others - \$35 after deductible	You pay 50% after deductible	EPHC - \$30 co-pay, deductible waived; All others - \$40 after deductible	You pay 50% after deductible
Specialist Office Visit (2)	Tier I - \$40 co-pay, deductible waived; All others - \$60 after deductible	You pay 50% after deductible	Tier I - \$60 co-pay, deductible waived; All others - \$70 after deductible	You pay 50% after deductible
Mental Health Office Visit (3)	\$25 co-pay, deductible waived	You pay 50% after deductible	\$30 co-pay, deductible waived	You pay 50% after deductible
Urgent Care	\$50 co-pay, deductible waived; coinsurance for diagnostic & surgical services	You pay 50% after deductible	You pay 20%, deductible coinsurance for diagnostic & surgical services	You pay 50% after deductible
Emergency Room Visits	\$250 co-pay, then you pay 20% for diagnostic and surgical services, deductible waived if admitted to the hospital, ER co-pay waived		You pay 20%, deductible waived	
Diagnostic Services	You pay 20% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
Inpatient Mental Health	You pay 20% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
Inpatient Hospital Services	Utilize an UCHealth Facility - you pay 15% after deductible All hospital services and all other facilities You pay 20% after deductible	You pay 50% after deductible	Utilize an UCHealth Facility - you pay 15% after deductible All hospital services and all other facilities You pay 20% after deductible	You pay 50% after deductible
Advanced Imaging (MRI/CT/PET)	Freestanding Facility - you pay 10% after deductible. All other facilities - you pay 20% after deductible	You pay 50% after deductible	Freestanding Facility - you pay 10% after deductible. All other facilities - you pay 20% after deductible	You pay 50% after deductible
Outpatient/Ambulatory Surgery	Freestanding Facility - you pay 10% after deductible. All other facilities - you pay 20% after deductible	You pay 50% after deductible	Freestanding Facility - you pay 10% after deductible. All other facilities - you pay 20% after deductible	You pay 50% after deductible
Preventive Care (3)	You pay \$0	You pay 50%; deductible waived	You pay \$0	You pay 50%; deductible waived
Alternative Medicine	Plan Pays 50% of each claim up to an annual family maximum of \$1,000, deductible waived. Nutritionists & Dieticians – maximum of 16 visits per year per member, 50% coinsurance, deductible waived			
Fertility Benefits	This plan pays up to a \$30,000 lifetime benefit and supports you through your unique fertility challenges, helping you explore your options and undergo treatment processes.			

1. The OPM and coinsurance are accounted for separately for in-network and out-of-network services.
2. Co-pay applies to an office visit only. Deductible and coinsurance apply for diagnostic and surgical services performed in the office setting.
3. A Mental Health Screening is a covered benefit under Preventive Care.

This table is not intended to include all benefit details. It is an outline of coverage available and is not intended to be a legal contract. If a discrepancy exists between this document and the official Plan Documents, the Plan Documents govern.

PRESCRIPTION PLAN HIGHLIGHTS

Employees and their eligible dependents enrolled in a City medical plan can fill their prescriptions at the City Employee Pharmacy or through one of the MaxorPlus participating network pharmacies. You will save money if you fill your prescription at the City Employee Pharmacy.

MaxorPlus also provides services relating to specialty injectables, specialty drugs, and certain respiratory therapies through its subsidiary, Maxor Specialty Pharmacy. This Specialty Injectable and Specialty Drug Program will benefit you and the patient and help contain the costs of expensive medications. Maxor Specialty Pharmacy will be working in conjunction with the City Employee Pharmacy to fill medications through this program.

To access high quality care at the lowest cost, visit the City Employee Pharmacy.

Pharmacy	Tier	Prescription Type	Cost
City Employee Pharmacy	1st Tier 2nd Tier 3rd Tier	Generic Preferred Brand Non-Preferred Brand	\$6 co-pay (30-day supply)
			\$15 co-pay (90-day supply)
			\$35 co-pay (30-day supply)
			\$70 co-pay (90-day supply)
			\$60 co-pay (30-day supply) \$120 co-pay (90-day supply)
Specialty Pharmacy (MaxorPlus IV Solutions)	4th Tier*	Preferred Chronic Injectables and other Specialty Drugs	20% coinsurance with a maximum co-pay of \$100 (30-day supply)
	5th Tier*	Non-Preferred Chronic Injectables and other Specialty Drugs	20% coinsurance with a maximum co-pay of \$150 (30-day supply)
MaxorPlus Retail	1st Tier	Generic	\$25 co-pay (30-day supply)
Network Pharmacies	2nd Tier 3rd Tier	Preferred Brand	\$55 co-pay (30-day supply)
	4th Tier & 5th Tier	Non-Preferred Brand Preferred/Non-Preferred Chronic Injectables	\$75 co-pay (30-day supply) N/A – Only available through

Co-insurance and co-pays for prescription drugs do not apply to the deductible but do apply to the out-of-pocket maximum.

Maintenance Prescription Fills - For a complete listing of participating pharmacies go to the Preferred Pharmacy Information at [City Employee Pharmacy](#). Plan participants will progressively pay higher co-pays for maintenance prescriptions that are filled at a MaxorPlus Retail Network Pharmacy versus the City Employee Pharmacy. Additional information regarding your pharmacy benefits can be found on [Maxor Plus](#).

Engagement in health management programs may allow for waived co-pays. Contact the HR Solutions Center or City Employee Pharmacy to learn more. Maintenance prescriptions filled at any MaxorPlus Retail Network Pharmacy: First fill: Member pays the normal co-pay Second fill: Member pays double the co-pay Third and subsequent fills: Member pays 100% of the retail cost for the maintenance prescription. Select preventive care medications are covered at 100% and may change in accordance with United States Preventive Services Taskforce guidelines.

*Maxor Specialty Pharmacy Patient Care Advocates will assist members with enrollment in manufacturer copay assistance programs if available. Please note that not all specialty medications will have co-pay assistance available. Those medications that do have assistance available are subject to availability and may be discontinued at any time. Any portion known to have been paid by

a secondary payer (i.e., patient assistance, co-pay cards, discounts, or other insurance) will not be considered as true out-of-pocket costs and will not apply to your plan deductible and out-of-pocket maximums.

MEDICAL PLAN HIGHLIGHTS

CASTLIGHT

An informed consumer shops for high quality, affordable health care using Castlight's transparency tool, receive their preventive care benefits, and uses the correct facility or provider for services. When you are an engaged consumer of health care, you do make a difference.

Get peace of mind - Clearly see what is covered by your plan, how much services will cost, and where you have spent your healthcare dollars.

Find doctors you will love - Search ratings and reviews from real people and find high-quality (EPHC and Tier 1) doctors or specialists in your network and near you.

Feel great about your benefits - Discover your health and well-being resources and see all your perks in one place.

TELADOC

Teladoc gives you access 24 hours a day, 7 days a week to a U.S. board certified doctor through the convenience of phone, video, or mobile app visits. Teladoc is accessible anywhere in the U.S.

Summary of Services:

Treat the flu, allergies, sinus infection, rash, sore throat, and more. **\$0 Co-pay**

Taking care of your mental health is an important part of your overall well-being. With Teladoc's Mental Health, adults 13 and older can get care for anxiety, depression, grief, stress, family issues, and more. Choose to see a psychiatrist, psychologist, social worker, or therapist and establish an ongoing relationship. **\$0 Co-pay**

HEALTH SERVICES

CITY EMPLOYEE MEDICAL CLINIC

The CEMC partners with UCCS staff nurse practitioners to provide a multitude of services to meet your health care needs.

They offer on-site lab services and same day appointments for acute and urgent care concerns, similar services to what you would see at a primary care provider.

Preventive Care/ Wellness/Labs (Pay \$0)

- Annual Physical & Wellness Exams

- Immunizations
- Children Physical Exams (ages 5+)

General Medicine (Pay \$15)

- Chronic Care Services
- Acute Care Services (ages 3+)
- Health Diagnostics & Referrals
- Evaluation & Treatment of Injuries
- Smoking Cessation
- Weight Management

- Functional Medicine
- Gut Health

- Lab Services
- And so much more

CITY EMPLOYEE PHARMACY

The City Employee Pharmacy offers convenient, affordable prescriptions, and excellent customer service.

- Home & Desk Delivery
- Validated Parking
- Text Alerts
- Refills
- Automated Refill Line (800) 573-6214
- Mobile App
- Over-the-Counter Medication
- Vitamins and Many Other Items

- Resources for healthy living
- Free cholesterol screenings & blood pressure checks
- Waived co-pays for generic hypertension and cholesterol medications, if enrolled and engaged in the program

CardioRX (Pay \$0)

- Cardiovascular health management programs

Diabetes Ten City Challenge (Pay \$0)

- Diabetes management program (diabetic and pre-diabetic)
- Resources for healthy living
- Co-pays waived for generic diabetes medications, if enrolled and engaged in the program

ZERO HEALTH

Healthcare Simplified to \$0 with your ZERO benefit!

We believe healthcare should be affordable, simple, and personalized. If you are enrolled in the medical plan, you can get the care you need for \$0 (Yep. ZERO) and you will never have to worry about deductibles or copays.

With ZERO you have access to thousands of medical services and procedures through the Anthem provider network. You can search for providers at Zero Health and chat live with a Personal Health Assistant in just one click.

Some examples include:

- **Surgeries** (Ear Nose & Throat, Orthopedic, Spinal, Women's Health)
- **Preventive Screenings such as Colonoscopies and Mammograms**
- **Imaging** (CT Scans, MRI, Ultrasound, X-Ray)
- **Physical Therapy • Sleep Studies • Labs at Quest Diagnostics**

Once your doctor recommends you need a procedure scheduled, follow these simple steps to get the care you need for \$0!

1. Connect with your Personal Health Assistant to see if the service or procedure you need is covered. You can call 855-816-0001, chat [ZERO Health](#) or email at help@zero.health.
2. Your Personal Health Assistant will help you find the provider that works best for you and send all the details to the ZERO provider to get you scheduled for your procedure.
3. You get access to the care you need without having to worry about things like deductibles, copays or coinsurance - you always pay \$0. For real. You always pay ZERO.

ZERO'S Lab Partner is Quest Diagnostics. To pay \$0 for all your lab work:

1. Ask your doctor or nurse to send your lab orders to Quest Diagnostics
2. You can go to the closest Quest Diagnostics location - just make sure to show your physical

- or digital ZERO Member ID Card when you arrive. Access your digital copy at My Zero Health.
3. Quest Diagnostics will send the lab results to your prescribing physician, and you pay \$0!

Hinge Health

For everything from minor sprains to chronic pain, Hinge Health offers a clinical care team that uses advanced technology to manage member pain and remove barriers to recovery.

Personalized care from day one:

Integration of prior-authorization, claims, and medical history ensures continuously personalized care.

Ongoing customization:

Ongoing exercise, education, and behavioral plan customizations based on members' real-time feedback and needs.

High-risk intervention:

Care coordination with in-person providers enables earlier intervention with technology like Enso, surgery decision support, and more.

No matter where you have pain, Hinge Health has you covered, get the support you need at no cost to you or your family if they are on the medical plan.

WELLNESS & HEALTH MANAGEMENT PROGRAMS

ALTERNATIVE MEDICINE

Medical plan participants can be reimbursed for alternative medicine by completing and submitting an AmeriBen Claim Form.

Plan pays 50% of claims up to \$1,000 annual maximum per family for the following:

- Massage Therapy
- Rolfing
- Homeopathic
- Naturopathic

Plan pays 100% up to 16 visits (no maximum dollar amount) per year for each covered member for the following:

- Dietician
- Nutritionists

AMERIBEN MATERNAL HEALTH PROGRAM

Maternal Health Benefit:

Baby Steps, AmeriBen's Maternal Health program, provides families with the following before, during, and after your pregnancy at no additional cost to you:

- Education
- Support
- Specially Trained Maternal Health Nurse

TOBACCO CESSATION

Is it time to Quit using Tobacco? We have free resources to assist you on this journey.

Tobacco Cessation program with Teladoc at no cost to you.

- Multifaceted program that combines health coaching support, physician treatment, and tobacco cessation content to help members break their tobacco habit.
- 24/7 support when cravings hit.
- Celebrate the milestones at 7,20,90,120, and 365 days!
- Work with physician and get free over-the-counter medication with a script: Zyban, Chantix, Nicotrol, nicotine gum, patches, and lozenges

Download the app, call (800) 835-2362 or visit [Teladoc](#).

Tobacco Cessation with City Employee Medical Clinic.

Work with City Employee Medical Clinic staff to help you kick the tobacco habit and to get free over-the-counter medication with a script: Zyban, Chantix, Nicotrol, nicotine gum, patches, and lozenges.

REACH YOUR PEAK YEAR 20 (RYP20)

Human Resources: Benefits and Wellness, Body, Life, and Mind

Program Year: January 1, 2024 – November 30, 2024

A fully customized wellness program designed to help you reach your individual life, body, and/or mind goals. RYP20 offers planned wellness tracks or customizable experiences, which help you achieve balanced wellness.

Employees must earn 400 points to earn the \$400 incentive and are required to get a primary care provider screening or biometric screening.

Spouses on the medical plan must earn 100 points to earn \$100 incentive and are required to get a primary care provider screening or biometric screening.

DENTAL INSURANCE

Dental coverage is available through Delta Dental of Colorado, and you have two plans from which to choose: Delta Hi-Option PPO and Delta Standard PPO. Both plans pay 100% for cleanings, oral exams, and x-rays when you use a PPO dentist. Please refer to the current year's Dental Plan Comparison and Rate Chart and/or the Delta Dental Plan Document for more information or visit [Delta Dental](#).

Type of Benefit	Delta Hi-Option – PPO Dentist	Hi Option - Premier and Non-Participating Dentist	Delta Standard – PPO Dentist	Standard - Premier and Non-Participating Dentist
Annual Maximum	\$2,000 per individual	\$1,500 per individual	\$1,500 per individual	\$1,500 per individual
Annual Deductible - Per person	\$50	\$50	\$50	\$50
Annual Deductible – per Family	\$150	\$150	\$150	\$150
Routine Dentistry (2)		(5) (6)		(5)
Cleaning	100%	80%	100%	80%
Oral Exams	100%	80%	100%	80%
X-Rays	100%	80%	100%	80%
Sealants (3)	100%	80%	100%	80%
Basic Dentistry (4)-(6)		(5) (6)		(5) (6)
Fillings	90%	50%	80%	50%
Extraction	90%	50%	80%	50%
Root Planning/Quadrant	90%	50%	80%	50%
Major Dentistry (6)		(5) (6)		(5) (6)
Crown (full cast)	60%	50%	50%	50%
Denture Repair	60%	50%	50%	50%
Bridge	60%	50%	50%	50%
Orthodontia	(6)	(6)	(6)	(6)
Orthodontic Benefit	60%	50%	Not covered	Not covered
Lifetime Maximum	\$3,000	\$3,000	Not covered	Not covered
Implant Coverage	Surgical & Restorative	Surgical & Restorative	Not covered	Not covered
Sleep Apnea Appliance	60%	60%	60%	50%
Lifetime Maximum	\$3,000	\$3,000	\$3,000	\$3,000
Prevention First	Included	Included	Included	Included

Notes:

- Member and plan receive discounted contract pricing if a PPO & In-Network provider is utilized. The Non-Participating % of benefits is limited to the non-participating Maximum Plan Allowance. You will be responsible for the difference between the non-participation Maximum plan Allowance and the full fee charged by the dentist.
- Deductible does not apply to routine dentistry services.
- Sealants for permanent teeth for children through age 14 are a covered benefit on all plans as a routine dentistry service. Sealants for pre-molars are covered.
- Resin or composite filling will be covered at the same benefit as amalgam filling.
- Services received by a non-Participating dentist are reimbursed at the allowable Maximum Plan Allowance (MPA) for non-contracted dentist. Members will be responsible for the difference between the allowable fee for non-contracted provider and the billed amount. By using a Delta Dental contracted PPO or Premier provider, the member will not be balanced billed for the difference between the allowable Maximum Plan Allowance fee and the billed amount, must be written off by provider. You will see the most savings with a PPO provider.
- The deductible applies to these services. The plan will pay 60% PPO / 50% Premier & Non-Participating Dentists coinsurance for one occlusal mouth guard every 3 years to prevent grinding when services are rendered by a covered dentist. Over the counter (OTC) mouth guards are excluded under the dental plans. The coinsurance will apply towards the Annual Plan Maximum.

VISION INSURANCE

Vision coverage is offered through VSP. This plan provides coverage once per plan year for routine eye exams, frames, lenses, and contact lenses and provides other services such as preferred member pricing on contact lenses and direct delivery to the home. Please refer to the current year Plan Summary and Rate Chart and/or Vision Plan Document for more information. For the lowest cost visit a VSP provider. You can find in-network providers at [VSP](#).

NEW: \$0 exam copay and \$0 Anti-reflective lenses when you visit a Premier Edge Provider.
Visit [Search for a Premier Edge VSP Eye Doctor](#) and select All Premier Edge Locations.

Benefit	Description	Co-pay	Frequency
Well Vision Exam	Focuses on your eyes and overall wellness	\$20 or \$0 Exam at Premier Edge Provider	Every calendar year
Prescription Glasses Frames	\$175 allowance for a wide selection of frames \$225 allowance for featured frame brands \$95 allowance at Walmart/Costco 20% savings on the amount over your allowance	\$15	Every calendar year
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Standard progressive lenses Premium progressive lenses Custom progressive lenses	\$10 \$0 \$95 - \$105 \$150 - \$175	
Lens Enhancements <i>Average savings of 30% on other lens enhancements</i>	Anti-Reflective lenses \$175 allowance for contacts; co-pay does not apply	\$40 or \$0 Premier Edge Provider Up to \$60	
Contacts (Instead of glasses) You are not eligible for eyeglasses and contact lenses in the same benefit period.	Contact lens exam (fitting and evaluation)	\$0	Every calendar year
Diabetic Eyecare Plus Program	Retinal screening for members with diabetes Additional exams and services for members with glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$20 per exam	As Needed As Needed

Extra Savings:

- \$0 copay and \$0 antireflective coating if you see a Premiere Edge Provider!
- Glasses and Sunglasses Extra \$20 to spend on featured frame brands. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam.
- Retinal Screening No more than a \$39 co-pay on routine screening as an enhancement to a Well Vision Exam.
- Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

Your Coverage with Out-of-Network Providers:

Get the most out of your benefits and greater savings with a VSP network provider. Call Member Services for out-of-network plan details. Coverage with a participating retail chain may be different. Once your benefit is effective, visit [VSP](#) for details.

SPENDING ACCOUNTS

Spending accounts administered by Navia Benefit Solutions, offer a smart way to stretch your paycheck by setting aside pre-tax dollars to pay for eligible health and dependent care expenses. Each plan year (January 1 – December 31), you must elect the annual amount you want to contribute to each account.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

Employees enrolled in the Advantage Plan are eligible to receive an employer-funded Health Reimbursement Account (HRA). The annual funding level is based on your coverage tier and prorated for new enrollees during the year. Annual employer funding as of January 1:

- Employees \$500*
- Employee + All other Tiers \$750* enrollments during the year.

*These amounts are pro-rated for mid-year plan enrollments.

This account allows you to pay for certain medical, dental, and vision expenses with tax free dollars funded by the City. If you enroll in a pre-tax Flexible Spending Account (FSA) for Health Care, you must first exhaust the balance in your FSA before you can be reimbursed from your employer funded HRA. The maximum HRA balance you may accrue is \$8,000. Submit claims by March 31 of the following plan year.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

A Flexible Spending Account (FSA) for Health Care allows you to allocate money on a pre-tax basis to reimburse yourself for qualified medical, dental, and vision expenses for you and your family. Qualified expenses include co-pays, deductibles, prescriptions, and much more. You may rollover unused monies into the following year, with a maximum allowed per IRS regulations (see below).

An FSA for Dependent Care allows you to allocate money on a pre-tax basis to reimburse yourself for dependent care services. There is a “use it or lose it” rule with FSA for Dependent Care meaning that, any contributions remaining in your account that cannot be applied toward current year dependent care expenses are not refundable.

	Health Care FSA	Dependent Care FSA
Eligibility	Eligible employees who are not enrolled in an HSA on their spouse’s insurance	All eligible employees
Annual Contribution	Minimum of \$120 up to \$3,050	Up to \$5,000 (\$2,500 if married and filing separately)
Eligible Expenses	Visit NaviaBenefits.com for a complete list	Care for children aged 12 and under, disabled children and dependent adults
Availability of Funds	The full annual amount you elect is available on your plan effective date	You can be reimbursed up to the amount you have contributed
Payment or Reimbursement Options	Debit card or reimbursement	Debit card or reimbursement
Rollover Amount	Up to \$610 (adjusted for inflation), of unused funds	Unused funds do not rollover
Service Deadline	Services must be incurred by 12/31/2024	Services must be incurred by 12/31/2024
Submission Deadline for Reimbursement	Claims must be submitted by 3/31/2025	Claims must be submitted by 3/31/2025

LIFE INSURANCE

Life insurance offers financial protection for you and your loved ones when experiencing loss through death. You are provided Basic Life and Accidental Death and Dismemberment (AD&D) coverage by the City at no extra cost and can enroll in supplemental Voluntary Term Life Insurance for yourself and dependents through The Hartford.

New: Line of Duty benefit for Sworn employees includes an additional \$50,000 death benefit.

Basic Life and AD&D = 1.5 X Annual Employee Salary (Imputed income applies for benefit greater than \$50K)

Voluntary Term Life Insurance (VTL)

- **New:** increased Guaranteed Issued Amount for employees is now \$300,000.
- Voluntary Term Life (VTL) Insurance can be purchased for yourself, spouse, and/or child(ren). Coverage is available in increments of \$25,000 for yourself and spouse and \$5,000 for your child(ren).
- No person may be insured as a dependent of more than one active employee under the policy. Portable and convertible coverage available.
- Tobacco rates apply for employee coverage. Must be tobacco-free for one year for non-tobacco user rate.

Insured	Minimum	Maximum	Guarantee Issue
Employee	\$ 25,000	\$ 500,000*	\$ 300,000
Spouse	\$ 25,000	\$ 250,000	\$ 50,000
Child(ren)	\$ 5,000	\$ 25,000	\$ 25,000

You May not elect more than 10 times your annual salary.

Evidence of Insurability (EOI) is required for employee coverage greater than \$300,000 and for any new spouse coverage during Open Enrollment. For spouse coverage, you may increase VTL coverage by one increment up to Guarantee Issue without an EOI. Spouse coverage cannot be greater than employee coverage.

VTL Rate Structure Employee and Spouse

Age Bracket	Non-Tobacco User Per \$1,000	Tobacco User Per \$1,000
Under 30	.04	.07
30-34	.06	.10
35-39	.07	.11
40-44	.08	.15
45-49	.11	.23
50-54	.17	.34
55-59	.32	.57
60-64	.50	.83
65-69	.97	1.37
70-74	1.64	2.79
Over 74	2.06	2.85

Desired Coverage Amount... \$150,000

Age on January 1st ... 35
 Smoking Status ... Non-Tobacco User
 $\$150,000 / 1,000 = 150$
 $150 \times .07 = \$10.50/\text{Month}$
 $\$10.50/\text{Month} / 2 = \$5.25 \text{ Semi-monthly cost} = \5.25

DISABILITY INSURANCE

If you experience an injury or illness that prevents you from working, The Hartford disability insurance provides partial income replacement to assist you financially. All benefit eligible employees may enroll in voluntary disability insurance. Premiums are determined by Class (1,2,3, or 4), age, salary, and disability plan(s) elected. Disability Class is determined by PERA or FPPA eligibility status.

SHORT-TERM DISABILITY (STD)

Short-Term Disability coverage provides you with partial income replacement if you are unable to work due to an illness, including pregnancy, or injury that is non-work related.

- Maximum weekly Gross Benefit is \$1,500
- Percent of Earnings 60%
- Waiting Period 7 Days

*If vested with PERA (5 service years), including prior employment, you should notify the HR Solutions Center.

- Maximum Benefit Duration Class 1, 3, & 4: 25 Weeks and Class 2: 8 Weeks

*If vested with PERA (5 service years), including prior employment, you should notify the HR Solutions Center.

Cost Example:

- Annual Base Salary \$45,000
- Retirement Plan FPPA, Class 3
- Age: 45

Equation with information list in the cost example.

- Take \$45,000/52 weeks = \$865.39
- \$865.39 x 60% = \$519.23
- \$519.23 divided by \$10 = \$51.92
- \$51.92 X age 45 rate which is .126 = \$6.54
- \$6.54/2 = \$3.27
- Semi -Monthly cost \$3.27

Age Bracket	Civilian & Sworn Employees (Classes 1, 3 & 4)	Civilian PERA Vested/DB (Class 2)
.094	.094	.044
25 – 29	.094	.045
30 – 34	.084	.045
35 – 39	.094	.052
40 – 44	.105	.056
45 – 49	.126	.068
50 – 54	.147	.080
55 – 59	.188	.094
60 – 64	.230	.100
65 Plus	.230	.100

LONG-TERM DISABILITY (LTD)

Long-Term Disability coverage provides you with partial income replacement if you are unable to work for an extended period due to an illness or injury.

- Maximum Monthly Gross Benefit is \$7,500
- Percent of Earnings 66.7%
- Waiting Period 180 Days
- Maximum Benefit Duration varies

Cost Example:

- Annual Base Salary \$45,000
- Retirement Plan FPPA, Class 3
- Age: 45

- \$3,750 divided by 100 = \$37.50
- \$37.50 X age 45 rate which is .683 = \$25.61
- \$25.61/2 = \$12.80
- Semi -Monthly cost \$12.50

Age Bracket	Civilian Employees (Classes 1 & 4)	Civilian PERA Vested/DB (Class 2)	Sworn Employees (Class 3)
18 – 24	.118	.036	.082
25 – 29	.144	.047	.108
30 – 34	.210	.082	.160
35 – 39	.288	.113	.241
40 – 44	.575	.196	.390
45 – 49	.930	.349	.683
50 – 54	1.213	.534	1.074
55 – 59	1.336	.637	1.290
60 – 64	1.218	.611	1.203
65 Plus	1.218	.611	1.203

Equation with information list in the cost example.

- Take \$45,000/12 Months = \$3,750

Different classes under STD and LTD and Examples

- Class 1: PERA Defined Benefit, Not vested in PERA
 - Example: Brett joined the City of Colorado Springs as a Police Service Representative in 2021.
 - Brett is enrolled in the PERA Defined Benefit Plan but is not vested under PERA.
 - Brett's premiums are calculated using Class 1 disability rates.
- Class 2: PERA Defined Benefit, vested
 - Tammy joined the Accounting team in 2008.
 - Tammy is enrolled and vested in the PERA Defined Benefit Plan.
 - Tammy's premiums are calculated using Class 2 disability rates.
- Class 3: Sworn, covered under FPPA
 - John joined the City as a Firefighter in 2021.
 - John is a member of the FPPA.
 - John's premiums are calculated using Class 3 disability rates.
- Class 4: PERA Defined Contribution (DC)
 - Lilly joined the City in 2023 and works in Public Works.
 - Lilly is enrolled in the PERA Defined Contribution Plan.
 - Lilly's premiums are calculated using Class 5 disability rates.

LONG-TERM CARE INSURANCE

UNUM's voluntary Long-Term Care (LTC) Insurance offers peace of mind and financial assistance to support you, your spouse, parents, or grandparents during a major life event that limits one's ability to perform at least two activities of daily living: eating, bathing, continence, dressing, toileting, and transferring.

Various coverage options are available and include optional inflation protection. Your premium depends on the insured's age when entering the plan, the plan elected, and if you elect the inflation protection option

LTC provides benefits to help you pay for care and facilities associated with:

- Home Health
- Alzheimer's
- Homemaker Services
- Nursing
- Hospice
- Personal Care
- Respite Care
- Residential
- Rehabilitation

To enroll in coverage, visit [UNUM](#), Fax, email, or mail your enrollment to the address on the form. If you have questions about your coverage, please contact UNUM Customer Service.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

This FREE and confidential program through Profile EAP is available to all benefits-eligible employees and their eligible dependents. EAP is a professional and completely confidential counseling service designed to help employees and dependents resolve personal and/or work-related issues. EAP provides up to six (6) counseling visits for each problem area, each year, at no charge. Participation in a City medical plan may help cover additional treatment if needed.

YOUR EAP PROVIDES SPECIALIZED SERVICES COUNSELING BENEFITS:

- **COUNSELING BENEFITS:** Licensed, professional counselors to support with relationship issues, family concerns, grief, stress, depression, or anxiety, substance abuse, and workplace difficulties.
- **24/7 CRISIS SERVICE:** Individual or group support with crisis situations, available 24 hours a day.
- **DEPRESSION CARE PROGRAM AND SLEEP CARE PROGRAM:** Support with exhaustion, sense of emptiness, loss of interest, trouble sleeping, and changes to mood or appetite.
- **LIFE CYCLE SERVICES:** Online platform to support a wide array of work and life topics (child/elder care, finances, legal, and so much more) of interest to you and your family. Contact a Life Expert for additional support.

Visit: [Profile EAP](#), Company Code: COSPGS

FACE IT TOGETHER

Face It TOGETHER provides all benefit-eligible employees and their dependents access to free, confidential peer coaching. Peer coaches have lived experience with alcohol and other drugs – either personally or as impacted loved ones. There’s no judgment because they know how it feels. Coaches provide professional, compassionate care at no cost to participants. All services are kept private and adaptable to your individual or family needs. Sobriety isn’t required and support is non-clinical. Your coach is your wellness partner, providing knowledge, support, and practical tools or accountability – depending on your needs. Flexible, personalized approach means that you get the support you need in a way that is convenient to your schedule.

RETIREMENT

CIVILIAN PERACHOICE

City civilian employees and elected officials are members of the State of Colorado pension system administered under State law by the Public Employees’ Retirement Association (PERA) in lieu of Social Security. Participation is mandatory for eligible employees and employees currently contribute 9% of PERA-includable salary to their account. The City’s contribution for 2024 will be 14.78% (to include amortization Equalization Disbursement (AED) & Supplemental Amortization Equalization Disbursement (SAED) of the same earnings to the local government division. Employees hired after December 31, 2018, have the PERAChoice option and can choose to be part of the PERA Defined Benefit (DB) Plan or the Defined Contribution (DC) Plan.

DEFINED BENEFIT (DB) PLAN

The PERA DB Plan is a hybrid defined benefit plan. It is designed to attract and retain employees who are interested in working in PERA-covered employment for a large part of their careers, while providing greater portability than a traditional defined benefit plan.

The PERA DB Plan offers a lifetime retirement benefit after meeting age and service requirements and is sometimes referred to as a pension.

DEFINED CONTRIBUTION (DC) PLAN

The PERA DC Plan is based on the money you have contributed, and the investment earnings or losses incurred, minus expenses. The PERA DC Plan may be attractive if working in PERA- covered employment for only a small portion of a career.

The amount of your retirement benefit depends on the success of your investment decisions, when you begin withdrawals, and your life expectancy - you bear the risk of outliving your investments.

SWORN FIRE AND POLICE EMPLOYEES

All Sworn (Fire and Police) employees hired after 2006 are part of the FPPA Statewide Defined Benefit (SWDB) Plan through the Fire and Police Pension Association (FPPA) of Colorado in lieu of Social Security. Participation is mandatory for eligible employees. To fund future pension benefits, employees contribute 12% of FPPA-includable salary and the City contributes 10% of the same earnings. These contribution rates are as of January 1, 2024.

The following types of retirement are available under the SWDB plan: normal, early, vested or deferred. If a member terminates service before retirement eligibility, the member may qualify for a refund of contributions. Additional information about FPPA benefits is available through FPPA.

MISSIONSQUARE RETIREMENT

In addition to your PERA and FPPA retirement benefits, all City employees are eligible to participate in the voluntary 457 Deferred Compensation Plan, Roth 457, and/or Roth IRA.

457 DEFERRED COMPENSATION PLAN

The City of Colorado Springs encourages all employees to actively participate in their retirement planning. New Hire paperwork includes automatic enrollment at a rate of 3% into the 457 Deferred Compensation Plan. Participation in this plan is not mandatory and employees may opt-out at any time. Additionally, employees may enroll or make changes to their retirement contribution anytime throughout the year.

- Automatic 3% enrollment at hire
- All employees can participate
- Less restrictive than a 401(k)
- Diversified Investment Options Tax- Deferred Contributions

ROTH IRA

Employees have an additional retirement savings option by investing in a Roth IRA. Roth IRA contributions can start anytime with any dollar amount and contributions are withheld directly from your paycheck as an after-tax deduction. Investment earnings are tax-free at the time of distribution and are accessible anytime, usually without penalty.

ROTH 457

Employees also can participate in a Roth 457 plan through MissionSquare in place of a traditional 457 plan. In a traditional 457 plan, participants can make pre-tax contributions that are then taxed along with the earnings in retirement. Roth 457 contributions differ because they are made after-tax and are not taxed when the assets are withdrawn. Earnings may also be withdrawn tax-free if certain criteria are met.

EMPLOYEE PERKS

VACATION BUY

Benefits eligible employees may purchase up to 40 hours of vacation time pre-tax, based upon their hourly rate of pay on January 1 of each benefit year. Vacation Buy can only be elected during Open Enrollment, Qualifying Life Event, or when newly hired with the City. Full-time employees may purchase Vacation Buy in one-hour increments and the minimum purchase amount is eight (8) hours. Vacation Buy is calculated by multiplying the number of hours purchased by your hourly rate and then divided by 24 (the amount of benefit deducted paychecks in the year). Vacation Buy purchased by new employees during the year use the remaining number of paychecks (2 per month) during the year. Vacation Buy hours purchased are available on January 1 or upon election at the time of hire and must be repaid if the employee uses Vacation Buy hours and then separates employment before those hours are paid for. Any unused Vacation Buy is paid back to employees annually in December. Unused Vacation Buy hours do not roll over into the next year.

TUITION ASSISTANCE

The City of Colorado Springs educational assistance program provides financial support for job-related coursework. Regular employees are eligible to receive tuition reimbursement for up to two (2) classes per semester for undergraduate or graduate coursework. Visit the Organizational Development Intranet Site for more information.

PAID TIME OFF

The City offers work-life balance through its paid time off benefits, which includes vacation leave, sick leave, a personal day, and holidays. Information on paid time off accruals and personal day eligibility are detailed in the Civilian and Sworn Policies and Procedure Manuals (PPM).

City recognized holidays for 2024 are:

- New Year's Day (01/01/2024)
- Martin Luther King, Jr. Day (01/15/2024)
- President's Day (02/19/2024)
- Memorial Day (05/27/2024)
- Juneteenth (06/19/2024)
- Independence Day (07/04/2024)
- Labor Day (09/02/2024)
- Veteran's Day (11/11/2024)
- Thanksgiving Day (11/28/2024)
- Day after Thanksgiving (11/29/2024)
- Christmas Eve (Civilian only) (12/24/2024)
- Christmas Day (12/25/2024)

Civilian employee: All benefit-eligible employees, non-shift civilian employees, will receive 8 hours of paid holiday time on observed holidays, and one 8-hour personal day each year after six (6) months of employment.

Sworn and shift employees: Please refer to the appropriate Policies & Procedures Manual for details on how holidays and personal days are paid.

VACATION BUY, PAID TIME OFF, TUITION ASSISTANCE

Nationwide

Pet insurance is available for dogs, cats, birds, and exotic pets. Plans include coverage for your pet's injuries and illnesses. Extra features include access 24/7 to a veterinary professional, emergency boarding, lost pet assistance, and multi-pet discounts.

Call (877) 738-7874 or visit: [Nationwide Pet Insurance](#)

UCCS Programs

We have partnered with UCCS to bring you a variety of opportunities for wellness. Benefit-eligible employees and their spouses can participate in up to 16 UCCS personal training and/or 4 cooking classes per year at no cost. In addition, you can participate in unlimited group fitness classes and wellness workshops at no cost.

Email cityinfo@uccs.edu for additional information.

Parking System Enterprises

City employees are eligible to receive a discounted monthly parking card once they obtain a parking space if they park at one of the City parking garages.

There are three (3) parking garages:

One is located on the southwest corner of Nevada and Colorado Avenues (130 North Nevada) across the street from the City Administration Building; another is located near the current downtown City bus station at 127 East Kiowa Avenue; the third is located at 201 North Cascade

Tickets at Work

Exclusive discounts, special offers, and preferred seating to top attractions, travel, shopping, tickets and so much more...

Visit: Ticketsatwork.com Company Code: coloradosprings

Mountain Metropolitan Transit

City employees, on City business, can ride FREE. Simply show your City ID badge. City employees also receive generous discounts on bus passes. A bus pass can be purchased at the Transit Administration Office, 1015 Transit Drive, or through interoffice mail at MC 1449.

Call Transit Services at (719) 385-5974 or email transitinfo@coloradosprings.gov for additional information.

Note: Discounted bus passes are only available to employees who are not receiving a discounted parking card.

Gym Discounts

We are currently partnered with VASA, Orangetheory, 9 Round, Barre Forte, YogaShield, Blitz45, Anytime Fitness, LesMills on Demand, Progressive Fitness, Corepower Yoga, Planet Fitness, and Yogashield to provide discounts on gym memberships to all City employees.

Broadmoor World Arena and Pikes Peak Theater

For discounted tickets and special offers for City of Colorado Springs Employees.

Visit [Broadmoor World Arena](#) Promo Code: Community 24 or Call (719) 477-2102 when purchasing 10+ tickets.

Additional discounts for Microsoft products, cell phone services, and more are available. Visit the Employee Perks section of the Benefits and Wellness intranet for more information. Work Life Balance, including gym discounts, are subject to change at any time and without notice.

DISCLAIMER OF ENDORSEMENT

Reference to any specific product or service on this section does not constitute an implied or express recommendation, endorsement, or favoring by the City of Colorado Springs or its enterprises. Certain links lead to information and resources on servers maintained by third parties and are provided as a convenience only. Neither the City of Colorado Springs nor its enterprises have control over these outside vendors or their websites and are, therefore, not responsible, or legally liable for their web content or product or service offerings.

FAQs & HELPFUL REMINDERS

Will I receive a Medical ID card? Yes! You will receive a unique medical member ID number and medical insurance card. If a medical ID card is not received, or to request a replacement or additional medical ID card(s), contact AmeriBen. Be sure to share your member ID card with your providers. To request a replacement or additional medical ID cards, contact AmeriBen at (866) 955-1482. You may also view your medical ID card on [My AmeriBen](#) or mobile app.

Will I receive a Prescription ID card? Yes! You will receive prescription member ID card with the same medical ID number. If a prescription ID card is not received, or to request a replacement or additional prescription ID cards, Contact Maxor Plus. To request a replacement or additional prescription cards contact MaxorPlus at (806) 324-5430. You may also view your prescription ID card on [MaxorPlus](#) or mobile app.

Will I receive a Dental ID card? Yes! You will receive Delta Dental ID cards. Members can also access their dental ID card through the Delta Dental of Colorado online member portal [Delta Dental](#) or the mobile app. When you visit your dental provider, provide your 6-digit employee ID with three leading zeros (five if Swom) in place of

your social security number. (Example of 9-digit ID: 000XXXXXX)

Will I receive a Vision ID card? No - VSP does not issue vision ID cards. You may view your member ID card on the VSP member portal [VSP](#) or mobile app.

When you visit your vision provider, provide your 6-digit employee ID number with three leading zeros (five if Swom) in place of your social security number. (Example of 9- digit ID: 000XXXXXX)

How do I access ZERO Health and receive \$0 plan member cost for select services? Contact ZERO Health at (855) 816-0001, [ZERO Health](#) , or email at help@zero.health. You MUST contact ZERO Health PRIOR to receiving care to have your plan member responsibility of \$0 for the service(s) rendered.

How do I access Hinge Health and receive \$0 plan member cost for select services? Contact Hinge Health at (855) 902-2777.

Will member co-pays apply towards my annual deductible and out-of-pocket maximum? Member co-pays do not apply towards your annual deductible; however, co-pays do apply towards your out-of- pocket maximum. This includes prescription and

CEMC co-pays.

How do I find out information about the tobacco premium surcharge? Refer to the Tobacco Surcharge FAQ, available on the Benefits and Wellness, Medical Intranet page.

What can be treated through Teladoc?

- General Medicine
- Cold & flu symptoms
- Stress
- Allergies
- Addiction
- Bronchitis
- Anxiety
- Respiratory Infection
- Depression
- Tobacco cessation
- Behavioral Health

Covered medical plan members have access to Teladoc services at \$0 member co-pay. The above list of services is for illustrations, and additional services may be available.

Who is the Health Reimbursement Account (HRA) and Flexible Spending Account (FSA) Administrator for 2024? Navia Benefit Solutions (Navia) is our current provider.

How do I get reimbursed from my HRA and FSA? You may submit claims to Navia via mail, fax, mobile app, or online.

What is the timeline to request reimbursement for my HRA and FSAs (Claim Run-Out Period)? The HRA and FSAs are administered per plan year. Participants can request reimbursement through the claim run-out period for services incurred January 1 – December 31. The claim run-out period is 90 days, or January 1 – March 31, of the following year. Claims for 2024, therefore, must be submitted for reimbursement by March 31, 2025.

How quickly will I receive my FSA or HRA reimbursements? Claims are processed daily. If you set up a direct deposit with Navia, you will receive your money faster than if they need

to mail a check to your home. Visit the Navia Benefits member portal to set up your direct deposit.

Debit cards are also available for immediate use.

What is an eligible expense for the HRA and Health Care FSA? Most allowable medical expenses include co-pays for services or prescriptions, deductible payments, dental work, frames, contact lenses, over-the-counter medication, personal protection equipment (PPE), feminine products, sunscreen and more. Contact Navia for more information.

Who is eligible for the HRA? All employees who enroll in the Advantage Plan will be covered under the HRA unless they elect to opt out of the HRA benefit. Each year the employer will contribute (tax free) \$500 if enrolled in employee only coverage and \$750 if enrolled in any other coverage tier. These amounts are pro-rated for new plan enrollments during the year.

What is an eligible expense for the HRA and Health Care FSA? Most allowable medical expenses include co-pays for services or prescriptions, deductible payments, dental work, frames, contact lenses, over-the-counter medication, personal protection equipment (PPE), feminine products, sunscreen and more. Contact Navia for more information.

Who is eligible for the HRA? All employees who enroll in the Advantage Plan will be covered under the HRA unless they elect to opt out of the HRA benefit. Each year the employer will contribute (tax free) \$500 if enrolled in employee only coverage and \$750 if enrolled in any other coverage tier. These amounts are pro-rated for new plan enrollments during the year.

How does the HRA interact with my Health Care FSA? If you are enrolled in the Health Care FSA, claims will be paid from the FSA first

and then any remainder paid from the HRA.

Note: You cannot change this order of payment.

Will I receive a debit card automatically if I have an HRA or FSA? Yes. Navia will automatically send a debit card to HRA and Health Care FSA participants. Debit cards are also available for Dependent Care FSA participants, upon request through Navia. You can access your HRA, and FSAs using one, convenient debit card. To request additional or replacement debit cards free of charge, contact Navia.

If you currently have a debit card, please keep this card for use in 2024.

Will I have to provide documentation when I use my debit card? You might. If documentation is required to substantiate your claim, you will need to submit the documentation to Navia as soon as possible to avoid suspension of your debit card.

What happens if I do not provide substantiation for debit card transactions? Your debit card will be deactivated, and the amount becomes taxable income to you. Always remember to submit proper documentation when required to substantiate your claims to Navia via fax, mobile app, mail, or online.

HELPFUL REMINDERS

Benefits Information

Learn all about your benefits by visiting the Benefits and Wellness Intranet page. Let us help!

If you need help with your benefits, please contact the HR Solutions Center at: (719) 385-5125 or HR@coloradosprings.gov.

Coordination of Benefits

You must submit your Coordination of Benefits form to AmeriBen on an annual basis. You may complete the COB form and mail to AmeriBen, call the customer care center at (866) 955-1482 or log into [My AmeriBen](#) to update your information. **Debit Card Documentation**

Debit Card Documentation

If you are required to provide documentation that a debit card was used for an eligible reimbursable expense – be sure to follow through. Otherwise, your card will be deactivated, and the expenses will be considered taxable to you.

Health Reimbursement Account (HRA)

Your entire Health Reimbursement Account (HRA) balance (up to a max of \$8,000) will carry over each year as long as you remain enrolled in the Advantage plan. Remember to submit for 2024 expenses by March 31, 2025. If you submit for a reimbursement from your HRA for a dependent, you will need to certify that the dependent is covered by a group health plan.

Over-the-Counter Medications

Want to save money on your over-the-counter medications? The City Employee Pharmacy offers a wide variety of items at a great discount. Over-the-counter medications are reimbursable under the HRA and Health Care FSA and are available to all employees.

HEALTHCARE REFORM

The Patient Protection and Affordable Care Act (commonly referred to as ACA or Health Care Reform) is a federal law passed in March of 2010 with the goal of improving the availability, affordability, and quality of health care coverage in the United States. In its current form, the law has produced a steady stream of regulations and guidance by federal agencies charged with clarifying employer requirements under the law. As your employer, we continue to implement provisions to comply with the requirements of the health care reform law.

HEALTH CARE REFORM FAQs

Am I required to have health insurance? Health Care Reform required most U.S. citizens and legal immigrants to have a basic level of health coverage (called “minimum essential coverage”) starting January 1, 2014, or else face a tax penalty. This requirement under the law is called the individual mandate. In December 2017, Congress passed a new law (the Tax Cuts and Jobs Act) that reduced the individual mandate penalty to zero starting in 2019. This means that starting in 2019, there is no longer a federal individual mandate penalty for failure to maintain medical plan coverage.

What is the Health Insurance Marketplace? The Marketplace is comprised of state and federal run websites (called Exchanges) where people can compare and buy individual policies for health care coverage. Plans on the Marketplace may also be eligible for a tax credit that lowers monthly premiums. Anyone can purchase coverage through the Marketplace and the plans may not deny coverage to those with pre-existing medical conditions. However, if you have coverage through the City, you may not qualify for a premium tax credit or other savings. In Colorado, our Marketplace is called “Connect for Health Colorado” where coverage can be purchased available at [connect for health](#). The federal Marketplace website is [health care](#). People may only enroll in a Health Insurance Marketplace during the Marketplace’s open enrollment period or if they have a special enrollment event permitted by the Marketplace.

What if I do not have any health care coverage in 2024? In December 2017, Congress passed a law (the Tax Cuts and Jobs Act) that reduced the federal Individual Mandate penalty to zero starting in 2019. This means that starting in 2019 there is no longer a federal individual mandate penalty for failure to maintain medical plan coverage. Note that if you are a resident of the District of Columbia or certain states, such as Massachusetts, New Jersey, California, Rhode Island, or Vermont, you may be subject to a state income tax penalty if you fail to maintain medical plan coverage that meets that state’s minimum coverage requirements. Currently, Colorado has not adopted any form of a state individual mandate penalty.

NON-GRANDFATHER STATUS

The City medical plan is a “non-grandfathered” health care plan under the Patient Protection and Affordable Care Act (Health Care Reform). Being a non-grandfathered plan means the plan must comply with certain consumer protections, as outlined under Health Care Reform, which have been incorporated within this document. Questions regarding these Health Care Reform provisions can be directed to the HR Solutions Center, or you may contact the U.S. Department of Health and Human Services at [health care](#).

NOTICES

Notices are available on [Colorado Springs](#) for you to review during anytime.

You have the right to request and receive a paper copy of documents that have been provided electronically. You may obtain these copies free of charge by contacting HR Solutions Center, at (719) 385-5125 or HR@coloradosprings.gov.

Please visit [Colorado Spring total rewards notices](#) to review all notices listed below:

IMPORTANT REMINDER TO PROVIDE THE PLAN WITH THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) - Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year.

PRIVACY NOTICE REMINDER - The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules.

AVAILABILITY OF SUMMARY OF BENEFIT AND COVERAGE (SBC) DOCUMENTS - The health benefits available to you represent a significant component of your compensation package.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTIFICATION - This act requires health plans to provide coverage for reconstructive surgery and related services that may follow a mastectomy.

HIPAA SPECIAL ENROLLMENT NOTICE - After the open enrollment period is completed, (or, if you are a new hire, after your initial enrollment election period is over), generally you will not be allowed to change your benefit elections or add/delete dependents until next years' open enrollment, unless you have a Special Enrollment Event, or a Mid-year Permitted Election Change Event.

NOTICE OF NEWBORN & MOTHERS HEALTH PROTECTION ACT - The Plan 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.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION - It describes how medical information about you may be used and disclosed and how you can get access to this information.

PATIENT PROTECTION RIGHTS OF THE AFFORDABLE CARE ACT – Designation of a Primary Care Provider (PCP). The medical plans offered by the City of Colorado Springs do not require you to select a primary care physician (PCP). You do not need prior authorization (pre-approval) from the Plan, the Claims Administrator, or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological (OB/ GYN) care from a health care professional in the network who specializes in obstetrics and/or gynecology.

NOTICES REGARDING THE “REACH YOUR PEAK” EMPLOYEE WELLNESS PROGRAM – Describes the voluntary wellness program available to all City of Colorado Springs employees enrolled in the medical plan.

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE - This notice has information about your current prescription drug coverage with the City of Colorado Springs and about your options under Medicare's prescription drug coverage.

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS - When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you should not be charged more than your plan's copays, coinsurance and/or deductible.

PAID FAMILI MEDICAL LEAVE INSURANCE - The City of Colorado Springs ("City") has decided NOT to participate in the Colorado FAMILI program, per a vote of our governing body on September 27, 2022. This notice explains how the vote affects City employees' rights and benefits. You can learn more about the FAMILI program by contacting the Division at CDLE_FAMILI_info@state.co.us or by visiting [Colorado FAMILI](#).

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, using funds from their Medicaid or CHIP programs.