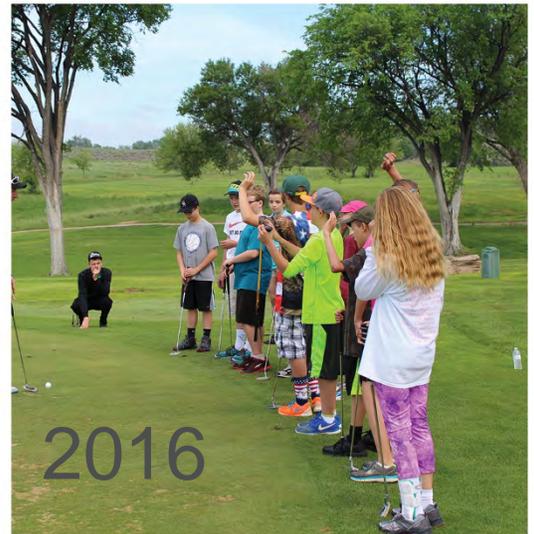




YOUR EMPLOYEE BENEFITS





“Employees working 30 hours a week or more are eligible for benefits”

ELIGIBILITY

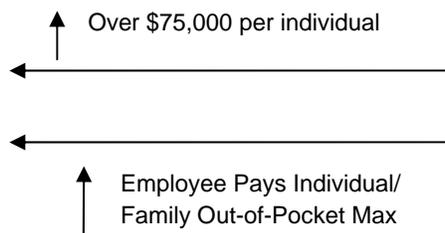
If you are an employee working 30 hours a week or more, you are eligible for all benefits outlined in this summary. For Medical, Dental and Voluntary Life coverage, eligible employees may elect to cover a spouse and/or children who are under 26 years of age, unless the dependent has access to employer-based coverage. All benefits are effective the first day of the month following your date of hire.

WHAT DOES “PARTIALLY SELF-FUNDED” MEAN?

The city’s medical plan is partially self-funded. This allows the city to budget for the smaller predictable claims while protecting against the unpredictable catastrophic claims through the purchase of stop-loss coverage. By doing so, the city assumes all the risk for providing health care benefits to its employees by paying employee health care claims out of the city’s own pocket as the claims are incurred, up to the stop-loss limits.

WHO IS RESPONSIBLE FOR OUR MEDICAL/RX CLAIMS?

STOP LOSS PROVIDER	
City Pays – Medical & Rx Claims up to \$75,000 per individual	
Deductible	Coinsurance
Physician Office or Rx Copays	



MEDICAL

The City of Fort Morgan's medical plan offers great flexibility in managing care for you and your family. As part of your benefits package, the city gives you the option of choosing from three different medical plans. The health plan utilizes Cigna's PPO network. This network utilizes doctors and hospitals who have agreed to provide services at discounted rates. Once enrolled, you may visit their website to access claims payments, physician directories, ID cards, and to inquire about eligibility. You may also call the member service phone number listed in the Contact List at the back of this brochure. The charts are shown to help you understand and compare your medical benefit options.

CYPRESS with CIGNA PPO NETWORK

EFFECTIVE DATE: 1/1/2016-12/31/2016

	PPO BASE PLAN		PPO BUY UP PLAN		HDHP/HSA	
	In Network	Non Network	In Network	Non Network	In Network	Non Network
Calendar Year Deductible	\$750 Employee; \$1,500 Employee Plus One Dependent \$2,250 Employee Plus Two or More Dependents.	\$1,000 Employee; \$2,000 Employee Plus One Dependent \$3,000 Employee Plus Two or More Dependents.	\$250 Employee; \$500 Employee Plus One Dependent \$750 Employee Plus Two or More Dependents.	\$500 Employee; \$1,000 Employee Plus One Dependent \$1,500 Employee Plus Two or More Dependents.	\$2,000 Employee; \$4,000 Employee Plus One or more Dependent	\$4,000 Employee; \$8,000 Employee Plus One or more Dependent
Employee Coinsurance (Plan Pays / You Pay)	80% / 20%	60% / 40%	90% / 10%	70% / 30%	90% / 10%	60% / 40%
Calendar Year Out-of-Pocket Max (includes deductible & all copay's)	\$3,500 Employee \$7,000 Employee Plus Dependents	\$6,000 Employee \$10,000 Employee Plus Dependents	\$2,500 Employee \$5,000 Employee Plus Dependents	\$5,000 Employee \$10,000 Employee Plus Dependents	\$3,000 Employee \$6,000 Employee Plus Dependents	\$6,000 Employee \$12,000 Employee Plus Dependents
Physician Office Visit	\$20 Copay	Deductible and Coinsurance	\$15 Copay	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Specialist Office Visit	\$20 Copay	Deductible and Coinsurance	\$15 Copay	Deductible & Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Preventive Care	100% Covered	Deductible and Coinsurance	100% Covered	Deductible and Coinsurance	100% Covered	Deductible and Coinsurance
Inpatient Hospital	Deductible and Coinsurance	\$500 Copay; Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Hospital	Deductible and Coinsurance	\$250 Copay; Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Emergency Room	\$500 Copay		\$250 Copay		Deductible and Coinsurance	
Urgent Care	\$50 Copay	Deductible and Coinsurance	\$50 Copay	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance

PRESCRIPTION DRUGS

All Plans Medicare Part D Creditable Coverage

Tier 1	\$15 Copay	Not Covered	\$10 Copay	Not Covered	Deductible and Coinsurance	Not Covered
Tier 2	\$30 Copay	Not Covered	\$20 Copay	Not Covered	Deductible and Coinsurance	Not Covered
Tier 3	\$50 Copay	Not Covered	\$30 Copay	Not Covered	Deductible and Coinsurance	Not Covered

CONTRIBUTIONS

	MONTHLY	MONTHLY	MONTHLY
Employee Only	Free + Wellness	\$110.00 + Wellness	Free + Wellness
Employee + 1	\$93.50 + Wellness	\$165.00 + Wellness	Free + Wellness
Family	\$137.50 + Wellness	\$253.00 + Wellness	Free + Wellness

DENTAL

Staying healthy includes obtaining quality dental care for you and your family. The city's dental plan is provided through Guardian, which includes an extensive network of providers and offers flexibility based upon where you choose to access care. You may also call the member service phone number listed in the Contact List at the back of this brochure. The chart below provides a summary of the dental benefits offered.

Please review the full Dental Plan Summary for additional details on covered services.

VISION

Eye care is an important part of overall health. City employees have the ability to purchase vision insurance through VSP (Vision Service Plan). The vision insurance covers exams, lenses, frames and contacts. **The vision plan also contains discounts for materials and services above and beyond those outlined in the chart below.**

Please see the complete Vision Plan Summary for more details.

GUARDIAN

EFFECTIVE DATE: 1/1/2016-12/31/2016

	DENTAL PPO	
	In Network	Non Network
Calendar Year Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Calendar Year Maximum Benefit	\$1,500	\$1,500
Preventive Care	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontic Treatment	50%	50%
Orthodontic Lifetime Maximum	\$1,500	\$1,500

CONTRIBUTIONS

MONTHLY

Employee Only	0.00
Employee + 1	\$42.44
Family	\$85.24

VSP

EFFECTIVE DATE: 1/1/2016-12/31/2016

	VOLUNTARY VISION PLAN	
	In Network	Non Network
Eye Exam	\$10 Copay (Once every 12 Months)	Up to \$35 Reimbursed
Prescription Glasses	\$25 Copay (Once every 12 Months)	Up to \$55 Reimbursed based on type of lense
Frames	\$25 Copay (Once every 12 Months up to \$130 Allowance)	Up to \$45 Reimbursed
Contact Lenses	No Copay (Once every 12 Months up to \$130 Allowance)	Up to \$105 Reimbursed

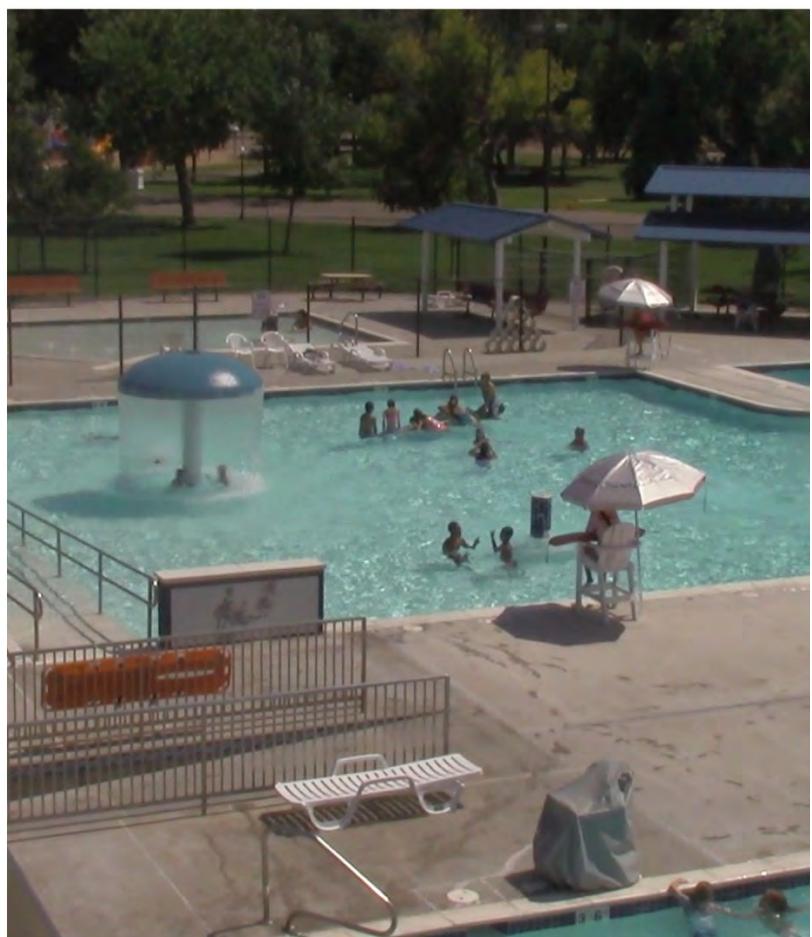
CONTRIBUTIONS

MONTHLY

Employee Only	\$12.61
Employee + 1	\$20.18
Employee + Children	\$20.60
Family	\$33.21



Be a smart health care consumer!



CHANGE IN FAMILY STATUS

All benefit selections are binding except in the event you have a “change in family status”. 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
- Unpaid leave of absence of employee or spouse
- Reduction or Increase in hours worked from Part Time to Full Time
- Change in residence that affects eligibility

FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars from each paycheck to pay for out-of-pocket healthcare and dependent care expenses. Each year, you can contribute up to \$2,550. Then, you draw on your contributions throughout the year to pay for eligible expenses. If you participate in the Health Savings Account (HSA) you may still participate in a limited purpose FSA for expenses related to dental or vision.

Dependent Care expenses can also be paid through a Flexible Benefits Dependent Care Account. Each year you can elect to redirect up to \$2,500 if you are married filing a separate return or up to \$5,000 if you are single or married filing a joint return.

Deadline to incur claims is March 15th, 2017

Deadline to submit claims is March 31st, 2017.

BASIC LIFE/AD&D

Life insurance is an important part of your financial well-being, especially if others depend on you for support. The City of Fort Morgan provides Basic Life and Accidental Death & Dismemberment (AD&D) coverage in the amount of 1.5 times your annual salary at no cost to you through Lincoln Financial. AD&D insurance provides additional benefits to you and your beneficiary if, due to an accident, you suffer loss of life or limb.

LINCOLN FINANCIAL

LIFE AND AD&D

Life Insurance Benefit Amount	1.5 times employee annual salary
Annual cost to employee	None



Consider joining the HDHP/HSA and start a long-term savings plan.



HSA'S (AND HDHP'S) "IN A NUTSHELL"

HSA's are actually a 2 component arrangement of:

- A) A qualified High Deductible Health insurance Plan (HDHP) and
- B) A Health Savings Account.

One can have 'A' without 'B' but not 'B' without 'A'. HDHP's differ from existing PPO plans in the following ways:

- HDHP has no copays (office visit or prescription drugs).
- All covered services go toward the deductible including office visits and Rx drugs.
- Office visits and Rx drugs will be charged at carrier negotiated discounted retail prices with paid amounts going toward the deductible.
- If more than one person covered, deductible becomes family (2x individual) with all family members' covered services going toward one family deductible.

HSA'S:

- 2016 Contributions can be made to the maximum of \$3,350 for an individual or \$6,750 for a family each year regardless of your deductible.
- For an expense to be eligible for reimbursement, the HSA must be opened prior to the expense occurring.
- You may contribute the annual maximum in a calendar year, regardless of when your coverage begins, as long as you are covered for the next 12 months.
- Interest earned on contributions is tax deferred.
- Distributions from an HSA for qualified medical expenses are not taxable.
- There are no time limits for reimbursements.
- Over-the-Counter (OTC) drugs, medicines and biologicals will no longer be reimbursable through your HSA plan without a prescription.
- Vision and dental services are qualified medical expenses.
- Unused funds roll over each year.
- Distributions made for other than qualified medical expenses are subject to income tax on that amount and a 20% penalty.
- Anyone covered under Medicare cannot contribute.
- Anyone covered under a full medical FSA, a non-HDHP policy or through the Military-cannot contribute.
- You have a limited purpose FSA for dental and vision expenses.
- If you are a veteran, you may not have received veteran's benefits within the last three months.
- Catch-up Contribution (55+ years old) \$1,000

ADMINISTRATION:

- HSA's are owned by the employee regardless of where funding comes from.
- Appropriate distribution of funds is the sole responsibility of the employee.
- Contributions can be employee money, employer money or any combination.
- Contributions can be a lump sum or made monthly, funded up front or in arrears.

SHORT-TERM DISABILITY

At no expense to you, the City of Fort Morgan offers a Short-Term Disability benefit in case you are unable to perform your job due to an illness or injury unrelated to your work. You will begin receiving this benefit after the elimination period and you will only receive the benefit while you are unable to perform your job or until the benefit duration has expired. As long as you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your earnings during the Short-Term Disability benefit duration.

VOLUNTARY LONG-TERM DISABILITY

The loss of income to a family or individual can be devastating. The City of Fort Morgan recognizes the importance of protecting your ability to meet your financial responsibilities. Through the city, employees can purchase Voluntary Long-Term Disability coverage which will replace a large portion of your income if you lost the ability to work due to illness or injury. The monthly premiums for each individual are based on his or her age and income level. As an example, a 32-year-old employee with an annual salary of \$54,000 would only have to pay about \$17 per month to protect his or her income stream.

VOLUNTARY LIFE INSURANCE

In addition to the basic life and AD&D coverage provided by the City of Fort Morgan, you can purchase additional life and AD&D coverage for yourself and your dependents. The table to the right provides a summary of the coverage available. If you choose to apply for Voluntary Life insurance coverage (or increase your original amount) during a subsequent enrollment period, you and your dependents may be subject to medical underwriting.

Employees can purchase the lesser of 5x annual salary or \$400,000.

Upon initial eligibility, an employee can purchase up to \$150,000 of coverage with no underwriting questions or tests. Coverage is also available for dependents.

LINCOLN FINANCIAL DISABILITY

	SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Benefit Amount	60% of Pre-Disability Income	60% of Pre-Disability Income
Maximum Benefit	\$1,500 Per Week	\$5,000 Per Month
Benefit Begin	15 days after disability as defined under plan	60 Days
Benefit Waiting Period	First of the Month following DOH	First of the Month following DOH
Benefit Duration	Up to 9 Weeks	To age 65/ Reduced Benefit Duration
Monthly Cost to Employee	None	Based on Age and Annual Salary

LINCOLN FINANCIAL VOLUNTARY LIFE

Guarantee Issue Amount at Initial Eligibility	\$150,000
Maximum Benefit	Lesser of 5x Annual Salary or \$400,000
Portability	If you leave the City of Fort Morgan, you can maintain this policy at the same premium level
Voluntary Life Insurance Waiting Period	First of the Month following DOH

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The City of Fort Morgan provides an Employee Assistance Program (EAP) through Lincoln Financial at no cost to you. Your EAP can be a very useful resource IF you take advantage of it. The Employee Assistance Program can provide assistance to employees and their dependents in area such as substance abuse, emotional issues such as depression or anxiety, the loss of a loved one, marital issues and much more. Our EAP also has resources for employees to get assistance on legal and financial matters. For details regarding our Employee Assistance Program, please see the contact list in the back of this brochure.

AFLAC

Aflac is different from your health insurance. Medical benefits pays the doctors and hospitals. Aflac is insurance for daily living. It pays cash benefits directly to you, unless otherwise assigned, to help with daily expenses when you're sick or hurt.

ACCIDENT

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. Each family member gets an annual wellness benefit of **\$50.00** after 12 months of paid premium! Qualifying exams for the \$50.00 reimbursement include: Well visit, Annual Physical, Blood Work, Immunizations including the Flu Shot, or Eye Exam.

CRITICAL ILLNESS

Lump Sum coverage available when you are first **eligible** with guaranteed issue of \$20,000 for Teammate and \$10,000 for spouse. Those coming on at open enrollment that are not newly eligible have a guarantee issue of \$5,000 for Teammate and \$5,000 for spouse. If you are healthy - you can purchase up to \$50,000 for you and \$25,000 for your spouse. Protection includes coverage for Cancer, Heart Attack, Stroke, Major Organ Transplant, Renal Failure, Carcinoma in Situ, Coronary Artery Bypass Surgery, Physical Therapy, and Wellness Benefits. It also includes a wellness benefit of \$50 for Teammate and spouse.

These plans are Guaranteed Issue and are extremely affordable. The policies are guaranteed issue for only the initial enrollment which means that even if you have a pre-existing condition you can get on when you are first eligible. This opportunity will not be available in subsequent years without medical underwriting approval.



HOLIDAYS

Full-time City employees are entitled to a total of 10 paid holidays per year. Current holidays include:

HOLIDAY	DATE OBSERVED
New Year's Day	Friday, January 1, 2016
Martin Luther King, Jr. Day	Monday, January 18, 2016
Presidents Day	Monday, February 15, 2016
Memorial Day	Monday, May 30, 2016
Independence Day	Monday, July 4, 2016
Labor Day	Monday, September 5, 2016
Veterans Day	Friday, November 11, 2016
Thanksgiving Day	Thursday, November 24, 2016
Christmas Day	Monday, December 26, 2016

PAID TIME OFF (PTO)

Definition

Paid time off (PTO) provides all full-time staff members with paid time away from work that can be used for vacation, personal time, personal illness or time off to care for dependents. PTO must be scheduled in advance and have supervisory approval, except in the case of illness or emergency.

Eligibility

All full-time staff members are eligible to earn PTO.

PTO is earned on a per pay period basis and credited to an employee's PTO bank in the pay period it was earned. Eligibility to earn PTO is contingent on an employee having worked for the entire pay period. PTO is not earned (it stops accruing) after a full 10 workdays/shifts are missed, or when short or long term disability benefits are paid.

Years of Service (Full-time uninterrupted)	Accrued PTO by pay period (hours)	Accrued PTO by calendar year (hours)
0-4	4.3076	112
5-9	4.9230	128
10-14	5.8461	152
15-19	6.7692	176
20+	7.6923	200



CONTACT LIST

FOR QUESTIONS	CONTACT	PHONE #	WEB
Director of Human Resources & Risk Management	Michael Boyer	970-542-3974	mboyer@cityoffortmorgan.com
Medical Third Party Administrator (TPA)	Cypress	877-236-0844	www.cypressbenefit.com
How to find a provider	Cigna		www.myCigna.com
Prescription Coverage	Rx Benefits Customer Service	800-334-8134	www.mycatamaranrx.com
Dental Plan	Guardian	800-443-2995	www.guardiananytime.com
Vision Plan	VSP	800-877-7195	www.vsp.com
Life and AD&D	Lincoln Financial	800-423-2765	www.lfg.com
Short-Term Disability	Lincoln Financial	800-423-2765	www.lfg.com
Voluntary Long-Term Disability	Lincoln Financial	800-423-2765	www.lfg.com
Flexible Spending Account (FSA)	Rocky Mountain Reserve	888-722-1223	www.rockymountainreserve.com
Employee Assistance Program (EAP)	Lincoln Financial	877-757-7587	www.lfg.com
Aflac, Accident and Critical Illness	MaryAnn Morrow HUB International	720-207-2338	maryann.morrow@hubinternational.com
All of the Above	Sheri Bell HUB International	720-207-2370	sheri.bell@hubinternational.com

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About This Brochure

This is a custom brochure that provides only a highlight of the plans offered to you by your employer 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.