

# Benefits Guide



# 2026

January 1, 2026 - December 31, 2026



# WELCOME

We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your domestic partner (DP) and/or their children, where applicable by state law
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## Coverage Begins

**New Hires:** You must complete enrollment within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire. If you fail to enroll on time, you will NOT have benefits coverage (except for City paid benefits) until you enroll during our next annual Open Enrollment period.

**Open Enrollment:** Changes made during Open Enrollment are effective January 1 2026 – December 31 2026.

## Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit of 26
- Death of a spouse, DP or child
- Lost coverage under your spouse's/DP's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

## Making Changes

**To change your benefit elections, you must contact Human Resources within 30 days of the qualifying life event (including newborns).**

Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

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# ENROLLMENT

**Open Enrollment Dates:**

**October 20 – October 31**

**Step 1:** Attend the 2026 Open Enrollment meeting or meet with Human Resources if you have any questions about benefits.

**Step 2:** Add, drop or change your health benefits for 2026 and sign up for next year's Flexible Spending, Dependent Care Spending or Health Savings Accounts.

**Required Information—**You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.



# MEDICAL COVERAGE

## PPO

The Preferred Provider Organization (PPO) plan through Lucent, gives you the freedom to seek care from any provider of your choice. You can visit any doctor, hospital or other health care provider you want, with greater cost savings in-network. A PPO plan relies on a network of health care clinics, hospitals and professionals who have agreed to provide their services at discounted rates. These preferred providers are considered “in-network”. In general, you will pay less for in-network services than you would were you to seek care outside the network.

### How You Pay for Services

- You pay a flat dollar amount—or copay—for covered health care treatments and services, such as doctor’s office visits and prescription drugs.
- Once you satisfy your annual deductible, you will pay a percentage—or coinsurance—of the cost of the visit, and the plan will cover the rest.
- Once you hit your annual out-of-pocket maximum, the plan will cover 100% of the cost of covered services for the rest of the year.

## HDHP HIGH AND LOW PLANS

The HDHP High and Low Plans (High-Deductible Health Plans), through Lucent, are insurance plans that typically offer lower premiums and higher deductibles. The highlight of these plans is that they allow you to open an HSA. Learn more about HSA’s on Page 7.

Individuals with HDHPs normally pay a lower amount each month but pay more on their yearly medical expenses before their insurance policy begins paying. You can visit any doctor, hospital or other health care provider you want, with greater cost savings in-network.

### How You Pay for Services

- You pay the full cost of non-preventive health care services and prescription drugs until you meet the annual deductible. The deductible is waived for in-network routine preventive care services and medications on the preventive drug list.
- Once you meet the annual deductible, you pay a percentage of your health care expenses (coinsurance), and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, this plan pays the full cost of all qualified health care services for the rest of the year.



**Scan this code to watch a video about comparing medical plan types.**

# MEDICAL COVERAGE

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

CARRIER: LUCENT NETWORK: CIGNA OAP	PPO BASE		HDHP LOW		HDHP HIGH	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
Deductible (Individual/Family)	\$750 / \$2,250	\$1,000 / \$3,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Out-of-Pocket Max (Individual/Family)	\$3,500 / \$7,000	\$6,000 / \$10,000	\$4,000 / \$8,000	\$9,000 / \$18,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)						
EE Only / EE + One / Family	Not Eligible		\$600 / \$1,200 / \$1,800		\$600 / \$1,200 / \$1,800	
Covered Services						
Office Visits (physician/specialist)	\$20 / \$20 copay	40%*	20%*	50%*	10%*	40%*
Routine Preventive Care	No charge	40%*	No charge	50%*	No charge	40%*
Diagnostics (lab/X-ray)	\$20 copay	40%*	20%*	50%*	10%*	40%*
Complex Imaging	20%*	40%*	20%*	50%*	10%*	40%*
Chiropractic	\$20 copay	10%*	20%*	50%*	10%*	40%*
Ambulance	Ground: \$200 copay Air: 20%*		20%*		10%*	
Emergency Room	\$500 copay		20%*		10%*	
Urgent Care Facility	\$50 copay	40%*	20%*	50%*	10%*	40%*
Inpatient Hospital Stay	20%*	40%*	20%*	50%*	10%*	40%*
Outpatient Surgery	20%*	40%*	20%*	50%*	10%*	40%*
Prescription Drugs (Tier 1/ Tier 2/ Tier 3/ Tier 4)						
Retail Pharmacy (34-day supply)	\$15 / \$30 / \$50 / Tier 4: \$15 / \$30 / \$50	Not covered	20%*	Not covered	10%*	Not covered
Mail Order (90-day supply)	\$30 / \$60 / \$100 / Tier 4: N/A	Not covered	20%*	Not covered	10%*	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



# TELEHEALTH

## Teladoc

The City is pleased to offer you Teladoc, an added medical benefit that allows you to resolve many of your medical issues -anytime day or night - through the convenience of phone and online video consultations, all for a \$0 consult fee. **To reach Teladoc, call 855-847-3627, go to [mybenefitswork.com](https://mybenefitswork.com) or download the My Benefits Work mobile app.**

- Logon, click Teladoc and follow the instructions to register your account
  - You must register before you can make an appointment
- Complete your medical history before requesting a visit
- Request a visit anytime via online or the mobile app

## Health Advocate

A personal Health Advocate is available to you and your covered dependents at no cost. Your Personal Health Advocate is a trained professional, typically a Registered Nurse, who understands the in's and out's of the healthcare system and how to navigate through it. The Personal Health Advocate helps you and your covered dependents coordinate care among doctors and medical institutions in various ways.

Your Health Advocate can translate benefits information, clarify medical conditions and treatment options, resolve claims and billing issues, negotiate payments, provide cost estimates, locate qualified providers, secure second opinions, schedule appointments, arrange for specialized treatments, research elder care and more.

Health Advocate is a confidential service available 24 hours a day, 7 days a week and is available to your immediate family (including parents and in-laws). **To reach Health Advocate Services, call 866-272-6009.**

## eDocAMERICA

Doctors Online provides 24/7 access to web-based answers to medical questions from an expert team of board-certified physicians, psychologists, pharmacists, dentists, dietitians and fitness trainers. (Other services include physician-written weekly Health Tips, two Health Risk Assessments and a 3D Video Library with access to 250+ medical topics). **To reach eDocAmerica, visit [eDocAmerica.com](https://eDocAmerica.com).**



Scan to  
watch a video  
about how  
telehealth  
works.



# VOLUNTARY BENEFITS

## Accident Insurance

Accident insurance, provided through Aflac, can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture. Examples of covered expenses include:

- Doctor's office visits
- Diagnostic exams
- Broken leg rehab treatment
- Physical therapy sessions

This plan includes a \$50 Health Screening benefit for each person covered on the plan.

### Accident Insurance in Practice

<b>Situation</b>	Abed broke his leg in a bike accident.
<b>Covered Benefits</b>	<ul style="list-style-type: none"><li>• Doctor's office visits</li><li>• Diagnostic exams</li><li>• Broken leg rehab treatment</li><li>• Physical therapy sessions</li></ul>
<b>Total Benefit Paid Directly to Employee</b>	\$4,250



Scan this code to watch a video about how an accident plan works.

## Critical Illness Insurance

With critical illness insurance provided through Aflac, you are provided a fixed, lump-sum cash benefit when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for:

- Increased living expenses
- Prescriptions
- Travel expenses
- Treatments

This plan includes a \$50 Health Screening benefit for a covered employee and their spouse.

### Critical Illness Insurance in Practice

<b>Situation</b>	Britta had a heart attack while raking leaves.
<b>Covered Benefits</b>	Heart attack diagnosis
<b>Total Benefit Paid Directly to Employee</b>	\$15,000



Scan this code to watch a video about how a critical illness plan works.

## Norton LifeLock ID Theft Protection

Employees are automatically enrolled in the Benefit Essential plan through Norton LifeLock at no cost. This plan:

- Scans your online data
- Monitors your credit score reports and social media accounts
- Reduces unwanted solicitation attempts
- Lets you manage alerts in real-time

If you are the victim of identity theft or fraud, a privacy advocate will work with you to restore your identity. The plan features a \$1 million identity theft insurance policy to cover the associated costs.



Scan this code to watch a video about how identity theft protection works.

## QUESTIONS?

To learn more, visit [www.nortonlifelock.com](http://www.nortonlifelock.com).  
For questions, contact LifeLock at 800-416-0599.

# HEALTH SAVINGS ACCOUNT (HSA)

The HDHP Low Plan and HDHP High Plan feature an HSA provided through WEX. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses. For a complete list of qualified health-related expenses, visit [Publication 502](#).

## How the HSA Works

- You contribute pre-tax dollars through automatic payroll deductions or make after-tax contributions that are deductible when you file your taxes.
- You may change your contributions at any time throughout the year.
- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

## Contribution Limits

Coverage Tier	2025	2026
Individual	\$4,300	\$4,400
Family	\$8,550	\$8,750
Catch-up Contributions	\$1,000	\$1,000

## Key Features of the HSA

- You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.
- Your HSA is like a “health care 401(k).” There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.
- Your HSA is yours for life. The money is yours to spend or save, even if you change health plans,<sup>1</sup> retire or leave the organization.

## Important Notes

You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969 (<https://www.irs.gov/forms-pubs/about-publication-969>).



Scan this code to watch a video about how an HSA works.



# FLEXIBLE SPENDING ACCOUNTS (FSAs)

The flexible spending accounts (FSAs), provided through WEX, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. Each account works in much the same way but has different eligibility requirements, list of qualified expenses and contribution limits. You may choose to enroll in the following accounts.

	Health Care FSA	Limited-Purpose FSA (HSA Participants Only)	Dependent Care FSA
<b>Eligibility Requirements</b>	You must be benefits eligible; enrollment in an FSA disqualifies you from making or receiving HSA contributions	You must be benefits eligible; most employers also require enrollment in a qualified high-deductible health plan	Available to all eligible employees
<b>Examples of Qualified Expenses</b>	<ul style="list-style-type: none"> <li>○ Coinsurance</li> <li>○ Copayments</li> <li>○ Deductibles</li> <li>○ Dental treatment</li> <li>○ Eye exams/eyeglasses</li> <li>○ LASIK eye surgery</li> <li>○ Orthodontia</li> <li>○ Prescriptions</li> </ul>	<ul style="list-style-type: none"> <li>○ Dental and vision coinsurance only</li> <li>○ Dental and vision deductibles only</li> <li>○ Dental treatment</li> <li>○ Eye exams/eyeglasses</li> <li>○ LASIK eye surgery</li> <li>○ Orthodontia</li> </ul>	<ul style="list-style-type: none"> <li>○ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers</li> <li>○ Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent</li> </ul>
<b>Annual Contribution Limit</b>	\$3,400	\$3,400	\$7,500 per family (or \$3,750 each if you are married and file separate tax returns)

For a complete list of eligible expenses, visit [www.wexinc.com](http://www.wexinc.com)

## Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **You must enroll each year to participate.**
- **Health Care FSA & Limited Purpose FSA:** Unused funds over \$680 will **not** be returned to you or carried over to the following year.
- **Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year.
- You must file your 2026 claims by March 31, 2026.



Scan this code to watch a video about how an FSA works.



Scan this code to watch a video comparing an HSA and an FSA.



# DENTAL COVERAGE

The dental Preferred Provider Organization (PPO) plan, offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network. Following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Delta Dental of Colorado	PPO Plus Premier	
	In-Network	Out-of-Network <sup>1</sup>
Deductible (Individual/Family)	\$50 / \$150	
Annual Benefit Maximum (per person)	\$1,500	
Preventive Services	No charge	
Basic Services	20%*	
Major Services	50%*	
Orthodontic Services (Child Only up to age 19)	50%, \$1,500 lifetime max	

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# VISION COVERAGE

This plan, provided through VSP, gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the VSP network. If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Following is a high-level overview of your vision plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	VSP Signature Plan	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$50
Materials Copay	\$25 copay	N/A
Frames (once every 12 months)	Covered up to \$130	Up to \$70
Lenses (once every 12 months)		
Single Vision	No charge after materials copay	Up to \$50
Bifocal		Up to \$75
Trifocal		Up to \$100
Contact Lenses (in lieu of glasses; once every 12 months)	Covered up to \$130	Up to \$105

# LIFE INSURANCE

Life insurance, provided through Lincoln Financial Group, provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

## Basic Life and AD&D (employer-paid)

Coverage Tier	Benefit Amount
Employee	1.5 x your annual salary

## Supplemental Life and AD&D (employee-paid)

If you determine you need more than the basic coverage, you may purchase additional insurance for yourself and your eligible family members.

Coverage Tier	Benefit Amount	Guaranteed Issue Amount
Employee	5x annual salary up to \$400,000 in \$10,000 increments	\$150,000
Spouse	\$5,000 increments, not to exceed 50% of employee amount	\$30,000
Child(ren)	Under age 26 – Up to \$10,000	\$10,000



Scan this code to watch a video about how life insurance works.

**Note:** During your initial eligibility period, you can secure coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI, or information about your health). Please note that coverage amounts requiring EOI will only go into effect once the insurance carrier approves them.



# DISABILITY INSURANCE

Disability insurance, provided through Lincoln Financial Group, provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury.

## Short-Term Disability (employer-paid)

### Provided at NO COST to you

<b>Benefit</b>	60% of base salary
<b>Maximum weekly benefit</b>	\$1,500
<b>When benefit begins</b>	After 7th day of disability
<b>When benefit ends</b>	9 weeks

## Long-Term Disability (employee-paid)

### Provided at an affordable group rate.

<b>Benefit</b>	60% of base salary
<b>Maximum monthly benefit</b>	\$5,000
<b>When benefit begins</b>	After 60th day of disability
<b>When benefit ends</b>	Up to age 65



Scan this code to watch a video about how disability insurance works.







# EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through Bree Health (formerly NexGen) EAP.

The EAP can help with the following issues, among many others:

- Mental health
- Relationships
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

## EAP Benefits

- Assistance for you and your household members
- Up to five in-person or virtual sessions with a counselor per event, per year, per individual
- Unlimited toll-free phone access and online resources

## QUESTIONS?

To learn more, visit [www.nexgeneap.com](http://www.nexgeneap.com) (Company ID #: 10484).

For questions, contact NexGen at 800-327-2255.



Scan this code to watch a video about how an EAP works.



# 401(K) RETIREMENT SAVINGS ACCOUNT (VOLUNTARY)

The City of Fort Morgan offers retirement options for you. These options are a great way to save for the future. They offer tax savings, the ease of payroll deductions and a variety of investment options. You are eligible to participate in the applicable retirement plans starting the first of the month following your date of hire. Once you are eligible to participate, follow the directions below to enroll. You may also reach out to Human Resources for any additional assistance in enrolling.

## ○ PERAPlus 401(k) and 457 Plans

- Enrollment in the PERAPlus 401(k) and 457 voluntary retirement savings plans is available at any time. Both Plans offer the same PERAdvantage investment options.

## ○ PERAPlus 401(k) Plan Enrollment

- To enroll, you need to complete the 401(k) Participant Information Form and return to Human Resources.

## ○ PERAPlus 457 Plan Enrollment

- Online enrollment is required. You will need to go online and complete the 457 Participant Information Form.

## ○ Roth Option

- The PERAPlus 401(k) and 457 Plans also offer a Roth option that can help participants save toward the future and may also provide tax-free withdrawals at retirement. Unlike traditional PERAPlus 401(k)/457 pre-tax contributions, Roth contributions are taxed before the money is contributed to the Plan. Any earnings on Roth contributions grow tax-free and distributions will also be free of federal (and where applicable, state and local) income taxes, provided they are qualified distributions.

## ○ Plan Websites

- Access the PERAPlus 401(k) and 457 Plan websites by logging into your PERA account to find forms, publications, and information on enrollment, the PERAdvantage funds, fund fees, and fund performance.

## ○ Contribution Limits

- The annual maximum contribution limits for the PERAPlus 401(k) and 457 Plans are:

	2026 Contribution Amount
Catch-up Contribution (if age 50+)	\$8,000 (projected)
Annual Contribution Limit	\$24,500 (projected)
Maximum Possible Contribution (if age 50+)	\$44,000 (projected)



Scan this code to watch a video about how a retirement plan works.

# TIME OFF & WELLNESS

## PTO

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

### Eligibility:

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. Employees are required to take PTO for time away from their normal work schedule or in the event of a Leave of Absence or FMLA. See the employee handbook for details.

Years of Service	Accrued Hours Per Pay Period	Accrued Hours Per Calendar	Maximum Hours (Caps) of Accrued
0	6.462	168	168.00
1	6.708	174.40	208.40
2	6.954	180.80	215.96
3	7.200	187.20	223.52
4	7.446	193.60	231.07
5	7.692	200.00	238.63
6	8.000	208.00	247.79
7	8.308	216.00	256.95
8	8.615	224.00	266.11
9	8.923	232.00	275.26
10	9.231	240.00	284.42
11	9.354	243.20	288.78
12	9.477	246.40	293.14
13	9.600	249.60	297.50
14	9.723	252.80	301.85
15	9.846	256.00	306.21
16	9.908	257.60	308.97
17	9.969	259.20	311.73
18	10.031	260.80	314.49
19	10.092	262.40	317.24
20	10.154	264.00	320.00

## Holidays (11 paid holidays & 1 floating holiday)

Holiday	Date Observed
New Year's Day	Thursday, January 1 <sup>st</sup>
Martin Luther King Jr. Day	Monday, January 19 <sup>th</sup>
President's Day	Monday, February 16 <sup>th</sup>
Memorial Day	Monday, May 25 <sup>th</sup>
Independence Day	Friday, July 3 <sup>rd</sup>
Labor Day	Monday, September 7 <sup>th</sup>
Veterans Day	Wednesday, November 11 <sup>th</sup>
Thanksgiving Day	Thursday, November 26 <sup>th</sup>
Day after Thanksgiving (Mayor & Council Day off)	Friday, November 27 <sup>th</sup>
Christmas Eve	Thursday, December 24 <sup>th</sup>
Christmas Day	Friday, December 25 <sup>th</sup>

## Wellness

The City of Fort Morgan is committed to building a healthy workforce and the Wellness Program provides confidential tools to assess your well-being, take charge of your health, and improve your life. If you choose to participate in the wellness program, you will be asked to complete a biometric screening, which will include a blood test for blood pressure, cholesterol, blood sugar levels, and body mass index. You will also be required to have an Annual Wellness Exam. Details are below:

Screenings Required Activities	
Biometric Screening	Participate in the annual biometric screening or complete a Health Screening & Exam Form
Annual Wellness Exam	Get your age-appropriate physical exam and screening

### Wellness Award Hours

Employees have the opportunity to earn up to a maximum of 32 award hours or a \$500 gift card by participating in challenges or activities offered through the program. Any award hours earned during the year must be used by December 31<sup>st</sup> or they will be forfeited.

# COST OF BENEFITS

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members.

Medical	Monthly Contributions		
	PPO Base	HDHP Low	HDHP High
Employee Only	\$89.28	\$0.00	\$44.63
Employee + Spouse	\$182.20	\$0.00	\$91.09
Employee + Child(ren)	\$182.20	\$0.00	\$91.09
Employee + Family	\$267.94	\$0.00	\$133.97

Dental	Monthly Contributions	
	PPO Plus Premier	
Employee Only	\$0.00	
Employee + Spouse	\$53.50	
Employee + Child(ren)	\$51.15	
Employee + Family	\$103.31	

Vision	Monthly Contributions	
	VSP Signature Plan	
Employee Only	\$13.40	
Employee + Spouse	\$21.45	
Employee + Child(ren)	\$21.89	
Employee + Family	\$35.29	

Your contributions toward the cost of voluntary benefits are automatically deducted from your paycheck after taxes. The amounts will depend upon the plan you select, your age (in some cases) and if you choose to cover eligible family members. The Critical Illness rates are dependent upon age. Please refer to your Critical Illness plan documents for rates.

Aflac Accident Insurance	Monthly Contributions
Employee Only	\$14.45
Employee + Spouse	\$21.19
Employee + Child(ren)	\$25.10
Employee + Family	\$31.84

Norton Lifelock ID Theft	Monthly Contributions	
	Benefit Essential	Benefit Premier
Employee Only	\$0.00	\$5.50
Family	\$8.50	\$19.50

# IMPORTANT CONTACTS

Benefit	Carrier	Phone Number	Website/Email
Medical Coverage	<u>Lucent with Cigna</u> Group # S69	<u>(877) 236-0844</u>	<u><a href="http://www.lucenthealth.com/cypress">www.lucenthealth.com/cypress</a></u>
Prescription Coverage	<u>Rx Benefits</u> Group # 003P24	<u>(800) 334-8134</u>	<u><a href="http://www.optumrx.com">www.optumrx.com</a></u>
Dental Coverage	<u>Delta Dental</u> Group # 12440	<u>(800) 610-0201</u>	<u><a href="http://www.deltadentalco.com">www.deltadentalco.com</a></u>
Vision Coverage	<u>Vision Service Plan (VSP)</u> Group # 12065628	<u>(800) 877-7195</u>	<u><a href="http://www.vsp.com">www.vsp.com</a></u>
Basic Life & AD&D Coverage	<u>Lincoln Financial</u> Group # G000BKFX	<u>(800) 423-2765</u>	<u><a href="http://www.lfg.com">www.lfg.com</a></u>
Disability Coverage	<u>Lincoln Financial</u> Group # G000BKFX	<u>(800) 423-2765</u>	<u><a href="http://www.lfg.com">www.lfg.com</a></u>
Voluntary Life AD&D Coverage	<u>Lincoln Financial</u> Group # G000BKFX	<u>(800) 423-2765</u>	<u><a href="http://www.lfg.com">www.lfg.com</a></u>
Flexible Spending Account & Health Savings Account	<u>WEX, Inc.</u>	<u>(866) 451-3399</u>	<u><a href="http://www.wexinc.com">www.wexinc.com</a></u>
Employee Assistance Program	<u>ENI (NexGen) EAP</u> Company ID #: 10484	<u>(800) 327-2255</u>	<u><a href="http://www.nexgeneap.com">www.nexgeneap.com</a></u>
Accident Insurance Critical Illness	<u>Aflac</u>	<u>(720) 207-2347</u>	<u><a href="http://mylogin.aflac.com">mylogin.aflac.com</a></u>
Identity Theft Insurance	<u>LifeLock</u>	<u>(800) 416-0599</u>	<u><a href="http://www.nortonlifelock.com">www.nortonlifelock.com</a></u>
401(k) Retirement Savings Account	<u>PERAPlus</u>	<u>(800) 759-7372</u>	<u><a href="http://www.copera.org">www.copera.org</a></u>
HUB Telehealth	<u>Teladoc</u> Group # HUB1002AH	<u>(855) 847-3627</u>	<u><a href="http://www.mybenefitswork.com">www.mybenefitswork.com</a></u>

## QUESTIONS?

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**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

