Benefits are an integral part of the overall compensation package provided by the Town of Parker. Within this Benefits Guide you will find important information on the benefits available to you for the 2022 plan year (January 1, 2022– December 31, 2022). Please take a moment to review the benefits the Town of Parker offers to determine which plans are best for you.

Table of Contents

EMPLOYEE BENEFITS OVERVIEW ................................................................. 3
MEDICAL INSURANCE ...................................................................................... 4-9
HEALTH SAVINGS ACCOUNT (HSA) .............................................................. 10
FLEXIBLE SPENDING ACCOUNTS (FSA) ...................................................... 11
DENTAL + VISION INSURANCE PLANS ....................................................... 12
LIFE, AD&D, AND DISABILITY INSURANCE ............................................... 13
RETIREMENT PROGRAMS ............................................................................... 14
EMPLOYEE ASSISTANCE PROGRAM (EAP) .................................................. 15
ADDITIONAL BENEFITS ................................................................................ 16
CONTACT INFORMATION ............................................................................. 17
IMPORTANT NOTICES .................................................................................. 18-19
BENEFITS ELIGIBILITY
Full-time employees are eligible for the following benefits on the first day of the month following 30 days of employment:

- Medical
- Dental
- Vision
- HSA/FSA
- Life and AD&D
- Disability
- EAP

Full-time employees are eligible to participate in the retirement programs immediately upon hire. The EAP program is available to employees on their first day of employment.

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

ENROLLMENT
You may sign up for benefits or change your benefit elections at the following times:

- Within 30 days of your initial eligibility date (as a newly-hired employee).
- During the annual benefits open enrollment period.
- Within 30 days of experiencing a qualifying life event.

The choices you make at this time will remain the same through December 31, 2022. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

CHANGING YOUR BENEFITS DURING THE YEAR
The Town of Parker allows you to pay your portion of the medical, dental, and vision plan costs, and fund the flexible spending accounts, on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event. To request a benefits change, notify Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Change in your spouse’s work status that affects his or her benefits.
- Change in your child’s eligibility for benefits.
- Qualified Medical Child Support Order.

Your 2022 Benefits Checklist

- Read this Benefits Guide carefully for details on the benefit plans.
- Employees can make benefit changes during open enrollment for the 2022 plan year by completing enrollment forms found under the 2022 Open Enrollment Resources section of the Benefits page on the Intranet.
- All new hire benefit enrollments and qualifying event changes can be made online through Kronos.
- We recommend verifying your beneficiary designation for the company-provided life and accidental death and dismemberment (AD&D) insurance, voluntary life and AD&D insurance, FPPA, and retirement plans on an annual basis.
- This year’s open enrollment is passive, meaning that if you don’t wish to make changes to your current elections, there is no need to re-enroll. However, you must actively enroll in any Flexible Spending Account (FSA) / Dependent Care Flexible Spending Account (DCFSA) / Health Savings Account (HSA) elections.
The Town of Parker offers four medical plan options through Cigna. The High-Deductible Health Plan (HDHP) and the Basic PPO will now both be offered through Cigna’s OAP and LocalPlus networks. All plans offer in and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Cigna network provider. Locate a Cigna network provider at [www.mycigna.com](http://www.mycigna.com).

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount **you pay**. Please refer to the official plan documents for additional information on coverage and exclusions.

<table>
<thead>
<tr>
<th></th>
<th>CIGNA HDHP LocalPlus Network or OAP Network</th>
<th>CIGNA BASIC PPO LocalPlus Network or OAP Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLAN YEAR DEDUCTIBLE</strong></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td></td>
<td>Individual/Family</td>
<td>$2,500/$5,000*</td>
</tr>
<tr>
<td><strong>OUT-OF-POCKET MAX</strong></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td></td>
<td>Individual/Family</td>
<td>$4,000/$7,900*</td>
</tr>
<tr>
<td><strong>PREVENTIVE CARE</strong></td>
<td>Plan pays 100%</td>
<td>50% after ded.</td>
</tr>
<tr>
<td><strong>PHYSICIAN SERVICES</strong></td>
<td>PCP</td>
<td>20% after ded.</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>20% after ded.</td>
</tr>
<tr>
<td></td>
<td>Telehealth</td>
<td>20% after ded.</td>
</tr>
<tr>
<td></td>
<td>Urgent Care</td>
<td>20% after ded.</td>
</tr>
<tr>
<td><strong>LAB/X-RAY</strong></td>
<td>Diagnostic Lab/X-Ray</td>
<td>20% after ded.</td>
</tr>
<tr>
<td></td>
<td>High-Tech Services (MRI, CT, PET)</td>
<td>20% after ded.</td>
</tr>
<tr>
<td><strong>HOSPITAL SERVICES</strong></td>
<td>Inpatient</td>
<td>20% after ded.</td>
</tr>
<tr>
<td></td>
<td>Outpatient</td>
<td>20% after ded.</td>
</tr>
<tr>
<td><strong>EMERGENCY ROOM</strong></td>
<td>20% after ded.</td>
<td>20% after ded.</td>
</tr>
<tr>
<td><strong>CHIROPRACTIC CARE</strong></td>
<td>(Limit 20 visits per calendar year)</td>
<td>20% after ded.</td>
</tr>
<tr>
<td><strong>VISION EXAM</strong></td>
<td>Plan pays 100% every 12 months</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>PRESCRIPTION DRUGS</strong></td>
<td>Tier 1</td>
<td>MAC No generic restrictions</td>
</tr>
<tr>
<td></td>
<td>Tier 2</td>
<td>20% after ded.</td>
</tr>
<tr>
<td></td>
<td>Tier 3</td>
<td>20% after ded.</td>
</tr>
<tr>
<td></td>
<td>Mail Order (up to 90-day supply)</td>
<td>20% after ded.</td>
</tr>
</tbody>
</table>

*For individual HDHP coverage, the individual deductible is the amount the member must pay each plan year before the plan begins paying toward covered services. If electing dependent coverage, the individual deductible does not apply. The family deductible must be met, either by one individual or by a combination of family members, before the plan begins to pay. The same rule applies to the out-of-pocket maximum.

**Includes deductible, coinsurance, and copays.
CIGNA LOCALPLUS
Here at the Town of Parker, we care about your health. And your budget. The LocalPlus plan options gives you cost-efficient access to quality doctors, specialists and hospitals.

Get quality care at the right price.
Health care costs are rising, but the need for quality care remains. Cigna LocalPlus delivers a cost effective solution designed to be flexible and help you control health care costs - without sacrificing the quality and convenience you want and expect.

How does it work?
Cigna collaborates with health care communities to create local networks of health care providers, specialists and hospitals that deliver value and results right where you live. Plus, Cigna's Away From Home Care feature gives employees access to in-network care from anywhere in the country. Reach out to Cigna’s customer service line at 866-494-2111 to get set up.

Affordable and accessible.
LocalPlus is designed to deliver cost-effective, quality care for today’s busy, on-the-go families.

- More providers make it easier to choose and use quality care
- Access to any LocalPlus network across the country
- When away from a LocalPlus network, the Away From Home Care feature provides coverage at in-network cost
- Out-of-network coverage available
- Primary care provider (PCP) selection is encouraged, but not required
- Specialist referrals are not required
- Access to our national network of labs, behavioral providers, convenience care clinics and virtual care services
- In-network nationwide coverage in case of emergency
- Helpful decision support tools on myCigna.com and the myCigna® App
- 24/7 live customer service

CIGNA MAKES IT EASY
LocalPlus is a cost-efficient plan that’s designed for when you’re busy and on-the-go. Here are some of the many ways the LocalPlus plan can help you get more value for your health care dollar.

- The option to choose a primary care physician to help guide your care (it’s recommended but not required)
- Access to Cigna’s national network of labs, x-ray and radiology offices, and dialysis centers
- 70% potential savings through in-network national labs (LabCorp or Quest)
- You don’t need a referral to see a specialist
- Nationwide in-network coverage in case of an emergency

24/7/365 SERVICE - PERSONALIZED FOR YOU
- Live customer service – with translation services available in over 150 languages
- Cigna 24-hour health information line – speak with a nurse
- Decision support tools on myCigna.com and myCigna® App
CIGNA LOCALPLUS

Is your doctor in the LocalPlus Network?

If you’re already a Cigna LocalPlus customer:
1. Go to myCigna.com and sign in with your user ID and passcode. (If you’re not already registered for myCigna.com, click on “Register Now” to sign up).
2. Click on the “Find Care & Costs” tab.
3. Select the type of search you’d like to perform (you can search for Doctor by Name, Doctor by Type, locations, etc.)
4. Follow the on-screen prompts to see providers in the LocalPlus Network.

If you’re not yet a Cigna LocalPlus customer:
2. Click on “Find a Doctor, Dentist or Facility.”
3. Under “How Are You Covered” click on “Employer or School.”
4. Enter your location in the search box. Then select the type of search you’d like to perform, and follow the prompts to search for a provider.
5. Confirm your location under “I Live in” and click “Continue.”
6. Choose “Cigna LocalPlus” from the list of medical plans to see providers in the LocalPlus network.

LocalPlus - Colorado Coverage At A Glance


Network includes:

MAJOR PROVIDER GROUPS
- Boulder Medical Center
- Boulder Valley Care Network
- Colorado Care Partners
- Colorado Health Neighborhoods
- New West Physicians
- Optum Medical Group
- PHP Prime
- Primary Care Partners
- UCHealth Integrated Network

MAJOR HOSPITALS

Front Range:
- Boulder Community Health
- Centura Health
- Children’s Hospital Colorado
- Craig Hospital
- Denver Health Medical Center
- HealthONE, National Jewish Health
- SCL Health System, UCHealth

Mountain (Eagle, Routt and Summit counties):
- Centura Health St. Anthony Summit Medical Center
- Vail Valley Medical Center

West (La Plata, Mesa and Montezuma counties):
- Animas Surgical Hospital
- Centura Health Mercy Regional Medical Center
- Southwest Memorial Hospital
- St. Mary’s Medical Center
CIGNA ONE GUIDE
Now it’s easier for you to take control of your health and health spending.
Cigna One Guide service can help you make smarter, informed choices and get the most from your plan. It’s Cigna’s highest level of support that combines the ease of a powerful app with the personal touch of live service. One Guide personal support, tools and reminders can help you stay healthy and save money.

Your One Guide team is a click or call away to help you:
Understand your plan
• Know your coverage and how it works
• Get answers to all your health care or plan questions

Get care
• Find the right doctor, lab or urgent care center
• Connect to health coaches, pharmacists and more
• Stay on track with appointments and preventive care
• Take advantage of dedicated one-on-one support for complex health situations

Save on care
• Learn ways to save and get the most value from your plan
• Get cost estimates and service comparisons to avoid surprises

START USING THE CIGNA ONE GUIDE SERVICE TODAY – BY APP, CHAT OR PHONE.

Download the myCigna app or call the number on the back of your ID card to talk with your personal guide.

USE THE ONE GUIDE PRE-ENROLLMENT LINE!
With Cigna’s One Guide Pre-enrollment line, a Cigna One Guide representative is available and will help guide you during open enrollment. The personal guide is available to help you:
• Easily understand the basics of YOUR health coverage
• Identify the types of health plans available to you that best meet the needs of you and your family
• Check if doctors are in-network to help avoid unnecessary costs
• Get answers on any other questions you may have about the plans or provider networks available to you through the Town of Parker.
THE MYCIGNA APP NOW INCLUDES A CIWNA ONE GUIDE SERVICE UPGRADE WITH EVEN MORE TOOLS AND SUPPORT.

myCigna still uses information specific to your plan so you can easily:

- Find in-network doctors, labs and hospitals
- Get cost estimates for care
- Compare prescription prices
- Manage and track claims
- Access your ID cards to print, fax or email

But the One Guide service now lets you do so much more.

**Build your custom health team** - a personal list of the in-network doctors, dentists and facilities you use to keep track of their information all in one place.

**Sign up for messages** that can guide you to savings, coaching opportunities and more.

**Get tips and reminders** to help you stay on track with appointments and preventive care.

**Access support quickly.** You can chat online or by phone with a personal guide who can answer your questions and help you make the most of your plan.

**Get started with the new One Guide service today.** Download the latest myCigna app. Or call the number on the back of your ID card.
PREVENTIVE CARE
The Cigna medical plans cover in-network preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems. Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam. Learn more about preventive care at www.mycigna.com.

- You won’t have to pay anything—no deductible, copay, or coinsurance—for preventive services when:
  - You get them from a doctor or other health care provider in the Cigna network.
  - The main purpose of your visit is to get preventive care.

AFFORDABLE CARE ACT INDIVIDUAL MANDATE
Federal law requires you and your family members to have health insurance coverage. Learn more about the Affordable Care Act at www.healthcare.gov.

90-DAY SUPPLY FOR MAINTENANCE MEDICATIONS
You can have a 90-day supply of your maintenance medication refilled at a 90-day network pharmacy for two times the retail copay. The 90-day network pharmacy network consists of 29,000+ of the total contracted (68,000+) pharmacies, including CVS (Target), Walmart, and Kroger (King Soopers). 30-day refills can be filled at both the 90-day and 30-day contracted pharmacies.

CIGNA TELEHEALTH CONNECTION
Cigna is providing access to telehealth services as part of your medical plan through MDLive. You will be able to connect with a board-certified doctor via secure video chat or phone, 24/7/365. Services are available for minor, non-life threatening conditions. Examples of some conditions that would be appropriate for telehealth consultations are:

- Sore throat
- Headache
- Stomach ache
- Fever
- Cold and Flu
- Allergies
- Rash
- Acne
- UTI’s and more!

FOR CIGNA TELEPHONIC SERVICES...
The cost is the same as a PCP copay for PPO members. For HDHP participants, the cost for MDLive’s service is subject to your deductible and coinsurance. It is recommended that you register for MDLive online (mdlive.com or myCigna.com) or by phone (800-400-MDLIVE) so you will be ready to use them when you need them.
If you enroll in the Town of Parker High-Deductible Health Plan (HDHP), you may be eligible to open and fund a Health Savings Account (HSA).

An HSA is a personal health care savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Your contributions are tax free, and the money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account.

The Town will contribute the following into your HSA TWICE per plan year. The first contribution will be made on the first pay day in January 2022 and the second contribution will be made on the first pay day in July 2022.

- Employee: $375 (totaling $750 per plan year)
- Employee & Spouse: $625 (totaling $1,250 per plan year)
- Employee & Child(ren): $625 (totaling $1,250 per plan year)
- Family: $875 (totaling $1,750 per plan year)

**2022 IRS HSA CONTRIBUTION MAX**
- Employee Only: $3,650
- All other tiers: $7,300

Employees age 55+ by 12/31/2022 may contribute additional funds to their HSA (up to $1,000 in 2022).

Contributions to an HSA (including the Town of Parker contributions) cannot exceed the annual IRS contribution maximums.

**HSA ELIGIBILITY**
You are eligible to open and fund an HSA if:

- You are enrolled in the Cigna HDHP or the CIGNA HDHP LocalPlus.
- You are not covered by a non-HSA plan, health care FSA, or health reimbursement arrangement.
- You are not eligible to be claimed as a dependent on someone else’s tax return.
- You are not enrolled in Medicare or TRICARE for Life.
- You have not received Veterans Administration Benefits in the last three months.

**PAYING FOR QUALIFIED MEDICAL EXPENSES**
You can use your HSA money to pay for eligible expenses now or in the future.

Funds in your HSA can be used for your expenses and those of your spouse and eligible dependents, even if they are not covered by either of the Cigna HDHP plan options. Eligible expenses include deductibles, doctor’s office visits, dental expenses, eye exams, prescription expenses, and LASIK eye surgery.


**ACCESSING YOUR HSA FUNDS**
Two easy ways to access your HSA money:

- Debit card—Draws directly from your HSA and can be used to pay for eligible expenses at your doctor’s office, pharmacy, or other locations where you purchase health-related items or services.
- Checkbook (optional)—Works just like your personal checkbook, with the exception that it draws from your HSA, and can be used to pay for eligible expenses or to reimburse yourself for expenses you’ve paid out of your pocket. The Checkbook feature can be set up through optumbank.com.

Log onto your account and click on Accounts then Account Management and Checkbooks.

**AN HSA IS AN INDIVIDUALLY-OWNED ACCOUNT**
You own and administer your HSA. The money in the account is always yours, even if you change health plans or jobs. You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses.

Like a bank account, you must have a balance in order to pay for eligible health care expenses. Keep all receipts for tax documentation. An HSA allows you to save and “roll over” money from year to year.

There are no vesting requirements or forfeiture provisions. You can change your contribution through payroll during the plan year (at any time throughout the year).

**MAXIMIZE YOUR TAX SAVINGS**
Contributions to an HSA are tax-free, and can be made through payroll deduction on a pre-tax basis when you open an account through Optum Bank.

If you open an account through an institution other than Optum Bank, the Town of Parker cannot deduct pre-tax contributions from your paycheck; you will need to make post-tax contributions directly to the institution and take an “above the line” deduction on your federal income tax filing for any amounts you contribute to your HSA.

The money in your HSA (including interest and investment earnings) grows tax free. As long as you use the funds to pay for qualified medical expenses, the money is spent tax free.

**IMPORTANT:**
If you fund an HSA, you cannot contribute pre-tax dollars to the traditional health care flexible spending account. If your spouse participates in a health care FSA, you are not eligible to contribute to an HSA. The IRS prohibits the funding of both account types within a single household.
The Town of Parker offers two Flexible Spending Account (FSA) options—the Health Care FSA, and the Dependent Care FSA—which allow you to pay for eligible health care and dependent care expenses with pre-tax dollars. The FSAs are administered by Rocky Mountain Reserve. Log in to your account at www.rockymountainreserve.com to view account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

HOW DOES AN FSA WORK?
You decide how much to contribute to each FSA on a plan year basis up to the maximum allowable amounts. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the year. You will receive a debit card from Rocky Mountain Reserve, which can be used to pay for eligible health care expenses at the point of service. If you do not use your debit card or if you have dependent care expenses to be reimbursed, submit a claim form and a bill or itemized receipt from the provider to Rocky Mountain Reserve. Keep all receipts in case Rocky Mountain Reserve requires you to verify the eligibility of a purchase.

HEALTH CARE FSA (not available if you fund an HSA)
The Health Care FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible out-of-pocket expenses, such as deductibles, copays, and other health-related expenses, that are not paid by the medical, dental, or vision plans.

The Health Care FSA maximum contribution is $2,750 for the 2021 plan year. Subject to change for 2022.

DEPENDENT CARE FSA
The Dependent Care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider).

You may contribute up to $5,000 to the dependent care FSA for the 2022 plan year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect $2,500 for the 2022 plan year.

Things to consider before contributing to an FSA:

- Be sure to fund the accounts wisely as the IRS requires you forfeit any unused funds left in your account at the end of the year.
- You cannot take income tax deductions for expenses you pay with your FSA(s).
- You cannot stop or change your FSA contribution(s) during the plan year unless you experience a qualifying life event.
DENTAL + VISION INSURANCE PLANS

DENTAL INSURANCE PLAN
The Town of Parker offers a dental insurance plan through Cigna. The plan offers in and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Expenses from non-network providers are reimbursed based on Reasonable and Customary Charges (R&C). Any charges over the R&C amount will be your responsibility. Locate a Cigna network provider at [www.mycigna.com](http://www.mycigna.com).

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLAN YEAR DEDUCTIBLE</td>
<td>$50 individual / $150 family</td>
<td>$50 individual / $150 family</td>
</tr>
<tr>
<td>PLAN YEAR BENEFIT MAX</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>PREVENTIVE CARE</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>BASIC SERVICES</td>
<td>20% after deductible</td>
<td>20% of R&amp;C after deductible</td>
</tr>
<tr>
<td>(including endodontic and periodontic treatment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAJOR SERVICES</td>
<td>50% after deductible</td>
<td>50% of R&amp;C after deductible</td>
</tr>
<tr>
<td>ORTHODONTIA SERVICES</td>
<td>50%</td>
<td>50% of R&amp;C</td>
</tr>
<tr>
<td>(Up to age 19)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORTHODONTIA LIFETIME MAX</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

Open Enrollment: Employees who do not enroll in the dental plan when first eligible must wait to enroll during a subsequent annual enrollment period. Refer to the official plan documents for additional details about coverage and exclusions.

VOLUNTARY VISION INSURANCE PLAN
The Town of Parker provides you the option to purchase voluntary vision insurance through Vision Service Plan (VSP). The vision plan is 100% paid by you. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. If you choose a non-network provider, you may be responsible for paying in full at the time of service and submitting a claim to VSP for reimbursement. Locate a VSP network provider at [www.vsp.com](http://www.vsp.com).

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>EYE EXAM (Every 12 months)</td>
<td>$20 copay</td>
<td>Reimbursement up to $50</td>
</tr>
<tr>
<td>LENSES (Every 12 months)</td>
<td>Covered in full every 12 months</td>
<td>Reimbursement up to $100</td>
</tr>
<tr>
<td>FRAMES (Every 24 months)</td>
<td>$130 allowance + 20% off balance</td>
<td>Reimbursement up to $70</td>
</tr>
<tr>
<td>CONTACT LENSES Medically Necessary Elective</td>
<td>Plan pays 100% if necessary $130 allowance if elected</td>
<td>Reimbursements up to $210 Reimbursements up to $105</td>
</tr>
<tr>
<td>LASER CORRECTION</td>
<td>Discounts available</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Note: If you enroll for 2022, you must remain on the plan at the same level of coverage for a year, unless you experience a qualifying event.
BASIC LIFE AND AD&D INSURANCE
Life and Accidental Death and Dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security. For your peace of mind, Town of Parker provides Basic Life and AD&D insurance to all eligible employees automatically and at no cost through Mutual of Omaha.

If you die as a result of an accident, your beneficiary would receive both the Life benefit of $50,000 and the AD&D benefit in the amount of $50,000. You also have the option to purchase Voluntary Life and AD&D insurance. Please be sure to keep your beneficiary designations up to date.

VOLUNTARY LIFE AND AD&D INSURANCE
The Town of Parker provides you the option to purchase additional Life and AD&D insurance for yourself, your spouse, and your dependent children through Mutual of Omaha. You must purchase voluntary coverage for yourself in order to purchase coverage for your spouse and/or dependents. Benefits will reduce to 65% at age 65 and to 50% at age 70.

You and your spouse may elect or increase coverage up to two benefit levels on a guaranteed acceptance basis during the annual open enrollment period, provided you have not previously been declined for coverage. Evidence of Insurability (EOI) is required if you elect more than the guarantee issue amount.

- **Employee:** $10,000 increments up to $500,000. Guarantee issue: $140,000.
- **Spouse:** $5,000 increments up to 100% of the employee’s election or $250,000, whichever is less. Guarantee issue: $30,000 if under age 60.
- **Dependent Children:** $2,500, $5,000, or $10,000 not to exceed 100% of the employee election up to $10,000. Guarantee issue: $10,000

SHORT-TERM DISABILITY INSURANCE (STD)
The Town of Parker provides Short-Term Disability (STD) insurance to all eligible employees automatically and at no cost through Mutual of Omaha. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

- **Benefit:** 60% of base salary up to $1,000 per week.
- **Elimination period:** 14 days.
- **Benefit duration:** Up to 11 weeks.

LONG-TERM DISABILITY INSURANCE (LTD)
The Town of Parker provides Long-Term Disability (LTD) insurance to all eligible employees automatically and at no cost through Mutual of Omaha. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the Short-Term Disability period.

- **Benefit:** 60% of base salary up to $5,000 per month.
- **Elimination period:** 90 days.
- **Benefit duration:** Up to social security normal retirement age.
401(A) PLAN *(Social Security Replacement)*
- **Employee Contribution:** You are required to contribute 8% of your gross earnings.
- **Employer Contribution:** Town of Parker contributes 10% of your gross earnings.
- **Vesting Schedule:** 1 year = 20%, 2 years = 40%, 3 years = 60%, 4 years = 80%, and 5 years = 100%.

457(B) DEFERRED COMPENSATION PLAN
- **Employee Contribution:** You may contribute up to 100% of your pay on a pre-tax basis up to the annual maximum. The 2022 maximum contribution is $20,500. There is no match from Town of Parker.
- **Catch-Up Contribution:** Employees age 50+ by 12/31/2022 may contribute an additional $6,500.
- **Commissioned Police Officers:** Employee Contribution: 12% of gross earnings to FPPA. Employer Contribution: 9% of gross earnings to FPPA and 1% to 457(b) plan.
As your employer, we are interested in your total well-being, which is why we offer an Employee Assistance Program (EAP). The MINES & Associates EAP provides assistance to help you manage problems before they adversely affect your personal life, health, and/or job performance.

All benefit-eligible employees and their household members are eligible for the EAP. The EAP is a free, strictly-confidential service that includes telephonic counseling and/or up to five face-to-face visits, per year per household family member, with a licensed professional.

Assistance is available for the following personal and work life situations:

- Marital and family problems
- Work-related difficulties
- Emotional problems
- Relationship difficulties
- Alcohol and substance abuse
- Domestic violence
- Health and wellness resources
- Personal financial management
- Legal and financial resources and counseling
- Child and eldercare services
- Parenting
- Older adults counseling
- Midlife and retirement counseling
- Managing people

Check out your EAP online resources at https://mines.personaladvantage.com/. Use the following information to login:

Company Code: parker

Your company code is used to register for online services as well as complete online requests for service. Log on today to access your services and mindfulness app.
2022 PAID HOLIDAYS
- December 31, 2021, New Year’s Day Observed
- January 17, Martin Luther King Jr. Day
- February 21, Presidents’ Day
- May 30, Memorial Day
- June 20, Juneteenth Observed
- July 4, Independence Day
- September 5, Labor Day
- November 11, Veterans Day
- November 24, Thanksgiving Day
- November 25, Day After Thanksgiving
- December 23, Christmas Eve Observed
- December 26, Christmas Day Observed

PAID SICK LEAVE
Regular, full-time employees earn paid sick leave at the rate of 13 days per year, accruing 3.7 hours per pay period. Sick leave may be used for regular, full-time employees or their immediate family member’s illness, injury, temporary disability, medical circumstances, or medical appointment.

Approval must be granted by the Department Director if an employee wishes to utilize sick leave beyond 3 days for the illness or injury of an immediate family member.

BANKING BENEFITS
The Town of Parker employees can apply for membership to several financial institutions. The participating institutions listed below offer savings such as free checking and no annual fees for ATM cards:

- Air Academy Federal Credit Union
  800-223-1983
  www.aafcu.com

- BBVA Compass
  720-851-1515
  www.compassweb.com

- Credit Union of Colorado
  303-832-4816
  www.cuofco.org

RECREATION CENTER MEMBERSHIP
As a Town of Parker employee, you, your spouse, and your dependent children are offered a free membership to the Parker Recreation Center and/or Fieldhouse. You will need to fill out a membership enrollment form, which can be obtained on the Town of Parker’s Intranet, in Human Resources, or at the Recreation Center or Fieldhouse. Completed enrollment forms must be taken to the Recreation Center or Fieldhouse in order for your membership to be setup.

MEDICAL, DENTAL, AND VOLUNTARY VISION PLAN COSTS
Listed below are the per paycheck costs for medical, dental, and voluntary vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

<table>
<thead>
<tr>
<th></th>
<th>CIGNA MEDICAL</th>
<th>CIGNA DENTAL</th>
<th>VSP VISION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LocalPlus HDHP</td>
<td>LocalPlus Basic PPO</td>
<td>HDHP Basic Open Access Plus</td>
</tr>
<tr>
<td>EMPLOYEE ONLY</td>
<td>$27.91</td>
<td>$28.17</td>
<td>$40.28</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE</td>
<td>$165.17</td>
<td>$170.32</td>
<td>$207.96</td>
</tr>
<tr>
<td>EMPLOYEE + CHILD(REN)</td>
<td>$150.73</td>
<td>$154.10</td>
<td>$189.43</td>
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<tr>
<td>FAMILY</td>
<td>$281.82</td>
<td>$291.10</td>
<td>$356.03</td>
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</table>

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>EMPLOYEE + 1</td>
<td>$10.76</td>
<td>EMPLOYEE + 1 OR MORE</td>
</tr>
<tr>
<td>EMPLOYEE + 2 OR MORE</td>
<td>$26.96</td>
<td></td>
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IF YOU HAVE ANY QUESTIONS REGARDING YOUR BENEFITS OR THE MATERIAL CONTAINED IN THIS GUIDE, PLEASE CONTACT HUMAN RESOURCES.

Town of Parker Human Resources Department  
Phone: 303-805-3333

<table>
<thead>
<tr>
<th>POLICY #</th>
<th>PHONE</th>
<th>WEBSITE/EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL</td>
<td>00612155</td>
<td>866-494-2111</td>
</tr>
<tr>
<td>DENTAL</td>
<td>00612155</td>
<td>800-244-6224</td>
</tr>
<tr>
<td>VOLUNTARY VISION</td>
<td>12074341</td>
<td>800-877-7195</td>
</tr>
<tr>
<td>HEALTH SAVINGS ACCOUNTS</td>
<td>612155</td>
<td>800-791-9361</td>
</tr>
<tr>
<td>FLEXIBLE SPENDING AND DEPENDENT CARE ACCOUNTS</td>
<td>N/A</td>
<td>866-494-2111</td>
</tr>
<tr>
<td>LIFE AND DISABILITY</td>
<td>G000BGPB</td>
<td>800.877.5176</td>
</tr>
<tr>
<td>EAP</td>
<td>N/A</td>
<td>800-873-7138</td>
</tr>
<tr>
<td>RETIREMENT PLANS</td>
<td>401(a) - 95027-01, 457(b) - 95027-02</td>
<td>303-737-7710 or 800-701-8255</td>
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<tr>
<td>POLICE OFFICER RETIREMENT AND D&amp;D (FPPA)</td>
<td>N/A</td>
<td>303-770-3772</td>
</tr>
<tr>
<td>HR DIRECTOR</td>
<td>(Amber Moreno)</td>
<td>N/A</td>
</tr>
<tr>
<td>HR MANAGER</td>
<td>(Tara Moore)</td>
<td>N/A</td>
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<tr>
<td>BENEFITS &amp; WELLNESS ADMIN</td>
<td>(Christina Worley)</td>
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<tr>
<td>SR. HR BUSINESS PARTNER</td>
<td>(Audi Gaizutis)</td>
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<tr>
<td>HR TECHNICIAN</td>
<td>(Randi Krebsbach)</td>
<td>N/A</td>
</tr>
<tr>
<td>RISK MANAGER</td>
<td>(Steve Bedard)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

CONTACT INFORMATION
Federal regulations require The Town to provide benefit eligible employees with the following notices:

**PRIVATE HEALTH INFORMATION**
The Health Insurance Portability and Accountability Act (HIPAA) provides you certain rights to privacy concerning your health information. The regulations designate certain types of information as Protected Health Information (PHI). It applies to all health benefit plans. Confidential health information that identifies (or could be used to identify) you is kept completely confidential.

This individually identifiable health information PHI will not be used or disclosed without your written authorization, except as described in the Plan’s HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan’s Notice of Privacy Practices that describes the Plan’s policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider.

Healthcare providers (medical professionals) and health plans, including The Town’s health plan representatives, are restricted in their use of PHI to purposes of treatment, payment, and healthcare operations and as required by national public health activities.

Written authorization is required to use or disclose your PHI pertaining to your medical, dental, prescription drug, employee assistance program and healthcare spending accounts outside of these purposes.

You may receive a form requesting your authorization to use your PHI for another purpose. Should you grant this authorization, your PHI is still protected from use and disclosure by any party other than the one(s) to whom you grant written authorization, and from use and disclosure by authorized parties for any purpose other than the one you specifically authorized.

**WOMEN’S HEALTH AND CANCER RIGHTS ACT**
The Town’s medical plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy related services. These services include:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications resulting from mastectomy (including lymphedema)
- This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

**SPECIAL ENROLLMENT RIGHTS**
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself and your dependents in The Town’s health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents’ other coverage). However, you must request enrollment within 31 days after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

**INDIVIDUAL COVERAGE MANDATE**
Effective January 1, 2014, federal law requires that you have Health Care coverage. You can enroll in The Town’s health plan, or you may want to consider visiting [www.healthcare.gov](http://www.healthcare.gov) for information on health plans available through the Healthcare Marketplace in your area. Please note that the plan provided by The Town meets the affordability and minimum value requirements for employee only coverage, and therefore you will not be eligible for a tax credit through the Marketplace for that tier of enrollment.

**PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)**
If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

- If you or your dependents are NOT currently enrolled in Medicaid or CHIP, you won’t be eligible for these programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace.

**COLORADO - Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)**
Health First Colorado Website: [https://www.healthfirstcolorado.com/](http://https://www.healthfirstcolorado.com/)
To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:
U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

PAPERWORK REDUCTION ACT STATEMENT
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3506. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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

NOTICE OF CREDITABLE PRESCRIPTION DRUG COVERAGE
The Town provides a “Notice of Creditable Prescription Drug Coverage” to all participants. This notice states that under The Town’s medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare prescription Drug Coverage.

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor - Employee Benefits Security Administration

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

SUMMARY OF BENEFITS AND COVERAGE (SBC)
Effective for plan renewals after January 1, 2012, the Patient Protection and Affordable Care Act requires employers that offer health coverage to provide a uniform Summary of Benefits and Coverage (SBC) to people who apply for and enroll in the health plan. This document contains the following:

- Four-page overview of plan benefits, cost sharing and limitations
- Required set of examples of how the plan works
- Phone number and internet address for obtaining copies of plan documents
- A Standard glossary of medical and insurance terms must also be available

The SBC will be updated each plan renewal to reflect applicable plan changes.

PREGNANT WORKERS FAIRNESS ACT C.R.S. § 24-34-402.3
The Pregnant Workers Fairness Act makes it a discriminatory or unfair employment practice if an employer fails to provide reasonable accommodations to an applicant or employee who is pregnant, physically recovering from childbirth, or a related condition.

Requirements
Under the Act, if an applicant or employee who is pregnant or has a condition related to pregnancy or childbirth requests an accommodation, an employer must engage in the interactive process with the applicant or employee and provide a reasonable accommodation to perform the essential functions of the applicant or employee’s job unless the accommodation would impose an undue hardship on the employer’s business.

The Act prohibits an employer from taking adverse action against an employee who requests or uses a reasonable accommodation and from denying employment opportunities to an applicant or employee based on the need to make a reasonable accommodation.

This guide is a brief summary of your benefits and does not constitute a policy. The Town of Parker may amend the benefit program at any time. Your certificate booklets contain the actual detailed provisions of your benefits. If there are any discrepancies between the information in this brochure and the official plan documents, the official plan documents will prevail.