

# Tri-Lakes Monument Fire Protection District



# Tri-Lakes Monument FPD Benefits

Your 2020 Employee Benefits Guide

## **Benefits Designed to Support You**

At **Tri-Lakes Monument FPD**, we know our dedicated employees—YOU—are key to our overall success as a district. As a way to reward you for your hard work, we provide a benefits package that is designed to help you reach your physical, financial, and mental health goals.



## **Your Benefits**

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# **Employee Benefits Overview**

Benefits are an integral part of the overall compensation package provided by Tri-Lakes Monument Fire Protection District. In this guide you will find important information on the benefits available to you and your family.

#### **Healthcare Benefits**

If you are a full-time employee, you are eligible to enroll in the **Tri-Lakes Monument FPD** benefits if you work at least 30 hours per week. Your benefits are effective on your date of hire.

#### Medical, Dental and Vision Insurance

The District offers medical on date of hire. Dental and Vision Coverage are effective the 1<sup>st</sup> of the month after date of hire. Employees have 30 days from their hire date to make plan elections. Once made, elections are fixed for the remainder of the plan year. Our Plan Year runs from January 1, 2020 to December 31, 2020. Plans cannot be altered throughout the year without a qualifying event.

#### **Employee Contributions**

TLMFPD allows you to pay your portion of medical, dental and vision plan costs on a pre-tax basis.

#### **Benefits Eligibility**

Employees who work at least 30 hours per week are eligible for medical, dental, and vision benefits on their date of hire.

Optional coverage to eligible dependents, including:

- · Your legal spouse, civil union partner or qualifying spousal equivalent.
- · Your children to age 26, regardless of student, marital, or tax-dependent status
- Your dependent children of any age who are physically or mentally unable to care for themselves.



# **Benefits Enrollment**

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

- Within 30 days of hire
- During annual open enrollment
- Within 30 days of experiencing a qualifying life event. Due to IRS regulations, once you have made your elections, you cannot change your benefits until the next annual enrollment period. The only exception is if you have a qualified change in family status. Qualifying events:
  - Marriage, legal separation, or divorce
  - Change in civil union status
  - Birth or adoption of a child
  - Change in employment status for you or your spouse
  - Change in a dependent's benefits eligibility
  - Change in the cost or coverage of your spouse's benefits
  - Change in place of residence causing a loss of eligibility
  - Change in the cost of a dependent care
  - Loss of a dependent (death)
  - Reduction of hours of service
  - Enrollment in a Qualified Health Plan through the Health Insurance Marketplace.

To change your benefits, you must notify the District within 30 days of the qualifying event.



# **Your Health Plans**

## **Medical Insurance**

Tri-Lakes Monument Fire Protection District offers two Kaiser plans for eligible employees. The Select Plan is for employees who reside in Southern Colorado and has a smaller network of providers. It is key that you stay within that network. Employees who reside in Denver need to go Kaiser facilities. An employee may not be covered if they seek treatment by an out-of-network doctor or facility, unless it is for life/limb emergency situation.

Tri-Lakes Monument Fire Protection District will pay 96% of the cost of your medical premium for this coming year.

| PLAN FEATURES  | KP SELECT CO PLATINUM<br>350/20 HMO              | KP CO PLATINUM<br>350/20 HMO                     |
|--|--|--|
| Deductible (Individual/Family)   | \$350 / \$700                                    | \$350 / \$700                                    |
| Coinsurance (most services)  | You pay 15%                                      | You pay 15%                                      |
| Out-of-Pocket Maximum (calendar year) (includes Deductible, Coinsurance, and copays) | \$3,500 per individual<br>\$7,000 max per family | \$3,500 per individual<br>\$7,000 max per family |
| Preventative Care  | 100% Covered                                     | 100% Covered                                     |
| Office Visit PCP Specialist  | \$20 Copay<br>\$50 Copay                         | \$20 Copay<br>\$50 Copay                         |
| Emergency Services   | \$400 Copay                                      | \$400 Copay                                      |
| Urgent Care  | \$75 Copay                                       | \$75 Copay                                       |
| Diagnostic Lab & x-ray   | You pay 15% after deductible                     | You pay 15% after deductible                     |
| MRI, CAT, PET & Other High-Tech Services   | You pay 15% after deductible                     | You pay 15% after deductible                     |
| Inpatient Hospital   | You pay 15% after deductible                     | You pay 15% after deductible                     |
| Outpatient Hospital/Facility   | You pay 15% after deductible                     | You pay 15% after deductible                     |
| Physical, Speech, Occupational Therapy (20 visits each per calendar year)            | \$30 Copay per visit                             | \$30 Copay per visit                             |
| Prescription Drugs – Retail & Specialty Pharmacy                                     |  |  |
| Tier 1 - Generic   | \$10   | \$10   |
| Tier 2 - Brand   | \$35   | \$35   |
| Tier 3 - Non-Preferred/Specialty   | 15%  | 15%  |
| Mail Order Prescriptions   | 2 x copay for 90 days                            | 2 x copay for 90 days                            |

# Dental Coverage

TLMFPD provides you with the choice of two dental plans through SunLife Financial with no benefit changes for the 2020 plan year.

## Sunlife HMO Dental - Base Plan

No cost to employees for this plan!

The base plan is a dental discount plan that utilizes a smaller network of dentists. With the base plan, the district picks up 100% of the cost for employee and family coverage. Below are some examples of copays associated with this plan. See carrier plan description for full copay schedule.

| TYPE OF SERVICE                | NETWORK                         |
|--------------------------------|---------------------------------|
| Network Provider Required      | SunLife (Delta Health Alliance) |
| Preventative Visits and X-rays | 100% Covered                    |
| Regular Office Visit           | \$5 Copay                       |
| Regular Cleaning               | \$8 Copay                       |
| Simple Extraction              | \$20 Copay                      |
| Specialist Office Visit        | \$25 Copay                      |
| Waiting Periods                | None                            |

# Sunlife PPO - Buy-Up Plan

PPO cost minus HMO cost is your cost as a buy-up to purchase this dental plan.

The buy-up plan is a more traditional insurance plan, with a broader network of dentists. With the buy-up option, employees are charged the difference between the total premium of the buy up plan less the cost for the base plan.

| TYPE OF SERVICE                                   | NETWORK   |
|---|---|
| Deductible - Individual/Family                    | \$50/\$150  |
| Annual Maximum                                    | \$1,200 per policy year for each member enrolled in the plan. Preventative care is not included in this amount. |
| Preventative Services (Routine cleanings, X-rays) | 100% Covered, deductible waived   |
| Basic Services (Fillings, extractions)            | You pay 20% after deductible  |
| Major Services (Root canals, crowns)              | You pay 50% after deductible  |
| Orthodontia                                       | Not Covered   |
| Waiting Periods                                   | No waiting period for preventive or basic services.  12 months for major services.                              |



# **Voluntary Vision – VSP**

# Please note: This is an optional benefit!

The vision carrier is Vision Service Plan (VSP). You can visit providers in or out of the VSP network; however, dollar for dollar, the best value would be to visit providers within the network. Visit https://www.vsp.com/ for more information.

| SERVICES   | IN-NETWORK   | OUT-OF-NETWORK         |
|--|--|------------------------|
| Network Provider Required                                    | VSP  | None                   |
| Eye Examinations   | \$10 copay   | Reimbursed up to \$50  |
| Materials  | Additional \$25 copay  | See Below              |
| Eyeglass Lens Benefit  |  |                        |
| Single Vision  | Covered in full after copay  | Reimbursed up to \$50  |
| Bifocal  | Covered in full after copay  | Reimbursed up to \$75  |
| Trifocal   | Covered in full after copay  | Reimbursed up to \$100 |
| Contact Lenses (in lieu of eyeglasses)                       | Up to \$130 allowance  | Reimbursed up to \$105 |
| Frames   | Up to \$130 allowance  | Reimbursed up to \$70  |
| Benefit Frequency  | Exam - every 12 months<br>Lenses - every 12 months<br>Frames - every 24 months |                        |
| NOTE: Glasses and contacts are not covered in the same year. |  |                        |



# Contributions

## **Medical Insurance**

Premiums are based on age branded rates. Employee is charged 4% of the premium per month (Tri-Lakes Monument Fire Protection District will be paying 96% of the Premium Costs).

## **Dental Insurance**

#### SunLife HMO Dental - Base Plan

| MONTHLY COST      | EMPLOYEE COST PER MONTH | DISTRICT COST | TOTAL PREMIUM |
|-------------------|-------------------------|---------------|---------------|
| Employee Only     | \$0                     | \$11.41       | \$11.41       |
| Employee + Spouse | \$0                     | \$18.77       | \$18.77       |
| Employee + Child  | \$0                     | \$25.59       | \$25.59       |
| Employee + Family | \$0                     | \$30.06       | \$30.06       |

#### **SUNLIFE PPO DENTAL – BUY-UP PLAN**

| MONTHLYCOST       | EMPLOYEE COST PER MONTH | DISTRICT COST | TOTAL PREMIUM |
|-------------------|-------------------------|---------------|---------------|
| Employee Only     | \$31.12                 | \$11.41       | \$42.53       |
| Employee + Spouse | \$65.60                 | \$18.77       | \$84.37       |
| Employee + Child  | \$72.48                 | \$25.59       | \$98.07       |
| Employee + Family | \$104.95                | \$30.06       | \$135.01      |

## **Vision Insurance**

#### **VOLUNTARY VISION INSURANCE - VSP**

| MONTHLY COST         | EMPLOYEE COST PER MONTH | DISTRICT COST | TOTAL PREMIUM |
|----------------------|-------------------------|---------------|---------------|
| <b>Employee Only</b> | \$9.21                  | \$0           | \$9.21        |
| Employee + Spouse    | \$14.73                 | \$0           | \$14.73       |
| Employee + Child     | \$15.04                 | \$0           | \$15.04       |
| Employee + Family    | \$24.25                 | \$0           | \$24.25       |





## **Healthcare FSA**

Set aside money to pay expenses not covered by your medical, dental or vision plans with a Health FSA. Set aside money to help pay for dependent care expenses with a Dependent Care Account.

#### **Health FSA**

Use it to pay for things like copayments, coinsurance, prescriptions, dental, vision and medical equipment.

Health FSA only: You may rollover up to \$500 of unused funds into the next plan year. Any unused funds over \$500 at the end of the plan year will be forfeited.

#### **How Much to Contribute?**

You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period of January 1, 2020 to December 31, 2020. If you do not use the money you contributed amounts over \$500 will not be refunded to you or carried forward to a future plan year. This is the useit-or-lose-it rule. You must submit your claims incurred in the plan year by March 15th.

The maximum that you can contribute to the:

Health FSA is \$2,750 per plan year (January 1, 2020 to December 31, 2020).

#### **Changing your Flexible Benefits Plan Elections**

Once the plan year has started, you cannot change your elections unless there is an IRS approved status change event. Refer to your Summary Plan Description for more information about family status changes, including how to change your election.

# Flexible Spending Accounts (FSA)

## WAGEWORKS

# The WageWorks Benefit Card

Paying out-of-pocket for eligible expenses and then waiting for the claim to be approved and reimbursed is a thing of the past. With the WAGEWORKS Visa® Benefit Card, your participants have instant access to the funds in their health FSA.

Recent advances in card processing technology have made it easier than ever to use the benefit card to pay for eligible health care expenses. And since the card can be used at thousands of locations to pay for almost any FSA-eligible expense, offering the card to your employees will increase participation and lead to happier participants.





# **Additional Benefits**

## **Duty Death**

In the event of a line of duty death, the district provides a \$50,000 benefit.

# **Duty Injury Accident and Health**

Accident and sickness insurance is a covered benefit paid for by the district. This benefit covers injuries and illnesses that occur while participating in an activity of the organization.

Coverage to include:

- Total disability due to injury
- Total disability due to illness
- Partial disability
- Permanent physical impairment benefit
- Family expense benefit, should injured or ailing employee be confined to a hospital or receives outpatient care.

#### **Retirement Benefit**

Full-time employees are members of the statewide defined benefit plan (SWDB) through the fire and police pension association (FPPA) of Colorado in lieu of social security. Participation is mandatory for eligible employees. To fund future pension benefits, employees contribute 11% of FPPA-includable salary and the district contributes 8% of the same earnings. The employee contribution will raise .5% each year until it reaches 12% in 2022.

- The following types of retirement are available under the SWDB plan: normal, early, vested or deferred. If a member terminates service before retirement eligibility, the member may qualify for a refund of contributions. Additional information about FPPA is available through FPPA at 1-800-332-3772, or <a href="http://www.fppaco.Org/">http://www.fppaco.Org/</a>
- The District pay 2.8% of FPPA Statewide Death & Disability per employee.

# **Employee Assistance Program**

Tri-Lakes Monument Fire Protection District provides voluntary confidential access to professional counseling services through an Employee Assistance Program (EAP). The EAP, is available to all employees and their immediate family members. The program offers 24-hour problem assessment, short term counseling and referral to appropriate community and/or private services. There is no cost for an employee to consult with an EAP counselor. Employees faced with dynamic challenges of financial concerns, legal issues, alcohol or drug problems, marital problems, illness of a family member, emotional worries, child care problems, etc. are invited to take advantage of this valuable benefit.

# **Additional Benefits**

## **Peer Support Program**

The district peer support program is designed to provide confidential, non-intrusive, and peer level support to those individuals who need it for any reason. The PST is designed to be used for all types of needs by the individual to include on-duty and off-duty. The PST is A 24/7 confidential, compassionate and supportive program that is aimed to improve the overall psychological health and wellness for all fire department sworn employees.

If you have any questions concerning the Peer Support Program please contact Stephanie Soll.

# **Annual Physical**

The district pays 100% toward the cost of an annual physical for all sworn staff.

# **Fitness Equipment & Gym Membership**

Fitness equipment is available at each station. While on duty, the district also pays for an annual gym membership at the monument YMCA.

In addition, if you are enrolled in either of the offered Kaiser medical plan options, you will have a choice of two Active and Fit programs to empower you to become more physically active; Active & Fit and Active & Fit Direct. For additional details on this benefit please see below and visit: www.activeandfit.com







| Product                              | Fitness program for commercial health plans and employer groups      | Member self-pay fitness program  |
|--------------------------------------|--|--|
| Cost                                 | Member pays \$100 per year;<br>health plan subsidizes<br>the balance | Members pay \$25 a month<br>(\$300 per year)<br>+ \$25 enrollment fee in year 1* |
| Fitness Center**<br>Network          | Over 11,000  | Over 10,000  |
| Simple Fitness<br>Center Search      | Included   | Included   |
| Activity Tracking***                 | Active&Fit Connected!™ Tool  | Active&Fit Connected!™ Tool<br>(available post-enrollment)                       |
| Fitness Centers<br>Types             | Coed and gender-specific fitness centers and exercise centers        | Coed and gender-specific fitness centers and exercise centers                    |
| Ability to Switch<br>Fitness Centers | Yes  | Yes  |
| Newsletter                           | Yes; quarterly online newsletter                                     | Not available  |
| Online Classes                       | No   | Yes  |

Note: Members are responsible for any applicable taxes.

- \* \$75 gets a member started. Members pay the \$25 enrollment fee, \$25 for the current month,
- Any non-standard fitness center services that typically require an additional fee are not included
- Purchase of a wearable fitness device or app is not included in the Active&Fit and Active&Fit Direct programs, and will not be reimbursed.

To learn more, visit ActiveandFit.com or ActiveandFitDirect.com.

# **Voluntary Benefits**

The District offers voluntary supplemental insurance through Colonial which can be deducted as a payroll deduction. Should the employee leave the District, the employee can usually continue the benefit by changing the method of direct billing.

Types of voluntary benefits offered:

- Disability insurance
- Supplemental life insurance
- Accident insurance
- Hospital confinement indemnity insurance
- Cancer and critical illness insurance

Open Enrollment for Colonial will run from November 1 to November 30th. Questions for Colonial should be directed to Allisa Swartz, 303-280-3994 ext. 15 or at allisa.Swartz@coloniallifesales.com

FPPA offers 457 Plans (Voluntary Deferred Compensation/self-directed plans with a variety of investment choices). Contact Samuel Casad, Director & Retirement Planner for Fidelity Investing at 303-549-6274 or <a href="mailto:samuel.casad@gfmr.com">samuel.casad@gfmr.com</a>.

# **Holidays and Paid Time Off**

### **Paid Time Off**

As a full-time employee of the District, you are eligible for paid sick time, paid vacation, holiday pay, educational leave, and personal leave.

## **Holiday**

The District observes the following holidays:

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day

- Independence Day
- Colorado Day
- **Labor Day**
- Columbus Day

- Veteran's Day
- Thanksgiving Day
- **Christmas Day**



# **Resources and Contact Information**

| MEDICAL               |  |
|-----------------------|--|
| Provider Name:        | Kaiser Permanente                                |
| Group #:              | 036739   |
| Provider Phone #:     | 800-632-9700 (North CO), 888-681-7878 (South CO) |
| Provider Web Address: | https://healthy.kaiserpermanente.org             |

| DENTAL                |                          |
|-----------------------|--------------------------|
| Provider Name:        | Sun Life                 |
| Group #:              | 5477850                  |
| Provider Phone #:     | 800-442-7742             |
| Provider Web Address: | https://www.sunlife.com/ |

| VOLUNTARY VISION      |                      |
|-----------------------|----------------------|
| Provider Name:        | VSP                  |
| Group #:              | 30063339             |
| Provider Phone #:     | 800-877-7195         |
| Provider Web Address: | https://www.vsp.com/ |

| FLEXIBLE SPENDING ACCOUNT (FSA) |  |
|---------------------------------|--|
| Provider Name:                  | WageWorks  |
| Provider Phone #:               | 888.678.4861 (Luke Sellers) reimbursement.services@wageworks.com |
| Provider Web Address:           | https://www.wageworks.com/                                       |

| FIRE AND POLICE PENSION ASSOCIATION OF COLORADO (FPPA) |                        |
|--|------------------------|
| Provider Phone #:                                      | 303-770-3772           |
| Provider Web Address:                                  | https://www.fppacp.org |

| DUTY INJURY ACCIDENT AND HEALTH |                                   |  |
|---------------------------------|-----------------------------------|--|
| Provider Name:                  | Provident                         |  |
| Provider Phone #:               | 800-447-0360                      |  |
| Provider Web Address:           | https://www.provdentbenefits.com/ |  |
| District Broker:                | Mark Carlson<br>303-872-1920      |  |

# Resources and Contact Information

| EAP (EMPLOYEE ASSISTANCE PROGRAM) |  |  |
|-----------------------------------|--|--|
| Provider Name:                    | Public Safety                            |  |
| Provider Phone #:                 | 888-327-1060                             |  |
| Provider Web Address:             | https://www.theeap.com/public-safety-eap |  |

| FMLA (FAMILY MEDICAL LEAVE ACT) |  |
|---------------------------------|--|
| Provider Web Address:           | https://www.dol.gov/whd/fmla/employeeguide.htm |

| OPTIONAL VOLUNTARY SUPPLEMENTAL INSURANCE |   |  |
|---|---|--|
| Provider Name:                            | Colonial Life                                   |  |
| Provider Contact:                         | Allisa Swartz                                   |  |
| Provider Phone #:                         | Office: 303-280-3994 x115<br>Cell: 970-631-2493 |  |
| Provider Email:                           | allisa.swartz@coloniallifsales.com              |  |

For additional information or questions contact J. Martin – 719-484-0911 or jmartin@tlmfire.org



# **Glossary of Terms**

#### Copay

An arrangement where an individual pays a specified amount for various health care services and the health plan or insurance company pays the remainder. The individual must usually pay his or her share when services are rendered. The concept is similar to coinsurance, except that Copays are usually a set dollar amount (such as \$20 per office visit), rather than a percentage of the charges.

#### Deductible

A set dollar amount that a person must pay before insurance coverage for medical expenses can begin. They are usually charged on an annual basis.

#### Coinsurance

The money that an individual is required to pay for services, after a deductible has been paid. It is often a specified percentage of the charges. For example, the employee pays 20 percent of the charges while the health plan pays 80 percent.

#### Out-of-Pocket Maximum

The total amount paid each year by the member for Copays, deductible and coinsurance. After reaching the out-of-pocket maximum, the plan pays 100 percent of the allowable charges for covered services the rest of that calendar year.

#### In-Network

Typically refers to physicians, hospitals or other health care providers who contract with the insurance plan (usually an HMO or PPO) to provide services to its members. Coverage for services received from in-network providers will typically be greater than for services received from out-of-network providers, depending on the plan.

#### Out-of-Network

Typically refers to physicians, hospitals or other health care providers who do not contract with the insurance plan (usually an HMO or PPO) to provide services to its members. Depending upon the insurance plan, expenses incurred for services provided by out-of-network providers might not be covered, or coverage may be less than for in-network providers.

#### • Pre-Admission Certification

Also called "precertification" or "pre-admission review." Approval granted by a case manager or insurance company representative (usually a nurse) for a person to be admitted to a hospital or inpatient facility before admittance. The goal is to ensure that individuals are not exposed to inappropriate health care services, or services that are not medically necessary.

