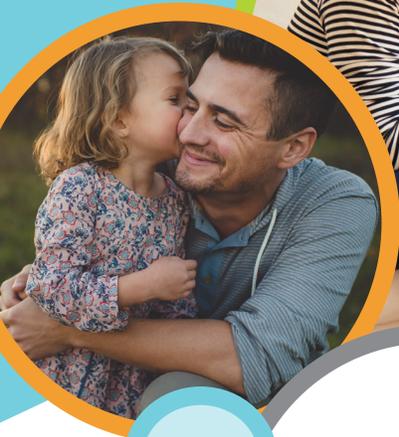


Your **HEALTH**

Your **FAMILY**

Your **LIFE**



2019 BENEFITS GUIDE

January 1 - December 31, 2019

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your 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 are a full time benefit eligible employee. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your children who are 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.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process 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 company-paid benefits).

- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2019.

Choose Carefully!

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

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified 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 make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a federal tax penalty. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Call the Benefits Enrollment Center **(877) 282-0808**. There, you will find detailed information about the plans available to you and instructions for enrolling.

Medical Plans

We are proud to offer you a choice among five different medical plans through Anthem Blue Cross Blue Shield that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

HMO

With these plans, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem Blue Cross Blue Shield network. The calendar-year deductible must be met before certain services are covered.

HSA

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem Blue Cross Blue Shield PPO network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE:** *If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.*
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan pays 100% and you pay 0%.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. **NOTE:** *If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.*



- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

Important: Your contributions may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2018	2019
Employee Only	\$3,450	\$3,500
Family (employee + 1 or more)	\$6,900	\$7,000
Catch-up (age 55+)	\$1,000	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no “use it or lose it” rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents’ doctor’s visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.

Medical Plans (Cont'd.)

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

Key Medical Benefits	HDHP/HSA 1		HDHP/HSA 2	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$2,000 ² / \$3,500 ²	\$3,500 ² / \$7,000 ²	\$2,500 ² / \$4,000 ²	\$4,000 / \$7,500 ²
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$2,000 ³ / \$3,500 ³	\$6,500 ³ / \$13,000 ³	\$2,500 ³ / \$4,000 ³	\$7,000 / \$13,500 ³
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)				
Individual / Family	\$66.67 per month		\$66.67 per month	
Covered Services				
Office Visits (physician/specialist)	\$0*	30%*	\$0*	30%*
Routine Preventive Care	No charge	\$80 per visit; \$500 for covered facility services	No charge	\$80/visit; \$500 for covered facility services
Outpatient Diagnostic (lab/X-ray)	\$0*	30%*	\$0*	30%*
Complex Imaging	\$0*	30%*	\$0*	30%*
Chiropractic	\$0*	30%* ⁴	\$0*	30%* ⁴
Ambulance	\$0*	\$0* ⁵	\$0*	\$0* ⁵
Emergency Room	\$0*	\$0* ⁵	\$0*	\$0* ⁵
Urgent Care Facility	\$0*	\$0*	\$0*	\$0*
Inpatient Hospital Stay	\$0*	30%*	\$0*	30%*
Outpatient Surgery	\$0*	30%*	\$0*	30%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)				
Retail Pharmacy (30-day supply)	\$0*	Not covered	\$0*	Not covered
Mail Order (90-day supply)	\$0*	Not covered	\$0*	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.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
3. If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay eligible covered services at 100% for any one individual.
4. Limited to maximum 20 visits per calendar year.
5. Covered at in-network level of benefits.

Medical Plans (Cont'd.)

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

Key Medical Benefits	HMO TIER 1	HMO TIER 2	PPO	
	In-Network Only	In-Network Only	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	None	None	\$500 / \$1,500	\$1,000 / \$3,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$1,000 / \$2,000	\$3,000 / \$6,000	\$2,500 / \$5,500	\$5,000 / \$11,000
Covered Services				
Office Visits (physician/specialist)	\$25 copay	\$35 / \$40 copay	\$20 copay	30%*
Routine Preventive Care	No charge	No charge	No charge	\$40 per visit; \$500 copay for covered facility services
Outpatient Diagnostic (lab/X-ray)	No charge	No charge	10%*	30%*
Complex Imaging	No charge	Free Standing: No charge Hospital Based: \$700 copay	10%*	30%*
Chiropractic	\$25 copay ⁴	\$35 copay ⁴	\$20 copay ⁴	30%* ⁴
Ambulance	No charge	No charge	10%*	
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay ⁵
Urgent Care Facility	\$50 copay	\$50 copay	\$40 copay	\$40 copay ⁵
Inpatient Hospital Stay	\$250 copay	\$700 copay	10%*	30%*
Outpatient Surgery	No charge	No charge	10%*	30%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)				
Retail Pharmacy (30-day supply)	\$8 / \$25 / \$45	\$10 / \$30 / \$50	\$8 / \$25 / \$45	Not covered
Mail Order (90-day supply)	\$16 / \$50 / \$90	\$20 / \$60 / \$100	\$16 / \$50 / \$90	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.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
3. If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay eligible covered services at 100% for any one individual.
4. Limited to maximum 20 visits per calendar year.
5. Covered at in-network level of benefits.

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through **Assurity Life Insurance Company** and **Allstate Benefits** are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance through Assurity

Accident insurance 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.

Critical Illness through Assurity

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000³? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

1. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168, December 2013. Agency for Healthcare Research and Quality, Rockville, MD.
2. National Hospital Discharge Survey; 2010
3. MetLife Accident and Critical Illness Impact Study, October 2013

Hospital Indemnity Insurance through Assurity

The average cost of a hospital stay is \$10,000¹—and the average length of a stay is 4.8 days². Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

Whole Life through Allstate Benefits

You have the option of purchasing whole life insurance to help your family prepare for the unexpected. In the event of your death, this benefit can help replace your family's loss of income, help with mortgage costs or educational needs—or leave a legacy for the next generation. Whole life offers level premiums and insurance protection for as long as you live. Whole life policies also build cash value over time that grows tax-deferred and can be used as savings. Or, it can be borrowed against if you need the money while you are alive.

Dental Plans

We are proud to offer you a choice between two different dental plans through Aetna.

DMO: With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

PPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Aetna network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	PPO		DMO
	In-Network	Out-of-Network ¹	In-Network Only
Deductible (per calendar year)			
Individual / Family	None / None		None / None
Benefit Maximum (per calendar year; preventive, basic, and major services combined)			
Per Individual	\$1,400		None
Covered Services			
Preventive Services	No charge		No charge
Basic Services	30%, 20%, 10% or 0% based on length of coverage and annual diagnostic exam		No charge
Major Services	50%		50%
Orthodontia (Child Only)	\$50 deductible, 40%, \$1,000 lifetime benefit		50%, No lifetime benefit

Coinsurance percentages 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 Plan

We are proud to offer you a vision plan.

The **Anthem Blue Cross Blue Shield vision** plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem Blue Cross Blue Shield network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$20	N/A
Lenses (once every 12 months)	\$20	Up to \$40
Single Vision		Up to \$60
Bifocal		Up to \$80
Trifocal		
Frames (once every 24 months)	Covered up to \$120, then 20% off remaining balance	Up to \$110
Contact Lenses (once every 12 months; in lieu of glasses)	Elective Conventional Lenses: Covered up to \$135, then 15% off remaining balance Non-Elective Lenses: Covered in full	Elective Conventional Lenses: Up to \$130 Non-Elective Lenses: Up to \$250

Flexible Spending Accounts

We provide you with an opportunity to participate in up to three different flexible spending accounts (FSAs) administered through 24HourFlex. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2019, you may contribute up to \$2,650* to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2019, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

*Subject to change pending updated IRS regulations.

**This grace period is for Dependent Care only.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

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

Health care FSA: Unused funds of up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will **NOT** be returned to you or carried over to the following year.

You can incur dependent care expenses through March 15, 2020, and must file claims by March 31, 2020**.**

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Lincoln Financial.

Benefit Amount	Employee: \$25,000 Life/AD&D Spouse: \$2,000 Life Child: \$1,000 Life
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Supplemental Life/AD&D (Employee-paid)

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

	Benefit Option	Guaranteed Issue*
Employee	\$10,000 increments up to \$300,000	\$200,000**
Spouse	\$5,000 increments up to \$100,000 (not to exceed 50% of your additional life coverage)	\$30,000
Child(ren)	\$2,000 minimum, increments of \$1,000, to \$10,000	N/A

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

**You or your spouse/domestic partner may elect or increase insurance coverage up to 2 increments on a guaranteed acceptance basis during your annual open enrollment period, provided that you or your spouse/domestic partner have not been previously declined for coverage.



Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability

Provided at an affordable group rate through Lincoln Financial.

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,500
When Benefits Begin	Later of 15 th day of disability or the date you exhaust your sick leave benefit
Maximum Benefit Duration	26 weeks

Voluntary Long-Term Disability

Provided at an affordable group rate through Lincoln Financial.

Benefit Percentage	60% of your monthly salary
Monthly Benefit Maximum	\$5,000 per month
When Benefits Begin	Later of 181 st day of disability or the date you exhaust your sick leave benefit
Maximum Benefit Duration	Later of Age 65 or Social Security Normal Retirement Age

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is 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 Profile EAP through Centura Health.

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

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to six (6) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Lifelock Identity Theft Protection

Help protect your identity and your finances. Identity theft happens when someone uses your information for their gain and your loss. In the United States, there is a new identity fraud victim every two seconds. You and your family are worth protecting.

LifeLock Benefit Elite

includes searching over a trillion data points every day for potential threats to your identity and to financial assets—your 401(k) and investment accounts. Also includes scanning for misuse of your Social Security number, change of address and court records scanning for use of your identity to commit crimes.

LifeLock Ultimate Plus™

includes searching over a trillion data points every day for potential threats to your identity and to financial assets—your 401(k) and investment accounts. Also includes scanning for misuse of your Social Security number, change of address and court records scanning for use of your identity to commit crimes.

LifeLock Junior®

(if dependents under age 18 are enrolled) protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children. To learn more about LifeLock Junior® service, please visit LifeLock.com/products/lifelock-junior.

Valuable Extras

These products are available year-round, not just during Open Enrollment. Please see HR staff for information on how to enroll.

- ▶ PERA 401(k)
- ▶ ICMA Roth
- ▶ ICMA 457
- ▶ FPPA 457



Cost of Benefits

Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

Medical Coverage

Coverage Tier	Employee Contribution (Monthly)								
	Police			Fire			General Service & Management		
	Premium	City Share	Employee Share	Premium	City Share	Employee Share	Premium	City Share	Employee Share
HDHP/HSA 1									
Employee Only	\$752.14	\$724.67	\$27.47	\$752.14	\$752.14	\$0.00	\$752.14	\$674.88	\$77.26
Employee + Spouse	\$1,571.99	\$1,333.75	\$238.24	\$1,571.99	\$1,380.61	\$191.38	\$1,571.99	\$1,229.69	\$342.30
Employee + Child(ren)	\$1,429.07	\$1,203.40	\$225.67	\$1,429.07	\$1,246.01	\$183.06	\$1,429.07	\$1,108.80	\$320.27
Family	\$1,842.75	\$1,580.72	\$262.03	\$1,842.75	\$1,635.65	\$207.10	\$1,842.75	\$1,458.73	\$384.02
HDHP/HSA 2									
Employee Only	\$709.85	\$709.85	\$0.00	\$709.85	\$709.85	\$0.00	\$709.85	\$674.88	\$34.97
Employee + Spouse	\$1,483.61	\$1,335.75	\$149.86	\$1,483.61	\$1,380.61	\$103.00	\$1,483.61	\$1,229.69	\$253.92
Employee + Child(ren)	\$1,348.73	\$1,203.40	\$145.33	\$1,348.73	\$1,246.01	\$102.72	\$1,348.73	\$1,108.80	\$239.93
Family	\$1,739.15	\$1,580.72	\$158.43	\$1,739.15	\$1,635.65	\$103.50	\$1,739.15	\$1,458.73	\$280.42
HMO TIER 1									
Employee Only	\$908.23	\$824.67	\$83.56	\$908.23	\$862.82	\$45.41	\$908.23	\$774.88	\$133.35
Employee + Spouse	\$1,898.22	\$1,433.75	\$464.47	\$1,898.22	\$1,480.61	\$417.61	\$1,898.22	\$1,329.69	\$568.53
Employee + Child(ren)	\$1,725.66	\$1,303.40	\$422.26	\$1,725.66	\$1,346.01	\$379.65	\$1,725.66	\$1,208.80	\$516.86
Family	\$2,225.19	\$1,680.72	\$544.47	\$2,225.19	\$1,735.65	\$489.54	\$2,225.19	\$1,558.73	\$666.46
HMO TIER 2									
Employee Only	\$876.01	\$824.67	\$51.34	\$876.01	\$862.82	\$13.19	\$876.01	\$774.88	\$101.13
Employee + Spouse	\$1,790.77	\$1,433.75	\$357.02	\$1,790.77	\$1,480.61	\$310.16	\$1,790.77	\$1,329.69	\$461.08
Employee + Child(ren)	\$1,627.99	\$1,303.40	\$324.59	\$1,627.99	\$1,346.01	\$281.98	\$1,627.99	\$1,208.80	\$419.19
Family	\$2,099.23	\$1,680.72	\$418.51	\$2,099.23	\$1,735.65	\$363.58	\$2,099.23	\$1,558.73	\$540.50
PPO									
Employee Only	\$856.83	\$824.67	\$32.16	\$856.83	\$856.83	\$0.00	\$856.83	\$774.88	\$81.95
Employee + Spouse	\$1,790.77	\$1,433.75	\$357.02	\$1,790.77	\$1,480.61	\$310.16	\$1,790.77	\$1,329.69	\$461.08
Employee + Child(ren)	\$1,627.99	\$1,303.40	\$324.59	\$1,627.99	\$1,346.01	\$281.98	\$1,627.99	\$1,208.80	\$419.19
Family	\$2,099.23	\$1,680.72	\$418.51	\$2,099.23	\$1,735.65	\$363.58	\$2,099.23	\$1,558.73	\$540.50

Cost of Benefits (Cont'd.)

Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

Dental Coverage

Coverage Tier	Employee Contribution (Monthly)								
	Police			Fire			General Service & Management		
	Premium	City Share	Employee Share	Premium	City Share	Employee Share	Premium	City Share	Employee Share
Employee Only	\$31.97	\$25.00	\$6.97	\$31.97	\$25.00	\$6.97	\$31.97	\$24.66	\$7.31
Family	\$108.59	\$25.00	\$83.59	\$108.59	\$25.00	\$83.59	\$108.59	\$24.66	\$83.93

Vision Coverage

Coverage Tier	Employee Contribution (Monthly)		
	Premium	City Share	Employee Share
Employee Only	\$6.74	\$0.00	\$6.74
Employee + Spouse	\$13.44	\$0.00	\$13.44
Employee + Child(ren)	\$12.75	\$0.00	\$12.75
Family	\$19.74	\$0.00	\$19.74



Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Anthem Blue Cross Blue Shield	(877) 811-3106	www.anthem.com
Voluntary Benefits	Cheri Brown, HUB International	(720) 207-2347	cheri.brown@hubinternational.com
Dental	Aetna	(877) 238-6200	www.aetna.com
Vision	Anthem Blue Cross Blue Shield	(866) 723-0515	www.anthem.com
Flexible Spending Accounts (FSAs)	24HourFlex	(800) 651-4855	www.24hourflex.com
Life/AD&D	Cheri Brown, HUB International	(720) 207-2347	cheri.brown@hubinternational.com
Disability	Lincoln Financial	(800) 423-2765	www.lfg.com
Employee Assistance Program (EAP)	Profile EAP	(719) 560-0612	www.profileeap.org
Escalated Issues	Tori Cordva - Account Manager HUB International	(719) 546-6822	tori.cordova@hubinternational.com

Benefits Enrollment Center

Call **(877) 282-0808** to access additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

SMBO
(877) 282-0808

HR Team
(719) 553-2633
benefits@pueblo.us



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. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

