



your 2020

benefits program

Life is sure to take some unexpected turns. That's why City of Cherry Hills Village is dedicated to providing a solid foundation of employee benefits to help you and your family maintain your health, your financial security, and a work/life balance. City of Cherry Hills Village realizes the importance of financial security for the things that matter most to you and your family, such as maintaining your health and income, should you become ill or injured.

As a full-time employee of City of Cherry Hills Village working 20 or more hours a week, you are eligible for the following benefits:

- Medical
- Dental
- Vision
- Life/AD&D
- Voluntary Life/AD&D
- LTD
- STD
- FSA

This guide offers an overview of the key features of our plans to assist you in making the right choices for your situation. If you have questions regarding your benefits, please contact Kathryn Ducharme at 303-783-2734 or kducharme@cherryhillsvillage.com



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Medical Benefits

For the 2020 plan year, we are maintaining three plan options. We continue to offer you medical plans through Kaiser from which to choose. All three plans are HMO plans with Kaiser, which require you to visit only doctors and hospitals within the Kaiser network for all non-emergency care.

Plan Option 1— HMO Platinum & Plan Option 2—HMO Gold

Both of these plans have a \$0 deductible, and copays for services like doctor visits, and procedures. You will pay copays for every service until you meet the out-of-pocket maximum.

Plan Option 3—HMO HDHP with HSA

This plan option has a \$1,500 deductible for singles and \$3,000 for families. Once you reach your deductible, the plan will pay for 90% of services for the remainder of the plan year until you reach the out-of-pocket maximums. It is important to note that the family deductible will apply if any dependents are enrolled on coverage. The individual deductible and out-of-pocket maximum applies to those enrolled as "employee only".

If you enroll in the HSA plan The City contributes to an HSA account on your behalf. See the rate sheet for more info. In order to receive these contributions, you will need to set up an HSA Account, if you haven't already. You may also contribute your own money in addition to the City's contributions.

**Non-embedded means that if you have family coverage, then you must pay the total deductible for all family members on your plan before Kaiser provides Coinsurance benefits to any one of your family members. The total family deductible amount can be spent by one individual. Once the total family deductible amount has been met, then Kaiser will start paying out Coinsurance benefits for all family members on your plan.*

Medical Plan Options:

The member share (your cost) for services is highlighted in the table below.

Medical Plan:	Option 1: HMO Platinum	Option 2: HMO Gold	Option 3: HDHP HMO with HSA
Provider Selection:	In-Network Only	In-Network Only	In-Network Only
Annual Deductible: <i>(per calendar year)</i>	\$0 deductible	\$0 deductible	\$1,500 individual \$3,000 family <i>*Non—Embedded</i>
Out-of-Pocket Annual Maximum: <i>(per calendar year)</i>	\$3,000 individual \$6,000 family <i>(includes copays)</i>	\$5,500 individual \$11,000 family <i>(includes copays)</i>	\$4,000 individual \$8,000 family <i>(includes deductible)</i>
Office Visits: Primary Care Physician: Specialist: <i>(no charge for preventive care services)</i>	\$20 copay \$40 copay	\$30 copay \$60 copay	\$30 copay after deductible \$60 copay after deductible
Prescription Drugs: Generic: Preferred Non-Preferred: Specialty: <i>Mail-order drug benefit available for a 90-day supply.</i>	30-Day Supply: \$10 copay \$35 copay \$200 copay \$200 copay	30-Day Supply: \$15 copay \$65 copay \$300 copay \$350 copay	30-Day Supply: <u>After deductible:</u> \$10 copay \$40 copay 10% 10%
Hospital — Inpatient: Ambulatory Surgical Center: Outpatient Hospital Surgery:	\$500 copay per day (up to \$2,000 per admission) \$300 copay per surgery \$500 copay per surgery	\$750 copay per day (up to \$3,000 per admission) \$500 copay per surgery \$750 copay per surgery	10% after deductible 10% after deductible
Lab & X-Ray — Diagnostic & Therapeutic: MRI/CAT/PET:	Lab & X-Ray: 10% after deductible \$200 copay per test	Lab & X-Ray: 20% after deductible \$500 copay per test	10% after deductible 10% after deductible
Emergency Care:	\$300 copay	\$500 copay	10% after deductible
Urgent Care: After-hours urgent care facility	\$75 copay	\$75 copay	10% after deductible

The 2020 HSA maximum contribution limits are \$3,550 individual and \$7,100 family

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Dental Benefits

City of Cherry Hills Village offers dental coverage through Principal. The Principal dental plan is a PPO plan, which allows you to seek services in or out of the network. If you choose a dentist outside of the Principal network, you will pay more for the services.

To determine if your provider is in the network, log on to https://c3.go2dental.com/member/dental_search/provsel.cgi

Your dental plan is highlighted in the table below. Please refer to your plan description for full details.

Principal Dental Plan:

The member share (your cost) for services is outlined below.

Dental Plan :	In -Network	Out-of-Network
Maximum Annual Benefit	Year 1: \$1,000 per person (preventive and diagnostic services do accumulate towards the annual maximum)	
Carry Forward	If total annual benefits paid to you are between \$1-\$500, 50% of the unused benefits under \$500 will be added to your 2020 Maximum Annual Benefit.	
Annual Deductible	\$50 per person \$150 family (does not include preventive services)	\$50 per person \$150 family (does not include preventive services)
Member Coinsurance (your share of the cost)		
Diagnostic & Preventive Services (i.e., oral exams & cleanings, fluoride, Bitewing X-Rays, etc.)	0%	10%
Basic Services (i.e., fillings, extractions, root canals, periodontics)	20% of eligible expenses after deductible is met	30% of eligible expenses after deductible is met
Major Services (i.e., bridges, dentures, crowns, etc.)	50% of eligible expenses after deductible is met	50% of eligible expenses after deductible is met
Orthodontia— Children—50% to \$1,500 per lifetime.		

** Out-of-network dentists are reimbursed according to a schedule of usual and customary fees in the geographic area in which the expenses are incurred.

Vision Benefits

You may choose to purchase voluntary vision through EyeMed.

Your EyeMed plan offers benefits in or out-of-network. Please keep in mind, if you choose to visit a provider outside the EyeMed network, your benefits may be substantially reduced, and you will be required to provide payment up-front and submit a claim to EyeMed for reimbursement.

The benefits for the EyeMed plan are highlighted in the table below; please refer to your EyeMed plan materials for additional details.

EyeMed Vision Plan		
Provider Selection:	In-Network	Out-of-Network
Vision Exam 12 months	\$10 copay	Up to \$40
Lenses 12 months	Single/ Bifocal/ Trifocal Lenses: \$25 copay	Up to \$70
Frames 24 months	Frames: \$0 copay; \$130 allowance; 20% discount on balance over \$130	Up to \$91
Contact Lenses 12 months	Conventional— \$0 copay; \$130 allowance; 15% off retail over \$130 Disposable— \$0 copay; \$130 allowance; plus 15% off balance over \$130 Medically Necessary— \$0 copay; paid-in-full	Conventional— up to \$130 allowance Disposable— up to \$130 allowance Medically Necessary— \$210 allowance
Laser Vision Correction	15% off the retail price or 5% off the promotional price	N/A





Life & AD&D Coverage

City of Cherry Hills Village provides you with basic life and accidental death & dismemberment (AD&D) coverage and pays the full premium. You are covered for one times your annual salary, up to \$100,000 in life benefit. Should your death be due to an accident, your beneficiary would receive a total of two times your annual salary.

The City also provides your spouse and dependents with life insurance: spouse coverage is provided in the amount of \$10,000 & dependent children in the amount of \$2,000.

You also have the option of purchasing additional voluntary life and accidental death & dismemberment coverage.

Short-Term Disability Coverage

City of Cherry Hills Village provides you with Short-Term Disability coverage should you become injured or sick and unable to work for longer than 28 days. The benefit provides you with a benefit of 60% of your salary to a maximum of \$1,500 per week.

Long Term Disability Coverage

City of Cherry Hills Village also provides you with Long Term Disability coverage should you become injured or sick and unable to work for longer than 90 days. Please see HR for additional information.

Pretax Benefit Premiums

City of Cherry Hills Village's Pretax Benefit Plan provides you with the opportunity to deduct certain benefit premiums and expenses on a pretax basis, which can add up to a substantial amount of tax savings. The pretax premium allows you to pay your portion of the medical, dental and vision premiums with pretax dollars.

Flexible Spending Accounts

You have the opportunity to set aside pre-tax dollars to use for qualified expenses. We have two Flexible Spending Accounts (FSAs) available:

The **Health Care Spending Account** allows you to deduct up to \$2,750 per year from your paycheck to pay for qualified health care expenses including medical, dental, and vision. (Note: If you are contributing to an HSA, you may not participate in this spending account)

The **Dependent Care Spending Account** allows you to deduct up to \$5,000 per plan year from your paycheck (\$2,500 if you are married and file taxes separately from your spouse) to pay for qualified dependent care expenses.

Thank you for your contributions to the success of City of Cherry Hills Village!

This summary is intended to acquaint you with the major benefits City of Cherry Hills Village provides to employees. It is not all-inclusive, but rather a brief outline. Exact benefit limitations and exclusions are contained in the insurance company's plan documents. Should there be any discrepancies between this summary and the materials produced by each insurance company, the insurance company's documents will prevail.

Contact Information

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Kaiser
1-800-464-4000
Email: co.kp.csu@kp.org
www.kp.org

Dental
Principal
1-800-247-4695
www.principal.com

Vision
Eye Med
1-866-939-3633
www.eyemed.com

Life and Disability
Mutual of Omaha
1-800-877-5176
www.mutualofomaha.com

EAP
Mutual of Omaha
1-800-316-2796
www.mutualofomaha.com/eap

FSA
Rocky Mountain Reserve
1-888-722-1223
www.rockymountainreserve.com

Important Dates:

ENROLLMENT MEETINGS
Wednesday, December 4th:
6:30 a.m.
2:00 p.m.

Wednesday, December 11th:
6:30 a.m.
2:00 p.m.

NEW BENEFIT ELECTIONS BECOME EFFECTIVE FOR THE NEW PLAN YEAR
Wednesday, January 1st