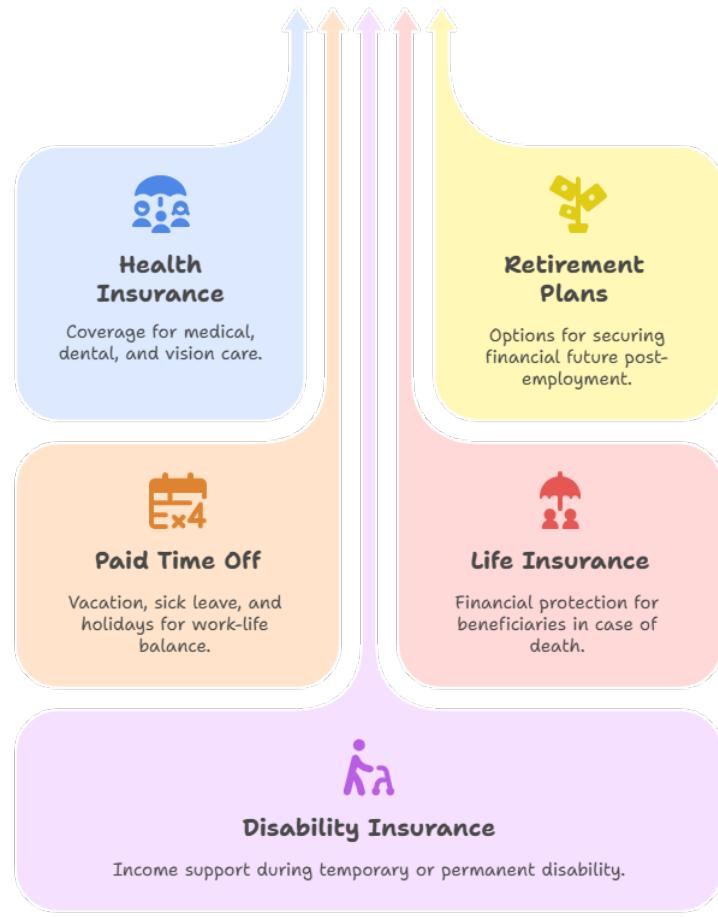


Benefits Guide 2026

City of Cherry Hill Village



2026 Benefits Summary

Your benefit plans have been designed to provide you with a package that is both comprehensive and responsive to the needs of our employees. This booklet is designed to help you navigate your benefits choices.

Benefit Eligibility

When Do Benefits Begin?

Benefits begin on the first day of the month following your first day of employment.

Who Qualifies for Benefits?

Employees working a minimum of 20 hours per week.

Who Is Covered?

- Your Lawful Spouse
- Natural, Step and Adopted Children up to the age of 26
- Any Unmarried, Disabled child of any age who resides with you, medically certified as disabled prior to their 26th birthday and primarily dependent upon you for support

Making Changes Throughout the Year

The only time you may make a change in your coverage outside of your company-wide Open Enrollment or New Hire Enrollment period is if you have a qualified change in your family or employment status.

Qualifying Events Include:

- Marriage, divorce or legal separation
- Birth, adoption, placement, guardianship or court-ordered coverage of a dependent child
- Death of your spouse or dependent
- Eligibility for Medicare
- Covered employee's spouse or dependent gains or loses coverage

Important: You must apply for the change in coverage within 30 days of the Qualifying Event or 60 days for Medicaid/CHIP Events.

Medicare Notice

If you and/or your dependents have Medicare or will be eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the Notices section for more details.

Enrollment Guide for Employee Navigator

Step-by-Step Enrollment Instructions

Step 1: Login

Go to <https://www.employeenavigator.com/benefits/Account/Login>

First time users: Click "Register as a new user." Enter your information to identify yourself and create an account. The company identifier is **Cherry Hills Village**. Create a Username and Password for future logins.

Returning users: Log in with your Username and Password. Click "Reset a forgotten password" if needed.

Step 2: Get Started

On the next screen, click "Get Started" to begin enrollment.

Step 3: Start Enrollment

On the next screen, click "Start Enrollment."

Step 4: Confirm Your Details

Confirm the details about yourself in the system are accurate. If correct, click "Save & Continue" to advance to the dependent screen.

Step 5: Add Dependents

You can add your dependents by clicking "Add Dependent."

Step 6: Review and Select Options

To enroll dependents in a benefit, make sure you click the box next to the dependent's name under "Who am I enrolling?" The cost shown is the cost per pay period.

Tips:

- Click "Compare" to see a side-by-side comparison of benefit options
- Click "Details" to see details for a specific plan
- Toggle between benefits by clicking on the benefit name in the menu on the right

Warning: If you miss a required step, you'll see an unchecked circle and an "Enrollment Not Complete" warning. You must fix this before logging out.

Step 7: Save Your Selections

Clicking "Save & Continue" at the bottom of each screen will save your selection and advance to the next screen. **Please be aware that if you click "Save & Continue" for any benefit you will be enrolled in that benefit.** Do not click this if you are unsure.

Step 8: Review and Confirm Elections

After you've selected the benefits and coverage levels you want, you will be at the Enrollment Summary screen. Review your elections and choose to sign and complete your enrollment.

Step 9: Complete Additional Forms

If you have elected benefits that require Evidence of Insurability form, Primary Care Physician (PCP) selection, or beneficiary designation, you will be prompted to either enter the information or print and complete a form after each benefit that requires this additional information.

Step 10: Decline Coverage (If Applicable)

If you do not want a benefit, click at the bottom of the screen and select from the drop-down box the most accurate reason for not wanting the benefit.

Medical Insurance

Overview

Medical insurance helps to pay for doctor visits, medications, hospital care, and more when someone is sick or injured. Even when you are not sick, medical insurance can help pay for routine check-ups, immunizations, health screenings and more.

Carrier Information

Carrier: Kaiser

Website: www.kp.org

Phone: 1-888-901-4636

Available Kaiser Permanente Plans

3 Plans Available	Option 1: KP CO Gold 1750/3500 HSA	Option 2: KP CO Gold 30 RX Copay	Option 3: KP CO Platinum 10 RX Copay
Network	Kaiser	Kaiser	Kaiser
Deductible (Individual/Family)	\$1,750 / \$3,500	\$0 / \$0	\$0 / \$0
Out of Pocket Max (Individual/Family)	\$5,000 / \$10,000	\$7,500 / \$15,000	\$3,000 / \$6,000
Coinurance (Member Pays)	15%	0%	0%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Primary Office Visit	\$30 Copay (after Deductible)	\$30 Copay	\$10 Copay
Specialist Office Visit	\$60 Copay (after Deductible)	\$80 Copay	\$40 Copay
Lab/X-ray	\$15 (after Deductible)	\$20	\$10
Urgent Care	\$75 Copay (after Deductible)	\$75 Copay	\$75 Copay
Emergency Room	\$15 (after Deductible)	\$750 Copay	\$300 Copay
Outpatient Mental Health Visits	\$30 Copay (after Deductible)	\$30 Copay	\$10 Copay
Retail Prescriptions (Tiers)	Medical Ded, \$15/\$50/\$15	\$15/\$70/\$350	\$10/\$35/\$200
Specialty Prescriptions	\$15 (after Deductible)	\$400	\$250

Monthly Medical Costs

Option 1: KP CO Gold HSA



Employees pay \$0 for all coverage levels in the first option.

Coverage Level	Employee Cost
Employee	\$0.00
Employee + Spouse	\$0.00
Employee + Children	\$0.00
Family	\$0.00

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Option 2:

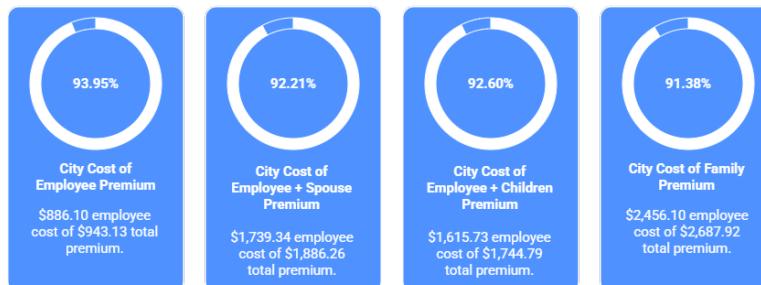
KP CO Gold 30 RX Copay



Coverage Level	Employee Cost
Employee	\$15.30
Employee + Spouse	\$61.38
Employee + Children	\$45.60
Family	\$111.22

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Option 3: KP CO Platinum 10 RX Copay



Coverage Level	Employee Cost
Employee	\$57.03
Employee + Spouse	\$146.92
Employee + Children	\$129.06
Family	\$231.82

Employee costs are significantly lower than city costs across all coverage levels.

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What If I Decline Medical Coverage?

For full-time employees declining the City's coverage, you will receive a cash equivalent of \$38.47 per check, which will total up to \$1,000.00 if you are with the City for the entire year. For employees who start mid-year, they will be eligible for a cash equivalent of \$38.47 per check for the remainder of the year.

You will need to provide proof of medical insurance coverage to qualify to waive.

For more information, please contact HR Manager Kathryn Ducharme.

Kaiser Member Resources

Kaiser Member Portal

Visit www.kp.org or download the KP App to find information and tools designed to make it easier to use your benefits:

- Find In-Network Providers
- Find a Pharmacy
- Download Your Digital ID Card
- Manage Claims
- Get Exclusive Discounts
- Find Resources and Tools to help you stay healthy

Virtual Visits

With the KP mobile app or at kp.org, you can access care, view most lab and test results, schedule appointments, pay bills and more. Virtual care options include:

- Online chatting
- 24/7 on-demand video visits
- 24/7 medical advice line
- E-visits

Visit your member portal to learn more and explore your virtual care options.

Reward Program

Earn a reward for your healthy habits. You can earn a \$150 reward card for your efforts! Visit www.kp.org/engage and sign in with your kp.org user ID and password. After you have signed up, all you must do is complete a Total Health Assessment online survey and go to your doctor for four covered biometric screenings.

Mental Health Support

Headspace Care App: Offers immediate 1-on-1 support for coping with common challenges from stress and depression to issues with work or relationships. Highly trained emotional support coaches are ready to help 24/7. Adult Kaiser Permanente members can use online coaching for 90 consecutive days at no cost.

Calm App: A research-based meditation and mindfulness app that can help users develop self-care skills for lowering stress, reducing anxiety, improving sleep quality, and engaging in mindfulness.

MyStrength App: A program based on cognitive behavioral therapy that offers guided resources and tools for a range of mental health needs and challenges. You have access to these resources at no cost.

Visit www.kp.org/selfcareapps to get started.

Active Fit Program

The Active Fit Direct program gives you access to thousands of gyms and workout videos nationwide for just \$28 a month. You also have the option to purchase a membership for your spouse and participate in one-on-one well-being coaching to keep your health goals on track. Visit kp.org/exercise and scroll to the Active Fit Direct section to get started.

Flexible Spending Accounts

Overview

A flexible spending account (FSA) provides you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can lower your taxable income.

The following FSAs are available through Rocky Mountain Reserve.

Health Care FSA

Health care FSA dollars can be used to pay for eligible out-of-pocket expenses such as deductibles, copays, and other health-related expenses that are not reimbursed by the medical, dental, or vision plans.

- **Maximum Contribution for 2026:** \$3,400
- **Availability:** The entire amount you elect is available to you on day 1 of the plan year
- **Carryover:** Any unused amount aside from \$680 will not rollover into the next year

Dependent Care FSA

Dependent care FSA dollars can be used to pay for eligible dependent care expenses that allow you and your spouse to work or attend school full time.

Eligible expenses include:

- Day care
- Preschool
- Summer camp
- Before- and after-school care
- Elder care
- **Maximum Contribution for 2026:** \$7,500 (depending on your marital and tax filing status)
- **Deposits:** Contributions are deposited each pay period
- **Reimbursement:** You can only be reimbursed for amounts up to what is currently in your account
- **Carryover:** Dependent care dollars do not carry over to the next year. Any dollars remaining in your account at the end of the plan year will be lost.

Limited Purpose Health Care FSA

If you fund an HSA, you cannot contribute to a traditional health care FSA. However, you can contribute to a Limited Purpose Health Care FSA (LPFSA).

Limited purpose health care FSA dollars can only be used for dental and vision expenses.

- **Maximum Contribution for 2026:** \$3,400
- **Availability:** The entire amount you elect is available to you on your benefits effective date

Health Savings Account

Overview

A Health Savings Account, commonly called an HSA, is a bank account that allows you to save money on a pre-tax basis to help you pay out-of-pocket healthcare expenses.

Requirement: You must enroll in the Qualified High Deductible Health Plan (Option 1: KP CO GOLD HSA) in order to contribute to an HSA.

Your contributions remain in the account for you to spend on eligible healthcare expenses no matter where you work or how long it stays in the account. The HSA account is administered by Optum Financial.

Contribution Limits

Contributions to an HSA cannot exceed the annual IRS contribution limits.

The 2026 IRS maximum contributions from all sources are:

- Employee-only coverage: \$4,400
- All other coverage tiers: \$8,750

Catch-Up Contributions: Employees age 55 by December 31 may contribute an additional \$1,000 catch-up contribution to their HSA.

How Does an HSA Work?

- You can withdraw, up to your existing balance, HSA money tax-free to pay eligible out-of-pocket medical, dental, and vision expenses for you, your spouse and your taxable dependents
- Your spouse and IRS taxable dependents do not need to be enrolled in the HDHP plan
- You will be given access to a secure, easy-to-use web portal where you can track your account balance, view your investment accounts, and submit requests for reimbursements
- Account balances roll over year over year, so you do not forfeit your money
- You can choose to save, spend or invest your money—that decision is up to you

What Happens Upon Separation?

If you separate from service or disenroll in the HDHP plan, you get to keep the HSA money in your account. You can continue to spend the HSA funds on qualified expenses; however, you cannot make contributions unless you re-enroll in another qualified HDHP plan. Or you can save the money to spend in your retirement years when healthcare needs are generally higher.

Eligibility Requirements

To be eligible for an HSA:

- You must be a resident, work, and pay taxes in the U.S.
- You cannot also be covered under a non-HDHP plan such as TRICARE, Military plan, or a spouse's plan, or a Traditional Health Care FSA
- You cannot be enrolled in Medicare
- Your spouse cannot be enrolled in a Traditional Healthcare FSA (but their enrollment in a Limited Purpose FSA is permitted)
- You cannot be claimed as a dependent on someone else's tax return

More Information

For a list of Qualified Expenses, go to www.irs.gov, Publication 502.

For more details about Health Savings Accounts, go to www.irs.gov, Publication 969.

Dental Insurance

Overview

Dental insurance helps pay for oral exams, cleanings, x-rays and more! A visit to the dentist is about more than just a teeth cleaning. By looking in your mouth, your dentist can tell a lot about your overall health. In fact, they may be able to identify early signs of disease, such as diabetes, heart disease, kidney disease, and even some forms of cancer, before you even notice symptoms.

Carrier Information

Carrier: Principal

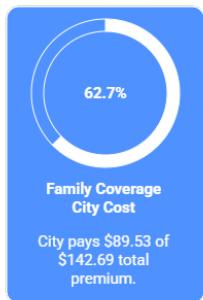
Website: www.principal.com

Phone: 1-800-986-3343

Plan Details

Coverage Component	Benefit Details
Network	PPO
Annual Deductible (Individual/Family)	\$50 / \$150
Annual Maximum Per Person	\$1,000
Diagnostic & Preventive Services (Exams, Cleanings, X-Rays)	100% Covered, No Deductible
Basic Services (Oral Surgery, Periodontics)	80% Covered After Deductible
Major Services (Crowns, Bridges, Dentures)	50% Covered After Deductible
Orthodontic Services to Age 19	50% Covered Up To \$1,500 Lifetime Maximum

Monthly Dental Costs



Coverage Level	Employee Cost
Employee	\$0.00
Employee + Spouse	\$11.63
Employee + Children	\$25.40
Family	\$53.16

Employee-only coverage is fully paid by the city, while other coverage levels require employee contributions.

Vision Insurance

Overview

Vision insurance helps to pay for annual eye exams and may provide coverage for eyeglass lenses, frames, and contacts. Just by looking in your eyes, a doctor can find warning signs of serious diseases and conditions like high blood pressure, high cholesterol, thyroid diseases, and certain types of cancer. In fact, eye doctors are frequently the first to detect signs of abnormal health conditions.

Carrier Information

Carrier: EyeMed
Website: www.eyemed.com
Phone: 1-866-804-0982

Plan Details

Coverage Component	Benefit Details
Network	Insight Network
Eye Exams	Once Every 12 Months – \$10 Copay
Standard Frames	Once Every 24 Months – \$130 Allowance, \$20 off balance over allowance
Lenses	Once Every 12 Months – \$25 Copay
Contacts	Once Every 12 Months (Instead of Glasses) – \$130 Allowance, \$15 off balance over allowance

Monthly Vision Costs



Employees bear the full cost of benefits premiums.

Coverage Level	Employee Cost
Employee	\$6.52
Employee + Spouse	\$12.38
Employee + Children	\$13.03
Family	\$19.15

Life and Accidental Death & Dismemberment (ADD) Insurance

Group Life and ADD Insurance

The City of Cherry Hill Village provides each eligible employee with a life and ADD insurance plan through Mutual of Omaha. This coverage is completely free to employees—the City of Cherry Hill Village pays the premiums.

Please use the Employee Navigator system to update your beneficiary or see HR to update your beneficiary.

Voluntary Life and ADD Insurance

Voluntary Life and ADD insurance is available for you and your dependents and can be purchased through Mutual of Omaha. See benefit summary for full plan details and individualized rates.

Life Insurance Benefits

Beneficiary Type	Benefit Amount
Employee	1× Annual Salary up to \$100,000
Spouse	\$10,000
Child (Less than 14 days)	\$0
Child (14 days to age 19, or under 23 if a student)	\$2,000

ADD Benefits

ADD Benefit Amount: Equal to Life Benefit

Age Reduction Schedule:

- 35% reduction at age 65
- Additional 25% reduction at age 70
- Additional 15% reduction at age 75

Voluntary Plan Information

Employee Life Benefits

Benefit Type	Details
Benefit Amount	\$10,000 increments up to 5× Salary or \$500,000
Guarantee Issue	\$100,000

Spouse Life Benefits

Benefit Type	Details
Benefit Amount	100% of employee's benefit up to \$150,000
Guarantee Issue	\$25,000

Child Life Benefits

Benefit Type	Details
Benefit Amount (Under age 26)	\$10,000

Voluntary ADD Benefits

ADD Benefit Amount: Equal to Life Benefit

Employee Age Reduction Schedule:

- 35% reduction at age 70
- Additional 20% reduction at age 75
- Additional 15% reduction at age 80
- Additional 10% reduction at age 85
- Additional 5% reduction at age 90

Spouse: Coverage terminates when age 70.

Evidence of Insurability

If you purchase life and ADD insurance for yourself or your spouse and/or children when you are first eligible to enroll, you may purchase up to the guarantee issue amounts without completing a statement of health (Evidence of Insurability).

If you do not enroll when first eligible and choose to enroll during a future open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by the carrier.

What Is Life Insurance?

The purpose of life insurance is to help provide financial security to your loved ones upon your death. The beneficiary designations for your life insurance and other financial accounts take precedence over your will. If you want your wishes to be followed after you pass, you need to keep your beneficiaries updated.

Carrier Information:

- **Carrier:** Mutual of Omaha
- **Phone:** 1-800-775-6000
- **Website:** www.mutualofomaha.com

Disability Insurance

Short-Term Disability Insurance

The City of Cherry Hill Village provides each eligible employee with a short-term disability insurance plan through Mutual of Omaha. This coverage is completely free to employees—the City of Cherry Hill Village pays the premiums.

Long-Term Disability Insurance

The City of Cherry Hill Village provides each eligible employee with a long-term disability insurance plan through Mutual of Omaha. This coverage is completely free to employees—the City of Cherry Hill Village pays the premiums.

Short-Term Disability Plan Information

Plan Component	Details
Weekly Benefit Amount	60% of your earnings up to the plan maximum
Elimination Period	Benefits begin on the 29th day of disability for an illness or injury
Benefit Duration	Up to 9 weeks

Long-Term Disability Plan Information

Plan Component	Details
Monthly Benefit Amount (Non-Sworn)	66 $\frac{2}{3}$ % of your earnings up to the plan maximum
Monthly Benefit Amount (Sworn)	Up to 60% of a sworn employee's most recent salary
Elimination Period	Benefits begin after 90 days of disability
Benefit Duration	Up to age 65 (see full age schedule if you are over age 62)
Pre-Existing Conditions	You qualify if you haven't been seen by a doctor or prescribed medication for an injury or sickness in the last 3 months, or if your disability happens after 12 consecutive months of coverage

What Is Disability Insurance?

If you are unable to work due to an illness or injury, disability insurance offers financial protection by paying you a portion of your earnings while you are disabled.

Carrier Information:

- **Carrier:** Mutual of Omaha
- **Phone:** 1-800-775-6000
- **Website:** www.mutualofomaha.com

Employee Assistance Program

This benefit is employer paid and therefore free to employees. The Employee Assistance Program (EAP) can be used for a variety of resources for employees and household members, including:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions

Confidentiality: All EAP services are provided in a confidential manner. No identifying information will be released to anyone unless written permission is given or as required by law for instances such as child abuse or a life-threatening situation. The City will receive statistical information only regarding how many employees are using the services.

Consultation Methods

The consultation methods include:

- Face-to-face counseling sessions (up to three 3-visit sessions per issue per 12-month period)
- Telephone and web resources
- 24/7 availability (24 hours a day, 7 days a week)

Program Administrator: Mutual of Omaha

Worldwide Travel Assistance

Mutual of Omaha also provides Worldwide Travel Assistance to employees for a single trip, up to 120 days in length, more than 100 miles from home.

Pre-Trip Assistance

- Information regarding passport, visa, or other required documentation for foreign travel
- Travel health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

Emergency Travel Support Services

- Telephonic translation and interpreter services
- Locating legal services
- Baggage issue resolution
- Emergency payment and cash
- Emergency messages
- Document replacement
- Vehicle return assistance
- Medical assistance
- Identity theft help with education, prevention, and recovery of information

Note: There are plan limitations.

Workers Compensation Insurance

In the event of an on-the-job injury or disability, all City employees are covered by workers compensation insurance. The City pays the full cost of this insurance.

Cancer and Accident Indemnity Insurance

The City of Cherry Hills Village provides you the option to purchase Cancer and Accident Indemnity insurance through AFLAC. This benefit is optional supplemental medical coverage and is employee paid.

There are two plans to choose from—you have the option to select both or individually. The plan rates are guaranteed and set once you enroll. This benefit tries to provide some financial security in regards to certain medical claims.

For more information, contact:

- **Name:** Emma Crenshaw
- **Phone:** 913-961-9147
- **Email:** emmacrenshawus.aflac.com

Sworn Police Department Benefits

FPPA Death & Disability Benefits

Newly hired sworn police personnel are required to enroll in the Fire and Police Pension Association (FPPA) Statewide Death and Disability Plan (SWDD). The plan provides benefits for long-term disabilities, i.e., a medical condition that is expected to keep Members off the job for at least 12 months.

Disabilities in this Plan fall under two categories: Occupational and Total. Each category has different requirements and benefit amounts which are described in FPPA's Statewide Death & Disability Plan brochure.

A copy can be found at <https://www.fppa.org/benefits-SWDD.html>.

FPPA Statewide Death & Disability Plan

Benefit Type	Benefit Amount
Temporary Occupational Disability	40% of Base Salary
Permanent Occupational Disability	50% of Base Salary
Total Disability	70% of Base Salary

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Benefit Duration

- Temporary Occupational Disability: Maximum 5 years
- Permanent Occupational Disability: May be payable as long as disability exists (Annual verification process applies)
- Total Disability: May be payable as long as disability exists (Annual verification process applies)

FPPA Statewide Retirement Plan – Defined Benefit Component

The city has elected to cover all newly hired police officers under the FPPA Statewide Retirement Plan. Employees make mandatory contributions of 12% to the plan with a city match. The city mandatory minimum contribution rate starts at 10% in 2024 and increases by 0.5% each calendar year until 2030.

Members covered by the Defined Benefit Component may receive a monthly lifetime benefit once they become eligible for retirement.

More information can be found at <https://www.fppa.org/benefits-SWDB.html>.

Carrier Information:

- **Carrier:** Fire & Police Pension Association (FPPA)
- **Phone:** 303-770-3772
- **Email:** jgonzales@fppa.org

Deferred Compensation Plan – Section 457 (Police)

The City offers a 457 deferred compensation plan to all year-round sworn police employees. Participation in this plan is voluntary. Contributions by the employee may begin immediately. After completion of one (1) year of employment, contributions by the City are offered as a match to the employee's contribution, up to 3% of base salary for sworn police.

Employees may contribute a higher percentage, up to the federal allowable max, at their option. Employees are 100% vested in all contributions made into the program.

The MissionSquare Retirement Corporation administers the plan.

Carrier Information:

- **Carrier:** MissionSquare Retirement Corporation
- **Phone:** 202-441-5138
- **Email:** dadair@missionsq.org

Police Legal Defense Fund

The City contracts with a third-party provider for legal services for sworn police for specific on-the-job incidents that may occur. These services are \$13.00 per month and are deducted through payroll.

Sworn police employees should contact Human Resources or command staff in the Police Department for more information.

Carrier Information:

- **Carrier:** Bruno, Colin, Goddard, & Lowe, P.C.
- **Plan Name:** Law Enforcement Alliance for Defense, Inc.
- **Phone:** 720-305-9911

Civilian (Non-Sworn) Employee Benefits

Retirement Plan Overview

City employees who are not sworn police personnel are covered by Social Security as their primary pension plan. The current rate of contribution to Social Security is 6.2% each for the City and for employees.

Defined Contribution Money Purchase Plan – Section 401(a)

The City contributes 5% into a 401(a) supplemental money purchase plan instead of the Section 457 for an employment group who so chooses. An employee classification group must make the choice in its entirety. One group who has chosen this option is non-sworn management level employees, including department directors and managers.

The employee contribution is fixed at 11%. Employees are 100% vested in all contributions made into the program.

MissionSquare Retirement Corporation administers the plan.

Deferred Compensation Plan – Section 457 (Civilian)

The City offers a 457 deferred compensation plan to all year-round employees. Participation in this plan is voluntary. Contributions by the employee may begin immediately or at any point in time during employment. After completion of one (1) year of employment, contributions by the City are offered as a match to the employee's contribution, up to 5% for non-sworn, non-management employees.

Management employees are exempt from match contributions due to participation in the 401(a) plan. Employees may contribute a higher percentage, up to the federal allowable max.

Employees are 100% vested in all contributions made into the program.

MissionSquare Retirement Corporation administers the plan.

Roth IRA

The City offers year-round employees the opportunity to contribute to a Roth IRA through payroll deductions. Participation in this plan is voluntary, and the City does not match employee contributions. Employee contributions may begin immediately upon hire.

The MissionSquare Retirement Corporation administers the plan.

Carrier Information:

- **Carrier:** MissionSquare
- **Phone:** 202-441-5138
- **Email:** dadair@missionsq.org

Additional City Policies and Benefits

Paid Time Off (PTO)

Paid Time Off (PTO) replaces separate banks of vacation, sick, and personal time. Eligible employees currently accrue PTO based on seniority, as follows:

Years of Continuous Service Completed	Accrual Rate Per Pay Period (First Two Paychecks)	PTO Hours Per Year	PTO Days Per Year (8-hour days)
Date of hire through 4 years	7.67	184	23
5 years through 9 years	8.67	208	26
10 years through 14 years	9.34	224	28
15 years through 18 years	10.34	248	31
19 years and more	11.00	264	33

Paid Holidays

The City provides the following paid holidays off:

- New Year's Day (January 1st)
- Martin Luther King Day (3rd Monday in January)
- Presidents Day (3rd Monday in February)
- Memorial Day (Last Monday in May)
- Independence Day (July 4th)
- Labor Day (1st Monday in September)
- Thanksgiving Day (4th Thursday in November)
- Day After Thanksgiving
- Christmas Eve (December 24th)
- Christmas Day (December 25th)

The City also provides two (2) eight-hour floating/flex holidays (total of 16 hours) that are front loaded in the middle of January payroll or upon starting employment.

Personal Computer Purchase Plan

The City offers employees the ability to participate in a no-interest computer loan program. The program allows employees to borrow up to \$2,000.00 for up to two (2) years at no interest for the purchase or upgrade of personal computers for home use.

Employees need to have fulfilled a year of service to be eligible for the benefit.

See your Policy and Procedure packet for the full policy.

Tuition Reimbursement Policy

Employees who take college courses not required for their job may be reimbursed in part for tuition, books, and materials. Employees interested in tuition reimbursement must get pre-approval from their Department Director. Employees need to have fulfilled a year of service to be eligible for the benefit.

See your Policy and Procedure packet for the full policy.

Higher Education Tuition Discounts

Denver Regional Council of Governments has entered into agreements with Regis University and Kaplan University which will offer a 10% tuition discount to City employees.

For more information on the program, contact DRCOG at 303-455-1000.

Contact Information

Refer to this list when you need to contact one of your benefit carriers. For general information, contact Human Resources.

Medical Insurance

- **Carrier:** Kaiser
- **Phone:** 1-888-901-4636
- **Website:** www.kp.org

Flexible Spending Accounts

- **Carrier:** Rocky Mountain Reserve
- **Phone:** 1-888-722-1223
- **Website:** www.rockymountainreserve.com

Dental Insurance

- **Carrier:** Principal
- **Phone:** 1-800-986-3343
- **Website:** www.principal.com

Vision Insurance

- **Carrier:** EyeMed
- **Phone:** 1-866-804-0982
- **Website:** www.eyemed.com

Life and ADD Insurance, Disability Insurance, EAP, Travel Assistance

- **Carrier:** Mutual of Omaha
- **Phone:** 1-800-775-6000
- **Website:** www.mutualofomaha.com

Aflac Policies

- **Contact:** Emma Crenshaw
- **Phone:** 913-961-9147

Retirement Plan 401(a), 457, Roth IRA

- **Carrier:** MissionSquare
- **Phone:** 202-759-7268
- **Email:** zpitman@missionsq.org

Retirement Plan FPPA (Sworn Police)

- **Carrier:** Fire & Police Pension Association (FPPA)
- **Phone:** 303-770-3772
- **Email:** jgonzales@fppa.org

Important Notices

Medicare Part D Prescription Drug Credibility/Non-Creditability

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D.

Key Points to Note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life
- The longer you go without creditable coverage, the higher the penalty
- For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but this is only available when normal coverage ends, not when retiree or COBRA coverage ends)
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st

Plan Credibility Status:

Our Plans	Creditable Coverage	Non-Creditable Coverage
Cherry Hills Medical Plans	All Plans	None

For more information about Medicare, contact a Medicare-approved counselor in your state at <https://www.medicare.gov/Contacts/resources/ships> or call 1-800-MEDICARE.

Plan Pays Secondary to Disability-Based Medicare

When you or a dependent are determined disabled by the Social Security Administration, it is imperative such individual have Medicare begin immediately after 24 months of Social Security disability.

Regardless whether the individual is enrolled in Medicare or not, our plan will calculate how much Medicare would have paid and then pay secondary, meaning it will pay very little or nothing.

Exception: If the employer employs 100 or more full- and part-time employees during 50 or more of business days during the previous calendar year, then the plan will begin paying primary (not secondary) to disability-based Medicare.

Non-Grandfathered Medical Plan Appeals Processes

Your medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.

Women's Health and Cancer Rights Act (WHCRA)

Enrolled individuals may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- 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 of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under the medical plan.

If you would like more information on WHCRA benefits, please contact HR.

Special Medical Enrollment Rights and Responsibilities Under HIPAA

When you are eligible to participate in our group medical plan, you may have to enroll and agree to pay part of the premium through payroll deduction in order to actually participate.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of your right to enroll in the plan under its special enrollment provision if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Special Enrollment Provision – Loss of Eligibility Under Medicaid or a State Children's Health Insurance Program (CHIP)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while coverage under Medicaid or CHIP is in effect, you may be able to enroll yourself and your dependents in this plan if eligibility is lost for the other coverage. However, you must request enrollment within 60 days after the other coverage ends.

Special Enrollment Provision – Loss of Eligibility for Other Coverage

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other medical coverage is in effect, you may be able to enroll yourself and your dependents in this plan if eligibility is lost for the other coverage or if the employer stops contributing toward it. However, you must request enrollment within 30 days after the other coverage ends or after the employer stops contributing toward it.

Special Enrollment Provision – New Dependent

If you have a new dependent as a result of marriage, birth, adoption, or placement with you for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special Enrollment Provision – Eligibility for Medicaid or CHIP State Premium Assistance Subsidy

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To Request Special Enrollment

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR.

Form for Employee to Decline Coverage

If you decline enrollment for yourself or for an eligible dependent, you must complete a Form for Employee to Decline Coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or CHIP) is the reason for declining enrollment, and you are asked to identify that coverage.

If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage. However, you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan.

If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent or CHIP subsidy eligibility.

Notice of Privacy Practices

This is a reminder that the Notice of Privacy Practices is available to you upon request. This Notice describes how medical information about you may be used and disclosed by The Plan to carry out treatment, payment, or health care operations for any other purpose that is permitted or required by law.

The Notice further describes your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and how you can get access to this information.

If you would like to receive a copy of the Notice of Privacy Practices, please reach out to HR.

Premium Assistance Under Medicaid or 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.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed in the appendix, 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, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or visit www.insurekidsnow.gov to find out how to apply.

If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Appendix: State Premium Assistance Programs

Note: The following list of states is current as of July 31, 2024. For updated information, contact your State Medicaid or CHIP office or visit the respective state websites listed below.

Alabama, Alaska, Arkansas, California, Colorado, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

Contact information available upon request.

For detailed contact information for all states, please refer to the original Medicaid/CHIP premium assistance resources or contact HR.

Additional Information

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 such collection displays 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. 3507). 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.

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This Benefits Guide is provided for informational purposes only. In the event of any discrepancy between this guide and the actual plan documents, the actual plan documents shall prevail. For specific questions regarding your benefits, please contact Human Resources.