



City of Black Hawk

2023-2024

Employee Benefits Guide



CITY OF BLACK HAWK BENEFITS

YOUR 2023-2024 EMPLOYEE BENEFITS GUIDE

Benefits Designed to Support You

At City of Black Hawk, we know how important our dedicated employees are! 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.

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IMPORTANT NOTICE REGARDING THIS BENEFITS OVERVIEW

This Benefits Overview is neither an express nor implied contract, and the City of Black Hawk retains the right to change, delete, or modify any benefit as authorized by applicable law. This summary in no way replaces the information contained in the Employee Handbook and other benefit plan documents. Employees should refer to the Employee Handbook and other benefit plan documents for more details regarding eligibility, definitions, procedures, limitations, and exclusions. Please refer to page 22 for details on how to obtain these documents.



▶ WELCOME!

OUR EMPLOYEES ARE OUR MOST VALUABLE ASSET!

That's why the City of Black Hawk is committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a work/life balance.



STAY HEALTHY

- Medical Care
- Dental Care
- Vision Care
- Health Savings Account

FEEL SECURE

- Group Life and Accidental Death & Dismemberment
- Voluntary Life and Accidental Death & Dismemberment
- Short-Term Disability
- Long-Term Disability
- Workers' Compensation
- Employee Assistance Program (EAP)
- 401(a) Defined Contribution Plan
- 457 Deferred Compensation Plan
- Roth IRA
- Fire and Police Pension Association (FPPA)

WORK/LIFE BALANCE

- Paid time off (PTO)
- Sick Leave

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Plan documents are available on the ADP User Login Portal located at <https://workforcenow.adp.com>. If you would prefer to have printed copies of these documents, please notify Employee Services and copies will be provided to you at no charge. If there is a discrepancy between this Benefits Overview and the plan documents, plan documents will prevail. City of Black Hawk has reserved the right to change and/or terminate its benefit plans at any time.

▶ BENEFIT ELIGIBILITY

NEW HIRES

- **Full-time employees** working at least 30 hours per week are eligible for health, dental, vision and ID theft protection benefits to begin on the first day of the month following date of hire. As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period or until you have a qualifying life event.

OPEN ENROLLMENT

- **Full-time employees** working at least 30 hours per week are eligible to participate in open enrollment. Open enrollment is the only time during the year that you can change your health, dental and vision benefits unless you experience a qualifying life event. During the open enrollment period, you have the opportunity to enroll, decline or make changes to your current coverage.
- Open Enrollment for the 2023/2024 plan year are: May 22, 2023 – June 18, 2023

ELIGIBLE DEPENDENTS

- **Spouses**
 - Spouse Surcharge: If your spouse has access to health insurance coverage through his or her employer, retiree coverage, Medicare or TRICARE, or other military benefits, there will be a \$100 per month surcharge to cover your spouse on the City of Black Hawk medical plan. If your spouse's access to other health insurance coverage changes during the plan year, you must notify Employee Services within 30 days of the change.
- **Children for whom you have legal custody**
 - Dependent children are eligible for medical, dental, and vision insurance up to the end of the month in which they turn age 26 (regardless of student or marital status).
 - Dependent children of any age remain eligible if they are physically or mentally incapable of self-support. Eligibility for other benefits varies.

NOTIFICATION OF QUALIFIED LIFE EVENT

Per IRS rules, you will be locked into your medical, dental, and vision elections until the next annual enrollment period, unless you experience a qualified life event during the plan year. A qualified life event includes, but is not limited to, marriage, divorce, death, birth, adoption, or placement of a child in your home for adoption purposes, or a change in work hours for you or your spouse, or the gain or loss of other coverage. You have 30 days from the date of the qualified life event to make corresponding changes. You must notify Employee Services in writing of your qualified life event. If you miss your 30-day window of opportunity, you must wait until the next enrollment period to make changes.

NOTIFICATION OF LOSS OF ELIGIBILITY

It is your responsibility to notify Employee Services in writing when a change in eligibility has occurred, such as legal separation, divorce, or a dependent child reaching the limiting age. Failure to notify Employee Services in writing of a change in eligibility could result in the loss of COBRA continuation coverage rights. *The City of Black Hawk may pursue all legal remedies for over payment of insurance premiums/HSA employer contributions because of failure to notify when a change in eligibility has occurred.*

► MEDICAL INSURANCE – KAISER PERMANENTE

KAISER HDHP HMO – KAISER PHYSICIANS AND CONTRACTED FACILITIES ONLY
 KAISER PERMANENTE GROUP POLICY NUMBER: 31518

PLAN FEATURE	IN-NETWORK ONLY
Calendar Year Deductible	\$3,000 employee only \$6,000 employee plus child, spouse & family
Coinsurance	Plan Pays 100%
Out-of-Pocket Limit	\$3,000 employee only \$6,000 employee plus child, spouse & family
NEW Gastric Bypass	100% after deductible
Primary Care and Specialist Physician Office Visit	100% after deductible
Preventive Services	100% no deductible
Lab & X-Ray Services	100% after deductible
Advanced Imaging (MRI, CT, PET)	100% after deductible
Emergency Room	100% after deductible
Inpatient/Outpatient Hospital	100% after deductible
Inpatient Mental Health	100% after deductible
Outpatient Mental Health	100% after deductible
Durable Medical Equipment	100% after deductible. Limited to \$2,000 per calendar year.
Vision Exam, Frames, Lenses	Exam: 100% after deductible Optical Hardware: \$150 credit every 2 years
Chiropractic Care	100% after deductible. Limited to 20 visits per calendar year.
Prescription Drugs	
• Generic	100% after deductible
• Formulary	100% after deductible
• Non-Formulary	100% after deductible



► MEDICAL INSURANCE – KAISER PERMANENTE

PRESCRIPTION BENEFIT UPDATE

As a way to enhance your current coverage through Kaiser Permanente, the City of Black Hawk’s medical plan includes a Preventive Prescription Rider! An important part of maintaining good health is to detect and manage problems before they become serious.

The drug list below contains drugs that will be at no cost to you – even before you meet your deductible! For a complete list, please reach out to Kaiser Member Services at 1-800-632-9700 or visit kp.org

Asthma

- Albuterol Sulfate (Neb/Oral/Syr)
- Albuterol Sulfate (Ventolin HFA AERS)
- Ciclesonide (Alvesco AERS)
- Fluticasone Propionate (Flovent HFA AERO) 44 mcg
- Fluticasone-Salmeterol (Advair Diskus AEPB)

Cholesterol

- Atorvastatin
- Cholestyramine
- Cholestyramine Light
- Colestipol HCl
- Fenofibrate
- Gemfibrozil
- Lovastatin
- Pravastatin
- Rosuvastatin
- Simvastatin

Diabetes

- Glimepiride
- Glipizide
- Insulin NPH
- Insulin NPH & Regular
- Insulin Regular
- Metformin HCl

Osteoporosis

- Alendronate Sodium

Stroke Prevention

- Clopidogrel Bisulfate
- Warfarin Sodium

Hypertension

- **Ace Inhibitors**
 - Captopril
 - Lisinopril
 - Lisinopril & HCTZ

Hypertension Continued

- **Alpha – 2 Blockers**
 - Doxazosin Mesylate
 - Prazosin HCl
 - Terazosin HCl
- **Alpha-Beta Blockers**
 - Carvedilol
 - Labetalol HCl
- **Angiotensin II Inhibitor**
 - Losartan Potassium
 - Losartan Potassium & HCTZ
- **Beta Blockers**
 - Atenolol
 - Bisoprolol Fumarate
 - Metoprolol Tartrate
 - Propranolol HCl
- **Calcium Channel Blockers**
 - Amlodipine Besylate
 - Diltiazem HCl
 - Nifedipine
 - Verapamil HCl
- **Diuretics**
 - Amiloride
 - Bumetanide
 - Chlorothiazide
 - Chlorthalidone
 - Furosemide
 - Hydrochlorothiazide (HCTZ)
 - Metolazone
 - Spironolactone
 - Spironolactone & HCTZ
 - Torsemide
 - Triamterene & HCTZ
- **Misc. Antihypertensive**
 - Clonidine HCl
 - Methyldopa
- **Vasodilating Agents**
 - Hydralazine HCl
 - Isosorbide Dinitrate
 - Isosorbide Mononitrate
 - Minoxidil
 - Nitroglycerin Patch

► MEDICAL INSURANCE – KAISER PERMANENTE

COST OF KAISER PERMANENTE HMO – JULY 1, 2023 – June 30, 2024

Employees contribute 10% to the premium cost of the HMO prorated over 26 pay periods:

HMO Election	Total Monthly Premium HMO	City of Black Hawk's Monthly Cost (90% of HMO)	Employee Cost Per Paycheck	EE Cost with Spousal Surcharge per paycheck
EE Only	\$567.52	\$510.77	\$26.19	–
EE & Spouse	\$1,106.67	\$996.00	\$51.08	\$97.23
EE & Child(ren)	\$1,072.62	\$965.36	\$49.51	–
Family	\$1,713.92	\$1,542.53	\$79.10	\$125.26

SPOUSAL SURCHARGE

If your spouse has access to health insurance coverage through his or her employer, retiree coverage, Medicare or TRICARE, or other military benefits, there will be a \$100 per month surcharge to cover your spouse on the City of Black Hawk medical plan. If your spouse's access to other health insurance coverage changes during the plan year, you must notify Employee Services within 30 days of the change.

ACCESSING CARE OPTIONS WITH KAISER PERMANENTE

Outside of traditional in-person visits, Kaiser Permanente offers a variety of online & mobile solutions to help meet your needs:

NO COST OPTIONS:

- **Chat** – Live messaging with a KP doctor from 6 a.m. to 10 p.m., 7 days a week. Used for routine and urgent (not emergent) medical advice.
- **E-mail** – Email your physician's office via KP's secure message center and receive a response typically within 24 hours.
- **E-Visit** – Fill out a brief questionnaire about your symptoms and receive personalized care from a nurse - typical response time is within 4 hours.
- **24/7 Advice Line** – Call the Appointment and Advice Contact Center (303-338-4545) 24/7 if you need routine or urgent medical or mental health advice, or if you need help choosing the right care option.

NO COST ONCE DEDUCTIBLE IS MET:

- **Scheduled Phone or Video Visits** – Schedule a video or phone visit with you KP doctor for the same quality care you would receive at an in-person visit.
- **24/7, On-Demand Phone & Video Visits** – Visit with a doctor anytime by video or phone. Get routine or urgent medical advice, referrals, prescriptions and more.

For full details on these options, please visit kp.org/getcare

▶ EXTRAS WITH KAISER PERMANENTE

CHRONIC PAIN CLINIC

Everyone's pain and tolerance levels are different, so a personalized pain management plan can help you enjoy life to the fullest and deal effectively with chronic pain. With our 6-week program, you can get the support you need to cope with pain, keep it under control, and learn alternative methods of pain management if you're taking opioids.

PERSONAL WELLNESS AND NUTRITION COACHING

If you are trying to eat better, lose weight, get active, or manage stress, you may know getting started and staying motivated can be the toughest challenge. Help score big tips and make healthy changes you can stick with through a one-on-one telephone consultation. You can talk with wellness coaches or registered dietitians in English or Spanish.

HEALTH CONNECTIONS WEIGHT LOSS/DIABETES PREVENTION CLASS

Based on proven success strategies, this 16-week, in-person class helps you lose weight and prevent diabetes. You can also join monthly group check-in meetings to stay motivated or to get back on track!

SUPPORT FOR A HEALTHY PREGNANCY

Did you know more than 100,000 babies were born at Kaiser Permanente last year? That's a lot of glowing moms-to-be, nervous partners, and adorable new arrivals. Everything you need to start your journey can be found on kp.org/maternity. Whether it's a birthing plan, healthy pregnancy support trimester by trimester, checklists and educational videos, we're with you every baby step of the way.

SEASONAL FLU SHOT

Walk-in, seasonal flu shots are available to you at all our medical offices. No appointment is necessary. And, if you already have a scheduled appointment, you can get your shot during your office visit.

PERSONAL ROAD MAP TO HEALTH

When you respond confidentially to questions about physical activity, nutrition, stress, and other health behaviors, you receive a personalized report detailing what you're doing well and what steps you can take to improve your health and well-being.

NEW MEMBER CONNECT DEPARTMENT

Our New Member Connect Department can help you get started easily. Our teams can help you choose their personal doctor, transition prescriptions or medical records, register for secure access to kp.org and even connect you to the care you need.

LIVE WELL FOR LESS, MEMBER DISCOUNTS

Through our partnership with ChooseHealthy, you can get reduced rates on a variety of health-related products and services, including 25% off regular fees for massage therapy, acupuncture and chiropractic care. You can also access more than 9,000 fitness centers nationwide in the Active&Fit Direct network for only \$25 per month and shop hundreds of health products offered at 15%-40% off suggested retail prices.

FOOD FOR HEALTH, PHYSICIAN-APPROVED RECIPES

We help you get inspired to prepare delicious, healthy meals. You can browse recipes by category — such as vegan and vegetarian dishes, hearty soups, and desserts — and when you subscribe, you'll get daily recipes delivered to your inbox. Plus, we link you to top *foodie* channels and blogs around the country!

For full details and information on more programs, please visit kp.org/choosebetter

▶ HEALTH SAVINGS ACCOUNT – BOK FINANCIAL

HSA ELIGIBILITY

To be eligible to establish an HSA and receive HSA contributions from the City of Black Hawk, you must be:

1. Enrolled in the Kaiser Permanente HMO qualified high deductible health plan; and
2. Not covered under any other medical plan including TRICARE, AFLAC Hospital 2 Plan, a spouse’s medical plan, or a spouse’s Health Care FSA; and
3. Not enrolled in Medicare. (Individuals become enrolled in Medicare under Part A by filing an application or being approved automatically when they begin collecting Social Security benefits. If you do not enroll in Medicare and wait to receive Social Security benefits, you are just Medicare “eligible” and can still establish and contribute to an HSA.)
4. Please note that employees that are eligible for SS/Medicare and prohibited from contributing to a Health Savings Account will now receive contributions from the City into a **Health Reimbursement Account (HRA)**

Employees who are not HSA eligible may still enroll in the Kaiser Permanente HMO high deductible health plan but will not receive an HSA contribution from the City of Black Hawk.

REMINDER – HEALTH CARE FSA RESTRICTIONS FOR HSA ELIGIBILITY

The IRS considers the Medical Reimbursement portion of a Flexible Spending Account to be other health care coverage. Therefore, if someone is covered under an FSA, they cannot be covered under a HDHP. A limited-purpose FSA would be acceptable.

CITY OF BLACK HAWK HSA CONTRIBUTIONS FOR JULY 1, 2023 – JUNE 30, 2024

Eligible employees will receive 50% of the deductible for the Kaiser Permanente HMO plan, prorated over 26 pay periods. The City will contribute an additional \$1,500 annually to employee Health Saving Accounts prorated over 26 pay periods.

SPOUSAL WAIVER INCENTIVE

If you are HSA eligible and your spouse has access to health insurance coverage through his or her employer, retiree coverage, or military benefits, and you do NOT cover your spouse on the City of Black Hawk medical plan, you will receive an additional \$100 per month contribution into your HSA. Contributions in excess of the IRS limits will be deposited in the employee’s Mission Square Retirement 457 account.

Employees are required to notify Employee Services within 30 days of a spouse’s employment or health insurance status change during the plan year – please see Important Notices, page 23.

HDHP ENROLLMENT STATUS	ANNUAL DEDUCTIBLE	ANNUALIZED EMPLOYER HSA CONTRIBUTION 50% OF DED + \$1,500	MONTHLY SPOUSAL INCENTIVE	BI-WEEKLY PRORATED HSA CONTRIBUTION	BI-WEEKLY PRORATED 457 PLAN CONTRIB.
EE Only	\$3,000	\$3,000	–	\$115.39	–
EE Only (w/incentive)	\$3,000	\$3,000	\$100	\$148.08	\$13.46
EE Only Over 55(w/incentive)	\$3,000	\$3,000	\$100	\$161.54	–
EE+Spouse	\$6,000	\$4,500	–	\$173.08	–
EE+Child(ren)	\$6,000	\$4,500	–	\$173.08	–
EE+Child(ren) (w/incentive)	\$6,000	\$4,500	\$100	\$219.24	–
Family	\$6,000	\$4,500	–	\$173.08	–
No HSA Account	–	–	–	–	\$57.70

▶ HEALTH SAVINGS ACCOUNT – BOK FINANCIAL

HSA ANNUAL CONTRIBUTION LIMITS

Contributions to an HSA (including the City’s contribution) cannot exceed the annual IRS contribution limits. The 2023 and 2024 IRS maximum HSA contributions are:

HDHP Coverage Level	2023 Maximum Contribution (combined from all sources)	2024 Maximum Contribution (combined from all sources)
Employee Only	\$3,850	Projected: \$4,150*
EE & Spouse, Child(ren), or Family	\$7,750	Projected: \$8,300*
Individuals age 55+	Additional \$1,000	Additional \$1,000

* 2024 HSA maximums not officially released by IRS, subject to change

If you enroll in the High Deductible Health Plan mid-plan year, you may contribute the maximum calendar year amount to your HSA as long you maintain continuous HDHP enrollment for a 12-month period. The 12-month period starts with the last month of the taxable year and ends 12 months later. If you do not remain continuously enrolled in an HDHP for the 12-month period, your maximum contribution will be less than the maximum calendar year amount and you may be subject to additional IRS taxes and penalties. Please consult your tax advisor for information.

USING HSA FUNDS

HSA funds can be used tax-free for payment of qualified medical expenses for you or your spouse or qualifying child or qualifying dependent under the tax code. Please note, children covered under the City of Black Hawk HMO plan may not be eligible for reimbursement of medical expenses with HSA funds due to the tax code definition of qualifying child and qualifying relative. [See IRS Publication 502](#) for further information or consult your tax advisor for more information.

For more information about eligible expenses, please see [IRS Publication 502](#) (Health Care Reimbursement) and [IRS Publication 503](#) (Dependent Care).

HSA funds are not use-it-or-lose-it; they roll-over year to year to be used for future medical expenses. HSA funds used for non-qualified expenses are subject to income tax and a 20% excise tax penalty.

TRIPLE TAX SAVINGS – SAVE, SPEND or INVEST YOUR MONEY

Save - You own your HSA, and the money in your HSA is always yours (until you spend it, of course). Even if you change medical plans or change jobs in the future, any money in your HSA is yours to keep.

Spend - You can use your HSA dollars to pay for most medical, dental, and vision expenses. HSA dollars can even be used to pay for eligible expenses for your spouse and dependent children or tax dependents, even if they are not covered by the Kaiser Permanente medical plan. You won’t pay taxes when you spend your HSA dollars unless you use them for non-health-related, ineligible expenses.

Invest - Once you have saved **\$1,000** in your HSA, you can choose to invest anything in excess of that amount in mutual funds. The best part is that the money you invest grows tax free! When you turn age 65, your HSA dollars can be spent, without penalty, on any expense (taxes apply).

► DENTAL – DELTA DENTAL OF COLORADO

COST OF BENEFIT

This benefit is paid in full by the City of Black Hawk.

DELTA DENTAL OF COLORADO GROUP POLICY NUMBER: 9217

BASIC INFORMATION	DELTA DENTAL PPO DENTISTS, DELTA PREMIER DENTISTS, AND NON-PARTICIPATING DENTISTS	
Calendar Year Deductible (Single/Family)	\$50/\$150	
Deductible Applies to:	Type 2 & 3 Services	
Dental Calendar Year Maximum	\$2,000	
Child Orthodontia Lifetime Maximum (to age 19)	\$1,500	
BENEFIT PERCENTAGE	DELTA DENTAL PPO	PARTICIPATING PREMIER OR NON-PARTICIPATING DENTIST
Type 1: Diagnostic & Preventive	100% no deductible (services do not count against annual \$2,000 maximum)	100% no deductible
Frequency of Exams	Twice per Year	Twice Per Year
Type 2: Basic Services (includes periodontics and root canals)	90% after deductible	80% after deductible
Type 3: Major Services	60% after deductible	50% after deductible
Implants	60% after deductible Once per tooth in a 7-year period	50% after deductible
Type 4: Orthodontic Services	50% up to lifetime maximum	



► DENTAL – DELTA DENTAL OF COLORADO

ONLINE RESOURCES

Delta Dental of Colorado sponsors a comprehensive website to assist participants in using their medical benefits. On www.deltadentalco.com you can:

- Search for a Delta PPO or Delta Premier Dentist
- Print a copy of your ID card
- View your claim information
- View your benefits and eligibility
- Visit deltadentalco.com/wellness for all things related to oral health!

BALANCE BILLING

If you see a dentist that is not in the Delta PPO or Delta Premier network, the dentist will be paid the PPO contract fee for the service, and you may be balance billed for any amount over the PPO contract fee. Delta Premier Dentists fall into the non-PPO level of benefits, but they will accept Delta's reimbursement as payment in full (less-any coinsurance or deductible) and will not balance bill members.

DENTAL OPEN ENROLLMENT

Employees who have previously not enrolled in the dental plan can enroll during the City of Black Hawk's open enrollment period with no waiting periods, or mid-year if there is a qualifying event.

PLAN ENHANCEMENTS

- **Right Start 4 Kids:** This product enhancement provides coverage for children up to their 13th birthday at 100% of the PPO or Premier Provider's Allowable Fee for Diagnostic & Preventive, Basic and Major Services only, with no deductible applied (up to the annual maximum and subject to the limitations and exclusions defined in the plan). The child must see a Delta Dental PPO or Delta Dental Premier Provider to receive the 100% coinsurance.
- **Prevention First:** This program helps extend your dental benefits by not counting your preventive and diagnostic visits toward your annual maximum limit.



► VISION – EYEMED VISION CARE

COST OF BENEFIT

This benefit is paid in full by the City of Black Hawk.

EYEMED GROUP POLICY NUMBER: 9710245

BENEFIT PERCENTAGE	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Exams	\$10 copay	Up to \$35
Materials	\$10 copay	N/A
FREQUENCY OF SERVICE	IN-NETWORK & OUT-OF-NETWORK	
Exams	12 months	
Lenses	12 months	
Frames	12 months	
Contact Lenses	12 months	
BENEFIT PERCENTAGE	IN-NETWORK	OUT-OF-NETWORK
Single Vision	100% after \$10 copay	Up to \$25
Bifocals	100% after \$10 copay	Up to \$40
Trifocals	100% after \$10 copay	Up to \$65
Standard Frames	\$140 allowance	Up to \$70
BENEFIT PERCENTAGE	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Medically Necessary	100% after \$10 copay	Up to \$200
Elective	\$155 allowance	Up to \$124

ADDITIONAL EYEMED RESOURCES

- Online portal – register at eyemed.com
- Find a provider
- Online shopping options with select providers like Lens Crafters, Target Optical, Ray-Ban, glasses.com and Contacts Direct
- Discounts on Lasik surgery and Hearing services



► LIFE AND AD&D INSURANCE – SYMETRA

COST OF BENEFIT

This benefit is paid in full by the City of Black Hawk.

BASIC LIFE AND AD&D INSURANCE

City of Black Hawk provides full-time employees with a life insurance benefit of two times annual compensation rounded to the next higher \$1,000, to a maximum of \$300,000*. There is also an accidental death and dismemberment (AD&D) benefit that pays an additional benefit in the case of accidental death, or loss of limb or eyesight.

**Please note that if you are eligible for \$50,000 or more in basic, City paid life insurance, you are required to pay income tax on the value of the coverage in excess of \$50,000.*

KEEP YOUR BENEFICIARY INFORMATION CURRENT

Please login to ADP self-service to change your beneficiaries.

VOLUNTARY LIFE AND AD&D INSURANCE

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can purchase coverage on yourself in increments of \$10,000 to a maximum of 5 times your basic annual earnings up to \$100,000. You can purchase coverage for your spouse in \$5,000 increments to a maximum of 50% of the employee amount up to \$50,000. The Guaranteed Issue for spouse coverage is \$30,000. \$10,000 of coverage can be purchased for children to age 26. The spouse's life rate is based on the employee's age.

Voluntary life insurance elections outside of the initial eligibility period require medical evidence of insurability.

MONTHLY COST FOR EACH \$1,000 OF EMPLOYEE OR SPOUSE VOLUNTARY LIFE INSURANCE COVERAGE

Employee's Age	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Employee or Spouse Life Rate	\$0.06	\$0.085	\$0.136	\$0.213	\$0.426	\$0.673	\$0.792	\$0.903	\$1.337	\$3.228
AD&D Rate	Employee: \$0.03 Spouse: \$0.03 Child: \$0.03									
Dependent Children	\$0.24 per \$1,000 regardless of number of children									

► DISABILITY INSURANCE – SYMETRA

The City of Black Hawk offers Short-Term Disability and Long-Term Disability insurance through Symetra. Disability coverage is paid in full by the City of Black Hawk.

SHORT-TERM DISABILITY INSURANCE

Short-Term Disability (STD) insurance allows you to continue to receive a portion of your salary if you are unable to work due to an illness or injury.

LONG-TERM DISABILITY INSURANCE

If you are not able to return to work after the Short-Term Disability benefit period ends, you may be eligible for Long-Term Disability, which provides additional salary continuation.

	SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Benefit Percentage	67% of weekly covered earnings rounded to the nearest dollar	60% of covered monthly earnings
Max. Weekly Benefit	\$2,000 per week	\$8,000 per month
Min. Weekly Benefit	\$25 per week	\$100 per month
Elimination Period	Accident: 14 Days Sickness: 14 days	90 days
Benefit Duration	Accident: until the 11th weekly benefit is paid Sickness: until the 11th weekly benefit is paid	Own Occupation: 24 months Any Occupation: SSNRA



▶ EMPLOYEE ASSISTANCE PROGRAM - SYMETRA

The City of Black Hawk provides you and your household family members with an employee assistance program (EAP) at no cost to you. The EAP is a valuable resource that can help you identify and resolve many workplace, family, social, economic, and mental health issues.

EAP BENEFITS:

- Completely confidential. The City of Black Hawk does not receive any information about who contacts the EAP or the reason for the call.
- Available 24/7/365
- Includes **five** therapy sessions plus an additional **five** sessions with a covered disability claim
- Online resources at guidanceresources.com
- Contact by phone – 1-888-327-9573

CALL OR GO ONLINE TO GET HELP WITH:

- Depression
- Conflict resolution
- Drug or alcohol abuse
- Marital or family difficulties
- Legal concerns
- Help finding child and elder care
- Wills and estate planning
- Financial counseling

Your Disability Guidance Employee Assistance Program

Access Anytime

Call: 1-888-327-9573

TDD: 1-800-697-0353

Online: guidanceresources.com

Web ID: SYMETRA

**When talking on the phone, mention
Symetra as your employer sponsor!**



► IDENTITY THEFT – ID WATCHDOG

COST OF BENEFIT

This benefit is paid in full by the City of Black Hawk

ID WATCHDOG COVERAGE

Identity theft is a growing problem around the world, and we understand the impact it can have on employees and their family members*. The City of Black Hawk offers this coverage, free to you, to help give you greater peace of mind.

CONTROL & MANAGE	MONITOR & DETECT	SUPPORT & RESTORE
<ul style="list-style-type: none"> • Credit Report Lock¹ Multi-Bureau • Blocked Inquiry Alerts • Child Credit Lock 1 Bureau • Subprime Loan Block <ul style="list-style-type: none"> • Within the monitored lending network • Financial Accounts Monitoring • Social Account Monitoring • Social Account Takeover Alerts • Personal VPN & Safe Browsing • Password Manager • Registered Sex Offender Reporting • Customizable Alert Options • National Provider ID Alerts • Integrated Fraud Alerts <ul style="list-style-type: none"> • With a fraud alert, potential lenders are encouraged to take extra steps to verify your identity before extending credit. 	<ul style="list-style-type: none"> • Credit Report Monitoring • Child Credit Monitoring • Dark Web Monitoring • High-Risk Transactions Monitoring • Subprime Loan Monitoring • Public Records Monitoring • USPS Change of Address Monitoring • Identity Profile Report • Credit Reports • VantageScore[®] Credit Scores • Credit Score Tracker 1 Bureau 	<ul style="list-style-type: none"> • Identity Theft Resolution <ul style="list-style-type: none"> • Specialists with resolution for pre-existing conditions • Online Resolution Tracker • Up to \$1M Identity Theft <ul style="list-style-type: none"> • Insurance⁷ with 401K/HSA stolen funds reimbursement • Lost Wallet Vault & Assistance • Deceased Family Member • Fraud Remediation • Credit Freeze Assistance • Breach Alert Emails • Mobile App

Take a step to help better protect your identity.

Enroll in this valuable benefit today.

Register Here: <https://www.idwatchdog.com/welcome?idw=cityofblackhawk>

*Family Member means the primary member’s spouse or domestic partner, parent, siblings, children and/or any other member of, or dependent persons residing in the primary member’s household. Family member also includes a primary member’s spouse or domestic partner’s: 1. unmarried children (including those who the member is their legal guardian) under twenty-one (21) years of age. 2. unmarried children (including those who the member is a legal guardian) under twenty-six (26) years of age if a full-time student at an accredited college or university. 3. dependent(s) with documented disabilities who have the same primary residence as the member and who relies on the member for maintenance and support. Any family member who does not reside at the primary member’s home is not eligible for coverage, except unmarried children (including those who the member is a legal guardian) under twenty-six (26) years of age if a fulltime student at an accredited college or university.

▶ RETIREMENT PLANS

FIRE & POLICE PENSION ASSOCIATION (FPPA)

The State requires that all Firefighters contribute 12% of base pay to F.P.P.A. and the City will contribute 9.5% of base pay to F.P.P.A. for 2023. Employees are eligible from the date of hire.

For 2023, participants in FPPA’s Statewide Death & Disability Plan will contribute 3.4% of their base pay to the plan, which pays a portion of your base pay to your beneficiary in the event of your death. This is a separate benefit from what is covered by the City’s Basic Life and AD&D program.

401(a) DEFINED CONTRIBUTION PLAN

All full-time employees, except fire personnel, are automatically enrolled in the City’s 401(a) defined contribution plan with Mission Square Retirement. The plan requires all employees, except fire personnel, to contribute 6% of base pay to the plan on a pre-tax basis as a condition of employment. The City will contribute 6% of gross salary into the employee’s account. Employee pre-tax elections are irrevocable. The City’s contributions are subject to the following vesting schedule:

YEARS OF SERVICE	TOTAL AMOUNT VESTED
After 1 year of service	20%
After 2 year of service	40%
After 3 year of service	60%
After 4 year of service	80%
After 5 year of service	100%

In addition, employees who have maximized all other pre-tax investments may voluntarily contribute to their 401(a) beyond the 6%, as allowable by law. Employees are allowed to make changes to any voluntary elections at any time.

457 DEFERRED COMPENSATION

Full-time employees are eligible to participate in the City’s 457 Deferred Compensation Plan and may enroll at any time. This is a tax-sheltered, supplemental retirement/pension plan that allows employees to defer up to \$22,500 during 2023 or 100% of pay, whichever is less. The plan offers several investment options. This is a voluntary plan, which is administered by Mission Square Retirement. Employees are eligible from the date of hire. Employees may make changes to this plan at any time.

- Catching Up After Age 50: There is an “Age 50 Catch-Up Provision” above the normal maximum contribution limit for employees of an additional \$ 7,500 for 2023.
- Catching Up on Past Contribution Before Your Retirement Age: You may use the three-year catch-up period immediately preceding the year of your declared normal retirement age to defer additional income up to a total contribution of \$45,000 for 2023. Please refer to the 457 Catch-Up Provision Packet for details.

Employees participating in the 401(a) Defined Contribution Plan are eligible to receive contributions from the City through Variable Employer Match of Voluntary Employee 457 Contribution. This program is designed to encourage employees to save more for their retirement and incentivizes through an employee/employer variable match. The more an employee contributes, the more the City will contribute, up to an employer maximum of 12% of combined 401(a) and 457 contributions.

SOCIAL SECURITY AND MEDICARE

The IRS requires all City of Black Hawk employees, except Firefighters, to pay into Social Security. For 2023, the Social Security tax rate is 6.2% on income under \$ 160,200 for both the employer and the employee. The employer and every employee are required by law to contribute to Medicare. For 2023, the Medicare tax rate is 1.45% on all income.

▶ PAID TIME OFF

PAID TIME OFF (PTO)

Eligible employees begin accruing PTO leave from the date of hire. Accruals are available for use in the pay period in which they are accrued. Eligible employees accrue PTO at the rates listed in the table below. The accrual rates are based on twenty-six (26) bi-weekly pay periods within the calendar year.

Available PTO that is not used by the end of the year can be carried forward to the next calendar year. If an employee's PTO accrual is greater than 320 hours or more on January 1 of the following year, biweekly accruals will be discontinued until such time as the PTO accrual balance is under 320 hours.

Employees are accountable and responsible for managing their own PTO hours to allow for adequate reserves if there is a need to cover observed holidays, vacations, personal appointments, or other situations that require time off from work outside sick leave.

Years of Service	Bi-Weekly Accrual Rate	Annual PTO Accrual
1-5 years	8.31 hours	216 hours
6-10 years	9.24 hours	240 hours
11+ years	10.77 hours	280 hours

SICK LEAVE

Employees are provided 96 hours of sick leave per year for temporary absence due to illness, injuries, or other medical reasons. Employees may use sick leave benefits for absences due to their own illness or injury or that of a family member. Sick leave will accrue each pay period at 3.69 hours and begins accruing from the date of hire.

Unused sick leave benefits will be allowed to accumulate until the employee has accrued a total of 480 hours. However, if an employee's sick leave benefit accrues beyond 240 hours as of 7 days prior to the first pay date in December of each year, and only in the event that the employee has completed five (5) years of service as a full-time employee, all days and portions of days above 30 days may be cashed out or converted to vacation leave at the employee's then current pay-rate in an amount equal to one (1) hour for every two (2) sick leave hours accrued over the 240-hour limit.

Sick leave benefits are intended solely to provide income protection in the event of illness or injury and may not be used for any other absence. Unused sick leave benefits will not be paid upon termination of employment.

ADDITIONAL LEAVE

Additional leaves are available such as bereavement leave, military leave, jury duty, witness duty, and time off to vote.

FAMILY MEDICAL LEAVE (FMLA)

The Family and Medical Leave Act requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for medical reasons, birth, or adoption of a child, and for the care of a child, spouse, or parent who has a serious health condition. Employees are eligible for FMLA after 12 months of employment, during which they worked at least 1,250 hours.

▶ ADDITIONAL INFORMATION

WORKERS' COMPENSATION

The City of Black Hawk provides Workers' Compensation Insurance coverage at no cost to the employee through Pinnacol Assurance. Workers' Compensation Insurance pays for an employee's medical expenses for injuries incurred while on the job and, under certain circumstances, compensation for loss of income. Coverage begins on the date of hire.

DIRECT DEPOSIT

The City utilizes Electronic Funds Transfer (EFT) to deposit employee pay checks into the banking institutions of the employee's choice.

OPTIONAL VOLUNTARY BENEFITS

- IRA Investment Opportunities – Mission Square Retirement; please contact Employee Services to enroll in a Roth IRA
- AFLAC Supplemental Insurance
- Legal Shield Services
- CollegenInvest – a Division of the Colorado Department of Higher Education. As a non-profit state agency, their goal is to educate residents about the cost of college and help them save with a 529 Plan. The biggest reason to use a 529 is, unlike any other savings vehicle, contributions are deductible on state income taxes. CollegenInvest Savings Plans can be used anywhere in the county at any type of school.

For more information on these voluntary benefits, please visit:

<https://flimp.live/Black-Hawk-2023-Benefits-Fair>



CONTACT INFORMATION

MEDICAL

Provider Name:	Kaiser Permanente
Policy Number:	31518
Provider Phone Number:	(303) 338-3800
Provider Web Address:	www.kp.org

DENTAL

Provider Name:	Delta Dental of Colorado
Policy Number:	9217
Provider Phone Number:	(800) 610-0201
Provider Web Address:	www.deltadentalco.com

VISION

Provider Name:	EyeMed Vision Care
Policy Number:	9710245
Provider Phone Number:	(866) 939-3633
Provider Web Address:	www.eyemed.com

HEALTH SAVINGS ACCOUNT BANKING

Provider Name:	Optum Financial
Provider Phone Number:	(844) 973-3925
Provider Web Address:	https://myoptumfinancial.com/bok-fin

GROUP TERM LIFE/ACCIDENTAL DEATH & DISMEMBERMENT/VOLUNTARY LIFE

Provider Name:	Symetra
Policy Number:	01-020298-00
Provider Phone Number:	(877) 377-6773
Provider Web Address:	www.symetra.com

SHORT-TERM/LONG-TERM DISABILITY

Provider Name:	Symetra
Policy Number:	01-020298-00
Provider Phone Number:	(877) 377-6773
Provider Web Address:	www.symetra.com

RETIREMENT PLANS

Provider Name:	Mission Square Retirement	FPPA
Provider Phone Number:	(800) 669-7400	(800) 332-3772 (FPPA)
Provider Web Address:	www.icmarc.org	www.fppacp.org
Provider Representative:	Michael Knapp	
Representative Email:	mknapp@missionsq.org	
Representative Phone Number:	(202) 759-7212	

▶ CONTACT INFORMATION

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Provider Name:	Guidance Resources through Symetra
Policy Number:	Mention that Symetra is your Employer Sponsor when calling
Provider Phone Number:	1-888-327-9573
Provider Web Address:	www.guidanceresources.com

ID Watchdog

Group Number:	4113
Contact Number:	(866) 513-1518
Provider Web Address:	https://dashboard.idwatchdog.com/

WORKERS COMPENSATION

Provider Name:	Pinnacol Assurance
Provider Phone Number:	(888) 240-2386
Provider Web Address:	www.pinnacol.com

LEGAL SHIELD

Provider Representative:	Dave Luetkenhaus
Contact Number:	(303) 887-6881
Contact Email Address:	davelhaus@aol.com
Provider Web Address:	www.legalshield.com/hub/davelu

AFLAC SUPPLEMENTAL INSURANCE

Provider Representative:	Cecilia Serna
Contact Phone Number:	(720) 788-0689
Contact Email Address:	Cecilia_Serna@us.Aflac.com
Provider Web Address:	www.Aflac.com

COLLEGEINVEST

Provider Representative:	Melissa Marshall
Contact Phone Number:	(303) 376-8804
Contact Email Address:	mmarshall@collegeinvest.org
Provider Web Address:	www.collegeinvest.org

► Employee Benefit Notices

The following pages provide employee benefit plan notices. Please read them carefully as we generally provide these once a year during annual open enrollment. You may see some of these notices in other documents as well, but we consolidate the following notices here for your convenience.

Throughout these pages you are invited to contact ES for assistance. For any questions or requests you may have about the pages below, including a request for a paper copy of this notice packet, contact Carrie Brubaker in Employee Services (ES) at 303-582-2293

Before we get into the notices, some basic rules governing our plan are summarized below:

- You may only enroll when first eligible or during our annual open enrollment each Spring.
- **Your election is locked** in for the entire plan year, July 1 to June 30.
- You can generally submit an election change **within 30 days of a qualifying life event** to request a benefit change during the plan year. We may require substantiating documentation of the event, and we may determine the event does not qualify to make the requested change.
- At any time, we may audit dependent status and require current substantiating documentation.
- Declining to enroll in coverage will require your signature each year.
- **Please keep us informed of address or beneficiary changes.**
- When first enrolling in health coverage, a **general notice of rights and responsibilities to continue health care coverage under COBRA** is mailed to the home. It explains that when certain life events make an enrolled individual no longer eligible to stay on the plan, coverage might be able to continue for a limited time under COBRA so long as you or your spouse follow our procedures to notify us within 30 days of the qualifying life event.
- Your rights and responsibilities under the FMLA and our company-specific FMLA policies are discussed in our employee handbook.



► Employee Benefit Notices

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 ES.

GRANDFATHERED MEDICAL PLAN

We believe our medical plan is a grandfathered plan under the Affordable Care Act (ACA), which means we can keep our coverage affordable by not including some ACA provisions. Please contact ES for a list of provisions which may not apply to our plan this year.

You may also contact the US Department of Labor (DOL) Employee Benefits Security Administration (EBSA) at 866- 444-3272 or www.dol.gov/ebsa/healthreform, or the Department of Health and Human Services (HHS) at www.healthcare.gov.

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.

- **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).
- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** 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, your spouse, and your new dependents. However, **you must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.
- **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 or to obtain more information about the plan's special enrollment provisions, contact ES.

► Employee Benefit Notices

MEDICARE PART D PRESCRIPTION DRUG CREDITABILITY

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Black Hawk and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights 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 note that 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.

The information below indicates whether prescription drug coverage under our plan is creditable.

City of Black Hawk has determined that the prescription drug coverage offered by the Kaiser HMO Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is **Creditable Coverage**, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).

► Employee Benefit Notices

PUBLIC HEALTH INSURANCE MARKETPLACE

For individuals needing to purchase health insurance on their own, the Affordable Care Act (ACA) created a new public health insurance Marketplace. This website and call center helps individuals shop for private health insurance, helps individuals enroll in Medicaid or the Children’s Health Insurance Program (CHIP), and evaluates eligibility for new tax credits. Open enrollment for public Marketplace coverage occurs each fall for coverage starting January 1, but special enrollment periods may be available for certain life events. Learn more or request assistance at www.healthcare.gov.

Please note that insurance companies are not required to participate in the public Marketplace, so you are unlikely to see all plans available in the community when shopping the public Marketplace.

The public Marketplace can help you determine whether you may be eligible for tax credits under section 36B of the Internal Revenue Code for Marketplace coverage. One tax credit can lower your monthly premium, and the other can lower your cost sharing (such as your deductible). Since tax credits are based on your projected household income and typically paid in advance to the insurance company, there is a chance you may have to repay some or all tax credits on your tax return if your income for the year ends up higher than anticipated.

Tax credits are not available to those eligible for “affordable, minimum value” medical coverage. “Minimum value” means our plan is intended to pay, on average, at least 60% of the costs of medical care received.

“Affordable” means our lowest-cost minimum value plan costs you no more than 9.5% (indexed annually) of your household income to be enrolled in single (not family) coverage.

Our plan is intended to be affordable and minimum value. As a result, if you or someone in your family wanted to compare your health insurance options in the public Marketplace to the insurance offered through us, you’ll need to remember that:

- You might pay full retail price for public Marketplace insurance (without the new tax credits)
 - You would no longer be paying for insurance on a pre-tax basis
 - You would no longer have an employer contribution toward your insurance (note that employer contributions are typically excludable from income for federal income tax)
- You would navigate any questions you have directly with the insurance company you choose...ES will not be able to assist you with your public Marketplace plan
- Should you desire to come back to our plan in the future, you will either need to:
 - experience a “qualifying event” recognized by our plan as a mid-year election change, or
 - wait until our next annual open enrollment

► Employee Benefit Notices

PREMIUM ASSISTANCE UNDER MEDICAID OR THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your State may have a **premium assistance program that can help pay for coverage with us**, 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 at www.healthcare.gov.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, 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 (1-877-543-7669)** 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 or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a HIPAA “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact us at 303-582-2292 or the Department of Labor at www.askebsa.dol.gov or **1-866-444-EBSA (1-866-444-3272)**.

Colorado residents may be eligible for assistance paying your employer health plan premiums. Contact the State of Colorado for further information:

- Medicaid Website: <http://www.colorado.gov/>
- Medicaid Phone (In state): 1-800-866-3513
- Medicaid Phone (Out of state): 1-800-221-3943

To see if other states have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/ebsa 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565
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► Employee Benefit Notices

REASONABLE ACCOMMODATIONS FOR PREGNANT WORKERS (COLORADO)

On June 1, 2016, Colorado Governor John Hickenlooper signed legislation (H.B. 1438) regarding employer accommodations for pregnant employees. The bill requires employers to engage in a timely, good-faith, interactive process when an employee or applicant requests reasonable accommodations related to pregnancy or physical recovery from childbirth. Reasonable accommodations may include:

- The provision of more frequent or longer break periods.
- More frequent bathroom, food, or water breaks.
- Acquisition or modification of equipment or seating.
- Limitations on lifting.
- Temporary transfer to a less strenuous or hazardous position or light duty, if available.
- Assistance with manual labor.
- Modified work schedules, as long as certain conditions are met.

Employers must provide these accommodations to an applicant for employment or to an employee, if requested, unless the accommodations place an undue hardship on the employer's business. Undue hardship means an action requiring significant difficulty or expense to the employer and can include consideration of the following factors:

- The nature and cost of the accommodations.
- The overall financial resources of the employer or overall size of the business.
- The accommodation's effect on expenses, resources, or operations.

In response to a request or need for reasonable accommodations related to pregnancy or childbirth, an employer may not:

- Take adverse actions against an employee
- Deny employment opportunities to an applicant or employee
- Require an applicant or employee to accept an accommodation that the applicant or employee has not requested or is unnecessary
- Require an employee to take leave if the employer can provide another reasonable accommodation

Employers must provide written notice of the right to be free from discriminatory or unfair employment practices related to these requirements to new employees and existing employees within 120 days of the bill's effective date. Notice must also be posted in a conspicuous place. With the exception of posting the notice, any violation of these requirements constitutes a discriminatory or unfair employment practice.

The bill clarifies that it neither increases nor decreases an employee's rights, under any other law, to paid or unpaid leave associated with the employee's pregnancy. The bill also specifies that a court must not award punitive damages in a civil action involving a claim of failure to make reasonable accommodations for conditions related to pregnancy or childbirth if the defendant demonstrated good faith efforts to comply with the requirement.

► Employee Benefit Notices

COBRA GENERAL RIGHTS NOTICE

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse

► Employee Benefit Notices

COBRA GENERAL RIGHTS NOTICE

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child"

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both)

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Carrie Brubaker in ES

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

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Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit :

<https://www.medicare.gov/medicare-and-you>

<https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

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If you have questions

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Carrie Brubaker
Employee Services
(303) 582-2293
cbrubaker@cityofblackhawk.org

Thank you!

2023-2024
EMPLOYEE BENEFITS GUIDE

