



# 2016 Employee Benefits Guide

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**Dear City Colleagues:**

**Enclosed you will find selections for the 2016 health and wellness programs. We have selected plans and programs that are reflective of our workgroup community. We encourage you to read through all of the health and wellness options. The benefit enrollment period should be a time to assess the health, dental, financial and wellness needs that make the most sense for you and your family. Should you have any questions about plan changes, please feel free to contact us.**

**Sincerely,**

**Your HR Business Partner Team**

**Welcome to the City of Wheat Ridge Benefits Enrollment!**

## What is health care reform?

The term “health care reform” refers to the Affordable Care Act, which was passed by the Federal Government into federal and state law in March 2010.

These laws are intended to help more people get affordable health care coverage and receive better medical care.

To learn more please visit: <http://www.dol.gov/ebsa/healthreform/>

- ◆ Employer mandate — As of January 1, 2015, employers are required to provide all full-time equivalent employees with a health insurance plan or pay a fine
- ◆ Full-Time Equivalent (FTE) — Full-time equivalent employees are employees that work at least 30 hours per week for more than 120 days in a year.
- ◆ All medical expenses (i.e., copays, deductibles, and coinsurance) continue to be counted toward the annual out-of-pocket maximums.
- ◆ Health care reform required most U.S. citizens and legal immigrants to have a basic level of health coverage starting January 1, 2014 — this is called the individual mandate.
- ◆ Flexible spending accounts are capped at \$2,550 for health care expenses and \$5,000 for dependent day care expenses.



## Get the answers you need about health care reform

### QUESTION

### ANSWER

Am I required to have health insurance?

Health care reform requires most U.S. citizens and legal immigrants to have a basic level of health coverage starting January 1, 2014—this is called the individual mandate. Some people won't have to buy insurance. This includes people with certain religious beliefs, members of Native American tribes, undocumented immigrants, and people who are in prison. People whose income is below a certain level are also not required to buy insurance. For more information go to [healthcare.gov](http://healthcare.gov).

Does my employer have to offer me health coverage?

According to health care reform, employers with over 50 full-time equivalent employees must offer health insurance—this is called the employer mandate.

What if I don't have any health care coverage?

If you don't have "minimum essential" health coverage you may be subject to a tax penalty based on the number of months in a given year you are without minimum essential coverage. Most employer-based coverage, Medicare, Medicaid, CHIP, private insurance and all insurance purchased through your state's marketplace count as minimum essential coverage.

Can anyone get health care coverage?

Yes, anyone can get coverage. Insurance companies can no longer deny coverage to anyone who has a pre-existing medical condition.

What are the Health Insurance Marketplaces?

They are state or federal run websites where people can buy health care coverage. It is available to people who are uninsured or buy insurance on their own. The Connect for Health Colorado Exchange is now open and coverage can be purchased at [healthcare.gov](http://healthcare.gov).

When is the open enrollment period for Connect for Health Colorado's coverage?

The open enrollment period to purchase 2015 coverage through Colorado's health insurance marketplace begins on November 15, 2014. For more information go to [healthcare.gov](http://healthcare.gov).

What are the Premium Rebates?

Insurers must spend at least 85 percent of premiums on medical care and quality improvements for their customers. If they don't, they must refund the difference to consumers in the form of direct refunds or reduced premiums.



The City of Wheat Ridge has a strong commitment to a wellness plan that promotes the overall health and well being of employees and their families. The City's wellness program supports striving for optimal physical, financial, personal and professional well-being. Throughout the year, numerous health programs, challenges and resources will be offered to help you experience the benefits of optimal health. These health enhancement resources are part of your overall benefits plan and available to you at no additional cost.

Sonic Boom is back for 2016! The Wellness Incentive Management (WIMS) year will now be November 1, 2015 through October 31, 2016.

### Sonic Boom Wellness Goals

Earn Wellness Credits for participating in Sonic Boom Activities. Wellness Credits translate into money! See below:

- ◆ 75 – 130 Wellness Credits = \$50
- ◆ 135 – 330 Wellness Credits = \$100
- ◆ 335 – 470 Wellness Credits = \$150
- ◆ 475 – 645 Wellness Credits = \$200
- ◆ \$10 monthly reduction in your Kaiser premiums

(\*The amount of the award will be increased to account for the tax obligation. The actual payout will be the figures noted above.)

### Eligibility

All benefited employees can participate in the wellness program. Spouses are not eligible for participation at this time.



## Recreation Center Benefits

All full-time and part-time employees are eligible to receive discounts at the Wheat Ridge Recreation center. The following fee schedule applies:

Free drop-in use of the following facilities: (Employee only)

### Wheat Ridge Recreation Center

Facility amenities include leisure and lap pool, fitness area, running track, racquetball courts, gymnasium and locker rooms. Employees are required to pay for services used i.e. hourly babysitting rate and facility rentals.

### Anderson Community Building in Anderson Park

Facility amenities include gymnasium and meeting room. Employees are required to pay rental fees for private usage of meeting room or gymnasium.

### Wheat Ridge Outdoor Swimming Pool

Facility amenities include 50-meter, 8-lane outdoor pool with slide and tot pool.

Employees and families may register free of charge for classes and programs on a space available basis.

### Fitness

Initial Personal Training Assessment	1 time each year
Personal Training Appointment	1 time each year
Massage Therapy	1 time each year
Acupuncture	1 time each year
Acupuncture-follow up	1 time each year
Pilates – private & semi-private	1 time each year
Jazzercise classes	not eligible

## Who is Eligible for Benefits?

City employees working 20 or more hours per week and classified as benefitted through the budget.

Part-time employees working 30 hours per week for more than 120 days in the benefit year.

The following family members are eligible for coverage:

- Spouse OR domestic partner
- Children or your spouse's children — up to age 26 including adopted children and children placed with you for adoption (eligibility will be verified)
- Unmarried dependents over age 26 who are medically certified as disabled and dependent upon you or your spouse (eligibility will be verified)

## When are the Enrollment Periods?

**ANNUAL OPEN ENROLLMENT:** The open enrollment benefit period will occur between November 2nd and November 27th. Benefit plans selected during this period will become effective on January 1st.

**NEW HIRE:** Benefits become effective of the first day of the month following the date of hire. The enrollment period may vary based on the date hired.

**DURING THE YEAR:** Changes must be requested within 30 days of a qualifying life event. Qualified changes in status include: marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to employment transfer for you, your spouse or domestic partner, commencement of termination of adoption proceedings, or change in spouse's or domestic partner's benefits or employment status.



## KEY TERMS

**Coinsurance** - After you meet your deductible, you pay coinsurance, which is your share of the costs of a covered health care service. For example, if the plan's allowed amount for lab work is \$100 and your coinsurance is 20%, once you meet your deductible, you will pay 20% of \$100, which is \$20. The health plan will pay the remaining amount (\$80).

**Copay** - A fixed dollar amount that you pay for a covered health service. Typically, your copay is due up front at the time of service.

**Deductible** - The amount that you must pay each calendar year for covered health services before the insurance plan will begin to pay.

**Explanation of benefits (EOB)** - A statement from your health plan that lists the services you received and charges added toward your annual deductible and out-of-pocket maximum. An EOB is not a bill.

**Flexible spending account (FSA)** - A spending account that you can use to pay for health care with pre-tax dollars. Funds deposited into a health care FSA are "use it or lose it", meaning any funds you do not use by the end of the calendar year will be forfeited. If you fund a health savings account, you are not eligible to contribute to a traditional health care FSA; however, you can fund a limited use health care FSA, which can only be used to pay for dental and vision expenses.

**Health savings account (HSA)** - A bank account that HDHP members can use to pay out-of-pocket health care premiums with pre-tax dollars. Money that you deposit into an HSA is yours to keep regardless of whether you change jobs or health plans.

**Out-of-pocket maximum** - The most you will pay for covered health services during the calendar year. All copay, deductible, and coinsurance payments count toward the out-of-pocket maximum. Once you've met your out-of-pocket maximum, your insurance plan will pay 100% of covered health services.

**Premium** - The amount that you pay out of your paycheck in order to be enrolled in the medical, dental and/or vision insurance plans. For medical and dental coverage, the monthly premium is deducted from the first two paychecks of the month.

**Preventive care** - Covered services that are intended to prevent disease or to identify disease while it is more easily treatable. Examples of preventive care services include screenings, check-ups and patient counseling to prevent illnesses, disease or other health problems. In-network preventive care is covered 100% by the medical plans.

# BENEFIT PLAN COSTS

Listed below are the monthly medical costs. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. Deductions are taken from the first two paychecks of each month.

Medical	Employee Only		Employee Plus One		Family	
	City	Employee	City	Employee	City	Employee
<b>HMO</b>	<b>\$471.67</b>	<b>\$83.24</b>	<b>\$932.23</b>	<b>\$233.06</b>	<b>\$1,263.09</b>	<b>\$421.03</b>
<b>HDHP</b>	<b>\$409.77</b>	<b>\$21.57</b>	<b>\$815.23</b>	<b>\$90.58</b>	<b>\$1,112.78</b>	<b>\$196.37</b>

Dental	Employee Only		Employee Plus One		Family	
	City	Employee	City	Employee	City	Employee
<b>PPO</b>	<b>\$34.71</b>	<b>\$3.86</b>	<b>\$36.15</b>	<b>\$36.15</b>	<b>\$65.48</b>	<b>\$65.48</b>
<b>EPO</b>	<b>\$15.40</b>	<b>\$1.71</b>	<b>\$16.60</b>	<b>\$16.60</b>	<b>\$36.20</b>	<b>\$36.20</b>

Vision	Employee Only	Employee Plus One	Family
	<b>\$7.46</b>	<b>\$14.13</b>	<b>\$20.72</b>

\*\*\*\*\*Medical insurance rates do not reflect \$10 premium discount for participating in the Wellness Program. Bi-weekly costs are determined by dividing the monthly cost by two.

## How to Enroll

You will need to submit your insurance choices using the City's ADG Open Enrollment system. The first step is to review your current benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

The City offers two different medical plans through Kaiser Permanente. Kaiser offers a Health Maintenance Organization (HMO) Plan and a High-Deductible Health Plan (HDHP). Everyone's health care needs are different. It is very important to carefully choose a medical plan that will work for you. Before choosing a medical plan, you should ask yourself the following questions:

- ⇒ How much medical care is needed for me and my family?
- ⇒ What will it cost me?
- ⇒ Am I more concerned about the cost of my monthly premiums or my out-of-pocket costs?

### HDHP

- » Lower cost per pay period
- » Higher deductible
- » out-of-pocket expenses can be paid for through a health savings account (HSA)

## VS.

### HMO

- » Higher cost per paycheck
- » Lower deductible
- » out-of-pocket expenses can be paid for through a health care flexible spending account (FSA)

## Did you know?

If you select the HDHP plan, the City will contribute \$800 (individual) or \$1100 (employee plus one/family) to your Health Savings Account?



# MEDICAL PLANS

Benefit	Kaiser HMO	High Deductible Health Plan (HDHP) (HSA Qualified)
<b>Deductible</b>	None	\$1,500 / \$3,000
<b>Annual Out-of-Pocket</b>	\$3,000 / \$6,000	\$3,000 / \$6,000
<b>Lifetime Maximum</b>	None	None
<b>Physician Office Visit</b>	\$30 copay	Plan pays 90% after deductible
<b>Specialists</b>	\$50 copay	Plan pays 90% after deductible
<b>Preventive Adults/ Children</b>	Plan pays 100%	Plan pays 100%, no deductible
<b>Prescription Drugs</b> Tier 1/Tier2/Tier 3 Mail Order (90-Day)	\$15/\$40/N/A \$30/\$80/NA	\$20/\$40/\$60 \$40/\$80/\$120 (Deductible must be satisfied before copays apply)
<b>Outpatient Surgery</b>	\$100 copay per surgery	Plan pays 90% after deductible
<b>Emergency Room</b>	\$200/visit	Plan pays 90% after deductible
<b>Urgent Care</b>	\$50 copay	Plan pays 90% after deductible
<b>Vision</b>	\$30 copay	Plan pays 90% after deductible
<b>Chiropractic</b>	\$20 copay /visit; 30 visits;	Not covered



## IMPORTANT INFORMATION:

**Individual HDHP**—For individual HDHP coverage, the individual deductible is the amount the member must pay each plan year before the plan begins paying toward covered services. If electing dependent coverage, the individual deductible does not apply.

**Family HDHP**—The family deductible must be met, either by one individual or by a combination of family members, before the plan begins to pay. The same rule applies to the out-of-pocket maximum.

### CHOOSE THE RIGHT DOCTOR FOR YOU

When enrolling in the Kaiser Permanente HDHP or HMO plans, you must select a primary care physician who is responsible for overseeing your health care. With 22 Kaiser Permanente medical offices across the Denver–Boulder area, it's easy to find a doctor who is close to your home or workplace. Most Kaiser Permanente medical offices house primary care, laboratory, x-ray and pharmacy services under one roof, which means you can visit your physician and manage many of your other needs in a single trip.

The Kaiser plans provide in-network coverage only (except in the case of a medical emergency).

### CALL THE KAISER APPOINTMENT AND ADVICE LINE

If you have an illness or injury and you're not sure what kind of care you need, Kaiser's advice nurses can help. With access to your electronic health record, they can assess your situation and direct you to the appropriate facility, or even help you handle the problem at home until your next appointment. For advice, call 303-338-4545, 24 hours a day, seven days a week. For appointment services, call Monday through Friday from 7 a.m. to 6 p.m. You can also access Kaiser information by visiting the website at: [www.kp.org](http://www.kp.org).



# DENTAL PLANS

The EPO requires that you use Delta Dental’s network of providers. This plan only provides benefits if you visit a Delta Dental PPO dentist in Colorado. The EPO plan provides subscribers with a co-payment listing that details all covered services and their associated out-of-pocket costs. Non-covered services are billed directly to you at Delta Dental’s discount rate, so you will still save money even if the procedure is not covered under your plan. If you receive treatment from a Delta Dental non-PPO dentist, you will be responsible for all fees charged.

PPO allows you to use a Delta Dental PPO dentist or go out-of-network to a dentist of your choice. If you choose to use a dentist outside the network, please be aware that your premiums will be significantly higher in comparison to an in-network dentist.

Services	EPO (In-Network Only)	PPO	
		In-Network	Out-of-Network
<b>Preventive</b>	Schedule of copays	Plan pays 100%	Plan pays 80%; subject to in-network negotiated fees
<b>Deductible Single / Family</b>	None	\$50 / \$150 – applies only to basic and major	\$50 / \$150 – applies only to basic and major
<b>Basic Services</b>	Schedule of copays	Plan pays 80% after deductible	Plan pays 80% after deductible subject to in-network negotiated fees
<b>Major Services</b>	Schedule of copays	Plan pays 50% after deductible	Plan pays 50% after deductible subject to in-network negotiated fees
<b>Endodontics</b>	Schedule of copays	80% after deductible	80% after deductible
<b>Periodontics</b>	Schedule of copays	80% after deductible	80% after deductible
<b>Orthodontics (Child and Adult)</b> Coinsurance Lifetime Maximum	50% \$1500	50% \$1000	50% \$1000
<b>Annual Maximum</b>	\$1500	\$1500	\$1500

\*\*\*To learn if a dentist participates in a network covered by your plan, use the “Find a Dentist” search feature on the Delta website at [deltadentalco.com](http://deltadentalco.com) or call Customer Relations at 800.610.0201.

EyeMed Vision is a discount vision care program. Employees may cover themselves and their dependents under this supplemental vision insurance policy. EyeMed has a broad network of independent providers and national retail chains as in-network providers including: Lens Crafters, Sears Optical, Target Optical, JCPenney Optical and most Pearle Vision Locations. Employees pay the full cost of this plan.

Services	Eye-Med	
	In-Network	Out of Network
<b>Exams</b>	\$10 copay	Plan reimburses up to \$35
<b>Materials</b>	\$10 copay	Not applicable
<b>Frequency of Svc.</b>		
Exams	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months
Contact Lenses	Every 12 months	Every 12 months
<b>Standard Lenses</b>		
Single	\$10 copay	Plan reimburses up to \$25
Bifocals	\$10 copay	Plan reimburses up to \$40
Trifocals	\$10 copay	Plan reimburses up to \$65
Standard Progressive	\$10 copay, 20% off retail price, then \$55 allowance	Plan reimburses up to \$40
<b>Contact Lenses (in lieu of lenses and frames)</b>		
Medically Necessary	Paid in Full	Plan reimburses up to \$200
Conventional	No copay, \$135 allowance, 15% discount off retail price over \$135	Plan reimburses up to \$108
Disposables	No copay, \$135 allowance, 15% discount plus balance over \$135	Plan reimburses up to \$108
Standard Frames	No copay, \$120 allowance; 80% of balance over \$120	Plan reimburses up to \$60
Laser Vision Correction	Lasik/PRK from U.S. Laser Network. 15% off retail or 5% off promotional price	No benefit coverage



# FLEXIBLE SPENDING ACCOUNTS

The City provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You must enroll/re-enroll in the plan to participate for the plan year Jan. 1 to Dec. 31, 2016. You can save approximately 25 percent of each dollar spent on these expenses when you participate in a FSA.

A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Contributions to your FSA are withheld from your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

The maximum that you can contribute to the Health Care Flexible Spending account is \$2,550 for 2016 as set by the IRS. The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000.

## Limited Purpose Flexible Spending Account

A LPFSA is available to employees who are enrolled in a high deductible health plan (HDHP) as well as an HSA.

A Limited Purpose FSA (LPFSA) is a flexible spending account that reimburses you for eligible dental and vision expenses only. By establishing an LPFSA, you can save money on taxes for your dental and vision expenses while preserving your HSA funds for other purposes, including simply saving those funds for the future.

### Debit Card or Reimbursement

You have the option of using the debit card to pay for your eligible expenses for both the full FSA and the LPFSA. Reimbursement for eligible expenses may be provided to you through direct deposit or by receiving a check in the mail.

### Receipts

Always remember to keep receipts for all your expenses, whether you pay for them with an FSA account, an LPFSA, or HSA Account Funds.

If you enroll in the *High-Deductible Health Plan (HDHP)*, you can set aside money in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a flexible spending account or cafeteria plan in that you are eligible to pay for health care expenses with pre-tax dollars.

There are several advantages of an HSA. Your portion of medical premiums is normally lower than other plans. The savings from lower premiums can be contributed to your HSA. Unused money in an HSA account is not forfeited at the end of the year and is carried forward. Also, your HSA account is yours to keep which means that you can take it with you if you change jobs or retire. Money in an HSA can be invested much like 401(k) funds are invested. If you have money remaining in your HSA after you retire, you may withdraw the money as cash.

HSA's are designed to help employees save money for health care expenses at retirement.

The maximum amount that you can contribute to an HSA is \$3,350 for individual coverage and \$6,750 for family coverage. Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000.

**Bonus:** If you select the High Deductible Health Plan, the City will make the following contribution to your 2016 HSA account:

Single Coverage	\$ 800
Employee + One Coverage	\$1,100
Family Coverage	\$1,100

The City's contribution will be made in two payments (the first pay checks of January and July 2016, unless the employee is hired after these dates). This contribution along with any contributions you make may be used to pay expenses that you incur towards your annual deductible and coinsurance after the deductible is satisfied. \*\*\*\*\*Amounts will be pro-rated based on benefit eligibility date.

**Note:** If an employee or spouse of an employee is on Medicare they are eligible to participate in the High Deductible Health Plan. However, they are not eligible to make contributions into a Health Savings Account or accept the City's contributions into the HSA for the individual covered under Medicare.

## RETIREMENT PLANS Provided by ICMA-RC

As a City employee, you are automatically enrolled in the City of Wheat Ridge 401(a) money purchase plan. A money purchase plan is a defined-contribution plan that is similar to a profit-sharing plan, with fixed contribution amounts.

	Employee Contribution	City Contribution	Vesting Period
Non-sworn Employee	4%	4%	5 years
Sworn Employee	10%	10%	7 years
Director	4%	5%	Immediate

**SHORT TERM DISABILITY** - A benefit of 60% of your monthly income, not to exceed a benefit amount of \$500/week up to a 13 week period (includes 30 day waiting period) should you become disabled.

**LONG TERM DISABILITY** - Civilian employees receive 60% of their monthly income to a maximum of \$6,000/month if disabled; payments begin 90 days after absence from work. Sworn officers hired after 01/01/97 receive coverage through FPPA.

**GROUP TERM LIFE INSURANCE** - The City pays for life insurance plus accidental death and dismemberment coverage equal to 1 ½ x's the employee's annual salary up to \$150,000 max plus \$2000 life coverage for each dependent.

**VOLUNTARY TERM LIFE INSURANCE** - Employees may purchase additional term life insurance for themselves and family.

## **VOLUNTARY RETIREMENT PROGRAM:**

Deferred Compensation (457) - A voluntary program where employees can contribute on a pre-tax or post-tax basis. This plan offers a ROTH component to the fund choices. You may defer up to \$18,000 of compensation for 2016. The limit on catch-up contributions for 2016 is \$6,000 (over age 50).

Roth IRA - This is an additional retirement offering that you have. For 2016 you may contribute up to \$5,500 (under 50 years of age) or \$6,500 (over age 50). Your contributions would be made as an after-tax deduction.

## **EMPLOYEE ASSISTANCE PROGRAM (Bensinger, DuPont & Assoc.)**

Services are available for six free counseling sessions per problem, legal and financial advice is also available. This program provides on-line resources and an audio library for your use.

## **LAW ENFORCEMENT EMPLOYEE ASSISTANCE PROGRAM (ESI Public Safety Program)**

Public Safety EAP is designed to address the specific issues that public safety personnel and their families face every day. Resources include financial planning, parenting and children's issues, home safety matters, and much, much more!

## **CELLULAR PROGRAM**

Through AT&T employees may participate in a cellular program at a discounted rate.

# WORK/LIFE BALANCE

**PERSONAL TIME OFF (PTO)** – A leave program for employees to use for vacations, medical/dental appointments, personal business, child care needs, bereavement, family emergencies, off-the-job injuries, incidental illness, etc. The number of PTO days earned per year (hours accrued each pay period) is dependent upon years of service and status (pro-rated for PT)

Years of Service	Days Accrued
0-5 years	20 days (6.15 hours per pay period)
6-10 years	23 days (7.08 hours per pay period)
11-15 years	26 days (8 hours per pay period)
16+ years	29 days (8.92 hours per pay period)

**EXTENDED SICK LEAVE (ESL)** - Forty (40) hours will be accrued per year, (1.5385 hours per pay period) for the use of personal illness or injury and events qualifying under the Family and Medical Leave Act (FMLA). Part-Time employees working a consistent 20 to 35 hours per week and recognized through the budget process accrue on a pro-rated basis.

# 2016 Holiday Schedule

New Year's Day.....	Friday, January 1
Martin Luther King, Jr. Day.....	Monday, January 18
Presidents' Day.....	Monday, February 15
Memorial Day.....	Monday, May 30
Independence Day.....	Monday, July 4
Labor Day.....	Monday, September 5
Veterans' Day.....	Friday, November 11
Thanksgiving Day.....	Thursday, November 24
Day After Thanksgiving Day.....	Friday, November 25
Christmas Day.....	Sunday, December 25

**NOTE: When a day recognized by the City as a holiday falls on Sunday, the following Monday is observed as the holiday. When a day recognized as a holiday by the City falls on Saturday, the preceding Friday is observed as the holiday.**

**Delta Dental**

(800) 610-0201

[www.deltadental.com](http://www.deltadental.com)[customer\\_service@ddpco.com](mailto:customer_service@ddpco.com)**EAP**

(877) 757-7587

[www.eapadvantage.com](http://www.eapadvantage.com) (password: plus)**ICMA-RC**

(800) 669-7400

Emily Knox, Retirement Representative

(720) 851-1869

[eknox@icmarc.org](mailto:eknox@icmarc.org)**Kaiser Permanente**

(303) 338-3800

[www.kp.org](http://www.kp.org)**EyeMed**

(866) 939-3633

[www.eyemedvisioncare.com/member](http://www.eyemedvisioncare.com/member)**24HourFlex**

General info: (303) 369-7886, Option 5

Lost/stolen card line: (866) 679-7649

HSA Bank: 1-800-357-6246

[info@24hourflex.com](mailto:info@24hourflex.com)[www.24hourflex.com/plan-participants](http://www.24hourflex.com/plan-participants)**Cigna**

General info: (800) 362-4462

[www.cigna.com](http://www.cigna.com)**Human Resources Department**

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[tdixon@ci.wheatridge.co.us](mailto:tdixon@ci.wheatridge.co.us)

(Administrative Services)

Barbara Davis—HR Business Partner

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[bdavis@ci.wheatridge.co.us](mailto:bdavis@ci.wheatridge.co.us)

(City Clerk's Office, Community Development, Municipal Court, Public Works)

Nena Rose—HR Business Partner

303-235-2812

[nrose@ci.wheatridge.co.us](mailto:nrose@ci.wheatridge.co.us)

(Parks and Recreation, Police Department)