



City of
Wheat Ridge

2017

EMPLOYEE
BENEFITS GUIDE



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A MESSAGE FROM HUMAN RESOURCES

Dear City of Wheat Ridge employees:

As the benefit marketplace continues to change, one of the City's goals is to provide each employee and family with a benefits package that is reflective of our workgroup community. As we entered into the 2017 plan negotiation period, our primary focus was how to maintain the richness of our plans by continuing to offer quality health insurance options at an affordable monthly premium. The benefits offered for 2017 remain robust and competitive. Our benefit plans are designed to provide complete coverage for all aspects of your well-being.

The benefits guide provides a comprehensive overview of the available health, financial, and ancillary benefits afforded to all benefit eligible team members.

There are a few changes to the 2017 benefit plans that we would like to highlight:

- ◆ The City has adopted a Deductible HMO plan. This plan is very similar to the HMO plan offered in years past remaining consistent with a co-pay based methodology but now also utilizes co-insurance and deductible for other medically related services. We will continue to offer the High Deductible plan and make contributions to a Health Savings Account.
- ◆ Complete vision service is now available through Kaiser. This includes a discounted rate on the purchasing of hardware.
- ◆ Allstate is now a part of the voluntary insurance options. The Allstate plan can be utilized as a supplemental insurance to cover expenses beyond medical costs that may not be covered through health insurance.

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. Our mission is to offer a comprehensive benefits program that encourages your total well-being now and in the future.

If you have specific questions about your existing benefits or selecting a future option, please contact your Human Resources Business Partner for assistance.

Sincerely,

Your Human Resources Business Partner Team

BENEFITS AT A GLANCE

BENEFIT TYPE	OPTION
MEDICAL PLANS	<ul style="list-style-type: none"> ◆ Kaiser Deductible Coinsurance Plan (DHMO) ◆ Kaiser High Deductible Healthcare Plan (HDHP)
DENTAL PLANS	<ul style="list-style-type: none"> ◆ Delta Dental PPO ◆ Delta Dental EPO
VISION PLANS	<ul style="list-style-type: none"> ◆ EyeMed ◆ Kaiser
HEALTH SAVINGS ACCOUNT	<ul style="list-style-type: none"> ◆ Healthcare Spending Account
FLEXIBLE SPENDING ACCOUNT	<ul style="list-style-type: none"> ◆ Healthcare Flexible Spending Account ◆ Dependent Care Account
LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT	<ul style="list-style-type: none"> ◆ Dental Flexible Spending Account ◆ Vision Flexible Spending Account
EMPLOYEE ASSISTANCE PROGRAM	<ul style="list-style-type: none"> ◆ BDA Morneau Shepell & Associates ◆ Public Safety ESI
VOLUNTARY INSURANCE	<ul style="list-style-type: none"> ◆ Term Life Insurance ◆ Accidental Death and Dismemberment ◆ Accident Non-occupational Insurance
WELLNESS PROGRAMS	<ul style="list-style-type: none"> ◆ Recreation Center Discounts ◆ Monthly Healthcare Premium Savings ◆ SonicBoom Cash Incentive Program
OTHER BENEFITS	<ul style="list-style-type: none"> ◆ Cell Phone Savings ◆ Retirement

BENEFIT ENROLLMENT CHECKLIST

In order to make the right benefit decisions for you and your family members, you need to be prepared. Here's a step-by-step list of actions you should take during the open enrollment period.

ENROLLMENT CHECKLIST

Step 1: Review your current benefits and coverage levels using our benefits enrollment tool found at <http://srv-ci-adm-01/adg/adg/index.php>

Step 2: Read this Enrollment Guide to understand your benefits for 2017. Please contact your HR Business Partner with any questions.

Step 3: Collect necessary documentation, such as Social Security numbers for the eligible dependents you want to cover.

Step 4: Gather a summary of 2016 health and childcare expenses to help you estimate next year's Flexible Spending Account (FSA) elections, or Health Saving Account (HSA) election .

Step 5: Log in to ADG Benefit Enrollment at <http://srv-ci-adm-01/adg/adg/index.php> during your open enrollment period to make your elections.

Step 6: Update beneficiary information for your life insurance plans.

Step 7: If adding a dependent, submit your dependent documentation to the Human Resources Division.

ELIGIBILITY AND COVERAGE INFORMATION

Who is Eligible?

- ⇒ **City employees working 20 or more hours per week *and* classified as benefitted through the Budget.**
- ⇒ **Part-time intermittent employees working an average of 30 hours per week during the City's predetermined Affordable Care Act period.**

The following family members are eligible for coverage:

Spouse or Domestic Partner

Children or 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)



Enrollment Periods

ANNUAL OPEN ENROLLMENT: The open enrollment benefit period will occur between October 31st and November 18th. Benefit plans selected during this period will become effective on January 1st.

NEW HIRE: Benefits become effective 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, child or other qualified dependent change, termination of adoption proceedings; death of spouse; change in residence due to employment transfer for you, your spouse or domestic partner, or change in spouse's or domestic partner's benefits or employment status.

MEDICAL PLANS

In today's world, it's more important than ever to be in control of your healthcare choices. So take an active role in making the right coverage decisions for your personal situation. Making good decisions about your care - from choosing the coverage that meets your healthcare needs to requesting generic prescription drugs - is essential to getting the most out of every healthcare dollar you spend. When considering your healthcare options, look beyond the pay-period cost and consider whether you're getting the coverage that is right for you and your family.

IMPORTANT HEALTHCARE TERMS AND DEFINITIONS

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.

KAISER DEDUCTIBLE COINSURANCE PLAN—(DHMO)



KAISER PERMANENTE®

A traditional HMO plan with a low deductible and coinsurance set with a focus on preventive care—plus programs that go beyond the traditional HMO—to help you get healthy and stay that way.

You can choose to receive care from more than 1,000 primary care physicians and specialists at any Kaiser Permanente medical office in Colorado. Services include primary care, select specialty care, afterhours care at designated offices, as well as pharmacy, lab, radiology, vision, and audiology services where offered. If you're a Southern or Northern Colorado member, you can also receive care from a network of community physicians in your service area. Not only do you have access to the best doctors around, you'll be supported by electronic health records and a care team working together, sharing best practices, and coordinating your care to meet your needs.

With this plan, you'll pay the full charges for most services until you reach your deductible. Then you'll start paying coinsurance for these services for the rest of the plan/contract year up to your out-of-pocket maximum.

For doctor's office visits, you'll pay a copay for the visit (does not apply to the deductible) and then the cost of the medical services received during the visits, up to your deductible. Most preventive care services are covered at little or no cost to you -- all year round. You can find out more about the cost of medical services on the Sample Fee List on kp.org.

Even before you reach your deductible, most preventive care services are covered at little or no cost to you — all year round. This gives you convenient access to routine care that helps you stay healthy and get the most out of life.

After you reach your out-of-pocket maximum, we'll pay for the medical cost of most services covered by your plan for the rest of the plan/contract year, although you will continue to pay for appropriate copayments. This can help protect you financially if you have a serious illness or injury.

Examples of services that you'll pay full charges for until you reach your deductible:

- ◆ Hospital inpatient/outpatient surgery
- ◆ Emergency Care
- ◆ Diagnostic X-ray
- If you're a **Denver/Boulder member**, Good Samaritan Medical Center, Saint Joseph Hospital, and Children's Hospital Colorado are your plan hospitals for inpatient care.
- If you're a **Southern Colorado member**, please see the network provider directory for a list of hospitals in your plan.
- If you're a **Northern Colorado member**, McKee Medical Center, North Colorado Medical Center, Estes Park Medical Center, and Northern Colorado Rehabilitation Hospital are your plan hospitals for inpatient care.

KAISER HIGH DEDUCTIBLE HEALTHCARE PLAN —(HDHP)



KAISER PERMANENTE®

An HSA is like an IRA for your well-being

Similar to the traditional HMO plan, you can choose to receive care from more than 1,000 primary care physicians and specialists at any Kaiser Permanente medical office in Colorado. Services include primary care, select specialty care, afterhours care at designated offices, as well as pharmacy, lab, radiology, vision, and audiology services where offered.

With the Kaiser High Deductible Health Care plan, your well-being is supported with a health savings account.

How the HSA works

Once enrolled in the health plan, you can use your HSA funds to pay for qualified medical expenses including:

- ◆ Doctor and hospital visits
- ◆ Prescription drugs
- ◆ Primary and specialty care visits
- ◆ X-rays and lab test

Preventive care, physicals, adult screening, well-woman care and well-child care are covered at no charge and you do not have to meet a deductible. You'll pay a slightly higher copay for after-hours care.

Limits on your expenses

When you receive care, you'll pay full charges for most services until you reach the annual deductible. Then you'll pay coinsurance for most services covered by your plan. Coinsurance helps limit your costs for many types of care, while your out-of-pocket maximum put a cap on how much you'll pay for covered services each calendar year.

Emergency and inpatient care

When it comes to emergency care, you're covered anywhere in Colorado, the nation, and the world. Emergency care copays are waived if you're admitted to a hospital.

For scheduled inpatient care, you'll have a choice of hospitals close to home.

- If you're a **Denver/Boulder member**, Good Samaritan Medical Center, Saint Joseph Hospital, and Children's Hospital Colorado are your plan hospitals for inpatient care.
- If you're a **Southern Colorado member**, please see the network provider directory for a list of hospitals in your plan.
- If you're a **Northern Colorado member**, McKee Medical Center, North Colorado Medical Center, Estes Park Medical Center, and Northern Colorado Rehabilitation Hospital are your plan hospitals for inpatient care.

COMPARING THE MEDICAL PLANS



KAISER PERMANENTE®

	Kaiser Deductible HMO (DHMO) Coinsurance Plan: 20%	High Deductible Health Plan (HDHP) Coinsurance Plan: 10%
Deductible	\$500/\$1,500 Individual/Family	\$1,500/\$3,000 Individual/Family
Annual Out-of-Pocket Max	\$3,000/\$6,000 Individual/Family	\$3,000/\$6,000 Individual/Family
Physician Office Visit	\$30 copay	Plan pays 90% after deductible
Specialists	\$50 copay	Plan pays 90% after deductible
Preventive Adults/ Children	Plan pays 100%, no deductible	Plan pay 100%, no deductible
Prescription Drugs		
Retail/Mail - Tier 1	\$15/\$30	\$20/\$40 copay after deductible
Retail/Mail - Tier 2	\$40/\$80	\$40/\$80 copay after deductible
Retail/Mail - Tier 3	Not Covered	\$60/\$120 copay after deductible
Specialty Drugs	80% to \$250 max	20% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 90% after deductible
Emergency Room	Plan pays 80% after deductible	Plan pays 90% after deductible
Urgent Care	\$50 copay	Plan pays 90% after deductible
Vision	\$30 copay	Plan pays 90% after deductible
Mental Health (Outpatient)	\$30 copay	Plan pays 90% after deductible

CHOOSE THE RIGHT DOCTOR FOR YOU

When enrolling in the Kaiser Permanente HDHP or DHMO 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).

COMPARING THE MEDICAL PLANS



KAISER PERMANENTE®

The City offers two different medical plans through Kaiser Permanente. Kaiser offers a Deductible Health Maintenance Organization (DHMO) 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 Plan

- * **Lower per paycheck cost**
 - * **Higher Deductible**
 - * **Variable Costs**
- * **Out-of-Pocket Expenses can be paid for through a Health Savings Account**

DHMO Plan

- * **Higher per paycheck cost**
- * **Lower Annual Deductible**
- * **Set Copays for most services**
- * **Out-of-Pocket Expenses can be paid for through a Flexible Spending Account**

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

FLEXIBLE SPENDING AND HEALTH SAVINGS ACCOUNTS



FLEXIBLE SPENDING ACCOUNT PARTNERS WITH THE DHMO MEDICAL PLAN

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, 2017. 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.**

2017 Maximum Contribution: \$2600**

2017 Maximum Dependent Care Contribution: \$5000**

Annual contributions cannot generally be changed after open enrollment unless there is a change in number of dependents. Please see your HR Business Partner should you have any questions.

***Rates are subject to change based on IRS regulations.

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT PARTNERS WITH THE DENTAL AND VISION PLANS

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.

FLEXIBLE SPENDING AND HEALTH SAVINGS ACCOUNTS



HEALTH SAVINGS ACCOUNT PARTNERS WITH THE HDHP MEDICAL PLAN

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.** 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.

The maximum amount that you can contribute to an HSA is \$3,400 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 2017 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 2017, 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 co-insurance 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.

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.

	EPO	PPO	
	(In-Network Only)	In-Network	Out-of-Network
Deductible (Single/Family)	None	\$50/\$150 – Applies only to Basic and Major Services	\$50/\$150 – Applies only to Basic and Major Services
Annual Out-of-Pocket Max	\$1500	\$1500	\$1500
Preventative	Schedule of Copays	Plan pays 100%	Plan pays 80% subject to in-network negotiated fee
Basic Services	Schedule of Copays	80% Co-insurance	Plan pays 80% subject to in-network negotiated fee
Major Services	Schedule of Copays	50% Co-insurance	Plan pays 80% subject to in-network negotiated fee
Endodontics	Schedule of Copays	80% Co-insurance	80% Co-insurance
Periodontics	Schedule of Copays	80% Co-insurance	80% Co-insurance
Orthodontics (Child and Adult)	Schedule of Copays		
Child only until age 19	50% Coinsurance \$1500	50% Co-insurance \$1000	50% Co-insurance \$1000

*****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 or call Customer Relations at 800.610.0201.**

VISION PLAN



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.

Vision Care Services	Member Cost
Eye Exam (Calendar Year)	\$10 copay
Standard Lenses:	
Single Vision	\$10
Bifocal	\$10
Trifocal	\$10
Frames	\$120 allowance, 20% off retail price over \$120
Contact lenses:	
Medically Necessary	Paid in Full
Elective (Cosmetic)	\$135 allowance, 15% off retail price over \$135
Laservision Correction:	
LASIK or PRK	15% off retail price or 5% off promotional price
Exam Frequency	12 Months
Lenses Frequency	12 Months
Frames Frequency	24 Months
Contact Lenses	12 Months

2017 BENEFIT PLAN COSTS

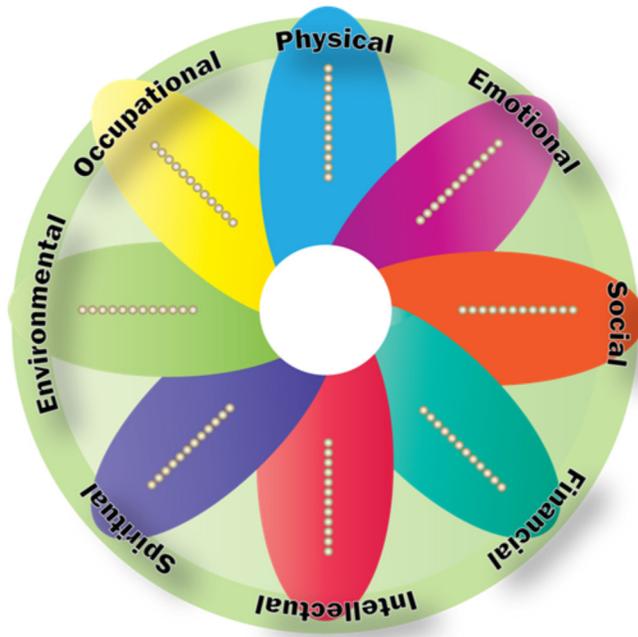
Listed below are the monthly medical costs. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. Deductions are taken from the first *two* paychecks of each month.

*****Medical 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.

Medical	Employee Only		Employee Plus One		Family	
	City Cost	Employee Cost	City Cost	Employee Cost	City Cost	Employee Cost
DHMO	\$462.17	\$81.56	\$913.47	\$228.37	\$1237.67	\$412.56
HDHP	\$439.07	\$23.11	\$873.53	\$97.06	\$1192.36	\$210.42

Dental	Employee Only		Employee Plus One		Family	
	City Cost	Employee Cost	City Cost	Employee Cost	City Cost	Employee Cost
PPO	\$34.74	\$3.86	\$36.15	\$36.15	\$65.48	\$65.48
EPO	\$15.40	\$1.71	\$16.60	\$16.60	\$36.20	\$36.20

Vision	Employee Only		Employee Plus One		Family	
	City Cost	Employee Cost	City Cost	Employee Cost	City Cost	Employee Cost
	N/A	\$7.46	N/A	\$14.13	N/A	\$20.72



Wellness Program

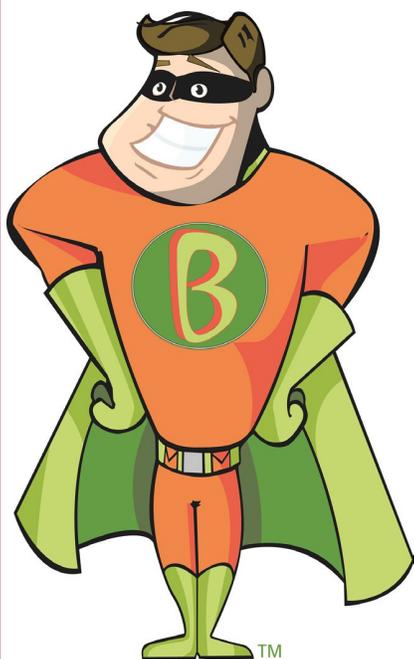


The purpose of the City's Wellness Program is to establish a work environment that promotes healthy lifestyles and enhances quality of life for all team members. Our overarching goal is to promote a culture of wellness.

2017 Program Guide

For the 2017 program year (Nov 1, 2016 - Oct 31, 2017) we've simplified the ways you can earn wellness credits for cash. Log in to Sonic Boom to track your completed activities.

Benefits Available



- Cash incentive
- Access to Sonic Boom
- Drop-in use at the Wheat Ridge Recreation Center
- Drop-in use at the outdoor pool in Anderson Park
- 1 free massage
- 1 free personal training session
- 1 free Pilates reformer session
- 50% off registration for team sports with 50% of employees on the roster, see roster requirements
- Additional selection of programs/classes offered by the Recreation Division

*Note - Team members pay income tax on the value of Recreation passes, classes and programs

What is Sonic Boom?

Sonic Boom is an interactive online platform that promotes friendly competition, reliable wellness information, and enables personal accountability for wellness goals. Log in at <https://app.sbwell.com>

WHAT YOU GET

- ◆ SONIC BOOM PROGRAM
- ◆ COMPLETION OF WELLNESS REQUIREMENT
- ◆ BRONZE LEVEL INCENTIVE: \$100
- ◆ SILVER LEVEL INCENTIVE: \$150
- ◆ GOLD LEVEL INCENTIVE: \$200

HOW YOU GET IT

- ◆ Nothing required, this is a freebie!
- ◆ \$10 per month reduction in Kaiser health Premium
- ◆ Achieve 3 credits, 1 of which must be a Lifestyle Credit
- ◆ Achieve 4 credits, 2 of which must be a Lifestyle Credits
- ◆ Achieve 5 credits, 2 of which must be Lifestyle Credits

WELLNESS REQUIREMENTS

Fasting Biometric Screening

Screening will be available through your healthcare provider.

Total Health Assessment

Visit www.kp.org/THA to access the THA or the Sonic Boom Health Assessment, if not a Kaiser Member

Earn Biometric Credits

BMI—1 Credit

- Have a Body Mass Index (BMI) less than 29 OR reduce BMI by 10% over the 2015 biometric screening OR apply 1 Lifestyle Credit

Blood Pressure—1 Credit

- Have a Blood Pressure reading of less than 120/80 OR apply 1 Lifestyle Credit

Glucose—1 Credit

- Have a fasting Glucose screening of less than 100 OR improve your number by 5% over the 2015 biometric screening OR apply 1 Lifestyle Credit

Cholesterol—1 Credit

- Have a fasting Cholesterol screening of less than 200 OR improve your number by 10% over the 2015 biometric screening OR apply 1 Lifestyle Credit

Become Tobacco Free—1 Credit

- Become tobacco free OR complete smoking/tobacco cessation program through Kaiser or approved alternative. The City will reimburse cost one time during program year.

- ⇒ Participate in company-wide *Ignition Nutrition Challenges*, up to 2 Lifestyle Credits
- ⇒ Participate in *Sonic Boom* program and earn 4 Mach Levels or higher in your Sonic Boom Status participation points. 1 Lifestyle Credit can be earned at Mach Levels 4, 7, 10 and 13
- ⇒ Utilize the *Wheat Ridge Recreation Center* and sign up for 1 personal trainer session and combination 20 visits/ classes, up to 4 Lifestyle Credits
- ⇒ Participate in 2 *Stress Management Programs* offered by the Wellness Champions for 1 Lifestyle Credit
- ⇒ Participate in city sponsored *Colfax Relay Marathon, Farmers 5000* or *Leaves of Hope* for 1 Lifestyle Credit
- ⇒ Increase your 457 contributions or set up and **contribute to a 457 account** for 1 Lifestyle Credit
- ⇒ *Volunteer* 12 hours throughout the program year. For example: Backpack Program, Carnation Festival, the Ridge at 38th Events for 1 Lifestyle Credit
- ⇒ Participate in *Wellness Coaching* by phone through Kaiser and complete a goal for 1 Lifestyle Credit
- ⇒ Complete 2 *Healthy Lifestyle Programs* through Kaiser (healthy.kaiserpermanente.org) for 1 Lifestyle Credit
- ⇒ Stay up-to-date on all *required exams*, including mammogram, CRC, PAP, dental, etc., for 1 Lifestyle Credit

Retirement & Supplemental Income

RETIREMENT 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. **Vesting** is a process used by many government agencies. It is the period of time by which an employee accrues non-forfeitable rights over employer contributions. The City of Wheat Ridge vests employer contribution at a rate of 20% for every completed year of service.

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

VOLUNTARY RETIREMENT PLANS PROVIDED BY ICMA-RC

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 2017. The limit on catch-up contributions for 2017 is \$6,000 (over age 50).

Roth IRA - This is an additional retirement offering. For 2017, 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.

SUPPLEMENTAL INCOME PROVIDED BY CIGNA

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.

NON-OCCUPATIONAL ACCIDENT INSURANCE PROVIDED BY ALLSTATE

No one plans on having an accident or becoming disabled. That's why supplemental health insurance, like accident coverage can help you in the event that you experience one of life's mishaps. Accident coverage and disability coverage are designed to work with your existing health insurance plan and can help you take care of expenses that may not be covered by your current insurance.

Accident Insurance Offers Added Protection Beyond Health Insurance

If you are accidentally injured off of the job, accident insurance from Allstate Benefits can help you take care of out-of-pocket expenses and medical costs beyond what your existing health insurance plan covers, like:

- ◆ Hospital stays
- ◆ Ambulance bills
- ◆ Fractures

****Offers a \$100 Wellness benefit simply based on physicians visit****

Employee	\$12.45
Employee plus Spouse	\$28.38
Employee plus Children	\$34.77
Employee plus Family	\$45.60

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 part-time staff)

Years of Service	Per Pay Period Accrual
0 - 5 years	6.15 hours
6 - 10 years	7.08 hours
11 - 15 years	8 hours
16+ years	8.92 hours

EXTENDED SICK LEAVE (ESL)

Forty 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.

2017 HOLIDAY SCHEDULE

- New Year's Day** **Sunday, January 1**
- Martin Luther King, Jr. Day** **Monday, January 16**
- Presidents' Day** **Monday, February 20**
- Memorial Day** **Monday, May 29**
- Independence Day** **Tuesday, July 4**
- Labor Day** **Monday, September 4**
- Veterans' Day** **Saturday, November 11**
- Thanksgiving Day** **Thursday, November 23**
- Day After Thanksgiving Day** **Friday, November 24**
- Christmas Day** **Monday, 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.

ADDITIONAL RESOURCES

Vendor Contacts		
24hourFlex	(303) 369-7886	info@24hourflex.com
Cigna	(800) 362-4462	www.cigna.com
Delta Dental	(800) 610-0201	www.deltadental.com
EAP: BDA, Morneau & Shepell	(866) 757-3271	www.eapadvantage.com
EAP: Public Safety EAP	(888) 327-1060	www.publicsafetyEAP.com
Eyemed	(866) 939-3633	www.eyemedvisioncare.com/ member
ICMA-RC	(800) 669-7400	www.icmarc.org
Kaiser Permanente	(303) 338-3800	www.kp.org

Human Resource Contacts			
Tamara Dixon	(303) 235-2887	tdixon@ci.wheatridge.co.us	HR Manager
Barbara Davis	(303) 235-2814	bdavis@ci.wheatridge.co.us	HR Business Partner
Nena Rose	(303) 235-2812	nrose@ci.wheatridge.co.us	HR Business Partner
Christine Jones	(303) 235-2884	cjones@ci.wheatridge.co.us	HR Technician

