



## Summary of Employee Benefits for 2016

<b>Health Insurance:</b> <b>Anthem Blue Cross</b> <b>Blue Shield of</b> <b>Colorado</b>	<p><b>Effective Date:</b> 1st day of month following employment</p> <p><b>Premium:</b> See attached schedule for premium rates.</p> <p><b>Who is eligible:</b> All regular employees working 30 hours or more per week.</p> <p>There are no pre-existing illness exclusions beginning January 1, 2014. Children under the age of 26 may be included on the plan. Please inquire about domestic partner coverage.</p> <p>A deductible is the amount of expenses that must be paid out of pocket before an insurer will pay any expenses. There are no deductibles with the “J” plan as long as you stay in-network.</p>
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Anthem Plan Name:	PPO J	HDHP 18	HDHP 22	HDHP 26
<b>Preventive Care – In-Network</b>	No Co-pay 100% Covered	No Co-pay 100% Covered	No Co-pay 100% Covered	No Co-pay 100% Covered
<b>Deductible - In-Network</b>	\$0	\$2000/single \$4000/non-single	\$3000/single \$6000/non-single	\$4000/individual \$8000/family
<b>Co-pay In-Network, routine visits</b>	\$35	Members pay for all medical expenses until deductible is satisfied. Then insurance pays 100%  Note: If two or more people are enrolled in the plan, then the non-single deductible must be met, either by an individual or collectively, before any benefit is paid.		Members pay for all medical expenses until deductible is satisfied.  After deductible is satisfied, members pay 20% coinsurance until maximum annual out-of-pocket is met.
<b>Co-pay In-Network Hospitalization/Out-patient surgery</b>	\$1000			
<b>Co-insurance In-Network</b>	20% up to annual out-of-pocket			
<b>Annual out-of-pocket maximum</b> includes all copays and coinsurance, including prescription copays	\$4,000/individual \$8,000/family	\$2000/single \$4000/non-single	\$3000/single \$6000/non-single	\$5,500/individual \$11,000/family
<b>Chiropractic/Acupuncture/Massage</b>	20 combined visits annually at routine visit copay	20 combined visits annually, subject to deductible.		20 combined visits annually, subject to deductible and coinsurance.
<b>Prescription Benefit</b>	Tier 1 \$15 copay Tier 2 \$40 copay Tier 3 \$60 copay Tier 4 30% copay	Members pay for all prescription expenses until deductible is satisfied. Then insurance pays 100%		Members pay for all prescription expenses until deductible is satisfied, then members pay 20% coinsurance until maximum annual out-of-pocket is met.

<b>Dental Insurance:</b> <b>Delta Dental of Colorado</b>	<p><b>Effective Date:</b> 1st day of month following employment.</p> <p><b>Premium:</b> See attached schedule for premium rates.</p> <p><b>Who is eligible:</b> All regular employees working 30 hours or more per week.</p> <p><b>Annual deductible:</b> \$50/person/\$150/family for basic and Major Services – not Preventive</p> <p><b>Basic care, diagnostic and preventive (includes sealants):</b> Covered at 80%</p> <p><b>Major services:</b> Covered at 50%.</p> <p><b>Calendar year maximum benefit:</b> \$1,000 (Basic and Major Services combined)</p>
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<b>Vision Insurance:</b> <b>Vision Service Plan (VSP)</b>	<p><b>Effective Date:</b> 1st day of month following employment.</p> <p><b>Premium:</b> See attached schedule for premium rates.</p> <p><b>Who is eligible:</b> All regular employees working 30 hours or more per week.</p> <p><b>Annual eye exam:</b> \$20 co-pay for WellVision exam, once per 12 month period</p> <p><b>Glasses:</b> Lenses are \$20 co-pay for single vision, lined bifocal or trifocal, with 20% off additional lens options, once per 12 months. Frames are covered up to \$130 every 24 months with a 20% discount on amounts over \$130. Additional glasses are discounted at 20%.</p> <p><b>OR Contacts:</b> Allowance of \$130 every 12 months toward contacts and contact exam with a 15% discount off the contact lens exam. This exam is in addition to the WellVision Exam. Laser Vision Correction discounts are available- contact VSP for more details. Benefit eligibility is calculated from the date of your exam and receipt of glasses or contacts, not by calendar year.</p>
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<b>Retirement Program:</b> <b>Colorado County Officials and Employees Retirement Association (CCOERA)</b>	<p><b>Effective Date:</b> Enrolled upon hire.</p> <p><b>Who is eligible:</b> All regular employees working 20 hours or more per week.</p> <p>401(a): Employees are <u>required</u> to contribute a percentage of their gross wage. The County matches that amount subject to a five year vesting schedule from date of participation</p> <table style="margin-left: 40px;"> <thead> <tr> <th style="text-align: left;"><b>Length of Employment</b></th> <th style="text-align: left;"><b>Employer/ Employee Contribution</b></th> </tr> </thead> <tbody> <tr> <td>Up to 6 years:</td> <td>5%/5%</td> </tr> <tr> <td>6 years up to 11 years:</td> <td>6%/6%</td> </tr> <tr> <td>11 years up to 16 years:</td> <td>7%/7%</td> </tr> <tr> <td>16 or more years:</td> <td>8%/8%</td> </tr> </tbody> </table> <p>457 Deferred Comp Plan: Employees may participate at any time by contributing additional money into their retirement account, before-taxes.</p> <p>457 Roth Deferred Comp Plan: Employees may participate at any time by contributing additional money into their retirement account, after-taxes.</p>	<b>Length of Employment</b>	<b>Employer/ Employee Contribution</b>	Up to 6 years:	5%/5%	6 years up to 11 years:	6%/6%	11 years up to 16 years:	7%/7%	16 or more years:	8%/8%
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<b>Life Insurance:</b> <b>Jefferson Pilot Financial</b>	<p><b>Effective Date:</b> 1st day of month following employment</p> <p><b>Premium:</b> Employer pays 100% of premium</p> <p><b>Who is eligible:</b> All regular employees working 30 hours or more per week.</p> <p><b>Termination:</b> This policy expires on the last day of the month in which an employee leaves LPC employment.</p> <p>\$50,000 for employee; \$2,000 for each dependent. Benefit amount decreases after the age of 65 years. Contact HR for a copy of the policy.</p>
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<b>Voluntary Life Insurance:</b> <b>Jefferson Pilot Financial/Lincoln Financial</b>	<p><b>Effective Date:</b> When approved by Jefferson Pilot/Lincoln Financial</p> <p><b>Premium:</b> Employee pays 100% of premium</p> <p><b>Who is eligible:</b> All regular employees working 30 hours or more per week.</p> <p><b>Maximum Coverage Available:</b> Employee: Up to 7 times the employee’s annual wage Spouse: Up to 3.5 times the employee’s annual wage</p> <p>Employee must be enrolled in order for spouse to apply for coverage.</p> <p><b>Open Enrollment:</b> <u>Within 30 days</u> of employment. After 30 days, a medical exam may be required.</p> <p><b>Termination:</b> Employees may take this policy with them after leaving LPC employment by continuing to pay the premiums.</p>
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<b>Long Term Disability: Jefferson Pilot Financial</b>	<p><b>Effective Date:</b> 1st day of month following employment.</p> <p><b>Premium:</b> Employer pays 100% of premium.</p> <p><b>Who is eligible:</b> All regular employees working 30 hours or more per week.</p> <p><b>Benefit:</b> 60% of gross income up to \$5,000/month to age 65. Contact HR for a copy of the policy.</p> <p><b>Waiting period:</b> 90 calendar days from “disabling event.”</p> <p>Pre-existing conditions are subject to one-year employment waiting period.</p>
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<b>Employee Assistance Program: Profile EAP</b>	<p><b>Effective Date:</b> 1st day of employment</p> <p><b>Premium:</b> Employer pays 100% of premium for employee and dependents.</p> <p><b>Who is eligible:</b> All regular employees working 30 hours or more per week.</p> <p><b>Benefit:</b></p> <ul style="list-style-type: none"> <li>• Eight confidential counseling sessions per year at no cost for each employee and dependent. Examples of the type of counseling offered are: marriage/relationship problems, emotional issues, stress related issues, family issues, drug or alcohol problems, and financial pressure.</li> <li>• Each employee is eligible for one initial 30 minute office or telephone legal consultation per separate legal matter at no cost. Exclusions apply, see brochure for more information.</li> <li>• Employees are also entitled to a no cost 30-60 minute telephone consultation with a financial counselor or CPA for financial advice. Exclusions apply, see brochure for more information.</li> </ul> <p>For appointments and information, call ProfileEAP, 1010 Three Springs Boulevard Suite 248, Durango, CO 81301, (970) 764-3760 or visit their website at <a href="http://www.ProfileEAP.org">www.ProfileEAP.org</a></p>
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<b>Health Savings Account: ASIFlex</b>	<p><b>Effective Date:</b> The effective date of enrollment in the High Deductible Health Plan 18.</p> <p><b>Who is eligible:</b> Employees who elect a high deductible plan and are not enrolled in any other insurance plans including Medicare. Special rules apply to veterans receiving VA benefits. Contact HR for more information.</p> <p><b>2016 Limits:</b> \$3,350 for employee only coverage, or \$6,750 for Employee+1 or more coverage if eligible for all 12 months. Employees who are age 55 and older can make an additional \$1000 catch up contribution. If the employee and spouse are both covered by a family HDHP and are both age 55 or older, each person can make a \$1,000 catch-up contribution.</p> <p><b>Account info:</b> You will need to set up an HSA account through Central Bank’s website and a free debit MasterCard will be issued. Instructions for setting up an account can be accessed on the Staff Site or from HR.</p> <ul style="list-style-type: none"> <li>• An HSA allows you to set aside money on a pre-tax basis to pay for medical, dental, vision and other health related expenses. These funds may be used to pay expenses for your spouse and/or dependent children.</li> <li>• An HSA is an on-going account that carries forward to future years, even beyond your employment with La Plata County Government.</li> <li>• You can access funds only up to the balance in your HSA account (not in advance like an FSA).</li> <li>• Funds not used for health care expenses are subject to taxes (at any age) and penalties (if under the age of 65 years).</li> </ul>
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<b>Limited Purpose Flexible Spending Account: ASIFlex</b>	<p><b>Effective Date:</b> 1st of the month following the completion of the 6 month Introductory Period.</p> <p><b>Who is eligible:</b> All regular employees who are enrolled in the HDHP 18 and own a Health Savings Account.</p> <p><b>2016 Limit:</b> \$2550</p> <p>The Limited Purpose Flexible Spending Account allows you to set aside money on a pre-tax basis that may be used to pay for <u>vision and dental expenses only</u>. The full amount of your annual election is available immediately to spend. You may use a free ASIFlex debit card to pay for your Limited Purpose FSA expenses.</p>
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<b>Flexible Spending Account: ASIFlex</b>	<p><b>Effective Date:</b> Immediate participation for dependent day care expenses. 1st of the month following the 6 month Introductory Period for medical expenses.</p> <p><b>Who is eligible:</b> All regular employees working 30 hours or more per week.</p> <p><b>2016 Limits:</b> \$5000 Dependent Care; \$2550 Medical.</p> <p>The Flexible Spending Account allows you to set aside money on a pre-tax basis, lowering your taxable income. The money deposited into an FSA can be used to pay medical, dental, vision, other health care and dependent care expenses. The full amount of your annual election is available immediately to spend. You may use a free ASIFlex debit card to pay for medical FSA expenses.</p>
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<b>Child Care Subsidy: ASIFlex</b>	<p><b>Effective Date:</b> 1st day of employment</p> <p><b>Who is eligible:</b> All regular employees working 30 hours or more per week.</p> <p><b>Benefit:</b> \$150 per month for child care expenses. This program benefit ends when the child turns 6 years old or enters kindergarten, whichever comes first. This program has limited funds and spaces are filled on a first come, first served basis.</p>
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<b>Aflac</b>	<p><b>Effective Date:</b> 1<sup>st</sup> day of month following employment</p> <p><b>Who is eligible:</b> All regular employees.</p> <p>Aflac is supplemental insurance coverage that provides coverage for incidents such as accidents and specific illnesses. Benefits are paid directly to you for you to help cover daily living expenses that often increase when you are sick or hurt. This is a voluntary benefit and does NOT replace your current insurance. Plan Year for this benefit is the calendar year. Our Aflac representative, Amy Buchanan, should contact you to schedule an appointment or you may contact her at 970-385-5656 for questions or enrollment information.</p>
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<b>Annual Leave</b>	<p>Annual leave is used for both vacation and holiday paid time off.</p> <p><b>Start accruing:</b> 1<sup>st</sup> day of employment</p> <p><b>Waiting Period:</b> While in the 6-month Introductory Period, leave may be used for approved holidays only.</p> <p><b>Vested benefit:</b> At the time of termination, annual leave may be paid out to employee if the 6 month Introductory Period was successfully completed.</p> <p><b>Accrual:</b> (Based on 40 hour/week. Prorated for employees scheduled 20 - 39 hours)</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th>Length of Employment</th> <th>Accrual Rate per Pay Period</th> <th>Cap</th> </tr> </thead> <tbody> <tr> <td>Up to 5 years:</td> <td>8 hrs (26 days per year)</td> <td>200 hrs</td> </tr> <tr> <td>5 years up to 10 years:</td> <td>9 hrs (29.25 days per year)</td> <td>240 hrs</td> </tr> <tr> <td>10 years up to 15 years:</td> <td>10 hrs (32.5 days per year)</td> <td>260 hrs</td> </tr> <tr> <td>15 or more years:</td> <td>11 hrs (35.75 days per year)</td> <td>320 hrs</td> </tr> </tbody> </table>	Length of Employment	Accrual Rate per Pay Period	Cap	Up to 5 years:	8 hrs (26 days per year)	200 hrs	5 years up to 10 years:	9 hrs (29.25 days per year)	240 hrs	10 years up to 15 years:	10 hrs (32.5 days per year)	260 hrs	15 or more years:	11 hrs (35.75 days per year)	320 hrs
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<b>Sick Leave</b>	<p><b>Start accruing:</b> Immediately.</p> <p><b>Waiting Period:</b> There is no waiting period for using accrued Sick Leave.</p> <p><b>Not a vested benefit:</b> At time of separation, sick leave accruals are not paid out to employee.</p> <p><b>Accrual Rate:</b> 4 hours accrued per pay period for 40 hour/week employees. Accruals are prorated for 20 - 39 hour/week benefit-eligible employees.</p> <p><b>Cap:</b> 720 hours</p>
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<b>Sick Leave Bank</b>	<p>Benefit Eligible employees may become members of the Sick Leave Bank by voluntarily donating up to 8 hours of sick leave per year into the “Bank” (based on the employee’s status).</p> <p>This is a one-time enrollment process, with new employees eligible in July or January following their 6-month Introductory Period.</p> <p>After the employee becomes FMLA eligible (typically at one year of employment), member employees may apply to the Sick Leave Bank during times of extended illness to draw additional sick leave after all accrued leave is exhausted.</p>
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<b>Direct Deposit</b>	Employees may request a portion or all of their paycheck be deposited directly into their bank account at most local banks.
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**Programs**

<b>Voluntary and Special Fitness</b>	<p><b>Voluntary Fitness:</b> Regular employees who have successfully completed their 6-month Introductory Period may receive a \$10 per month reimbursement toward a membership in a local fitness program. In order for the employee to initially qualify for the fitness reimbursement program, the employee will be required to show proof of payment (this may be prepaid or proof of monthly payments). In order to be eligible for enrollment in subsequent years, the employee must provide proof of payment and utilization of the fitness program for an average of 4 times per month (minimum of 48 times per year).</p> <p><b>Special Fitness:</b> Regular employees who have successfully completed their 6-month Introductory Period may receive up to a \$200 reimbursement per year toward the cost of enrolling in a special fitness or training program. Examples of such programs are the Iron Horse Challenge, a marathon running program, personal training programs, Weight Watchers or special diet cooking classes. The total cost of enrollment is the responsibility of the employee. In order to qualify for the special fitness/training program reimbursement, the employee will be required to show proof of payment. Proof of utilization of services will be required at the completion of the program for reimbursement in subsequent years. This reimbursement program is designed to promote wellness; so all applications must be directly related to employee wellness. No recreational activities will be reimbursed and approval is subject to review by Human Resources. A total of \$2,400 will be reimbursed each year and employees will be reimbursed on a first come, first served basis until the money is gone.</p> <p><b>Employees may only participate in one of the Fitness Reimbursement programs in a 12 month period.</b></p>
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