



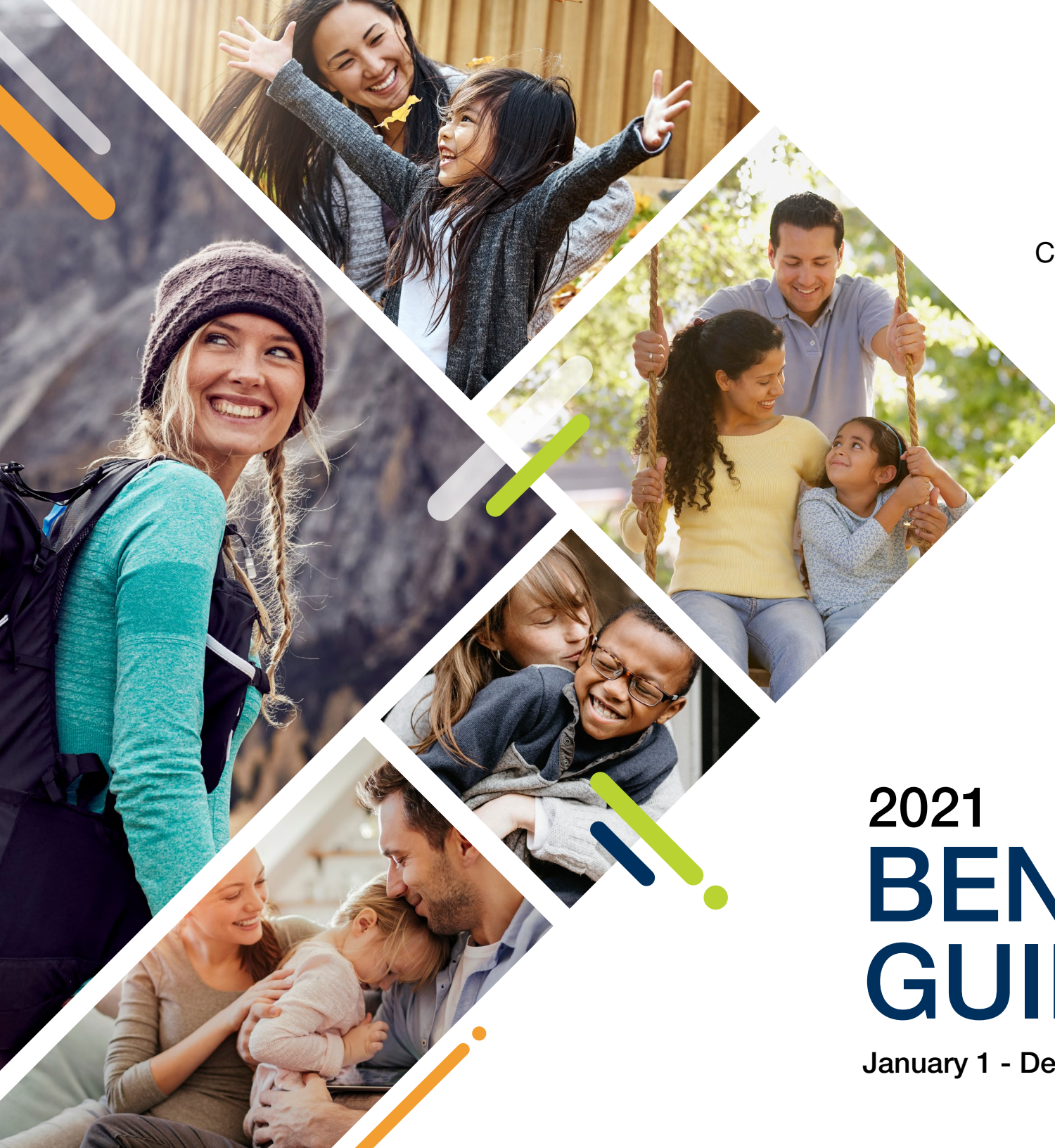
Brighton<sup>SM</sup>

CLICK TO EXPLORE YOUR  
BENEFIT OPTIONS



# 2021 BENEFITS GUIDE

January 1 - December 31, 2021



# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

Employees working at least 30 hours per week are eligible for full benefits; employees working 20-29 hours per week are eligible for prorated benefits based upon actual hours worked. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your domestic partner (DP) and/or his/her children, where applicable by state law (does not apply to voluntary dependent life insurance).
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of employment.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2021.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, DP, or child
- ▶ You lose coverage under your spouse's/DP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

## Recorded OE Video

You are highly encouraged to watch the recorded OE video to learn about your 2021 benefits. The link to the video has been sent via email by HR or it can be found under "Videos" on the new Benefit Spot Mobile App.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# Inside

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# Benefit Spot

We've gone mobile! To help you access your benefits information—even when you're away from work and need it most—we've launched a mobile benefits app. To get started, Download "Benefit Spot" on the Apple App Store or Google Play and enter company code: **Brighton**



# Medical

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**We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage.** The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## **UMR Primary Plan EPO**

The EPO plan is similar to an HMO, in that you may only visit physicians and hospitals within the EPO network. Services received outside the network are not covered, except in the case of emergency medical care. With the EPO plan, you are not required to select a Primary Care Physician (PCP).

## **UMR Select Plan PPO**

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the UMR network. The calendar-year deductible must be met before certain services are covered.



# Medical

Following is a high-level overview of the coverage available through UMR. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Primary Plan - EPO		Select Plan - PPO	
	In-Network Only		In-Network	Out-of-Network <sup>1</sup>
<b>Deductible (per calendar year)</b>				
Individual / Family	\$1,000 / \$3,000		\$1,500 / \$4,500	\$5,000 / \$10,000
<b>Out-of-Pocket Maximum (per calendar year)</b>				
Individual / Family	\$4,000 / \$8,000		\$5,000 / \$10,000	\$10,000 / \$20,000
<b>Covered Services</b>				
Office Visits (physician/specialist)	\$25 / \$50 copay		\$30 / \$60 copay	40%*
Routine Preventive Care	No charge		No charge	Not covered
Outpatient Diagnostic (lab/X-ray)	No charge		No charge	40%*
Complex Imaging	20%* office setting; \$250 copay outpatient		20%*	40%*
Ambulance	20%*		20%*	
Emergency Room	\$300 copay		\$300 copay	
Urgent Care Facility	\$75 copay		\$75 copay	40%*
Inpatient Hospital Stay	20%*		20%*	40%*
Outpatient Surgery	20%*		20%*	40%*
<b>Prescription Drugs (Tier 1 / Tier 2 / Tier 3)</b>				
Retail Pharmacy (30-day supply)	\$15 / \$40 / \$60		\$15 / \$40 / \$60	Not covered
Mail Order (90-day supply)	\$37.50 / \$100 / \$150		\$37.50 / \$100 / \$150	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

## Zero

City of Brighton has made this program available to UMR members and their covered dependents to help save money on hundreds of services without having to worry about copays or deductibles. The Zero Card is not affiliated with UMR. You may choose from specialists and covered services. Zero partners with City of Brighton to allow covered services to be paid at 100%. Members pay nothing. Zero covers services like, lab, imaging, physical therapy, some surgeries, and many generic prescription medications. Search for a provider on Zero website at <https://zero.health> or call 855-816-0001. For help, please email [help@zero.health](mailto:help@zero.health).

# Telehealth

- ▶ **Teladoc:** The City of Brighton is pleased to offer you Teladoc, an added medical benefit that allows you to resolve many of your medical issues—anytime day or night—through the convenience of phone and online video consultations with board certified physicians all at no charge to you.
- ▶ **Health Advocate:** A Personal Health Advocate is available to you and your covered dependents at no cost. Your Personal Health Advocate is a trained professional, typically a Registered Nurse, who understands the ins and outs of the health care system and how to navigate through it. The Personal Health Advocate helps you and your covered dependents coordinate care among doctors and medical institutions in various ways, including the following: Translate benefits information, clarify medical conditions and treatment options, resolve claims and billing issues, negotiate payments, provide cost estimates, locate qualified providers, secure second opinions, schedule appointments, arrange for specialized treatments, research elder care and more. Health Advocate is a confidential service available 24 hours a day, 7 days a week and is available to your immediate family (including parents and in-laws).
- ▶ **eDocAMERICA:** Doctors Online provides 24/7 access to web-based answers to medical questions from an expert team of board-certified physicians, psychologists, pharmacists, dentists, dietitians, and fitness trainers. Other services include physician-written weekly Health Tips, two Health Risk Assessments, a 3D Video Library with access to 250+ medical topics.

# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Aflac are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

## Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

1. MetLife Accident and Critical Illness Impact Study, October 2013

# Dental

## DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental PPO network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	DPPO		
	PPO Network <sup>1</sup>	Premier Network <sup>2</sup>	Out-of-Network <sup>3</sup>
<b>Deductible</b> (per calendar year)			
Individual / Family	\$25 / \$75		
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined)			
Per Individual	\$1,500		
<b>Covered Services</b>			
<b>Preventive Services</b>	No charge		
<b>Basic Services</b>	20%*	20%*	20%*
<b>Major Services</b>	50%*	50%*	50%*
<b>Orthodontia</b> (Child Only)	50% up to \$1,500		

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. The PPO percentage of benefits is based on the PPO Schedule of Allowance.
2. The Premier percentage of benefits is limited to the Premier Maximum Plan Allowance.
3. The Non-Participating percentage of benefits is limited to the non-network Maximum Plan Allowance. You will be responsible for the difference between the non-network Maximum Plan Allowance and the full fee charged by the Dentist.

# Vision

## We are proud to offer you a vision plan.

The Vision Service Plan (VSP) vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Vision Service Plan (VSP) Signature network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network
<b>Exam</b> (once every 12 months)	\$0 copay
<b>Materials Copay</b>	\$20 copay
<b>Lenses</b> (once every 12 months) Single Vision Bifocal Trifocal	No charge after materials copay
<b>Frames</b> (once every 12 months)	Covered up to \$150 for most brands and \$170 for featured brands; 20% savings on amount over allowance
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$130; \$60 copay for lens exam



# Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Pay Flex. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

For 2021, you may contribute up to \$2,750 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## Dependent Care FSA

For 2021, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care FSA:** Unused funds of up to \$550 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$550 will **NOT** be returned to you or carried over to the following year.

*Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.*

# Life and AD&D Insurance

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Lincoln Financial Group.

<b>Benefit Amount</b>	\$100,000
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## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Lincoln Financial Group for yourself and your eligible family members.

	<b>Benefit Option</b>	<b>Guaranteed Issue*</b>
<b>Employee</b>	\$10,000 increments; minimum of \$10,000 up to 5x annual salary or \$300,000	\$150,000
<b>Spouse</b>	\$5,000 increments; minimum of \$5,000 up to 50% of employee amount or \$150,000	\$35,000
<b>Child(ren)</b>	6 months to age 21 (to age 25 if full-time student); \$10,000; Age 14 days to 6 months: \$250	\$10,000

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Short-Term Disability

Provided at **NO COST** to you through Lincoln Financial Group.

<b>Benefit Percentage</b>	75%
<b>Weekly Benefit Maximum</b>	None
<b>When Benefits Begin</b>	After 80 personal leave hours
<b>Maximum Benefit Duration</b>	448 hours or 56 days including the 80 personal leave hours

## Long-Term Disability

Provided at **NO COST** to you through Lincoln Financial Group.

<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$8,000
<b>When Benefits Begin</b>	After 90 <sup>th</sup> day of disability
<b>Maximum Benefit Duration</b>	Social Security Normal Retirement Age

# Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Anthem.

### The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

### EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to five (5) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources



# Valuable Extras

### We also offer the following additional benefits:

- ▶ **Retirement Plan:** The City of Brighton offers a mandatory 401(a) Defined Contribution Plan, an optional 457 Deferred Compensation Plan and also a Roth IRA all through ICMA-RC. Sworn police officers have retirement benefits under FPPA.
- ▶ **ID Shield:** Identity theft has been the top consumer complaint filed with the FTC for 15 years straight. You are now being offered IDShield at a low monthly cost through payroll deductions with the City of Brighton:
  - » Monitor More of What Matters: IDShield will monitor your identity from every angle, not just your Social Security number, credit cards and bank accounts. They will ensure everything connected to you is safe, even your social media accounts. If any change in your status occurs, you receive an email update immediately.
  - » Counsel When You Need It: IDShield identity specialists are focused on protecting you. They are available to provide you with a complete picture of identity theft, walk you through the steps you can take to protect yourself and answer any questions. They are available 24 hours a day, every day, in the event of an identity theft emergency.
  - » Restore Your Identity Completely: IDShield is the only company with an exclusive partnership with Kroll, the worldwide leader in theft investigative services. If a compromise occurs, contact your Licensed Private Investigator who will immediately begin restoring your identity to exactly the way it was. For more information and to enroll, please visit: [benefits.legalshield.com/cityofbrighton](https://benefits.legalshield.com/cityofbrighton)



# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

**Registered Domestic Partner (RDP) Contributions:** Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.

## MEDICAL COVERAGE

Coverage Tier	Employee Contribution (Semi-Monthly)	
	Primary Plan	Select Plan
Employee Only	\$12.50	\$12.50
Employee + Spouse/RDP	\$151.20	\$135.02
Employee + Child(ren)	\$115.86	\$102.61
Family	\$194.58	\$183.73

## DENTAL COVERAGE

Coverage Tier	Employee Contribution (Semi-Monthly)
Employee Only	\$0.00
Family	\$11.55

## VISION COVERAGE

Coverage Tier	Employee Contribution (Semi-Monthly)
Employee Only	\$0.00
Employee + Spouse/RDP	\$2.48
Family	\$4.45

## ACCIDENT COVERAGE

Coverage Tier	Employee Contribution (Semi-Monthly)
Employee Only	\$7.23
Employee + Spouse/RDP	\$10.60
Employee + Child(ren)	\$12.55
Family	\$15.92

## CRITICAL ILLNESS COVERAGE

Aflac Critical Illness Rates are based on your age and elected amount. Please see the Critical Illness rate sheet for more information.

## IDENTITY THEFT COVERAGE

Coverage Tier	Employee Contribution (Semi-Monthly)
Employee Only	\$3.48
Family	\$6.48

## SUPPLEMENTAL LIFE/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are based on your age and elected amount. Please see the supplemental life and AD&D rate sheet for more information.

# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	UMR	800-826-9781	<a href="http://www.umar.com">www.umar.com</a>
	CVS/Caremark through RxBenefits	800-334-8134	<a href="http://www.caremark.com">www.caremark.com</a>
	Zero	855-816-0001	<a href="https://zero.health">https://zero.health</a> <a href="mailto:help@zero.health">help@zero.health</a>
Telehealth	Teladoc	855-847-3627	<a href="http://www.hubtelehealth.com">www.hubtelehealth.com</a>
Voluntary Benefits	Keanu Vela, HUB International	800-433-3036 720-207-2347	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a> <a href="mailto:keanu.vela@hubinternational.com">keanu.vela@hubinternational.com</a>
Dental	Delta Dental	303-741-9305	<a href="http://www.deltadentalco.com">www.deltadentalco.com</a>
Vision	Vision Service Plan (VSP)	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life/AD&D	Lincoln Financial Group	800-423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Disability	Lincoln Financial Group	800-423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Employee Assistance Program (EAP)	Anthem EAP	800-865-1044	<a href="http://www.anthemep.com">www.anthemep.com</a> Login: City of Brighton
Retirement Plans	ICMA	800-669-7400	<a href="http://www.icmarc.org">www.icmarc.org</a>
Identity Theft	ID Shield	855-651-0534	<a href="http://www.benefits.legalshield.com/cityofbrighton">www.benefits.legalshield.com/cityofbrighton</a> or <a href="http://www.idshield.com">www.idshield.com</a>

## Questions?

If you have additional questions, you may also contact:  
Kathy Viveros at 303-655-2030 | [kviveros@brightonco.gov](mailto:kviveros@brightonco.gov)



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.  
**Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

