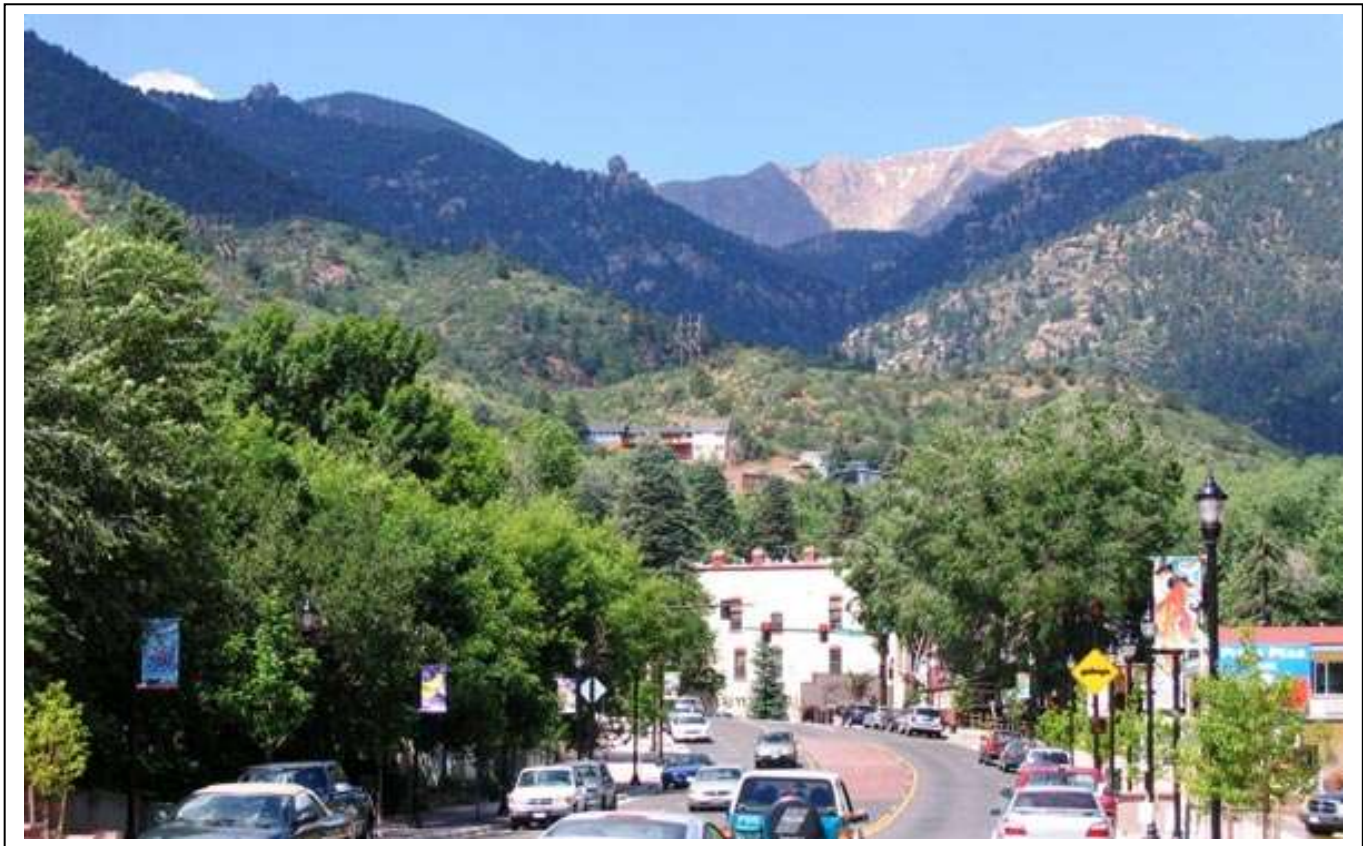


City of Manitou Springs Benefits Summary



Medical Insurance



Who is Eligible and When:

All employees working 30 hours/week are eligible the first of the month following date of employment and are invited to participate in the City of Manitou Springs employee benefit program during open enrollment. January is your annual opportunity to enroll if you previously waived or to add or drop dependents from the health plan. Enrollment or termination at any other time during the plan year will require a qualifying event. (Reminder: newborns must be enrolled within 30 days of birth.)

Plan Feature	EPO - In-Network Only
Deductible (Single / Family)	\$1,000 single/ \$3,000 family
Coinsurance (most services)	Plan pays 80%, you pay 20%
Out-of-Pocket Limit (Single / Family)	\$3,000 single/ \$9,000 family
Lifetime Maximum	No Lifetime Maximum
Office Visit	Physician: \$30 copayment Specialist: \$60 copayment
Preventive Services (Adults / Children)	Plan pays 100%, no deductible
Lab & X-Ray Services	Lab & X-ray: Plan pays 100%, no deductible Advanced radiology (MRI, PET, etc.): Plan pays 80% after deductible
Inpatient & Outpatient Hospital	Plan pays 80% after deductible
Emergency Room	\$100 copayment
Urgent Care Visits	\$50 copayment
Chiropractic	\$60 copayment 20 visits per year
Physical Therapy	\$30 copayment 20 visits per year
Prescription Drugs	
Tier 1 / 2 / 3 Retail (30 day supply)	\$15 / \$40 / \$60
Tier 1 / 2 / 3 Mail-Order (90 day supply)	\$37.50 / \$100 / \$150

Costs

Medical EPO	Premium	City's Monthly Contribution	Employee Monthly Contribution
Employee	\$669.82	\$497.82	\$172.00
Employee + spouse	\$1,406.59	\$1,045.39	\$361.20
Employee + children	\$1,272.64	\$945.84	\$326.80
Employee + family	\$2009.45	\$1493.45	\$516.00

Dental Insurance



Your Choice of Plans

The City of Manitou Springs offers two dental plan options for full-time employees.

Basic Plan

The Basic Plan is offered by Beta Health. Under this plan option, you must receive services from providers in the Alpha network in order to access the associated discounts. The fees you pay are based on the discounts that Beta Health has arranged with participating dentists. You simply pay the associated discounted fee directly to your dentist at the time services are rendered. There are no limits to the amount of services you receive each year.

Examples of fees are listed below. For an exhaustive list please reference the Fee Schedule.

Benefit example	In-Network Only
Deductible	None
Preventive & Diagnostic Services	
- Routine office visit	\$5 copay
- Periodic oral evaluation	No copay
- Cleaning (child or adult)	\$15 copay
Restorative Services	
- Amalgam filling (1 tooth surface)	\$33 copay
- Amalgam filling (2 tooth surface)	\$44 copay
Annual Maximum Benefit	None; unlimited access to discounts
Orthodontia (child & adult)	Discounts apply
Orthodontia Lifetime Maximum	None; unlimited access to discounts

Costs

Base Plan	Premium	City's Monthly Contribution	Employee Monthly Contribution
Employee	\$11.73	\$11.73	\$0.00
Employee + 1	\$20.93	\$20.93	\$0.00
Employee + 2 or more	\$30.13	\$30.13	\$0.00

Buy-up Plan

Under the Companion Life PPO plan option, you can see any dental provider of your choice. Services from a network provider are covered at a higher level of benefits. Out-of-network benefits are covered at the 90th percentile of reasonable and customary (R&C). Members will be responsible for any charges above and beyond the R&C allowance.

Plan Feature	In-Network	Out-of-Network
Lifetime Deductible	\$100 per covered member	
Annual Maximum Benefit	\$1,200 per member (<i>combined in & out of network</i>)	
Orthodontia	Not covered	
Preventive Services	Plan pays 100% after deductible	Plan pays 100% of R&C Fee ¹ after deductible
Basic Services	Plan pays 100% after deductible	Plan pays 100% of R&C Fee after deductible
Major Services	Plan pays 50% after deductible	Plan pays 50% of R&C Fee after deductible

Costs

Buy-up Plan	Premium	City's Monthly Contribution	Employee Monthly Contribution
Employee	\$40.98	\$11.73	\$29.25
Employee + 1	\$81.57	\$20.93	\$60.64
Employee + 2 or more	\$142.73	\$30.13	\$112.60

¹ The reasonable and customary charge is based on the lowest of: the dentists actual charge; the dentists usual charge for the same or similar services; or the usual charge of most dentists in the same geographic area for the same or similar services as determined by Companion.

Vision - VSP



Who is Eligible and When:

Full-time employees are offered vision insurance and discounts through Vision Service Plan (VSP).

Service	In-Network benefit amount & cost	Out-of-Network reimbursement allowance
Cost of Exams		
Basic Exam	\$10 copay	Up to \$50
Contact Lens Fitting and Evaluation	\$60 copay	
Frequency of Service		
- Exams	Once per 12 months	
- Lenses	Once per 12 months	
- Frames	Once per 12 months	
- Contact lenses	Once per 12 months	
Cost of Materials		
Lenses		
- Single vision	\$25 copay	Up to \$50
- Bifocals	\$25 copay	Up to \$75
- Trifocals	\$25 copay	Up to \$100
Standard Frames	100% covered up to \$130; 20% discount on amount over \$130	Up to \$70
Contact Lenses*		
- Elective	100% covered up to \$130	Up to \$105
- Medically necessary	\$25 copay	Up to \$210

*Coverage for contacts is in lieu of lenses & frames

Costs

VSP Vision	Premium	City's Monthly Contribution	Employee Monthly Contribution
Employee	\$13.64	\$0.00	\$13.64
Employee + spouse	\$21.83	\$0.00	\$21.83
Employee + children	\$22.81	\$0.00	\$22.81
Employee + family	\$35.93	\$0.00	\$35.93

Flexible Spending Accounts (FSA)



The City provides you the opportunity to pay for out-of-pocket medical, dental, and vision expenses with pre-tax dollars through a Flexible Spending Account (FSA). You must enroll/re-enroll in the plan to participate for the plan year Jan. 1 to Dec. 31, 2018 and can contribute **up to \$2,650**. You may carry over up to \$500 of any unused Health Care Reimbursement FSA balance into the next plan year.

What is an FSA?

A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. Contributions to your FSA come out of your paycheck before any taxes are taken out, which 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.

How do I pay for my expenses?

You have the option of using a debit card to pay for your eligible expenses for the FSA. If you do not use your debit card, reimbursement for eligible expenses may be provided to you through direct deposit or by receiving a check in the mail.

Always remember to **keep receipts** for all your expenses!

Life and AD&D Insurance



The City pays for \$20,000 of Life and Accidental Death and Dismemberment insurance for each employee. This coverage includes some additional value-added benefits including Travel Connect travel insurance and Beneficiary Connect counseling and memorial planning services.

Additional Voluntary Life Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

Employee

You can purchase coverage for yourself in \$10,000 increments. Minimum coverage is \$10,000 and maximum coverage is \$100,000 (additional amounts may be available with medical underwriting).

Spouse

You can purchase coverage for your spouse in \$5,000 increments to a maximum of 50% of the amount of your own insurance, capped at \$30,000.

Children

For each dependent child between age 15 days to 6 months, you can purchase \$250 worth of coverage. For children 6 months and older, \$10,000 of coverage is available for each child.

Please contact Lincoln Financial for rates and other information.

Contact Information



Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL:

Cigna

www.mycigna.com..... 866-494-2111

DENTAL:

Beta Health

www.betadental.com..... 800-807-0706

Companion Life

https://member.companionlife.com..... 800-753-0404

VISION:

Vision Service Plan

www.vsp.com..... 800-877-7195

FLEXIBLE SPENDING ACCOUNT:

Rocky Mountain Reserve

info@r mrbenefits.com

claims@r mrbenefits.com

www.rockymountainreserve.com..... 888-722-1223

LIFE INSURANCE:

Lincoln Financial

clientservices@lfg.com

www.lfg.com..... 800-423-2765

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

