



Benefits Guide



Temporary and
Seasonal

2024



Overview

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The City of Boulder recognizes the importance of your Total Rewards experience as an employee—including benefits, compensation, and perks—to ensure the health and well-being of you and your family.

This Benefits Guides provides you with:

- Important Open Enrollment dates
- Eligibility criteria
- Benefit descriptions and rates
- Resources and additional sources of information

Use the Quick Links in the left panel to jump to a specific section.

Additional information about your Total Rewards is available on Boulder@Work; please visit the **[Benefits Hub](#)** or **[Benefit Resources pages](#)**.

Disclaimer: This guide is intended to be a brief summary of employee benefits for your reference and is not an official city policy document. If there is a discrepancy between information in this guide and an official document (benefit plan document, policy, or collective bargaining agreement), the official document prevails.

Plan de Beneficios Recursos Españoles

Puede acceder a una variedad de folletos, guías y otros recursos sobre nuestros planes de beneficios en español en Boulder@Work. Tenemos recursos para Cigna, Delta Dental, VSP Vision, Alerus y Cigna EAP. Visite la **[página de avisos y recursos del plan](#)**.



2024 Total Rewards



Medical Benefits

Cigna Preferred Provider Organization Plan (PPO)
Cigna High Deductible Health Plan (HDHP)



Pre-Tax Spending Account

Alerus Health Savings Account (HSA)



Additional Benefits

Life Insurance and Disability
Supplemental Benefit Programs
Well-Being@Work
Employee Assistance Program (EAP)
RTD EcoPass
Rec Pass



Retirement Benefits

PERA Pension Plan
Supplemental Retirement Savings Plans
(401k, 457, Roth IRA)



Eligibility

Who is eligible?

Benefits eligibility is determined by hours worked and employment status. See the descriptions of the status types and the corresponding table of eligible benefits.

1. There are two types of Seasonal Employees:
 - a. (Type 1) Employee works less than six (6) months continuously and work is typically scheduled for same time of year (i.e., summer or winter)
 - b. (Type 2) Employee works continuously for six (6) months AND works more than 30 avg. hours weekly
2. There are also two types of Temporary/Paid Intern Employees:
 - a. (Type 1) Employee works between three (3) months and one (1) year for a predetermined duration AND works less than 30 avg. hours weekly
 - b. (Type 2) Employee works between three (3) months and one (1) year continuously for a predetermined duration AND for 30 or more avg. hours weekly

Dependents

- Your spouse or partner
- Child(ren) under the age of 26 (your children, your spouse or partner's children, and children in your legal custody)

What am I eligible for?

Use the table below to determine what you are eligible for:

Employee Type				
Benefit	Seasonal Type 1	Seasonal Type 2	Temporary/Paid Intern Type 1	Temporary/Paid Intern Type 2
Medical		✓		✓
HSA		✓		✓
Supplemental Benefit Programs		✓		✓
Wellness Program	✓	✓	✓	✓
Recreation Pass	✓	✓	✓	✓
EcoPass	✓	✓	✓	✓
EAP	✓	✓	✓	✓
Retirement Benefits	✓	✓	✓	✓
Sick Leave	✓	✓	✓	✓



Affordable Care Act

The Affordable Care Act (ACA) requires large employers to offer medical coverage to all employees who work more than 30 hours per week. This requirement exists regardless of employment classification, position or length of employment unless the person is a true variable hour or seasonal employee. Employers can apply a measurement period to determine if a seasonal or variable hour employee has worked more than 30 hours a week, before offering benefits. ACA defines a Seasonal Position as one with a break of 26 weeks or more between "seasons," where the length of the position is less than six (6) months and where the position is by nature dependent on season.

Measurement Periods:

Initial Measurement Period – Applies to new hire employees or recurring employees with greater than 12 weeks between employment periods. This period occurs for **12 months** immediately following date of hire.

Initial Administrative Period – HR reviews new employees or recurring employees to determine medical eligibility immediately following the end of the Initial Measurement Period. If eligible, employee is offered coverage no later than the end of the month following their one year anniversary, or no longer than **30 days**.

Initial Stability Period – Applies to new hire employees, recurring employees with greater than 12 weeks between employment periods, or position changes that impact hours and/or duties (per HR approval). This period occurs for **12 months** immediately following the end of the 12 month Initial Measurement Period and of the 30 day Initial Administrative Period.

Standard Measurement Period – City-wide measurement period of 12 consecutive calendar months is used to measure all current employees' medical eligibility. This period begins **November 1 of every year and ends the following year on October 31**.

Standard Administration Period – City-wide administration period to process administrative paperwork and enroll current employees in medical plans. The administrative period begins immediately following the Standard Measurement Period and is no more than 90 days. The city's Standard Administrative Period is **November 1 - December 31** of the same year.

Standard Stability Period – The city-wide stability period begins immediately following the end of the Standard Measurement and Standard Administrative Periods. The city uses a 12 month Standard Stability Period which begins **January 1 every year and ends on December 31** of the same year (plan year).

Sum of Hours Worked in Measurement Period	Eligibility
Below 1,507	Not eligible for benefits
1,508 or more	Benefit eligible



Enrollment

When can I enroll?

When You Are Hired

For newly hired employees, benefit enrollment must be completed within 31 days from your date of hire. Enrollment takes place in Workday. City benefits are effective on the 1st of the month, following your date of hire. Supplemental Benefit Programs, including Cigna, LegalShield, and IDShield programs, are also effective on the 1st of the month, following your date of hire.

During Open Enrollment

Current employees elect benefits for themselves and eligible dependents in Workday during Open Enrollment.

Please keep in mind that if you do not participate in Open Enrollment, you are voluntarily waiving your benefits for the next entire calendar year.

2024 Open Enrollment

Open Enrollment for the 2024 plan year runs from October 23 to November 6, 2023 in Workday. During this time, you must enroll and/or decline coverage for the coming year. The effective date of benefits selected is January 1, 2024.

Please note that Boulder Library employees are not participating in the 2024 Open Enrollment process.

Can I Change My Benefits?

After Open Enrollment ends on November 6, 2023, the benefits you chose will be in place from January 1 to December 31 next year. You cannot change your benefits during this time unless you have a [Qualifying Life Event](#).

Examples of Qualifying Life Events include:

- Marriage, civil union, legal separation, or divorce
- Birth or adoption of a child
- Death of your spouse, civil union partner, or dependent child
- Spouse, civil union partner, or dependent children losing or gaining coverage
- Change in employment status for you or your spouse/civil union partner
- Change in residence (only if our current coverage isn't available in the new location)

Questions?

We encourage you to submit questions to the Benefits Team through [Service Depot](#) (use *Benefits* as your *Type of Request*). It is the quickest way to ensure questions and issues are addressed by the appropriate person.

If you are new to Workday or need to refresh on the enrollment process, check-out our [Open Enrollment How-To Guide](#).



Enrollment (continued)

How am I taxed on my benefits?

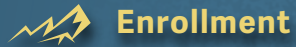
The Internal Revenue Service (IRS) rules allow employees to use pre-tax dollars to pay for eligible benefit plans. Boulder annually processes medical, dental and vision premiums on a pre-tax basis for you. Pre-tax premiums are deducted from your paycheck prior to the calculation and deduction of taxes, resulting in a reduced taxable income. For more information on regulations, contact the [IRS](#).

Benefit taxation can only be changed from pre-tax to post-tax at initial election or during Open Enrollment; it cannot be changed mid-year.

What is Domestic Partner Imputed Income?

The IRS requires employers to report and withhold taxes on the fair market value (FMV) of a domestic partner's health coverage to the extent the coverage is paid for by the employer. Following IRS regulations, the difference in the total monthly premium for domestic partnership coverage is taxable to the employee, and the employer portion of the premium will be reflected on the employee's W-2. This is referred to as Imputed Income.

To enroll a person from a Domestic or Civil Union partnership, please complete the city's [Affidavit](#). Please consult a tax advisor regarding details of the tax implications of adding a Domestic or Civil Union Partner.





Medical

What medical plans are available?

The City of Boulder offers two (2) distinct medical plans, both through Cigna. The plan designs differ based on a variety of factors such as deductibles, out-of-pocket maximums, and co-insurance, but the design you choose has no effect on the quality of care you receive.

Medical Plan Options:

- Cigna Preferred Provider Organization (PPO) Plan ("Copay")
- Cigna High Deductible Health Plan (HDHP)

What you can expect

100% Coverage for Your Preventive Care.

All of our medical plans pay 100% for preventive care when you use in-network providers, even before you meet your annual deductible.

Employer HSA Contribution

- Our high deductible health plan (HDHP) is eligible for a health savings account (HSA), which lets you save money for medical expenses
- The City of Boulder will contribute up to **\$500 for individuals** and up to **\$1,000 for families** if you enroll in the city HDHP and meet the qualifications to have an HSA

Transgender Health

Cigna provides transgender health services as part of our standard coverage. Participating in our insurance also provides access to case managers who can assist with navigating services. To learn more, please review the [Transgender Health flyer](#).





PPO (“Copay”) Plan

How it Works

Copay: A copay is the fixed dollar amount you pay when you use medical services. For example, your plan could require you to pay \$25 for primary care doctors, \$50 for specialists, and \$15 for generic prescription drugs. When you go to the doctor or fill a prescription, this is the amount you’ll pay.

Deductible: The city’s copay plan has a deductible. For medical services for which a deductible applies, you will be required to pay the full cost of services until you meet your deductible. For example, if you visit your primary care physician, you pay a \$25 copay for the visit. If you receive services during the visit, such as lab work or diagnostic testing, the cost of service is subject to your deductible. Copays do not count toward your deductible.

Coinsurance: The copay plan has coinsurance (the cost sharing with Cigna). Once you meet your deductible, you pay coinsurance for medical services received until you satisfy your annual out-of-pocket maximum.

Annual Out-of-Pocket Maximum: The copay plan has an annual out-of-pocket maximum. Copays, deductible, and coinsurance count toward your out-of-pocket maximum. If you reach your out-of-pocket maximum, the insurance company pays 100% of covered medical services for the remainder of the plan year.

Advantages

- You’ll have a set dollar amount, or copay, when you visit the doctor and pharmacy
- Works well for people who do not want to pay the full cost of a medical bill or prescription out-of-pocket and prefer the predictability of copays
- Makes sense for people who are willing to pay a higher premium each month for the security of knowing how much they will pay when they visit the doctor
- 100% coverage for preventive care when you use in-network providers
- Telehealth, Dispatch Health, Behavioral Health coverage, and other comprehensive options are available with this plan

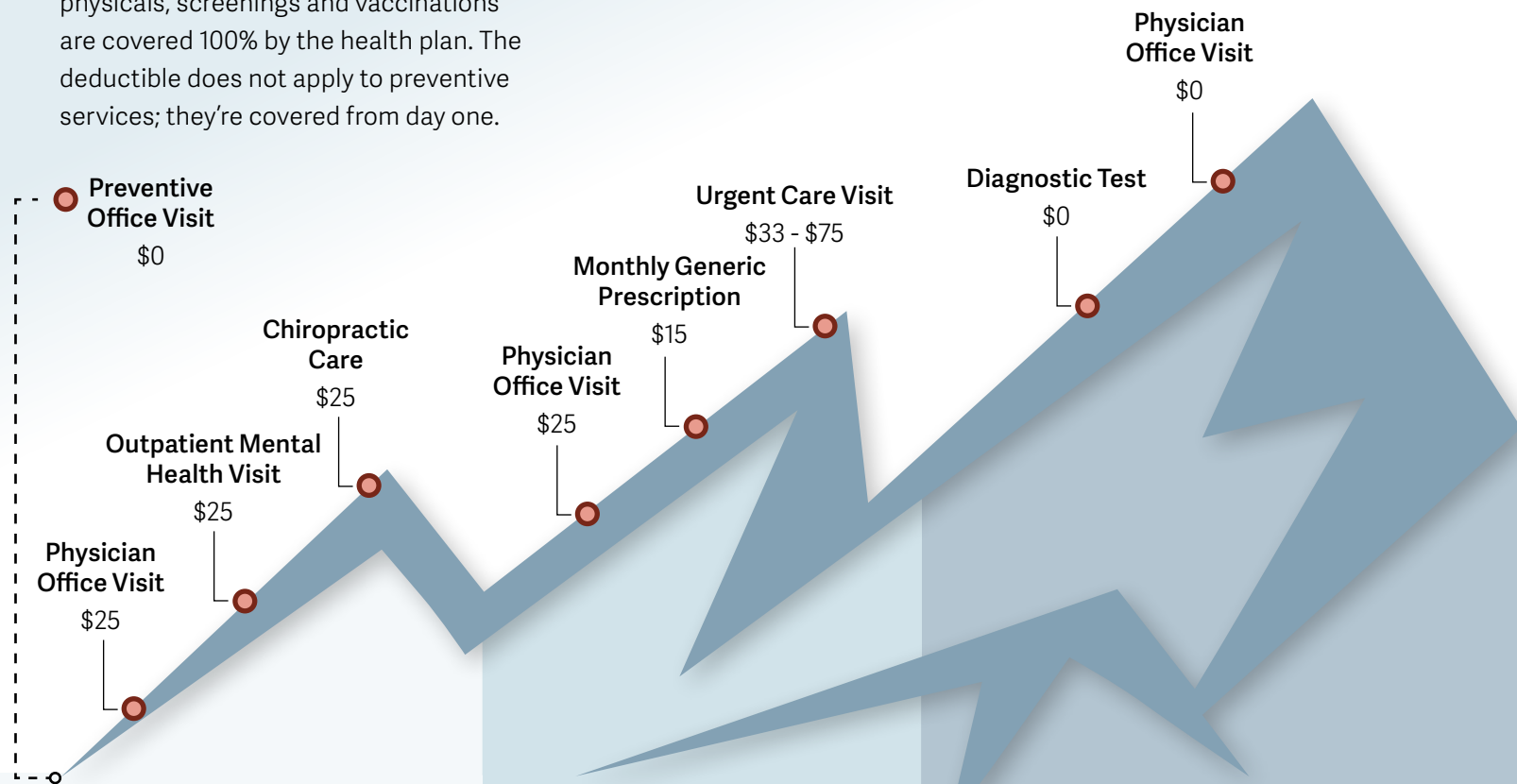




How Deductible Copay Plans Work

Free Preventive Care

Preventive Services, such as routine physicals, screenings and vaccinations are covered 100% by the health plan. The deductible does not apply to preventive services; they're covered from day one.



Annual Deductible

Most diagnostic services are billed on top of your copay and are applied to your annual deductible. Your copays are not subject to deductible but go toward your out-of-pocket maximum. Until your out-of-pocket maximum is met, you will pay set copays determined by your health plan.

Coinsurance

Once your deductible has been met, you pay 20% while Cigna pays 80% for in-network medical services. Each covered individual is subject to an individual deductible limit.

Out-of-Pocket Maximum

When you have reached your out-of-pocket maximum, your health plan pays 100% of any additional health cost. Cigna's out-of-pocket maximums are \$4,500 individual/\$9,000 family.



High Deductible Health Plan (HDHP)

How it Works

High deductible health plans are designed to help keep premium costs low for you and your family. How much you pay out-of-pocket depends on two things: your deductible and out-of-pocket maximum.

Deductible: You are expected to pay the full charges for services until you meet the deductible.

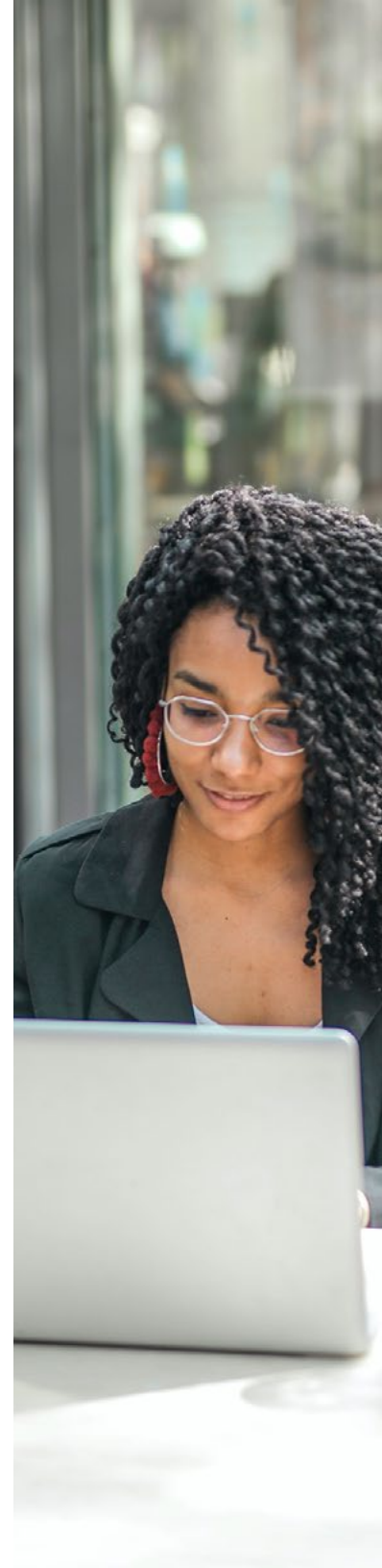
HSA Helps You Pay Your Deductible: Your HDHP with the City of Boulder is HSA qualified and eligible for an employer contribution of up to \$500 per year for employee only coverage or up to \$1,000 per year for family coverage. You can use your HSA to cover eligible medical expenses.

Coinsurance: Once you meet your deductible, you share in coinsurance with Cigna, meaning, Cigna will pay 80% of your in-network medical costs and 60% of your out-of-network costs.

Annual Out-of-Pocket Maximum: You'll continue to pay coinsurance until you meet your out-of-pocket maximum. If you reach your out-of-pocket maximum, the insurance company pays 100% of medical services.

Advantages

- The monthly premiums are lower than the PPO plan
- If you enroll in the HDHP, you're eligible for an HSA to help pay for eligible medical expenses while also lowering your taxable income
- HSA funds roll over from year-to-year and are portable
- Works well for those who are not anticipating frequent or significant medical expenses for the upcoming year
- 100% coverage for preventive care when you use in-network providers
- Telehealth, Dispatch Health, Behavioral Health coverage, and other comprehensive options are available with this plan

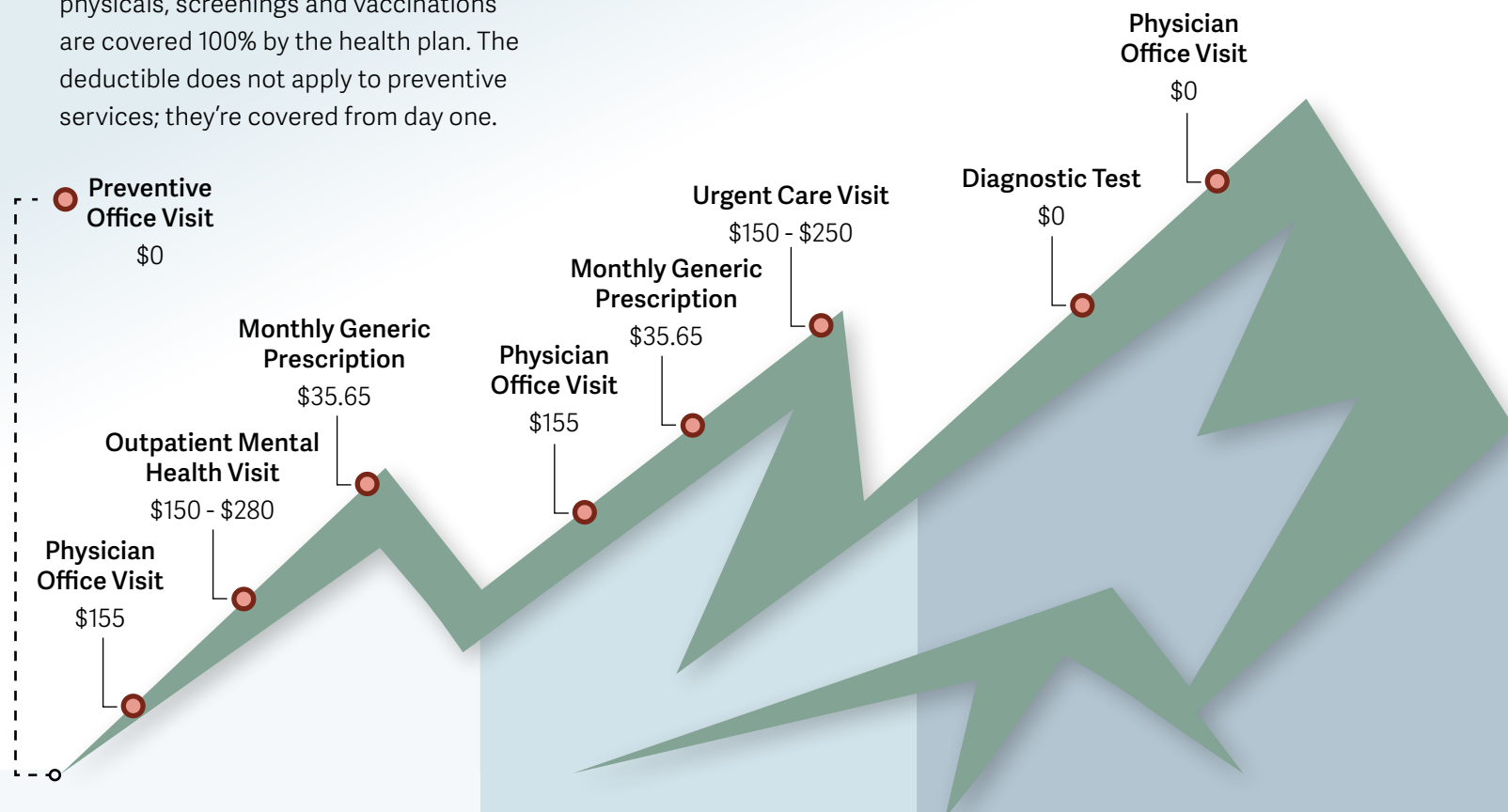




How High Deductible Health Plans Work

Free Preventive Care

Preventive Services, such as routine physicals, screenings and vaccinations are covered 100% by the health plan. The deductible does not apply to preventive services; they're covered from day one.



Annual Deductible

For services other than preventive care, you are responsible for the full cost of services until your deductible is met.

Coinsurance

Once your deductible has been met, you pay 20% while Cigna pays 80% for in-network medical services. For those with family coverage, the full family deductible must be met before any individual coinsurance applies.

Out-of-Pocket Maximum

When you have reached your out-of-pocket maximum, your health plan pays 100% of any additional health cost. Cigna's out-of-pocket maximums are \$5,000 individual/\$10,000 family.



A Little Help to Make the Decision Easier

Please note that these examples below are for illustrative purposes only and that cost of care can vary based on procedure, physician billing, and location of services.



Meet Mary

Employee only coverage
with low utilization

Mary is relatively healthy with no chronic conditions. Mary does not have a partner or dependents to cover and is looking for the most cost-effective medical plan with low monthly payments that still provides coverage in case unexpected health incidents occur. During the year, Mary receives the following care:

Type of Cost	PPO "Copay" Plan	HDHP
Yearly Premium	\$1,758.96	\$1,484.76
Medical Expenses		
Preventive Care Visit	\$0	\$0
Sick Visit to Primary Care Physician	\$25 copay	~\$155
Monthly Generic Tier 1 Birth Control Prescription	\$15 copay x 12 = \$180.00	\$13.63 x 12 = \$163.56
Savings		
City of Boulder Wellness Premium Credit	\$360	\$360
City of Boulder HSA Contribution	N/A	\$500
Total Cost to Mary:	\$1,603.96	\$943.22



Meet Jacob

Employee plus partner
with moderate utilization

Jacob is seeking medical coverage for himself and a spouse. Jacob has asthma and is on routine care with a prescription. His partner seeks mental health support in addition to using the city's EAP. Their yearly care is as follows:

Type of Cost	PPO "Copay" Plan	HDHP
Yearly Premium	\$3,788.16	\$3,197.76
Medical Expenses		
Preventive Care Visit	\$0	\$0
Three Outpatient Mental Health Visits	\$25 copay x 3 = \$75	\$215 x 3 = \$645
Monthly Tier 2 Asthma Prescription	\$45 copay x 12 = \$540.00	\$310.73 x 12 = \$3,728.76
Savings		
City of Boulder Wellness Premium Credit	\$360	\$360
City of Boulder HSA Contribution	N/A	\$1,000
Total Cost to Jacob:	\$4,043.16	\$6,211.52



Meet Sophia

Employee plus family coverage
with high utilization

Sophia covers her spouse and son on her plan and is expecting a second child. Sophia is experiencing high blood pressure with this pregnancy which is being treated with a prescription. They are anticipating more medical expenses this year:

Type of Cost	PPO "Copay" Plan	HDHP
Yearly Premium	\$5,290.68	\$4,465.92
Medical Expenses		
Preventive Care Visit	\$0	\$0
6 Specialist OBGYN Office Visits	\$50 copay x 6 = \$300	~\$175 x 6 = \$1,050
Monthly Non-Formulary Brand/Tier 3 Blood Pressure/Heart Prescription	\$60 copay x 12 = \$720	\$9.90 x 12 = \$118.80
Hospital Stay for Labor & Delivery (\$11,000)	\$3,480*	\$8,831.20*
Savings		
City of Boulder Wellness Premium Credit	\$360	\$360
City of Boulder HSA Contribution	N/A	\$1,000
Total Cost to Sophia:	\$9,430.68	\$8,105.92

***Note:** With this high utilization, the maximum out-of-pocket is reached under both plans. Under both the PPO Plan and HDHP Plan, only the individual maximum out of pocket needs to be reached before additional in-network care is covered at 100%.





Cigna Medical Plans

Open Access Plus Network



	Copoly PPO Plan		HDHP/HSA Plan	
NETWORK:	In Network	Out-of-Network	In Network	Out-of-Network
Calendar Year Deductible	\$1,250 Individual \$2,500 Family	\$2,500 Individual \$5,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
Deductible Basis	Each covered individual is subject to individual deductible limit		Full family deductible must be met before any individual coinsurance applies	
Coinsurance Split (after deductible - Plan Pays/You Pay)	80% / 20%	60% / 40%	80% / 20%	60% / 40%
Calendar Year Out-of-Pocket Max	\$4,500 Individual \$9,000 Family	\$10,000 Individual \$20,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
Out-of-Pocket Basis	Each covered individual is subject to individual out-of-pocket limit		Each covered individual is subject to individual out-of-pocket limit	
Physician Office Visit	\$25 Copay/\$50 Copay	40% Coinsurance	20% Coinsurance	40% Coinsurance
Preventive Visit	100% Covered	40% Coinsurance	100% Covered	40% Coinsurance
Inpatient Hospital	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Emergency Room	20% Coinsurance		20% Coinsurance	
Urgent Care	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Ambulance	20% Coinsurance		20% Coinsurance	
X-Ray	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Laboratory	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Maternity	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Outpatient Physical Therapy	\$25 Copay	40% Coinsurance	20% Coinsurance	40% Coinsurance
Speech, Hearing, and Occupational Therapy	\$25 Copay	40% Coinsurance	20% Coinsurance	40% Coinsurance
Durable medical equipment	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Home health care	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Hospice	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Skilled nursing	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Hearing aids (testing & fitting)	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Chiropractic care (20 Days)	\$25 Copay	40% Coinsurance	20% Coinsurance	40% Coinsurance
Mental health/substance (inpatient)	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance
Mental health/substance (outpatient)	\$25 Copay	40% Coinsurance	20% Coinsurance	40% Coinsurance
Fertility Coverage	Cost share, subject to place of service & treatment administered. \$50,000 lifetime max		Cost share, subject to place of service & treatment administered. \$50,000 lifetime max	
Prescription Drugs Administered by Cigna				
Generic Brand/Tier 1	\$15 Copay	Not Covered	20% Coinsurance	Not Covered
Formulary Brand/Tier 2	\$45 Copay		20% Coinsurance	
Non-Formulary Brand/Tier 3	\$60 Copay		20% Coinsurance	
Mail Order (90 day supply)	\$37 / \$112 / \$150		20% Coinsurance	
Preventive Maintenance Medication	\$0		\$0	



Medical Continued

Homethrive

This benefit is being offered at no cost to employees in 2024 as a pilot program. All employees are eligible to participate, regardless of whether you are enrolled in our medical insurance. If you support anyone who needs more care due to age, disability, or a medical condition, consider accessing Homethrive.

Homethrive is available to you, anyone you support, and anyone in your care circle also providing support — meaning this is not just limited to your household members or immediate family.

Ways Homethrive can help:

- Medicare insurance options & coverage
- Finding the right provider
- Senior living options and in-home care
- Community and government-based benefits
- Hospital and rehab discharge support
- Disease education
- Social/emotional support and family dynamics
- Advanced directives and wills

To sign-up, please visit Homethrive's [website](#) and use the Company Code: **cityofboulder**. Learn more on our [Homethrive page](#) on Boulder@Work.

Origin Healthcare

In 2024, Origin Healthcare is a new, in-network provider available to employees who need advanced medical care and want the option to receive the care in the comfort and safety of their own home. Think of Origin Healthcare as a way for you to have hospital level care in your own home.

These services may allow you to receive a regular treatment at home, rather than in the hospital OR to receive acute care that would otherwise be provided at urgent care. There are also transitional care services (for post-hospital discharge) and infusion therapy services (IV treatments) that Origin can deliver.

Origin Healthcare is available to Boulder employees on the city's medical insurance (either PPO or HDHP plan), for patients 18 years of age or older. Their services are available seven (7) days per week, between 9 AM and 5 PM. Call 888-777-2718 or visit Origin Healthcare's [website](#) for more information. You can also access resources on our [Origin Healthcare page](#) on Boulder@Work.





HSA

How does the HSA work?

A Health Savings Account (HSA) is a type of employee-owned savings account that allows you to set aside money on a pre-tax basis to pay for qualified medical expenses. Please consult the IRS publication for a [list of eligible expenses](#).

HSA funds roll over year-to-year if you do not spend them and are portable if you leave employment with Boulder.

Eligibility

- You must be enrolled in the City's High Deductible Health Plan (HDHP)
- You cannot have any other first-dollar coverage
 - Military, Medicare, or Tricare coverage
 - A spouse's or parent's PPO plan
- You cannot be claimed as a dependent on someone else's tax return

Your Contribution

Per IRS regulations, the maximum amount you can contribute for 2024 is as follows:

- \$4,150 if you are enrolled in Employee Only (Single) coverage
- \$8,300 if you are enrolled in Family (Two Person or Family) coverage
- **Catch-up contributions:** Employees who turn 55 during the plan year may contribute an additional \$1,000 per year until enrollment into Medicare

Please note that contribution limits reflect the total amount that both you and the city can contribute in a calendar year.

City of Boulder Contribution

If you elect the Cigna HDHP and open and maintain an Alerus HSA, the city will make HSA contributions to assist with your plan costs. City contributions begin in the pay period after you have established your Alerus account, and the total amount of contribution will be pro-rated based on this start date.

If both you and your spouse are city employees, you are only eligible for a combined maximum HSA contribution of \$1,000.

City contributions are made evenly, over 26 pay periods. Eligible contribution amounts for 2024 are:

- **Employee Only (Single) HDHP Coverage:** up to \$500 per year
- **Family Coverage (Single +1 or Family):** up to \$1,000 per year

Set-Up your HSA

Enrollment in an HSA takes place in Workday.

Once the account has been established with Alerus, you will receive a welcome email to your City of Boulder email address, containing instructions on registering your online profile. This will allow you to authorize how you will be reimbursed. Registration must be completed within 30 days of HSA enrollment.

After your account is active, HSA debit cards will be mailed to your address on file.

Questions? Contact Alerus directly: alerusrb.com, info@alerus.com or 877-661-4727.





Supplemental Benefit Programs

Our New Supplemental Benefits Administrator is Cigna

Supplemental Benefits can be elected at the time of hire or during Open Enrollment. These supplemental benefits are designed to work together to help make it easier for you and your family to get the benefits you deserve. Beginning January 1, 2024, benefit offerings will be through Cigna; benefits previously elected through Aflac end on December 31, 2023. You do not need to be on the city's Cigna medical insurance plan to enroll in this coverage.

Voluntary supplemental offerings for Boulder employees include:

- Cigna Critical Illness
- Cigna Accidental Injury
- Cigna Hospital Indemnity
- LegalShield
- IDShield



You may notice that rates have revised slightly with the switch from Aflac to Cigna, but our research revealed more comprehensive and richer benefits with the Cigna plans.

This enhancement to partner with Cigna on both medical and supplemental benefits streamlines the ability to process claims and obtain holistic benefits coverage. Through Cigna's Auto Compare program, if you are enrolled in both medical insurance and a supplemental plan, you will be reminded by Cigna to submit your eligible claim upon filing a qualifying medical claim. This perk also automatically pays-out your Wellness benefits, up to a \$50 value for flu shots and wellness exams, after claim processing.

The same coverage remains available from LegalShield & IDShield, and the rates remain the same for 2024.

Detailed information about these benefits, including rates, are available in the [Supplemental Benefits Booklet](#).

IDShield



IDShield will monitor your Social Security number, credit cards, bank accounts, and more. Specialists are available 24/7 to answer your questions and walk you through the steps you can take to protect yourself. If any change in your status or compromise occurs, you receive an e-mail update immediately.

LegalShield



LegalShield provides legal advice and representation in the event you have need for an attorney. Services include:

- Name Changes
- Bankruptcy
- Foreclosure
- Landlord/Tenant Issues
- Driver's License Restoration
- Traffic Ticket Violations
- Living Wills
- Power of Attorney
- and more

NOTE: If you elect any of these supplemental benefits, premiums will be paid through convenient payroll deductions.



Total Rewards

Total Rewards is a way to think about the total package of benefits, compensation, programs, and perks you receive as an employee of the City of Boulder. While your paycheck or using your medical insurance may be the most visible aspects of your Total Rewards, it is a top priority for the city to continually monitor updates and innovations we can make to improve the value of your career at Boulder.

Want to learn more about your Total Rewards? Download the Workday Benefits and Pay app, with instructions from our [How-To Guide](#). Then open the Benefits and Pay app and scroll down to click View Total Rewards. A graph will show your Total Rewards and individual tables also break-down your pay and benefit components.

Effective January 1, 2024, the city is launched two (2) new programs to enhance your Total Rewards experience. More information on the new programs is summarized below and more detail can be found on [Boulder@Work](#).

Exceptional Contribution Program

The Exceptional Contribution Award program recognizes employees for exceptional, specific actions that they take above and beyond their normal job duties over a week or more time. These contributions are recognized as a bonus on an employee's bi-weekly paycheck.

All City of Boulder employees in good standing are eligible for this program, except employees with jobs designated as Leadership (L) or Executive (E). Any employee can nominate another employee by submitting the Nomination Form. The application must be approved by the employee's supervisor and the department's Deputy Director. There are three (3) nomination tiers, which will determine the amount of the eligible bonus. Decision-making for the Exceptional Contribution program rests with the Bonus Awards Committee, which draws from a wide-range of employees from across the city.

Learn more on the [Exceptional Contribution Award Program page](#).





Wellness Program



Well-Being@Work

The City of Boulder's Well-Being@Work program offers the best-in-class Wellable app with challenges, events, and curated health, wellness and mind/body content focused on the 8 Dimensions of Well-Being: Physical, Emotional, Intellectual, Social, Purpose, Financial, Occupational, and Environmental. It is free for employees, as well as their spouses and partners. Employees can earn Visa e-Gift Cards monthly, delivered directly to their e-mail and specialty challenge prizes throughout the year. Log-in to the [Well-Being@Work Portal](#) to begin accessing learning, events, programs, and much more.

In addition to our Wellable app, we offer onsite biometric screenings throughout the year, an annual well-being fair, an employee Rec Pass, and a robust Employee Assistance Program (EAP) to support mental/emotional health of employees and anyone living at their home address. Visit the [Well-Being@Work page](#) today to learn more.

Wellness Premium Credit

You are eligible to receive an insurance premium credit of up to \$360 per year if you are an existing employee or a new hire with the city and enrolled in the Cigna PPO or HDHP medical plans. The credit is paid evenly over 26 pay periods, for a \$13.85 credit each paycheck.

Premium Wellness Credit Requirements

It's never too early in the year to take steps to secure your Premium Wellness Credit (PWC). Please note that the requirements for the PWC are changing. This means that in 2024, the requirements outlined below need to be met to receive the 2025 credit.

Current employees and new hires (through 9/30/24) must complete biometrics (lab work) either through Quest Diagnostics or your medical provider AND complete an annual preventative exam through your primary care provider or MDLive (telehealth visit). Both the biometrics and the visit are required, but you can complete biometrics first or have it ordered by your doctor at your exam/visit.

New hires who join the city after 10/1/24 must complete only a Health Risk Assessment (HRA) through [MyCigna.com](#).

For additional information on the 2025 PWC requirements, please read the [timeline](#) or check-out the [Service Depot How-To Guide](#).





Employee Recreation Pass

Type 2 Seasonal and Temporary employees, including existing staff and new hires, are eligible for a free Well-Being@Work Rec Pass! This pass provides access to all three (3) of Boulder's Recreation Centers, as well as Scott Carpenter Pool, Spruce Pool, and Boulder Reservoir. You can elect this benefit at time of hire, during Open Enrollment, or at any time during the year through Workday. See the [Recreation Pass Enrollment Change How-To Guide](#) for step-by-step instructions.

Please keep in mind that although this is a free benefit, it is taxable. If you elect the Pass, you will be taxed on the value of \$10.62 per pay period. The amount of tax you pay depends on your tax bracket. You can also register a family member to participate in your Rec Pass for a discounted rate of \$100 per person. The amount is pro-rated based on time of purchase. Please complete a [Family Add-On Form](#) and submit it at a Recreation Center to get started.

Type 1 Seasonal and Temporary employees can elect a free Seasonal 6-Month Employee Recreation (Rec) Pass at any time after hire, through Workday. This Rec Pass cannot be used for discounted family passes and does not automatically renew. The Pass automatically deactivates six (6) months after you elect the benefit, regardless of whether you are still actively working. If you are re-hired within six (6) months after your initial Rec Pass enrollment, you do not need to take any follow-up action.

Please keep in mind that although this is a free benefit, it is taxable. On the paycheck following your enrollment in the benefit, you will be tax on a one-time value of \$127.44; the amount you pay depends on your tax bracket. This tax value cannot be refunded or pro-rated once charged.

It takes approximately seven (7) business days for your Rec Pass to become active after enrollment. You will receive an e-mail from Parks & Recreation to advise you when your pass is active. For more information, visit the [Well-Being@Work page](#) and select the Employee Recreation Pass tab.

EcoPass Program

As of January 1, 2024, temporary, seasonal, and paid intern employees are eligible for the city's EcoPass Benefit. You are eligible to receive your EcoPass at time of hire, and if elected, it will remain active during your season or temporary term. The EcoPass provides unlimited, free rides on most RTD transit services, including the N to Eldora Mountain Ski Resort and the Skyride Service to Denver International Airport (DEN).

The EcoPass is no longer a physical card. Eligible employees can download the RTD MyRide app at any time on their mobile device. By establishing an account with your Boulder work e-mail address, the city will issue the EcoPass directly to your app. Once the city has issued the EcoPass you can begin riding RTD for free! Read our [EcoPass MyRide App Instructions How-To Guide](#) for additional information on getting your mobile EcoPass!



Valuable Services through the Employee Assistance Program (EAP)

EAP is a 24/7/365 program that supports employees with a variety of issues they may be facing.

This is a free benefit, available to all employees, regardless of employee type or group. Any members of the employee's household are also eligible to use the EAP.

You do not need to be enrolled in the city's Cigna insurance plan (PPO or HDHP) to participate, although Cigna is the city's EAP provider.

Take advantage of a wide range of services offered at no cost to you:

- **10** face-to-face or video-based counseling sessions with a counselor in your area.
- **Legal Assistance:** 30-minute consultation with an attorney, face-to-face or by phone.
- **Financial Assistance:** 30-minute telephone consultation with qualified specialist on topics such as debt counseling or planning for retirement.
- **Identity Theft:** 60-minute consultation with a fraud resolution specialist.
- **Parenting:** Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- **Eldercare:** Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- **Pet Care:** Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.

EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, and direct you to a variety of helpful resources in your community and more.

Remember: EAP is completely confidential. The city does not receive information about who accesses which services through EAP. It is as confidential and personal as visiting your family doctor.

Resources for Accessing EAP:

- Using the [EAP How-To Guide](#)
- Access to the [Employee Assistance Program \(EAP\) for Non-Cigna Members](#)
- Recursos de [Cigna Programa de Asistencia a Los Empleados \(EAP\)](#)

Connect with EAP Today!

Call 1-877-622-4327 or
Log-in to [myCigna.com](https://mycigna.com) (web or app)

Employee ID: cityofboulder

If you are already registered with [myCigna.com](https://mycigna.com), simply log-in and visit the EAP section under the Coverage tab. You can use our [How-To Guide](#) for step-by-step instructions accessing services from the website.

If you are not currently a Cigna member, these services are still available to you and your household members. Follow our [instructions for Non-Cigna members](#) to register and begin using EAP.





Retirement

Employee Pension Plan

Temporary and seasonal employees participate in the **Public Employees' Retirement Association (PERA)** pension plan. Pensions are a retirement benefit that the city contributes to on your behalf to assist you in your post-career life. Participation in a pension plan is not voluntary and you cannot opt-out.

The city enrolls you in PERA, but once you are a PERA member you are responsible for becoming educated about the two (2) types of plans offered and determine what best fits your anticipated needs. You have 60 calendar days from your start date with the city to elect either the Defined Benefit Plan or Defined Contribution Plan. If you do not make a formal election, you are automatically enrolled in the Defined Benefit Plan. Learn more about the plan types from **PERA**.

Supplemental Retirement Savings Plans

Boulder also offers several Supplemental Retirement Savings Plans; you are not required to enroll in these plan options but they can assist you in accumulating additional retirement savings through efficient paycheck deductions. All plans outlined below are plans to which only employees contribute; the city does not match or make contributions.

Learn more about your eligibility to enroll in different plan types in our **Employee Retirement Plan Options guide**.

- **MissionSquare 457(b) Plan:** Deferred compensation retirement plan, including both pre-tax and post-tax (Roth) options for contributions.
- **MissionSquare Roth IRA Plan:** A post-tax deferral where your contributions grow tax free in a retirement account.
- **PERA 401(k) Plan:** A retirement savings plan with a wide variety of investment options, including pre-tax and post-tax (Roth) options for contributions.

Need more information on plan types or looking for resources as you prepare for retirement? Check-out our new **Retirement Benefits page on Boulder@Work**.



Changing or Electing Retirement Benefits

Employees may elect or change contributions to Supplemental Retirement Savings Plans at any time during the year. These plans will not be part of 2024 Open Enrollment, so you are encouraged to review your elections in Workday and request any changes.

For detailed instructions, see our **[Change or Elect Supplemental Retirement Plans How-To Guide](#)**.



Leave Benefits

Temporary/Paid Intern and Seasonal employees receive paid Sick Leave. This benefit can be used when the employee is unable to work due to:

- Illness, injury, or pregnancy
- Receiving medical treatment
- Caring for the health needs of a sick or injured family member.

The city complies with the Healthy Families & Workplaces Act (HFWA); more information is available on the [Leave Benefits page](#).

Employees may use Sick Leave to care for family members including:

- Spouse
- Domestic partner
- Mother, father, sister, brother, or child,
- Step-child, father-in-law, mother-in-law, brother-in-law, or sister-in-law
- Grandparent

Employees receive 2.67 hours of paid Sick Leave per active pay period, pro-rated based on weekly scheduled hours. Hours can be accrued up to a maximum of 48 hours.

Under HFWA, if a temporary, seasonal, or paid intern employee returns to work for the city within six (6) months of the end of their term or season, their previous sick leave balance is re-instated at time of hire.

Seasonal and Temporary Absence Return (STAR) Program

We are pleased to offer this new and expanded leave benefit offering to our Temporary and Seasonal employees, beginning in 2024. Employees will be granted up to 12 weeks of leave, pro-rated based on the amount of hours worked and the total planned duration of employment. This leave will be 100% paid for by the city, and it is in addition to the Sick Leave benefits you already earn.

Temporary and Seasonal employees will receive the equivalent of one (1) week of average scheduled hours. Then, you continue to accrue approximately a half-hour of leave for every hour worked. STAR leave will be requested in Workday. Upon approval, employees will see their bank of available hours.

This leave can be used to care for yourself or a family member in case of an extended illness or unexpected injury, or to bond or care for a new child. Employees must submit a physician certification through the city's leave administrator, and be approved, prior to using leave.

More information on the Seasonal and Temporary Absence Reward program will be available later this year on the [Leave Benefits page](#).



Glossary

Coinsurance

The percentage of costs of a covered health care service you pay after you've paid your deductible. For example, after the deductible is met, the plan may be 80% and you may pay 20% until the Out-of-Pocket Max is reached.

Copayment (Copay)

A copay is a flat dollar amount you pay for specific covered services upon each visit to the provider. It is not impacted by the plan deductible, coinsurance, or out-of-pocket maximum.

Deductible

The amount you must pay out of pocket for covered expenses before the insurance company starts to pay.

Embedded Deductible (PPO Plan)

In an embedded deductible health plan, the policy will have two deductibles: the individual deductible for each family member and the family deductible. When one family member accrues enough medical expenses to meet the individual deductible, coinsurance and cost-sharing will be provided by the insurer for that specific family member. Once multiple family members' medical expenses surpass the family deductible, the insurer begins to provide cost sharing for all members of the family.

Evidence of Insurability (EOI)

This is documentation that provides a record of a person's past and current health events; it is used by insurance companies to verify whether a person meets the definition of good health. It is only required in certain circumstances.

Explanation of Benefits (EOB)

After you receive medical services, your insurance will provide you with an EOB. It will outline details regarding how your insurance processed your medical claim, including what portion of the charges your insurance paid and what portion, if any, you are responsible for paying.

Formulary

A formulary is a list of drugs (both generic and brand name) selected by the health plan as the drugs preferred to treat certain health conditions.

Health Savings Account (HSA)

An HSA is a tax-advantaged medical savings account available to enrollees in a Qualified High Deductible Health Plan (HDHP). Pre-tax contributions are made to the member's account and can be used for a variety of IRS qualifying medical, dental, vision, and prescription expenses. The HSA is a member-owned account and funds roll over from year to year. The HSA is subject to the IRS contribution limits.

In- and Out-of-Network Providers

Benefit plans develop networks by contracting with doctors, hospitals, labs, etc., who have agreed to provide health care services to members at negotiated rates. You generally pay less out of pocket when you use in-network providers.

Non-Embedded Deductible (HDHP Plan)

There is no individual deductible. This means that the overall family deductible must be reached, either by an individual or by the family, in order for the insurance carrier to begin paying benefits.

Out-of-Pocket Maximum

The maximum amount you will pay out of pocket for covered medical expenses per calendar year, including your deductible. After your share of covered expenses reaches this annual limit, the plan pays 100 percent for eligible network services for the remainder of the calendar year.



Resources

For Questions About...	Contact	Phone #	Web/E-Mail
Medical & Prescription Plan Group # 3338899	Cigna	800-244-6224	www.mycigna.com
TeleHealth	MDLive	888-726-3171	www.mycigna.com
DispatchHealth		720-647-6419	www.dispatchhealth.com
Healthcare Exchange	Connect for Health Colorado	855-752-6749	www.ConnectforHealthCO.com
Medicaid	Colorado Medicaid	800-221-3943	www.colorado.gov/peak
Employee Assistance Program (EAP) Employee ID: cityofboulder	Cigna	1-877-622-4327	www.mycigna.com
Health Savings Account	Alerus	800-837-4817	www.alerusrb.com
Cigna Supplemental Health Claims Accidental Injury: 111050 Critical Illness: 111011 Hospital Indemnity: 110825	Cigna	800-754-3207	www.suphealthclaims.com SuppHealthClaims@Cigna.com
Retirement	PERA Defined Benefit– City of Boulder	303-832-9550	www.copera.org
	Supplemental 401(k)	303-832-9550	www.copera.org
	Supplemental 457(b) or Roth IRA	MissionSquare 800-669-7400	www.missionsq.org/missionsquare-retirement
Well-Being@Work	WisemanH@bouldercolorado.gov	303-441-3559	www.boulder.wellable.co
EcoPass	RTD Customer Care	303-299-6000	www.rtd-denver.com
Legal Services Group # 203798	LegalShield	888-807-0407	www.legalshield.com
Identity Theft Protection Group # 203798	IDShield	888-807-0407	www.idshield.com
Homethrive	Homethrive		Company Code: cityofboulder app.homethrive.com/email
Origin Healthcare	Origin Healthcare	888-777-2718	www.originhc.com
Human Resources		303-441-3070	HRBenefits@bouldercolorado.gov
Additional Questions or Escalated Claims Issues	HUB Advocacy	888-795-0300	boulderadvocacy@hubinternational.com
STAR Program	The Hartford	1-888-301-5615	www.thehartford.com/mybenefits



2024 Rates

Medical Rates					
Health Plan	Coverage	Total Pay Period Premium	City Pay Period Cost	Employee Pay Period Cost	
				With NO Wellness Credit	With Wellness Credit - \$13.85 per Pay Period
Full-Time Employees					
PPO	Employee	\$338.25	\$270.60	\$67.65	\$53.80
	Employee +1	\$728.49	\$582.79	\$145.70	\$131.85
	Family	\$1,017.43	\$813.94	\$203.49	\$189.64
HDHP	Employee	\$285.53	\$228.42	\$57.11	\$43.26
	Employee +1	\$614.94	\$491.95	\$122.99	\$109.14
	Family	\$858.83	\$687.06	\$171.77	\$157.92