



**City of
Boulder**

PERSONALIZED BENEFITS GUIDE 2025



Accident Coverage



Critical Illness



Hospital Indemnity



SUPPLEMENTAL HEALTH BENEFITS

Get help with expenses health insurance doesn't cover!

Key Features to Consider:

- › Cash Benefit paid directly to you: No copays, deductibles, coinsurance, or network requirements.
- › Use the money however you want: Pay for costs, such as medical copays and deductibles, travel to see a specialist, child care, help around the house, alternative treatments and more, it is up to you.
- › By signing up through your employer, you get coverage at a low group rate and coverage is guaranteed issue, regardless of your medical history. These plans are portable at the same costs and coverages.

See The Value

Even with medical coverage you may still have out-of-pocket medical costs, such as deductibles, copays and coinsurance, as well as indirect living expenses.

VIDEO



ACCIDENTAL INJURY
INSURANCE

Pays a fixed cash benefit directly to you when you have a covered accident related injury, like an ankle sprain or arm fracture.

Accidental Injury Benefit Example

Situation: Katie broke her leg from a bike accident.

- Katie's covered benefits:
- › Broken leg
 - › Doctor's office visit
 - › Diagnostic exam (x-ray)
 - › Physical therapy sessions
 - › Follow up appointment

Accidental Injury benefit paid directly to Katie: \$4,250

VIDEO



CRITICAL ILLNESS
INSURANCE

Pays a fixed, lump-sum, cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke.

Critical Illness Benefit Example

Situation: Jon had a heart attack while raking leaves.

Jon's covered benefits:

- › Heart attack diagnosis

Critical Illness benefit paid directly to Jon: \$15,000

VIDEO



HOSPITAL CARE
INSURANCE

Pays a fixed cash benefit directly to you when you experience a covered hospital stay, for events like an in-patient procedure or childbirth.

Hospital Care Benefit Example

Situation: Michelle was hospitalized following a car accident. Michelle's covered benefits:

- › Hospital admission
- › Hospital ICU stay
- › Hospital stay

Hospital Care benefit paid directly to Michelle: \$2,250

Wellness Incentive Benefits

Your Supplemental Health plan(s) comes with a Wellness Incentive benefit. This benefit is paid to each covered person who completes at least one covered wellness visit or preventive care service.

Please note the above descriptions are only a brief summary and examples are provided for illustrative purposes only. Refer to your Personalized Benefits Guide for more details on your coverage, election options, and rates.



CIGNA GROUP ACCIDENT INSURANCE

	BENEFIT AMOUNT	
Wellness Treatment, Health Screening Test and Preventive Care	\$50	
Emergency Care Treatment	\$200	
Physician Office Visit	\$150	
Diagnostic Exam	\$150	
Ground / Water Ambulance	\$400	
Air Ambulance	\$1,600	
Hospital Admission	\$1,000	
Hospital Stay (365 days)	\$300 per day	
Intensive Care Unit Stay (30 days)	\$600 per day	
Follow up Physician Office Visit (6 visits)	\$75	
Follow up Physical Therapy Visits (10 visits)	\$75	
Fractures	Non-Surgical	Surgical
Skull	\$4,500	\$9,000
Hip or Thigh	\$6,000	\$12,000
Vertebrae or Pelvis	\$5,400	\$10,800
Upper Arm	\$2,100	\$4,200
Shoulder or Collarbone	\$2,400	\$4,800
Leg	\$3,600	\$7,200
Ankle	\$3,000	\$6,000
Kneecap	\$3,000	\$6,000
Lower Arm	\$3,000	\$6,000
Foot	\$3,000	\$6,000
Hand or Wrist	\$3,000	\$6,000
Upper Jaw	\$2,100	\$4,200
Lower Jaw	\$2,400	\$4,800
Bones of Face or Nose	\$1,800	\$3,600
Vertebral Processes	\$1,200	\$2,400
Rib (More than 1 rib fracture pays 2 times the benefit amount)	\$480	\$960
Coccyx	\$480	\$960
Finger (More than 1 finger pays 2 times the benefit amount)	\$480	\$960



CIGNA GROUP ACCIDENT INSURANCE

	BENEFIT AMOUNT	
	Non-Surgical	Surgical
Fractures		
Toe (More than 1 toe fracture pays 2 times the benefit amount)	\$480	\$960
Sternum	\$1,500	\$3,000
Heel	\$100	\$200
Chip Fracture	25% of closed fracture benefit	
Multiple Fractures	200% of the single fracture benefit for multiple fractures to the same bone	
Dislocations		
Hip Joint	\$3,000	\$6,000
Knee Joint	\$2,000	\$4,000
Bones of Foot	\$1,000	\$2,000
Ankle	\$1,000	\$2,000
Wrist	\$800	\$1,600
Elbow	\$600	\$1,200
Shoulder	\$1,000	\$2,000
Hand	\$700	\$1,400
Collarbone	\$400	\$800
Lower Jaw	\$600	\$1,200
Finger or Toe (More than 1 finger or toe pays 2 times the benefit)	\$200	\$400
Small Burns (2nd or 3rd degree - 20% or less of body)	\$500	
Large Burns (2nd degree - More than 20% of body)	\$1,500	
Large Burns (3rd degree - More than 20% of body)	\$2,000	
Skin-Graft Benefit (if burn benefit paid)	50% of the applicable benefit amount for small burns or large burns	
Small Lacerations (<6 inches with 2+ sutures)	\$100	
Large Lacerations (>6 inches with 2+ sutures)	\$600	
General Anesthesia Benefit	\$100	
Medicine Benefit	\$10	
Medical Supply Benefit	\$10	
Abdominal or Thoracic Surgery	\$1,500	
Tendon, Ligament, Rotator Cuff, or Knee Surgery - Repair	\$600	
Tendon, Ligament, Rotator Cuff, or Knee Surgery - Exploratory	\$200	



CIGNA GROUP ACCIDENT INSURANCE

	BENEFIT AMOUNT
Ruptured Disc Surgery - Repair	\$800
Eye Injury Surgery	\$300
Eye Injury - Removal of Foreign Object	\$200
Emergency Dental - Extraction (More than 1 tooth pays 2 times the benefit amount)	\$75
Emergency Dental - Broken Tooth (More than 1 tooth pays 2 time the benefit amount)	\$200
Concussion	\$150
Coma	\$10,000
Diagnostic Advanced	\$250
Appliance (Durable Medical Equipment) (Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements.)	\$150
Prosthesis (arm, leg, hand, foot, eye) (Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements.)	\$1,000
Paralysis - Paraplegia (>30 days)	\$5,000
Paralysis - Quadriplegia (>30 days)	\$10,000
Blood, plasma, platelets	\$200
Transportation (100+ miles one-way)	\$400
Family Lodging (100+ miles one-way)	\$150 per day
Accidental Death Benefits	
Loss of Life Accidental Death	\$50,000
Automobile Accidental Death	\$50,000
Common Carrier Accidental Death	\$100,000
Catastrophic Dismemberment Loss Benefits	
Sight in Both Eyes	\$30,000
Both Hands or Arms	\$30,000
Both Feet or Legs	\$30,000
Speech and Hearing in Both Ears	\$30,000
Speech or Hearing in Both Ears	\$15,000
One Hand or Arm and One Foot or Leg	\$15,000
One Hand, Arm, Foot, Leg, or Sight in one Eye	\$15,000
Dismemberment Benefit	
Finger	\$2,000
Toe	\$2,000



CIGNA GROUP ACCIDENT INSURANCE

Benefits At A Glance		Bi-Weekly Premiums	
Emergency Care Treatment	\$200	Employee Only	\$6.34
Physician Office Visit	\$150	Employee & Spouse	\$9.29
Follow Up Treatment	\$75	Employee & Children	\$11.01
Physical Therapy	\$75	Family	\$13.60
Ambulance	Ground: \$400 Air: \$1,600	Your Wellness Exam Will Help PAY For Your Policy! Wellness Benefit -> \$50 (per person per year)	
Blood / Plasma	\$200		
Prosthesis	\$1,000		
Appliance	\$150		
Injury Specific	Up to \$10,000		
Family Lodging (100+ miles)	\$150 / night		
Transportation (100+ miles)	\$400		
Accidental Death	\$50,000		
Accidental Dismemberment	Up to \$30,000		
Hospital Admission	\$1,000		
Regular Room	\$300 / per day		
Intensive Care	\$600 / per day		
<i>*Wellness Benefit examples are figured on minimum amount of participants per plan.</i>			



CIGNA GROUP CRITICAL ILLNESS

Benefits Overview - Lump Sum Benefit Amount That you Choose	BENEFIT AMOUNT	RECURRENCE
Wellness Treatment, Health Screening Test and Preventive Care	\$50	Annually
COVERED CRITICAL ILLNESSES:		
INVASIVE CANCER	100%	100%
CARCINOMA IN SITU	25%	25%
SKIN CANCER	\$250	Not Available
HEART ATTACK	100%	100%
STROKE	100%	100%
CORONARY ARTERY DISEASE	25%	25%
AORTIC & CEREBRAL ANEURYSM	25%	25%
ADVANCED HEART FAILURE	25%	Not Available
ADVANCED STAGE ALZHEIMER'S DISEASE	25%	Not Available
AMYOTROPHIC LATERAL SCLEROSIS (ALS)	100%	Not Available
PARKINSON'S DISEASE	25%	Not Available
BENIGN BRAIN TUMOR	100%	100%
END-STAGE RENAL (KIDNEY) DISEASE	100%	100%
MAJOR ORGAN FAILURE	100%	100%
BLINDNESS	100%	Not Available
COMA	100%	100%
LOSS OF HEARING	100%	Not Available
LOSS OF SPEECH	100%	Not Available
PARALYSIS	100%	100%



CIGNA GROUP CRITICAL ILLNESS

Bi-Weekly Premiums

Non-Tobacco Employee Rates & Non-Tobacco Spouse Rates (Employee Rate & Spouse Rate are added together for deduction total)				
Attained Age	\$10,000	\$15,000	\$20,000	\$30,000
<25	\$1.80	\$2.70	\$3.60	\$5.40
25-29	\$2.38	\$3.57	\$4.76	\$7.14
30-34	\$2.74	\$4.11	\$5.48	\$8.22
35-39	\$3.55	\$5.33	\$7.10	\$10.65
40-44	\$4.27	\$6.41	\$8.54	\$12.81
45-49	\$5.09	\$7.63	\$10.17	\$15.26
50-54	\$7.88	\$11.82	\$15.76	\$23.64
55-59	\$7.67	\$11.51	\$15.34	\$23.01
60-64	\$15.85	\$23.78	\$31.71	\$47.56
65+	\$28.08	\$42.13	\$56.17	\$84.25

Tobacco Employee Rates & Tobacco Spouse Rates (Employee Rate & Spouse Rate are added together for deduction total)				
Attained Age	\$10,000	\$15,000	\$20,000	\$30,000
<25	\$2.40	\$3.60	\$4.80	\$7.20
25-29	\$3.19	\$4.79	\$6.39	\$9.58
30-34	\$3.98	\$5.97	\$7.96	\$11.94
35-39	\$5.37	\$8.06	\$10.74	\$16.12
40-44	\$6.46	\$9.69	\$12.92	\$19.38
45-49	\$7.73	\$11.59	\$15.45	\$23.18
50-54	\$12.20	\$18.30	\$24.40	\$36.60
55-59	\$12.32	\$18.48	\$24.64	\$36.96
60-64	\$24.93	\$37.40	\$49.86	\$74.80
65+	\$42.72	\$64.09	\$85.45	\$128.17



CIGNA GROUP HOSPITAL INDEMNITY

	BENEFIT AMOUNT
HOSPITAL ADMISSION BENEFIT (Non-ICU and ICU) No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$1,000
HOSPITAL CHRONIC CONDITION ADMISSION No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$50
HOSPITAL STAY No Elimination Period. Limited to 30 days, 1 benefit(s) every 365 days.	\$150
HOSPITAL INTENSIVE CARE UNIT (ICU) STAY Day 1 (Additional ICU Admission + Per Day) Day 2 - 30 (Per Day) No Elimination Period. Limited to 30 Days, 1 benefit(s) every 365 days.	\$1,300 one time \$300 per day
HOSPITAL OBSERVATION STAY 24 hour Elimination Period. Limited to 72 hours.	\$100 per 24-hour period
NEWBORN NURSERY CARE ADMISSION Limited to 1 day, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected	\$250
WELLNESS TREATMENT, HEALTH SCREENING TEST AND PREVENTATIVE CARE	\$50



CIGNA GROUP HOSPITAL INDEMNITY

Bi-Weekly Premiums	
Employee Only	\$8.03
Employee & Spouse	\$16.20
Employee & Children	\$12.91
Family	\$21.08

**Your Wellness Exam
 Will Help PAY For Your Policy!
 Wellness Benefit -> \$50 (per person per year)**

Benefits At A Glance	
Hospital Admission	\$1,000 Per Year Per Insured
Hospital Confinement	\$150 Up to 30 Days
Hospital ICU Admission	\$1,300 Per Year Per Insured
ICU Confinement	\$300 Up to 30 Days
Hospital Observation	\$100
Newborn Nursery Care Admission	\$250
Wellness Benefit	\$50 Per Year Per Insured

*Wellness Benefit examples are figured on minimum amount of participants per plan.





Affordable Legal Protection AT YOUR FINGERTIPS

Shielding Over 4 Million People With Our Legal Plans.

LegalShield provides you and your family the legal protection you not only need but deserve.

The LegalShield plan provides benefits for the following*:

ESTATE PLANNING

- Codicils
- Living Wills
- Power of Attorney
- Trusts
- Wills



FAMILY

- Administrative Hearing
- Adoption
- Conservatorship
- Domestic Violence Protection
- Elder Care Assistance
- Guardianship
- Immigration Assistance
- Incompetency Defense
- Juvenile Court Defense
- Name Change
- Parental Responsibility
- Prenuptial Agreements
- School Hearings



FINANCIAL

- Affidavits
- Bankruptcy
- Civil Litigation
- Consumer Protection
- Debt Collection
- Identity Theft
- Medicaid/Medicare Disputes
- Personal Property Disputes
- Promissory Notes
- Small Claims Assistance
- Social Security Disputes
- Tax Audit Protection
- Veterans Benefits Disputes



AUTO

- Driver's License Restoration
- Motor Vehicle Property Damage
- Moving Traffic Violations
- Traffic Tickets

HOME

- Boundary/Title Disputes
- Contractor Disputes
- Deeds
- Foreclosure
- Home Equity Loans
- Landlord/Tenant Issues
- Mortgages
- Property Tax Assessments
- Purchase/Sale of Home (primary or secondary)
- Refinancing
- Zoning Applications



GENERAL

- 24/7 Emergency Legal Access
- Document Review
- Legal Forms
- Live Member Support
- Mobile App
- Office Consultation
- Telephone Advice



Affordable legal protection

\$7.27

For more information visit:
benefits.legalshield.com/cob



Affordable Identity Theft Protection AT YOUR FINGERTIPS

Every year millions of people have their identity stolen.

IDShield provides the identity theft protection and identity restoration services you not only need but deserve.

The IDShield plan includes the following covered services:

MONITORED

INFORMATION

- Bank Accounts
- Credit/Debit/Retail Cards
- Date of Birth
- Driver's License
- Email Addresses
- Home Address
- Medical ID
- Mother's Maiden Name
- Name
- Passport Number
- Phone Numbers
- Social Security Number
- And More



- Child monitoring (Family Plan Only)
- Internet and Dark Web Monitoring Online Chat Rooms and Social Feed Monitoring
- Payday Loan Monitoring
- Local, State and Federal Database Monitoring

ALERTS

- Hard Credit Inquiry Alerts
- Customizable Social Media Alerts
- Sex Offender Alerts
- Identity and Credit Threat Alerts



MONITORING AND DETECTION

- High Risk Application Monitoring
- Public Record Monitoring
- Sex Offender Monitoring
- Telecom Monitoring
- Credit Monitoring
- Social Media Monitoring
- Court and Criminal Record Monitoring



UNLIMITED CONSULTATION

- Assistance in Analyzing and Interpreting Credit Reports
- Assistance in Reviewing
- Medical Data Reports
- Consultation on Common Trends and Scams
- Data Breach Safeguards
- Identity Theft Consultation



- Lost/Stolen Wallet Assistance

COMPREHENSIVE IDENTITY RESTORATION

- \$1 Million Protection Policy Full Service
- Restoration by Licensed Private Investigators
- Pre-Existing Identity Theft Restoration



GENERAL

- 24/7 Emergency Assistance
- Direct Access to Licensed Private Investigators
- Live Member Support
- Mobile App
- Monthly Credit Score Tracker



Affordable identity theft protection

Employee: \$3.21

Family: \$5.98

Pay Period: Bi-Weekly

*For more information visit:
benefits.legalshield.com/cob*

Voluntary Benefits Contact Information

Carrier	Website / Email	Phone #
Cigna	www.cigna.com	800-997-1654
LegalShield	www.legalshield.com	800-654-7757
IDShield	www.idshield.com	800-654-7757
HUB International Voluntary Benefits Division: Claims Escalations Jennifer Foss	voluntaryclaims@hubinternational.com jennifer.foss@hubinternational.com	303-906-2973

