



**City of
Boulder**

PERSONALIZED BENEFITS GUIDE 2026



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.

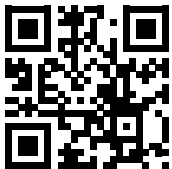
Accidental Injury Benefit Example

Situation: Katie broke her leg from a bike accident. Katie's covered benefits:

- Doctor's office visit
- Diagnostic exam (x-ray)
- Broken leg
- 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.

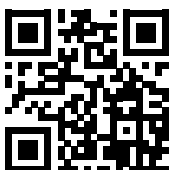
Critical Illness Benefit Example

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
Skull	\$4,500	\$9,000

CIGNA GROUP ACCIDENT INSURANCE - 2

	Benefit Amount	
Fractures	Non-Surgical	Surgical
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	Non-Surgical	Surgical
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	\$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 - 3

	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 - 4

Benefits At A Glance	
Emergency Care Treatment	\$200
Physician Office Visit	\$150
Follow Up Treatment	\$75
Physical Therapy	\$75
Ambulance	Ground: \$400 Air: \$1,600
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

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

Bi-Weekly Premiums	
Employee Only	\$6.34
Employee & Spouse	\$9.29
Employee & Children	\$11.01
Family	\$13.96

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



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 - 2

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 - 2

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.**

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)





Affordable Legal & Identity Theft Protection



LegalShield provides the legal and identity theft protection you and your family need and deserve.



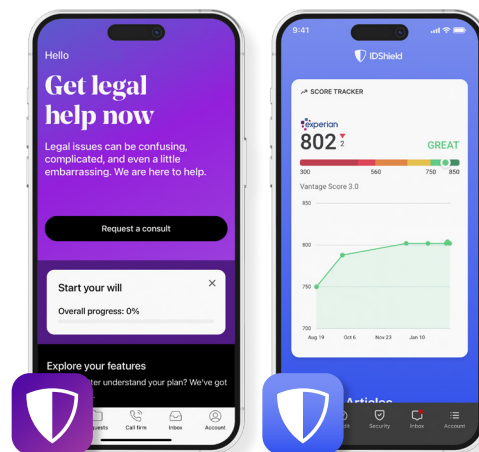
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- ✓ Will Preparation
- ✓ Debt Collection Assistance
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Always Connected.
Always Protected.



LegalShield

\$7.27/bi-weekly

Family Plan

IDShield

\$3.21/bi-weekly

Employee Plan

\$5.98/bi-weekly

Family Plan

LegalShield & IDShield

\$10.02/bi-weekly

Employee Plan

\$12.37/bi-weekly

Family Plan

Reduced rate pricing applies
when enrolled in both plans.

For more information visit: www.shieldbenefits.com/cob or scan the QR code above.

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US_BU_NP_LS+IDS_FS_EN_Enrollment_v2_091123



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 Brandy McGraw	voluntaryclaims@hubinternational.com brandy.mcgraw@hubinternational.com	720-793-2651

