



Town of Frisco



FRISCO
COLORADO

2020
EMPLOYEE BENEFITS GUIDE

Town of Frisco Benefits

Your 2020 Employee Benefits Guide

Benefits Designed to Support You

At Town of Frisco, we know our dedicated employees—YOU—are key to our overall success as an organization. As a way to reward you for your hard work, we provide a benefits package that is designed to help you reach your physical, financial, and mental health goals.

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Your Health Plans

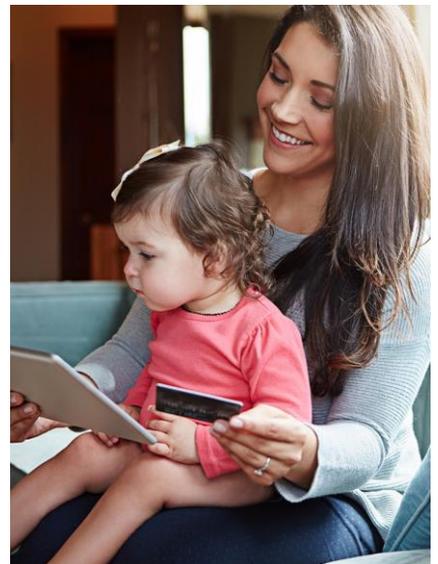
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▶ Benefit Enrollment

JANUARY 1, 2020—DECEMBER 31, 2020

Elections you make during open enrollment will become effective January 1, 2020.

Town of Frisco offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

There are no changes to your providers for 2020, however, with UMR, you will have access the Choice Plus Network to find medical providers. Access the provider list through www.umar.com.

We recognize the importance of being able to provide our employees and their families with quality benefits as part of their overall compensation package. Therefore, our organization has developed a comprehensive benefits package that delivers quality and value while satisfying the diverse needs of our workforce. This summary is specifically designed to help you further understand the highlights of the benefit options offered to you for 2020.



► Enrollment Information

Who is Eligible?

Active full-time year-round employees working 30 hours per week are eligible for medical benefits only. Employees working 40 hours per week are eligible for medical, dental, vision, life insurance and disability benefits.

How to Enroll:

All employees who would like to make changes to their elections must complete the enrollment form. If you do not complete an enrollment form, your coverage will remain the same for 2020 unless you have a qualifying event during the year, with the exception of your FSA elections. You must re-enroll every year; your contribution amounts will not roll over.

When to Enroll:

All enrollment forms must be submitted to HR no later than November 15, 2019. The benefits you elect during open enrollment will be effective from January 1, 2020 through December 31, 2020.

How to Make Changes:

You may make changes to your elections until the last day of our open enrollment period; unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.



▶ Medical Insurance

UMR/United Healthcare Choice Plus Network

SERVICES	HDHP-PPO	
	NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Calendar Year Deductible		
- Individual	\$1,400 Individual	\$1,400 Individual
- Family	\$2,800 Family	\$2,800 Family
Out of Pocket Max	\$3,000 Individual \$6,000 Family Includes Deductible & Coinsurance	\$3,000 Individual \$6,000 Family Includes Deductible & Coinsurance
Hospitalization	You pay 20% coinsurance After Deductible	You pay 40% coinsurance After Deductible
Physician Visit	20% coinsurance	40% coinsurance
Specialist Visit	after deductible	after Deductible
Preventive Care	100% covered Not subject to Deductible	40% coinsurance after deductible
Emergency Room	You pay 20% coinsurance	You pay 40% coinsurance
Urgent Care	After Deductible	After Deductible
Prescription Drugs (Retail and Mail Order)	You pay 20% coinsurance After Deductible	Not Covered
Preventive Drugs	Covered at 100%	Not Covered

2020 MEDICAL RATES	EMPLOYEE RATES PER PAYCHECK
Employee Only	\$27.50
Employee + 1	\$62.50
Employee + 2	\$102.50
Employee + Family	\$132.50

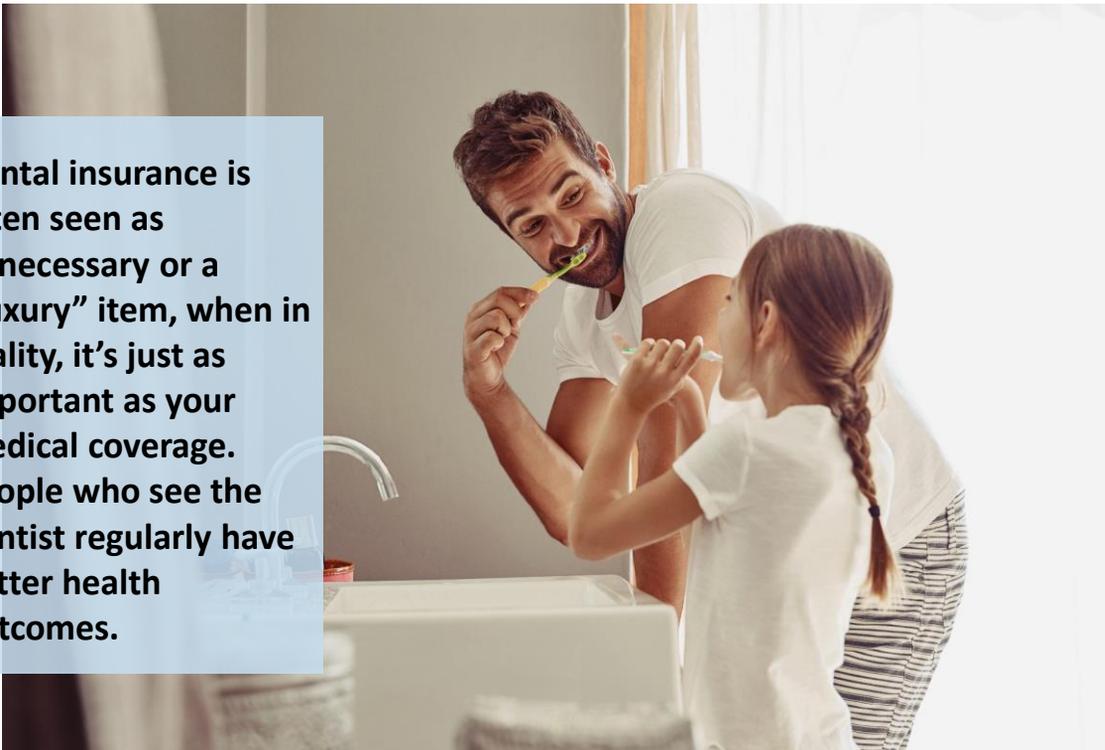
**The Town of Frisco will contribute \$750 for Employee Only and \$1,400 for Employee + 1, 2 or Family. The contribution will be deposited into your account the first pay period of each quarter.

▶ Dental Insurance

You may choose any licensed dentist. UMR will administer the claims.

SERVICES	NETWORK BENEFITS
Calendar Year Deductible	\$50 Individual \$150 Family
Calendar Year Maximum	\$2,000 Per Person
Preventive Care	Plan Pays 100% Deductible Waived
Basic Services	10% After Deductible
Major Services	10% After Deductible
Orthodontic Treatment	10%
Orthodontic Lifetime Max	\$2,000
2020 DENTAL RATES	EMPLOYEE RATES PER PAYCHECK
Employee Only	\$1.50
Employee + 1 dependent	\$2.50
Employee + 2 dependents	\$3.50
Employee + 3 or more dependents	\$4.50

Dental insurance is often seen as unnecessary or a “luxury” item, when in reality, it’s just as important as your medical coverage. People who see the dentist regularly have better health outcomes.





▶ Vision Insurance (VSP)

SERVICES	IN-NETWORK	NON-NETWORK REIMBURSEMENT
Exam	\$0 copay	Reimbursed up to \$50
Frequency		12 months
Exams		12 months
Lenses		12 months
Contact Lens Care		12 months
Frames		24 months
Lenses:		
Single Vision	Covered in full after \$20 copay	Varies based on Lens
Bifocal	Covered in full after \$20 copay	
Trifocal	Covered in full after \$20 copay	
Lenticular	Covered in full after \$20 copay	
Frame Allowance	\$130 allowance	Reimbursed up to \$70
Contact Lens Allowance—Elective	\$130 allowance	Reimbursed up to \$105
Contact Lens Allowance (Medically Necessary)	Paid in Full	Reimbursed up to \$210
Can I be balanced billed?	No	Yes

2020 VISION RATES	EMPLOYEE RATES PER PAYCHECK
Employee Only	\$0.00
Employee + 1	\$3.18
Employee + 2	\$11.30
Employee + 3 or more	\$11.30

**Your eyes are your window to the world.
Keep them healthy and bright by taking
advantage of this valuable benefit.**

▶ Direct Path

Your DirectPath Advocate Can Help:

- Answer questions about your benefits
- Explain how to best use your benefits
- Resolve claims and billing issues
- Assist with referrals and prior authorization
- Answer questions about health care reform
- Answer questions about open enrollment
- Find providers and treatments
- Estimate the cost for services



866-253-2273

If you utilize DirectPath, you could receive an AWARD of up to \$2,500 per year!
Rewards are based on the amount of savings achieved through using DirectPath.

Call DirectPath or see HR for more details.



Life and Accidental Death & Dismemberment (AD&D)

Basic Life & AD&D Insurance (100% Employer Paid) - Mutual of Omaha

BENEFIT AMOUNT
1.5 x Annual Salary to a maximum of \$150,000

Voluntary Life Insurance (Employee Paid) – Mutual of Omaha

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. You can purchase Life Insurance coverage in \$10,000 units to a maximum of \$500,000.

You are guaranteed covered for amounts up to \$70,000 without completing evidence of insurability.

You can purchase coverage for your spouse in \$5,000 units up to the lesser of 50% of Employee Life amount or \$150,000.

Your Spouse is guaranteed covered for amounts up to \$25,000.

You can also purchase coverage for your dependent children to age 19 in amounts of \$5,000 or \$10,000.



Short-Term Disability

Mutual of Omaha

Weekly Benefit Amount

If you meet the definition of disability, you would be eligible to receive a weekly benefit if you are disabled equal to 60% of your weekly earnings, to a maximum of \$2,000 per week. This benefit applies to injuries you receive off the job.

Elimination Period

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is due to an injury or sickness, your Elimination Period is 14 consecutive days. Your benefits begin on the 15th day.

Benefit Duration

If you meet the definition of disability you may receive a benefit for 11 weeks.

This benefit is paid 100% by the Town of Frisco.



▶ Long-Term Disability

Mutual of Omaha

This benefit is paid 100% by the Town of Frisco.

Benefit Amount

Monthly LTD Benefit:

- 60% of your monthly earnings
- To a monthly maximum of \$8,000

Definition of Disability

You are disabled when:

- you are limited from performing the material and substantial duties of your regular occupation; and
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury.
- After benefits have been paid for 36 months, you are disabled when due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

Elimination Period

- The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.
- LTD benefits would begin after 90 days of disability, if you are disabled, as described in the definition above.

Benefit Duration

Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability up to the Social Security Normal Retirement Age. If your disability occurs at or after age 62, benefits would be paid for a reduced period of time.

For more details about these benefits, please see information provided by Mutual of Omaha. Human Resources can assist you with this information.



Flexible Spending Account (FSAs)

Rocky Mountain Reserve

Town of Frisco provides you the opportunity to pay for out-of-pocket dental, vision, and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts. You must enroll in the plan to participate for the plan year January 1 – December 31, 2020. You can save approximately 25% of each dollar spent on these expenses when you participate in an FSA.

For those who participate in the Town's Medical plan, a limited purpose FSA for dental and vision is available. You may not participate in a traditional Medical Flexible Spending Account and make pre-tax contributions to your Health Savings Account; this is prohibited by the IRS. You may participate in the Limited Purpose FSA.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, and 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 have unused funds in your Healthcare Spending account at the end of 2020, you may roll over up to \$500 into the following plan year. Any unused amounts over \$500 will be forfeited. This provision is subject to change based on IRS Guidelines and Regulations.



Prepaid Legal

Legal Shield

With your prepaid legal plan, you can contact your law firm any time you need legal advice or assistance, even 24/7 for covered emergencies.

Use Legal Shield for:

Advice and Consultation

Consult with you on personal legal matters.

Letters and Phone Calls

Make phone calls and write letters on your behalf.

Personal Document Review

Review an unlimited number of legal documents up to 15 pages each.

Trial Defense

Assistance if you're named defendant in a covered civil action suit.

Standard Will Preparation

Will preparation, annual reviews and updates for all covered family members.

Health Care Power of Attorney

Health Care Power of Attorney preparation for all covered family members.

Living Will

Physician/Living Will preparation for all covered family members.

Residential Loan Document Assistance

Mortgage document preparation for the purchase of your primary residence.

Moving Traffic Violations

Assistance with all covered non-criminal and non-commercial moving traffic violations.

Accidents

Defense for covered criminal charges arising from the permitted use of a licensed motor vehicle.



▶ Health Savings Accounts (HSAs)

Health Savings Account Q&A:

Q: What is a Health Savings Account?

A: An HSA is a tax-exempt account that you put money into to help pay for certain qualified medical expenses you incur. Your employer can also contribute to your HSA Account. Once you have established an HSA, you will be able to request a tax-free distribution from your HSA trustee for these qualified medical expenses that were not reimbursed by your High Deductible Health Plan (HDHP).

Q: What are the benefits of an HSA?

A: You can claim a tax deduction for contributions you, or someone other than your employer, make to your HSA even if you do not itemize your deductions on your tax return. HSA payroll deductions are made on a pre-tax basis and will be excluded from your gross income.

Unlike Flexible Spending Accounts, the contributions to your HSA remain in your account indefinitely. The interest or other earnings on the assets in the account are tax free. An HSA is “portable” so it stays with you if you change employers or leave the work force.

Eligibility

Q: Who is eligible for an HSA?

A: Any adult who has coverage under an HSA-qualified “high deductible health plan” (HDHP) and has no other first dollar medical coverage (except other types of health insurance that are “permitted”. For Example:

- Your spouse has a Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) through their employer. You cannot have an HSA if your spouse’s FSA or HRA can pay for any of your medical expenses before your HDHP deductible is met.

- You are not enrolled in Medicare.
- You can’t be claimed as a dependent on someone else’s tax return

There are no income limits that affect HSA eligibility. However, if you do not file a federal income tax return, you may not receive all the tax benefits HSAs offer.

Q: What is a High Deductible Health Plan (HDHP)?

A: Generally, this is a health insurance plan that has a higher annual deductible than typical health plans and does not cover first dollar medical expenses (including prescriptions).

Q: What are other types of “permitted” coverage?

A: You can still be an eligible individual even if your spouse has non-HDHP coverage provided you are not covered by that plan. You can have additional insurance that provides benefits only for the following items:

- Liabilities incurred under workers’ compensation laws, tort liabilities, or liabilities related to ownership or use of property.
- A specific disease or illness, i.e., cancer policy.
- A fixed amount per day (or other period) of hospitalization.
- Accidents, Disability, Long-term care
- Dental and Vision care, Drug Discount Cards
- Eligibility for VA Benefits – Unless you have actually received VA health benefits in the last 3 months

► Health Savings Accounts (HSAs)

Qualified Medical Expenses

Q: What expenses are qualified for reimbursement?

A: When you pay medical expenses during the year that are not reimbursed by your HDHP (deductibles, coinsurance, etc.), you can ask the trustee of your HSA to send you a distribution from your account.

Qualified medical expenses include most medical care and services, dental and vision care, and also over-the-counter drugs. A list of qualified medical expenses can be found in the IRS Publication 502. In summary, expenses have to be primarily for the prevention or alleviation of a physical or mental defect or illness.

Prescription drug plans.

If you can receive prescription drug benefits before the annual deductible is met, you are not an eligible individual. If you decide to enroll in the Town of Frisco HSA/HDHP, you will need to consider the out of pocket expense for the total cost (after discounts) for prescriptions you may need early in the year. You may not have sufficient funds in your HSA to draw upon to cover those expenses.

In addition to qualified medical expenses, the following insurance premiums may be reimbursed from an HSA:

- COBRA premiums;
- Health insurance premiums while receiving unemployment;
- Qualified long-term care premiums; and
- Any health insurance premiums paid by individuals ages 65 and over.
 - Part A (hospital and inpatient services)
 - Part B (physician and outpatient services)
 - Part C (Medicare HMO and PPO plans)
 - Part D (prescription drugs)

Q: What expenses are NOT eligible for reimbursement?

A: The following expenses may not be reimbursed from an HSA: Expenses covered by another insurance plan; or Expenses incurred prior to the date the HSA was established.

Q: Whose expenses can be reimbursed under my HSA?

A: Expenses for yourself, your spouse, and all dependents you claim on your tax return (as defined in Section 152 of the tax code). One of the great advantages of an HSA is that you can pay for expenses of your spouse and dependent children even if they are not covered by your HDHP.

Q: Can I use my HSA dollars for non-qualified medical expenses?

A: Money withdrawn from an HSA to reimburse non-qualified medical expenses is includable in gross income; therefore, is taxable income to the account holder and is subject to a 20% tax penalty, unless over age 65, disabled, or upon death.

Q: Why should I keep good records?

A: As the owner of an HSA, it's YOUR RESPONSIBILITY to determine what medical expenses are eligible for a qualified distribution from your HSA. Keep good records of your health care expenses in case the IRS asks to review your use of HSA funds. You may need to defend your expenditures or decisions during an audit. Town of Frisco is not involved in determining eligible expenses and qualified distributions.

▶ Additional Benefits

Additional Benefits	Description:
Paid Holidays	The Town of Frisco recognizes eight paid holidays each year, typically: New Year's Day; Memorial Day; Independence Day; Labor Day; Thanksgiving Day and the following Friday; Christmas Eve; and Christmas Day.
Personal Time	In addition to the official holidays, full time year round employees receive 32 hours of personal time each year.
Annual Leave (Vacation)	Full time employees accrue Annual Leave with pay based on length of service. In your first twelve months of continuous service you will receive 80 hours, and thereafter you continue to earn more hours each year, up to a maximum of 280 hours per year.
Sick Leave	Our sick leave policy is established to assist you when you are unable to work due to illness, injury, or medical condition. Full time employees accrue sick leave at a rate of 8 hours per month.
Employee Housing Lottery	For details please reference your handbook.
Computer Loans	For details please reference your handbook.
Down Payment Assistance	The Town of Frisco will offer financial assistance for housing down-payments up to \$30,000.
Fire Arm Loans	For police only; for details please reference your handbook.
Jury Duty Pay	If you are chosen for Jury Duty, you may receive paid Jury Duty. Please contact HR for details.
Ski Passes	Employees are eligible for discounted ski passes to Copper Mountain Resort, and/or a ski pass loan.
Tubing Hill Passes	8 Free passes for you and your family or friends. Value of \$208.
Nordic Pass	Free Nordic pass to Frisco Nordic Center. Value of \$200.
Bereavement Pay	We have taken into consideration the personal needs which arise from the death of an immediate family member. Up to 5 days may be granted annually with pay; please contact HR for details.
Wellness Program-MyFit	Town Wide activities, Lunch n' Learns, Challenges. Earn up to \$150 rewards. A \$500 wellness reimbursement is also available.
Wash Bay	No charge for use of the Public Works Wash Bay
Trash, Recycling, Compost	No charge for use of the trash, recycling and compost at Town Hall
Employee Recognition Programs	Peak Awards, Employee of the Month, Monthly All Staff meetings, Holiday Party and Summer Picnic, Employee appreciation week
Membership Discount	Summit Hot Yoga, Silverthorne Rec Center and Peak One Fitness
Cellphone Discount	Discount with Verizon and Sprint

▶ NOTICES

Women’s Health and Cancer Rights Act of 1998

In October of 1998, Congress enacted the Women’s Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women’s Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and Prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan.

HIPAA (Health Insurance Portability and Accountability Act of 1996)

HIPAA legislation provides rules that govern group health plans. One of the primary goals in passing HIPAA was to ensure that employees who have a medical condition could leave or change employment without losing their much needed health insurance. HIPAA includes provisions that set limitations on the use of preexisting condition provisions.

The medical PPO plans through CIGNA include a preexisting condition limitation clause. You should refer to the CIGNA Certificate of Coverage booklet for a specific explanation of this provision.

HIPAA requires that all group health plans reduce the period of the preexisting condition exclusion by an individual’s “creditable coverage” under a previous group health plan or individual health insurance. Employers and health insurance carriers are responsible for providing each covered individual with a certificate of Creditable Coverage upon termination of coverage. This HIPAA certificate is the document of creditable coverage for future group health insurance.

Certain enrollment rights are also governed by HIPAA. An individual that originally waives coverage at the initial offering and later wants to join the plan will fall into one of the categories below:

Special Enrollment Rights

Special Enrollee – (must enroll within 30 days of an event listed below (normal preexisting condition limits apply))

-
- | | | |
|------------|------------|------------------------------|
| • Marriage | • Birth | • Loss of coverage elsewhere |
| • Divorce | • Adoption | |
-

▶ CONTACT INFORMATION

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

MEDICAL AND DENTAL

Provider Name:	UMR/United Healthcare Choice Plus
Provider Phone Number:	(800) 426-7453
Provider Web Address:	www.umar.com

VISION

Provider Name:	Vision Service Plan (VSP)
Provider Phone Number:	(800) 877-7195
Provider Web Address:	www.vsp.com

PRESCRIPTION DRUG

Provider Name:	WellDyne Rx
Provider Phone Number:	(888) 479-2000
Provider Web Address:	www.mywdrx.com

FLEXIBLE SPENDING ACCOUNTS (FSA) and HEALTH SAVINGS ACCOUNT (HSA)

Provider Name:	Rocky Mountain Reserve
Provider Phone Number:	(888) 722-1223
Provider Web Address:	www.rockymountainreserve.com

LIFE AND DISABILITY PLANS

Provider Name:	Mutual of Omaha
Provider Phone Number:	(800) 655-5142
Provider Web Address:	www.mutualofomaha.com

EMPLOYEE ASSISTANCE PLAN

Provider Name:	Mines and Associates
Provider Phone Number:	(800) 873-7138
Provider Web Address:	www.minesandassociates.com

WORLDWIDE TRAVEL ASSISTANCE PROGRAM

Provider Name:	Mutual of Omaha
ID Number:	9900MOO2
Provider Phone Number:	(800) 856-9947 (in the US) (312) 935-3658 (outside the US)

DIRECTPATH

Phone Number:	(866) 253-2273
E-mail Address:	www.directpathhelath.com

AFLAC

Contact Person:	Jennifer Freeman
Phone Number:	(303) 963-5775
E-mail Address:	Jennifer_freeman@us.aflac.com

