



HEALTH

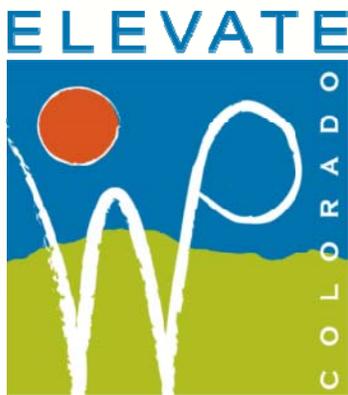
WELLNESS

FINANCIAL



2020 BENEFITS GUIDE

January 1, 2020—December 31, 2020



WOODLAND PARK
CITY ABOVE THE CLOUDS

Welcome

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2020—December 31, 2020.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Medical Plans

The following is a high-level overview of the coverage available to you for the 2020 plan year. For complete coverage details, please refer to the Summary Plan Description (SPD).

Summary of Medical Benefits	CIGNA Open Access Plus H.S.A		CIGNA Open Access Plus (OAP)	
	In-Network	Out of Network	In-Network Only	Out of Network
Deductible (per calendar year)	Non-Embedded		Embedded	
Individual / Family	\$2,000 / \$4,000	\$5,000 / \$10,000	\$1,000 / \$2,000	\$3,000 / \$6,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$4,000 / \$8,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$12,000 / \$24,000
Covered Services				
Office Visits (physician/specialist)	Deductible then 20%	Deductible then 50%	\$25 / \$40 copay	Deductible then 50%
Virtual Visits	MDLive: \$45 copay** Amwell: \$49 copay**	Not covered	\$25 copay	Not covered
Chiropractic (Limited 20 visits per year)	Deductible then 20%	Deductible then 50%	\$40 copay	Deductible then 50%
Mental Health Office Visit	Deductible then 20%	Deductible then 50%	\$40 copay	Deductible then 50%
Routine Preventive Care	Covered 100%	Not covered	Covered 100%	Not covered
Outpatient Diagnostic (lab/X-ray)	Deductible then 20%	Deductible then 50%	Covered 100%	Deductible then 50%
Imaging (CT/PET scans, MRIs)	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
Ambulance	Deductible then 20%		Deductible then 20%	
Emergency Room	Deductible then 20%		\$500 copay plus deductible then 20%	
Urgent Care Facility	Deductible then 20%	Deductible then 50%	\$100 copay	Deductible then 50%
Inpatient Hospital Stay	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
Outpatient Surgery	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
Prescription Drugs (Tiers)				
Retail Pharmacy (30-day supply)	Deductible then \$10/\$35/\$70/\$250	Deductible then 50%	***\$10 / \$30 / \$50 / 25%	Not covered
Mail Order (90-day supply)	Deductible then \$25/\$88/\$175	Deductible then 50%	\$25 / \$75 / \$125	Not covered

- Embedded Deductible: After each eligible family member meets their deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan.

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

**Cost Per Visit is subject to change.

***If a Brand name drug is requested when there is a Generic equivalent, member must purchase the Generic drug, or pay 100% of the difference between the Brand name price and Generic price, plus the appropriate brand-name copay (unless the physician indicates "Dispense as Written" DAW)



YOUR HEALTH HAS MET ITS APP®

Get the myCigna Mobile App and access your health plan anytime and anywhere you go.

Life can be busy and complicated. So, we created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. The myCigna Mobile App helps you personalize, organize and access your important plan information on your phone or tablet. The app has a new look and feel and it's available in Spanish too! Use the myCigna Mobile App, to log in anytime, anywhere to:

- › **Manage** and track claims
- › **View**, fax or email ID card information
- › **Find** doctors and compare cost and quality ratings
- › **Review** your coverage
- › **Track** your account balances and deductibles
- › **Submit** receipts for reimbursement from your Cigna HRA and/or FSA*
- › **Refill** your Cigna Home Delivery PharmacySM prescriptions online and view order history
- › **Compare** prescription drug prices at thousands of pharmacies in our network

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*Available for Cigna Choice Fund® Health Reimbursement Account (HRA) and Flexible Spending Account (FSA) plans.

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Telehealth / How To Find Providers

Telehealth Benefit

Choice is good. More choice is even better.

Now Cigna provides access to **2** telehealth services as part of your medical plan—**Amwell and MDLIVE**.

Cigna Telehealth Connection lets you get the care you need—including most prescriptions—for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office.

When, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: Amwell or MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both Amwell and MDLIVE, you can speak with a doctor for help with; Allergies, Asthma, Bronchitis, Cold and flu, Ear Infections, Insect bites, Joint aches and pains, Nausea and vomiting, Pink Eye, Rashes, Respiratory Infections, Sinus Infections, Sore throat and more.

The cost savings are clear.

Televisits with Amwell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider.

Teladoc, Health Advocate and eDocAmerica

Telehealth is a unique benefits package offered to all employees enrolled in medical coverage that is designed to help navigate the complex health care and insurance system. Telehealth is comprised of **Teladoc, Health Advocate** and **eDocAmerica**. You will receive a welcome kit in the near future if you enroll in medical coverage. Note that the welcome kit has language that states "Medical Discount Plan," in which some states require this language. If you misplace your welcome kit, you can contact 800-800-7616 to request a replacement. There is a separate registration process for all three services, and registration instructions are included in the welcome kit for each benefit.

How to find Providers

1. Go to www.cigna.com
2. At the top of the page you will see a blue button labeled "Find a Doctor, Dentist or Facility" click on this button
3. A new page will appear and you will want to select the "Employer or School" icon
4. Type in the zip code or town you would like to perform your search around and then search by type of doctor, name of doctor or location
5. Once you hit the "continue" button you can either search as a guest or by logging into your mycigna.com account
6. Once you hit the "continue" button you can either search as a guest or by logging into your mycigna.com account
7. You will want to be sure to select a network to complete your search and to find a provider that is in your plans network.
Below please find each medical, dental, and vision plan networks to search by:

Medical Network Name: Open Access Plus

Dental Network Name: Total Cigna DPPO

Decide Where To Seek Medical Care

Condition	Doctor's Office	Telemedicine	Retail health clinic	Urgent Care Center
Minor headache	✓	✓	✓	✓
Minor sprain, strain	✓	✓		✓
Nausea, vomiting, diarrhea	✓	✓		✓
Bumps, cuts, scrapes	✓	✓	✓	✓
Cough, sore throat, congestion	✓	✓	✓	✓
Urinary burning	✓	✓	✓	✓



Visit the Emergency Room with any of these symptoms

- Sudden or unexplained loss of consciousness
- Signs of a heart attack, such as sudden/severe chest pain or pressure
- Signs of a stroke, such as numbness of the face, arm or leg on one side of the body; difficulty talking; sudden loss of vision
- Severe shortness of breath
- High fever with stiff neck, mental confusion and/or difficulty breathing

- Coughing up or vomiting blood
- Cut or wound that won't stop bleeding
- Possible poisoning
- Possible broken bones
- Stab wounds
- Sudden, severe abdominal pain
- Suicidal feelings
- Partial or total amputation of a limb



Ensure a provider participates in the Cigna network by going to mycigna.com or using the Cigna Mobile app on your mobile device.



Cigna 24/7/365 Service

When a health concern arises, and you aren't sure what to do, call Cigna. They are available 24 hours, seven days a week by calling the member service number on the back of your ID card. Talk with a clinician for help deciding where and when you should get treatment or find a health advocate for help improving specific health issues.



Doctor's Office

Take advantage of the relationship you have with your doctor. Calling your doctor's office during business hours is your best option for treatment in non emergent situations.



Telemedicine

See a doctor within minutes. Talk with a U.S. board-certified doctor from the comfort of your own home, office or while traveling, 24 hours a day, seven days a week. Visits are HIPAA-compliant and prescriptions may be sent to the pharmacy of your choice. No appointment is needed. Telemedicine is affordable and convenient.



Retail Clinic

When you can't see your doctor, a retail clinic can help you with minor problems like a cold, earache or sore throat. Retail clinics are conveniently located at certain stores, such as CVS, Target, Kroger and Walgreens. Other retail clinics may also be available in the network.



Urgent Care

When you have a minor illness or injury and your doctor isn't available, you might consider going to an urgent care center. Waiting periods are usually shorter than in an emergency room. Many centers have X-ray and lab services and are open in the evenings and on weekends.



Also available to all Colorado Springs, Fountain and Denver Residents is DispatchHealth. DispatchHealth provides on-demand healthcare in the convenience of your home. Avoid unnecessary expense and trips to the ER or long wait times in the Urgent Care. DispatchHealth can treat; pains, sprains, cuts, wounds, high fevers, upper respiratory infections and much more. They dispatch board certified clinicians to your front door, equipped with all the tools necessary to provide advanced medical care in the comfort of our home or workplace. (Check their website to see if they service your home zip code or workplace)

Dental Plan

We are proud to offer you a voluntary dental plan through CIGNA. This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the CIGNA dental network. Following is a high-level overview of the coverage available.

Dental Benefits	CIGNA DPPO Advantage / CIGNA DPPO Network	
	In Network	Out of Network
Deductible (per calendar year)		
Individual / Family	\$25 / \$75	\$25 / \$75
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$1,500	\$1,500
Covered Services		
Preventive Services	100%	100%
Basic Services	90%*	90%*
Major Services	60%*	60%*
Orthodontic Services	50%*	50%*
Orthodontics		
Benefit Maximum per individual	\$1,500 lifetime maximum	\$1,500 lifetime maximum
Coverage requirement	Dependent Children up to age 19	Dependent Children up to age 19
Reimbursement Levels		
	Based on Contracted Fees	90th Percentile

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

- If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision Plan

We are proud to offer you a voluntary vision plan through VSP.

This vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in VSP's Choice network. The following is a high-level overview of the coverage available.

VSP CHOICE NETWORK			
Vision Benefits (per calendar year)	In-Network	Out-of-Network Reimbursement	Frequency Period
Exam	\$20	Up to \$45	12 months
Materials Copay	\$20	N/A	12 months
Lenses	100% covered after a \$20 copay	Up to \$30/\$50/\$65 reimbursement	12 months
Single/ Bifocal/ Trifocal			
Frames	\$130 allowance	Up to \$70	12 months
Contact Lenses	\$130 allowance	Up to \$105	12 months
Lasik Surgery	15% off regular price or 5% off promotional price	N/A	N/A

Health Savings Account (H.S.A.)

"HSA's IN A NUTSHELL"

Health savings accounts (HSAs) are actually a 2 component arrangement of:

- A) A qualified High Deductible Health Plan (HDHP) and
- B) A Health Savings Account.

One can have 'A' without 'B' but not 'B' without 'A'

HDHP's differ from existing PPO plans in the following ways:

- HDHP has no first dollar copays (office visit or prescription drugs).
- All covered services go toward the deductible including office visits and Rx drugs.
- Office visits and Rx drugs will be charged at carrier negotiated discounted retail prices with paid amounts going toward the deductible.

HSA:

- For an expense to be eligible for reimbursement, the HSA must be opened prior to the expense occurring.
- You may contribute the annual maximum in a calendar year, regardless of when your coverage begins, as long as you are covered for the next 12 months.
- HSAs can be used for any tax dependent, regardless of if they are enrolled on the medical plan.
- There are no time limits for reimbursements.
- Over-the Counter- (OTC) drugs, medicines and biological will no longer be reimbursable through your H S A plan without a prescription.
- Vision and dental services are qualified medical expenses.
- Distributions made for other than qualified medical expenses are subject to income tax on that amount and a 20% penalty.
- Anyone covered under Medicare cannot contribute.
- Anyone covered under FSA/MERP/HRA's, a non-HDHP policy or through the Military-cannot contribute.
- Catch-up Contribution (55+ years old) \$1,000

Administration:

- H S A are owned by the employee regardless of where funding comes from.
- Appropriate distribution of funds is the sole responsibility of the employee.
- Contributions can be employee money, employer money or any combination.
- Contributions can be a lump sum or made monthly, funded up front or in arrears.
- Once a member is enrolled in a qualified plan with elected employee contributions, The City of Woodland Park will assist in getting the members account setup with Park State Bank

An HSA is an individual savings account

The unused funds in an HSA roll over from year to year and the account remains with the employee – even if the employee changes employers or retires. An HSA enables employees to save on taxes in several ways:

- + The money contributed is tax deductible, up to a legal limit.
- + The savings grow tax free.
- + Any money used to pay for qualified medical expenses is income tax free.

Its important to note that your contributions may not exceed the IRS annual maximum			
Tier	Single	Employee+Spouse / Employee+ Child(ren)	Family
City of Woodland Park Contribution	\$500	\$1,500	\$1,500
IRS Maximum	\$3,550	\$7,100	\$7,100
Catch-up Contribution	If you are 55 years or older you can contribute an additional \$1,000 to your H.S.A. account each year		

Want to understand what is a qualified expense. Visit www.rockymountainreserve.com and click on the link "Wondering What Medical Expenses are Covered" on the home page.

Flexible Spending Account (F.S.A.)

"FSA's IN A NUTSHELL"

PLEASE NOTE THAT YOU ARE *NOT* ELIGIBLE FOR THE MEDICAL FSA IF YOU ARE ENROLLED IN THE HIGH DEDUCTIBLE HEALTH PLAN AND OPEN AN HSA ACCOUNT. HOWEVER, YOU ARE ELIGIBLE FOR THE LIMITED PURPOSE FSA.

The FSA is an account funded by your elected, pre-tax payroll deductions and pays for health care and/or child/dependent care expenses that are not covered by our insurance plan. If you contribute a portion of your check you can save 25% to 40% in taxes. Here is a quick overview:

MEDICAL / LIMITED PURPOSE FSA'S

- FSA is an interest free, tax free loan from your employer
- The amount of funds your employer provides are determined by you
- The funds are available day one
- The amount you elect will be paid back to your employer in equal parts of the annual election deducted from each paycheck pre-tax (before Federal, State and FICA taxes are deducted)
- Limited Purpose FSA qualified expenses are limited to dental and vision only
- You must enroll each year to participate

Dependent Care FSA's:

- Dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care who resides with you
- The care must be necessary for you or your spouse to be gainfully employed or go to school
- Care may be provided by anyone other than your spouse or your children under the age of 19
- Expenses for schooling, kindergarten, overnight care, and nursing homes are not reimbursable
- The amount contributed year-to-date, is available for reimbursement
- Dependent Care FSA balance **DO NOT ROLL FORWARD**

Before enrolling in an FSA, decide how much to contribute to each account for the entire plan year.

- Elections are irrevocable during the plan year (Unless a change in status occurs (defined by the IRS))
- Only Eligible expenses can be reimbursed
- Expenses must be incurred by participants or eligible dependents during the current plan year and while participating
- Medical expenses are incurred when care is received and not when paid
- Interest earned on contributions is tax deferred
- Expenses reimbursed under the Health FSA may not be used to claim any federal income tax deduction or credit
- Only "out-of-pocket" expenses are eligible for reimbursement. Expenses covered by insurance or any other plan or program are not eligible for reimbursement
- Expenses for general well being such as cosmetic surgery are not eligible for reimbursement
- It is recommended that participants retain a copy of all receipts for their own records
- Appropriate distribution of funds is the sole responsibility of the employee

Maximum Contributions for 2020 (Plan year 1/1/2020-12/31/2020)	
Medical FSA	\$2,750
Dependent Care FSA	\$2,500 if married filing separately
	\$5,000 if married filing jointly or single
Limited FSA	\$2,750

The City of Woodland Park allows for up to \$500 to be rolled over each year for the **Medical FSA or Limited Purpose**. Anything above this amount is forfeited at the end of the plan year.

Administration: Discovery Benefits, Inc. is the Third Party Administrator

Life and AD&D

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance

provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Basic Life and AD&D (Mutual of Omaha)	
This benefit is provided at NO COST to you through Mutual of Omaha	
Employee	\$20,000
Spouse	\$5,000
Child	14 days to 6 months: \$500 6 months to 19 years: \$2,000

Voluntary Life/AD&D Insurance

You also have the opportunity to purchase additional life and AD&D coverage for yourself and your dependents at group rates. The chart below shows the coverage available. Note: Spouse and child coverage is only available when the employee elects voluntary coverage for him or herself. If not elected at new hire or if you choose to increase your coverage, you will need complete an Evidence of Insurance application and be approved by Mutual of Omaha .

	Amount	Guaranteed Issue
Employee	Up to 5x basic annual earnings. No more than \$250,000	Under age 60: \$150,000 Age 60-69: \$20,000 Age 70-79: \$10,000 Age 80+: \$1,000
Spouse	Up to \$125,000 (not to exceed 50% of employee's amount)	Under age 60: \$25,000 Age 60+: \$1,000
Child(ren)	6 months to 19 years (or 23 years if a full-time student): Up to \$10,000 14 days to 6 months: \$500	\$10,000

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

The following lines of coverage are provided to you by **Mutual of Omaha**

Group Paid Short-Term Disability	
Provided at NO COST to you	
Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	31st day
Maximum Benefit Duration	Safety Members: 52 weeks Non-Safety Members: 22 weeks

Group Paid Long-Term Disability	
Provided at NO COST to you	
Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	180th day
Maximum Benefit Duration	Age 65 or SSNRA
<small>*Coverage for non-police officers only.</small>	

Cost of Employee Benefits

Coverage Effective from 1/1/2020 through 12/31/2020

Medical Coverage

Coverage Tier	CIGNA		CIGNA	
	Full Monthly Premium	Employee Monthly Cost	Full Monthly Premium	Employee Monthly Cost
Employee Only	\$509.22	\$0	\$575.07	\$143.77
Employee + Spouse	\$1,171.24	\$292.81	\$1,322.63	\$330.66
Employee + Child(ren)	\$1,018.50	\$254.63	\$1,150.08	\$287.52
Family	\$1,578.62	\$394.66	\$1,782.66	\$445.67

Telehealth Coverage	
Coverage Tier	Employee Contributions (Semi-Monthly)
Employee + All Eligible Dependents	\$1.90

Coverage Tier	CIGNA Dental PPO		VSP Vision PPO	
	Full Monthly Premium	Employee Monthly Cost	Full Monthly Premium	Employee Monthly Cost
Employee Only	\$30.07	\$0	\$7.54	\$0
Employee + Spouse	\$60.14	\$15.04	\$12.07	\$3.02
Employee + Child(ren)	\$85.44	\$21.36	\$12.32	\$3.08
Family	\$117.42	\$29.36	\$19.87	\$4.97

Employee Contribution (Monthly)

Cost per \$1,000 of coverage (Does include AD&D)

	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
Rate per \$1,000	\$0.08	\$0.09	\$0.11	\$0.12	\$0.15	\$0.20	\$0.30	\$0.53	\$0.79	\$1.49	\$2.40	\$4.49	\$4.49

Spouse Contribution (Monthly)

Cost per \$1,000 of coverage (Does include AD&D)

	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	—	—	—
Rate per \$1,000	\$0.08	\$0.09	\$0.11	\$0.12	\$0.15	\$0.20	\$0.30	\$0.53	\$0.79	\$1.49	—	—	—

Dependent Children Benefits (Monthly)

Premium covers all dependent children regardless of the number of children (Does include AD&D)

	Up to age 19 or 23 if a full-time student
Rate per \$1,000	\$0.23

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your pay check before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	CIGNA	Customer Service (800) 997-1654	www.cigna.com or www.mycigna.com
Dental	CIGNA	Coverage & Claims (800) 244-6224	
Vision	VSP	(800) 877-7195	www.vsp.com
Group & Voluntary Life/AD&D	Mutual of Omaha	(877) 999-2330	www.mutualofomaha.com
Short & Long Term Disability	Mutual of Omaha	(877) 999-2330	www.mutualofomaha.com
FSA	Discovery Benefits	(866) 451-3399	www.discoverybenefits.com
HSA	Park State Bank	(719) 687-9234	www.psbtrust.com

Questions?

If you have additional questions, you may also contact:

Celia Pesche
(719) 884-0708
celia.pesche@hubinternational.com

Ryan Garner
(719) 884-0719
ryan.garner@hubinternational.com

Claims
Gail Patrick
(719) 884-07225
Gail.patrick@hubinternational.com

HR Team
Amy Jacob
(719) 687-5223
ajacob@city-woodlandpark.org

