

2021 Benefits Overview



Email askbenefits@bouldercounty.org with questions.

Coverage becomes effective the first of the month following date of hire or date of status change to a benefits eligible position for insurance coverage and tax-advantaged plans (except for Critical Illness, Hospital Indemnity, and Accident Insurances which become effective on the first of the month following 30 days of employment). You *must* enroll or waive coverage within 30 days of event date.

Medical Plans (pharmacy coverage included with medical plan)

| Medical Premiums (based on full-time status: 30 + hours/week) See last page for part-time premiums. | Consumer Choice Plan (HDHP with HSA) | | Hybrid Plan (PPP with FSA) | |
|--|---|-----------|-------------------------------|-----------|
| | Employee | County | Employee | County |
| Employee | \$43.63 | \$626.58 | \$77.55 | \$625.91 |
| Employee & Spouse/Partner | \$208.91 | \$1128.94 | \$364.64 | \$1039.61 |
| Employee & Children | \$179.30 | \$1022.75 | \$312.72 | \$949.11 |
| Employee & Family | \$345.91 | \$1522.31 | \$601.38 | \$1359.81 |

*HSA contribution limit (employer + employee total): Individual - \$3,600 / Family - \$7,200
 HSA catch-up contribution (age 55 or older): \$1,000

| Medical Plans Provider Network: Cigna | Consumer Choice Plan (HDHP with HSA) | Hybrid Plan (PPP with FSA) |
|--|---|--|
| In-Network Deductible | \$5,000 single tier only \$10,000 family tiers | \$1,500 single \$3,000 family |
| County HSA Seed Money Contribution | \$500 single \$1,000 family | N/A |
| Out-of-Pocket Maximum (includes deductible, copays, and coinsurance) | \$5,000 single \$10,000 family | \$6,900 single \$13,800 family |
| Preventive Care | Plan pays 100% | Plan pays 100% |
| Office Visit (PCP/ Specialist) | Plan pays 100% after deductible | \$30/ \$50 copay |
| Emergency Room | Plan pays 100% after deductible | \$400 copay |
| Urgent Care | Plan pays 100% after deductible | \$75 copay |
| In-Network Coinsurance | Plan pays 100% after deductible | Plan pays 80% after deductible |
| Telemedicine with MDLIVE | Plan pays 100% after deductible | \$30 copay |
| Pharmacy Benefit Provider Network: CVS/Caremark (<i>In-Network Benefits only</i>) | | |
| Pharmacy- Retail | Plan pays 100% after deductible | \$10 Copay/Generic \$40 Copay/ Preferred \$75 Copay/ Non-Preferred |
| Specialty Pharmacy | Plan pays 100% after deductible | \$200 maximum |
| Pharmacy- Mail Delivery | Plan pays 100% after deductible | \$20 Copay Generic \$80 Copay Preferred \$150 Copay Non-Preferred |

Vision Plan

| Vision Premiums (based on full time status: 30+ hours/week) | Employee | County |
|---|----------|--------|
| Employee | \$2.31 | \$3.23 |
| Employee & Spouse/Partner | \$4.60 | \$5.51 |
| Employee & Children | \$4.93 | \$5.91 |
| Employee & Family | \$7.86 | \$7.86 |

| Routine Vision Provider Network: Vision Service Plan | |
|---|--------------------------|
| Exam | \$25 copay |
| Materials | \$25 copay |
| Contacts | \$150 allowance per year |
| Frame (every other calendar year) | \$150 allowance |

Additional Vision Features:

SunCare- Allows use of frames and lens benefit towards non-prescription sunglasses in lieu of glasses with a \$25 copay.

KidsCare- Provides two covered exams and one pair of covered glasses per year for children up to age 18 with a \$25 copay for exams and \$25 copay for materials.

Dental Plan

| Dental Premiums (based on full time status: 30+ hours/week) | Employee | County |
|---|----------|----------|
| Employee | \$3.78 | \$22.69 |
| Employee & Spouse/Partner | \$45.37 | \$56.25 |
| Employee & Children | \$40.83 | \$81.65 |
| Employee & Family | \$63.52 | \$127.03 |

| Provider Network: Delta Dental of Colorado | |
|--|---|
| Deductible | \$50/person or \$150/family |
| Coinsurance | 100% Diagnostic and Preventive Services (Exams, Cleanings, X-rays) 80% Basic Restorative Services (Fillings, Extractions, Oral Surgery) 50% Major Restorative Services (Crowns, Bridges, Dentures) 50% Orthodontic Services (All ages) |
| Lifetime Maximum for Orthodontic | \$1,500 |
| Annual Maximum (excludes orthodontic) | \$2,000 |

Insurance expenses will be higher if you receive services from an out-of-network provider.

Additional Dental Features:

Preventive services do not count towards the annual dental maximum.

Right Start 4 Kids- Provides dental coverage for children up to age 13 covered at 100% for diagnostic, preventive, basic, and major services (excluding orthodontia), with no deductible when an in-network provider is used.

IRS Section 125 Pretax Plan

Save federal, state and FICA taxes by pre-taxing:

- Employee portion of medical and dental premium deductions
- Eligible healthcare expenses not covered by insurance: **\$2,750** per year maximum
- Dependent care (daycare) to allow you to work: **\$5,000** per year maximum (\$2,500 per year maximum if you file a single tax return)

Basic Life Insurance (county pays 75% of the premium and employee pays 25%)

Coverage: 1.5 times annual salary to a maximum of \$300,000. Coverage rates are rounded up to the nearest \$1,000.

Monthly Cost: Employee pays \$0.02 per \$1,000 of coverage

Example: Salary \$53,000 x 1.5 = \$79,500 which is rounded up to \$80,000. 80 x .02 = \$1.60/month employee premium.

Supplemental Life Insurance (employee pays full premium based on amount, age and tobacco status) Premium chart is in a separate document called Life Insurance, Critical Illness, and Accidental Insurance Premiums on Benefits website.

| Provider: The Hartford | Employee | Spouse/Partner | Child/Children |
|------------------------|-----------|----------------|----------------|
| Minimum | \$10,000 | \$10,000 | \$2,000 |
| Maximum | \$300,000 | \$300,000 | \$10,000 |

| | | | |
|-------------------------|-----------|----------|----------|
| Guaranteed Issue | \$300,000 | \$50,000 | \$10,000 |
|-------------------------|-----------|----------|----------|

Critical Illness Insurance (employee pays full premium based on amount, age and tobacco status)

Pays a lump-sum benefit directly to you if you are diagnosed with a covered condition (examples include: cancer, heart attack, stroke). You can use this benefit any way you choose-- to cover deductibles and coinsurance, to pay expenses your family incurs to be by your side, or to replace earnings from being out of work. Your individual coverage amount options are \$10,000, \$20,000 or \$30,000. You may also enroll your dependents for coverage. You may enroll your spouse/partner for 50% of your elected coverage amount and your children for \$5,000. Premium chart is in a separate document called Life Insurance, Critical Illness, and Accidental Insurance Premiums on Benefits page.

Hospital Indemnity Insurance (employee pays full premium)

Pays a fixed indemnity benefit for each day a covered person is confined in a hospital for a covered event, with optional additional daily benefits for related services. This plan will pay \$1,500 for the first full day of hospitalization (once per year). Then it will pay \$200/day up to 90 days per year for additional days in the hospital, or \$250/day up to 30 days per year for hospital stays in the ICU. Example: You have a baby and are in the hospital for a total of five days. You would receive \$1,500 for the first day+ four days at \$200= \$2,300. If later in the year you stay in the ICU for two nights and then three nights in the regular hospital you would get two days at \$250+ three days at \$200= \$1,100. The \$1,500 will only pay out once per year, but you have the full 90 days in hospital and 30 days in ICU that can be paid out for visits during the year.

| Provider: The Hartford | Monthly Premium Amount |
|------------------------------------|--------------------------|
| Employee Only | \$21.44 (\$0.70 per day) |
| Employee and Spouse/Partner | \$44.40 (\$1.46 per day) |
| Employee and Child(ren) | \$40.74 (\$1.34 per day) |
| Employee and Family | \$66.60 (\$2.19 per day) |

Accident Insurance (employee pays full premium)

Pays benefits directly to you if you are injured in an accident. The benefit amount depends on the type of injury you suffer and the treatment you need. Benefits are paid for accidents that occur on or off the job, so you have 24-hour coverage. Payout chart is in a separate document called Accident Benefit Highlights on Benefits website.

| Provider: The Hartford | Monthly Premium Amount |
|------------------------------------|--------------------------|
| Employee Only | \$8.72 (\$0.29 per day) |
| Employee and Spouse/Partner | \$13.68 (\$0.45 per day) |
| Employee and Child(ren) | \$14.02 (\$0.46 per day) |
| Employee and Family | \$22.79 (\$0.75 per day) |

Short Term Disability Insurance (county pays full premium)

Eligibility: Employee must work at least 20 hours per week
Weekly Benefit: 60%

Long Term Disability Insurance (county pays full premium)

Eligibility: Employee must work at least 30 hours per week
Monthly Benefit: 50%

Retirement Plans (participation is required for both Social Security and PERA Pension: contributions begin immediately)

| Social Security | County Contribution | Employee Contribution |
|---|------------------------------------|-----------------------|
| The County and all employees pay into both Social Security and PERA | 7.65% of salary | 7.65% of salary |
| PERA Member Contribution Rates | Rates below are as of July 1, 2021 | |
| Local Government Division (most county employees) | 8.50% | |
| State Division (all District Attorney employees) | 10.50% | |
| State Trooper Division (deputies) | 12.50% | |
| PERA County Contribution Rates | | |
| Local Government Division (most county employees) | 14.22% | |
| State Division (all District Attorney employees) | 20.95% | |
| State Trooper Division (deputies) | 17.32% | |

Colorado PERA 401(k) Traditional Pretax and 457 Roth (voluntary option for additional retirement savings up to IRS maximums)

Under age 50: \$19,500 max contribution per year
Age 50 or older: \$26,000 max contribution per year (\$19,500 plus \$6,500 catch-up contribution)

2021 Monthly Medical, Dental, and Vision Premiums
Before \$10 or \$30 Monthly Wellness Medical Premium Reduction

| Plan and Coverage Level | Full Time 30-40 hours per week | | Part-Time 20-29 hours per week | |
|---------------------------------------|-----------------------------------|----------------|-----------------------------------|----------------|
| | County Share | Employee Share | County Share | Employee Share |
| Medical-Consumer Choice Option | | | | |
| Employee | \$626.58 | \$43.63 | \$506.89 | \$163.32 |
| EE+ Spouse/Partner | \$1,128.94 | \$208.91 | \$964.89 | \$372.96 |
| EE+ Child(ren) | \$1,022.75 | \$179.30 | \$882.03 | \$320.02 |
| EE + Family | \$1,522.31 | \$345.91 | \$1,337.35 | \$530.87 |
| Medical-Hybrid Option | | | | |
| Employee | \$625.91 | \$77.55 | \$411.14 | \$292.32 |
| EE+ Spouse/Partner | \$1,039.61 | \$364.64 | \$753.53 | \$650.72 |
| EE+ Child(ren) | \$949.11 | \$312.72 | \$704.71 | \$557.12 |
| EE + Family | \$1,359.81 | \$601.38 | \$1,039.88 | \$921.31 |
| Dental | | | | |
| Employee | \$41.59 | \$3.78 | \$22.68 | \$22.69 |
| EE+ Spouse/Partner | \$45.36 | \$45.37 | \$34.48 | \$56.25 |
| EE+ Child(ren) | \$40.82 | \$40.83 | \$0.00 | \$84.65 |
| EE + Family | \$63.51 | \$63.52 | \$0.00 | \$127.03 |
| Vision | | | | |
| Employee | \$2.30 | \$2.31 | \$1.38 | \$3.23 |
| EE+ Spouse/Partner | \$4.59 | \$4.60 | \$3.68 | \$5.51 |
| EE+ Child(ren) | \$4.92 | \$4.93 | \$3.94 | \$5.91 |
| EE + Family | \$7.85 | \$7.86 | \$7.85 | \$7.86 |