

# 2022 Benefits Overview



Email [askbenefits@bouldercounty.org](mailto:askbenefits@bouldercounty.org) with questions.

Coverage for core insurance and tax-advantaged plans becomes effective the first of the month following date of hire or date of status change to a benefits eligible position. Coverage for Critical Illness, Hospital Indemnity, and Accident Insurances 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)

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
<b>Medical- Consumer Choice Option*</b>				
Employee	\$692.70	\$48.23	\$560.38	\$180.55
Employee & Spouse/Partner	\$1,248.07	\$230.95	\$1,066.71	\$412.31
Employee & Children	\$1,130.67	\$198.22	\$975.10	\$353.79
Employee & Family	\$1,682.94	\$382.41	\$1,478.46	\$586.89
<b>Medical- Hybrid Option</b>				
Employee	\$691.96	\$85.73	\$454.53	\$323.16
Employee & Spouse/Partner	\$1,149.30	\$403.12	\$833.04	\$719.38
Employee & Children	\$1,049.25	\$345.72	\$779.06	\$615.91
Employee & Family	\$1,503.29	\$664.84	\$1,149.61	\$1,018.52

\*Boulder County provides an annual Health Savings Account (HSA) Seed Money contribution of \$500 for individuals and \$1,000 for families on the Consumer Choice High Deductible Health Plan. 2022 HSA contribution limit (employer + employee total): Individual - \$3,650 / Family - \$7,300. Individuals age 55 or older can make an additional catch-up contribution of \$1,000 annually.

Medical Plans: Cigna Provider Network: LocalPlus Plan Features	Consumer Choice Plan (HDHP with HSA)		Hybrid Plan (PPO with FSA)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
County HSA Seed Money Contribution	\$500 individual / \$1,000 family		N/A	
Annual Deductible	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family
Out-of-Pocket Maximum* (includes deductible, copays, and coinsurance)	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family	\$6,900 individual \$13,800 family	\$6,900 individual \$13,800 family
Preventive Care	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible
Office Visit (PCP/ Specialist)	Plan pays 100% after deductible	Plan pays 60% after deductible	\$30 / \$50 copay	Plan pays 60% after deductible
Emergency Room	Plan pays 100% after deductible	Plan pays 100% after deductible	\$400 copay	\$400 copay
Urgent Care	Plan pays 100% after deductible	Plan pays 60% after deductible	\$75 copay	Plan pays 60% after deductible
Coinsurance (major services like surgery)	Plan pays 100% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Telemedicine with MDLIVE	Plan pays 100% after deductible (breaks down to \$55 per visit)	N/A	\$30 copay	N/A
Pharmacy Benefit: CVS/Caremark Provider Network: Advance Control Formulary	Consumer Choice Plan (HDHP with HSA)		Hybrid Plan (PPO with FSA)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Pharmacy- Retail (30-day supply)	Plan pays 100% after deductible	Not Covered	\$10 Copay/Generic \$40 Copay/ Preferred \$75 Copay/ Non-Preferred	Not Covered
Specialty Pharmacy	Plan pays 100% after deductible	Not Covered	\$200 maximum--Prudent Rx program provides coupons up to 100%	Not Covered
Pharmacy- Mail Delivery (90-day supply) Maintenance Medications for chronic conditions are required to be filled in 90-day supplies through CVS/Target or CVS mail order	Plan pays 100% after deductible	Not Covered	\$20 Copay Generic \$80 Copay Preferred \$150 Copay Non-Preferred	Not Covered

\*Individuals within a family, on either plan design, are only required to meet the individual deductible and/or out-of-pocket amount.

## Vision Plan

Vision Premiums	Full Time 30-40 hours per week		Part-Time 20-29 hours per week	
	County Share	Employee Share	County Share	Employee Share
Employee	\$2.30	\$2.31	\$1.38	\$3.23
Employee & Spouse/Partner	\$4.59	\$4.60	\$3.68	\$5.51
Employee & Children	\$4.92	\$4.93	\$3.94	\$5.91
Employee & Family	\$7.85	\$7.86	\$7.85	\$7.86

Routine Vision: Vision Service Plan (VSP) Provider Network: VSP Advantage	In-Network	Out-of-Network
Eye Exam- every calendar year	\$25 copay	Up to \$45
Materials- frames or lens fitting fee	\$25 copay	See below
Lenses- every calendar year Single Vision Lined Bifocal Lined Trifocal Progressive	Covered in full after copay	Up to \$30 Up to \$50 Up to \$60 Up to \$75
Frames- every other calendar year	\$150 allowance	Up to \$50
Contact Lenses (instead of eyeglasses)- every calendar year	\$150 allowance	Up to \$100

### 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	Full Time 30-40 hours per week		Part-Time 20-29 hours per week	
	County Share	Employee Share	County Share	Employee Share
Employee	\$41.59	\$3.78	\$22.68	\$22.69
Employee & Spouse/Partner	\$45.36	\$45.37	\$34.48	\$56.25
Employee & Children	\$40.82	\$40.83	\$0.00	\$81.65
Employee & Family	\$63.51	\$63.52	\$0.00	\$127.03

Dental Plan: Delta Dental of Colorado Provider Network: Delta Dental PPO plus Premier	In-Network
Annual Deductible	Individual: \$50 Family: \$150
Annual Maximum (excluding orthodontia)	\$2,000 per person
Preventive Services* Exams, Cleanings, X-rays	100%
Basic Services Fillings, Extractions	Plan pays 80% after deductible
Major Services Crowns, Bridges, Dentures	Plan pays 50% after deductible
Lifetime Maximum for Orthodontia	\$1,500 per person

*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, dental, and vision premium deductions
- Health Savings Account Contributions: \$3,650 per year maximum for individuals, \$7,300 per year maximum for families. Individuals that are age 55 or older can make an additional \$1,000 in “catch-up” contributions.
- Flexible Spending Account Contributions: **\$2,750** per year maximum
- Dependent care (daycare) to allow you to work: **\$5,000** per year maximum (\$2,500 per year maximum if married and filing separate tax returns)

### Basic Life and Accidental Death and Dismemberment (AD&D) Insurance (county pays 100% of the premium)

Coverage: 1.5 times annual salary up to a maximum of \$300,000. Coverage rates are rounded up to the nearest \$1,000. Example: Salary \$53,000 x 1.5 = \$79,500 which is rounded up to \$80,000. If you are seriously injured or lose your life in an accident, you or your beneficiary will also be eligible for an additional AD&D benefit equal to your Basic Term Life coverage.

**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 each= \$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 each= \$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.  
 Monthly 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)

<b>Social Security</b>	<b>County Contribution</b>	<b>Employee Contribution</b>
The County and all employees pay into both Social Security and PERA	7.65% of salary	7.65% of salary
<b>PERA Member Contribution Rates</b>	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 (New deputies hired as of January 1, 2020)	12.50%	
<b>PERA County Contribution Rates</b>		
Local Government Division (most county employees)	14.22%	
State Division (all District Attorney employees)	20.95%	
State Trooper Division (New deputies hired as of January 1, 2020)	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).