



Focus on You



2022 BENEFIT ENROLLMENT GUIDE





BE READY FOR ENROLLMENT

The City of Littleton is pleased to provide you with benefit offerings to help you take care of your well-being now and into the future. We want each and every participant to receive the highest quality health coverage at the most affordable price possible.

This booklet provides a high-level overview of the plans. More information about our plan is available in your full plan description or by contacting HR.

TO YOUR HEALTH

- Medical & Prescription Drug Insurance
- Dental Insurance
- Vision Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance

TO YOUR WEALTH

- Life Insurance
- Short-Term Disability Insurance
- Long-Term Disability Insurance
- Accident Insurance
- General Employee Retirement Plan
- Police Employee Pension Plan
- Deferred Compensation Plan
- Identity Theft Plan
- Legal Plan

ENROLLMENT INFORMATION

Do I Need to Enroll?

Before deciding whether you need to enroll in City of Littleton’s health and group benefits, keep in mind that there are many good reasons to take a close look at all the benefits and options City of Littleton offers you, even if you’re already covered under the City of Littleton benefit plan(s).

For instance, you may experience changes from year to year. And there likely will be changes to what you pay for coverage each year. So, it’s a good idea to make sure your benefits still fit you — and that you’re not paying for more coverage than you need.

You must enroll if you want to:

- Change your medical, dental, or vision coverage for next year.
- Contribute to the Health Care and/or Dependent Care FSAs.
- Add coverage for new Voluntary Accident, Voluntary Critical Illness, and Voluntary Hospital Indemnity Plans.

If you don’t enroll, you may be assigned coverage that won’t meet your needs. To enroll, log onto SAGE Employee Self Service at <https://benefits.littletongov.org/sagebenefits/default.aspx> or contact City of Littleton Human Resources at (303) 795-3858.

When Can I Enroll?

You can enroll in benefits as a new hire, during our annual enrollment period or if you experience a qualifying life event. New hires or employees who have a change in employment status that makes them eligible for benefits must enroll within 30 days of their hire date or eligibility date. Coverage is effective on the first of the month following their date of hire or eligibility.

Changing Your Benefits

Outside of open enrollment, you may be able to add or remove dependents or change benefit options if you experience a qualifying life event. A qualifying life event is a change in your family status or employment that affects your benefits eligibility. Examples include:

- Marriage or divorce
- Birth, adoption, death of a dependent
- A dependent child is no longer eligible because they have reached age 26
- Change in the employment of an employee or an employee’s spouse that affects benefit eligibility

It is the employee’s responsibility to submit the appropriate paperwork to Human Resources within 30 days of the event. If this deadline is missed, the employee must wait until the next open enrollment period to make changes.

ELIGIBILITY

The City of Littleton allows employees to participate in benefit plans if they meet the minimum service hour requirements, as outlined in the table below, and are a regular employee.*

BENEFIT	PART-TIME RATE SERVICE REQUIREMENT	FULL-TIME RATE SERVICE REQUIREMENT
Medical	20+ hours per week	30+ hours per week
Dental, Vision, Life, AD&D, Long-Term Disability	20+ hours per week	30+ hours per week
Voluntary Benefits Through Voya	20+ hours per week	30+ hours per week
Employee Assistance Program	All full-time and part-time employees	

Dependent Eligibility

You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as the following:

- Legal spouse (same or opposite sex)
- Civil union partner
- Common-law spouse
- Child(ren) to the age of 26 — married and unmarried- biological, legally adopted, or legal custody
- Stepchild(ren) to the age of 26 — the employee must be married to the child’s parent

Eligibility Documents Required

Proof of eligibility is required for all dependents covered on the City’s insurance. Acceptable documentation includes:

- Marriage certificates for spouses
- Civil union certificate for civil union partner
- Birth certificates or proof of legal guardianship for children
- Affidavit for common-law spouses



MEDICAL AND PRESCRIPTION DRUG BENEFITS

The City of Littleton offers one medical plan through the Cigna LocalPlus network. Your plan includes free preventive care from in-network providers to ensure that you are staying healthy. The medical plan provides in- and out-of-network benefits, providing you the freedom to choose a provider. However, you will maximize the plan benefits and pay less out of your pocket when you choose an in-network provider. Your plan provides a large network of doctors, hospitals, and labs.

Cost of Coverage

BENEFIT	CIGNA LOCALPLUS	
	In-Network	Out-of-Network
Annual / Calendar Year Deductible (Individual / Family)	\$500 / \$1,000	\$1,000 / \$2,000
Out-of-Pocket Maximum (Individual / Family)	\$4,000 / \$8,000	\$10,000 / \$20,000
Physician Services		
Doctor's Office Visit	\$25 copay (deductible does not apply)	50% after deductible
Specialist Office Visit	\$50 copay (deductible does not apply)	50% after deductible
Preventive Care	No Charge	Plan pays 50%
Lab & X-ray Services	20% after deductible	50% after deductible
Hospital Services		
Inpatient	20% after deductible	50% after deductible
Outpatient	20% after deductible	50% after deductible
Emergency Care	20% after deductible	
Urgent Care	\$50 copay (deductible does not apply)	
PRESCRIPTION DRUGS		
Retail (30-day Supply)		
Generic	\$10 copay (deductible does not apply)	30% (deductible does not apply)
Preferred Brand	\$30 copay (deductible does not apply)	30% (deductible does not apply)
Non-preferred Brand	\$60 copay (deductible does not apply)	30% (deductible does not apply)
Specialty drugs	20% up to max of \$250 (deductible does not apply)	30% (deductible does not apply)
Mail Order (90-day Supply)		
Generic	\$25 copay (deductible does not apply)	Not Covered
Preferred Brand	\$75 copay (deductible does not apply)	Not Covered
Non-preferred Brand	\$150 copay (deductible does not apply)	Not Covered
FULL-TIME EMPLOYEE BI-WEEKLY PAYCHECK DEDUCTIONS		
Coverage Level	Full-Time Employee Medical Cost	City Medical Cost
Employee Only	\$37.28	\$335.54
Employee + Spouse	\$152.68	\$610.68
Employee + Child(ren)	\$141.67	\$566.70
Family	\$218.10	\$872.41
PART-TIME EMPLOYEE BI-WEEKLY PAYCHECK DEDUCTIONS		
Coverage Level	Full-Time Employee Medical Cost	City Medical Cost
Employee Only	\$149.13	\$223.70
Employee + Spouse	\$381.68	\$381.68
Employee + Child(ren)	\$354.18	\$354.19
Family	\$545.26	\$545.26

NOTE: Deductibles, copays, and coinsurance accumulate toward the Out-of-Pocket Maximums. Usual, Customary, and Reasonable charges apply for all out-of-network benefits.



Controlling Health Care Costs

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:

- Use network providers. You will receive a higher level of benefits if you use providers who participate in the network.
- Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.
- Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.
- Exercise and maintain a proper diet. The healthier you are the less vulnerable you are to disease, reducing doctor’s visits and prescription medicines.

DENTAL BENEFITS

BENEFIT	DELTA DENTAL PPO PLAN
Annual / Calendar Year Maximum	\$2,000 per person
Annual / Calendar Year Deductible (Individual / Family)	\$50 / \$150
Diagnostic & Preventive Services	Plan pays 100% (deductible waived)
Basic Services	Plan pays 100% after deductible
Major Services	Plan pays 50% after deductible
Orthodontic Services	Plan pays 50% (\$1,800 lifetime max per person – children to age 24 only)

FULL-TIME EMPLOYEE BI-WEEKLY PAYCHECK DEDUCTIONS		
Coverage Level	Full-Time Employee Medical Cost	City Medical Cost
Employee Only	\$0.00	\$19.04
Employee + Spouse	\$18.82	\$21.17
Employee + Child(ren)	\$26.44	\$21.17
Family	\$45.49	\$21.17

PART-TIME EMPLOYEE BI-WEEKLY PAYCHECK DEDUCTIONS		
Coverage Level	Full-Time Employee Medical Cost	City Medical Cost
Employee Only	\$5.71	\$13.33
Employee + Spouse	\$25.99	\$13.99
Employee + Child(ren)	\$30.94	\$16.66
Family	\$49.99	\$16.66

VISION BENEFITS

BENEFIT	VSP VISION CARE PLAN	
	In-Network	Out-of-Network
Exam (Every 12 Months)	\$10 copay	Up to \$50
Lenses (Every 12 Months)		
Single	\$25 copay	Up to \$50
Bifocal	\$25 Copay	Up to \$75
Trifocal	\$25 Copay	Up to \$100
Frames (Every 24 Months)	\$130 Allowance; then 20% off balance over \$130	Up to \$70

Contact Lenses Instead of Glasses (Every 12 Months)		
	In-Network	Out-of-Network
Conventional / Disposable	\$130 Allowance	Up to \$60

FULL-TIME EMPLOYEE BI-WEEKLY PAYCHECK DEDUCTIONS		
Coverage Level	Full-Time Employee Medical Cost	City Medical Cost
Employee Only	\$0.00	\$4.38
Employee + Spouse	\$2.62	\$4.38
Employee + Child(ren)	\$2.78	\$4.37
Family	\$7.14	\$4.38

PART-TIME EMPLOYEE BI-WEEKLY PAYCHECK DEDUCTIONS		
Coverage Level	Full-Time Employee Medical Cost	City Medical Cost
Employee Only	\$1.31	\$3.06
Employee + Spouse	\$3.55	\$3.45
Employee + Child(ren)	\$3.70	\$3.45
Family	\$8.07	\$3.45

NOTE: ID Card not required for vision services.



EMPLOYEE ASSISTANCE PROGRAM

Regular full and part-time employees and their dependents (living in their household) are eligible for five (5) free sessions per incident, per person, per calendar year.

Everyone has been affected by personal problems at some time in his/her life. These problems may affect personal happiness and create disruption in job performance. Because the City of Littleton values its employees and the work they perform, we have provided an Employee Assistance Program (EAP) through Mines and Associates. The EAP provides assessment referral, focused therapy and coaching for employees and their household members in dealing with such issues as:

- Abuse Anxiety Career Depression
- Child & Eldercare Death, Grief & Dying Financial Problems Mood Disorders
- Drug/Alcohol Concerns Eating Disorders Stress Supervisory Resources
- Legal Referrals Marital & Relationship Psychological Sexual
- Work-Related Wellness Coaching

The use of the Employee Assistance Program is strictly confidential. Your contact with the EAP and your counselor will not be discussed within the organization in any way without your written permission. There will be no information in your personnel file pertaining to the use of the EAP. The EAP offices are located away from the workplace to provide as much privacy as possible.

Additionally, supervisors have access to unlimited workplace consultation regarding work performance issues.

For more information, please contact Mines and Associates at **(303) 832-1068** or by visiting their website at www.minesandassociates.com.

You also have 24/7 access to a ComPsych Guidance Resources program that offers someone to talk to and resources to consult whenever and wherever you need them.

Call: (877) 533-2363 (max. 3 calls per issue) | Online: guidanceresources.com (Web ID: My5848i)

CITY OF LITTLETON EMPLOYEE WELLNESS CLINIC

Onsite Care offers a City of Littleton Employee Wellness clinic. It is free to employees, their spouses, and dependents, two years of age and older who are covered by the City of Littleton's health plan.

Primary Care

You can get care for your sore throat, a cold, or the flu, and help with high blood pressure or diabetes. Your City of Littleton Employee Wellness clinic will treat both acute and chronic conditions, all at no cost to you.

The City of Littleton Employee Wellness clinic will dispense dozens of select generic medications and also provide annual physicals, health coaching, lab work, and much more.

Benefits

- No deductibles or copays for visits
- No cost for onsite labs
- No cost for available generic medications
- Short or no time in a waiting room
- Schedule appointments online, on your smartphone or tablet, or by calling the 24/7 helpline
- Private and secure records will not be shared with your employer or anyone else without your permission

Location

- 2004 West Powers Ave, inside the Buck Rec Center

Hours of Operation

- Monday 8:00 AM - NOON
- Tuesday 7:00 AM - NOON
- Wednesday 1:30 PM - 6:30 PM
- Thursday 1:30 PM - 6:30 PM





FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSAs enable you to put aside money for important expenses and help you reduce your income taxes at the same time. The City of Littleton offers two Flexible Spending Account (FSA) options – the Health Care FSA – which allows you to pay eligible health care and dependent care expenses with pre-tax dollars. The FSAs are administered by Alerus. Log into your account at <https://alerus.com/> to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more. You will receive a Alerus stored value VISA card, which can be used to pay for eligible health care at the point of service. If you do not use your card or if you have dependent care expenses to be reimbursed, submit a claim form and a bill or itemized receipt from the provider to Alerus.



HEALTH CARE FSA

Deductibles, copays, prescription and over-the-counter drugs, medical equipment, etc.

DEPENDENT CARE FSA

Go to <https://alerus.com/> for a complete list of covered expenses.



Babysitters, daycare, day camp, home nursing care, etc.

How FSAs Work

1. Each year during the Open Enrollment period, you decide how much to set aside for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. As you incur health care or dependent care expenses throughout the year, submit a claim form for reimbursement. Your claim will be processed and you will be reimbursed from your account. Or use your FSA card to pay for eligible expenses at the point of sale. You will not be paying out-of-pocket, so there's no need to fill out a claim form and wait for reimbursement.

Please note that these accounts are separate – you may choose to participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

YOU MUST ACTIVELY RE-ENROLL IN EITHER FSA PLAN EACH YEAR. YOU ARE NOT AUTOMATICALLY RE-ENROLLED.

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Health Care Flexible Spending Account	\$2,850	Copays, deductibles, orthodontia, over-the-counter medications, etc.*
Dependent Care Flexible Spending Account	\$5,000	Daycare, nursery school, elder care expenses, etc.*

NOTE: See IRS Publications 502 and 503 for a complete list of covered expenses.



Health Care Items You Might Not Realize are FSA Eligible:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts and other foot grooming treatments
- Travel pillows
- Motion sickness bands



DISABILITY INSURANCE

If you are out of work for an extended period of time due to a disabling injury or illness, disability insurance is designed to replace a portion of your income, and help you maintain your lifestyle. Unfortunately, avoiding disability is becoming more and more unlikely. According to the Social Security Administration, just over one in every four of today’s 20 year-olds will become disabled before they reach retirement age*. At this rate, making sure that you have disability coverage in place is a smart move.

Short-Term Disability (STD)

STD Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. The City of Littleton provides basic STD coverage at no cost to you and enrollment is automatic. After you are out of work for 2 weeks and declared disabled, you will receive 60% of your base earnings for up to a maximum of \$3,500 per week.

Long-Term Disability (LTD)

If you are unable to work for longer than ninety days, long-term disability (LTD) coverage replaces part of your monthly income. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. The City of Littleton pays 100% of the premium for Long-Term Disability Insurance.

	GENERAL GOVERNMENT BENEFIT	POLICE & NON-FPPA PARTICIPANTS
Monthly Benefit	60% of salary, up to a maximum of \$6,000	40% of salary, up to a maximum of \$2,000
Benefits Begin	90 days after injury or illness	180 days after injury or illness
Effective Date	Date of hire	Date of hire
Maximum Payment Period	Later of 65 or Social Security Normal Retirement Age	Later of 65 or Social Security Normal Retirement Age

NOTE: U.S. Social Security Administration, Fact Sheet, January 2017.

VOYA LIFE INSURANCE

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams – such as a college education – a reality. Like anyone, you don’t like to think of the scenario where you’re no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

Basic Term Life and Accidental Death & Dismemberment (AD&D)

The City of Littleton provides eligible employees with Basic Term Life and AD&D coverage at no cost to you and enrollment is automatic.

- **Basic Term Life and AD&D:** The benefit is equal to 1.5 times your base annual earnings to a maximum of \$250,000.

Supplemental Life and Accidental Death & Dismemberment (AD&D)

You may supplement your basic life and AD&D coverage with voluntary coverage through Voya Financial. If you are a new employee enrolling when you first become eligible, you will be guaranteed \$100,000 of coverage up to 3 times your annual earnings for yourself without having to submit a medical questionnaire.

- **Employee:** A maximum of \$500,000 or 5x earnings, in increments of \$10,000.
- **Spouse:** A maximum of \$50,000, in increments of \$5,000, may not exceed 50% of the employee’s voluntary life amount.
- **Children:** \$10,000.





VACATION LEAVE POLICY*

Employees receive paid vacation leave on an annual basis at the following schedule.

PART-TIME EMPLOYEES 2022 VACATION				
Benefit Level	20 hour	24 hour	28 hour	32 hour
Date of Hire to 5 yrs.	64	77	90	103
5 yrs. Up to 10 yrs.	76	92	107	122
10 yrs. Up to 15 yrs.	84	101	118	135
15 yrs. Up to 20 yrs.	96	116	135	154
Over 20 yrs.	104	125	146	167
Vacation Carry Over	Up to 100 hours			

FULL-TIME EMPLOYEES 2022 VACATION			
Benefit Level	General Government	Dispatch	Commissioned Police Officers, Corporals, & Sergeants
Date of Hire to 5 yrs.	128	204	238
5 yrs. Up to 10 yrs.	152	228	258
10 yrs. Up to 15 yrs.	168	244	278
15 yrs. Up to 20 yrs.	192	268	298
Over 20 yrs.	208	284	318
Vacation Carryover	Max 200 hours		Max 150 hours

THE CITY OBSERVES THE FOLLOWING HOLIDAYS*

New Year's Day	December 31, 2021 (observance)
Martin Luther King Jr. Day	January 17, 2022
President's Day	February 21, 2022
Memorial Day	May 30, 2022
Juneteenth	June 20, 2022 (observance)
Independence Day	July 4, 2022
Labor Day	September 5, 2022
Thanksgiving Day	November 24, 2022
Day after Thanksgiving	November 25, 2022
Christmas Eve Afternoon	December 23, 2022 (close at 12:00 PM)
Christmas Day	December 26, 2022 (observance)

*The holidays listed above are fully paid for general government full-time employees. Commissioned police officers, detectives, corporals, sergeants, and emergency services dispatchers are granted additional vacation hours in lieu of paid holidays.

FLOATING HOLIDAYS

General government regular full-time employees and emergency service dispatchers receive 40 hours annually of floating holiday. General government regular part-time employees of 20 hours or more are eligible for 12 hours annually of floating holiday. At the end of each calendar year, and at the time of termination from employment, unused floating holiday hours will be forfeited.

SICK LEAVE POLICY

Full-time regular employees earn eight hours of sick leave accrual per month. There is no carry over limit from year to year.

Part-time regular employees of 20 or more hours per week earn sick leave on a monthly basis at a prorated schedule.

Temporary, seasonal, and variable hour employees will accrue sick leave at one hour of paid sick leave for every 30 hours worked, up to a maximum of 48 hours/year. Please see the HUB for more information.



COLONIAL VOLUNTARY BENEFITS

Critical Illness Insurance

Critical Illness Insurance is designed to protect your income and personal assets when your out-of-pocket expenses increase as a result of an illness. Health insurance is not always enough to cover all of the unforeseen expenses associated with a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a lump sum benefit that can be used any way you choose, and benefits are paid in addition to any other insurance coverage you may have.

EXAMPLES OF COVERED ILLNESSES INCLUDE:

- Heart Attack
- Stroke
- End Stage Renal (Kidney) Failure
- Major Organ Transplant
- Cancer

PLAN FEATURES

- You do not have to be terminally ill to receive benefits.
- Coverage options are available for your spouse and children as riders to your coverage.
- Coverage is portable — you can take your policy with you if you change jobs or retire.

The cost of the benefit will vary depending upon factors such as your age, whether you use tobacco, and the dependent coverage you choose.

NOTE: The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.



Accident Insurance

You don't have to be especially clumsy to experience accidents. These events are all too common, and so are the high medical expenses that come with them.

Accidents are unplanned and unpredictable, but the financial impact that they have on you doesn't have to be either of those things. Voluntary Accident Insurance pays direct benefits for a range of injuries and accident-related expenses such as:

- Fractures
- Dislocations
- Concussion
- Emergency Room Treatment
- Hospitalization
- Accidental Death

	MONTHLY PREMIUM
Employee Only	\$13.77
Employee + Spouse	\$22.27
Employee + Child(ren)	\$23.86
Family	\$32.37

Benefit amounts are based on the type of injury and treatment needed. No matter how great your medical plan is, you will have to share the costs of medical care and rehabilitation that follow an accident. Accident insurance is designed to help you pay for out-of-pocket expenses that insurance doesn't cover, like copays and deductibles, but the benefit payout can be used however you'd like.

NOTE: The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.



ADDITIONAL BENEFITS

Hospital Indemnity Insurance

If you've ever been in the hospital, you know that it may be difficult to focus on your recovery. You'd rather be in your own bed, eating your own food, and your family might be spending a ton of money to stay at a hotel near you.

The last thing you want to think about is the bill you will receive after your insurance company covers their portion of your hospital stay. Since out-of-pocket costs including deductibles and coinsurance can build quickly, the bills that result from a hospital stay can be overwhelming for anyone – with or without Medical Insurance.

Hospital Indemnity Insurance can help to ease the sticker shock by paying a benefit directly to you (not to the hospital, or to an insurance company) if you or a covered family member has to stay in the hospital.

	MONTHLY PREMIUM
Employee Only	\$13.82
Employee + Spouse	\$26.66
Employee + Child(ren)	\$18.07
Family	\$30.90

NOTE: The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations, which may affect any benefits payable. The benefits explained in the example above are for illustrative purposes only. Please see your Summary Plan Description (SPD) for complete details.

Norton Lifelock Identity Theft Insurance

The City of Littleton offers employees comprehensive, proactive identity monitoring through Norton Lifelock The Identity Theft Program uses innovative technology and data sources to protect against the impacts of identity fraud, alerting you at the earliest possible moment.

Employees and dependents can receive identity protection that includes:

- Identity Monitoring
- Internet Surveillance
- Digital Identity
- Consultation
- Credit Identity Monitoring

For a low cost, you can get the protection you need for yourself and your eligible dependents. It is more important now, than ever before, to protect your identity.

	MONTHLY RATES
Employee Only	No charge
Employee + Family	\$11.49

Legal Services

The City of Littleton offers access to LegalShield (www.legalshield.com/info/littletonco) to help you with frustrating legal endeavors.

- Legal Consultation and Advice
- Will Preparation
- Up to 50 hours of attorney time if you receive a written notice of an IRS audit
- Up to 60 hours of attorney time if you are a named defendant in a civil or job related criminal action

NEW! Parenting Support

Fertility and adoption assistance are available to all benefit-eligible employees and their spouses up to \$5,000 through Carrot. Access your benefit through the registration email or visit get-carrot.com/signup and enter your work email address.



Retirement Plans

457 Deferred Compensation Plan

The City of Littleton offers employees with a regular part-time or full-time status of 20 hours per week or more to elect to participate in the 457 Deferred Compensation Plan. There are both pre-tax and ROTH options for the 457 Plan. The employee can elect contribution amounts and make investment selections. The contributions can be made up to the IRS maximum contribution amount (\$19,500 in 2021). Employees 50 or older can contribute an additional \$6,500 per year as a designated "catch-up" provision.

Employees are eligible for this plan on their date of hire.

The City of Littleton will provide employees with a match on voluntary elected contributions. The match is up to 5% match for part-time employees ONLY. No longer matching PD or FT GG. (AND, if this comes back, the match was for PD 401a participants only. No match on 457 plan for FPPA participants). The employer voluntary match for the police plan is contributed in the employee's 401(a) vesting schedule. The employer voluntary match for the general government plans is contributed to the employee's 457 plan.*

All employees are immediately fully vested in the employer's contribution to the 457 plan.

General Employee Retirement Plan 401(a)

The City of Littleton offers regular full-time status employees of 40 hours or more per week a retirement/401(a) plan. Full-time GenGov employees contribute 5% and the COL match 7%. Employees are fully vested in the employer's contributions to the 401(a) after five years of employment or age 55.

Employees are eligible for this plan on their date of hire, this is a defined contribution plan.



BENEFITS ADMINISTRATOR INFORMATION

If you have any questions regarding eligibility, benefit plans or enrollment periods or would like additional information, contact the person responsible for benefits at your facility.

GET MORE INFORMATION

BENEFIT	WHO TO CALL	WEBSITE	PHONE NUMBER	POLICY #
City of Littleton Human Resources	City of Littleton	hr@littletongov.org	(303) 795-3858	N/A
Medical & Prescription Drug	Cigna	www.mycigna.com	(800) 244-6224	3332146
Onsite Care	Onsite care	www.carehere.com	(877) 423-1330	N/A
Dental PPO	Delta Dental Insurance Company	www.deltadentalco.com	(800) 610-0201	1235
Vision	Vision Service Plan (VSP)	www.vsp.com	(800) 216-6248	12198600
Life & AD&D	Voya Financial	www.voya.com	(800) 955-7736	696692
Voluntary Life & AD&D Short-Term Disability (STD) Long-Term Disability (LTD)	Voya Financial	www.voya.com	(800) 423-2765	696692
Colonial Voluntary Benefits	Colonial Life	www.coloniallife.com	(800) 325-4368	N/A
Flexible Spending Accounts	Alerus	www.alerusrb.com	(877) 661-4727	N/A
Employee Assistance Program	Mines & Associates	www.minesandassociates.com	(800) 873-7138	8963
CompPsych Guidance	Voya	www.guidanceresources.com	(877) 533-2363	Web ID: My5848i
Retirement 401(a) Savings Plan	Empower	www.empower-retirement.com	(855) 756-4738	GG# 100176-01 Police# 100176-03 457# 100176-02
457 Deferred Comp	Empower	www.empower-retirement.com	(855) 756-4738	457# 100176-02
FPPA	Fire and Police Pension Association	www.fppaco.org	(800) 332-3772	N/A
Identity Theft Protection	Norton LifeLock	www.lifelock.com	(844) 530-9892	N/A
Fertility and Adoption Assistance	Carrot	get-carrot.com/signup	(877) 275-6158	N/A

ABOUT THIS GUIDE: This guide highlights all employee benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Description (SPD), plan document or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Updated 12/2021

IMPORTANT NOTICES

About This Guide

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Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the City of Littleton Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the City of Littleton Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

City of Littleton, Human Resources
2255 W. Berry Ave., Littleton, CO 80120
Phone: **(303) 795-3858**
Fax: **(303) 795-3819**
Mon-Fri, 8am-5pm, closed holidays

If you have any questions, please contact the City of Littleton Human Resources Office at **(303) 795-3857**.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

In Network Deductible:

Ind \$500 / Fam \$1,000

Coinsurance: Plan pays 80% after deductible.

If you would like more information on WHCRA benefits, call your plan administrator **(303) 795-3858**.

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted and you will continue to pay the same amount as if you were not absent. If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact City of Littleton – Human Resources for more information:

Phone: **(303) 795-3857**
Email: HR@littletongov.org

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service connected illnesses or injuries, as applicable.

This guide contains important information about the Medicare Part D creditable status of your prescription drug coverage on page 16.

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Your Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Littleton and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Littleton has determined that the prescription drug coverage offered by the Local Plus Medical Plan through Cigna is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your City of Littleton coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Cigna is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your coverage through the City of Littleton, be aware that you and your dependents can only get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Littleton and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Littleton changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare Prescription Drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- Call **(800) MEDICARE ((800) 633-4227)** TTY users should call **(877) 486-2048**

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at:

- www.socialsecurity.gov
- or call: **(800) 772-1213** (TTY: **(800) 325-0778**)

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 10/2021
Name of Entity/Sender: City of Littleton
Contact: City of Littleton Human Resources
City of Littleton
Address: 2255 W. Berry Ave., Littleton, CO 80120
Phone Number: **(303) 795-3858**

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage.

It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: City of Littleton Human Resources or COBRA Administrator.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. Any qualified beneficiary who does not elect COBRA within the 60-day election period specified in the election notice **will lose his or her right to elect COBRA.**

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of the date of the Social Security Administration's disability determination; the date of the covered employee's termination of employment or reduction in hours; and the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction in hours. You must also provide this notice within 18 months after the covered employee's termination or reduction in hours in order to be entitled to this extension. You must provide the notice by you must notify human resources within 60 days.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

SUMMARIES OF BENEFITS AND COVERAGE (SBCs)

As required by the Affordable Care Act, Summaries of Benefits and Coverage (SBCs) are available by contacting City of Littleton HR department. If you would like a paper copy of the SBCs (free of charge), you may also call City of Littleton Human Resources at **(303) 795-3857**.

City of Littleton is required to make SBCs available that summarize important information about health benefit plan options in a standard format, to help you compare across plans and make an informed choice. The health benefits available to you provide important protection for you and your family and choosing a health benefit option is an important decision.

Other Coverage Options

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

For further information regarding the plan and COBRA continuation, please contact:

City of Littleton Human Resources
255 W. Berry Ave., Littleton, CO 80120
Phone: **(303) 795-3858**

NOTICE REGARDING WELLNESS PROGRAM

The City's wellness program Motivate Me is a voluntary wellness program available to all regular part and full-time employees working 20+ hours per week. The program is administered by Cigna according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will be given the option to complete a biometric screening, which will include a blood test for total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides, glucose and/or other applicable tests. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program may receive incentives through the Motivate Me program. Although you are not required to complete the HRA, only employees who do so will receive incentives. Please review the Motivate Me program for specific incentives and requirements.

Additional incentives for completing incentive activities may be available for employees who participate in certain health-related activities for example online coaching, telephonic coaching, Apps & Activities, or achieve certain health outcomes, for example, BMI, blood pressure, total cholesterol, LDL cholesterol, blood glucose, waist circumference.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as: Motivate ME.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the City of Littleton may use aggregate information it collects to design a program based on identified health risks in the workplace, City of Littleton Sponsored Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The personally identifiable health information that Cigna and Motivate Me will only be used in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Although no one can prevent all cyber-attacks, Cigna has an information security program consisting of people, process, and technology – including encryption and monitoring tools designed to protect electronic information. We maintain safeguards intended to protect the security of your information. In the event of a data breach, as defined by law, involving information you provide in connection with the wellness program, we will notify you as required by law. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the City of Littleton Human Resources Department at **(303)795-3858**.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of October 15, 2021. Contact your State for more information on eligibility -

- ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447
- ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>
- ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)
- CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov
- COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442
- FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268
- GEORGIA – Medicaid
Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 ext 2131
- INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584
- IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562
- KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
- KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>
- LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
- MAINE – Medicaid
Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711
- MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>
Phone: 1-800-862-4840
- MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739
- MISSOURI – Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005
- MONTANA – Medicaid
Website: <http://dphhs.mt.gov>
MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
- NEBRASKA – Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
- NEVADA – Medicaid
Medicaid Website: <http://dhcnp.nv.gov>
Medicaid Phone: 1-800-992-0900
- NEW HAMPSHIRE – Medicaid
Website: <https://www.dhhs.nh.gov/oi/hipp.htm>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218
- NEW JERSEY – Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710
- NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831
- NORTH CAROLINA – Medicaid
Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100
- NORTH DAKOTA – Medicaid
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825
- OKLAHOMA – Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742
- OREGON – Medicaid
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075
- PENNSYLVANIA – Medicaid
Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: 1-800-692-7462
- RHODE ISLAND – Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
- SOUTH CAROLINA – Medicaid
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820
- SOUTH DAKOTA – Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059
- TEXAS – Medicaid
Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493
- UTAH – Medicaid and CHIP
Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669
- VERMONT – Medicaid
Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427
- VIRGINIA – Medicaid and CHIP
Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924
- WASHINGTON – Medicaid
Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022
- WEST VIRGINIA – Medicaid
Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
- WISCONSIN – Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002
- WYOMING – Medicaid
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **(877) KIDS-NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **(866) 444-EBSA (3272)**.

To see if any other states have added a premium assistance program since October 15, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Menu Option 4, Ext. 61565

GLOSSARY

AFFORDABLE CARE ACT AND PATIENT PROTECTION (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage — like covering dependent children to age 26, no lifetime limits on medical benefits, reduced FSA contributions, covering preventive care without cost-sharing, etc, among other requirements.

BRAND NAME DRUG

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

COINSURANCE

A percentage of costs you pay “out-of-pocket” for covered expenses after you meet the deductible.

COPAYMENT (COPAY)

A fee you have to pay “out-of-pocket” for certain services, such as a doctor's office visit or prescription drug.

DEDUCTIBLE

The amount you pay “out-of-pocket” before the health plan will start to pay its share of covered expenses.

EMPLOYER CONTRIBUTION

Each month, the company provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

GENERIC DRUG

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

High-Deductible Health Plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a Health Savings Account (HSA).

OUT-OF-POCKET MAXIMUM

The most you pay each year “out-of-pocket” for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

PLAN YEAR

The year for which the benefits you choose during Annual Enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next Annual Enrollment.

PREVENTIVE CARE

Health care services you receive when you are not sick or injured — so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the American Medical Association.



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