



City of Loveland



2025 Benefits Guide

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COBRA

Employees enrolled in medical, dental, vision and/or healthcare FSA who experience a qualifying event may be eligible to continue coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Events include – end of employment, death of covered employee, change in dependent eligibility.

Requirements under COBRA:

- The City's COBRA Plan Administrator, UMR, will provide a written notice to the participant of COBRA rights and obligations within 44 days of when they first enroll or have a "qualifying event."
- Continuation of benefits through COBRA must be elected within 60 days of the later of either: a) Loss of coverage, or b) the date the employee or his/her covered spouse/dependent children are advised by the COBRA Plan Administrator of their right to continued benefits. Employees will be required to pay the full cost of any COBRA coverage elected, plus an administration fee.
- Please refer to the summary plan descriptions for additional information on COBRA rights and obligations.

Welcome!

Welcome to the City of Loveland 2025 Benefits Guide

This guide provides information to be used all year long and includes:

- Benefits Information
- Life Events/Change in Family Status
- Provider Contact Information

The City recognizes the importance of providing a comprehensive benefits program to you as a regular full-time or part-time benefit eligible employee. These benefits help you and your family to maintain your health and welfare.

Please review this Benefits Guide to understand the City of Loveland benefit options and retain the Guide for reference throughout the year.

For complete details of each benefit plan and benefit related forms, refer to the full text of the official Summary Plan Descriptions available upon request. In the event this booklet differs from the official Plan Documents, the Plan Documents prevail.

Open Enrollment

Open enrollment is the only time during the year, other than during a qualified life event, in which eligible employees can make changes to existing benefit elections. Benefit changes allowable during open enrollment include:

Add or delete dependents | Switch, enroll, or waive coverage in all plans | Enroll or renew Flexible Spending Accounts

Open enrollment for 2025 IS **PASSIVE**. Active Medical, Dental, Vision, Life Insurance and Accident Insurance coverages in 2024 will roll over into 2025. The Flexible Spending accounts and the Critical Illness insurance will not carry over into 2025. If you want a Flexible Spending account or Critical Illness coverage in 2025 you must complete Open Enrollment.

Please contact the Human Resources Department with any questions at

970-962-2371
HR@CityofLoveland.org
500 E. 3rd Street, Suite 300
Loveland, CO 80537

Coverage & Eligibility

WHO IS ELIGIBLE

Full time or part time benefit eligible positions are eligible for health and welfare benefits.

ELIGIBLE DEPENDENTS

Eligible dependents include:

- Lawful spouse/common law spouse (with signed City affidavit);
- Any dependent child less than 26 years old; Any dependent over the age of 26 and primarily supported by the employee and incapable of self-sustaining employment by reason of mental or physical handicap;
- A child:
 - a qualifying child as defined by the IRS
 - a stepchild in which your spouse is responsible for
 - legally adopted child
 - a child placed for adoption

Anyone who is eligible as an employee can be considered either an eligible employee or a dependent, but they cannot be both. No individual may be considered a dependent of more than one employee.

DATE OF ELIGIBILITY

New Hire Enrollments & Life Events Changes: When enrolling during the new hire process or making a change through an eligible qualifying life event, coverage will begin the first day of the month following the hire date or the qualifying life event date.

Open Enrollment - Enrolling during the annual open enrollment period, coverage changes will be effective January 1, of the new calendar year following open enrollment.

ENROLLMENT AND EMPLOYEE CONTRIBUTIONS

You are required to enroll or waive coverages. You may only make changes to your elections during the annual open enrollment period or within 30 days of a qualified life event as described in the "Life Event/Change in Family Status" section of this Benefit Guide.

Premium Contributions for medical, dental, and vision insurance are on a pre-tax basis through payroll deductions 24 times per year.

At any time, employees can make changes to their 457 Retirement, W-4 and direct deposit accounts. Supplemental Life can, at any time, be added, dropped or changed subject to approval by any applicable medical underwriting.

For assistance contact:
Human Resources at
HR@CityofLoveland.org or
970-962-2371

Benefit Enrollment

NEW HIRES

Welcome to the **City of Loveland** team! As a new employee, you must enroll in benefits within 30 days of your date of hire. **If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll.**

CURRENT EMPLOYEES

Open enrollment is the only time during the year that you can change your benefits unless you experience a qualifying life event (see the section below for more information on qualifying life events). During the open enrollment period, you have the opportunity to newly enroll in coverage and/or make changes to your current coverage.

Any changes you make during open enrollment become effective January 1

HOW TO ENROLL

Benefits enrollment is completed online through the City's UKG portal at <https://nw12.ulipro.com>. Detailed instructions can be found on the next page and in UKG > Benefits > Manage My Benefits

In order to complete your enrollment, you may need:

Dates of birth and social security numbers for yourself as well as any family members you are enrolling.

Proof of eligibility for your spouse and dependent children (e.g., marriage license, birth certificate).

QUALIFYING LIFE EVENTS

Changing Your Benefits During the Year

The only time you can change your benefits during the year is when you experience a qualifying life event. The most common qualifying life events are:

- Marriage, legal separation or divorce
- Birth, adoption or change in legal custody of eligible child(ren)
- Death of your spouse or covered child
- Loss of other coverage (e.g., child turns 26 and loses coverage through parent's plan)

Keep in mind, there are other, less common, life events that will allow you to change your benefit election during the plan year. Please contact Human Resources for a complete list of qualifying life events.

If you experience a qualifying life event and wish to change your benefit elections, you must log into the UKG portal and complete/submit your changes within 30 days of the life event. You may be required to provide proof of your life event, such as a birth certificate or marriage license. You may ONLY modify your benefit elections that are directly impacted by the life event.

Life Events must be completed in UKG, detailed instructions can be found on the next page.

Additionally, A life event will require supporting documents be uploaded into UKG Benefits.

UKG Benefits Portal

All benefit enrollments are completed in UKG
MYSELF > BENEFITS > MANAGE MY BENEFITS

NEW HIRE ENROLLMENT (required – even if waiving coverage)

New benefit-eligible employees have **30 days** from date of hire to complete the enrollment process

1. Log onto UKG, go to: In UKG, go to MENU> MYSELF> BENEFITS> MANAGE MY BENEFITS.
2. Complete EVERY PAGE and **Elect** or **Waive** each section.
 - a. **REQUIRED:** For dependent Spouse or Children - Upload copies of eligibility documents into the UKG > Myself > Benefits > Manage My Benefits > Documents
3. Review/correct if necessary, address, phone and email address. NOTE: the City email address must be listed as the primary email address. This is **required** for proper UKG notifications!
4. Continue through the entire enrollment and **SUBMIT (CHECKOUT)** in order for elections to be processed. Please contact the Human Resources department with any questions.

OPEN ENROLLMENT (for 2025)

Benefit-Eligible employees have from 11/04/2024 – 11/15/2024 to complete elections for the 2025 plan year. This is the only time you can make changes to benefits without a qualifying life event – you can change plans, add/remove eligible dependents, add/drop coverage and more.

1. Log onto UKG, go to: MENU> MYSELF > BENEFITS > MANAGE MY BENEFITS click on Get Started
2. Please review all current information and update if needed. As a reminder, the email field is required to be your City email address
3. Continue through the entire enrollment and **SUBMIT**

MID-YEAR LIFE EVENT CHANGES

Employees experiencing a qualifying life event have 30 days from the date of the event to log into UKG to apply any changes to benefits allowed under the life event

1. On UKG, go to: In UKG, go to MENU> MYSELF> BENEFITS> MANAGE MY BENEFITS
2. Follow the prompts depending on your life decision and submit once complete
3. Upload supporting documents for your Life Event (Life Events will not be processed without approved documentation)

DID YOU KNOW?

Many Benefit documents are found on UKG under My Company Information and Benefits>Manage My Benefits.

Current news and information can be found on UKG under My Company, News & Information.

If you are unable to locate what you need, please reach out to Human Resources and we will assist you.

HR@CityofLoveland.org or

970-962-2371

Medical Benefits



TWO MEDICAL PLAN OPTIONS

The City of Loveland offers two medical plan options:

**ACO SelectColorado Plan
CDPH – HRA Plan**

WHICH PLAN IS BEST?

Carefully consider your options when deciding which plan to select. Compare the amount paid out of pocket and through payroll deductions, including the cost of copays, coinsurance and/or deductibles.

FINDING A PRIMARY CARE PHYSICIAN

While neither plan requires a primary care physician (PCP), it is recommended. A PCP is a vital part of your health journey and provider relationship to monitor ongoing care and to have a doctor to call with urgent questions. *The Marathon Health Clinic is not open on evenings and weekends AND cannot be an attending physician at the hospital.*

FINDING AN ACO TIER 1 PROVIDER

Go to www.umr.com; click on Find a Provider; enter SelectColorado (all one word); enter your provider search criteria and review. In order to use Tier 1 Benefits, your provider MUST BE DESIGNATED/LISTED as a Tier 1 Provider. If the provider is in-network and DOES NOT HAVE Tier 1 noted, then services will be paid at the Secondary Benefit Level when services are received in the Select 14 Colorado Counties.

MEDICAL CARD & WEBSITE

Log onto www.umr.com for access to your personal account information, to print a temporary ID card or order an ID card. **If you are a newly covered participant, you will need a UMR ID number to establish your username and password, call 1-800-207-3172 for assistance.**

BOTH PLANS INCLUDE:

- Access to the Wellness Center
- Teladoc, no cost Virtual appointments
- Lantern Coordinated surgical care with no cost option
- Yearly routine physicals and other preventive care
- DOT physical
- Immunizations
- Out-of-network mental health office visits at in-network level
- Pharmacy Benefits at local pharmacies – Capital RX
- Pharmacy Mail Order 90-day supply – Optum Home Delivery
- Epic Hearing Member Savings Program

ACO SELECTCOLORADO

- The COL ACO plan provides a group of doctors, hospitals and other health providers who together provide coordinated high-quality care to their patients. The goal is to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.
- Office visit copays – lower costs when seeing a Tier 1 provider within 14 Select Colorado Counties
- You have the option of using any other provider in the United Health Care Choice Plus with a higher deductible and co-insurance.
- This plan has **NO** out-of-network coverage.

CDHP - HRA

- A High-Deductible Health Plan
- The City of Loveland provides a Health Reimbursement Account (HRA):
 - Single Coverage: \$500 per year for single coverage to offset out-of-pocket medical expenses.
 - Family Coverage: If you enroll your spouse and/or children your HRA account will provide \$1,000 per year
- In-network coverage includes all United Health Care Choice Plus providers.
- Mid-Year Enrollment HRA accounts will be pro-rated costs at the point of service.

Comparison of Medical Plans



A UnitedHealthcare Company

	ACO SelectColorado		CDHP-HRA	
	Tier 1 – SelectColorado ¹	Secondary Benefit Level	In-Network	Out-of-Network
HRA Rollover Cap (Single Family)	N/A		\$3,300 \$6,600	
HRA Fund (Single Family)	N/A		\$500 \$1,000	
Annual Deductible (Single Family)	\$600 \$1,800	\$1,200 \$4,800	\$2,000 \$5,000	\$4,000 \$10,000
Maximum Lifetime Benefit	Unlimited		Unlimited	
Coinsurance ² (Plan Member)	80% 20%	60% 40%	80% 20%	60% 40%
Out-of-Pocket Maximum* (Single Family)	\$3,000 \$7,000	\$6,000 \$14,000	\$6,000 \$12,000	\$10,000 \$20,000
Doctor Office Visit (PCP Specialist)	\$0 \$30	60% 40%	80% 20%	60% 40%
Teladoc (Medical or Mental Health)	\$0 copay		\$0 cost	Not covered
Preventive Care	100% covered		100%	60% 40%
Hospital Inpatient/Outpatient	80% 20%	60% 40%	80% 20%	60% 40%
Urgent Care Facilities	100% covered		80% / 20%	
Emergency Room & Ambulance**	80% / 20%		80% / 20%	
Diagnostic Lab & X-ray	Office Visit or Independent Lab/X-Ray: 100%		80% 20% (Deductible Waived)	60% 40%
	Hospital: 80% 20% (Deductible Waived)	Hospital: 60% 40%		
MRI/CAT/PET	Freestanding: 80% 20% Hospital: 80% 20%	Freestanding: 80% 20% Hospital: 60% 40%	80% 20%	60% 40%
Therapy, Including Autism (PCP Specialist) Physical, Occupational and Speech	\$25 \$30 copay 60 Visits Max/Year		80% 20% 60 Visits Max/Year	60% 40% 60 Visits Max/Year
Maternity	Office Visit: \$0 Inpatient: 80%	60% 40%	80% 20%	60% 40%
Fertility Treatment	80% 20% \$30,000 lifetime maximum	60% 40% \$30,000 lifetime maximum	80% / 20% \$30,000 lifetime maximum	60% 40% \$30,000 lifetime maximum
Gender Transition Surgery: In/Outpatient	80% 20%	60% 40%	80% 20%	60% 40%
Chiropractic Care (PCP Specialist)	\$25 \$30 copay 20 Visits Max/Year		80% 20% 20 Visits Max/Year	60% 40% 20 Visits Max/Year
Mental Health Office Visits	100%		80% 20%	
Mental Health In/Outpatient Facility	80% / 20%		80% 20%	

*Includes deductibles, copayments and Rx payments

** Emergency Room and ambulance will be covered at standard benefit regardless of network for true life/limb threatening emergencies

¹ Tier 1 only applies while seeing a provider within the 14 Colorado Counties

² All coinsurance applies after deductible unless otherwise noted

Note: ACO SelectColorado does **NOT** have out-of-network coverage except for Emergency Room and Ambulance services and Mental Health Providers.

Contact Information

UMR Group #: 76-413064

1-800-207-3172 www.umr.com

ACO SelectColorado with UMR

SelectColorado

The ACO SelectColorado (Accountable Care Organization) was created in Colorado to deliver a highly collaborative, integrated model of care to provide a Best-In-Class network and to offer an affordable, differentiated care and member experience.

The ACO SelectColorado network is broken out in two different levels:

ACO Tier 1 Providers: collaborative, high-performing providers and facilities within 14 Colorado counties: Larimer, Weld, Routt, Boulder, Broomfield, Denver, Jefferson, Adams, Arapahoe, Douglas, Teller, El Paso, Pueblo and Mesa. *These providers are also part of the United Health Care Choice Plus Network.*

Secondary Benefit Providers (no Tier 1 designation): The United Health Care Choice Plus Network while seeing providers within the 14 Colorado Counties without the Tier 1 designation

Seeing a United Health Care Provider within one of the 14 Colorado Counties:

- **Tier 1 Providers:** You will save the most money on your health care expenses.
- **Secondary Benefit Providers:** Any United Health Care Choice Plus Network (*that is not designated as a Tier 1*) will be covered under Secondary Benefit plan benefits schedule which includes a deductible and co-insurance on services.
- If you see a provider who is NOT in the United Health Care Choice Plus Network, your services will **NOT** be covered by the plan and you will be responsible for all costs incurred. ***Exception for emergency services only or mental health office visits**

Providers outside of the 14 Colorado Counties – if out of area and unable to see provider in coverage areas:

- You can go to **any United Health Care Choice Plus Network provider/facility**, and it will follow the Tier 1 plan benefits.

There are no Tier 1 designated providers outside of the 14 Colorado counties, therefore, you must use a provider in the UHC Choice Plus network

- This plan does not have out-of-network coverage unless in cases of an emergency or for mental health office visits

The chart below shows examples of services that are Tier Inclusive (meaning Tier 1 is not applicable). If you go to any **United Health Care Choice Plus Network provider for the following services** costs will fall under the Tier 1 benefit schedule:

Tier Inclusive Services with ACO SelectColorado

Chiropractic Care	Urgent Care	Durable Medical Equipment
Independent Laboratories	Free Standing Imaging	Outpatient Mental Health Visits
Ambulatory Surgery Centers	Rehabilitation Services	Habilitative Services
Hospice	Home Health	Enternal Nutrition
Accidental Dental	Ambulance	Ostomy Supplies
Prosthetic Devices	Urinary Catheters	Therapeutic Treatments

For a full list of services that are Tier Inclusive, please refer to your UMR plan documents.

TO FIND AN ACO TIER 1 PROVIDER: Go to www.umr.com; click on Find a Provider; enter SelectColorado (all one word); enter your provider search criteria. To utilize **Tier 1** Benefits, your provider **MUST BE DESIGNATED** as a **Tier 1** Provider. If the provider is in-network and **DOES NOT HAVE** Tier 1 noted, then services will be paid at the Secondary Benefit level when services are received in the Select 14 Colorado Counties.



Look for the Tier 1 icon to the right when searching!

IMPORTANT NOTE:

Out-of-Network: The UMR ACO SelectColorado plan does not provide any **out-of-network** benefits except for emergency services and mental health office visits. If you see a provider that is not in the United Health Care Choice Plus Network, you will be billed for services directly.

Prescription Drug Benefits

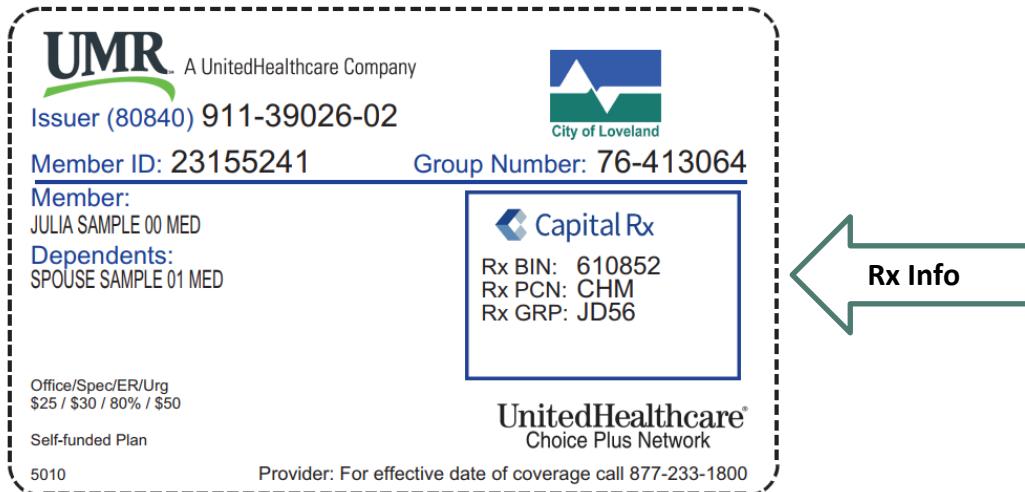


If you are enrolled in the City medical plan you are covered under the prescription coverage through Capital Rx. Your pharmacy information will be included on your UMR Medical ID card.

	ACO Select Colorado		CDHP-HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
30 Day Supply				
Generic	\$5 copay	Not Covered	You pay 10% (\$5 max)	Not covered
Preferred brand	\$30 copay		You pay 20% (\$60 max)	
Non-Preferred brand	\$50 copay		You pay 30% (\$125 max)	
90 Day Supply				
Generic	\$10 copay	Not covered	You pay 10% (\$10 max)	Not covered
Preferred brand	\$85 copay		You pay 20% (\$175 max)	
Non-Preferred brand	\$145 copay		You pay 30% (\$370 max)	

Important!!

- You must present your ID card when filling prescriptions to your pharmacy
- Register at cap-rx.com to utilize the digital portal – search for lowest cost drugs at area pharmacies, view claims history, display accumulators and look up co-pay and coinsurance information



Find a Pharmacy!
(use BIN 610852)

You can contact Capital Rx at 1-888-302-2779 or visit them online at cap-rx.com to register and find a pharmacy near you! Once you are logged in you can search for Pharmacy's by zip code.

Contact Information
Capital RX
888-302-2779
www.cap-rx.com

Prescription Drug Benefits Mail Order



If you are enrolled in the City Medical Plan, Capital Rx's specialty and mail-order pharmacy, Optum Pharmacy, is the specialty and mail-order pharmacy provider.

Optum Home Delivery:

Reach out to your prescribing provider and update your mail order pharmacy to Optum Home Delivery:

Online: Go to the Capital Rx Member Portal at www.app.cap-rx/login to register or log in. Select *Home Delivery* to confirm your profile settings.

Phone: Call Capital Rx at 1-888-302-2779 and follow prompts for medications *delivered to your home* or ask your physician to send an electronic prescription to Optum Home Delivery.

Optum Specialty Pharmacy:

For newly prescribed medications as of January 1, 2025:

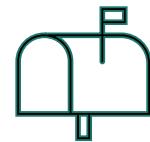
Online: Go to the Capital Rx Member Portal at www.app.cap-rx/login to register or log in. Select *Specialty Pharmacy*. Fill out the new patient form!

Phone: Call Capital Rx at 1-888-302-2779 and follow prompts for medications *specialty pharmacy* or ask your physician to send an electronic prescription to Optum Specialty Pharmacy.

WHY HOME DELIVERY?

Home delivery can be convenient and cost effective for:

- Patients who are prescribed maintenance medications
- Patients who received 90 supplies of a prescription



Optum

Contact Information

Phone: 1-888-302-2779

Online: www.app.cap-rx/login

Additional UMR Benefits

UMR Mobile App or Website

You can access personal health benefits anywhere, anytime using the UMR app, or by simply going to their mobile friendly site, UMR.com. Just use the same username and password that is used while logging on with a computer.



Using the app, with a single tap, you can:

- Access your digital ID card
- View claims information
- Check your benefits and any potential copays
- View your deductible and out-of-pocket accumulators, and more!



EPIC – Hearing Healthcare



An additional feature through the UMR Medical plan is EPIC Hearing Healthcare. UMR members receive access to the largest hearing care provider network in the country as well as substantial savings on top tier brand devices and services!

EPIC HSP members save up to 60% off retail prices on brand name hearing aids from major manufacturers through the EPIC Hearing Service Plan:

• Phonak	• Resound	• Widex
• Unitron	• Starkey	• Oticon
• Hansaton	• Signia	• Widex

Technology Levels	Typical MSRP	EPIC HSP Price	Member Savings
Entry	\$1,400	\$495	\$905
Essential	\$1,650	\$999 / \$1,199	\$550
Standard	\$2,250	\$1,299 / \$1,499	\$850
Advanced	\$2,700	\$1,899 / \$2,099	\$700
Premium	\$3,500	\$2,399 / \$2,499	\$1,050

Contact EPIC to get started!

1.866.956.5400

www.epichearing.com/registration



Wellness Center

MARATHON HEALTH



The Employee Wellness Center offers healthcare exclusively for City of Loveland employees and their families (ages 2+) on the City's medical insurance plan. Services include annual physicals, sports physicals, acute care, preventive screenings, chronic condition management, and health coaching. Got questions about your health? That's why we're here.

All services are provided free of charge to you – no copays or charges, and no lab bills!

This is a direct savings in your out-of-pocket expenses and will help control costs of actual claims to our self-insured health plan!

Why use the Employee Wellness Center?

- **Access when you need it:** appointments usually available within two days and often same day. You don't need to utilize medical leave for your appointment!
- **Save money:** no co-pays or bills for services provided at the wellness center
- **Virtual and in-person appointments:** meet with a provider from your desk, on the go, or face to face
- **One-stop shopping:** labs drawn onsite, and many common medications can be prescribed and dispensed
- **Collaboration with your PCP or Specialist:** our licensed clinicians are connected to community providers and immunization records, and have the time to address all your health-related questions

Annual Medical Premium Incentive

The City rewards you for taking care of your health. If you (and your spouse, if covered) complete certain criteria, you will earn a \$40 reduction in your monthly health insurance premium. Log into the Marathon Health portal to view your incentive points, participate in wellness challenges, or to schedule appointments.



"The staff were excellent. Super friendly. The provider took her time with me and was very thorough. I love getting care here!" - Loveland employee

Marathon Health Hours

Monday through Friday
7:00 am to 4:00 pm

1632 Topaz Lane
Loveland, CO 80537

SE Corner of Eisenhower & Boise, behind McGraff's
American Grille

Schedule an Appointment

Call: (970) 776-9550
Visit: my.marathon-health.com

New to the Marathon Health portal?

Registration is easy. Click "New? Register Now" and complete the requested information. You'll receive a confirmation email to complete registration and log in.



Virtual Visits through Teladoc

FREE Medical and Behavioral Health



MEMBER BENEFITS INCLUDE

If you are enrolled in one of the City's health plans, you have 24/7/365 access to virtual visits through Teladoc at **no cost to you**.

GENERAL MEDICAL TELADOC SERVICES:

- Seek help for common ailments such as:
 - ✓ Cold
 - ✓ Flu
 - ✓ Sinus problems
 - ✓ Allergies
 - ✓ Ear infections
 - ✓ Rashes
 - ✓ And more!



Talk to a doctor
anytime,
anywhere!



Quality care via
phone, video or
mobile app



Prompt treatment,
average callback in
10 minutes



Broad network of
doctors to treat all
family members



Prescriptions send
to pharmacy of
your choice



Teladoc is less
expensive than the
ER or urgent care

Get started—it's already part of your benefits

Visit Teladoc.com

Call 1-800-TELADOC (835-2362) | Download the app

Teladoc is included as part of the medical benefits package. There is **\$0** cost out of pocket to you.

Lantern (formerly SurgeryPlus)



As of January 1, 2025, SurgeryPlus - the City's program to assist members with surgical procedures, will be known as Lantern.

WHAT IS SURGERYPLUS/LANTERN?

SurgeryPlus/Lantern provides members enrolled in one of the City's medical benefit plans with UMR to access excellent and affordable care for many planned surgical procedures. This is included in your benefit so there is no additional cost to you!

When members use SurgeryPlus/Lantern, the deductible and co-insurance are waived!!

In addition, members receive personalized case management, travel costs (if necessary), and help scheduling appointments related to your procedure!

All providers have to meet Standards of Excellence including: board certification, specialty training, procedure volume requirements, state sanction checks, medical malpractice claims review, background reviews, CMS quality requirements and monthly network monitoring!

TYPES OF PROCEDURES:

- Spine | Orthopedic
- Ear, Nose & Throat
- Cardiac
- Gynecological
- General Surgery
- Gastroenterology
- Bariatrics
- And More!

The Lantern Difference

Excellent Care



Access to our network and thousands of highly qualified surgeons



Impactful Savings

Your surgery will be at little or no cost you when you use Lantern



Guided Support

Your personal Care Advocate will support you every step of the way through your care!

To learn more and get started with SurgeryPlus/Lantern:

Phone: 1.833.512.1177

Web: my.surgeryplus.com

City of Loveland Medical Premium Incentive (MPI)



2025 Actions to earn 2026 MPI



Employee and spouse (if on the medical plan) must each earn 50 points between December 1, 2024 and November 30, 2025 to earn a \$40/month premium reduction in 2026.

Employees hired between 8/1/2024 and 7/31/2025: Will automatically receive the MPI for 2025, if enrolled in medical. To earn the MPI for 2026 you, and spouse if enrolled, need to earn 50 points each by completing the applicable activities listed below by **11/30/2025**.

Employees hired between 8/1/2025 and 7/31/2026: If enrolled in medical, you will automatically receive the MPI for remainder of 2025 and **all of 2026**. To earn the MPI for 2027 you, and spouse if enrolled, need to earn 50 points each by completing the applicable activities listed below **between December 1 2025 and November 30, 2026**.

Activities and points are tracked in the Marathon Health Member Portal: <https://my.marathon-health.com> (see MPI flyer in UKG for login assistance). Note that points for some activities will be automatically allocated, while others **must be entered by the employee**. It is the employee's responsibility to monitor point collection and to ensure that all items are completed **by November 30th, 2025**.

Employee and Covered Spouses: **Required** Activities (Both Must be Completed)

Complete a Biometric Screening between 12/01/24 to 11/30/25 using one of these 3 options: 1. Free Mass Biometrics event in late August Dates TBD 2. PCP Visit - requires approved form to be submitted to the Wellness Center by 11/30/25 3. Appointment at Wellness Center for Biometrics • Biometrics Include: Blood pressure, Ht/ Wt, Waist Circumference, TC, HDL, TC/ HDL Ratio, Fasting Glucose	15 points - employees 25 points – spouses	Clinic entered	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse (if applicable)
Complete the Health Risk Assessment (HRA) questionnaire in the Marathon Portal every year.	15 points - employees 25 points – spouses	Clinic entered	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse (if applicable)

Employee Only: Complete any Four (4) Wellness Activities to earn remaining 20 points

Comprehensive Health Review (available at the Employee Wellness Center)	5 points (max of 1)	Clinic entered
Health Coaching Visit (available at the Employee Wellness Center)	5 points each (max of 2)	Clinic entered
Routine Annual Physical (at own PCP or at Wellness Center)	5 points (max of 1)	Employee entered for non-clinic appts
Other Age- and Gender- Specific Preventative Care (with your Primary Care Provider or specialist, i.e. dental, eye, other)	5 points each (max of 2)	Employee entered for non-clinic appts
Wellness Portal Challenges – examples: Step challenges, weight management, mindfulness	5 points each (max of 2)	Clinic entered
COVID Vaccine or Booster, Flu Shot, Shingles Vaccine, Tdap Vaccine OR Pneumonia Vaccine	5 points (max of 2)	Employee entered

Wellness Programs



An additional benefit of working for the City of Loveland is the Employee Health, Wellness & Financial Program, which offers many events and activities throughout the year including:



WELLNESS FOR EVERY EMPLOYEE:

- Employee Assistance Program - through Mines & Associates
- Bike to Work Day sponsored by Public Works
- Learning Management Courses on a variety of health topics
- Seminars on topics from fitness to cooking to financial well-being & beyond
- Open Participation in community fitness groups

WELLNESS FOR BENEFIT-ELIGIBLE EMPLOYEES:

REIMBURSEMENT PROGRAM

Be reimbursed up to \$75 annually for: Organized Fitness Events(including League Start up Fees), Smoking Cessation, Personal Training, Registered Dietitian/Nutritionist. To submit: complete the Reimbursement Form, found in the benefits guide or in UKG: MYSELF>MY COMPANY > ELECTRONIC FORMS

FITNESS RESOURCES

You have access to discounted Chilson Center passes. Cost varies by residency and age. Call Chilson Center front desk at 970-962-2386 for details. In addition, discounted Fitness Classes are available.

WELLNESS FOR EMPLOYEES ON THE CITY MEDICAL PLAN:

MARATHON EMPLOYEE CLINIC

Convenient, high-quality care at no cost, available to City of Loveland employees, spouses, and dependents (age 2 and over) including preventative care, acute care, and chronic condition coaching.

ACTIVITY CHALLENGES

Accessed through the Marathon Health e-portal. These challenges are completed to be entered for prizes and/or premium incentives and may include hydration, weight-loss, step competitions and the completion of health screens and educational courses.

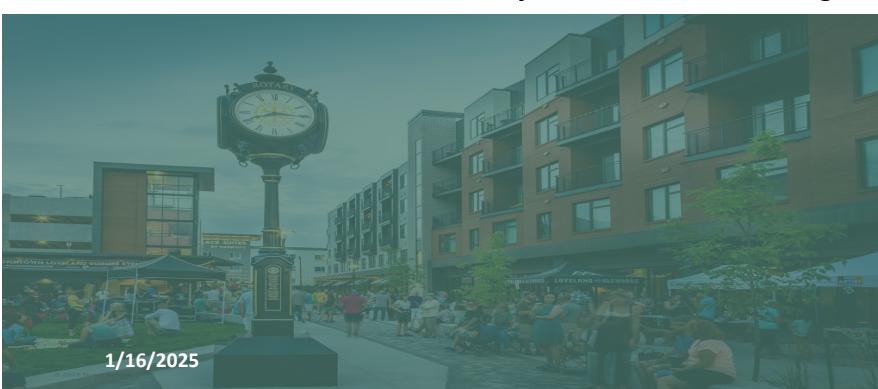
TELADOC

A cost-free service that provides 24/7/365 access to virtual visits accessed by phone, web, or mobile app.

MEDICAL PREMIUM INCENTIVE (MPI)

Complete activities between December 1st and November 30th to earn a total of 50 incentive points to be used to reduce your insurance premium for the following calendar year.

**Additional Information on these Programs can be found in this Guide*



Health Wellness Financial

Human Resources

970-962-2371

HealthWellnessFinancial@CityofLoveland.org



REIMBURSEMENT FORM

Please check the applicable box(es), sign, date and submit to Health Wellness Financial
with pertinent documentation
via interoffice mail, or email to HealthWellnessFinancial@cityofloveland.org

All reimbursements are taxable and processed through payroll. These are available to benefit eligible employees including spouses on the medical plan.

Tobacco Cessation Program – programs must be pre-approved by HWF; max \$75 (taxed) per year for membership fees.

Program Name: _____

Amount: _____

Personal Training (Certified Only) – max \$75 (taxed) per year. Please provide receipt.

Certified Trainer Name: _____

Amount: _____

Registered Dietician/Nutritionist – max \$75 (taxed) per year. Please provide receipt.

Registered Name: _____

Amount: _____

Organized Fitness (including league startup fees) – max \$75 (taxed) per year for registration fees. Please provide receipt & official participation results (hard copy).

Event Name: _____

Amount: _____

Results Website: _____

Employee Signature: _____ Date: _____

Employee Email: _____

Please call HWF at 970-962-2377 if you have any questions or concerns.

Notice: This reimbursement form plus all supporting documentation must be submitted by Friday, 12/12/2025 to be eligible for processing.

Mental Health Resources

Your mental health is important to the City of Loveland.

Teladoc and SelectColorado ACO and the HRA Medical plan benefits only available to those enrolled in a City's medical plan

Virtual Behavioral Health - Teladoc

Our plan with Teladoc offers behavioral health visits at \$0 to our health plan members!

- + Website: www.teladoc.com
- + Phone: 1-800-835-2362

ACO Plan	Zero co-pay
HRA Plan	Zero co-pay

Mental Health Resources – SelectColorado ACO and HRA medical plan with UMR

Don't forget that our medical plans have mental health care coverage embedded in the plans!

- + Website: www.umr.com
- + Phone: 1-800-207-3172

ACO Plan	Zero co-pay for any UHC Choice Plus Provider
HRA Plan	Deductible, then plan pays 80% for any UHC Choice Plus Provider

The below services are available to ALL CITY OF LOVELAND EMPLOYEES.

Employee Assistance Program (EAP) – MINES & Associates

Offers counseling, legal and financial consultations, work-life assistance and crisis intervention services to all employees and eligible household members

- + Website: minesandassociates.com
 - + Username: loveland
 - + Password: employee
- + Phone: 800-873-7138

Up to 6 Free visits (virtual or in-person) per year, per incident

National Suicide Prevention Hotline

If someone you know exhibits warning signs of suicide:

- + Do not leave the person alone
- + Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- + Take the person to an emergency room or seek help from a medical or mental health professional
- + **Call the US National Suicide Prevention Lifeline at 1-800-273-8255**

Dental Benefits

The Dental plan covers cleanings and a variety of dental expenses subject to certain limits, deductibles, copayments, and restrictions. The City's dental coverage is administered by Delta Dental of Colorado. Delta Dental offers two distinct provider networks and allows services from dentists outside the networks.



The Delta Dental PPO network offers a wide selection of dentists. The dentists in the PPO network provide services at the maximum savings level. The Delta Dental Premier network also has a wide selection of dentists. The dentists in the Premier network provide services at a slightly higher cost than those in the PPO network.

NOTE: If the dentist is outside the Delta networks, services are usually not discounted. Out-of-network expenses typically result in a higher out-of-pocket cost. Members are responsible for all non-PPO charges over the Delta scheduled reimbursements.

Delta Dental group number **1856**
Your ID number is your social security number
Website:
www.DeltaDentalCO.com

Employees may enroll in Delta Dental without being enrolled in the medical plan.

CALENDAR YEAR DEDUCTIBLE	Individual Deductible – \$25 per person, per calendar year
CALENDAR YEAR MAXIMUM BENEFIT	\$1,500 Per Person*
ORTHODONTIC LIFETIME MAXIMUM (AGE 19 AND UNDER)	\$1,500 per person*

*Qualified preventive/diagnostic care at in-network providers will not be included in the total annual maximum payable. Annual and Lifetime Maximums are a combination of in- and out-of-network

PPO Dentist – Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less. You will receive the best benefit by choosing a PPO dentist.

Premier Dentist – Payment is based on the Premier Maximum Plan Allowance, or the fee actually charged, whichever is less.

Out-of-Network Dentist – Payment is based on the non-participating Maximum Plan Allowance (MPA). Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist.

SCHEDULE OF DENTAL PLAN BENEFITS	PREFERRED PPO DENTIST	PREMIER PPO AND/OR OUT-OF-NETWORK DENTIST
Preventive and Diagnostic Services <i>Oral Evaluation (2 per year); Bitewing X-rays (2 sets per year); Full X-rays or Panoramic (1 in 36 months); Routine Cleaning (2 per year); Fluoride Treatments (1 per year, up to age 17); Space Maintainers (for posterior primary teeth, to age 14); Sealants (1 per tooth in 36 months, to age 17 on unrestored molars)</i>	100%	100%
Basic Services <i>Amalgam/Resin, Composite (Benefits on the same surface limited to 1 per year); Oral Surgery (Extractions); General Anesthesia (covered Oral Surgery only); Surgical Periodontal (Gums) (once every 36 months); Root Canal Therapy</i>	85%	75%
Major Services <i>Crowns (1 in 60 months on same tooth – excludes participants under age 12); Dentures, Partials, Bridges (1 in 60 months – excludes participants under age 16); Implants (1 in 60 months on same tooth, excludes participants under age 12)</i>	60%	50%
Orthodontics <i>Braces (Complete Orthodontic Evaluation/Active Orthodontic Treatment – Orthodontic benefits provided up to age 19 only)</i>	50%	50%

Vision Benefits

The vision plan is administered by Vision Service Plan (VSP). The vision plan offers both in-network and out-of-network coverage. If an out-of-network licensed provider renders services, the employee will be reimbursed up to the maximum allowances shown on the schedule of vision benefits. Employees will pay the full premium for the vision plan.



Benefit	Description	Copay	Frequency
Well Vision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every 12 months
Prescription Glasses		\$20	See frame and lenses
Frame	<ul style="list-style-type: none"> \$220 featured frame brands allowance \$200 frame allowance 20% savings on the amount over allowance 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Anti-glare coating Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$0 \$80 - \$90 \$120 - \$160	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$180 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Primary Eyecare	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details 	\$0 \$20 per exam	As needed
Extra Savings	<p>Glasses & Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Visit vsp.com/offers for details 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your Well Vision Exam. Or 20% from any VSP provider within 12 months of your last Well Vision Exam <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than \$39 copay on routine retinal screening as an enhancement to Well Vision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off regular price or 5% off promotional price from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP provider 		

For out of network reimbursements, please log in to vsp.com

Contact Information

Vision Services Plan

www.vsp.com

Your ID number is your Social Security Number

1-800-877-7195

No ID cards will be issued, view your benefits on-line

2025 Medical, Dental and Vision Premiums

The following chart provides an overview of the **monthly** premiums. Rates are listed without the \$40 medical premium incentive. Please see details regarding earning the Medical Premium Incentive in this guide.

The City will continue to deduct premiums 24 times per year, which allows 2 paychecks each year with no insurance premiums. **In 2025, the two paychecks with no premiums* will be: January 7 and July 8.** *The first day of the month worked will trigger the first ½ of that month's premium collection. The payperiod immediately following will be the second ½ of that month's premium.

Medical, Dental, Vision and Flexible Spending plans will continue to be taken on a pre-tax basis. Voluntary Life, Accident and Critical Illness will continue to be taken on an after-tax basis.

Medical: ACO SelectColorado Plan

If the employee has earned a premium incentive, they will receive \$40 per month off the rates below!!!

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
	Without Incentive	Without Incentive	Without Incentive	Without Incentive
Full Premium Equivalent	\$981.90	\$2,072.90	\$1,797.08	\$2,645.81
Full-Time (30 to 40 hours)	\$139.02	\$418.64	\$355.68	\$570.74
Part-Time (20 to 29 hours)	\$481.12	\$1,098.64	\$952.44	\$1,428.74

Medical: CDHP—HRA

If the employee has earned a premium incentive, they will receive \$40 per month off the rates below!!

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
	Without Incentive	Without Incentive	Without Incentive	Without Incentive
Full Premium Equivalent	\$897.31	\$1,879.67	\$1,631.45	\$2,350.47
Full-Time (30-40 hours)	\$103.46	\$390.72	\$345.68	\$517.64
Part-Time (20-29 hours)	\$439.68	\$996.22	\$864.66	\$1,269.24

Dental

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
	Without Incentive	Without Incentive	Without Incentive	Without Incentive
Full Premium Equivalent	\$45.24	\$94.84	\$100.51	\$131.17
Full-Time (30-40 hours)	\$18.10	\$37.68	\$40.20	\$52.48
Part-Time (20-29 hours)	\$28.50	\$59.74	\$63.32	\$82.64

Vision

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
	Without Incentive	Without Incentive	Without Incentive	Without Incentive
Full Premium Equivalent	\$10.04	\$14.57	\$17.31	\$27.66
All Employees	\$10.04	\$14.57	\$17.31	\$27.66

Flexible Spending Accounts

Flexible
Spending
Accounts



A Flexible Spending Account (FSA) is a special account established through UMR allowing you to set aside pre-tax dollars to pay for qualified healthcare or dependent care expenses throughout the year. Two types of Flexible Spending Accounts are available: A **Healthcare Flexible Spending** Account for qualified out-of-pocket medical expenses, and a **Dependent Care Flexible Spending** Account for qualified childcare and eldercare expenses

HEALTHCARE FSA

The FSA for Health Care allows you to use pre-tax dollars to pay for eligible expenses not covered by your health care, dental or vision plans, such as copays, deductibles and other expenses.

Here's how it works:

- Estimate the amount of money you and your dependents expect to spend on eligible out-of-pocket health care expenses from Jan 1, 2025 through Dec 31, 2025.
- Designate up to **\$3,300** in 2025 for the Healthcare FSA account to pay for eligible expenses. The Annual election will be deducted pretax equally from remaining pay periods in the year with benefit deductions withheld. Deductions are deposited into your Healthcare FSA account.
- If you are enrolled in the medical plan AND don't enroll in a debit card, all claims will automatically route to UMR Flex and be paid out to you if it meets all requirements.
- When you incur an eligible expense, submit documentation online or use a claim form to receive reimbursement or use your FSA debit card if you signed up for one*
- **Save your receipts!** UMR may require proof of purchase at any time.

DEPENDENT DAY CARE FSA

The FSA for Dependent Day Care allows you to pay for eligible day care expenses (**not** health care expenses) with pre-tax dollars. You can use the account to pay childcare or dependent day care expenses, so you and your spouse (if married) can work outside your home.

Here's how it works:

- Federal tax dependents include any qualifying child or relative who is under the age of 13, or your spouse or older dependent who is mentally or physically incapable of self-care and who lives in your home at least half of the taxable year.
- You may set aside up to **\$5,000 FAMILY MAXIMUM** each plan year. The Annual election will be split into equal amounts and deducted every pay period with benefit deductions on a pre-tax basis and deposited into your FSA. You can use your balance as it accrues by submitting documentation online or with a claim form to UMR receive reimbursement.
- Qualifying providers may provide care in your home or outside your home (caregiver's Social Security number or Taxpayer ID number is required to receive reimbursement).

PLAN CAREFULLY

IRS rules require that any balance remaining in your account after the deadline for submitting claims will be forfeited. Eligible expenses must be incurred between January 1, 2025 – March 15, 2026. You have until April 30, 2025 to submit reimbursement claims for these eligible expenses. After April 30, 2026, any remaining balance will be forfeited.

Additionally, the IRS www.irs.gov imposes some rules and restrictions on the way employees can use flexible spending accounts.

DID YOU KNOW?

- Your FSAs are administered through UMR (your health plan administrator).
- Re-Enrollment is required each year to participate.
- Medical Debit Cards are **not** automatically issued.
- Medical Debit Cards have an annual cost of **\$16.80**
- If your old medical debit card hasn't expired, IT WILL STAY ACTIVE the new plan year, so don't throw them away!
- For eligible expenses, balances, to file claims, FAQs and other self-service options, log into www.umr.com

*Medical Debit Cards are **NOT** automatically issued. To receive a debit card, complete the FSA Debit Card enrollment form and submit to UMR. There is a \$16.80 annual charge for the debit card.

Important reminder

For additional information regarding your Flexible Spending Accounts for Health Care and Dependent Day Care, contact UMR:

800-207-3172 or www.umr.com

UMR Group #: 76-4136064

Basic & Supplemental Life Insurance

As a benefit eligible employee you are automatically enrolled in the City-paid basic life insurance coverage, which includes accidental death and dismemberment (AD&D) equal to 1.5x your annual salary up to a maximum of \$200,000. Eligible Spouses are covered for \$2,000 and children up to age 26 are covered for \$1,000 under this plan as long as they are listed in the system as a “dependent”.

Basic and Voluntary Life Insurance coverages are reduced to 70% at age 65 and to 50% at age 70.

If you are eligible for \$50,000 or more in basic, City of Loveland paid life insurance, you are required to pay income tax on the value of the coverage in excess of \$50,000.

SUPPLEMENTAL LIFE INSURANCE

In addition to City-paid life insurance, you may purchase supplemental life insurance for yourself, your spouse and/or your dependent children. To cover your spouse or children on the Voluntary Life insurance, you must be enrolled in the Voluntary Life Insurance plan. Spouse coverage amount cannot exceed your coverage amount for the Voluntary Life Insurance.

All premiums are paid through payroll deductions on an after-tax basis.

Employee: Increments of \$10,000 up to \$300,000 max. Guarantee Issue: \$200,000

Spouse: Increments of \$10,000 up to \$150,000 max. Guarantee Issue: \$50,000

Children: Increments of \$1,000 up to \$10,000 max. Guarantee Issue: full amount

NOTE - During the **2025** open enrollment period ONLY, you have the option to elect up to the Guarantee Issue amounts without need to complete an Evidence of Insurability. Any increase in coverage outside of your initial enrollment period (either as a new hire or during the 2025 open enrollment) will require Evidence of Insurability.

You can drop, enroll or request a change in supplemental life any time of year through the UKG Life Events section.

If both you and your spouse are benefited employees, you are NOT eligible to be covered as a dependent under basic life NOR Voluntary Life coverages.

Monthly rates for employee and spouse are listed below and are Per \$1,000 in coverage. You must elect in \$10,000 increments

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Cost per \$10,000	\$0.60	\$0.60	\$0.80	\$0.90	\$1.35	\$2.25	\$3.75	\$6.00	\$8.00	\$12.7	\$21.9	\$38.4

Dependent Children can be covered for \$0.20 per \$1,000 (one rate covers ALL eligible children). Coverage maximum is \$10,000 per child.

Beneficiary Information: Employees must complete the Life beneficiary on the on-line benefits enrollment in UKG. Employees leaving employment with the City may convert this coverage to an individual policy within 30 days after their last day of employment.

The Standard

Group Term Life and Voluntary Term Life, group # 173030
Contact HR for assistance at 970-962-2371
HR@CityofLoveland.org



Voluntary Accident & Critical Illness

Facing a serious illness or an unexpected accident can be devastating both emotionally and financially. Major medical insurance may pick up most of the tab but can still leave out-of-pocket expenses that add up quickly.

Critical Illness insurance can provide a you lump-sum benefit upon diagnosis that can be used however you choose - from expenses related to treatment, deductibles or day-to-day cost of living.



Accident Insurance provides lump sum payments when you incur healthcare expenses related to an accident.

You **DO NOT** need to be enrolled in our medical plan if you wish to enroll.

WHO IS ELIGIBLE?

You are eligible for this insurance if you are a benefit eligible employee who works at least 20 hours per week on a regularly scheduled basis and are less than age 80. Your spouse and child(ren) up to the age of 26 are also eligible for coverage.

AM I GUARANTEED COVERAGE?

When enrolling during your new hire process or during open enrollment this insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. Premiums will be paid through payroll deductions, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll within 30 days of your hire date or qualified life event date. Additionally, you can enroll during the annual open enrollment period.

WHEN DOES COVERAGE BEGIN?

Coverage begins on the first day of the month following your hire date or life event date. During the annual open enrollment period, your coverage will begin on the first day of the new calendar year. You must be actively at work with the City of Loveland on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES COVERAGE END?

This insurance will end on the last day of the month in which you, or your dependent no longer meets the eligibility requirements, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employment, or the coverage is no longer offered.

The Standard is our vendor for Accident Insurance and Critical Illness Insurance. These plans are designed to pay a cash benefit to help you meet financial obligations resulting from a designated accident or critical illness. The money can be used for any purpose.

The Standard:
1-800-634-1743
Group #173030

Voluntary Critical Illness

Critical Illness is a voluntary benefit, and you pay 100% of the cost of coverage. You can purchase coverage for yourself, your spouse and children. The Critical Illness benefit pays fixed, lump-sum amounts in the event you are diagnosed with a covered critical illness.

MEMBER	COVERAGE AMOUNTS
Employee	\$10,000, \$20,000 or \$30,000; Guarantee Issue: up to \$30,000
Spouse	\$5,000, \$10,000 or \$15,000; Guarantee Issue: up to \$15,000
Child	50% of the employee coverage amount
Covered Conditions*	Coverage Percentage
Cancer	100% or 25% for non-invasive
Major Organ Failure	100%
Stroke	100%
Heart Attack	100%
Paralysis	100%
Advanced Alzheimer's, Multiple Sclerosis, Parkinson's	100%
Childhood Diseases (Cerebral Palsy, Cleft Lip/Palate, Club Foot, Down's Syndrome, Spina Bifida)	100%

*This is not a full list of covered conditions, for full details please refer to the plan documents which can be found in UKG

Monthly rates for employee and spouse are listed below and are Per \$1,000 in coverage.

Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Cost per \$1,000	\$.15	\$.20	\$.26	\$.37	\$.57	\$.87	\$1.32	\$1.87	\$2.71	\$3.83	\$7.66

Covered Dependent Children are automatically covered at 50% of the employee's elected amount.

Voluntary Accident Insurance

With **Accident Insurance**, you'll receive payment(s) associated with a covered non-work-related injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident while off the job.

Examples of treatment and care include: Emergency room care, accident follow up, ambulance costs, hospital confinement, admissions, urgent care, x-rays, fractures, certain surgeries, paralysis and many more.

PLAN INFORMATION		
Coverage Type		Off-job only
EMERGENCY HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	\$75
Acupuncture/ Chiropractic Care/PT	Up to 10 visits each per accident	\$25
Ambulance – Air	Once per accident	\$900
Ambulance – Ground	Once per accident	\$300
Blood/Plasma/Platelets	Once per accident	\$200

Monthly Accident Insurance Rates	
Employee	\$5.80
Employee + Spouse	\$9.00
Employee + Child(ren)	\$11.10
Employee + Family	\$17.34

Additional Services From The Standard

SPECIAL SERVICES PROVIDED BY THE STANDARD

The following services are available, at no cost, as part of your employer-paid life and AD&D and Disability Insurance coverage



LIFE PLANNING RESOURCES

Helps provide peace of mind when it's needed most.

- Access support for things such as:
- Life planning
- Grief & Loss
- Funeral Planning
- Access to Podcasts
- Mindfulness topics
- Financial Center

For more information, call: 1-800-378-5742

Visit: www.standard.com/mytoolkit (username: support)

TRAVEL ASSISTANCE

Explore the world with confidence!

Travel Assistance is available when you travel more than 100 miles from home or international, for up to 180 days whether for business or personal travel.

- Travel Assistance offer aid before and during your trip:
- Visa, weather, currency exchange info, vaccine recommendations, travel advisories
- Credit card and passport replacement, missing baggage and emergency cash coordination
- Help replacing prescription medication, emergency evacuation to the nearest adequate medical facility
- Connection to medical providers, interpreter services, local attorneys
- Return travel companion
- Evacuation arrangements in even of natural disaster

U.S., Canada, Puerto Rico, U.S. Virgin Islands: 1-800-872-1414

Elsewhere: +1-609-986-1234

Text: +1-609-334-0807

Email: medservices@assistamerica.com



Download the Assist America App! And use Reference number 01-AA-STD-5201

PERSONAL HEALTH ADVOCATE

While out on short-term disability, you can connect with Health Advocate to assist you with navigating the complexities of the healthcare system.

By contacting Health Advocate, you can be assigned a Personal Health Advocate (typically a registered nurse), who will remain on your case until it is fully resolved.

- Some ways a Personal Health Advocate can help:
- Understanding and maximizing benefits
- Make sense of diagnosis and treatment options
- Find/schedule appointments
- Locate specialists
- Resolve medical claims and billing issues!

Personal Health
Advocates available
Monday – Friday,
8 a.m. – 10 p.m.,
Eastern at:

844.450.5543

Leave of Absence

The City of Loveland has a variety of Leave of Absence Benefits. Please refer to each respective policy/benefit for specific details. If you are a benefit eligible employee and are absent from work for three (3) or more consecutive days or have other reasons you may need any amount of time off due to any of the following, you will need to begin a leave of absence process: FMLA reason, Short- or Long-Term Disability, Active Military Leave, American's With Disability Act leave, leave without pay.

FAMILY MEDICAL LEAVE ACT (FMLA) GROUP #763385

The Family Medical Leave Act provides job protection to you if you are qualified for specific family, medical or military occurrences. FMLA will run concurrently with your STD, Workers' Compensation or Long-Term Disability and is managed by The Standard. Please refer to the City of Loveland FMLA Administrative Regulations for details.

DISABILITY PLANS

The City of Loveland provides (pays the premiums) for both Short-Term and Long-Term Disability

LEAVE WITHOUT PAY

Employees are considered leave without pay when absent from work without available accruals to cover missed time. Please call Human Resources at 970-962-2371 for assistance.

AMERICANS WITH DISABILITY ACT (ADA)

The City will make reasonable accommodations for qualified individuals with a temporary or long-term disability to perform the essential functions of a job. Please refer to the ADA Administrative Regulation for further information. If you have questions or need assistance, please contact the Human Resources Department at 970-962-2371.

SHORT-TERM DISABILITY

The Short-Term Disability Plan (STD) may provide pay in the event you have a non-work-related personal illness, injury or pregnancy/childbirth and are unable to work for more than 14 consecutive calendar days. You may also qualify for partial benefits if disabled and working less hours. If approved, STD benefits will pay 70% of your normal base pay for up to 76 calendar days, at which time the employee may apply for Long Term Disability. All medical determinations are provided by The Standard. During the period of time the employee is paid 70%; they may supplement that pay with available accruals.

ACTIVE MILITARY LEAVE REQUESTS

The City of Loveland provides paid and unpaid leave to eligible military employees consistent with the requirement of state and federal law. Eligible employees on military leave may receive a maximum of 15 days of regular wages each calendar year in accordance with the employee's typical scheduled hours, not to exceed 120 hours. Contact Human Resources at 970-962-2371 for assistance.

The Standard manages FMLA and Disability Plans starting in 2025.

To file a claim call 866.756.8116 or go to www.standard.com/absence.
(First Time users will have to create an account.)

For HR assistance email:
LeaveOfAb@CityofLoveland.org or
all 970-962-2371

LONG-TERM DISABILITY

The Long-Term Disability Plan (LTD) has a 90-day elimination period and benefits may be payable on the 91st day of the disability. If partially disabled, employees may be eligible to work part-time and receive an LTD benefits. Long Term Disability medical criteria is determined and paid by The Standard at 60% of your base wages (monthly maximum of \$5,000). Benefits will be offset by other income sources. **You will be required to exhaust existing accruals at the beginning of an LTD leave.** NOTE: Please consult a tax advisor any questions regarding taxation of disability benefit payments.



Other Time Off

For all other time off questions, such as vacation, bereavement leave, additional medical leave, please refer to the applicable Administrative Regulation found on the intranet home page.

Employee Assistance Program (EAP)

Mines & Associates

Counseling and Support Services

This service is provided by MINES & Associates and offers you and your household members free and confidential counseling services for everyday issues including stress, anxiety, depression, family issues, drug and alcohol abuse, relationships, death and grief, and work-related issues.

Your MINES & Associates benefits include:

- You have **6 counseling sessions per issue, per year** for you and each household member.
- Free **30-minute office or telephone consult per separate legal or financial matter**. Additionally, you will receive a 25% discount on select services needed after the initial consult.
- Balancing work and family can be difficult. For everything from finding the right care for your children or elderly loved ones, to knowing where to find a good pet sitter, MINES can help. Call for **unlimited work/life services** to help find the right provider for your needs so you can rest easy.
- No matter your wellness goals, MINES can help. You may use **up to 4 free and confidential wellness sessions** per year with professional coaches to help you assess your level of wellbeing, set goals around your individual needs, and check-in to ensure you're on track for success.



To access
counseling services:

Call MINES at
1-800-873-7138

To access online resources:

Visit minesandassociates.com
and establish a username and
password

Company Code: loveland

ADDITIONAL MINES & ASSOCIATES RESOURCES

- Newsletters – Monthly newsletters and quarterly magazines available!
- Personal Advantage – a go-to online resource for you and your family – wellness articles, online tools, calculators, videos
- Webinars – MINES has an archive of online webinars. There is a new topic each month! Register online.

Employee Retirement Plan

401(a) Money Purchase Plan:

As a benefited employee after six months of employment, you are required to contribute 3% of your base salary to the 401(a) Money Purchase Plan, and the City will contribute 5%. This is a required plan and does not allow additional contributions. After three years, you will be 100% vested. The City's contribution increases with employment longevity. Six months through 7 YEARS = 5%; 8 through 10 years = 6%; 11 through 15 years = 7%; 16 through 20 years = 8%; 21+ years = 9%. This retirement plan is record-kept by Nationwide.

457 Deferred Compensation/Roth

All employees are eligible to participate in the 457 Deferred Compensation (Pre-tax) or Roth (After-tax) plan with Nationwide. IRS regulations state that as a governmental employee, you may contribute up to the IRS limits. 2025 limits are \$23,500 or if you are age 50 or older an additional \$7,500. New hires will be automatically enrolled for 2%; however can opt out, increase or change contributions at any time. Log into www.LovelandRetirement.Com to access your account or to enroll in the 457 if you have not already done so.

Nationwide Retirement
1-877-677-3678

Go to
LovelandRetirement.Com
to access your account

Schedule an appointment
with Chad Ballandby to
review your fund options
<https://nationwide457btelephoneappt.myretirementappt.com/#/>
or 1-888-401-5272

New Hires: Approximately 30 to 60 days after hire, you will receive your first of two emails from Nationwide. The first email will provide notice that you will be automatically enrolled in the voluntary 457 plan with a 2% tax-deferred contribution. You may change your contribution amount, change or add a Roth account, or opt out of the plan. The second email will be sent about 45 days after hire and will provide you information regarding your mandatory enrollment into the 401(a) plan at six (6) months of employment. You will go to LovelandRetirement.com to complete your enrollment. While completing your enrollment, you will select your fund allocations and beneficiaries for each of the plans and verify personal information.

Nationwide services include the 401 and 457 plan recordkeeping, virtual and in-person meetings with Chad Ballandby, Retirement Specialist, group trainings, online website tools, videos, tools and calculators, Investment Planner tool (on-line), managed accounts service for a fee and certified financial planner appointments (at no cost). Go to www.LovelandRetirement.Com for access to your account and these services.

529 College Invest Savings Program



All employees are eligible to enroll in the College Invest 529 College Savings Plan. This additional benefit offers you the ability to save for college in a tax-advantaged 529 College Savings Plan by setting up direct deposit from your paycheck, establishing automatic transfers from your checking or savings account, or simply mailing in a check when you see fit. For more information go to www.collegeinvest.org.

Retirement Benefits Police Officer

Sworn Police Officers Mandatory 401(a) plan

Police officers become eligible for the police retirement on the first day of employment. This is a required plan. Officers contribute 10% of their base salary and the City contributes 10% into a pre-tax plan. Officers are 100% vested following five years of employment. *Police Officers do not participate in Social Security.*

Principal Financial
1-800-547-7754
www.principal.com

Police Voluntary Match Plan

Any voluntary contributions made (into any City plan available Voluntary 401 or 457 plans) by Police Officers are matched by the City up to the maximum of 5% and will be an additional contribution to your 401(a). Employees have their choice of the 401(a) Principal Voluntary after tax, 457 deferred or ROTH plans with Nationwide Retirement or FPPA. City portion of the voluntary match will be made to the 401(a)-pre-tax Principal Police plan. Officers are required to complete enrollment in order to participate **Remember, employees can contribute up to the IRS maximums; however, the City will only match the first 5%.*

Sworn Officer Voluntary 401 AFTER TAX

Sworn police officers have the option to participate in the Principal AFTER tax 401 additional plan up to the IRS 401 limits. Contributions to the Principal Voluntary 401 counts towards the Police Match Plan. *Please complete the City of Loveland Police Match Plan form to initiate.*

Voluntary 457 Deferred Compensation with Nationwide Retirement

You are eligible to participate in a 457 Deferred Compensation Plan through Nationwide Retirement. This plan provides for pre-tax or Roth after-tax contributions. *Please complete the City of Loveland Police Match Plan form to initiate.* Once you have established an account, Nationwide contributions changes can be made at any time on-line at www.LovelandRetirement.com.

Voluntary 457 Deferred Compensation With FPPA

Police Officers are eligible to participate in a 457 Deferred Compensation Plan through FPPA. This plan provides for pre-tax or Roth after-tax contributions. *Please complete the City of Loveland Police Match Plan form to initiate or to make contribution changes.*



Fire Police Pension Association Death & Disability

As a Police Officer with the City of Loveland, Colorado Revised Statutes require you participant in the Fire and Police Pension Association of Colorado (FPPA) Death and Disability Plan. This plan was established January 1, 1980 and is administered by FPPA. This program is based on Colorado Revised Statutes, Title 31, Articles 30, 20.5 and 31 and as a new officer, you will be enrolled automatically and the City will pay the required 3.8% of your base wages into the plan until you have reached age 55 and 25 years of service.

<p>Nationwide Retirement www.LovelandRetirement.com</p> <p>Chad Ballandby ballac6@nationwide.com 1-320-267-7400</p>	<p>Principal Financial Steve Laine 970-484-9776 or Steve@MKOFinancial.com</p>	<p>Fire Police Pension Association www.fppaco.org Click on Fidelity</p>	<p>College Invest www.collegeinvest.org</p>
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Annual Notices

Employee Annual Benefit Notices

Every year, the City of Loveland provides employee benefit's plan notices to employees.

The following legal notices are available for review and/or to print on UKG:
MENU>MYSELF> Company Information

- Medical Part D prescription Drug Creditability Notice
- Non-Grandfathered Medical Plan appeals
- Women's Health and Cancer Rights Act (WHCRA)
- Public Health Insurance Marketplace
- Wellness Plan
- Special Medical Enrollment Rights and Responsibilities Under HIPAA
- Premium Assistance Under Medicaid or the Children's Health Insurance Program (CHIP)

Plan Documents: In the event you are unable to locate any Benefits Plan document, reach out to Human Resources by emailing HR@CityofLoveland.org and we will be happy to provide you with a copy.



Contact Information

Benefit	Contact	Additional Information	Website or Email	Phone
Human Resources	Human Resources		HR@CityofLoveland.org	970-962-2371
Additional Voluntary Insurances	Standard - Accident Insurance		www.standard.com	800-634-1743
	Standard - Critical Illness Insurance		www.standard.com	800-634-1743
Dental	Delta Dental of Colorado	Group: 1856	www.deltadentalco.com	800-610-0201
Employee Assistance Program	Mines & Associates	Company code: loveland	www.MinesAndAssociates.com	800-873-7138
Flexible Spending	UMR - Flexible Spending		www.umr.com	800-207-3172
Leave of Absence The Standard	Leave of Absence/FMLA	Group ID 10129948 Policy# 173030	www.standard.com/absence	866.756.8116
	Long Term Disability		www.standard.com/absence	866.756.8116
	HR/Leaves Processing		leaveofab@CityofLoveland.org	970-962-2371
	Short Term Disability		www.standard.com/absence	866.756.8116
	Health Advocate Service			866-695-8622
Life & Additional Services The Standard	Funeral Concierge	user name: support	www.standard.com/mytoolkit	800-378-5742
	Estate Guidance	user name: support	www.standard.com/mytoolkit	800-378-5742
	Beneficiary Assist	user name: support	www.standard.com/mytoolkit	800-378-5742
	Travel Assistance		Medservices@assistamerica.com	800-872-1414
Life Insurances The Standard	Life Insurance	contact HR with questions		970-962-2371
Medical	UMR	Group #76-413064	www.umr.com	800-207-3172
	Lantern		my.lanterncare.com	833-512-1177
	Marathon - Wellness Center	1632 Topaz; Loveland	my.marathon-health.com	970-776-9550
	Capital RX Pharmacy		www.cap-rx.com	888-302-2779
	Optum Mail Order		www.cap-rx.com	888-302-2779
	Teladoc		www.teladoc.com	800-835-2362
	Epic Hearing		www.epicearing.com/registration	866-956-5400
Payroll/Time System	UKG		https://nw12.ultipro.com	970-962-2371
Police Death & Disability	Fire Police Pension Association (FPPA)		www.fppaco.org	303-770-3772
Retirement	Nationwide	0061269001 & 0061269002	www.LovelandRetirement.com	877-677-3678
	Principal Financial	Group # 377917	www.principal.com	800-547-7754
	529 College Savings Plan		www.employerprogram@collegeinvest.org	888-376-8804
Vision	Vision Services Plan		www.vsp.com	800-877-7195

General Glossary of Terms

Authorize/Authorization: When a health plan approves treatment for covered health care services. Members may have to pay for non-approved treatment. Note: Emergency Services and out-of-area urgent care services usually do not require prior authorization. Your prescription vendor uses pre-approved criteria to provide authorizations for claims. For certain types of drugs, prior authorization is required.

Accountable Care Organization (ACO): ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to their patients. The goal of coordinated care is to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

Brand-Name Drug: Prescription drugs that are manufactured and marketed under a registered trade name or trademark. Your health plan's formulary provides access to brand name drugs, as well as generic drugs.

Claim: A request for payment of benefits.

Coinsurance: A cost-sharing feature in which the member pays a percentage of the cost of care (e.g., 10 percent coinsurance = member pays 10 percent of the cost).

Copayment (or copay): A cost-sharing feature where the member pays a set dollar amount for the cost of care (e.g., \$20 per physician office visit). For prescription drugs, you will pay whichever costs less – the copayment or the retail price charged.

Deductible: A cost-sharing feature in which the member pays a set dollar amount before becoming eligible for payment for some or all covered services. Example: If a member has a \$250 deductible, they pay up to \$250 for services before the plan begins paying.

Dependent: Person (e.g., a spouse or child) other than the subscriber (employee) who is covered in the subscriber's health care plan.

Diagnostic Tests: Tests and procedures ordered by a doctor to determine if the patient has a certain condition or disease based upon specific signs or symptoms demonstrated by the patient. Such diagnostic tools include but are not limited to radiology, ultrasound, nuclear medicine, laboratory, pathology services or tests.

Flexible Spending Account (FSA) – For Health Care and Dependent Day Care: A Flexible Spending Account is another way to defer taxable income to pay for eligible health care expenses as defined by the IRS. This account differs from the Health Savings Account (HSA), as FSAs are subject to "use it or lose it" rules and do not roll over year-to-year.

Formulary: A list of preferred pharmaceutical products and medicines developed in consultation with physicians and pharmacists.

Drug Tier 1 (Lowest copayment): Prescription drugs offering the greatest value within a therapeutic class. Some of these are generic equivalents of brand name drugs.

Drug Tier 2 (Medium copayment): Drugs on this tier are generally the more affordable brand-name drugs. Other drugs are on this tier because they are preferred within their therapeutic classes based on clinical effectiveness and value.

Drug Tier 3 (Highest copayment): These are higher cost brand-name drugs. Some Tier 3 drugs may have generics or equivalents available in Tier 1. In addition, some drugs on this tier may have been evaluated to be less cost-effective than equivalent drugs on lower tiers.

Exclusions: Specific conditions or circumstances including medical, surgical, hospital or other treatments for which the program offers no coverage. It is very important to consult the health benefit plan to understand what services are not covered services.

Explanation of Benefits (EOB): A form that may be sent to the member after a claim has been processed by the health plan. The form explains the action taken on that claim.

This explanation usually includes the amount paid, the benefits available, reasons for denying payment or the claims appeal process.

Generic Drug: Generic drugs are medication equivalents that have the same active ingredients and provide the same clinical benefits as their brand name counterparts. Generic equivalents become available when a brand name drug patent expires. They may look different than their counterpart brand name drugs in size, shape or color, but they meet the same U.S. Food and Drug Administration standards for safety, purity and potency.

Health Reimbursement Arrangement (HRA): Health Reimbursement Arrangements (HRAs) are employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the arrangement. Health Reimbursement Arrangements are sometimes called Health Reimbursement Accounts..

High-Deductible Health Plan: A type of plan where the member pays out of pocket for the majority of services until a deductible is reached. Unlike a PPO, this plan offers no copayment options. A qualified HDHP is a requirement for health savings accounts and other tax-advantaged programs.

In-Network: Refers to the use of doctors or facilities who participate in the health benefit plan's provider network. The City of Loveland Exclusive plan requires members to use participating (in-network) doctors and facilities only to receive benefits.

Inpatient: When a person receives medical treatment in a hospital or other health care facility with an overnight stay.

Maintenance Drug: Medications that are prescribed for chronic, long-term conditions and are taken on a regular, recurring basis. Examples of chronic conditions that may require maintenance drugs are high blood pressure, high cholesterol, epilepsy and diabetes.

Glossary of Terms (Continued)

Mental Health Services: Rehabilitative services that include mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services such as: psychiatric inpatient hospital services; targeted case management; psychiatric services; psychologist services; early, periodic, screening, diagnosis and treatment (EPSDT); supplemental specialty mental health services.

Network: The doctors, clinics, hospitals and other medical providers with whom the health plan contracts to provide health care to its members. Members may be limited to network providers for full benefits.

Network Provider: A doctor, hospital, pharmacy, laboratory, or other appropriately licensed facility or provider of health care services or supplies, who has contracted with a health plan to participate in the network and has agreed to certain contracted fees.

Non-Formulary Drug: A drug that is not listed on the health plan's formulary and requires authorization from the health plan in order to be covered.

Non-Network Provider: A doctor or facility who has not contracted with a health plan to participate in the network. It is also known as a non-participating provider or out-of-network provider.

Out-of-Network: The use of non-network doctors or facilities. Members using out-of-network doctors and facilities may pay additional costs because non-network doctors and facilities have not contracted with the health plan for reduced fees.

Out-of-Pocket Maximum: The maximum amount that a member will generally have to pay in a fiscal year for covered services under the health benefit plan. Once this limit is reached, the health plan pays for all services up to a maximum level of coverage.

Outpatient: When a person receives medical treatment in a hospital or other health care facility without an overnight stay.

Outpatient Surgery: Surgical procedures performed that do not require an inpatient (or overnight) admission. Such surgery can be performed in a hospital, or an ambulatory surgery center.

Over-the-Counter (OTC) Drugs: Drugs which may be purchased without a prescription and are not covered by the Rx benefit.

Pre-Authorization: A formal process or procedure used to review and assess the medical necessity and appropriateness of elective hospital admissions and non-emergency care before the services are provided. Prior authorization is required for many services; however, for emergency or out-of-area urgent care service, prior authorization is not required.

Primary Care Physician (PCP): A doctor or clinic in the network selected by the member to be the first physician contacted for any non-emergency care medical problem. The physician acts as the patient's regular physician and coordinates any other care the patient needs, such as a visit to a specialist or hospitalization.

Prior Authorization (Medications): The process required to dispense certain drugs when the use of those drugs is defined or limited by conditions of the subscribers' coverage or health plan.

Certain prescription drugs (or the prescribed quantity of a particular drug) may require prior authorization of benefits. Prior authorization helps promote appropriate usage and enforcement of guidelines for prescription drug benefit coverage. At the time the subscriber fills a prescription, the network

pharmacist is informed of the prior authorization requirement through the pharmacy's computer system and the pharmacist is instructed to contact the prescription vendor for the subscriber's health plan.

The health plan's prescription vendor uses pre-approved criteria to complete prior authorizations. The prescription vendor communicates the pre-approved criteria to the pharmacist. If additional information is needed regarding the prior authorization criteria, the prescription vendor or the pharmacist may contact the subscriber's prescribing physician. This is also called pre-certification.

Provider: A health care facility, program, agency, physician or health professional that delivers health care services or supplies. Examples include doctors, clinics, hospitals, skilled nursing facilities, home health agencies, pharmacies, laboratories, X-ray facilities, durable medical equipment suppliers.

Retail Chain Pharmacies: A group of pharmacy stores under the same management or ownership. Examples include City of Loveland retail pharmacy, CVS, Walgreens, King Soopers, Target, and Wal-Mart. The Rx Retail Pharmacy Network includes most national chain pharmacies, along with many locally owned independent pharmacies.

Specialist: A doctor or other health professional who has advanced education and training in a clinical area of practice and is accredited, certified, or recognized by a board of physicians or like peer group, or an organization offering qualifying examinations (board certified) as having special expertise in that clinical area of practice.

Surgery Plus: Supplemental benefit for non-emergency surgeries which provides high-quality care, concierge-level member service and lower costs.