South Suburban Park & Recreation District’s mission is to foster healthy living for our patrons so it makes sense to start with our employees! Your overall well-being is important to the District. That’s why we provide a comprehensive benefits program designed to support your total well-being now, and in the future. The following guide provides information on the benefits available to you so you can take charge of your physical, mental and financial health. The benefits provide an opportunity for you to take an active role in your health and we hope you will take advantage of all the offerings! Please review this booklet and contact Human Resources if you have questions.

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BENEFITS ELIGIBILITY
The following summary serves as a general benefits guide for regular full-time 40 hours/wk.
Benefit coverage is effective the first day of the month coinciding with or following 30 days of employment.
Should you terminate your employment with the District, your benefits would end on the last day of the month following or coinciding with your separation of employment.
Temporary and variable employees may qualify for the District’s health plan based on applicable laws. Temporary and variable employees who qualify for the District’s health plan are not eligible for any other District benefits.

ELIGIBLE DEPENDENTS
You may also cover your eligible dependents on your plans.
Eligible dependents include:
• Spouse (including common law spouse);
• Children from birth up to the age of 26, given the dependent child meets all other eligibility requirements as specified in our plan documents.

MID-PLAN YEAR QUALIFYING EVENTS:
Since your insurance premiums are paid on a pretax basis, you may not make changes to your elections until the next open enrollment period unless you experience a “qualifying life event”.
Qualifying life events include (but are not limited to):
• Marriage, divorce or separation;
• Death;
• Birth or adoption;
• Your dependent child turning age 26; and
• A change in your, or your spouse’s, employment that affects benefits eligibility.

If you experience a qualifying life event, it is your responsibility to notify Human Resources, and you must request benefits changes in Paylocity within 30 days of the event.
South Suburban offers two medical plans to choose from through Cigna. Both plans are Preferred Provider Organization (PPO) plans, which allow you to visit any provider (doctor or hospital). Keep in mind that you receive the greatest benefits when you visit providers within the Cigna network. Your PPO plans are highlighted in the table below. Please refer to your Cigna materials for more detailed information. The table below shows what you are responsible for paying under the Cigna plans. Participants will be mailed their Cigna cards after enrolling in the plan.

### Medical Benefits

<table>
<thead>
<tr>
<th>Deductible (ded.) (per calendar year)</th>
<th>HIGH PLAN (Open Access Plus)</th>
<th>LOW PLAN (Open Access Plus)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Individual: $400</td>
<td>Individual: $800</td>
<td>Individual: $1,000</td>
</tr>
<tr>
<td>Family: $800</td>
<td>Family: $1,600</td>
<td>Individual: $2,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (includes deductible, copays &amp; prescription drug costs)</td>
<td>Individual: $3,000</td>
<td>Individual: $4,000</td>
</tr>
<tr>
<td></td>
<td>Family: $6,000</td>
<td>Family: $8,000</td>
</tr>
<tr>
<td></td>
<td>Individual: $800</td>
<td>Family: $1,600</td>
</tr>
<tr>
<td></td>
<td>Family: $12,000</td>
<td>Family: $24,000</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No charge</td>
<td>40% after deductible</td>
</tr>
<tr>
<td></td>
<td>40% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Office Visits</td>
<td>Primary Care Physician (PCP): $20 copay; Specialist: $40 copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td></td>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Office Surgery</td>
<td>PCP: $20 copay; Specialist: $40 copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td></td>
<td>30% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$40 copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td></td>
<td>30% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>20% after deductible Lab/X-Ray: 20% after ded.</td>
<td>20% after deductible</td>
</tr>
<tr>
<td></td>
<td>30% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Lab &amp; X-Ray (at a doctor’s office)</td>
<td>No charge</td>
<td>40% after deductible</td>
</tr>
<tr>
<td></td>
<td>30% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>MRI, PET, CT-Scan, &amp; Other High-Tech Medicine</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td></td>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>20% after deductible Lab/X-Ray: 20% after ded.</td>
<td>40% after deductible</td>
</tr>
<tr>
<td></td>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>20% after deductible Lab/X-Ray: 20% after ded.</td>
<td>40% after deductible</td>
</tr>
<tr>
<td></td>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>20% after Rx deductible of: Individual: $50; Family: $100</td>
<td>20% after Rx deductible of: Individual: $50; Family: $100</td>
</tr>
<tr>
<td></td>
<td>50% after Rx deductible of: Individual: $50; Family: $100</td>
<td>50% after Rx deductible of: Individual: $50; Family: $100</td>
</tr>
</tbody>
</table>

* Out-of-network benefits are based on the “Usual and Customary” (U&C) rates established within the doctor’s or hospital’s geographic region.

### PREMIUM COST PER PAYCHECK:

<table>
<thead>
<tr>
<th>Plan</th>
<th>HIGH PLAN (Open Access Plus Plan)</th>
<th>LOW PLAN (Open Access Plus Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You Pay:</td>
<td>District Pays:</td>
</tr>
<tr>
<td></td>
<td>Employee-Only</td>
<td>$50.50</td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse</td>
<td>$234.00</td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
<td>$222.00</td>
</tr>
<tr>
<td></td>
<td>Employee + Family</td>
<td>$359.00</td>
</tr>
</tbody>
</table>

**Cigna Telehealth Connection MDLIVE**

Cigna Telehealth Connection lets you get the care you need - including most prescriptions - for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone without leaving your home or office. Cigna Telehealth services are available 24/7/365 and the cost savings are clear. MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. Register today so you’ll be ready when and where you need it! Visit MDLIVEforCigna.com or download their vendor app. By phone: MDLIVE 1-888-726-3171
South Suburban offers you the option of a Preferred Provider Organization (PPO) dental plan through Delta Dental of Colorado. This plan allows you to visit any dentist, but you benefit from discounted rates and will typically pay less when you use a Delta PPO dentist. The table below shows what you are responsible for paying under the Delta Dental plan. For full details on these plans, including a list of covered benefits & exclusions, refer to your Delta Dental summary plan descriptions.

**Delta Dental PPO Plan**

<table>
<thead>
<tr>
<th>Deductible (per calendar year)</th>
<th>Delta PPO Dentists</th>
<th>Non-PPO Dentists* (Premier &amp; Non-Participating)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual: $50; Family: $150</td>
<td>(combined deductible for PPO and non-PPO dentists)</td>
<td></td>
</tr>
<tr>
<td>Maximum Benefit (per calendar year)</td>
<td>$1,500 per person</td>
<td>$1,000 per person</td>
</tr>
<tr>
<td>Preventive Care (cleanings, fluoride and sealants for children, x-rays, etc.)</td>
<td>No charge</td>
<td>No charge*</td>
</tr>
<tr>
<td>Basic Services (fillings, root canals, extractions)</td>
<td>10% after deductible</td>
<td>20% after deductible*</td>
</tr>
<tr>
<td>Major Services (crowns, dentures, bridge)</td>
<td>40% after deductible</td>
<td>50% after deductible*</td>
</tr>
<tr>
<td>Orthodontia (for eligible children)</td>
<td>50% (up to $1,500 lifetime orthodontia benefit per person, PPO &amp; non-PPO combined)</td>
<td>50%*</td>
</tr>
</tbody>
</table>

* Out-of-network benefits are paid up to Delta’s maximum plan allowance for each service. If your dentist charges more than the allowance, you are responsible for paying the additional fees.

**Vision Discounts through EyeMed Vision Care**

If you enroll in the Delta Dental plan, you also receive vision discounts through EyeMed Vision Care. For details, contact HR or visit www.eyemedvisioncare.com/deltadental.

**VSP Vision Plan**

<table>
<thead>
<tr>
<th>In-Network benefits</th>
<th>Eye Exam</th>
<th>$10 copay every calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Goggles</td>
<td>$25 copay; Includes:</td>
<td></td>
</tr>
<tr>
<td>Lenses: Every calendar year</td>
<td>Single vision, lined bifocal &amp; lined trifocal, polycarbonate for children</td>
<td></td>
</tr>
<tr>
<td>Frames: Every other calendar year</td>
<td>$130 allowance on most brands ($150 on featured brands &amp; $70 at Costco)</td>
<td></td>
</tr>
<tr>
<td>Contact Lenses (instead of glasses)</td>
<td>Up to $60 copay every calendar year; Includes:</td>
<td></td>
</tr>
<tr>
<td>Contact lens fitting &amp; evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Savings</td>
<td>20% off additional glasses &amp; sunglasses</td>
<td></td>
</tr>
<tr>
<td>Retinal Screening: No more than a $39 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser Vision Correction: Average 15% off retail price or 5% off promotional price</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Get more from your benefits by visiting a Delta PPO dentist!**

When you visit a Delta PPO dentist, you will pay less! To find a Delta PPO dentist, go to www.deltadentalco.com, and enter your zip code in the “Find a Dentist” box. Visit a dentist who accepts the “Delta Dental PPO” network to get the best savings! Learn more about dental networks at www.deltadentalco.com/DeltaDentalNetworks.aspx.

**Insurance cards are not provided.** Once enrolled, your social security number is your member ID. The group number is 6839.

**PREMIUM COST PER PAYCHECK:**

<table>
<thead>
<tr>
<th><strong>Delta Dental PPO Plan</strong></th>
<th>You Pay:</th>
<th>District Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee-Only</td>
<td>$8.00</td>
<td>$16.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$22.00</td>
<td>$16.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$25.00</td>
<td>$16.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$32.00</td>
<td>$16.00</td>
</tr>
</tbody>
</table>
Employee B-Fit Wellness Incentive Program

South Suburban's mission depends on the health and well-being of you! The Employee Wellness Committee administers the B-fit Wellness Incentive Program which promotes activities for employees in 5 dimensions of a well-rounded, healthy lifestyle.

How Do I Participate?
Track your activities on your B-Fit Log (visit SubHub to download a B-Fit log or ask your supervisor how to access one). Send your completed B-Fit log to ssprdhr@ssprd.org by mid-October. Incentives will be awarded the following year.

Choose Your Wellness Incentive:

**GIFT VALUED UP TO $25**

**Complete:**
- 52 Activities in 3 of the 5 Wellness Dimensions
- 1 Monthly Challenge
- 2 Wellness Series Trainings, or any training that fits into a Wellness Dimension

**GIFT VALUED UP TO $50**

**Complete:**
- 52 Activities in 3 of the 5 Wellness Dimensions
- 1 Monthly Challenge
- 2 Wellness Series Trainings, or any training that fits into a Wellness Dimension
- 1 Wellness Exam (medical, dental, or vision)

**$360* OFF ANNUAL MEDICAL PREMIUMS**

**Complete:**
- 52 Activities in 3 of the 5 Wellness Dimensions
- 1 Monthly Challenge
- 2 Wellness Series Trainings, or any training that fits into a Wellness Dimension
- 2 Wellness Exams (medical, dental, or vision)
*For employees enrolled in the District’s medical plan

5 Dimensions of a Well-Rounded, Healthy Lifestyle

**Emotional**
Manage feelings, enabling you to be more productive and make more meaningful contributions to your community.

**Financial**
Providing a sense of security and relief from financial stress.

**Social**
Connecting with others at work, at home and in the community.

**Environmental**
Awareness of the relationship between your individual health and your home, work and community.

**Physical**
Help increase your energy and improve your ability to accomplish daily tasks.
Do only SSPRD activities count towards the incentive requirements or can I participate in activities on my own?
Both count! You can log your personal workouts, any training classes, etc. As long as you’re participating in an activity that fits into 1 of the 5 wellness dimensions, track it on your B-Fit log!

How do I participate in the Wellness Committee’s challenges?
The Wellness Committee will email all staff about challenge details or you can also ask your manager. You can also navigate to SubHub while on the District’s internal network to find an annual list of the Wellness Committee’s challenge offerings.

What is a Wellness Series Training?
A Wellness Series Training is an in-person or online course that is offered to employees by the Wellness Committee that cover a variety of important health-related topics. Wellness Series Trainings are offered throughout the year and you can find a list of scheduled Wellness Series Trainings on SubHub.

What is a B-Fit Log and where can I get one?
A B-Fit Log is a spreadsheet to help you track all of the activity requirements needed for you to work towards earning one of the B-Fit Wellness incentives. B-Fit Logs can be found by navigating to SubHub or you can ask your supervisor how to access one.

When will I receive my B-Fit Wellness incentive?
Log your activities on your B-Fit Log and send it to ssprdhhr@sprd.org by the due date listed on the log of the current calendar year. Incentives will be awarded after January 1 of the following calendar year.

I have questions about the Wellness Program, who can I contact?
You can navigate to SubHub to find out more about the Employee Wellness Incentive Program or you can email ssprdhhr@sprd.org
Flexible Spending Accounts

The purpose of the Flexible Spending Accounts (FSAs) is to provide you with the opportunity to deduct certain qualified expenses on a pretax basis, which can add up to a substantial amount of tax savings. (See the pretax savings illustration in the box below.)

FSAs act like bank accounts with automatic pretax deductions from your paycheck. You have two types of FSAs available to you:
1. a **Health FSA** to use for eligible health-related expenses;
2. a **Dependent Care FSA** to use for eligible child care expenses or care for a dependent parent.

**How it works:** During open enrollment, you elect a certain amount to be deducted from your paycheck pretax each pay period (two paychecks each month). You may deduct up to:
- **$2,850 per year** for your Health FSA;
- **$5,000 per year** for your Dependent Care FSA ($2,500 if you are married and file taxes separately).

As you incur eligible expenses, you are reimbursed for them with money from your account(s). The expenses may be incurred for you or for a qualifying dependent (those individuals who are eligible to be, and are claimed as, your dependents on your tax return).

**IMPORTANT FSA REMINDERS:**
Keep in mind the following IRS regulations when determining the amount you elect for your FSA(s).
- **“Use It or Lose It” Rule:** If there is money left in your FSA at the end of the plan year, you may roll over a maximum of $570 to the next plan year. You forfeit any remaining money. So don’t overestimate your FSA election!
- **No changes to elections during the plan year:** You may not make any changes to your FSA elections during the plan year unless you experience a qualifying change in family status.

Please take time to review this plan and be sure you understand what expenses are eligible under the FSAs before enrolling. For more information, review your Rocky Mountain Reserve FSA enrollment materials, or go to www.rockymountainreserve.com.

---

**Your FSA is made easier with your RMR Debit Card!**

The Rocky Mountain Reserve Debit Card allows you to pay for eligible expenses at the point of service, eliminating the need to pay out-of-pocket and file claims for reimbursement for many expenses. With the card, most expenses will be automatically verified; however, you may need to submit receipts for some charges, so be sure to always save your receipts - just in case. If you choose to enroll in the FSA, you will receive your card in the mail a few weeks after enrolling.

---

**After-Tax Contributions** | **Pretax Contributions**
--- | ---
Gross Pay | $4,167
Taxable Income | $4,167
FICA/Medicare | - $319
Federal Tax | - $404
State Tax | - $148
Net Pay | $3,296

**Expenses for the month:**
- **Childcare** - $416
- **Health Expenses** - $50

**Taxable Income** | **$3,701**
--- | ---
FICA/Medicare | - $283
Federal Tax | - $293
State Tax | - $114

**Spendable Income** | **$3,011**
--- | ---
**Monthly Savings** | **$181**
**Annual Savings** | **$2,172**

---

The example to the left illustrates the pretax premium savings that an FSA plan offers based on a person who:
- is married,
- has one child,
- earns $4,167 per month,
- and spends $466 per month for child care and health care expenses.

In the example, a savings of $181 per month ($2,172 per year) is realized. Your own savings will depend on your age, marital status, the number of dependents you claim, etc.

* Paid pretax through an FSA.
HOLIDAY LEAVE
The District observes ten holidays each year.
- New Year’s Day
- Martin Luther King Jr. Day
- Presidents’ Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day

PERSONAL LEAVE
Full-time employees are provided 4 personal days or 32 hours of annual personal leave each year (pro-rated for new hires).
Employees may use this leave as they wish with prior approval from their supervisor. Personal leave is not an earned or accrued benefit. Any unused portion of personal leave cannot be carried over from year to year, nor is it paid at the time of separation.

SICK LEAVE
The District offers full-time employees with eight hours of sick leave per month and may accumulate a maximum of 1,000 hours of sick leave. Time away from work pursuant to this policy will not be included in the calculation of overtime. In addition, unused sick time is not paid upon separation.

**Use of Sick Time**
Paid sick leave may be used if an employee:
(1) Has a mental or physical illness, injury, or health condition that prevents them from working;
(2) Needs to get preventive medical care, or needs to get a medical diagnosis, care, or treatment of any mental or physical illness, injury or other health condition;
(3) Needs to care for a family member who has a mental or physical illness, injury or health condition, or who needs the sort of care listed in category (2);
(4) The employee or the employee’s family member having been a victim of domestic abuse, sexual assault, or criminal harassment, and needing to leave for related medical attention, mental health care or other counseling, victim services (including legal services or relocation); or
(5) Due to a public health emergency, a public official having closed either (A) the employee’s place of business, or (B) the school or place of care of the employee’s child, requiring the employee needing to be absent from work to care for the child.

VACATION LEAVE
Vacation leave is accrued according to your years of service with the District as per the below schedule. Vacation balance is paid at time of separation.

<table>
<thead>
<tr>
<th>Eligible Years of Service</th>
<th>Full-Time Employees (RFT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual Vacation Leave (Hours/Year)</td>
</tr>
<tr>
<td>0-3 years</td>
<td>92.04 hours (11.5 days)</td>
</tr>
<tr>
<td>4-7 years</td>
<td>132 hours (16.5 days)</td>
</tr>
<tr>
<td>8-14 years</td>
<td>160.08 hours (20 days)</td>
</tr>
<tr>
<td>15 years (+)</td>
<td>176.04 hours (22 days)</td>
</tr>
</tbody>
</table>

Time Away From Work

**HOLIDAY LEAVE**
The District observes ten holidays each year.
- New Year’s Day
- Martin Luther King Jr. Day
- Presidents’ Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day

**PERSONAL LEAVE**
Full-time employees are provided 4 personal days or 32 hours of annual personal leave each year (pro-rated for new hires). Employees may use this leave as they wish with prior approval from their supervisor. Personal leave is not an earned or accrued benefit. Any unused portion of personal leave cannot be carried over from year to year, nor is it paid at the time of separation.

**SICK LEAVE**
The District offers full-time employees with eight hours of sick leave per month and may accumulate a maximum of 1,000 hours of sick leave. Time away from work pursuant to this policy will not be included in the calculation of overtime. In addition, unused sick time is not paid upon separation.

**Use of Sick Time**
Paid sick leave may be used if an employee:
(1) Has a mental or physical illness, injury, or health condition that prevents them from working;
(2) Needs to get preventive medical care, or needs to get a medical diagnosis, care, or treatment of any mental or physical illness, injury or other health condition;
(3) Needs to care for a family member who has a mental or physical illness, injury or health condition, or who needs the sort of care listed in category (2);
(4) The employee or the employee’s family member having been a victim of domestic abuse, sexual assault, or criminal harassment, and needing to leave for related medical attention, mental health care or other counseling, victim services (including legal services or relocation); or
(5) Due to a public health emergency, a public official having closed either (A) the employee’s place of business, or (B) the school or place of care of the employee’s child, requiring the employee needing to be absent from work to care for the child.

**VACATION LEAVE**
Vacation leave is accrued according to your years of service with the District as per the below schedule. Vacation balance is paid at time of separation.

<table>
<thead>
<tr>
<th>Eligible Years of Service</th>
<th>0-3 years</th>
<th>4-7 years</th>
<th>8-14 years</th>
<th>15 years (+)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.67</td>
<td>11.00</td>
<td>13.34</td>
<td>14.67</td>
</tr>
<tr>
<td></td>
<td>160 hours (20 days)</td>
<td>240 hours (30 days)</td>
<td>280 hours (35 days)</td>
<td>320 hours (40 days)</td>
</tr>
</tbody>
</table>

---

**HOLIDAY LEAVE**
The District observes ten holidays each year.
- New Year’s Day
- Martin Luther King Jr. Day
- Presidents’ Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day

**PERSONAL LEAVE**
Full-time employees are provided 4 personal days or 32 hours of annual personal leave each year (pro-rated for new hires). Employees may use this leave as they wish with prior approval from their supervisor. Personal leave is not an earned or accrued benefit. Any unused portion of personal leave cannot be carried over from year to year, nor is it paid at the time of separation.

**SICK LEAVE**
The District offers full-time employees with eight hours of sick leave per month and may accumulate a maximum of 1,000 hours of sick leave. Time away from work pursuant to this policy will not be included in the calculation of overtime. In addition, unused sick time is not paid upon separation.

**Use of Sick Time**
Paid sick leave may be used if an employee:
(1) Has a mental or physical illness, injury, or health condition that prevents them from working;
(2) Needs to get preventive medical care, or needs to get a medical diagnosis, care, or treatment of any mental or physical illness, injury or other health condition;
(3) Needs to care for a family member who has a mental or physical illness, injury or health condition, or who needs the sort of care listed in category (2);
(4) The employee or the employee’s family member having been a victim of domestic abuse, sexual assault, or criminal harassment, and needing to leave for related medical attention, mental health care or other counseling, victim services (including legal services or relocation); or
(5) Due to a public health emergency, a public official having closed either (A) the employee’s place of business, or (B) the school or place of care of the employee’s child, requiring the employee needing to be absent from work to care for the child.

**VACATION LEAVE**
Vacation leave is accrued according to your years of service with the District as per the below schedule. Vacation balance is paid at time of separation.

<table>
<thead>
<tr>
<th>Eligible Years of Service</th>
<th>0-3 years</th>
<th>4-7 years</th>
<th>8-14 years</th>
<th>15 years (+)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.67</td>
<td>11.00</td>
<td>13.34</td>
<td>14.67</td>
</tr>
<tr>
<td></td>
<td>160 hours (20 days)</td>
<td>240 hours (30 days)</td>
<td>280 hours (35 days)</td>
<td>320 hours (40 days)</td>
</tr>
</tbody>
</table>
LIFE & ACCIDENT BENEFITS
South Suburban provides basic life and accidental death & dismemberment (AD&D) insurance at no cost to you.

**Benefit Amount:** Full-time employees have the following life and AD&D benefits.

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life Benefit</td>
<td>1.5x annual salary</td>
<td>Min. $50,000</td>
</tr>
<tr>
<td>AD&amp;D Life Benefit</td>
<td>(additional benefit paid in the event of an accidental death)</td>
<td>1.5x annual salary</td>
</tr>
</tbody>
</table>

Your AD&D coverage for dismemberment (in the case of a loss of limb, sight, etc.) varies and is determined according to the extent of loss.

RETIREMENT PLANS
South Suburban has established the 457(b) and 401(a) retirement plans to help you prepare for your financial future. Our current vendor is Principal Financial.

**457(b) Deferred Compensation Plan** – This tax deferred compensation retirement plan allows full-time employees to choose to contribute via automatic paycheck deductions to a pretax account or a post-tax Roth account. Principal offers a variety of fund choices to invest your election deferral, and you may enroll, cancel or change your election deferral at any time. If you do not submit a specified election amount, the District will automatically withhold 3% and automatically increase on or after each first day of the Plan Year by 1% up to a maximum of 6% of your compensation each payroll period. If you have any questions concerning the application of this automatic contribution provision, please contact HR.

**401(a) Plan** – SSPRD maintains a Money Purchase Retirement Plan for full-time employees. The District will contribute an amount equal to 5% of your current regular salary each pay period. There is no employee contribution required to receive the 5% employer contribution and the contribution vests after you have reached 3 years of service with the District. Though the plan is funded by the District, employees must elect to enroll and select fund choices to participate. In addition to the 5% contribution the District makes to your 401(a) plan, the District will also match 100% of the first 3% you contribute to your 457(b) retirement plan. The matching contributions also vest after you have reached 3 years of service with the District.

DISABILITY BENEFITS
South Suburban provides Short-Term Disability (STD) and Long-Term Disability (LTD) insurance at no cost to you.

**Short-Term Disability** - STD will pay a portion of your lost salary should you become disabled due to an accident or illness and are unable to work. STD benefits may pay up to a maximum of 13 weeks. After satisfying the elimination period of 14 days, the STD plan pays approved claims at a benefit equal to 66.67% of your regular weekly pay, up to a maximum benefit of $1,825 per week.

**Long-Term Disability** - If your disability continues beyond 90 days, you may be eligible for LTD. The LTD plan provides replacement for up to 66.67% of your monthly salary to a maximum of $8,000 per month.

EMPLOYEE ASSISTANCE PROGRAMS
South Suburban offers two Employee Assistance Programs (EAPs) as a free resource to help you address the many personal issues and concerns that arise in life, such as stress, relationships, depression, grief and loss and substance abuse. Your EAPs are completely confidential and are available 24 hours a day, seven days a week, including holidays.

**Mines & Associates EAP:** You and your household members have up to five face-to-face or telephonic counseling sessions through Mines & Associates at no cost. Access your EAP benefits by calling 303.832.1068 or go to [www.minesandassociates.com](http://www.minesandassociates.com).

**Lincoln EAP:** Eligible employees have up to four face-to-face sessions for each family member. To learn more about the Lincoln Financial EmployeeConnect program, visit [www.GuidanceResources.com](http://www.GuidanceResources.com) (username = LFGsupport; password = LFGsupport1), or talk with a specialist at 888-628-4824.

**Text-Based Counseling:** Talkspace is an online counseling platform that will enable employees to send text, video, and audio messages to a dedicated counselor from either a web browser or a smartphone. As with all Mines’ services, the text-counseling will be free, confidential, and accessible to all employees and their household members. When a member calls in to access services, they can now choose text-based counseling, in addition to the traditional face-to-face, telephonic, and video options. Once registered, they will be connected to a dedicated counselor and can begin texting and sending video/audio clips to their counselor day or night. The counselor will then respond once a day, 5 days a week. Visit [www.minesandassociates.com/text_counseling](http://www.minesandassociates.com/text_counseling) for more information and FAQs.
Other Employee Benefits

South Suburban Parks and Recreation offers the following additional benefits to eligible employees. Please contact HR for eligibility requirements or for assistance with any of the South Suburban Parks and Recreation offered benefits.

**ID THEFT RECOVERY COVERAGE**
The ID Theft benefit offered by The Special District Association Insurance Pool, will cover up to $25,000 of the cost involved in correcting a misuse of your identity. This coverage does not reimburse you for money stolen or fraudulently charged to the employee. For information, contact HR.

**WILL PREPARATION SERVICES***
Lincoln offers an online interactive tool to help employees and their spouses create a will and other legal documents step-by-step. To access these services you can call Lincoln at 1-855-891-3684 or go online at GuidanceResources.com.

**BENEFICIARY SERVICES***
Lincoln offers financial, bereavement and legal support for your loved ones in the event of your death. Services are available for up to one year after a loss, visit GuidanceResources.com to learn more.

**EMERGENCY MEDICAL SERVICES WHILE TRAVELING***
These services are offered through Lincoln TravelConnect and includes arranging and covering the cost of transportation to the nearest hospital or medical facility where you can receive appropriate care. A program description is available at www.Lincoln4Benefits.com.

**DISCOUNTED HEALTH AND WELLNESS SERVICES**
Cigna’s Healthy Rewards program offers members discounts on weight management and smoking cessation programs, chiropractic care, anti-cavity products, power toothbrushes, fitness club memberships and more. To access Healthy Rewards: go to www.CIGNA.com/rewards (password: savings), or call 1.800.258.3312.

**TUITION REIMBURSEMENT**
South Suburban encourages employees to broaden their knowledge and skills by continuing their education. Courses taken at an accredited college or university, ideally towards a degree program that supports their role at South Suburban may be reimbursed. The District will reimburse up to a maximum of $1,800 per calendar year for full-time employees for tuition only. Reimbursements will be approved within the programs’ criteria on a first-come basis when funding is available.

* Offered to employees and their covered dependents who are covered by the Lincoln life and long-term disability plans.
** Offered to employees and their covered dependents who are covered by one of the Cigna medical plans.
# Recreation & Facility Discounts

## Full-Time Employees

The following recreation and facility benefits and discounts are made available to full-time employees and their immediate family members.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restaurant Meal Discount</strong></td>
<td>• 50% off at South Suburban restaurants (for all employees and immediate family members of full-time employees; includes entree items only, does not include pre-packaged foods, alcohol, specials or turn menu. Discount not valid during events)</td>
</tr>
<tr>
<td><strong>Recreation Centers &amp; Swimming Pools</strong></td>
<td>• Free daily admission</td>
</tr>
<tr>
<td><strong>Batting Cages</strong></td>
<td>• One token for $0.25 or $15/hr. cage rental</td>
</tr>
</tbody>
</table>
| **Golf**                                     | • **Littleton:** Nine holes for $8.00; 18 holes for $16.00 (includes range balls)  
• **Lone Tree:** Nine holes for $10.00; 18 holes for $20.00 (includes range balls)  
• **South Suburban:** Nine holes for $8.00; 18 holes for $16.00 (includes range balls)  
• **Family Sports:** Nine holes $5.00 (includes range balls)  
• Cart Rental is an additional $6.00 for 9 holes/$12 for 18 holes  
• Full-Time Employees may reserve tee times 5 days in advance at noon (same as non-residents) Employee rate only valid when reserved under employee ID, otherwise full rate will be charged. |
| **Miniature Golf**                           | • Colorado Journey and Family Sports (miniature golf): $1.00 daily unlimited                                                                                                                            |
| **Indoor/Outdoor Tennis and Outdoor Pickleball** | • Free  
• Courts may only be reserved for same-day play if space is available. No block time usage. Courts may not be used for instructional purposes. |
| **Public Ice Skating**                        | • Employees pay the District Residential Rate when rink is at/near capacity. Otherwise, rentals and entry may be free                                                                                 |
| **Family Sports Center Hockey**              | • Free Entertainment Center Fun Pass  
• Adult or In-House Recreational Youth Hockey: 50% discount                                                                                                                                           |
| **District-Taught Classes**                  | • Class may be free to the employee & family members based on available space (excluding the cost for materials, maintenance of equipment, uniforms, private contractor fees, and other District out-of-pocket costs). Contact Registration for pricing, class distinction and questions. Classes taught by contract instructors are available at resident rates. |
| **Athletic & Sports Dome**                   | • Youth Leagues: 10% of District program cost. Any other costs associated with participation is the full responsibility of employee                                                                     |
| **Child Care** (for dependents of employees)  | • Day Camps/Preschool Programs: Register at full District Resident Rate. If class does not reach maximum capacity, a refund of 10% will be given.                                                      |
| **Pro Shop Merchandise**                     | • Employees pay wholesale cost plus 10%                                                                                                                                                               |
| **Lone Tree Hotel**                          | • $69 per night for employee & immediate family; 30% off best available rate per night for extended family (two rooms per stay; maximum seven nights per year; space available basis)                                    |
| **Personal Training and Private Pilates Reformer Packages** | • 10% discount                                                                                                                                                                                           |
| **Recognition of Thirty Year Employees Policy** | • Employees who have been employed full-time with the District for 30 years are issued lifetime passes, allowing for the employee and their spouses/domestic partners’ participation in SSPR programs, activities and facilities, under the same terms and conditions as for current full-time employees. The lifetime passes are good for the employee and their spouses only. The employee must be in good standing at the time of their 30th anniversary of employment in order for the spouse to receive the lifetime passes. The lifetime passes may be revoked by the Executive Director at any time. |

All benefits are extended to immediate family members of full-time employees only. Immediate family member is defined in the SSPRD medical plan document.

*Applicable at South Suburban Sports Complex Ice Rinks as well.

**Day Camps - a 10% discount may be provided to employees if the class does not fill. Employees will be charged Residential Rate until class size is finalized. Licensed Child Care Programs - a 10% discount may be provided to employees if the class does not fill. Employees will be charged Residential Rate until class size is finalized.
### BENEFIT PLAN CONTACT INFORMATION

<table>
<thead>
<tr>
<th>FOR INFORMATION ON...</th>
<th>COMPANY...</th>
<th>CONTACT...</th>
<th>WEBSITE...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Plan</td>
<td>Vision Service Plan (VSP)</td>
<td>800.877.7195</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>Rocky Mountain Reserve</td>
<td>1.888.722.1223&lt;br&gt;Submit FSA claims to:&lt;br&gt;Mail: P.O. Box 631458, Littleton, CO 80163&lt;br&gt;Online: <a href="http://www.rockymountainreserve.com/claim-form">www.rockymountainreserve.com/claim-form</a></td>
<td><a href="http://www.rockymountainreserve.com">www.rockymountainreserve.com</a></td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>Mines &amp; Associates&lt;br&gt;Group #: 5450829</td>
<td>303.832.1068</td>
<td><a href="http://www.minesandassociates.com">www.minesandassociates.com</a></td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>Lincoln</td>
<td>888.628.4824</td>
<td><a href="http://www.guidanceresources.com">www.guidanceresources.com</a>&lt;br&gt;Username: LFGsupport&lt;br&gt;Password: LFGsupport1</td>
</tr>
<tr>
<td>Life/AD&amp;D &amp; Disability</td>
<td>Lincoln&lt;br&gt;Group #: 10234115</td>
<td>800.423.2765</td>
<td><a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a></td>
</tr>
<tr>
<td>Retirement Plans</td>
<td>Principal Financial Group&lt;br&gt;401(a) Group #: 407386&lt;br&gt;457 Group #: 7-09699</td>
<td>1.800.547.7754</td>
<td><a href="http://www.principal.com">www.principal.com</a></td>
</tr>
</tbody>
</table>

### ADDITIONAL INFORMATION ONLINE
Visit SubHub at [www.ssprd.org/employees](http://www.ssprd.org/employees).

### QUESTIONS?
Contact HR at ssprdhr@ssprd.org
Important Plan Information

What you need to know about the “No Surprises” Rules

The “No Surprises” rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn't get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections an pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan's network.

View a sample notice and consent form (PDF). This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including Federal Employees Health Benefits (FEHB) plan.
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Medicare Part D Notice

Important Notice from South Suburban Parks and Recreation About
Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with South Suburban Parks and Recreation 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. South Suburban Parks and Recreation has determined that the prescription drug coverage offered by 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 to 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 South Suburban Parks and Recreation 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 South Suburban Parks and Recreation 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 South Suburban Parks and Recreation prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
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 South Suburban Parks and Recreation 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 South Suburban Parks and Recreation 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 medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- 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 socialsecurity.gov, or call them at 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: October 4, 2022
Name of Entity/Sender: South Suburban Parks and Recreation
Contact-Position/Office: Lisa Narrell, HR Director
Address: 4810 E County Line Road, Littleton CO 80126
Phone Number: 303-798-5131

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
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;
- Prostheses; 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: High Plan: $400/$800, 80%; Low Plan: $1,000/$2000, 70%. If you would like more information on WHCRA benefits, call your plan administrator 303-483-7004.

Newborns’ and Mothers’ Health Protection Act

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 303-483-7004.
HIPAA Notice of Special Enrollment Rights

If you decline enrollment in South Suburban Parks and Recreation’s health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in South Suburban Parks and Recreation’s health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in South Suburban Parks and Recreation’s health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for South Suburban Parks and Recreation’s describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting 303-483-7004.

Notice of Availability of Alternative Standard for Wellness Plan

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 303-483-7004 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.
Notice Regarding Wellness Program

The wellness program is a voluntary wellness program available to all employees. The program is administered 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 may 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 may also be asked to complete a biometric screening, which would include a blood test for glucose, HDL, LDL, triglycerides and total cholesterol. You are not required to complete an HRA or to participate in any blood tests or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive. Although you are not required to complete an HRA or participate in any biometric screenings, only employees who do so will receive an incentive.

The information from your HRA and/or 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 health coaching. You also are encouraged to share your results or concerns with your own doctor.

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 South Suburban Parks and Recreation may use aggregate information it collects to design a program based on identified health risks in the workplace, the 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 only individual that may receive your personally identifiable health information is a health coach 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. 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 Lisa Narrell at 303-483-7004.
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 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 1-877-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 1-866-444-EBSA (3272).

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 July 31, 2022. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>State</th>
<th>Program</th>
<th>Website/Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA – Medicaid</td>
<td></td>
<td>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447</td>
</tr>
<tr>
<td>ALASKA – Medicaid</td>
<td>The AK Health Insurance Premium Payment Program</td>
<td>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></td>
</tr>
<tr>
<td>ARKANSAS – Medicaid</td>
<td></td>
<td>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)</td>
</tr>
<tr>
<td>CALIFORNIA – Medicaid</td>
<td></td>
<td>Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></td>
</tr>
</tbody>
</table>
### FLORIDA – Medicaid
Website: [https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html](https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html)
Phone: 1-877-357-3268

### GEORGIA – Medicaid
GA HIPP Website: [https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)
Phone: 678-564-1162, press 1
Phone: 678-564-1162, press 2

### INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 | Website: [http://www.in.gov/fssa/hip/](http://www.in.gov/fssa/hip/)
Phone: 1-877-438-4479
All other Medicaid | Website: [https://www.in.gov/medicaid/](https://www.in.gov/medicaid/)
Phone 1-800-457-4584

### IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: [https://dhs.iowa.gov/ime/members](https://dhs.iowa.gov/ime/members) | Medicaid Phone: 1-800-338-8366
Hawki Website: [http://dhs.iowa.gov/Hawki](http://dhs.iowa.gov/Hawki) | Hawki Phone: 1-800-257-8563
HIPP Website: [https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp](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/](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](https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx) | Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: [https://kidshealth.ky.gov/Pages/index.aspx](https://kidshealth.ky.gov/Pages/index.aspx) | Phone: 1-877-524-4718
Kentucky Medicaid Website: [https://chfs.ky.gov](https://chfs.ky.gov)

### LOUISIANA – Medicaid
Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://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/ofis/applications-forms](https://www.maine.gov/dhhs/ofis/applications-forms)
Phone: 1-800-442-6003 | TTY: Maine relay 711
Phone: 800-977-6740 | TTY: Maine relay 711

### MASSACHUSETTS – Medicaid and CHIP
Website: [https://www.mass.gov/masshealth/pa](https://www.mass.gov/masshealth/pa) | Phone: 1-800-862-4840 | TTY: 617-886-8102

### MINNESOTA – Medicaid
Phone: 1-800-657-3739

### MISSOURI – Medicaid
Website: [http://www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm) | Phone: 573-751-2005

### MONTANA – Medicaid
Website: [http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)
Phone: 1-800-694-3084 | email: HHSCHIPProgram@mt.gov

### NEBRASKA – Medicaid
Website: [http://www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid and CHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVADA – Medicaid</td>
<td>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></td>
</tr>
<tr>
<td>NEW HAMPSHIRE – Medicaid</td>
<td>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a></td>
</tr>
<tr>
<td>NEW JERSEY – Medicaid and CHIP</td>
<td>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
</tr>
<tr>
<td>SOUTH CAROLINA – Medicaid</td>
<td>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a></td>
</tr>
<tr>
<td>NORTH DAKOTA – Medicaid</td>
<td>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></td>
</tr>
<tr>
<td>OKLAHOMA – Medicaid and CHIP</td>
<td>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
</tr>
<tr>
<td>PENNSYLVANIA – Medicaid</td>
<td>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></td>
</tr>
<tr>
<td>RHODE ISLAND – Medicaid and CHIP</td>
<td>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
</tr>
<tr>
<td>SOUTH CAROLINA – Medicaid</td>
<td>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></td>
</tr>
<tr>
<td>SOUTH DAKOTA – Medicaid</td>
<td>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
</tr>
<tr>
<td>TEXAS – Medicaid</td>
<td>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a></td>
</tr>
<tr>
<td>UTAH – Medicaid and CHIP</td>
<td>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a></td>
</tr>
<tr>
<td>VERMONT – Medicaid</td>
<td>Website: <a href="https://www.greenmountaincare.org/">https://www.greenmountaincare.org/</a></td>
</tr>
<tr>
<td>VIRGINIA – Medicaid and CHIP</td>
<td>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a></td>
</tr>
<tr>
<td>WEST VIRGINIA – Medicaid and CHIP</td>
<td>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a></td>
</tr>
<tr>
<td>WISCONSIN – Medicaid and CHIP</td>
<td>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a></td>
</tr>
</tbody>
</table>
To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor
  - Employee Benefits Security Administration
  - www.dol.gov/agencies/ebsa
  - 1-866-444-EBSA (3272)
  - 1-866-444-EBSA (3272)

- U.S. Department of Health and Human Services
  - Centers for Medicare & Medicaid Services
  - www.cms.hhs.gov
  - 1-877-267-2323, Menu Option 4, Ext. 61565

**ACA Disclaimer**

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.12% in 2023 of your modified adjusted household income.