

MEDICAL INSURANCE PREMIUM REIMBURSEMENT PROGRAM FOR PART-TIME EMPLOYEES

Establishment of the Medical Insurance Premium Reimbursement Program for Part-time Employees: The City and County of Broomfield (hereinafter referred to as the “Employer”) originally established the Medical Insurance Premium Reimbursement Program for Part-time Employees (hereinafter referred to as the “Plan”) effective January 1, 2002 and has since amended and restated the Plan. The Employer hereby amends and restates the Plan effective January 1, 2006, for the exclusive benefit of its eligible Part-time Employees.

Definitions: For the purposes of this Plan, the following terms shall have the respective meanings set forth below unless otherwise expressly provided.

Active Work or Actively at Work means an Employee’s performance of all customary duties of his or her position at: 1) the Employer’s place of business or 2) any other business location where the Employee is required to travel. An employee will be considered Actively at Work on the following days: 1) a Saturday, Sunday or holiday which is not a scheduled work-day; or 2) a paid leave day or other scheduled or unscheduled non-workday. An Employee who is on Leave without Pay will not be considered to be Actively at Work.

COBRA means the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended by Congress in 1986 and 1989 and further amended by the Health Insurance Portability and Accountability Act of 1996. This Act allows eligible persons who lose coverage under their employer sponsored group health plan due to certain qualifying events to elect continued coverage at their own expense.

Code means the Internal Revenue Code of 1986, as amended from time to time.

Dependent means the lawful spouse (Including common-law) of the Employee.

Employee means a part-time employee who works for the Employer at least 20 hours per week in one position on a regularly scheduled, year-round basis. Full-time employees; part-time employees who work less than 20 hours per week in one position on a regularly scheduled, year-round basis and temporary employees are not included in this definition.

Employer means the City and County of Broomfield, a Colorado municipal corporation and county.

Leave without Pay means any unpaid leave taken by the Employee.

Participant means an Employee who has commenced participation in the Plan in accordance with the section titled “Eligibility and Commencement of Participation.”

Plan means the Medical Insurance Premium Reimbursement Program.

Plan Year means every January 1 through December 31.

Qualified Medical Insurance Policy means a health insurance policy issued by a licensed insurance company including Medicare. This would not include a dental, vision or long-term care plan.

Qualified Medical Insurance Premium means premiums for a Qualified Medical Insurance Policy issued by a licensed insurance company.

Spouse means the Employee’s lawful spouse (including common-law).

Eligibility and Commencement of Participation: An Employee is eligible to receive a monthly reimbursement amount up to \$250 for Qualified Medical Insurance Premium payments. Each Employee shall become eligible to participate in the Plan on the first day of the month coincident with or next following the date the Employee becomes eligible as an Employee. However, Employees who purchase a Qualified Medical Insurance Policy after their date of eligibility will be reimbursed effective the first month for which coverage is effective following the purchase of the policy. Participants are responsible for submitting claims of reimbursement to the Employer. The Employer will not send reminder notices.

Termination of Participation: An Employee shall cease to be a Participant in the Plan on the earliest of the following:

1. The Participant is no longer considered an Employee, or
2. The Participant is not Actively at Work as of the first of the month or as of the first regularly scheduled work day of the month if that is later; or
3. The date the Participant is no longer covered under a Qualified Medical Insurance Policy; or
4. The date the Employee dies, or
5. The date the Plan is terminated.

Participation Upon Regaining Eligibility: An Employee shall become eligible on the first day of the month coincident with or next following the date he or she regains eligibility.

No Guarantee of Tax Consequences: The Employer does not make any commitment or guarantee that any amounts paid to the Participant will be excludable from the gross income of the Participant for federal or state income purposes, or that any federal or state tax treatment will apply to or be available to the Participant. The Employer will follow the guidance as outlined in the Code. It shall be the obligation of each Participant to determine whether any payment under this Plan is excludable from the gross income of the Participant for federal or state income and payroll tax purposes, and to take appropriate action if the Participant has reason to believe that any payment is not excludable. The Employer is not liable for any taxes or penalties owed by the Participant with respect to such amounts.

Plan Amendments and Plan Termination: The Employer reserves the right to amend the Plan at any time. The Employer reserves the right to alter, amend or terminate this Plan at any time for any reason without the consent of or notice to the Employee. Any such amendment shall become effective as of the date provided in the amendment.

Claim for Reimbursement: A Participant may apply for reimbursement of Qualified Medical Insurance Premium not more than once per month. The Participant must provide a copy of the Qualified Medical Insurance Policy and proof of premium costs paid to the Employer's Human Resources Department. The name of the Employee and/or the Spouse must appear on the Qualified Medical Insurance Policy to be eligible for reimbursement.

Reimbursement Requirements and Schedule: The Employee must complete the [required form](#) and submit proof of each premium payment for which he or she is seeking reimbursement. The proof must show the coverage dates of insurance and the cost thereof. Examples of proof of payment include a copy of the cancelled check, copy of bank statement or a copy of the Spouse's payroll stub, etc. Proof of coverage may include a copy of the Qualified Medical Insurance Policy in the Employee's or Spouse's name. A Qualified Medical Insurance Policy in the Spouse's name must include a notation that the Employee is covered as a dependent.

Reimbursement for up to \$250 per month will be processed through the payroll system. Proof of insurance receipts must be received in the Human Resources Department no later than the 10th of the month in order to be processed in the last payroll period of the month.

The Participant must submit claims for reimbursement within sixty days of the end of the Plan Year in which the premium charges were incurred. Any claims for reimbursement filed after this period shall be denied.

Reimbursement will be made directly to the Participant, and not directly to the insurance company.

Right of Recovery: If the Employer makes any payment that according to the terms of the Plan should not have been made, the Employer may recover that incorrect payment, regardless of the reason for the incorrect payment, from the Participant. The Employer reserves the right to deduct the amount of the overpayment from future payments.