THE CITY AND COUNTY OF BROOMFIELD

FULL-TIME EMPLOYEES' BENEFIT INFORMATION – 2014

Insurance	Monthly Premium	Employee Contribution	Employer Contribution
Life Insurance (Employee only - 1.5 X annual base earnings, maximum $200,000)	$0.13/month/$1,000 of coverage	$ -0-	$0.13/month/$1,000 of coverage
Additional Life Insurance (Voluntary coverage for employee and eligible dependents)	Based on amount of coverage and age. See additional life insurance carrier's rates.	Based on amount of coverage and age. See additional life insurance carrier's rates.	$ -0-
Accidental Death & Dismemberment Insurance (Employee only - 1.5 X annual base earnings, maximum $200,000)	$0.0265/month/$1,000 of coverage	$ -0-	$0.0265/month/$1,000 of coverage
Long Term Disability (Employee only - excludes sworn police department employees - 60% of covered monthly earnings, maximum $5,000)	$0.29/month/$100 of salary	$ -0-	$0.29/month/$100 of salary
Long Term Disability (Employee only - Sworn police department employees only)	Paid through state FPPA fund for employees hired prior to 1/1/97; 2.6% of base pay hired thereafter	$ -0- hired before 1/1/97 2.6% of base pay hired after 1/1/97	Paid through state FPPA fund for employees hired prior to 1/1/97; 0% of base pay hired after 1/1/97

Health Insurance: Employees have a choice between the Self-Funded Medical Care Expense Plan (MCEP) and Kaiser. Open enrollment occurs once a year. Prescription drug and eye examination benefits are available under both medical plans.

Self-funded Medical Care Expense Plan (MCEP) (HMO) - Administered by Anthem

MCEP HMO	Monthly Contribution	Employee Contribution	Employer Contribution
Employee Only	$750 (Equiv. Fully Insured Rate - $531.72)	$60 (Wellness $40*)	$750
Employee + Dependents	$1,050 (Equiv. Fully Insured Rate - $1,391.79)	$300 (Wellness $260*)	$750

*2014 rates for employees who qualify for the Healthy Rewards program are reduced by $20/month for single coverage and $40/month for family coverage

Kaiser Foundation Health Plan (HMO)

Kaiser HMO	Monthly Premium	Employee Contribution	Employer Contribution
Employee Only	$533.56	$88.86	$444.70
Employee + Dependents	$1,413.96	$833.98	$579.98

Delta Dental Premier Plan

Dental coverage for the employee and eligible dependents is provided by the City and County and administered through Delta Dental. Basic services and major services are subject to a $50 calendar year deductible (family deductible of $100). Major services are not covered until an employee or eligible dependent has been enrolled in the plan for 12 months. Employees and their eligible dependents may go to the dentist of their choice. However, using a Delta Dental Premier dentist may result in lower out-of-pocket costs because Delta has negotiated discounts with the Premier dentists.

Delta Dental	Monthly Premium	Employee Contribution	Employer Contribution
Employee Only	$38.78	$3.88	$34.90
Employee + Dependents	$99.64	$45.90	$53.74

AFLAC Benefit

AFLAC	Monthly Premium	Employee Contribution	Employer Contribution
Optional Plans for Accident, Disability, CancerCare, Intensive Care Benefit	Monthly rate is determined by American Family Life Assurance Company	100% of premium is paid by the employee	$ -0-

Employee Assistance Program

The Employee Assistance Program helps employees deal with problems of a personal or family nature that may prevent employees from doing their jobs to the best of their abilities. The EAP is a confidential program administered by Anthem EAP. An employee or any family member can call for an appointment with the EAP. Counselors are available to talk on the 24-hour telephone hotline. For a confidential interview, call 1.800.865.1044. The Employer pays 100% of the premium ($2.09 per month).

Voluntary Vision Care Benefit

Program	Monthly Premium	Employee Contribution	Employer Contribution
Voluntary Vision Care	Employee only - $11.91 Employee + One - $17.26 Employee + Family - $30.96	Employee only - $11.91 Employee + One - $17.26 Employee + Family - $30.96	Employee only - $ -0- Employee + One - $ -0- Employee + Family - $ -0-

Social Security/Medicare

Program	Total Contribution	Employee Contribution	Employer Contribution
Social Security	12.40%	6.20% up to $113,700 (2013 Rate)	6.20% up to $113,700 (2013 Rate)
Medicare	2.90%	1.45% (No limit)	1.45% (No limit)

Note: Contributions to Social Security do not apply to sworn police department personnel. Medicare contributions apply to all employees except police hired before 4/1/86.

Money Purchase Plan for General Employees (Mandatory Participation)

Program	Total Contribution	Employee Contribution	Employer Contribution
Money Purchase Plan	12.00 % of base salary	6% of base salary	6% of base salary

There is a graduated schedule for vesting of employer contributions (earn vesting at 20% per year). An employee must work at least 1,000 hours in a calendar year for the time to count towards vesting. Note: This money purchase plan is for non-sworn employees only.

Money Purchase Plan for New Hire Peace Officers (Mandatory Participation)

Program	Total Contribution	Employee Contribution	Employer Contribution
New Hire Money Purchase Plan	20.00 % of base salary	10.00% of base salary	10.00% of base salary

There is a graduated schedule for vesting of employer contributions (earn vesting at 20% per year). An employee must work at least 1,000 hours in a calendar year for the time to count towards vesting. Note: This money purchase plan is for sworn employees only.

Pre-Tax Savings Plans for Health, Dependent Care and Transportation (Voluntary Participation)

Program	Maximum Annual Contribution	Employee Contribution	Employer Contribution
Section 125 Un reimbursed Medical Expenses Account	$2,500	$2,500	$ -0-
Section 125 Dependent Day Care Account (Aggregate $5,000 maximum)	$5,000 ($2,500 each if you are married and you and your spouse file separate income tax returns)	$5,000 ($2,500 each if you are married and you and your spouse file separate income tax returns)	$ -0-
Transportation (Vanpool/bus pass)	$1,500 (No more than $125/month)	$1,500 (No more than $125/month)	$ -0-

Employee contributions for Broomfield group medical, dental, vision care, and some AFLAC premiums can also be elected on a pre-tax basis through payroll deduction.

Voluntary Retirement Plans

Program	Maximum Annual Contribution	Employee Contribution	Employer Contribution
Deferred Compensation Plan (457 Plan) – Voluntary Plan	Up to the lesser of $17,500 or 100% of pay. Employees age 50 or older can contribute an additional $5,500 per year	Up to the lesser of $17,500 or 100% of pay. Employees age 50 or older can contribute an additional $5,500 per year	$ -0-
Roth IRA – Voluntary Plan	After tax deduction up to $5,500. Age 50 or older can contribute an additional $1,000	After tax deduction up to $5,500. Age 50 or older can contribute an additional $1,000	$ -0-

Annual Leave Benefit

Annual Leave For Group I Employees who are Exempt from Overtime Accrue Leave on a Pro-rated Basis as follows:

Months of Continual Full-Time Employment Completed	Leave Accrual per Regular Hours Worked	Total Hours of Annual Leave Accrued Annually
0 months but less than 36 months	.0731/1.0 hour	152 (19 8-hour days)
36 months (3 years) but less than 60 months	.0769/1.0 hour	160 (20 8-hour days)
60 months (5 years) but less than 84 months	.0808/1.0 hour	168 (21 8-hour days)
84 months (7 years) but less than 108 months	.0846/1.0 hour	176 (22 8-hour days)
108 months (9 years) but less than 132 months	.0885/1.0 hour	184 (23 8-hour days)
132 months (11 years) but less than 156 months	.0923/1.0 hour	192 (24 8-hour days)
156 months (13 years) but less than 180 months	.0962/1.0 hour	200 (25 8-hour days)
180 months (15 years) but less than 204 months	.1000/1.0 hour	208 (26 8-hour days)
204 months (17 years) but less than 228 months	.1038/1.0 hour	216 (27 8-hour days)
228 months (19 years) but less than 240 months	.1077/1.0 hour	224 (28 8-hour days)
240 months (20 years) but less than 300 months	.1115/1.0 hour	232 (29 8-hour days)
300 months (25 years) and above	.1154/1.0 hour	240 (30 8-hour days)

Annual Leave For Group II Employees and Group I Employees who are not Exempt from Overtime Accrue Leave on a Pro-rated Basis as follows:

Months of Continual Full-Time Employment Completed	Leave Accrual per Regular Hours Worked	Total Hours of Annual Leave Accrued Annually
0 months but less than 36 months	.0538/1.0 hour	112 (14 8-hour days)
36 months (3 years) but less than 60 months	.0577/1.0 hour	120 (15 8-hour days)
60 months (5 years) but less than 84 months	.0615/1.0 hour	128 (16 8-hour days)
84 months (7 years) but less than 108 months	.0654/1.0 hour	136 (17 8-hour days)
108 months (9 years) but less than 132 months	.0692/1.0 hour	144 (18 8-hour days)
132 months (11 years) but less than 156 months	.0731/1.0 hour	152 (19 8-hour days)
156 months (13 years) but less than 180 months	.0769/1.0 hour	160 (20 8-hour days)
180 months (15 years) but less than 204 months	.0808/1.0 hour	168 (21 8-hour days)
204 months (17 years) but less than 228 months	.0846/1.0 hour	176 (22 8-hour days)
228 months (19 years) but less than 240 months	.0885/1.0 hour	184 (23 8-hour days)
240 months (20 years) but less than 300 months	.0923/1.0 hour	192 (24 8-hour days)
300 months (25 years) and above	.0962/1.0 hour	200 (25 8-hour days)

Sick Leave Benefit

Full-time employees are eligible for 80 hours of sick leave per calendar year. This amount is pro-rated for employees hired after January 1 of the calendar year. Unused sick leave balances as of 12/31 of each year shall be converted to annual leave at a 100% rate effective the second pay period of the following year.

Short Term Disability (STD) Leave Benefit

STD is available for absences (supported by physician's written evaluation) during scheduled working hours retroactive to the first calendar day of the employee's personal illness, injury, or disability when such incapacitation exceeds 7 consecutive calendar days. The STD program runs concurrent with the Family Medical Leave Program (See the Leave Policy for details).

Months of Full-Time Employment Completed	Maximum Benefit Period Number of Work Hours
0 but less than 6 months	No Benefit Available
6 but less than 24 months	Up to 312 hours
24 but less than 60 months	Up to 416 hours
60 but less than 120 months	Up to 450 hours
120 months and above	Up to 520 hours

Holiday Leave Benefit

Eligible full-time employees shall receive holiday leave on Employer-observed holidays according to the following schedule:

Holiday Observed by Broomfield	Hours of Holiday Leave Provided
New Year's Day	8
Martin Luther King, Jr. Day (3rd Monday in January)	8
President's Day (3rd Monday in February)	8
Memorial Day (Last Monday in May)	8
Independence Day (July 4th)	8
Labor Day (1st Monday in September)	8
Veteran's Day (November 11th)	8
Thanksgiving Day (4th Thursday in November)	8
Friday Following Thanksgiving	8
Christmas Eve (December 24th)	8
Christmas Day (December 25th)	8

When a holiday falls on a Saturday, the holiday generally will be observed on the preceding Friday. When a holiday falls on a Sunday, the holiday generally will be observed on the following Monday.

Additional Leaves

Additional Leaves are available such as injury, civil, military, funeral, without pay, administrative, and donated. See the Employee Handbook for more details.

Employee Use of Broomfield Recreation Facilities

Employees are eligible to use the Broomfield recreation facilities located at the Paul Derda Recreation Center, Community Center and the Bay Aquatic Center free of charge except for cost of annual id card. Discounts available for family annual pass at PDRC. Additional details are listed in the Employee Handbook.

Years of Service Recognition Program

Years of Continuous Service	Amount of Award		
	Dollar Amount	**OR**	Additional Annual Leave
5 years	$100		8 hours
10 years	$200		16 hours
15 years	$300		24 hours
20 years	$500		40 hours
25 years	$750		56 hours
30 years	$1,000		80 hours
35 years	$1,250		96 hours
40 years	$1,500		112 hours

Merit Bonus Program

This program provides the supervisor with the ability to reward employees for (1) exceptional results in the performance of a routine function within the employee's normal duties or performance outside the normal scope of duties, (2) sustained exceptional performance, or (3) superior accomplishment of an ongoing activity. This can be in the form of a cash bonus or annual leave.

Personal Protective Equipment (PPE)/Uniform Allowances

Each department has determined which positions require the use of personal protective equipment (PPE). Employees should contact their supervisors for further information on PPE. Employer furnished uniforms and equipment must only be worn while the employee is on duty or going to and from work.

Training and Educational Assistance

Within its fiscal ability and with the approval of the Department Head, the Employer will pay certain expenses for training and educational assistance provided the following requirements are met: (1) the program is job-related or in a job-related degree program; and (2) funds are available in the department's budget.

Mileage Allowance

An employee who uses his/her privately owned vehicle for official city and county business that involves in-state travel is eligible for reimbursement at the prevailing rate approved by Broomfield and within IRS guidelines for this type of travel as long as said reimbursement is approved in advance by his or her supervisor.

Work Related Injuries

For treatment of work-related injuries or illnesses, employees have the choice of the following two designated medical providers:

Arbor Occupational Medicine	-OR-	HealthONE Occupational Medicine/NW Clinic
290 Nickel Street, Suite 200		9195 Grant Street, Suite 100
Broomfield, CO 80020		Thornton, CO 80229
Phone: (303) 460-9339		Phone: (303) 292-0034
Hours: 8:00 a.m. - 5:00 p.m. M-F		Hours: 7:00 a.m. - 5:00 p.m. M-F

After-Hours/Emergency medical facilities:

Rocky Mountain Urgent Care	Avista Hospital
6080 W 92nd Ave	100 Health Park Drive
Westminster, CO 80031	Louisville, Colo. 80027
Phone: (303) 429-9311	Phone: (303) 673-1000
Hours: 8:00 a.m. - 8:00 p.m. M-F	Hours: 24 hours per day

8:00 a.m. - 6:00 p.m. Sat/Sun (Open Holidays except Christmas Day)

The injured employee (or supervisor) must call and make an appointment prior to going to the facility unless the injury requires immediate care and/or treatment. Rocky Mountain Urgent Care or Avista Hospital should be used for after-hours care depending on the time of day and severity of injury.

Please refer to the Employee Handbook on the Digital Dashboard – Safety Practices and Policies - for further information.

This handout is intended as a summary of benefit information only and in no way replaces the information contained in The Employee Handbook and other benefit plan documents. The Employee Handbook and other benefit plan documents will be used to administer the different benefit plans and programs including determining benefits for which employees are eligible. Employees should refer to the Employee Handbook and other benefit plan documents for more details regarding eligibility, definitions, procedures, limitations, and exclusions.