



2022

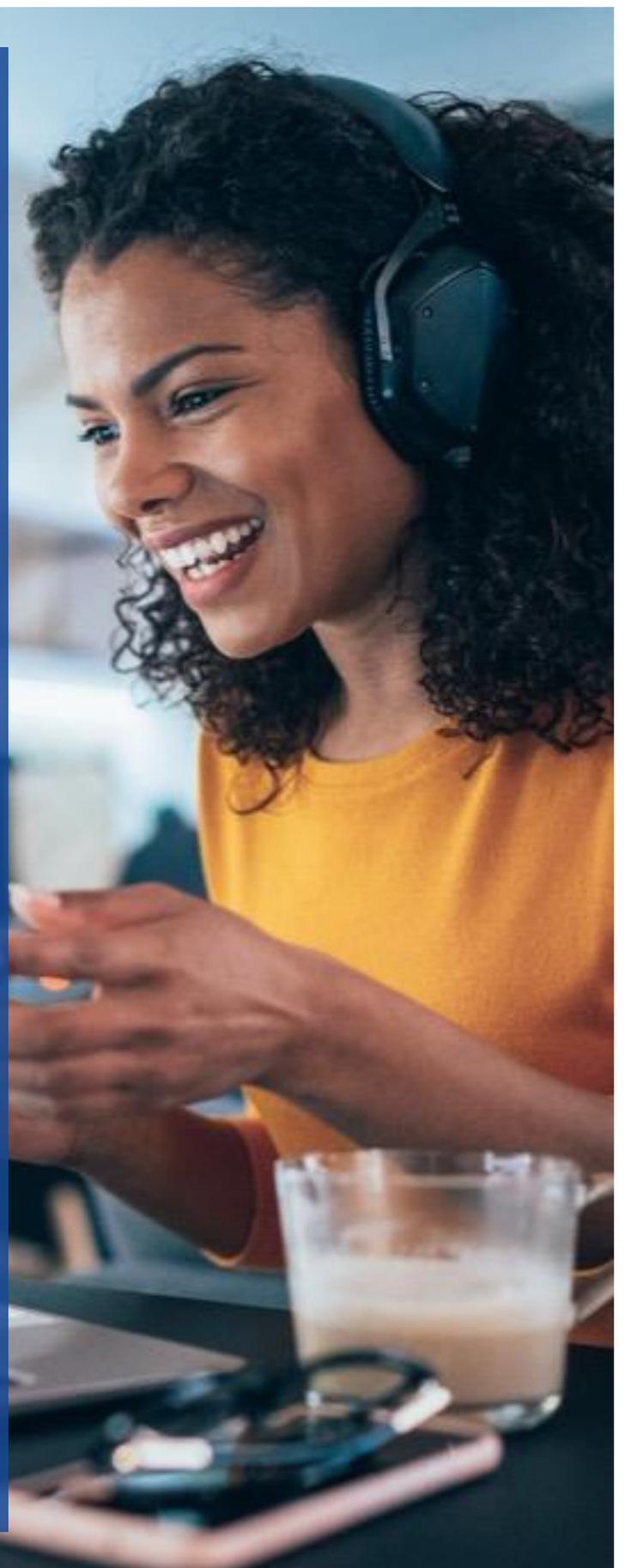
**EMPLOYEE
BENEFITS GUIDE**

Effective January 1st 2022 –
December 31st 2022



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Eligibility

Who is Eligible?

You are eligible for the City of Greeley benefits if you are:

- An eligible employee working full time hours or
- A regular three-quarter time employee
- A part time employee eligible for dental and vision coverage only

Your dependents are eligible if they are:

- Your legal spouse or domestic partner (common law/civil union) Need documentation for approval
- Your and/or your domestic partner's child(ren)* up to age 26
- Dependent children under your legal custody as defined by the IRS
- Your disabled child(ren) up to any age (if disabled prior to age 19)*

** Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship.*

About Domestic Partner Coverage

To enroll your same-sex or opposite-sex domestic partner and his or her dependents for coverage, you will be required to submit proof of domestic partnership.

Under federal law, the City of Greeley's contribution toward the cost of healthcare coverage for your domestic partner and his or her dependents is considered taxable income to you.

Domestic partner premiums will be deducted on a post-tax basis. You may wish to consult with a tax adviser for more information.

Starting January 1, 2023 domestic partners will no longer be eligible for coverage. Additional information will be available throughout 2022.

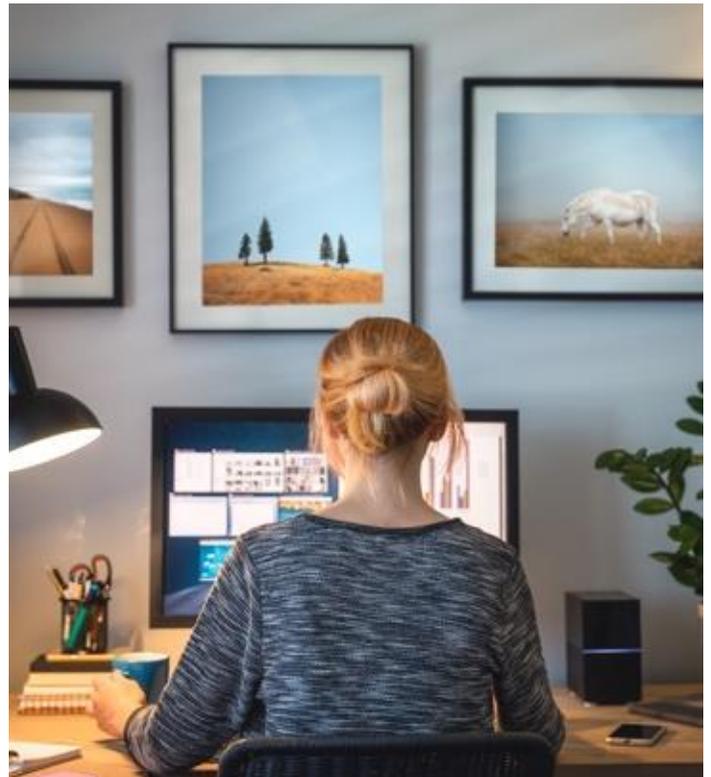
Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your medical, dental, vision, and Health Care FSA coverage will end on the last day of the month in which you become ineligible.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, vision, and FSA coverage.

Life and AD&D and Disability coverage will end on the day you become ineligible. Your life coverages are convertible.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.



Enrollment

When Can I Enroll in Benefits?

You can enroll for benefits:

- Within 30 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective the first day of the month, following your date of hire

How Do I Enroll in Benefits?

You must actively enroll in all benefits that require employee contributions. You will be automatically enrolled in all Company paid benefits.

To enroll (or make changes) to your benefits, you must log onto Oracle.

This year there will be an optional interactive tool called Alex that will explain and walk you through your benefit options ahead of time. However, you will still need to log onto Oracle and go through your benefits event even if you are not making any changes. Even if you currently waive City benefits, you must go through this process to confirm that you are waiving them again for the following plan year.

Please Note:

Federal regulations require the City of Greeley to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth, gender, and your relationship to your dependents

Open Enrollment

Open Enrollment is your once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family.

Changes to all benefits made during Open Enrollment will go into effect January 1st.

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through December 31st. If you have a "qualified life event," you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events are subject to approval by the City of Greeley. Changes are effective retroactive to the date of the event for a birth event or first of the month after event for all other qualifying circumstances.

Qualifying life events include, but are not limited to:

- Your marriage
- Your divorce or legal separation
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse, domestic partner or covered child
- Loss or gain of coverage due to change of work status. For example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- Your spouse's Open Enrollment
- A change in your child's eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation

Other qualifying events may also apply. Please contact Human Resources.

Medical Plans

The City of Greeley offers two self-funded medical plans through Aetna with the following features:

- Self funded, meaning the premiums paid go into a fund which is used to pay out claims incurred by everyone.
- Option to receive care from in-network or out-of-network providers; higher benefits are paid when using in-network Aetna providers.
- Preventive care is covered at 100% when using an in-network provider.
- Includes prescription drug coverage.
- Deductibles and out-of-pocket maximums accumulate on a plan year which runs January 1st – December 31st.
- Choice Plan is a preferred provider plan requiring copays for office visits and pharmacy expenses, but the deductible is for more significant medical needs
- High Deductible Plan has all medical costs applied to a deductible prior to insurance paying out. This plan provides a Health Savings account to assist in saving for potential out of pocket costs.
- For a comparison of the plans, please refer to the Medical Plans Comparison Chart. Specific benefit levels and limitations can be found in the plan summaries and Summary of Benefits and Coverage (SBC).

Finding In-Network Providers

To search for in-network medical providers, log onto www.aetna.com/docfind. When prompted to select a plan, click on Choice POS II.

Access to Your Healthcare

After you are enrolled in a City of Greeley medical plan, log onto www.aetna.com and register to access self-service tools and resources to help manage your medical benefits.



A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because the City of Greeley's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at www.healthcare.gov.

Medical Plan Options

Eligible expenses will be covered In-Network and Out-of-Network. For the In-Network discounts select providers from www.aetna.com using the Aetna Choice POS II Network.

Aetna	Choice Plan	High Deductible Health Plan
Medical	In-Network You Pay	In-Network You Pay
Calendar Year Deductible (Individual / Family)	\$1,000 / \$2,000	\$3,500 / \$7,000
Coinsurance	20% after deductible	0% after deductible
Calendar Year Out-of- Pocket Max ¹ (Individual / Family)	\$5,500 / \$11,000	\$3,500 / \$7,000
Preventive Care	\$0 (EWC option- pg 13)	\$0 (EWC option- pg 13)
Primary Care Office Visit	\$30 copay (EWC option- pg 13)	0% after deductible (EWC option- pg 13)
Specialty Care Office Visit	\$40 copay	0% after deductible
Telemedicine Consultation (must use Teladoc)	\$30 copay	\$52 fee
Urgent Care Facility	\$40 copay	0% after deductible
Emergency Room Care	\$350 copay	0% after deductible
Inpatient Hospital	After deductible you pay 20%	0% after deductible
Outpatient Surgery	After deductible you pay 20%	After deductible you pay 0%, plan pays 100%
Routine Radiology / Lab	After deductible you pay 20% (EWC option – pg 13)	0% after deductible (EWC option – pg 13)
Advanced Radiology (MRI, MRA, CAT, PET Scan)	After deductible you pay 20%	0% after deductible
Out of Network	Included at a reduced benefit level	Included at a reduced benefit level

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

¹ Calendar Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance

Prescription Drugs

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through Aetna.

Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage. For a list of approved drugs, log onto www.Aetna.com and select Aetna Standard Plan Drug List.

Aetna	Choice Plan	High Deductible Health Plan*
Retail (up to 30-day supply)	You Pay	You Pay
Tier 1 - Generic copay	\$10	0% after deductible
Tier 2 – Preferred brand copay	\$30	0% after deductible
Tier 3 – Non-preferred brand copay	\$60	0% after deductible
Mail Order (up to 90-day supply)	You Pay	You Pay
[Tier 1 / Tier 2 / Tier 3] copays	\$20 / \$60 / \$120	0% after deductible

* Please note, any retail or mail order copays listed for the HSA-qualified plan apply only after the medical plan deductible is met. The deductible will not apply to certain medications classified as preventive in accordance with the approved prescription drug list.

Three Ways to Obtain Prescription Drugs

1

Retail Pharmacy
(up to 30-day supply)

www.aetna.com
855-220-6507

- ✓ Locate a participating retail pharmacy
- ✓ View a list of approved drugs
- ✓ Many generic medications are also available at the EWC for no cost

2

Aetna Mail Order
(up to 90-day supply)

CVS Caremark
888-792-3862

- ✓ Use for maintenance drugs such as medication for high blood pressure, arthritis or diabetes
- ✓ Pay less than retail pharmacy for a 90-day supply
- ✓ No additional cost for delivery

3

Specialty Pharmacy
(30-day supply)

Aetna Specialty
800-323-2445

- ✓ Medications used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis
- ✓ Prescription can only be filled once every 30 days

Where to Seek Care (continued)

Emergency Care vs. Urgent Care

When you need help in a hurry, you have choices. Of course, when it's a **life-threatening problem**, you should call 911 or go straight to the nearest hospital emergency room (ER).

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, call your doctor, access Teladoc telemedicine services or go to an urgent care center.



Go to Emergency Room

Heart attack or stroke

Chest pain or intense pain

Shortness of breath

Severe abdominal pain

Head injury or other major trauma

Loss of consciousness

Major burns or severe bleeding

One-sided weakness or numbness

Open fractures

Poisoning or suspected overdose

or



Go to Urgent Care

Moderate fever

Colds, cough or flu

Bruises and abrasions

Cuts and minor lacerations

Minor burns and skin irritations

Eye, ear, or skin infections

Sprains or strains

Possible fractures

Urinary tract infections

Respiratory infections

Aetna Benefits On the Go

Aetna.com

When you're an Aetna member, you get tools and resources to help manage your health and your benefits. All of your plan information and cost-savings tools are in one place – your member website. And with new enhancements, you'll enjoy a cleaner screen, simpler searches, uncomplicated claims and plenty of perks.

Sign up for this members-only website at aetna.com.

Teladoc doctor access

by phone or video

Is it after hours? Or you can't get to the doctor's office? Teladoc gives you 24/7 access to quality care by board-certified doctors. They can treat many nonemergency medical issues by phone or video. Members can request a visit through the web, Teladoc app or by phone and speak to a licensed doctor in under ten minutes. And while urgent care centers and the emergency room can be costly and time consuming, Teladoc visits are never more than \$52. Find out more and set up your Teladoc account at:

- teladoc.com/aetna or 1-855-Teladoc (835-2362)
- Informed Health® Line* - 1-800-556-1555

Sometimes, a phone call makes all the difference. You can talk to a registered nurse for information about tests, procedures and treatment options. 24 hours a day, 7 days a week. And the call is free.

Aetna Concierge

- Aetna Concierge - 1-855-220-6507

Have questions about your plan? Our concierge is here to help.

Aetna concierge can help you with questions about a diagnosis, select a doctor, learn about your coverage or plan for upcoming treatment. Think of the concierge as your personal assistant for health care.

Your concierge will help find solutions that fit your needs, show you how to use our online tools, find network providers based on your medical needs and even help you schedule appointments.

Simply call the number on your ID card or log in to your member website at aetna.com

Get it all in the way that's most convenient for you. Call or download the Aetna app!



Health Savings Account (HSA)

Only available for those enrolled in the Aetna High Deductible Health Plan.

A Health Savings Account (HSA) is a tax-advantaged savings vehicle available to individuals covered by a High Deductible Health Plan (HDHP). Funds in the account are used to pay for qualified medical, dental and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover healthcare expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering your taxable take-home pay amount.

The City of Greeley will also make contributions to your HSA if you enroll in the High Deductible Health Plan. This is "free money" for you to use to pay for eligible healthcare expenses.

HSA funds can only be used for yourself, your spouse and your taxable dependents. Expenses for dependents who do not qualify as tax dependents are not reimbursable under the HSA.



Advantages of an HSA

- Balance rolls over each year so you won't lose your contributions
- Triple tax savings — you do not pay federal tax* on:
 - Contributions to the account
 - Spending on qualified expenses
 - Interest that accrues
- Account is portable, so the funds are yours even if you change medical plans next year or leave the Company
- Use the funds (now or in the future) for eligible medical, dental or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia and more
- Money left in the savings account earns tax-free interest*

**Tax treatment of HSAs for state tax purposes may vary by state.*

Health Savings Account (HSA)

(continued)



Funding and Enrolling in an HSA

You have the option to contribute to your HSA through pre-tax payroll contributions if you enroll in an HSA through PayFlex. You can change the amount you contribute to your HSA at any time during the plan year.

To enroll in an HSA, you must enroll in the High Deductible Health Plan. The City of Greeley will have your Payflex HSA opened on your behalf. You will receive instructions following enrollment on how to activate your account and establish a login and password. It is important to note that expenses are not eligible for reimbursement until your HSA has been established.

Once you open an HSA, the account is yours forever. Any savings that are not used roll over from year to year and can be used to pay healthcare costs in years to come, even if you no longer work for the City.

Each year, you will be asked to choose a contribution amount during Open Enrollment, however you can change it throughout the year if you should need to.

2022 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs (which includes City of Greeley's contribution). The City of Greeley will contribute to your HSA on a per pay basis up to the annual amounts listed below. To calculate per pay period divide last column by 26.

	2022 IRS Contribution Limit	City of Greeley will contribute	Pre-tax limit you can contribute*
Employee Only	\$3,650	\$1,450	\$2,200
Employee + Spouse	\$7,300	\$2,400	\$4,900
Employee + Child(ren)	\$7,300	\$1,820	\$5,480
Employee + Family	\$7,300	\$2,900	\$4,400

* If you are age 55 or older, you may contribute an additional \$1,000 in catchup contributions.

Who Can Open an HSA?

You can contribute to an HSA if you:

- Are covered under an HSA-qualified high deductible health plan (HDHP).
- Are not enrolled in Medicare*, TRICARE or TRICARE for Life.
- Cannot be claimed as a dependent on someone else's tax return.
- Have not received Veterans Affairs (VA) benefits within the past 3 months
- You (or your spouse) do not contribute to a Healthcare FSA.

** Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking social security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.*

Other restrictions and exceptions may also apply. For more information, visit www.irs.gov/publications/p969/.

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) allow you to set money aside for certain eligible expenses and draw from it throughout the year to pay for those expenses. The **money is set aside pre-tax**, reducing your taxable income. These are pre-funded accounts as well. Three types of FSAs are available:

- Health Care
- Limited Purpose Health Care—HSA plan participants only
- Dependent Care

Money cannot be transferred between the accounts (i.e., you cannot use money from your Health Care FSA to pay for dependent care expenses and vice versa).

Health Care FSA

Not available to HSA plan participants

This FSA allows you to submit eligible **medical, dental and vision** expenses for reimbursement. You can deposit up to **\$2,850** to the Health Care FSA for the **2022** calendar year.

Limited Purpose Health Care FSA

Available to HSA plan participants only

Using this account in conjunction with the HSA gives you the opportunity to save additional pre-tax money. You can use the Limited Purpose Health Care FSA for eligible **dental and vision** expenses only. You can contribute up to **\$2,850** for the **2022** calendar year in this account.

Health Care FSA Run Out Period

You are able to use current year funds until the following **March 15th** of the following year. If there is any previous year funds still available, those will be forfeited and no longer available to spend.

Health Care FSA

2022 Employee Contribution	÷	24 pay periods	=	Maximum contribution per pay check
<u>\$2,850</u>	÷	24	=	\$ <u>118.75</u>

Dependent Care FSA

2022 Employee Contribution	÷	24 pay periods	=	Maximum contribution per pay check
<u>\$5,000</u>	÷	24	=	\$ <u>208.33</u>

Dependent Care FSA

Available to all benefit eligible employees

Dependent Care FSAs are used to pay for the costs of dependent care that enable you to work. This care may be for a child under age 14 and for older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and who live with you for more than half the year. Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare. For the **2022** calendar year, you can deposit up to **\$5,000** to a Dependent Care FSA (\$2,500 if you are married and filing separately).

How the FSA Works

As a new hire (and again during Open Enrollment), you select the amount of money you wish to deposit into the Health Care (or Limited Purpose Health Care) Account and/or the Dependent Care Account for the entire plan year. The plan year for the FSA benefit is **January 1, 2022, to December 31, 2022, with rollover until March 15, 2023**. The total amount is then equally divided by the number of pay periods remaining in that year and that amount is deducted from each paycheck. The money is set aside in your FSA account(s).

As you incur eligible expenses, you can pay by the Payflex debit card or you can file a simple claim form (along with copies of your receipts) and are reimbursed for such expenses from the account. The debit card eliminates the need to submit a claim form and wait for reimbursement.

The FSA plans are administered by PayFlex. To register and log into your FSA account(s), go to www.payflex.com

Wellness Center

The Employee Wellness Center (EWC) is a health clinic available to ALL benefit eligible employees. Dependents enrolled in one of the City's medical plans are also eligible to use the EWC.

The EWC is provided through CareHere and is located in the lower level of the Active Adult Center at 1010 6th Street, Greeley, CO 80631. The EWC offers a wide variety of services such as physicals, shots, care for sprains/strains/cuts, and treatment for everything from allergies to sinus infections. You can visit for preventive or acute causes, and you can use the EWC as your primary care physician. The EWC can help manage ongoing health issues such as diabetes, cholesterol, and high blood pressure, as well as provide referrals if need be. The EWC can also run lab and pathology services, and offers a variety of generic prescriptions.

You can enroll in management programs that can assist your needs. For instance, the Diabetes program pays for supplies as long as you follow the program regarding blood pressure, cholesterol, and smoking cessations.

Any use of the EWC is kept completely confidential. Employees and their covered dependents are able to use the facilities as soon as their benefits enrollment with the City is in place (even prior to effective date).



How much does it cost?

Choice Plan: FREE!

HDHP: FREE for preventative services, \$20 co-pay for non-preventative services.

Not Enrolled in Either Plan: Employee Only—FREE for preventative services; \$20 co-pay for non-preventive services.

Access codes: First time registration:

- PPO/Choice: CGRCP2
- HDHP: CGHSA4
- Waived Coverage (employee only): CGRWV9

Call: 877-423-1330 24/7

Schedule an Appointment:

Registration required. Call the number below or [create an account](#) online using the access code for your plan. Once you have an account, schedule an appointment online, with the app, or by phone!

CareHere!



Hours:

Monday: 7:30 am– 12:00 pm & 12:30 pm– 3:30 pm

Tuesday: Closed

Wednesday: 7:30 am– 12:00 pm & 12:30 pm– 3:30 pm

Thursday: 7:30 am– 12:00 pm & 12:30 pm– 3:30 pm

Friday: 7:30 am– 12:00 pm & 12:30 pm– 3:30 pm

Wellness Program

Our Wellness Program provides a pathway for all staff to pursue a healthy lifestyle. The program is designed to promote and improve health and well-being in the lives of City employees and their families through health education and wellness interventions aimed at fostering healthy lifestyles.



CITY OF GREELEY
WELLNESS
empower. thrive. live.

- AHA/Know Your Numbers Campaign
- Hearing Screening
- Mammogram Event
- Flu Clinics
- Lunch & Learns
- Injury Clinics
- Exercise and Weight Loss Program
- Mother's Room
- Monthly Challenges

Wellness Day Incentive! The city will offer 8 hours of PTO in 2022 to employees who earn 5,000 wellness minutes in Grokker from Jan. 1-Sept. 30, 2022, and complete their AHA/blood draw with CareHere (see page 12).

Grokker

Join in on the fun and participate in online wellness opportunities.



- Participate in online challenges
- Earn points for chances to win prizes
- Track your Wellness Day Incentive progress
- See calendar of upcoming wellness events
- View over 3,700 videos and media content

Username: Your Work Email (Greeleygov.com/greeleypd.com)

Password: Whatever you create.

You DO NOT have to be enrolled in the City's benefits to participate in the online wellness portal.

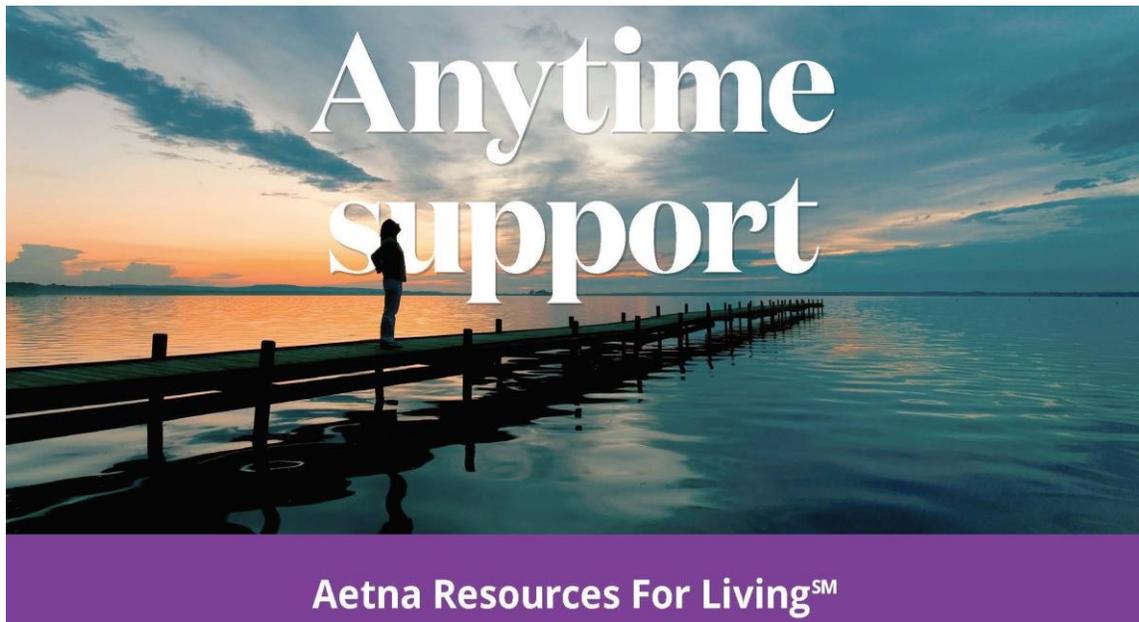
Attain by Aetna App

Employees and dependents age 18 and older covered by the City's medical provider Aetna can earn additional rewards by committing to healthy lifestyles by achieving personalized goals and actions with their Apple Watch. Here's how it works:



- Download the Attain by Aetna app.
- Complete daily and weekly wellness activities personalized by Attain based on health history and Apple Watch activity, using an Apple Watch to record achievements.
- Points accrue for completed tasks and can be redeemed for gift cards from a number of retailers. Up to \$280 annually can be earned. *Note: participants can elect to receive an Apple watch up front and pay it off by using the points they earn.*

Employee Assistance Program



What is it?

Living a healthy and balanced life means taking care of your emotional health just as much as your physical health. The Employee Assistance Program (EAP) provides employees and their families with resources to deal with personal or work-related issues that may cause stressors and affect day to day life.

The EAP provides professional and confidential counseling for a variety of needs. **Employees and anyone living in your household** may have up to 6 sessions per person, per issue, per year. Any use of the services provided is kept completely confidential from your employer, your insurance, and your medical provider.

How can EAP Help Me?

- Unlimited Telephonic Consultation
- Management Consultation
- Available 24/7
- Work/life support such as eldercare, childcare, and pet care
- Education, Financial, Legal, and Identity Theft Services
- Health Rewards (discounts for healthy lifestyle services)

Reach Out:

Calling: 888-238-6232

Online: resourcesforliving.com (Username: greeleygov, Password: eap)

Shirazi Benefits' Advocacy Team

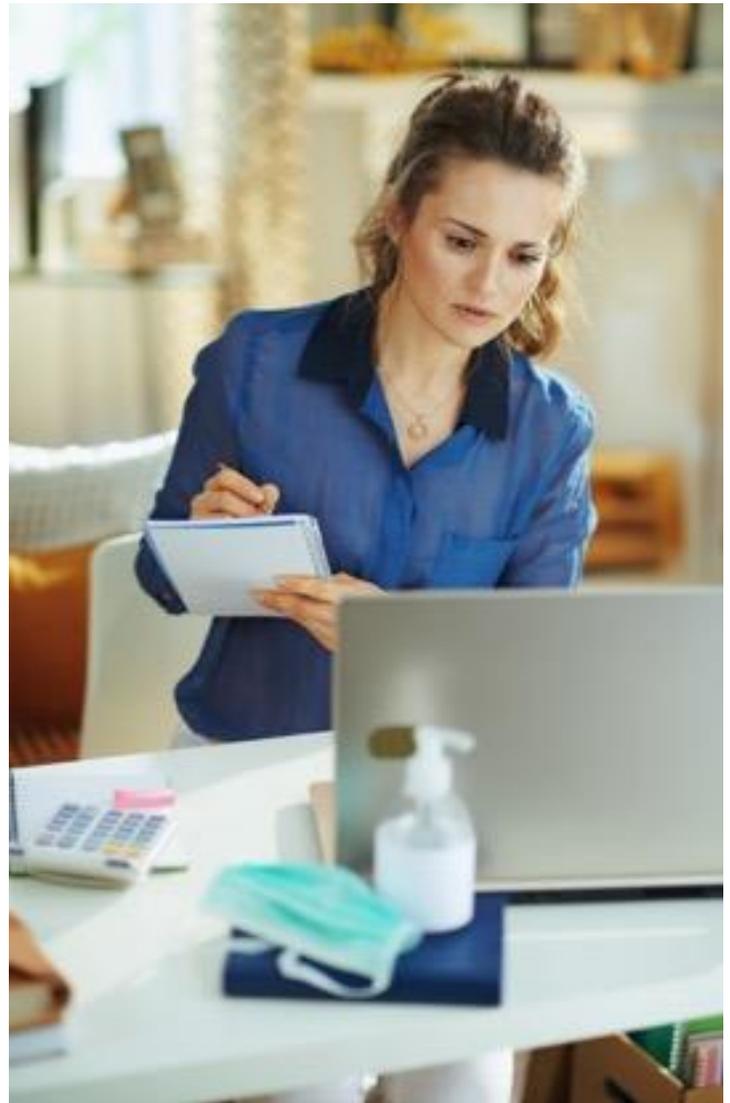
Sometimes we all need a little help. Whether it's navigating the complicated healthcare system when someone in your family is ill or dealing with day-to-day personal issues, Shirazi Benefits offers you an Advocacy service to help.

Our team of Advocates are trained and available Monday through Thursday from 7:45 AM – 5:00 PM and Friday from 8:00 AM – 4:00 PM (MST) to give you expert advice and guidance to assist with healthcare and insurance-related issues that so often create frustration and challenges.

When you call or email for assistance, you will be assigned an Advocate. Our Advocates are highly trained on benefits and claims, that work on your behalf to get you and your family the answers and peace of mind you need.

Our team can assist with benefit issues such as:

- **Finding the right in-network doctors and make appointments**
- **Facilitating pre-authorizations and appeals**
- **Resolving insurance claims and billing issues**
- **Explaining benefits and your share of the costs**



Phone: 970-356-5151

Email: advocate@shirazibenefits.com

How To Save \$\$\$!

When Using Your Medical and Prescription Plans

Use In-Network Doctors

By using in-network doctors, clinics, hospitals and pharmacies, you pay the lowest cost for care. When you visit out-of-network doctors, our health plan covers less of the cost.

Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits or a call to the medical plan nurse line can help save time and money.

Use freestanding imaging centers for MRIs, CT scans and other imaging.

Use Your Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them altogether.

Use Aetna Mail Order

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home.

Through mail order programs, you can also save money by getting up to a go-day supply for less than what you would pay through a retail pharmacy. And because shipping is free, you'll also save on gas money!

Ask Your Pharmacy for the Cash Price

Call and ask your pharmacy for the cash price* of a prescription drug. Sometimes these prices are lower than the prescription drug plan.



Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

Search GoodRx for Cheaper Prices

Drug prices sometimes vary significantly between pharmacies. GoodRx collects and compares prices for every FDA approved prescription drug at more than 70,000 pharmacies.

Access GoodRx at www.goodrx.com to find the lowest price pharmacy near you and/or print FREE coupons. You can also get coupons on-the-go through Good Rx's mobile app – just show your phone to the pharmacist*.

** If you use GoodRx vs. the Medical pharmacy benefits, or if you pay the lower cash price, the amount you pay will not apply toward your deductible or out-of-pocket maximum.*

Dental



Dental Plans

Dental Plans help to pay for dental expenses and make routine care and maintenance affordable. The City offers three options. One is a discount dental plan offered through Beta Health, and two are PPO (preferred provider organization) plans offered through Delta Dental of Colorado.

A Preferred Provider Organization is a type of dental insurance coverage in which you can select a dentist from a network of preferred dental providers. These providers have agreed to provide dental care to members at reduced rates.

Beta Health

Beta Health is a Colorado-based organization, and offers In-network providers only, meaning you must visit a dentist in their network in order to be covered. This means that you pay a certain fee that the dentist and the network provider have agreed upon for specific services. A Discount Dental Plan is not the same as insurance.

Alpha+ Dental is a discount dental plan that offers discounts of up to 90% on preventive care, up to 80% on basic services, and up to 60% on major services. This plan has no waiting periods and has no annual maximums. However, you must choose a specific plan provider to use for the entire plan year.

No ID card will be provided; give the group number and your SSN to your dental provider when obtaining services.

Delta Dental

Delta Dental is a nationwide provider, and you can see any In-network dentist or Out-of-network and still receive a benefit. Both plans have a 12 month wait for major services! A "major service" includes things like crowns, root canals, dentures, etc. Preventive care and basic services can be performed and covered as soon as coverage is effective.

Delta A Low Option

Delta A covers preventive care 100%, basic services at 80%, and major services at 50%. This plan has a \$1,000 annual maximum per person and does NOT cover orthodontics.

Delta B High Option

Delta B covers preventive care 100%, basic services 100%, and major services at 50%.

This plan has a \$1,500 annual maximum per person. Orthodontics are covered, however there is a \$1,000 lifetime benefit per individual (that does not count towards the annual max).

No ID card will be provided; give the group number and your SSN to your dental provider when obtaining services. Human resource has a simple card with the group number and contact information if desired.

Dental

The City of Greeley offers three dental plans through Beta Health and Delta Dental. Your choice of dentists can determine the cost savings you receive. In-network providers are paid directly by the Dental carrier and agree to accept negotiated fees as “payment in full” for services rendered.

On the Delta Dental plans, when you use out-of-network providers, the insurance will apply the applicable percentage of the allowed amount and you are responsible for paying the balance of the bill.

In-network coverage is provided when you use the network (listed below) providers. To search for in-network providers, go to www.betaplans.com “Alpha Plus Network” or deltadentalco.com.

Network	Beta Health In Network Only	Delta Dental In Network	
	Alpha	Delta A	Delta B
Calendar Year Maximum (plan pays)	Unlimited	\$1,000 per person	\$1,500 per person
Calendar Year Deductible (applies to Basic and Major Services)	None	\$25 single / \$75 family	
Preventive Services (no deductible)	Copay – see Fee Schedule	No Cost	No Cost
Basic Services (after deductible)	Copay – see Fee Schedule	You pay 20% after deductible	You pay 0% after deductible
Major Services (after deductible)	Copay – see Fee Schedule	You pay 50% after deductible	You pay 50% after deductible
Orthodontia (to age 19)	Up to 23% discount	Not Covered	You pay 50% after deductible, \$1000 lifetime benefit
Out of Network	Not Covered	Covered	Covered

Sample Fee Schedule (see betadental.com)

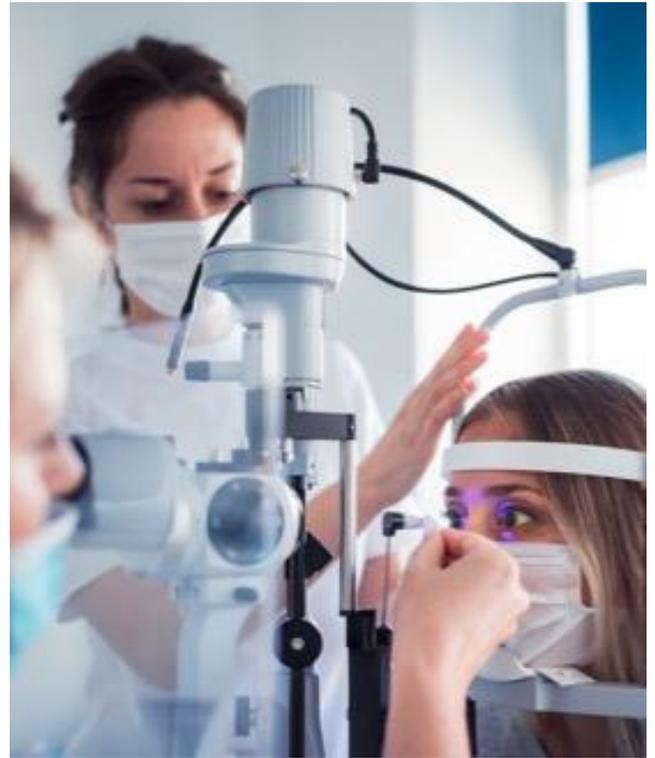
Dental Procedure	Normal Fee	Alpha Plan Cost	Care POS Plan Cost
Routine Office Visit	\$35		20% Discount
Periodic Oral Evaluation	\$53		\$25
Bitewing X-Ray	\$134		\$75
Adult Cleaning	\$96		\$50
Amalgam Filling	\$150		\$66
Complete Denture—Maxillary	\$1,799		\$838
Complete Denture—Mandibular	\$1,799		\$838

Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The VSP vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use VSP providers. To search for providers, log onto www.vsp.com and select find a doctor.

- **No ID card will be provided;** give your SSN to your vision provider when obtaining services.
- Basic – provides \$20 eye exam every 12 months
- Buy up – offers \$0 eye exam every 12 months and discounts on lenses, frames, or contacts every 24 months.



VSP	Frequency	Basic	Buy-up
Eye Exam	Once every 12 months	\$20 copay	\$20 copay
Prescription Glasses	Once every 24 months	N/A	\$20 copay
Frame	Once every 24 months	N/A	Up to \$120
Lenses (Single vision, lined bifocal, lined trifocal)	Once every 24 months	N/A	Included
Contacts—instead of glasses	Once every 24 months	N/A	Up to \$120

Vision benefits are not just for individuals who wear glasses or contacts. A comprehensive annual eye exam is important for everyone at every age to help maintain healthy eyes and vision, and for your overall wellness. In fact, a comprehensive eye exam can provide an early diagnosis of vision and eye issues, health conditions, and systemic diseases, including:

- Blurred vision
- Computer Vision Syndrome
- Diabetes
- High blood pressure
- High cholesterol
- Glaucoma
- Cataracts
- Cancer

Life Insurance

Basic Life/AD&D

Having appropriate life insurance coverage is a critical part of planning for your family's current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment and children's education expenses.

The City of Greeley provides Basic Life insurance coverage of 1.5X your annual salary up to \$300,000. This coverage includes an Accidental Death and Dismemberment (AD&D) provision that also pays 1.5X your annual salary up to \$300,000 in the event of accidental death and certain other conditions. Basic Life and AD&D insurance is administered by Cigna and is paid for by the City of Greeley. You are automatically enrolled in these benefits.

Dependent Rider – Your spouse and/or children can receive life insurance at NO cost to you. It covers \$5,000 for your spouse and \$1,000 per child. You can add them to this benefit on Oracle.

(According to federal law, only the first \$50,000 of employer-paid life insurance is not taxable. Premium paid by the City of Greeley for coverage levels over \$50,000 will be taxable to you and will be included on your year-end W-2 statement.)

Voluntary Life

As a new hire, you can purchase Voluntary Life insurance for you, your legal spouse and dependent children **without providing medical information up to certain guarantee issue (GI) amounts** (see chart). If you leave the Company, this coverage can be taken with you.

Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by Cigna Life.

Benefit amounts reduce at age 65. Please refer to the benefit summary for details.

If you elect not to enroll within 30 days of your date of hire, you will still be able to purchase coverage in the future. However, ALL amounts elected will be subject to the EOI requirements provision. At that time, if your EOI is not satisfactory to Cigna Life, you will not have Voluntary Life coverage.

Voluntary AD&D

If you elect AD&D provides a death benefit should a covered person pass away due to an accident. This can be purchased as employee only or employee + family.

*Premium calculated in enrollment system based on age.

Voluntary Life/AD&D Amounts Available

Employee	Increments of \$10,000 up to 5X your annual base pay Guarantee Issue*: \$250,000
Spouse/ Domestic Partner	Increments of \$5,000 up to 50% of the employee election Guarantee Issue*: \$50,000
Child (to age 26)	Increments of \$1,000 to \$10,000 Guarantee Issue*: \$10,000

To enroll in Voluntary Spouse and/or Child Life, you must be enrolled in Voluntary Employee Life.

**Guarantee issue is the amount of coverage you or your dependents can elect up to without medical questions. Guarantee issue is only available to newly benefit eligible employees.*



Disability Insurance

If you were to be out of work due to an injury or illness, could you and your family survive without a paycheck? Disability insurance is essentially “paycheck” insurance, ensuring you will receive a portion of your income if you were out of work due to injury or illness. Short-Term Disability (STD) provides a weekly benefit, while Long-Term Disability (LTD) pays a monthly benefit after STD insurance has been exhausted.

The City of Greeley offers STD and LTD insurance at no cost to you. Administered by Cigna, you are automatically enrolled in these benefits.



Short-Term Disability (STD) Insurance

STD benefits become payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan’s disability requirements, you will continue to receive a percentage of your weekly earnings until the benefit duration has ended.

STD benefits integrate with state mandated disability plans.

Benefit Begins	14 th day of accident or 14 th day for illness
Benefit Amount	70% of your weekly base salary per week *other 30% will be supplemented using available PTO and leave hours
Benefit Duration	Up to 90 days

Long-Term Disability (LTD) Insurance

LTD insurance offers a monthly benefit to help replace lost income if you experience a disability lasting longer than 90 days. Proof of disability is required.

Benefit Begins	After 90 of qualified disability
Benefit Amount	60% of basic monthly earnings *benefit is not taxed
Benefit Duration	Social Security Normal Retirement Age (SSNRA)

Disability claims for newly covered employees will be denied if you received medical treatment, medical advice, care or services or took prescribed drugs or medicines in the last 3 months prior to the effective date of this coverage and the disability began in the first 12 months after your effective date of coverage.

AFLAC

The City of Greeley offers additional voluntary benefit plans through Aflac. These plans are **not medical insurance** and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan.

Insurance policies available for purchase (through after-tax payroll deductions) include **Accident and Hospital Indemnity**. These benefits may help fill the gap until you meet your medical plan deductible.

All Aflac benefit plans are portable, which means you can take these benefits with you if you leave the Company.

Rates are based on age and policy elected.

Hospital Indemnity Insurance

Hospital Indemnity insurance policy can help by **paying lump-sum benefits** to help you manage expenses that arise if you or an eligible family member ends up in the hospital. You can use the money however you'd like — from paying for medical copays and deductibles to everyday expenses such as the mortgage, transportation, groceries and utilities. There are no copays, deductibles, coinsurance or network requirements. These benefits aren't reduced because you receive a payment from any other coverage you have, such as Medical, Accident or Critical Illness Insurance.

Detailed packets and brochures are available at your New Hire Orientation, on COGI, and in the Human Resources Office.

Accident Insurance

In the event of a covered accident, the Accident Advantage Plan pays you cash benefits to help with the costs associated with out-of-pocket expenses and bills that your medical insurance may not fully cover.

Coverage on this plan is available to you (the employee), your spouse, and dependent children.

This Accident Advantage Plan covers things like transportation, lodging, ER treatment, rehabilitation, etc. For more information, please visit Human Resources for a packet.

The Accident Advantage Plan also provides a Wellness Benefit for a covered preventative screening if you go 12 months without having to use this plan.



Pet Insurance

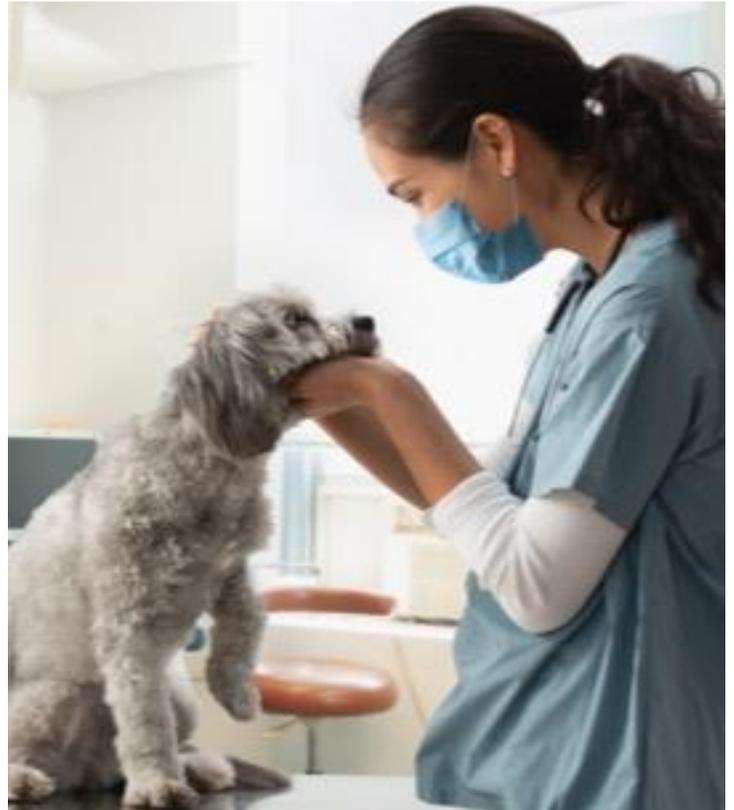
Pet Insurance

Nationwide Pet insurance makes it a little easier to be financially prepared for the costs of your pet's healthcare needs.

Nationwide pet insurance provides benefits for veterinary treatments related to accidents and illnesses, including cancer. Medical policies cover diagnostic tests, X-rays, prescriptions, surgeries, hospitalization and more. Wellness coverage also can be added.

Rates for this insurance are based on your pet's breed, age and location.

- All pets are welcome. Only insurer with plans for dogs, cats, birds and exotic pets (not including farm animals)
- Cash back on eligible vet bills. Employees can choose a reimbursement level
- Unlimited Vet helpline. 24/7 access to a veterinary professional.
- Available exclusively to employees, not to the general public
- Use any vet, anywhere. No networks, no pre-approvals
- Plan features a \$250 annual deductible and have a maximum annual benefit of \$7500.
- Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of policy will be considered a pre-existing condition.
- Multiple-pet discounts applied when enrolling more than one pet.
- This is a voluntary benefit and employees pay the full cost.



Legal Insurance

Legal experts on your side, whenever you need them

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

MetLife Legal Plans gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft or caring for aging parents.

This is a voluntary benefit and employees pay the full cost.

How to use the plan

1. Find an attorney

Create an account at legalplans.com to see your coverages, select an attorney and get a case number for your legal matter. Or, give us a call at **800.821.6400** for assistance.

2. Make an appointment

Call the attorney you select, provide your case number and schedule a time to talk or meet.

3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Money Matters	<ul style="list-style-type: none"> • Debt Collection Defense • Identity Management Services³ 	<ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Personal Bankruptcy 	<ul style="list-style-type: none"> • Promissory Notes • Tax Audit Representation • Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> • Boundary or Title Disputes • Deeds • Eviction Defense • Foreclosure 	<ul style="list-style-type: none"> • Home Equity Loans • Mortgages • Property Tax Assessments • Refinancing of Home 	<ul style="list-style-type: none"> • Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	<ul style="list-style-type: none"> • Codicils • Complex Wills • Healthcare Proxies • Living Wills 	<ul style="list-style-type: none"> • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	<ul style="list-style-type: none"> • Adoption • Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship • Immigration Assistance 	<ul style="list-style-type: none"> • Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Protection 	<ul style="list-style-type: none"> • Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> • Administrative Hearings • Civil Litigation Defense 	<ul style="list-style-type: none"> • Disputes Over Consumer Goods & Services • Incompetency Defense 	<ul style="list-style-type: none"> • Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: <ul style="list-style-type: none"> • Deeds • Leases 	<ul style="list-style-type: none"> • Medicaid • Medicare • Notes • Nursing Home Agreements 	<ul style="list-style-type: none"> • Powers of Attorney • Prescription Plans • Wills
Vehicle & Driving	<ul style="list-style-type: none"> • Defense of Traffic Tickets⁴ • Driving Privileges Restoration 	<ul style="list-style-type: none"> • License Suspension Due to DUI 	<ul style="list-style-type: none"> • Repossession

Employee Savings Plan

About

It is never too soon to start saving for your retirement, and the City offers a few ways for you to do so. The City's Employee Savings Plan is provided through Principal Financial Services, Inc. and puts you in total control of your contributions and savings. Annual maximum contribution (that includes the City's) is \$20,500. If you are over 50 years of age the annual contribution goes up to a total maximum of \$27,000.

How Do I Get Started?

When you begin your employment with the City, you are automatically enrolled into a Traditional 401(k). The City will contribute 4% to this Traditional 401(k). You are automatically set to contribute 4%. Provided that you continue to contribute at least 4%, the City will contribute an additional 2% (for a total of 6%).

You can change or adjust your contribution at any time, including the automatic initial contribution set at 4%.

With Principal, you are in total control of your contributions and account types. You can set up a Roth 401(k), manage investments, change your contribution percentages, and direct your contributions however you want, whenever you want through principal.com. You can contribute up to 50% of your base salary (not to exceed \$20,500 or \$27,000 if age 50 or older.)

Employer Vesting Schedule

After 1 year	25%
2 years	50%
3 years	75%
4 or more years	100%



Traditional 401K vs Roth 401K

The difference between these two types of accounts is the timing of taxes.

With a Traditional 401(k), your contributions are made with pre-tax dollars. That is, the money you put into this account comes out of your paycheck before all of the taxes do. The money is allowed to grow tax sheltered, and when it comes time for you to withdraw funds in your retirement, your withdrawals will be taxed as ordinary income.

A Roth 401(k) is just the opposite— you pay taxes up front. Your contributions come out of your check after they have already been taxed. The money in your account grows tax sheltered and when it comes time to retire, qualified withdrawals come out tax-free.

Automatic Increase

Every March, the City will automatically increase your contributions:

- If you are contributing less than 4%, you will be bumped up to 4%.
- If you are contributing at least 4%, you will be bumped up 1%, up to a maximum of 10%. You can opt out if you choose. Notices will be sent out in February via mail, email, and COGI.

Why March? Annual evaluations are due in February, and any resulting merit increases also go into effect in March. Why not put away more for your retirement as you get a raise?

Deferred Compensation

About 457 Plans

A 457 Deferred Compensation Plan is a defined contribution retirement plan option available to public sector employees only. 457s allow you to save and invest money for retirement with tax benefits. Similarly to a 401(k), the IRS limits contributions. For 457 plans, the annual contribution limit is \$20,500 however if you are age 50 or older, you may contribute up to \$27,000. While 457 plans are similar to 401(k) plans in many ways, there are some differences when it comes to early withdrawal penalties and minimum required distributions. With 457 plans:

- There isn't a minimum retirement age
- There isn't a 10% federal penalty for early withdrawal of funds, although withdrawals are subject to ordinary income taxes
- There is a withdrawal option for unforeseen emergencies that meet certain legal criteria, if all other financial resources are exhausted
- Distributions are available in a lump sum, annual installments or as an annuity
- There is no tax withholding if you leave for a new job and roll over your money into an IRA or your new employer's 401(k), 403(b) or 457 plan – or if you take regular installments for 10 years or more. (All other distributions are subject to 20% withholding for federal taxes.)



Plan Options

The City offers one **457 Deferred Compensation** Plan to General Employees. This plan is offered through ICMA-RC. Enrollment in this plan is entirely voluntary, and you can sign up at any time. Please contact Human Resources for an enrollment form if you are interested!

Paid Time Off & Holidays

Paid Time Off

Paid Time Off (PTO) can be used for rest, recreation, personal illness/injury or time off to meet other personal needs such as doctor, dentist, or EAP appointments with supervisory approval as needed. Unscheduled use of PTO may be used without prior approval for employee or family illness or emergencies.

PTO starts accruing for New Hires on the first paycheck.

PTO Accrual Rates

PTO accrues each bi-weekly pay period at the rates below:

Length of Service	Full Time	Three-Quarter Time
Start through 2nd year	4.64	3.48
3rd through 5th Year	5.24	3.93
6th through 10th year	6.14	4.61
11th through 15th year	7.04	5.28
16th through 20th year	7.74	5.81
21st year or more	8.04	6.03

Holidays

The City observes 11 holidays each year, and the schedule can be found on COGI year round. Most employees will receive the observed holiday off as it occurs in the calendar year. If an employee is required to work on a holiday, the leave will be credited to their Holiday Bank for use at a later time.

In addition, a Floating Holiday is granted on January 1st for employees active during the pay period encompassing January 1st.

General Employees in positions that are generally scheduled to work on or through holidays (PW– Transit; GPD—Records Employees) will instead receive holiday hours in a lump sum at the start of the year, or a prorated lump sum amount if they start mid-year. This Holiday Bank can be used at the employee’s discretion if approved by the supervisor.

**HOLIDAY LEAVE IS USE IT OR LOSE IT.
Any holiday hours not used by
DECEMBER 31st will be forfeited.**



Cost of Coverage *Effective January 1st 2022*

Contributions made from each paycheck toward your medical, dental and vision benefit elections, as well as contributions to your HSA and FSA, will automatically be **deducted from your gross pay before Federal Income taxes and Social Security taxes** are calculated. Since these contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay and you will end up paying lower taxes on the same salary. Voluntary Life/AD&D costs are taken from your paycheck **after** taxes, and the **benefits paid are not taxable**.

Bi-Monthly Medical Contributions (full-time , ¾ time on benefit summary)

Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Choice Plan	\$86.00	\$177.50	\$148.50	\$239.00
HDHP	\$65.00	\$134.00	\$115.50	\$182.00

* For information regarding domestic partner/civil union costs and tax implications, please contact Human Resources.

Your Maximum Annual Medical Liability

	ANNUAL Premium	+ Out-of-Pocket Max	City HSA Contribution	= Your Maximum Annual Liability
Choice Plan Single	(\$86 x 24) = \$2,064	\$5,500	N/A	\$7,564
HDHP Single	(\$65 x 24) = \$1,560	\$3,500	\$1,450	\$3,610
Choice Plan Employee + Spouse	(\$177.50 x 24) = \$4,260	\$11,000	na	\$15,260
HDHP Employee + Spouse	(\$134.00 x 24) = \$3,216	\$7,000	\$2,400	\$7,816
Choice Plan Employee + Children	(\$148.50 x 24) = \$3,564	\$11,000	N/A	\$14,564
HDHP Employee + Children	(\$115.50 x 24) = \$2,772	\$7,000	\$1,820	\$7,952
Choice Employee + Family	(\$239.00 x 24) = \$5,736	\$11,000	N/A	\$16,736
HDHP Employee + Family	(\$182 x 24) = \$4,368	\$7,000	\$2,900	\$8,468

Cost of Coverage *Effective January 1st 2022*

Contributions made from each paycheck toward your medical, dental and vision benefit elections, as well as contributions to your HSA and FSA, will automatically be **deducted from your gross pay before Federal Income taxes and Social Security taxes** are calculated. Since these contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay and you will end up paying lower taxes on the same salary. Voluntary Life/AD&D costs are taken from your paycheck **after** taxes, and the **benefits paid are not taxable**.

Bi- Monthly Dental and Vision – full time employees

Dental plans	Employee Only	Employee + 1	Employee +2
Alpha Plus	\$0	\$2.17	\$3.25
Delta A	\$0	\$9.00	14.50
Delta B	\$4.50	\$16.00	\$27.00

Vision plans	Employee Only	Employee + 1	Employee +2
Basic	\$0	\$0	\$0
Buy Up	\$4.34	\$6.27	\$11.09

Bi- Monthly Dental and Vision – part time employees

Dental plans	Employee Only	Employee + 1	Employee +2
Alpha Plus	\$0.00	\$11.00	\$14.50
Delta A	\$12.50	\$25.50	\$41.50
Delta B	\$17.00	\$32.50	\$54.00

Vision plans	Employee Only	Employee + 1	Employee +2
Basic	\$0.45	\$0.69	\$1.24
Buy Up	\$4.79	\$6.96	\$12.33

Benefits on the Go

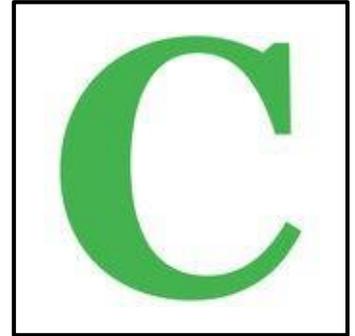
PayFlex Mobile



The PayFlex App gives you real time access to manage your account(s) anywhere you go, 24/7. Check your balance, file a claim, store documents, check the status of a claim, or mark your card lost or stolen.

- Schedule appointments
- Set text & e-mail appointment reminders
- Change or cancel appointments
- Review appointment history

Care Here



Delta Dental



Delta Dental's mobile app gives you access to the dentist search tool, claims and coverage, ID cards, and more, right on your mobile device.

Principal



View your retirement and insurance accounts from Principal® anytime and anywhere—with this free and secure mobile app. Change your contribution amounts, try out My Virtual Coach, and view the Retirement Wellness Planner.

VSP



Manage your eye care needs at any time, and from anywhere, with VSP Vision Care On The Go. Find a doctor, check your coverage, access your vision card, and shop the latest eyewear fashions 24/7. Caring for your eyes has never been so easy.

Grokker



- Complete Wellness Quiz
- Access Activity & Incentive Trackers
- Participate in Campaigns & Challenges
- Take Advantage of Behavior Change Tools
- Enter Reward Activities & Receive Incentives
- Utilize Goal Setting Tools



Earn rewards for healthy choices by downloading the Attain app. The app combines your health history with your Apple Watch activity to offer personalized goals, achievable actions and big rewards — like an Apple Watch or gift cards from popular retailers.

Benefits on the Go

Aflac

aflacgroupinsurance.com
 Laura Marcotte—Regional Sales Coordinator
larua_marcotte@us.aflac.com
 (970) 667-3770

Payflex

payflex.com #147852
 (844) 729-3539
 payflex.com

CareHere

carehere.com
 (877) 423-1330
info@carehere.com

Aetna Resources for Living

resourcesforliving.com
 Username: Greeleygov Password: eap
 1-888-238-6232

Dental

Beta Health #5747
 betadental.com
 (303) 744-3007

Delta Dental #9487
 deltadentalco.com
 1 (800) 610-0201

customer_service@ddpco.com

Employee Savings Plan

Principal
 principal.com
 (800) 986-3343

Medical

Aetna #0109723
 aetna.com
 (855) 220.6507

Vision

VSP #12064457
 vsp.com
 (800) 877-7195

457

ICMA-RC
 icmarc.org
 1 (800) 326-7272

Human Resources Contacts

Human Resources Department
HR@greeleygov.com

Mandy Warehime, Benefits
 (970) 573-9452
HRBenefits@greeleygov.com
mandy.warehime@greeleygov.com

Karla Torczon, Total Rewards Business Partner
 (970) 573-9188
Karla.torczon@greeleygov.com

Shirazi Benefits Broker

Customer Advocate

advocate@shirazibenefits.com
 (970) 356-5151

Available Monday through Thursday from 7:45 a.m. – 5:00 p.m. and Friday from 8 a.m.- 4 p.m. (MST) to provide expert advice and guidance to assist city employees with healthcare and insurance-related issues.