

CITY OF
— GV —
GREENWOOD VILLAGE
COLORADO



2026 Benefits Guide
Full-Time Benefited Employees

Employee Benefits

At **Greenwood Village**, we know our dedicated employees—YOU—are key to our overall success as an organization. To help reward you for your hard work, we offer a comprehensive benefits package designed to support your physical, financial, and mental well-being. Please take the time to educate yourself about your benefit options and choose the best coverage for you and your family.

Enrollment Overview

[Benefits Open Enrollment](#) 3

[Benefit Enrollment](#) 4

Your Health Plans

[Medical Plan Options](#) 5

[Kaiser Permanente](#) 6

[Flexible Spending Accounts](#) 9

[Dental Insurance](#) 10

[Vision Insurance](#) 11

Other Benefit Plans

[Life and Accidental Death & Dismemberment](#) 12

[Salary Continuation](#) 13

[Long-Term Disability](#) 14

[Employee Assistance Program](#) 15

Additional Benefits

[Supplemental Insurance Plans - Aflac](#) 16

[Retirement](#) 17

[Paid Time Off](#) 18

[Tuition Reimbursement](#) 19

Additional Information

[Resources & Contact Information](#) 20

[Disclosure Notices](#) 21

Benefits Open Enrollment

2026 Open Enrollment begins November 13
through November 25.

The City of Greenwood Village will hold its annual Open Enrollment for 2026 benefits from November 13 to November 25. All current employees, don't miss your opportunity to elect, change, or waive benefits coverage for the upcoming plan year. Benefits elected during this enrollment period become effective January 1, 2026. Your next opportunity to make enrollment changes will be during the next Open Enrollment, unless you experience a mid-year qualifying life event.

Important Details

- This is an active enrollment. You will need to log in to UKG to make your benefit elections for 2026!
- New for 2026 – If you elect to increase your current voluntary life insurance or spouse voluntary life insurance coverage, you may be required to complete an evidence of insurability form!
- 2026 FSA limit increases projected; new enrollment required!
- 2026 limit increases to retirement contributions. Contact Empower for details!
- Updated medical and dental waiver documents will no longer be required. If you don't elect Greenwood Village Medical, you'll receive a medical waiver. If you don't elect Greenwood Village dental, you'll receive a dental waiver.
- 2026 will have 27 pay periods rather than the normal 26, therefore any per pay period deductions will be calculated accordingly.
- Enroll via UKG at gv.ultipro.com
- Extras – Will preparation services including access to willscenter.com, funeral discounts and planning services, estate resolution services and more!

Benefit Enrollment

Who is eligible?

Full-Time Benefited: An employee who works at least 30 hours or more per week on a regular, year-round basis.

Part-Time Benefited: An employee who works at least 20 hours or more and less than 30 hours per week on a regularly scheduled, year-round basis (subject to different medical and dental employee premiums, please see Human Resources for details).

New Employee Enrollment

As a new employee, you must enroll in benefits within **30 days** of your date of hire. If you do not enroll within **30 days**, you will need to wait until the next open enrollment period to enroll, unless you have a mid-year qualifying event.

Benefits for new hires begin on your date of hire. You may lose your benefit coverage if eligibility requirements are not met. Upon termination, eligible benefits may be offered via COBRA. See Human Resources for details.

Benefit deductions are deducted from payroll in the month in which benefits are provided per the IRS Section 125 Plan code provisions.

Eligible Dependents

- Legal Spouse
- Legal Dependent Child(ren) to age 26 – Coverage ends at the end of the month in which they turn 26.
 - Natural born child(ren)
 - Step-child(ren)
 - Disabled dependent child(ren)
 - Court-appointed legal child(ren)

Mid-Year Qualifying Event

You can make changes to your benefits during the year when you experience a qualifying life event. The most common qualifying life events are:

- Marriage, legal separation, or divorce
- Birth of a child/Adoption
- Loss of other coverage (e.g., child turns 26 and loses coverage through parent's plan)
- Gain other coverage

There are other, less common, life events that allow you to change your benefits. Please contact Human Resources for a complete list of qualifying life events.

If you experience a qualifying life event and wish to change your benefits, you must complete a life event enrollment in **UKG** within 30 days of the life event. You will be required to provide proof of your life event, such as a birth certificate or marriage license. You can only change benefits that were impacted by the life event (e.g., if you get married, you can add your new spouse to the medical plan, but you cannot change medical plans).



Online Enrollment

Both new employee benefits enrollment and open enrollment are done online through UKG.

Be sure to have:

- Dates of birth, SSNs, addresses and other pertinent information on hand for dependents when you complete your enrollment!
- Please verify your contact information and make any updates as needed.
- Check your life insurance beneficiary listed for accuracy
- Enroll via UKG at gv.ultipro.com

Medical Plan

Greenwood Village offers medical insurance through Kaiser Permanente.

The Kaiser medical plan provides in-network coverage, which means you can choose any provider in the Kaiser Permanente network. Locate a Kaiser network provider at healthy.kaiserpermanente.org

The table below summarizes some key in-network features of the medical plan. Please take the time to understand the features of the plan as well as some additional information on the next few pages about Kaiser Permanente!

If you choose to opt out of the Kaiser medical plan, you will receive an opt-out premium. Contact Human Resources for more details.

Coverage	Kaiser DHMO Plan
Deductible (individual/family)	\$500/\$1,000
Out-of-pocket maximum (individual/family)	\$2,000/\$4,000
Preventive Care	No charge; Deductible does not apply
Office Visits (primary care/specialist)	\$30 copay/\$50 copay
Mental Health Office Visits	\$30 copay
Urgent Care	\$50 copay
Emergency Room	20% coinsurance after deductible
Diagnostic X-ray	20% coinsurance after deductible
Diagnostic Lab	No charge; Deductible does not apply
Imaging (CT, PET/MRI)	20% coinsurance after deductible
Inpatient hospital (including mental health)	20% coinsurance after deductible
Outpatient Hospital	20% coinsurance after deductible
Prescription Drugs	Generic Drugs: \$20 copay Preferred Brand Drugs: \$40 copay Non-Preferred Drugs: \$60 copay Specialty Drugs: 20% coinsurance up to a maximum of \$250

All coinsurance amounts listed are applicable once you have met your annual deductible and apply until you reach your out-of-pocket-maximum. Please refer to the official plan documents on the HUB for additional information on coverage and exclusions.

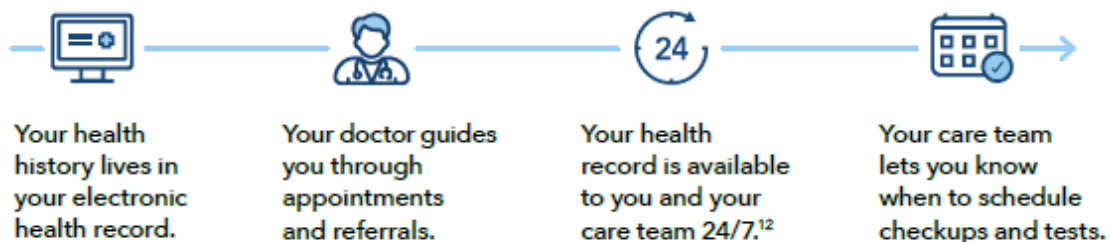
Medical Plan Premiums	Total Monthly Premium	City Pays Per Pay Period	Full-Time Employee Pays Per Pay Period
Employee	\$847.94	\$381.57	\$42.40
Employee + 1	\$1,628.04	\$708.20	\$105.82
Employee + 2+	\$2,484.37	\$1,043.44	\$198.75

Kaiser Permanente

Kaiser Permanente delivers an integrated care model. Through this model, doctors, pharmacists, and your entire care team share important information about you through your electronic health record. Choosing a Kaiser Permanente plan requires that you stay within the Kaiser network. You can get care from any Kaiser Permanente medical office.

At most Kaiser Permanente medical offices, you can see a doctor, fill a prescription, and have lab and imaging services done in the same place.

We guide you every step of the way



Virtual Care Options with Kaiser Permanente

You deserve high-quality care for your total health. Outside of traditional in-person visits, Kaiser Permanente offers a variety of online and mobile solutions to help meet your needs:

No Cost Options

- **Chat** – Live messaging with a KP doctor from 8 a.m. to 6 p.m., Monday - Friday. Used for routine and urgent (non-emergent) medical advice.
- **E-mail** – Email your physician's office via KP's secure message center and receive a response typically within 24 hours.
- **E-Visit** – Fill out a brief questionnaire about your symptoms and receive personalized care from a nurse - typical response time is within 4 hours.
- **24/7 Advice Line** – Call the Appointment and Advice Contact Center (303-338-4545) 24/7 if you need routine or urgent medical or mental health advice, or if you need help choosing the right care option.

No Cost Once Deductible is Met

- **Scheduled Phone or Video Visits** – Schedule a video or phone visit with your KP doctor for the same quality care you would receive at an in-person visit.
- **24/7, On-Demand Phone & Video Visits** – Visit with a doctor anytime by video or phone. Get routine or urgent medical advice, referrals, prescriptions and more.

For full details on these options, please visit kp.com/getcare
To find Kaiser facilities and providers, please visit: healthy.kaiserpermanente.org

Kaiser Permanente

Did you know that you can get care from ANY Kaiser Permanente medical office if you are traveling outside of Colorado? In states where Kaiser Permanente operates (California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and the District of Columbia), you can get routine, urgent, and emergency care.



Travel Hotline

Kaiser Permanente has a travel hotline that is available 24/7 if you have questions while away from home anytime, anywhere, call 951-268-3900 or visit kp.org/travel

- Always have your physical or digital Kaiser Permanente card with you
- To minimize costs, get care from a Kaiser Permanente provider
- Prescriptions may be delivered to you at no extra cost, visit kp.org/pharmacyservices to learn more about your options.
- Care outside of the United States covers urgent and emergency care anywhere in the world. Upfront costs required; reimbursement claim form must be submitted.

Kaiser Permanente

Kids Off to College in Another State?

Up to age 26, qualified dependents living outside a Kaiser Permanente area are covered for routine and follow-up care. This year, covered services have increased to:

- 10 Office Visits
- 10 Diagnostic X-rays
- 12 Prescription drug fills
- 10 Therapy visits - combined physical, occupational, and speech



Support for Emotional Wellness

Kaiser Permanente members have access to additional resources to get help with anxiety, stress, sleep, mood, and more. Anytime you need it. Visit kp.org/selfcareapps to get started.



Calm is the number one app for meditation and sleep. You can choose from hundreds of programs and activities, including;

- Guided meditations
- Sleep Stories
- Mindful movement videos



Headspace Care Offers mental health support. You can text 1:1 with an emotional support coach anytime, anywhere.

- 24/7 text-based emotional support coaching
- Discuss goals, share challenges, and create an action plan with your coach
- Self-care resources recommended for your needs.

New Beginnings in Colorado

Kaiser Permanente is committed to making your health care experience easier and more convenient. In 2025, Kaiser opened new medical offices in Parker and Pueblo North. In early 2026, Kaiser is scheduled to open the new Lakewood Medical Offices. Kaiser is also in the early stages of planning a brand-new Westminster Medical Office building.

Kaiser has also expanded their hospital relationships to include more CommonSpirit Health and HCA HealthONE locations.

Learn more about Kaiser's newest facilities at kp.org/co-newbuilds

Flexible Spending Accounts

Greenwood Village offers flexible spending account (FSA) options through **Rocky Mountain Reserve**. FSA allows individuals to use pre-tax dollars to pay for medical expenses not covered by insurance. **Important rules apply to FSAs, please read this page carefully before you make your FSA elections!**

Want to save on your health care and dependent care expenses?

Health Care FSA

- Health care FSA dollars can be used to pay for eligible out-of-pocket expenses such as deductibles, copays, and other health-related expenses that are not reimbursed by the medical, dental, or vision plans
- You may contribute up to **\$3,400*** to your health care FSA for the 2026 calendar year. The entire amount you elect is available to you on January 1 or your benefits effective date
- If FSA funds are not used by the end of the plan year, \$680 will rollover to the next plan year automatically
- FSA elections must be made every year during open enrollment. Your current year election WILL NOT carry over to next year. Benefit will terminate on last day of employment
- You no longer need a prescription for OTC (over-the-counter) medications, and your funds can be used for menstrual products
- A full list of eligible expenses and additional plan details are available at rockymountainreserve.com

Dependent Care FSA

- Dependent care FSA dollars can be used to pay for eligible dependent care expenses that allow you and your spouse to work or attend school full time and must be used by the end of the year
- Eligible expenses include day care, preschool, summer camp, before- and after-school care, and elder care

Funds can be used for care for your:

- Children under 13 years of age;
- Child over 13, spouse, and/or elderly parent who lives with you and is unable to care for themselves
- You may contribute up to **\$7,500*** to the dependent care FSA for the 2026 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect **\$3,750***
- Dependent care contributions are deposited each pay period. You can only be reimbursed for amounts up to what is currently in your account
- Dependent care dollars do not carry over to the next year. Any dollars remaining in your account on December 31 will be lost
- Benefit will terminate on last day of employment

Dental Insurance

Greenwood Village offers two dental insurance plan options through Delta Dental of Colorado: the Dental PPO Only Plan and the Dental PPO + Premier Plan.

The tables below summarize the key features of the dental plans. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions. To find a network provider, please visit: deltadentalco.com.

If you choose to opt out of the Dental plan, you will receive an opt-out premium. Contact Human Resources for more details.

Delta Dental PPO Plan	PPO Provider	Premier Providers	Non-Participating Providers
Deductible (individual/family)	None	Not Covered	Not Covered
Annual Benefit Maximum	\$1,500	Not Covered	Not Covered
Diagnostic/preventive Services	80%	Not Covered	Not Covered
Basic Services	50%	Not Covered	Not Covered
Major Services	50%	Not Covered	Not Covered
Orthodontia – child and adult	50%	Not Covered	Not Covered
Orthodontia Lifetime Maximum	\$2,000	Not Covered	Not Covered

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist – Not covered

Non-Participating Dentist – Not covered

Delta Dental PPO + Premier Plan	PPO Provider	Premier Provider	Non-Participating Provider
Deductible (individual/family)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Benefit Maximum	\$1,500	\$1,500	\$1,500
Diagnostic/Preventive Services	100%	100%	100%
Basic Services	80%	80%	80%
Major Services	50%	50%	50%
Orthodontia – up to age 19	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$1,500

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less. You will receive the greatest out-of-pocket savings by seeing a Delta Dental PPO provider.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee charged, whichever is less

Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist.

PPO Dental Plan Premiums	Total Monthly Premium	City Pays Per Pay Period	Full-time Employee Pays Per Pay Period
Employee	\$24.75	\$11.14	\$1.24
Employee + 1	\$49.45	\$21.51	\$3.21
Employee + 2+	\$88.08	\$36.99	\$7.05

PPO + Premier Dental Plan Premiums	Total Monthly Premium	City Pays Per Pay Period	Full-time Employee Pays Per Pay Period
Employee	\$53.55	\$11.14	\$15.64
Employee + 1	\$110.70	\$21.51	\$33.84
Employee + 2+	\$198.62	\$36.99	\$62.32

Vision Insurance

Greenwood Village offers vision coverage through EyeMed! Members have the freedom to choose any providers from EyeMed's Select Network. This network offers a broad mix of independent, national retail and regional retail providers. New for 2026, benefits will be based on the calendar year!

This plan offers both in and out-of-network benefits, but you will receive the best benefit by using a network provider. To find a provider, please visit www.eyemed.com.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Benefit	In-Network	Out-of-Network Reimbursement
Exams	\$10 copay	Up to \$35
Materials (lenses and frames)	\$25 copay	Up to \$25
Contact Lens Fitting	Up to \$40 copay	Not Available
Frequency of Service	In & Out-of-Network Frequency	
Exams	12 months	
Lenses	12 months	
Frames	24 months	
Contact Lenses	12 months	
Lenses & Frames	In-Network	Out-of-Network Reimbursement
Single Vision	100% after copay	Up to \$25
Bifocals	100% after copay	Up to \$40
Trifocals	100% after copay	Up to \$65
Standard Frames	\$120 retail allowance	Up to \$60
Contacts	In-Network	Out-of-Network Reimbursement
Elective (in lieu of frames)	\$135 retail allowance	Up to \$108

Vision Plan Premiums	Total Monthly Premium	Employee Pays Per Pay Period
Employee	\$5.97	\$2.99
Employee + 1	\$11.37	\$5.69
Employee + 2+	\$16.69	\$8.35

Additional Plan Features

- Additional discounts: 40% off a complete second pair of glasses; 20% off non-prescription sunglasses; 20% off remaining balance beyond in network plan coverage
- Laser Vision Correction Network access for preferred pricing and up to 15% off retail price for participating providers
- Hearing Savings Plan – discounts on hearing exams through Amplifon (up to 40%) and low prices on hearing aids

Life and AD&D Insurance

Life and accidental death and dismemberment (AD&D) insurance administered by MetLife provides financial protection for those who depend on you for financial support. Upon your death, your designated beneficiary will receive the life benefit. If your death is the result of an accident, your beneficiary will receive both the life and AD&D benefits.

Basic Life and AD&D Insurance

Greenwood Village provides you with basic life and AD&D insurance at **no cost** to you.

- Employee Life and AD&D insurance benefit: 1.5 times your base annual salary up to \$450,000. An additional 1.5 times annual salary, up to \$450,000, is payable in the event of an accidental death or dismemberment.

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

**City employees are responsible to pay income tax on the value of any Basic Life Insurance coverage over \$50,000 to ensure beneficiaries receive life insurance benefits tax-free. You will see this on your pay statement as GTL - Imputed*

Voluntary Life and AD&D Insurance

Depending on your personal situation, Basic Life and AD&D insurance might not be enough coverage for your needs. The City provides you the option to purchase voluntary life and AD&D insurance at group rates through MetLife. If you enroll you may also purchase voluntary coverage for your spouse and eligible children.

Coverage options:

- Employee: \$10,000 increments up to \$500,000 - or 7X annual salary, whichever is less; guarantee issue: \$100,000
- Spouse: \$5,000 increments up to a maximum of \$100,000. Guarantee issue: \$30,000
- Dependent children: 15 days to 6 months: \$1,000; 6 months to age 19 (or 26 if FT student): \$10,000

Important Note

If you purchase life and AD&D insurance for yourself, your spouse, and/or children when you are first eligible to enroll, you may purchase up to the guaranteed issue amounts without completing a statement of health (evidence of insurability).

If you do not enroll when first eligible and choose to enroll during an annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage by completing a statement of health, subject to the approval of MetLife. Once approved by MetLife, an effective date will be provided.

Age Reduction: At age 65, your life insurance amount will be reduced to 65% of the amount you had elected; At age 70, life insurance will be reduced 40% of the amount prior to your first reduction; At age 75, life insurance will be reduced to 25% of the amount prior to your first reduction.



Salary Continuation

Greenwood Village offers a self-insured Salary Continuation program at no cost to you.

Salary Continuation

Benefit Amount

- Benefit:
 - Must meet eligibility requirements
 - 100% of your regular earnings for employee serious injury or illness (on the job injury excluded)
 - 50% of your regular earning for an immediate family member of the employee who is seriously ill or injured
 - Immediate family members are defined as the employee's spouse, father, mother, stepfather, stepmother, brother, sister, stepbrother, stepsister, child, or stepchild.
 - Subject to applicable income taxes and regular payroll deductions

Elimination Period

- The first **seven (7) days** of an employee's injury or illness must be taken as sick leave, vacation leave, or leave without pay. This is known as the elimination period.
- Thereafter, all but 80 hours of accrued sick leave must be used before salary continuation begins. If an employee does not have 80 hours of sick leave, salary continuation will begin after the elimination period.

Benefit Duration

- Up to a maximum of twelve (12) workweeks (up to 40 hours per week) in a rolling 12-month period

See Human Resources for the most up to date policy.



Long-Term Disability Insurance

Greenwood Village offers long-term disability insurance through MetLife at no cost to you.

Benefit Amount

- Monthly LTD Benefit:
 - 50% of your monthly earnings
 - To a monthly maximum of \$6,000
 - Subject to applicable income taxes
 - Return to work services

Definition of Disability

- You are disabled when:
 - you are limited from performing the material and substantial duties of your regular occupation; and
 - you have a 40% or more loss in indexed monthly earnings due to the same sickness or injury
 - after benefits have been paid for 36 months, you are disabled when due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience

Elimination Period

- The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits
- LTD benefits would begin after 90 days of disability, if you are disabled, as described in the definition above once the claim is approved by MetLife

Benefit Duration

- Employee's Social Security Normal Retirement Age



Employee Assistance Program

Greenwood Village provides you and your household family members with an employee assistance program (EAP) at no cost to you through Resources for Life. The EAP is a valuable resource that can help you identify and resolve many workplace, family, social, economic, and mental health issues.

EAP benefits

- Completely confidential. Greenwood Village does not receive any information about who contacts or utilizes the EAP
- Available 24/7/365
- Includes eight in-person therapy sessions per incident, per year
- Online resources
- Unlimited phone consultations
- Free to you and your household members

Call or go online for help with:

- Depression
- Conflict resolution
- Drug or alcohol abuse
- Marital or family difficulties
- Help finding child and elder care
- Legal and Financial counseling
- Stress management
- Anxiety and depression
- Weight loss and more

Call: 1-866-252-4468

Website: resourcesforliving.com

Username: greenwood village

Password: eap

AFLAC

Many insurance carriers offer supplemental insurance plans much like Aflac, which is different than health insurance (e.g. Kaiser Permanente). Aflac supplemental insurance plans can pay money directly to you to help with daily living expenses when you are sick or injured.

Important: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

AFLAC Group Accident – 24/7 Coverage for on and off the job

- 38 Benefit categories available to file a claim
- Guaranteed issue coverage
- Wellness benefit of \$50 per year per person
- Pays you \$75 to \$200 for initial treatment at ER, Doctor's office. Hospital stay will pay \$1,000 first night, \$200 each additional night

AFLAC Traditional Hospital – Coverage for maternity, illnesses, mental health, and accidents

- 18 Benefit categories available to file a claim on
- Guaranteed issue coverage available
- Pays \$1,000 for hospital admission, \$100/day, \$500/day for ICU up to 30 days
- Waiting period: 0 day/accidents, 30 days/sickness, 10 months/pregnancy, 1 year/pre-existing conditions

AFLAC Group Critical Illness with Cancer – Cancer, heart attack, stroke

- Over 40 covered conditions to file a claim on including cancer, heart attack and stroke
- Benefit amounts up to \$50,000 in coverage
- Guaranteed issue coverage
- Wellness benefit of \$50 per year for employee and spouse

For more information, to enroll, or to get pricing, contact:

Pam Passarelli
(720) 988-9899
pam@lextorinc.com

Retirement

The City of Greenwood Village sponsors retirement plans for eligible employees through Empower. Below is a high-level overview of the plans offered.

We encourage you to reach out to our dedicated Retirement Plan Advisor for one-on-one counseling services at no cost to you.

To book an appointment visit: greenwood_village.empowermytime.com/#/

401(a) - Civilian Pension Plan (F/T)

- Begins on first day of employment – auto enrollment
- No Employee contribution
- 5% Employer contribution
- No Loans/Hardships
- 5-year vesting schedule

401(a) - Police Pension Plan (F/T)

- Begins on first day of employment – auto enrollment
- No Employee contribution
- 14% Employer contribution
- No Loans/Hardships
- 5-year vesting schedule

Pre-Taxed 401(k) or Roth 401(k)

- Employee contribution required
- Employer combined with 457 match up to 3% for Civilians (1:1 ratio) *placed into pre-taxed 401(k) plan*
- 5-year vesting schedule for match funds
- Loans and hardships available per the terms of the plan

457(b) Plan

- Employee contribution required
- Auto enrolled, opt out option
- Employer combined with 401(k) match up to 3% for Civilians (1:1 ratio) *placed into pre-taxed 401(k) plan*
- Loans available per the terms of the plan

Please visit empower.com to register for an account and plan details



Empower App – Another Great Resource

- View account balances
- Manage payroll contributions
- Update beneficiaries
- Retrieve statements
- Manage investment line up
- Much more!

Paid Time Off



Vacation Accrual

All full-time and part-time benefited employees are eligible for vacation leave during the calendar year. Vacation leave is paid time off at an employee's regular rate of pay for the purpose of taking time away from work. Regular, full-time employees accrue leave time according to the following schedule effective January 1, 2024: The maximum vacation accrual is 320 hours.

Years of Service	Hours Earned	
	Per Pay Period	Per Year
0 – 4 years	4.92 hours	128 hours
5 – 9 years	5.85 hours	152 hours
10+ years	6.77 hours	176 hours

Sick Leave

All employees are eligible for sick leave during the calendar year. Sick leave is paid time off at an employee's regular rate of pay for a qualifying reason. The schedule below highlights the amount of sick leave. Sick leave may be converted into vacation leave at a 2:1 ratio, one time per year, if accrual balance is at least 480 hours. For more details, please contact Human Resources

Full-Time Employees	Hours Earned	
	Per Pay Period	Per Year
Full-Time	3.69 hours	96 hours
Maximum per year	The maximum sick accrual is 720 hours	

Holidays

New Year's Day; MLK, Jr. Day; President's Day; Memorial Day; Independence Day; Labor Day; Veteran's Day; Thanksgiving Day' Day after Thanksgiving; Christmas Eve Day; Christmas Day.

For a full list of our leave guidelines, please email HumanResources@greenwoodvillage.com.

Tuition Reimbursement

Tuition Reimbursement Guidelines

When funds are available, full and part-time benefited employees may be eligible for reimbursement of expenses for attending courses of instruction taken through accredited colleges or universities, trade schools, or technical institutions. Such reimbursement shall be considered under the following guidelines:

- Reimbursement is limited to coursework related to the job held by the employee; a part of the program for a degree that is directly related to the job held by the employee; or part of the program for a degree that would prepare the employee to meet the requirements of a job in the City.
- It is recommended to complete and submit a Request for "Initial Tuition Reimbursement Budget Request" form during the annual budget process, which must be approved by the department Director, then submitted to HR, for classes to be taken the next calendar year. The Tuition Reimbursement Budget Request Form shall include the employee's intent, goals, and how the course(s) will relate to his/her job.
- The employee's last performance assessment must be at a "Meets" or above level to be eligible for reimbursement, if applicable.
- The employee is not entitled to reimbursement if receiving reimbursement from another source for the same coursework (such as the Veterans Administration).
- Reimbursement will only be payable up to the Greenwood Village annual maximum of \$7,500 upon successful completion of the coursework.
- Course reimbursement will only be payable for tuition and applicable fees.
- To be eligible for reimbursement, a pass grade must be earned for pass/fail courses, a minimum grade of a "C" or equivalent for each course reimbursed.
- The employee must submit the following to their Department Director for approval before reimbursement will be paid through the Human Resources Office: a completed "Tuition Reimbursement Request" form; proof of passing grade (original grade report, unofficial or official transcript, or original signed statement from course professor); and an official receipt for tuition and fees paid.
- Non-reimbursable expenses include payment for, or the provision of, tools or supplies which may be retained by the employee after completion of a course of instruction, or meals, lodging, or transportation.
- Employees may be reimbursed for elective coursework that is part of a certificate program or a degree plan only.
- Any reimbursable amount in excess of established IRS limits is a taxable benefit subject to payroll taxes. Learn more: [IRS Code](#)

Resources & Contact Info

Do you have questions about your benefits?

Whether you have questions about your health insurance, retirement plans, or any other benefits, we are here to help you every step of the way. Additionally, if you need assistance with any human resource related issues, please don't hesitate to reach out to us.

HR Contact	Title	Phone	Email
Kendra Boyd	Benefits, Compensation and HRIS Administrator	303-486-5754	kboyd@greenwoodvillage.com
Anja Croon	Risk Management Analyst	303-486-5744	acroon@greenwoodvillage.com
Angela Davis	HR Business Partner	303-486-5760	adavis@greenwoodvillage.com
Brittany Visosky	HR Technician	303-486-5772	bvisosky@greenwoodvillage.com
Jason Kotz	HR / Risk Manager	303-486-7777	jkotz@greenwoodvillage.com

Contact the insurance carrier directly for more information about:

- ✓ Claims processing
- ✓ Pre-authorization
- ✓ Finding a network provider

Carrier	Group/Plan #	Phone	Website
Kaiser Permanente Medical	26935	303-338-4545	healthy.kaiserpermanente.org
Delta Dental	7754 – PPO + Premier 7755 - PPO	800-610-0201	deltadentalco.com
EyeMed Vision	9703489	866-723-0514	eyemedvisioncare.com
MetLife Life and AD&D	5776885	800-GET-MET8	metlife.com
MetLife Disability	5776885	800-GET-MET8	metlife.com
EAP Resources For Living	Username: greenwood village Password: eap	866-252-4468	resourcesforliving.com
Rocky Mountain Reserve	Flexible Spending Accounts	888-557-0109	rockymountainreserve.com
Empower Retirement	Retirement Accounts	800-701-8255	empower.com
Aflac	Voluntary Benefits	720-988-9899	Pam Passarelli pam@lextorinc.com

Medicare Part D Creditability Notice

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15 through December 7 for coverage to begin January 1.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverages	Non-Creditable Coverages
Kaiser DHMO	None

Anyone wanting to learn more about Medicare should contact a Medicare-approved counselor in their state at [medicare.gov](https://www.medicare.gov)

Women's Health And Cancer Rights Act (WHCRA)

Enrolled individuals may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For 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 the medical plan. If you would like more information on WHCRA benefits, please contact Human Resources.

Newborns' and Mothers' Health Protection Act Notice (NMHPA)

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 if applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). For further details, please see Human Resources.

Public Health Insurance Marketplace

For individuals needing to purchase health insurance on their own, the Affordable Care Act (ACA) created a new public health insurance Marketplace. This website and call center helps individuals shop for private health insurance, helps individuals enroll in Medicaid or the Children's Health Insurance Program (CHIP), and evaluates eligibility for new tax credits. Open enrollment for public Marketplace coverage occurs each fall for coverage starting January 1, but special enrollment periods may be available for certain life events. Learn more or request assistance at healthcare.gov.

Please note that insurance companies are not required to participate in the public Marketplace, so you are unlikely to see all plans available in the community when shopping the public Marketplace.

The public Marketplace can help you determine whether you may be eligible for tax credits under section 36B of the Internal Revenue Code for Marketplace coverage. One tax credit can lower your monthly premium, and the other can lower your cost-sharing (such as your deductible). Since tax credits are based on your projected household income and typically paid in advance to the insurance company, there is a chance you may have to repay some or all tax credits on your tax return if your income for the year ends up higher than anticipated.

Tax credits are not available to those eligible for "affordable, minimum value" medical coverage. "Minimum value" means our plan is intended to pay, on average, at least 60% of the costs of medical care received. "Affordable" means our lowest-cost minimum value plan costs you no more than 9.5% (indexed annually) of your household income to be enrolled in single (not family) coverage.

Our plan is intended to be affordable and minimum value. As a result, if you or someone in your family wanted to compare your health insurance options in the public Marketplace to the insurance offered through us, you'll need to remember that:

- You might pay full retail price for public Marketplace insurance (without the new tax credits)
 - You would no longer be paying for insurance on a pre-tax basis
 - You would no longer have an employer contribution toward your insurance (note that employer contributions are typically excludable from income for federal income tax)
- You would navigate any questions you have directly with the insurance company you choose...HR will not be able to assist you with your public Marketplace plan
- Should you desire to come back to our plan in the future, you will either need to:
 - experience a "qualifying event" recognized by our plan as a mid-year election change, or
 - wait until our next annual open enrollment

Non-grandfathered Medical Plan Appeals Processes

Your medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.

Special Medical Enrollment Rights and Responsibilities Under HIPAA

When you are eligible to participate in our group medical plan, you may have to enroll and agree to pay part of the premium through payroll deduction in order to actually participate.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Special Enrollment Provision

- **Loss of Eligibility under Medicaid or a State Children's Health Insurance Program (CHIP).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while coverage under Medicaid or CHIP is in effect, you may be able to enroll yourself and your dependents in this plan if eligibility is lost for the other coverage. However, **you must request enrollment within 60 days** after the other coverage ends.
- **Loss of Eligibility for Other Coverage.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other medical coverage is in effect, you may be able to enroll yourself and your dependents in this plan if eligibility is lost for the other coverage (or if the employer stops contributing toward it). However, you **must request enrollment within 30 days** after the other coverage ends (or after the employer stops contributing toward it).
- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement with you for adoption, you may be able to enroll yourself and your new dependents. However, **you must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.
- **Eligibility for Medicaid or CHIP State Premium Assistance Subsidy.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, **you must request enrollment within 60 days** after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR.

Dedining Coverage

- If you decline enrollment for yourself or for an eligible dependent, you must complete a "Form for Employee to Decline Coverage."
- On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or CHIP) is the reason for declining enrollment, and you are asked to identify that coverage.
- If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan, as described above.
- If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan.

Premium Assistance Under Medicaid & 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 [healthcare.gov](https://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 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 askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

Since you live in Colorado, you may be eligible for assistance paying your employer health plan premiums. The following State information is current as of July 31, 2025. Contact your State for more information on eligibility.

Colorado – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: healthfirstcolorado.com

Health First Colorado Member Contact Center:

1-800-221-3943/State Relay 711

CHP+: hcpf.colorado.gov/child-health-plan-plus

CHP+ Customer Service: 1-800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI): mycohibi.com

HIBI Customer Service: 1-855-692-6442

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration

dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565