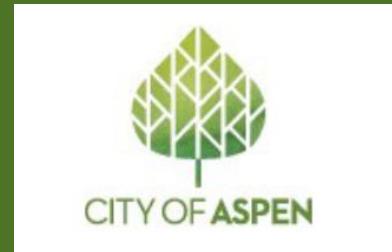


BENEFITS ROADMAP



January 1, 2025– December 31, 2025

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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. For specific tax or legal advice, please consult with your own tax or legal advisor for assistance. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

WELCOME TO CITY OF ASPEN



Our health care plan renews on January 1st every year. Based on plan review, we have made the following decisions for our benefit offerings for this plan year:

What's Changing?

- **Medical Plans**
 - HRA Plan
 - In-network deductible is increasing from \$3,000 individual/\$6,000 family to \$3,500 individual/\$6,500 family
 - In-network out-of-pocket maximum is increasing from \$5,500 individual/\$11,000 family to \$6,000 individual/\$11,500 family
 - Out-of-network deductible is increasing from \$6,000 individual/\$12,000 family to \$6,500 individual/\$12,500 family
 - Out-of-network out-of-pocket maximum is increasing from \$11,000 individual/\$22,000 family to \$11,500 individual/\$22,500 family
 - HSA Plan
 - In-network deductible is increasing from \$2,000 individual/\$4,000 family to \$2,500 individual/\$4,500 family
 - In-network out-of-pocket maximum is increasing from \$5,000 individual/\$10,000 family to \$5,500 individual/\$10,500 family
 - Out-of-network deductible is increasing from \$2,000 individual/\$4,000 family to \$3,000 individual/\$5,500 family
 - Out-of-network out-of-pocket maximum is increasing from \$5,500 individual/\$10,500 family to \$6,000 individual/\$11,000 family

The City of Aspen is a self-funded plan. This means that the City assumes the financial risk for providing health care benefits, rather than paying an insurance company to assume this risk. Your health care claims are “processed” by Allegiance, however the money they use to make those payments comes directly from the City’s reserves.

Eligibility Requirements

If you are scheduled to work at least 30 hours per week as a regular full-time employee, you are eligible for Life Insurance and Disability Insurance coverage.

If you average at least 30 hours worked per week, and have regular full-time status, you may be eligible for Medical, Dental, Vision, and Flexible Spending Account (FSA) coverage for yourself and your dependents.

Employee	Dependents	Waiting Period
Full-time employees working at least 30 hours per week	Your legal spouse including common-law Dependent children may be covered until age 26	1st of the month following date of hire for Medical, Dental, Vision, Flexible Spending Account and Life & Disability Date of hire for Wellness Program, EAP and Retirement Plans

For new employees, this is your chance to enroll in the City of Aspen Employee Benefits Plan. You must enroll yourself and your dependents within 30 days of becoming eligible for benefits. You can enroll eligible dependents at the same time you enroll yourself. If you don’t enroll, or you waive coverage, you’ll receive the employer sponsored benefits shown below:

- Short-Term Disability Insurance
- Long Term Disability Insurance
- Group Life/AD&D Plan
- Wellness Program
- Employee Assistance Program
- Cafeteria Plan

Once you’re enrolled in benefits, you are not able to make changes until the next annual Open Enrollment. Open Enrollment is your chance each year to review your coverage and make changes to your benefits. It’s also your chance to enroll if you declined coverage when you first became eligible. Open Enrollment changes take effect on January 1st each year.

Other than during Open Enrollment, you can make changes to your benefits during the year if you experience a qualifying status change. Please refer to the Special Enrollment section later in this document (page 31).

Open Enrollment

This is the time of year to add or drop coverage for any eligible family members. If you do not enroll an eligible spouse or child now because they have coverage through another employer, you may only add that person on our plan during next year’s Open Enrollment period, unless you experience a qualified event. Please refer to the Special Enrollment section later in this document (page 31).

YOU MUST COMPLETE YOUR ENROLLMENT IN ORACLE BY DECEMBER 2ND , 2024



Where Do I Go If I Have Questions?

- See page 5 for customer service numbers and websites for the carriers.
- Human Resources Benefits Administrator

Benefits Advocacy – Here To Help

Parker, Smith & Feek, Inc.

City of Aspen has partnered with Parker, Smith & Feek to provide you and your family with individualized assistance with insurance problems you are unable to resolve directly with the carriers. This includes claims issues, eligibility questions, network problems and general healthcare or insurance questions.



Your Account Manager	Email	Phone
Jessica Rankin	jrankin@psfinc.com	503-416-4294

Medical Plan Costs

The following monthly contributions are effective January 1, 2025. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. Deductions are on a bi-monthly basis.

HDHP with HSA Non-Tobacco Rates	Per Paycheck Deduction	Employee Pays Monthly	City Pays Monthly	Total Monthly Premium	COBRA*
Employee	\$0.00	\$0.00	\$999.66	\$999.66	\$1,019.65
Employee and spouse	\$175.69	\$351.38	\$1,693.35	\$2,044.74	\$2,085.63
Employee and children	\$159.34	\$318.68	\$1,590.06	\$1,908.74	\$1,946.92
Employee and Family	\$244.42	\$488.84	\$2,625.96	\$3,114.80	\$3,177.10

HDHP with HSA Tobacco Rates	Per paycheck deduction	Employee Pays Monthly	City Pays Monthly	Total Monthly Premium	COBRA*
Employee	\$41.25	\$82.50	\$917.16	\$999.66	\$1,019.65
Employee and spouse	\$216.94	\$433.88	\$1,610.85	\$2,044.74	\$2,085.63
Employee and children	\$200.59	\$401.18	\$1,507.56	\$1,908.74	\$1,946.92
Employee and Family	\$285.67	\$571.34	\$2,543.46	\$3,114.80	\$3,177.10

HRA Non-Tobacco Rates	Per paycheck deduction	Employee Pays Monthly	City Pays Monthly	Total Monthly Premium	COBRA*
Employee	\$0.00	\$0.00	\$965.18	\$965.18	\$984.49
Employee and spouse	\$175.69	\$351.38	\$1,624.40	\$1,975.79	\$2,015.30
Employee and children	\$159.34	\$318.68	\$1,526.36	\$1,845.04	\$1,881.94
Employee and Family	\$244.42	\$488.84	\$2,521.87	\$3,010.71	\$3,070.93

HRA Tobacco Rates	Per paycheck deduction	Employee Pays Monthly	City Pays Monthly	Total Monthly Premium	COBRA*
Employee	\$41.25	\$82.50	\$882.68	\$965.18	\$984.49
Employee and spouse	\$216.94	\$433.88	\$1,541.90	\$1,975.79	\$2,015.30
Employee and children	\$200.59	\$401.18	\$1,443.86	\$1,845.04	\$1,881.94
Employee and Family	\$285.67	\$571.34	\$2,439.37	\$3,010.71	\$3,070.93

Dental/Vision Plan Costs

Listed below are the costs for dental and vision insurance. The cost for dental and vision coverage is combined. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. Deductions are on a bi-monthly basis.

Dental/Vision Rates	Per paycheck deduction	Employee Pays Monthly	City Pays Monthly	Total Monthly Premium	COBRA*
Employee	\$1.02	\$2.04	\$61.11	\$63.14	\$64.40
Employee and spouse	\$2.02	\$4.04	\$122.23	\$126.27	\$128.79
Employee and children	\$1.88	\$3.77	\$114.30	\$118.07	\$120.43
Employee and Family	\$3.05	\$6.09	\$184.58	\$190.67	\$194.48

*COBRA rates include 2% administration fee

Contact Information

Refer to this list when you need to contact a benefits vendor.
For general information, contact Human Resources.



Medical, Dental & Vision	Allegiance	855-999-1053	www.askallegiance.com/coa/
Pharmacy	National Cooperative/CVS	877-891-5115	www.ncrxclientssupport@cvshealth.com
Telehealth Care	Teladoc	800-835-2362	www.teladoc.com
Flexible Spending Arrangement (FSA)	Allegiance	855-999-1053	www.askallegiance.com
Health Reimbursement Arrangement (HRA)	Allegiance	855-999-1053	www.askallegiance.com
Health Savings Account (HSA)	HealthEquity	866-346-5800	my.healthequity.com
Employee Assistance Program (EAP)	Triad An AllOne Health Company	866-470-5733	www.triadeap.com
Wellness Program	Wellness Program	970-987-6475	hr@aspen.gov
Life Insurance and Disability	Lincoln Financial	800-423-2765	hr@aspen.gov
(457) Retirement Plan	Mission Square	800-669-7400	www.missionsq.org
Benefits Advocacy	Jessica Rankin Parker, Smith & Feek	425-709-7460 jrankin@psfinc.com	www.psfinc.com

MEDICAL COVERAGE



Allegiance

What's Changing

- HRA Deductible and Out-of-Pocket Maximum limits increasing effective January 1, 2025.
- HDHP with HSA Deductible and Out-of-Pocket Maximum limits increasing effective January 1, 2025.

Benefits Summary

The City of Aspen provides two medical options through Allegiance utilizing the Cigna Open Access network. Both plans offer in and out-of-network benefits which provides you the freedom to choose any provider. However, you will pay less out of pocket when you choose an in-network provider. Locate an Allegiance network provider at www.askallegiance.com/coa/.

DON'T FORGET YOUR ANNUAL EXAM.
PREVENTIVE CARE IS COVERED 100%.



You have the choice of two medical plans: the HDHP with HSA plan and the HRA plan. Following is a summary of both plans.

Cigna Open Access Network	HDHP with HSA		HRA	
	In Network	Out of Network	In Network	Out of Network
Annual Deductible				
<i>Individual</i>	\$2,500	\$3,000	\$3,500	\$6,500
<i>Maximum per family</i>	\$4,500	\$5,500	\$6,500	\$12,500
Out-of-Pocket Maximum				
<i>Individual</i>	\$5,500	\$6,000	\$6,000	\$11,500
<i>Maximum per family</i>	\$10,500	\$11,000	\$11,500	\$22,500
City of Aspen Funded Health Care Account	\$500/\$1,000 to your health savings account (HSA)		\$600/\$1,200 to your health reimbursement arrangement (HRA)	
<i>Individual/Family</i>				
Preventive Care				
<i>Routine Exam</i>	Plan pays 100%	50% after deductible	Plan pays 100%	50% after deductible
<i>Laboratory Services</i>				
Physician Services				
<i>Primary Office Visits</i>	30% after deductible	50% after deductible	\$40 copay	50% after deductible
<i>Specialist Office Visits</i>			\$50 copay	
Virtual Care / Telehealth	30% after deductible <i>costs will be lower than a traditional office visit</i>	N/A	\$40 copay	N/A
Outpatient X-Ray and Laboratory Services	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Emergency Services	30% after deductible		\$200 copay, then 30% after deductible	
Hospital Services				
<i>Inpatient and Outpatient</i>	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient Rehabilitation				
<i>30 visits per calendar year</i>	30% after deductible	50% after deductible	\$40 copay	50% after deductible
Mental Health Outpatient	30% after deductible	50% after deductible	\$40 copay	50% after deductible
Chiropractic Services				
<i>30 visits per calendar year</i>	30% after deductible	50% after deductible	\$40 copay	50% after deductible
Acupuncture				
<i>12 visits per calendar year</i>	30% after deductible	50% after deductible	\$40 copay	50% after deductible

HOW CITY OF ASPEN HELPS YOU PAY YOUR MEDICAL DEDUCTIBLE



Health Reimbursement Arrangement

You must be enrolled in the City of Aspen HRA Plan to take advantage of the HRA

A Health Reimbursement Account (HRA) allows City of Aspen to set aside funds for you to spend on qualified medical expenses. All employees who are enrolled in the HRA medical plan will automatically be eligible for reimbursements under this HRA. City of Aspen will contribute the following amounts to each employee's account for:

Individual In-Network Deductible - \$3,500	Family In-Network Deductible - \$6,500
First \$600 of in-network deductible expenses ¹	First \$600 per individual, to a maximum of \$1,200 of in-network deductible expenses ¹

The HRA will not apply to services that have a copay (such as an office visit or urgent care), since copays do not apply to the deductible. Once you receive in-network services that apply toward the deductible, your provider will submit the medical claim to Allegiance. Allegiance will process the claim and send you and your provider an explanation of benefits. You will pay the provider the amount due on the EOB. If you have elected the health care FSA, you can use the FSA to pay your provider.

There are no forms to fill out or submit to receive HRA reimbursements; Allegiance will automatically send reimbursements directly to you for amounts up to the maximum outlined above.

1. Any unused HRA funds may be carried over for up to one plan-year at a maximum amount of \$1,200 for individual and \$2,400 for family. Any rolled over funds can be used towards in-network deductible expenses.



Health Savings Accounts

You must be enrolled in the High Deductible Health Plan (HDHP) to take advantage of the HSA.

A Health Savings Accounts (HSA) is a pre-tax savings account that belongs to you and is designed to help save money pre-tax for when you have higher health care expenses. Regardless of who puts money into your HSA, HSA dollars are owned by you, the account holder. Unused money rolls over to the next year and is fully portable. This means this is yours in perpetuity.

A complete list of qualified medical expenses can be found at <https://www.irs.gov/publications/p502>

The maximum amount you can contribute to your HSA (including employer contributions) is determined annually by the IRS.

Tier	2025
Individual-only coverage	\$4,300
Individual, plus one or more covered family members	\$8,550
Additional catch-up contribution for those 55+	\$1,000

2025 HSA Contributions

When you are enrolled in the High Deductible Plan with an HSA, the City of Aspen will contribute the following amounts to each employee's account:

Tier	Annual total
Individual	\$500
Family	\$1,000

Administrative fees include, but are not limited to, a \$2.50 monthly fee and a \$1.00 paper statement fee. To avoid the \$1.00 fee, update your account preferences to receive electronic statements. In no event will the City of Aspen contribute more than \$1,000 to any family unit. Visit my.healthequity.com for more information.

Contributions made by the City of Aspen will be made annually in January. If an employee is hired mid-plan year, the amounts will be pro-rated. Please note, you will only have access to funds that are deposited to your account. Additionally, you may elect to put additional money into your HSA from your paycheck on a pre-tax basis.

HealthEquity®

It is your responsibility to confirm you are eligible to receive contributions to your Health Savings Account.

To receive contributions, you must NOT have other health coverage for yourself including:

- Coverage through an individual non-qualified HDHP plan
- Coverage through a spouse's or parent's non-qualified HDHP plan
- Access to a spouse's Flexible Spending Arrangement
- Be a dependent on someone else's tax return
- Coverage through a state or federal program:
 - Tricare/Champva/Veterans Administration
 - Native/Tribal plan
 - Medicare
 - Medicaid

For Indian Health Services (IHS) beneficiaries or Veterans beneficiaries, you cannot contribute to your HSA for 3 months following the month you receive benefits from the Veterans or Native Tribal facilities.

For questions about your eligibility for the HSA, contact Human Resources.

Please note that Health Savings Accounts and employer HSA contributions are not subject to ERISA or COBRA. HSA information is included in this Summary to provide you with a complete overview. It is not our intent to include your account in our ERISA benefits program.

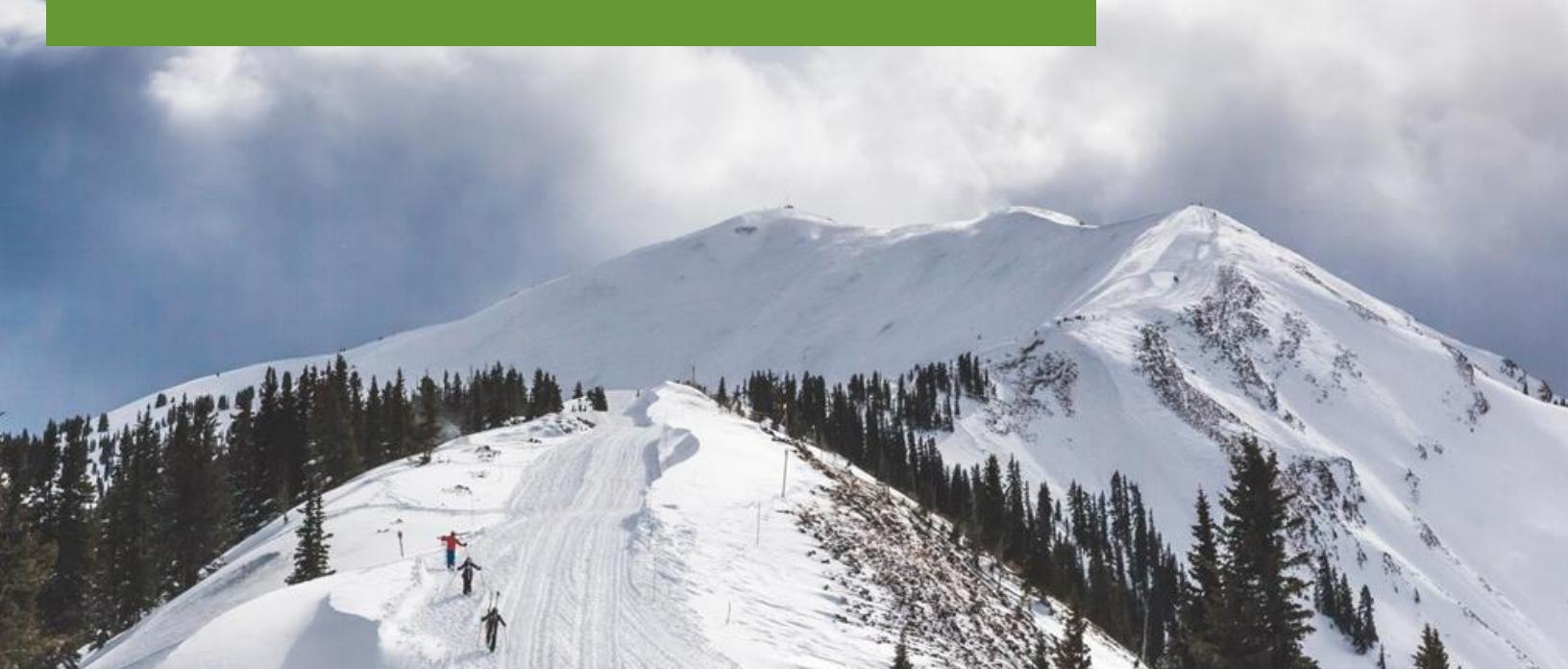
If You Enroll in an HSA

If you enroll in an HSA, you cannot contribute pre-tax dollars to a traditional health care FSA. However, you may participate in a limited purpose FSA that only covers dental and vision expenses.

HSA Loan

The City of Aspen offers a 0% interest loan to assist employees who are in the HDHP with HSA. If you have suffered an unexpected, catastrophic injury or illness in the first six months of the year, this loan can help and can be paid back through payroll deductions.

PHARMACY COVERAGE



National Cooperative Rx through CVS

Benefits Summary

Unless your doctor requires the use of a brand name drug, your prescription may automatically be filled with a generic equivalent (when available). If you request a brand name drug when a generic equivalent is available, you may be required to pay the difference in cost.

	HDHP with HSA		HRA	
	Retail (30-day supply)	Mail Order (90-day supply)	Retail (30-day supply)	Mail Order (90-day supply)
Tier 1 Generics	30% after deductible	30% after deductible	\$10 copay	\$20 copay
Tier 2 - Brand, no Generics	30% after deductible	30% after deductible	Greater of \$30 or 20% of cost.	\$60 copay minimum
Tier 3 – Brand with Generics	Difference between brand and generic	30% after deductible	Difference between brand and generic	N/A
Specialty Drugs	30% after deductible	30% after deductible	25% to a maximum of \$500	N/A
Notice Regarding Medicare Part D	Our medical plans offer what is called "creditable coverage," which means a Medicare-eligible person will not have to buy a Medicare Part D supplement for prescription drugs and will not be subject to the 1% per month late enrollment charge assessed by Medicare for purchasing Part D at a later date. If you have questions about your options, please contact Human Resources.			



Welcome to CVS Caremark®

We're glad to meet you

Know you can count on us for a wide range of cost-effective medications and thousands of network pharmacy choices (including home delivery) built into your plan.

First, let's get connected

Register for an online account so you don't miss out on any of your plan benefits or updates. Scan the QR code on the right or go to Caremark.com/StartNow to get set up today.

You're off to a great start

After you register, be sure to visit our website so you can learn about your new plan and how it works.

- Check out your plan and deductible details
- Print an ID card to use at the pharmacy
- See if your medication is covered and how much it costs
- Locate a network pharmacy near you or learn how to enroll in home delivery by mail
- Find out if there are any ways to save on your medication
- Tell us how to contact you (by text, email or other)

You've got this

But if you need help along the way, you can always find answers on our website or call us at the number on your ID card.



Scan the code to register

- Open the camera on your smart phone
- Focus on the QR code
- Tap the link that appears

Register today at Caremark.com/StartNow

VIRTUAL AND TELEHEALTH CARE



Teladoc

Employees enrolled in City of Aspen medical will have 24/7/365 access to a board certified, licensed family practice doctor or pediatrician via text or video and can be used for many of your medical issues. This plan can replace expensive visits and long wait times at the ER or urgent care clinic to diagnose and treat those acute, non-emergent medical issues that may arise such as:

- Cold and flu
- Sore throat
- Rashes
- Allergies
- Headaches
- Bronchitis
- UTI
- Fever
- Asthma
- And much more!

Services are available in English and Spanish. Doctors can also write short term prescriptions and will send the script electronically to the pharmacy of your choice. After the visit, at your request, the doctor will send electronic chart notes to your primary care doctor.

Visit www.teladoc.com to meet with a provider.



DENTAL COVERAGE



Allegiance

You have the freedom to choose any provider however contracted providers agree to bill Allegiance directly and to accept a negotiated fee as payment in full. Allowable charges for out-of-network providers are paid based on allowed amounts, as determined by Allegiance. You may be responsible for any additional amounts (also called balance billing). The deductible and annual maximum are on a calendar-year basis and reset every January 1st.

Both Dental and Vision plans are a bundled election. You may elect Dental and Vision coverage **IF** you are enrolled in one of the medical plans.

	Allegiance Dental Plan
Annual Deductible <i>Individual</i> <i>Maximum per family</i>	\$50 \$150
Preventive Care (exams, x-rays, etc.)	Plan pays 100% - deductible waived
Basic Services (fillings, extractions, etc.)	You pay 20% after deductible
Major Services (crowns, bridges, dentures, etc.)	You pay 50% after deductible
Annual Maximum	\$2,000 per calendar year
Orthodontia – adults & children	50% coinsurance after deductible to a lifetime maximum of \$2,000





VISION COVERAGE

Allegiance

Vision Reimbursement Plan

You have the freedom to choose any vision provider. You will pay your provider in full at the time of service, then submit the claim and an itemized bill to Allegiance. The carrier will then process the claim and issue reimbursement up to the annual maximum.

Both Dental and Vision plans are a bundled election. You may elect Dental and Vision coverage **IF** you are enrolled in one of the medical plans.

Vision Plan	
Vision Exam & Materials <i>Lenses, frames, contact lenses</i>	Up to \$300 Reimbursement
Frequency	Per Calendar Year



FLEXIBLE SPENDING ACCOUNTS



Allegiance

What's Changing

For anyone with funds left in their Medical Flexible Spending Account (FSA) at the end of the year, the City has increased the roll-over maximum to \$660.

The IRS has increased the annual limit on the Medical FSA. In 2025 you can set aside up to \$3,300 per year pre-tax to pay for IRS-approved healthcare (medical, dental, vision) expenses not covered by the insurance plan.

Flexible Spending Accounts

With an FSA you can set aside money pre-tax to pay for medical, dental, vision and day care expenses. You pay less in taxes, and your money buys more medical (including dental and vision) services than before.

On January 1st of each year, you may elect to set aside a certain amount of money to cover medical, dental and vision expenses and/or dependent care.

Note: Participation in the Medical FSA makes you ineligible for the HSA.



Medical FSA

This program allows you to set aside up to \$3,300 per year so that you can pay for IRS-approved medical care expenses not covered by the insurance plan or Health Reimbursement Arrangement (HRA) with pre-tax dollars. Some examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Chiropractic services
- Acupuncture
- Prescription copays
- Dental services and orthodontia
- Over-the-counter medication
- Menstrual products

Limited Purpose FSA – if you fund an HSA

This program allows you to set aside up to \$3,300 per year so that you can pay for IRS-approved medical care expenses not covered by the insurance plan with pre-tax dollars. Some examples include:

- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia

While you should only set aside enough money for those expenses you know you will incur during the plan year, the roll-over provision allows you to carry forward up to \$660 into the next plan year. Please see the information from Allegiance for more information and the enrollment form.

IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status.

Note: Due to IRS regulations, domestic partners and their children are not eligible for health care reimbursement.

A complete list of qualified medical expenses can be found at <https://www.irs.gov/publications/p502>

Dependent Care FSA

Similar to the Health Care FSA, you may also use pre-tax dollars to pay for qualified dependent care costs. Expenses can be for your dependent children up to the age of 13, and in some cases elder care, and must be so you can work, actively look for work or be a full-time student. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

The annual maximum amount you may contribute into the Day Care FSA is \$5,000 per calendar year (or \$2,500 if married and filing separately). This limit is set by the IRS and is a calendar year limit. These are **Use it or Lose it** amounts and you have 90 days after the end of the plan year to submit claims for dependent care reimbursement.

WELLNESS PROGRAM



Wellness Program

The City of Aspen cares about your health and wellness. We are proud to offer our full-time employees a comprehensive wellness program that supports your physical, social, financial, and spiritual wellness.

Our Mission

Provide education, tools, and access to a comprehensive wellness program where our employees' health and wellness needs are met, fostering a healthy, engaging and productive workplace culture.

City of Aspen 2025 Wellness Program

Participating in the wellness program can help you monitor your health and learn about overall wellbeing through our monthly educational activities. **Employees are eligible to earn \$250.**

To earn your reward, complete the following steps within the timeline of December 1, 2024, and October 31, 2025.

1. Complete your annual wellness primary care appointment with a Valley Health Alliance (VHA) provider.
2. Complete your preventive biometric laboratory screening (if required) at your appointment. For the employee, completing the **self-reporting form** on City Connect will suffice.
3. Verify/Submit your results in one of two ways:

1.	Allegiance will report a list of completed visits quarterly to the City of Aspen. None of your medical information will be shared, simply that a visit and labs occurred.
2.	Self-reporting form on City Connect (for employees)

The payout for completing these steps will be in December 2025. If it is unreasonable or medically inadvisable for you to complete these steps within the timeframe provided, please reach out to Human Resources to determine a reasonable alternative standard.

Wellness Program: VHA Wellness Primary Care Network

The Valley Health Alliance (VHA) brings together employers, health care providers, and actionable/confidential (HIPPA protected) data to the same table, placing primary care providers at the forefront of the care you will receive. This approach links you to the local healthcare system in a supportive manner and is proven to be most successful. It also creates a system that understands your plan and ensures you receive the care you need, when you need it, and at the right price. Schedule your wellness visit with your primary care provider to participate in the wellness program. Find a VHA provider [here](#). For a list of Frequently Asked Questions, see [ourvha.org/faq/](#).

What Do I Tell My Provider's Office When Scheduling a Preventive Care Wellness Visit and Biometric Screening?

If you are a City of Aspen medical plan member, make sure that you specify the purpose of your visit as a preventive wellness visit and that you are a part of the Valley Health Alliance (VHA) health plan. The City encourages employees to establish a close relationship with their primary care provider. If the employee and their provider decide that lab testing is the correct choice for optimal health, The City's plan covers preventive labs in accordance with national preventive guidelines.

What Labs Are Covered Through the Preventive Care Screening?

Your provider will order labs based on your health risk criteria and depending on your health risk you may not be required to have a biometric screening.

The list of labs covered in the program may include:

- CEB with Auto
- Glucose
- LDL
- Triglycerides
- Chem 13 (CMP)
- A1c
- TSH
- HDL
- PSA (_Scrn)
- Cholesterol

A list of the VHA Primary Care Network providers and more information about the VHA Primary Care network can be found by going to [ourvha.org/faq/](#).

DISABILITY, LIFE AND AD&D INSURANCE



Lincoln Financial

Disability Income

Did you know that one in eight workers will be disabled for five or more years during their working careers? If this happens to you, can you afford to be out of work and without pay for an extended period – on top of the medical bills that come with a serious illness or injury?

City of Aspen's disability coverage is essentially "paycheck insurance" and offers you financial stability and peace of mind. These programs are at NO COST to you. Any disability benefits you may receive are taxable income and need to be reported to the IRS. If you are unable to perform the material duties of your job due to sickness, injury or pregnancy, you will receive the following benefits:

	Short-Term Disability	Long-Term Disability
Benefits Begin	On the 15th day, contingent upon satisfying the definition of disability as stated in your policy	On the 181st day, contingent upon satisfying the definition of disability as stated in your policy
Percentage of Income Replaced <i>Less than five (5) years of service</i> <i>Greater than five (5) years of service</i>	60% of basic weekly earnings 70% of weekly earnings	60% of basic monthly earnings
Maximum Benefit available	Up to \$2,000 per week	Up to \$7,500 per month
Benefit Duration	Up to 24 weeks	Later of Age 65 or Social Security National Retirement Age

Life and AD&D Insurance

Employer Paid Life Insurance

City of Aspen purchases life and accidental death and dismemberment (AD&D) insurance for all full-time employees.

Employee Benefits	Life benefit: The lesser of 1x annual earnings or \$100,000. AD&D benefit: The lesser of 1x annual earnings or \$100,000. If death is the result of an accident (as defined by the contract), then the beneficiary(ies) will receive both the life and AD&D benefit
Spouse and Dependent Child	\$5,000 per spouse (terminates upon reaching age 70) and \$1,000 per child (to age 26)
Benefits Reduce	Benefits will reduce at age 75

Supplemental Life

If you want additional group life insurance, you may purchase additional amounts through payroll deductions. You must be enrolled in supplemental life to purchase life insurance for your spouse or child.

If you have already purchased this supplemental life you can increase your election as described below. Note that if your election exceeds the guarantee issue, the completion of an Evidence of Insurability (EOI) will be required..

You may elect an amount for supplemental AD&D that is different than your supplemental life election. You do not need to be enrolled in supplemental life to enroll in supplemental AD&D. Because the premium is based on your age, when you go from one age bracket to the next, monthly deductions will increase to reflect the new age bracket. Age brackets are in 5-year increments (30–34, 35–39, etc.). The amounts you pay are deductible from your paycheck on a post-tax basis. Spouse rates are based on the spouse's age.

	Employee	Spouse	Child
Term Life Insurance			
Benefit Available	Lesser of 7x annual earnings or \$500,000	Lesser of 100% of employee election or \$500,000	Increments of \$2,000 to \$10,000
Available in increments of:	\$10,000	\$5,000	\$2,000
Guaranteed Issue	\$200,000	\$30,000	\$10,000
AD&D			
Benefit Available	Same as Life	Same as Life	Same as Life
Guaranteed Issue	Full Benefit	Full Benefit	Full Benefit
Age Reduction Schedule			
Reduction schedule applies to Life, AD&D and Supplemental benefits	At age 75, benefit reduces to 50% of original amount		
Increasing your Election			
When can I increase my Election?	At open enrollment up to the maximum IF previously elected coverage	At open enrollment up to the maximum IF previously elected coverage	At open enrollment up to the maximum IF previously elected coverage
Is there medical underwriting?	Only if applying for the first time and not as a new hire	Only if applying for the first time and not as a new hire	All guarantee issue
	Medical underwriting applies if the new election is over the guaranteed issue amount.		

Supplemental Life/AD&D Rates – per \$10,000 for Employee; \$5,000 for Spouse

Age Band	Employee Rate Per \$10,000 - Tobacco Use	Employee Rate Per \$10,000 Non-Tobacco Use	Spouse Rate per \$5,000 of Coverage	Children Rate Per \$2,000 of Coverage
Under 25	\$1.340	\$0.800	\$0.400	\$0.30
25-29	\$1.060	\$0.630	\$0.315	—
30-34	\$1.240	\$0.800	\$0.400	—
35-39	\$1.760	\$0.900	\$0.450	—
40-44	\$2.830	\$1.320	\$0.660	—
45-49	\$4.630	\$2,150	\$1.075	—
50-54	\$7.180	\$3.400	\$1.700	—
55-59	\$11.100	\$5.900	\$2.950	—
60-64	\$12.870	\$7.800	\$3.900	—
65-69	\$18.360	\$12.700	\$6.350	—
70-74	\$35.040	\$25.590	\$12.795	—
75 and over	\$35.040	\$25.590	\$12.795	—
AD&D	\$0.30	0.30	\$0.15	\$0.060

How to Calculate Your Cost:

Employee Life:

(volume)	x	(rate)	/10,000 =	Monthly Cost
		\$0.300		

Employee AD&D:

(volume)	x	(rate)	/10,000 =	Monthly Cost
		\$0.300		

Spouse Life:

(volume)	x	(rate)	/5,000 =	Monthly Cost
		\$0.400		

Spouse AD&D:

(volume)	x	(rate)	/5,000 =	Monthly Cost
		\$0.300		

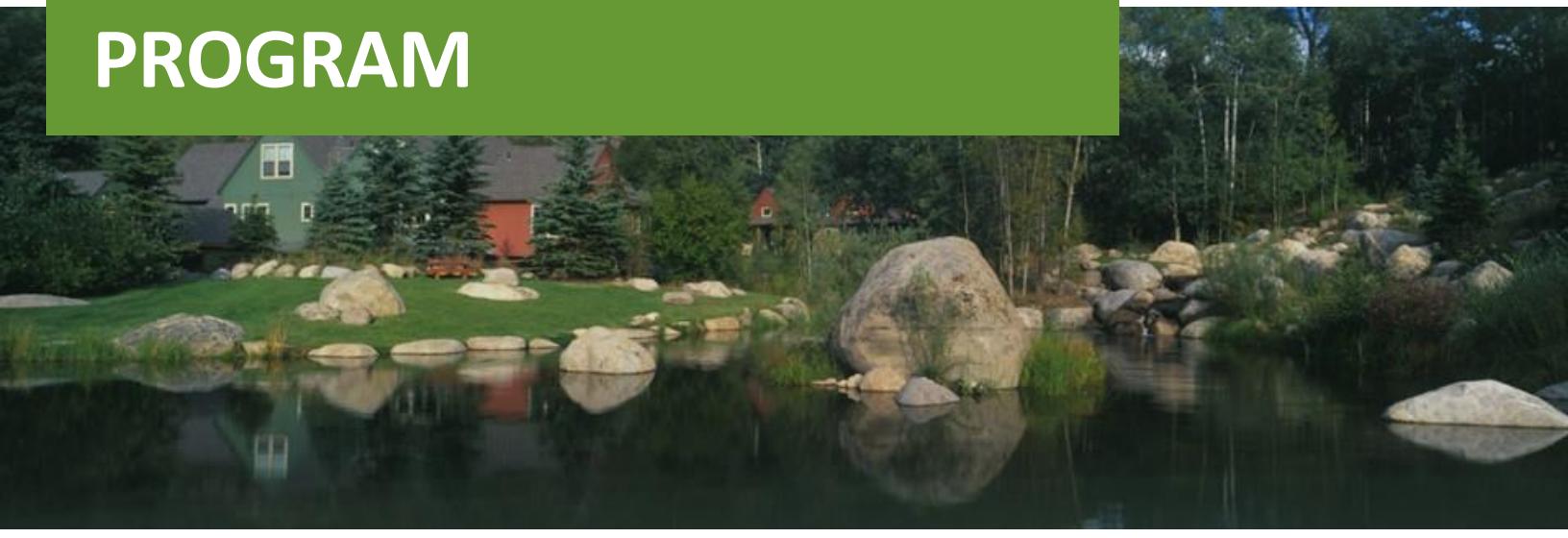
Child Life:

(volume)	x	(rate)	/2,000 =	Monthly Cost
		\$0.400		

Child AD&D:

(volume)	x	(rate)	/2,000 =	Monthly Cost
		\$0.150		

EMPLOYEE ASSISTANCE PROGRAM



Employee Assistance Program

Triad An AllOne Health Company

The Employee Assistance Program (EAP) is a completely free and confidential counseling program that helps you and/or your family members address life issues, big or small. Benefits are offered to all employees and immediate family members, and can help with:

- Marital and family concerns
- Difficult relationships
- Depression
- Substance abuse
- Grief and loss
- Financial entanglements
- Other personal stressors
- Many other issues

You and your dependents can access up to eight **(8)** free counseling sessions per year per issue. There are an additional five **(5)** free counseling sessions for employees needing support for an issue where they have already reached the maximum number of available sessions. Part-time and intermittent employees can receive up to three **(3)** counseling sessions.

Click on www.triadeap.com (company code: city-aspen) to:

- Find information about parenting, retirement, finance, and more
- Locate schools, camps, eldercare/childcare providers
- Use financial calculators and retirement planners
- Read books, articles and guides
- Watch videos or listen to audio files



Additional Programs

Cafeteria Options

For regular full-time employees, the City of Aspen will contribute \$1,000 to an HSA account, medical, limited purpose, or dependent care FSA, or into the employee's paycheck. New employees will be eligible on the first day of the month following your date of hire, and amount will be pro-rated. Employees may not apply for this benefit after they have notified the City of Aspen of their resignation.

Paid Time Off and Extended Sick Leave

Full-time and part-time employees earn PTO leave starting on their first day of employment. PTO allows for vacation time and sick time to accrue into one flexible bank. ESL is available for an employee once an absence has exceeded 32 hours and a significant health condition for the employee or for an immediate family member is verified.

New employees will earn 22 PTO days, 5 ESL days and 8 holidays in their first year. New police officers will earn 30 PTO days and 5 ESL days in their first year.

	PTO and ESL Accrual rates	
	Employed Less Than 5 Years	Employed More Than 5 Years
PTO	6.77 hours per pay period	8.62 hours per pay period
PTO: Sworn Police Officers	9.24 hours per pay period	11.08 hours per pay period
ESL	1.54 hours per pay period	1.54 hours per pay period

Holidays

The City of Aspen provides each employee with eight paid holidays per year:

New Year's Day, Martin Luther King Junior Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

Employee Volunteer / Community Service Leave

After six months of employment, regular full-time employees are eligible to receive up to eight hours of paid leave per calendar year to participate in community service affairs of charitable, education, fraternal, civic, and non-profit organizations in the Roaring Fork Valley.

ARC / Aspen Recreation Center Employee Fun Pass

The Employee Fun Pass Benefit Program provides employees and their family members general daily admission into all recreation division facilities and a discount when registering for programmed activities. Daily admission includes: ARC swimming pools, climbing tower, ice-skating on the Lewis Ice Arena and Aspen Ice Garden, shower/locker rooms, adult fitness classes at all facilities (aerobics, yoga, circuit training, etc.).

The employee will need to sign up for and participate in the “Employee Fun Pass Benefit Program” to receive this benefit. The “Employee Fun Pass Benefit Program” entails one person volunteering for a full City of Aspen sponsored special event within one year, for an individual pass, and two people volunteering for one full event or one person volunteering for two full events within one year, for a family pass . Employees are encouraged to sign up for their Fun Pass during Open Enrollment.

City Parks, Aspen Music Festival Passes and Wheeler Opera House Discounts

Employees receive discounts for park use fees for functions (weddings, parties, etc.) and occasional Wheeler Opera House ticket deals. Additionally, Aspen Music Festival passes to the Music Tent are available in the summer, subject to the Aspen Music Festival donating Bearer Passes to the City of Aspen.

Employee Golf Pass

Each regular full-time employee is eligible to receive a golf season pass for one person volunteering for a full City of Aspen sponsored special event with the Special Events Department. The pass is only for employees, family members are not eligible. Each regular full-time employee is eligible to receive a golf pass by volunteering for two full City of Aspen special events.

Transportation

Employees who live outside of Aspen receive free bus passes or zone passes to use the bus system as a means of transportation for commuting to and from work. The City of Aspen also provides the Emergency Ride Home Program through the Transportations Option Program (TOP).

Tuition Reimbursement

Regular full-time employees may receive full or partial reimbursement for tuition and registration fees for preapproved classes leading to a undergraduate or graduate degree deemed to be beneficial to the City of Aspen. The maximum reimbursement is \$5,000 per fiscal year per employee dependent of the department's budget.

Down Payment Homeowner Assistance

All program terms are subject to change.

Purpose: Provide a secured, subordinate loan to assist eligible employees in good standing with the purchase of a primary residence. This benefit is offered on a first-come, first-served basis.

Borrower: Regular full-time employees in good standing with the City of Aspen who own no other residential property within the ownership exclusion zone identified by Aspen Pitkin County Housing Authority (APCHA). One employee loan per household. Human Resources shall approve all loans to evaluate employee eligibility.

Income Limitations: Income limitations and a household's net assets are determined by APCHA ownership guidelines. Currently, a household's net assets shall not exceed \$900,000, per APCHA.

Underwriting: Employee must qualify for a primary mortgage that conforms to conventional mortgage underwriting criteria. Employee must demonstrate reasonable capacity to assume all rights and responsibilities associated with the primary mortgage, including, but not limited to: payment of all taxes, insurances, HOA management fees, property maintenance, and repair.

Eligible Properties: Primary residence only. Aspen Pitkin Housing Authority (APCHA) properties and City-owned units only.

Eligible Mortgage Programs: Employees and co-borrowers must qualify for primary mortgage financing through a reputable lending institution offering terms acceptable to both the employee and the City of Aspen (i.e. a qualified mortgage). Subprime, interest-only, negative amortizing, balloon, and short-term adjustable-rate mortgages are not allowed.

Homeownership Counseling: Fannie, Freddie, HUD, or CHFA approved homeownership counseling is strongly encouraged prior to loan closing from an approved provider. Required for first time homebuyers.

Maximum Secured Loan Amount: Employees may be eligible for up to 10% of the purchase price or \$30,000, whichever is less, for a loan amount of \$800,000 or less.

Combined Loan To Value (CLTV): 100%.

Use of Funds: Down payment, closing cost, interest rate buydown of primary mortgage only. Borrower may not receive any loan proceeds at closing.

Debt-to-income Ratio: Maximum of 43%.

Terms: Maximum down payment assistance loan term is 15 years for the housing assistance loan.

Interest Rate: Fixed at time of application. Equal to most recently published 10-year U.S. Treasury rate.

Repayment Terms: Monthly payment of principal and interest to fully amortize the loan within the original term. Lump sum repayment is required upon property sale, refinance of the primary mortgage, or the home is no longer occupied as the primary residence.

Exceptions Policy: All aspects of the City of Aspen eligibility and underwriting criteria are subject to the City of Aspen staff exception authority. Loan terms and pricing must be approved by the City of Aspen.

Loan Fees: \$400 payable at time of loan closing; this amount is subject to change.

Rental Advance Loan

An employee may apply for an interest free rental advance loan for one-half of the cost to secure a non-city housing unit, including first and last month's rent plus damage deposit. The loan must be repaid in biweekly payroll deductions within one year.

Credit Union

The Credit Union of Colorado and the Grand Junction Credit Union are available to all employees. The purpose of these credit unions are to promote thrift, allow members to accumulate savings, and offer loans at a reasonable interest rate. In order to join either of these credit unions, you will need to contact them directly.

- **Credit Union of Colorado:** Visit www.cuofco.org or call 800-444-4816
- **Grand Junction Federal Credit Union:** Visit www.grandjunctionfcu.org or call 877-243-1370

Computer Loan

Departments may allow full-time or part-time employees to apply for an interest-free computer loan of up to \$1,000 (up to \$500 for regular part-time employees) for the purchase of a personal computer. The employee must have worked for the City of Aspen for at least six months and have completed their introductory period. The loan must be repaid through biweekly payroll deductions within two years. Proof of purchase documentation is required before the loan agreement is processed. Proof of purchase includes the merchant receipt as well as the employee's credit card statement, when credit card is the method of payment.

Discounted Verizon Equipment and Packages

Verizon offers discounted equipment and an 18% discount on monthly cell phone plans.

Dell Employee Purchase Program

Discounts on PC purchases are available to employees.

Total Compensation Philosophy

The City of Aspen's Total Compensation Philosophy provides a framework to guide decision-making on compensation and benefits programs for employees. As an employer of choice, the City encourages an engaged and innovative workforce through a Total Compensation Philosophy that supports highly competitive and equitable pay. Employees that embody the City's values and mission enjoy a unique and rewarding mountain culture experience.

Reward and Recognition Programs

The City offers three reward programs that are available to all employees: the Green Circle Award, the Blue Square Award, and the Black Diamond Award. Additionally, based on years of service, full-time employees qualify for service awards.



457 AND 401(A) RETIREMENT PLANS

Mission Square

To help you prepare for the future, City of Aspen sponsors a traditional 457 plan and a Roth 457 plan through Mission Square at www.missionsq.org. Employee contributions are optional.

The City of Aspen contributes 6% of the employee's gross salary to the 401(a) plan, which is fully vested after five years of employment, in increments of 20%. This contribution level increases to 7% at five years and 8% at 10 years. See the vesting schedule below:

Years of Services	Vesting Schedule
0	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

By saving on a pre-tax basis, you reduce the taxes you pay today and delay paying taxes on the money you save, as well as your account earnings, until you withdraw the money from the plan.



Police officers are required to contribute 9% of their gross monthly salary to a state approved retirement plan through ICMA-RC. The City of Aspen will contribute 10%, which is fully vested after five years of employment, in increments of 20%. After five years the City of Aspen will contribute 11%, and after 10 years, 12%. The City of Aspen also contributes 2.65% to a 457 deferred compensation plan for police officers employed prior to April 1986, and 2.20% for those employed after that date. FFPA retirement program is also mandatory

Retirement Accounts	2025 Maximum	"Age 50" Catch-Up	Pre-Retirement Catch-Up
457(b) / Roth 457(b)	\$23,500	\$7,500 (\$31,00 Total)	\$47,000
Roth IRA	\$7,000	\$1,000 (\$8,000 total)	N/A
401(a)	\$70,000	N/A	N/A

IMPORTANT LEGAL INFORMATION

Healthcare Reform

The Affordable Care Act (ACA) is complex and you may have questions about how it impacts you, your family and your benefits. There are three items you should know.

First, the individual mandate (the requirement that all individuals have health insurance) remains in place. What has changed is the penalty associated with it. As of January 1, 2019, the ACA tax penalty is repealed and you won't have to pay anything if you don't enroll.

Second, the Health Insurance Marketplace still exists. You can shop for and enroll in insurance plans through the exchange and still apply for income-based subsidies.

Third, for most people, the plans we offer are considered affordable and neither you nor any family members are eligible for the federal subsidies available in the Health Insurance Marketplace, even if you choose not to enroll in City of Aspen's plan.

Effective 2023, the IRS updated how eligibility for subsidies are calculated. This means your spouse and/or child(ren) may be eligible for less expensive coverage on the Health Insurance Marketplace as eligibility for a subsidy is now based on your monthly premium contribution to enroll family members in City of Aspen's plan. Be sure to complete a thorough evaluation of the Health Insurance Marketplace's plan benefit designs and networks when comparing insurance coverage.

Please refer to your Notice of Health Insurance Marketplace Coverage for general information. For additional information on Marketplace options in your area and subsidy calculators, go to www.healthcare.gov or call 1-800-318-2596.

Annual Reminders

Special Enrollment

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), allows a Special Enrollment period in addition to the regular Open Enrollment period. Only the following individuals may enroll outside the Open Enrollment period:

- Individuals who previously waived coverage under this program because they had other coverage and then involuntarily lost the other coverage. Enrollment must occur within 30 days of the loss of other coverage;
- New dependents due to marriage, birth, adoption or placement for adoption. The eligible employee and other dependents who previously did not elect to be covered under the employer's health care plan may also enroll at the time the new dependent is enrolled. Enrollment must occur within 30 days of date of marriage, or 30 days of a birth, adoption or placement for adoption;
- A court has ordered coverage be provided for a spouse or minor child under this plan and request for enrollment is made within 30 days after issuance of such court order;

- If employee and/or dependent(s) become ineligible for Medicaid or the Children's Health Insurance program and request coverage under our plan within 60 days of termination (Please read the Medicaid and the Children's Health Insurance Program notice for more information); or
- If employee and/or dependent(s) become eligible for the state premium assistance program and request coverage under our plan within 60 days after eligibility is determined.

Notice Regarding the Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Human Resources for more information.

COBRA

COBRA continuation coverage is a temporary continuation of coverage under our employee benefit plan. Please contact Human Resources for a copy of the General Notice of COBRA Continuation Rights. This notice explains your rights and obligations to receive COBRA benefits.

We are not always aware when a COBRA event takes place, unless notified by you. The most common examples are divorce, or when a child exceeds the maximum age. When such an event occurs, the Notice of Qualifying Event must be postmarked within 60 days of the qualifying event for the affected person to be eligible for COBRA continuation. If you have questions about COBRA please contact Human Resources.

Important Notice from City of Aspen about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Aspen and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Aspen has determined that the prescription drug coverage offered by the City of Aspen Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

Plan Participants who also are eligible for Medicare have the following three options concerning prescription drug coverage:

- You may stay in the Plan and not enroll in the Medicare prescription drug coverage at this time. You will be able to enroll in the Medicare prescription drug coverage at a later date without penalty, either (1) during a Medicare prescription drug open enrollment period (October 15–December 7 of each year); or (2) if you lose Plan coverage. This is the best option for most Plan participants who are eligible for Medicare.
- You may stay in the Plan and also enroll in Medicare prescription drug coverage at this time. The Plan will pay prescription drug benefits as the primary payer in most instances. Medicare will pay benefits as a secondary payer, and thus the value of your Medicare prescription drug coverage will be greatly reduced. Your current coverage under the Plan pays for other health benefits as well as prescription drugs and will not change if you choose to enroll in Medicare prescription drug coverage. However, once you enroll in Medicare, you and City of Aspen will not be eligible to make any further contributions to your Health Savings Account. And under the Plan coverage, you must meet the high deductible amounts before the Plan will pay for most prescription drugs.

- You may reject all coverage under the Plan and choose coverage under Medicare as your primary and only payer for all medical and prescription drug expenses. If you do so, you will not be able to receive coverage under the Plan, including prescription drug coverage, unless and until you are eligible to reenroll at the next enrollment period for which you are eligible, if any. Your current coverage pays for other types of health expenses, in addition to prescription drugs, and you will not be eligible to receive any of your current health and prescription drug benefits if you reject coverage under the Plan and choose to enroll in Medicare, including a Medicare prescription drug plan, as your primary and only payer.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Aspen and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information about this Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Aspen changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2025
Name of Entity/Sender: City of Aspen
Contact—Position/Office: Human Resources Benefits Administrator
Address: 427 Rio Grande Place
Aspen, CO 81611
Phone Number: 970-920-5241

Premium Assistance under Medicaid and the Children's Health Insurance Program

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and [you must request coverage within 60 days of being determined eligible for premium assistance](#). If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

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

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or

[www.ldh.la.gov/lahipp](http://ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 / TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740 / TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/mashealth/pa>

Phone: 1-800-862-4840

TTY: (617) 886-8102

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HHSIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program:

1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmhs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website:

<http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdohhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP
(1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Service
www.cms.hhs.gov
1-877-267-2323, menu option 4, ext. 61565