

CITY AND COUNTY OF BROOMFIELD - PART-TIME EMPLOYEES' BENEFIT INFORMATION – 2010

Life Insurance, Accidental Death & Dismemberment Insurance and Additional Life Insurance

For employees who work at least 20 hours per week in one position on a regularly scheduled, year-round basis

Insurance	Monthly Premium	Employee Contribution	Employer Contribution
Life Insurance (Employee Only -- \$20,000)	.13/month/\$1,000 of coverage	\$-0-	.13/month/\$1,000 of coverage
Accidental Death and Dismemberment (Employee Only) - \$20,000	.0265/month/\$1,000 of coverage	\$-0-	.0265/month/\$1,000 of coverage
Additional Life Insurance (Voluntary coverage for employee and eligible dependents.)	Based on amount of coverage. See additional life insurance carrier's rates.	Based on amount of coverage. See additional life insurance carrier's rates.	\$ -0-

Social Security/Medicare

Program	Total Contributions	Employee Contribution	Employer Contribution
Social Security	12.40%	6.20% up to \$106,800	6.20% up to \$106,800
Medicare	2.90%	1.45% (No limit)	1.45% (No limit)

Medical Insurance Premium Reimbursement Plan

For employees who work at least 20 hours per week in one position on a regularly scheduled, year-round basis

The employee is eligible for reimbursement up to \$250 per month for premiums for a medical care policy covering the employee and eligible dependents. The medical care policy must be provided through a licensed insurance company, a state or federally sponsored program such as Medicare, or an employer sponsored plan. The benefit may be taxable in accordance with IRS regulations.

Delta Dental Premier Plan

For employees who work at least 20 hours per week in one position on a regularly scheduled, year-round basis

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

Delta Dental	Monthly Premium	Employee Contribution	Employer Contribution
Employee Only	\$34.34	\$11.70	\$22.64
Employee + Dependents	\$88.22	\$49.44	\$38.78

Voluntary Vision Care Benefit

For employees who work at least 20 hours per week in one position on a regularly scheduled, year-round basis

Program	Monthly Premium	Employee Contribution	Employer Contribution
Voluntary Vision Care	Employee only - \$11.34	Employee only - \$11.34	Employee only - \$ -0-
	Employee + One - \$16.44	Employee + One - \$16.44	Employee + One - \$ -0-
	Employee + Family - \$29.48	Employee + Family - \$29.48	Employee + Family - \$ -0-

AFLAC Benefit

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

Employee Assistance Program

The Employee Assistance Program is designed to help employees deal with problems of a personal or family nature -- problems off the job, but ones that might prevent employees from doing their jobs to the best of their abilities. The EAP is a confidential program administered by CIGNA. An employee or any family member can call for an appointment with the EAP. In case of emergency during the night, weekends, or holidays, counselors are available to talk on the 24-hour

telephone hotline. For a confidential interview, call 1.800.538.3543. The Employer pays 100% of the premium. This benefit provides three sessions per incident with the EAP for household members each calendar year.

Pre-Tax or Tax Deferred Contributions

Voluntary Participation - For employees who work at least 20 hours per week in one position on a regularly scheduled, year-round basis

Program	Maximum Annual Contribution	Employee Contribution	Employer Contribution
Section 125 Unreimbursed Medical Expenses Account	\$5,000	\$5,000	\$ -0-
Section 125 Dependent Day Care Account (Aggregate \$5,000 maximum)	\$5,000 (\$2,500 each if you are married and you and your spouse file separate income tax returns)	\$5,000 (\$2,500 each if you are married and you and your spouse file separate income tax returns)	\$ -0-
Transportation (Vanpool/bus pass)	\$2,760 (No more than \$230/month)	\$2,760 (No more than \$230/month)	\$ -0-
Employee contributions for Broomfield group dental, vision care, and some AFLAC premiums can also be elected on a pre-tax basis through payroll deduction.			
Deferred Compensation Plan	Voluntary up to the lesser of \$16,500 or 100% of pay. Employees age 50 or older can contribute an additional \$5,500 per year	Voluntary up to the lesser of \$16,500 or 100% of pay. Employees age 50 or older can contribute an additional \$5,500 per year	\$ -0-

U.S. Savings Bonds through Payroll Deduction

Employees can purchase U.S. Savings Bonds in increments of \$100, \$200, \$500 and \$1,000 through payroll deduction. Contact the Human Resources Department for more details.

Training and Educational Assistance

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

Mileage Allowance

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

Employee Use of Broomfield Recreation Facilities

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

Uniform Allowances

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

Work Related Injuries

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

Arbor Occupational Medicine 290 Nickel Street, Suite 200 Broomfield, CO 80020 Phone: (303) 460-9339 Hours: 8:00 a.m. - 5:00 p.m. M-F	-OR-	HealthONE Occupational Medicine/NW Clinic 12207 Pecos Street, #300 Westminster, CO 80234 Phone: (303) 650-0445 Hours: 7:00 a.m. - 5:00 p.m. M-F
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After-Hours/Emergency medical facilities:

Rocky Mountain Urgent Care 5044 W 92nd Ave Westminster, CO 80031 Phone: (303) 429-9311 Hours: 8:00 a.m. - 8:00 p.m. M-F 8:00 a.m. - 6:00 p.m. Sat/Sun (Open Holidays except Christmas Day)	Avista Hospital 100 Health Park Drive Louisville, Colo. 80027 Phone: (303) 673-1000 Hours: 24 hours per day
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The injured employee (or supervisor) must call and make an appointment prior to going to the facility unless the injury requires immediate care and/or treatment. Rocky Mountain Urgent Care or Avista Hospital should be used for after-hours care depending on the time of day and severity of injury.

Years of Service Recognition Program

Years of Continuous Service	Amount of Award		
	Dollar Amount	OR	Additional Annual Leave
5 years	\$100		8 hours
10 years	\$200		16 hours
15 years	\$300		24 hours
20 years	\$500		40 hours
25 years	\$750		56 hours
30 years	\$1000		80 hours

Merit Bonus Program

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

Leave Benefit

For employees who work at least 20 hours per week in one position on a regularly scheduled, year-round basis

Months of Continual Part-time Employment Completed	Accrual Rate (Hours of Leave per Hours Worked)
0 months but less than 36 months	.1346 hours per 1.0 hours worked
36 months (3 years) but less than 60 months	.1385 hours per 1.0 hours worked
60 months (5 years) but less than 84 months	.1423 hours per 1.0 hours worked
84 months (7 years) but less than 108 months	.1462 hours per 1.0 hours worked
108 months (9 years) but less than 132 months	.1500 hours per 1.0 hours worked
132 months (11 years) but less than 156 months	.1538 hours per 1.0 hours worked
156 months (13 years) but less than 180 months	.1577 hours per 1.0 hours worked
180 months (15 years) but less than 204 months	.1615 hours per 1.0 hours worked
204 months (17 years) but less than 228 months	.1654 hours per 1.0 hours worked
228 months (19 years) but less than 240 months	.1692 hours per 1.0 hours worked
240 months (20 years) but less than 300 months	.1731 hours per 1.0 hours worked
300 months (25 years) and above	.1769 hours per 1.0 hours worked

Example #1: An Employee with less than 36 months of service who works an average of 20 hours per week for 52 weeks will earn 139.98 hours of annual leave (20 hours X 52 weeks X .1346 = 139.98 hours of annual leave) over a year's time.

Example #2: An Employee with 108 months of service who works an average of 32 hours per week for 52 weeks will earn 249.6 hours of annual leave (32 hours X 52 weeks X .1500 = 249.6 hours of annual leave) over a year's time.

Short Term Disability (STD) Leave Benefit

For employees who work at least 20 hours per week in one position on a regularly scheduled, year-round basis

This program provides part-time employees who work at least 20 hours per week on a regularly scheduled, year-round basis with this benefit and is available for absences (supported by physician's written evaluation) during scheduled working days retroactive to the first calendar day of the employee's personal illness, injury, or disability when such incapacitation exceeds 7 consecutive calendar days. The STD program runs concurrent with Family Medical Leave (See the Leave Policy for more information).

Months of Part-Time Employment Completed	Consecutive Calendar Days from Onset of Illness, Injury or Disability During Which STD Leave is Available	
	# of Work Weeks At	
	Full Pay	60% of Pay
0 months but less than 12 months	---No Benefit Available---	
12 months but less than 48 months	-0-	13
48 months but less than 120 months	5	8
120 months but less than 240 months	8	5
240 months and above	13	0

Additional Leaves

Additional leaves may be available such as injury, funeral, civil, administrative and donated. See the Leave Policy for Part-Time Employees for more details.

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