

**CITY AND COUNTY OF BROOMFIELD**

**PART-TIME EMPLOYEES' BENEFIT INFORMATION – 2014**

*Note: These benefits can be amended or terminated at any time and are subject to annual funding*

**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)   | \$0.13/month/\$1,000 of coverage  | \$-0-   | \$0.13/month/\$1,000 of coverage   |
| Accidental Death and Dismemberment (Employee Only) - \$20,000                        | \$0.0265/month/\$1,000 of coverage  | \$-0-   | \$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 \$117,000 | 6.20% up to \$117,000 |
| Medicare        | 2.90%               | 1.45% (No limit)      | 1.45% (No limit)      |

**Part-Time Employees Additional Compensation Program**

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

The employee is provided \$300 per month in recognition that part-time employees are not offered certain benefits and do not receive any payment toward certain benefits either within the City and County as they are not eligible, or outside of the plans offered by the City and County. A part-time employee is eligible to receive additional monthly compensation under this Program, in addition to regular compensation. Each employee shall become eligible to participate in the Program on the first day of the month coincident or next following the date the employee becomes eligible as a Part-Time employee. The additional monthly amount will be reflected on the second paycheck of each month in which the employee is eligible. The benefit is 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         | \$38.78         | \$15.58               | \$23.20               |
| Employee + Dependents | \$99.64         | \$59.16               | \$40.48               |

**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 - \$11.91     | Employee only - \$11.91     | Employee only - \$ -0-     |
|                       | Employee + One - \$17.26    | Employee + One - \$17.26    | Employee + One - \$ -0-    |
|                       | Employee + Family - \$30.96 | Employee + Family - \$30.96 | Employee + Family - \$ -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 for part-time employees is a confidential program administered by CIGNA EAP. 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. Employer pays 100% of the premium. This benefit provides three sessions with the EAP per household member each calendar year.

**AFLAC Benefit**

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

**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                  | \$2,500  | \$2,500  | \$ -0-                |
| Section 125 Dependent Day Care Account (Aggregate \$5,000 maximum) | \$5,000 (\$2,500 each if you are married and you and your spouse file separate income tax returns) | \$5,000 (\$2,500 each if you are married and you and your spouse file separate income tax returns) | \$ -0-                |
| Transportation (Vanpool/bus pass)                                  | \$130/month  | \$130/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.

**Voluntary Retirement Plans – Administered by ICMA-RC**

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

**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 | Maximum Benefit Period – Short-term Disability Leave Hours Up to:       |
|--|---|
| 0 months but less than 12 months         | ---No Benefit Available---  |
| 12 months but less than 48 months        | The number of hours the employees would normally work in 7.8 work weeks |
| 48 months but less than 120 months       | The number of hours the employees would normally work in 9.8 work weeks |
| 120 months but less than 240 months      | The number of hours the employees would normally work in 11 work weeks  |
| 240 months and above                     | The number of hours the employees would normally work in 13 work weeks  |

**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.

### 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.

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

**After-Hours/Emergency medical facilities:**

|   |   |
|---|---|
| Rocky Mountain Urgent Care<br>6080 W 92nd Ave<br>Westminster, CO 80031<br>Phone: (303) 429-9311<br>Hours: 8:00 a.m. - 8:00 p.m. M-F<br>8:00 a.m. - 6:00 p.m. Sat/Sun (Open Holidays except Christmas Day) | Avista Hospital<br>100 Health Park Drive<br>Louisville, Colo. 80027<br>Phone: (303) 673-1000<br>Hours: 24 hours per day |
|---|---|

The injured employee (or supervisor) must call and make an appointment prior to going to the facility unless the injury requires immediate care and/or treatment. Rocky Mountain Urgent Care or Avista Hospital should be used for after-hours care depending on the time of day and severity of injury. Please refer to the Employee Handbook on the Digital Dashboard – Safety Practices and Policies - for further information.

**This 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.**