



2024 EMPLOYEE BENEFITS



SEMSWA recognizes the importance of providing employees and their families with quality benefits as part of their overall compensation package. SEMSWA has developed a comprehensive benefits package that delivers quality and value, while satisfying the diverse needs of our workforce. This brochure is specifically designed to help you further understand the benefit options offered in 2024.

ELIGIBILITY - If you are a full-time employee working 32 hours a week or more, you are eligible for all benefits outlined in this summary. For medical, dental, and vision, eligible employees may elect to cover a spouse and/or children who are under 26 years of age. Eligible new hires may enroll for these benefits, which are effective on the first day of the month following their hire date.

**To learn more about
SEMSWA - SCAN HERE**

**Call or visit
303-858-8844
www.semswa.org**





SEMSWA medical plans offer great flexibility in providing care for you and your family. Our plans are administered through Colorado Employee Benefit Trust (CEBT), a self-funded, governmental multiple employer trust that provides employee benefits for over 400 public entities in the State of Colorado, offering health, dental, vision, and life coverage.

As part of your benefits package, you have the option to choose from three health plans, two of which are High Deductible Health Plans (HDHPs). Those enrolled in an HDHP are eligible to open a Health Savings Account (HSA). See page 7 for more information on HSAs.

- **United Healthcare PPO4** - not HSA eligible
- **United Healthcare (PPO) HDHP 3500** - HSA eligible
- **Kaiser Permanente HDHP 2500** - HSA eligible

Medical Base Plan	United Healthcare PPO4	United Healthcare (PPO) HDHP 3500	Kaiser HDHP 2500
Primary Care	PPO \$40 copay, Non-PPO subject to deductible, then 60/40	Subject to deductible, then PPO 80/20, Non-PPO 60/40	Subject to deductible, then 80/20 coinsurance
Specialty Care			
Lab Charges			
X-Ray Charges	PPO \$40 copay, then 100% in office setting, outpatient subject to deductible 80/20, Non-PPO subject to deductible, then 60/40	PPO subject to deductible, then 80/20 Non-PPO subject to deductible, then 60/40	
Prescription Drugs Retail - for 30 day supply:	Generic: \$20 Preferred Brand: \$40 Non-Preferred Brand: \$60	Subject to deductible, then Generic: \$20 Preferred Brand: \$40 Non-Preferred Brand: \$60	Subject to deductible, then Generic: \$20 Preferred Brand: \$40 Non-Preferred Brand: \$60 Copays up to a maximum out-of-pocket
Mail Order - for 90 day supply	Generic: \$40 Preferred Brand: \$80 Non-Preferred Brand: \$120	Subject to deductible, then Generic: \$40 Preferred Brand: \$80 Non-Preferred Brand: \$120	Subject to deductible, then Generic: \$40 Preferred Brand: \$80 Non-Preferred Brand: \$120 Copays up to a maximum out-of-pocket
Deductible	\$1,500 single / \$4,500 family * Embedded deductible	\$3,500 single / \$7,000 family * Embedded deductible	\$2,500 single / \$5,000 family **Non-Embedded deductible
Coinsurance	Subject to deductible, then PPO 80/20, Non-PPO 60/40	Subject to deductible, then PPO 80/20, Non-PPO 60/40	80/20
Maximum Out-of-Pocket	PPO \$4,000 (\$8,000 family) Non-PPO \$8,000 (\$16,000 family)	PPO \$6,000 (\$12,000 family) Non-PPO \$12,000 (\$24,000 family)	\$3,000 single / \$6,000 family
Inpatient Hospital	Subject to deductible, then PPO 80/20, Non-PPO 60/40 Pre-certification is required for inpatient stays and for surgeries, whether inpatient or outpatient	Subject to deductible, then PPO 80/20, Non-PPO 60/40 Pre-certification is required for inpatient stays and for surgeries, whether inpatient or outpatient	Subject to deductible, then 80/20 coinsurance
Outpatient Hospital/Surgery	Subject to deductible, then PPO 80/20, Non-PPO 60/40	Subject to deductible, then PPO 80/20, Non-PPO 60/40	
Ambulatory Surgical Center	PPO subject to deductible, then 80/20, Non-PPO 60/40	PPO subject to deductible, then 80/20, Non-PPO subject to deductible then 60/40	Subject to deductible, then 80/20 coinsurance
Emergency Care	Subject to deductible, then PPO 80/20	Subject to deductible, then PPO 80/20	

Medical Base Plan	United Healthcare PPO4	United Healthcare (PPO) HDHP 3500	Kaiser HDHP 2500
Urgent Care	PPO \$50 copay; Non-PPO subject to deductible, then 60/40	Subject to deductible, then PPO 80/20, Non-PPO 60/40	Subject to deductible, then 80/20 coinsurance
Ambulance	Subject to deductible then PPO 80/20 of "reasonable & customary"	Subject to deductible then, 80/20 of "reasonable & customary"	
Maternity/Prenatal Care	PPO \$40 copay (applies to the first prenatal care visit) Non-PPO subject to deductible then 60/40	Subject to deductible, then PPO 80/20, Non-PPO 60/40	Subject to deductible, then 80/20 coinsurance
MRI or CT Scan Outpatient Hospital	Subject to deductible, then PPO 80/20, Non-PPO 60/40	PPO subject to deductible, then 80/20, Non-PPO subject to deductible, then 60/40	
MRI or CT Scan Free Standing Facility			
PET Scans and SPECT Scans			
Durable Medical Equipment			
Physical, Occupational and Speech Therapy	PPO \$40 copay, Non-PPO subject to deductible, then 60/40; pre-authorization required, 20 visit limit per injury or sickness	Subject to deductible, then PPO 80/20, Non-PPO 60/40 Pre-authorization required. 20 visit limit per injury or sickness	Subject to deductible, then 80/20 coinsurance, 20 visits per year for each type of therapy
Chiropractor	PPO/Non-PPO \$40 copay, 20 visits limit per year, benefits subject to "reasonable & customary" guidelines	Subject to deductible, then PPO 80/20, Non-PPO 60/40, 20 visits limit per year, benefits subject to "reasonable & customary" guidelines	Subject to deductible, then 80/20 coinsurance, 20 visit limit

***Embedded:** Under this deductible definition, any single member of a family does not have to meet the full family deductible for the after-deductible benefits to kick in. Once they meet the individual deductible, plan benefits will start to pay.

****Non-Embedded:** Also referred to as an aggregate deductible. Under this arrangement, the total family deductible must be paid out-of-pocket before health insurance starts paying for the health care services incurred by any family member. The individual deductible doesn't apply if there are multiple people covered by the plan (Employee + Spouse, Employee + Child(ren) and Family).

Routine Services: Will be processed following the Federal Patient Protection and Affordable Care Act (PPACA).

United Healthcare PPO4 and PPO Note: Combination of PPO and Non-PPO out-of-pocket limit will never exceed the Non-PPO out-of-pocket limit for covered services.

Kaiser HDHP Note: The member must use a contracted Kaiser Permanente provider for all care. Out-of-network providers are only covered if the charges are for emergency treatment. If this is not done, there is no guarantee that the charges will be covered.

This comparison of coverages is intended only as a general description for the principal features of the benefit plans. Please refer to the **Summary of Benefits and Coverage (SBC)** at www.cebt.org.

For more details on your medical coverage please visit or call:

Kaiser
www.kp.org or 303-338-3800

United Healthcare/CEBT
www.cebt.org or 303-773-1373

Monthly Premium Costs	United Healthcare PPO4	United Healthcare HDHP	Kaiser HDHP
Employee Only	No Cost	No Cost	No Cost
Employee + Spouse	\$473.00	\$366.50	\$366.50
Employee + Child(ren)	\$434.00	\$335.00	\$335.50
Family	\$592.00	\$457.50	\$457.50



SEMSWA dental coverage is provided through Delta Dental, which includes an extensive network of providers and offers flexibility based upon where you choose to access care.

Staying healthy includes obtaining quality dental care for you and your family.

MAXIMUM BENEFIT Calendar Year Maximum	\$1,500 per member, per calendar year
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services	Individual Deductible - \$50 Combination of in and out-of-network Family Deductible - \$150 Combination of in and out-of-network
PREVENTION FIRST PPO and Premier Networks Only	Diagnostic and preventive services do not count against the annual maximum when you see a PPO or Premier provider for all services.
RIGHT START 4 KIDS PPO and Premier Networks Only	Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply.

PPO Dentist*	PREMIER Dentist**	NONPART Dentist***	COVERED SERVICES	BENEFIT INFORMATION (Subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%*	100%**	100%***	Oral Exams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry (EBD) condition.
			Sealants	Once per tooth in a 36-month period for unrestored permanent molars, through age 15
			Bitewing X-Rays	Once in a calendar year
			Full Mouth X-Rays	Once in a 5-year period
			Fluoride	Twice in a calendar year, through age 15
			Space Maintainers	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13
DIAGNOSTIC AND PREVENTIVE SERVICES				
80%*	80%**	80%***	Fillings	Once per tooth in a 12-month period; composite (white) fillings
			Simple Extractions	
			Oral Surgery	
			Endodontics / Periodontics	



PPO Dentist*	PREMIER Dentist**	NONPART Dentist***	COVERED SERVICES	BENEFIT INFORMATION (Subject to Delta Dental guidelines)
MAJOR SERVICES				
50%*	50%**	50%***	Crowns	Once per tooth in 5-year period. Not a benefit under age 12.
			Implants	Once per tooth in a 5-year period. Not a benefit under age 16.
			Dentures, Bridges	Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.
ORTHODONTICS - Not covered				



When you are enrolled in a Delta Dental PPO plus Premier Plan, you and your family members may visit any licensed dentist, but you will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists from which to choose:

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

****Premier Dentist:** Payment is based on the Premier Maximum Plan Allowance (MPA), or the actual fee charged, whichever is less.

*****Non-Participating Dentist:** Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Members may add or drop coverage once a year during Open Enrollment. Coverage may only be added or dropped by an employee or dependent with proof of a qualifying event. This is a brief description of services covered under your dental plan. Please refer to the Plan Document for full plan details. If differences exist between this summary and the Plan Document, the Plan Document will govern.

For more details on your dental coverage please visit or call:

Delta Dental
www.deltadental.com or
 800-610-0201

Monthly premium costs/Delta Dental:

Employee Only	No Cost
Employee + Spouse	\$17.00
Employee + Child(ren)	\$17.50
Family	\$33.50



SEMSWA vision coverage is provided through VSP and will help you pay for your routine vision services and supplies. You may see any vision provider you choose, but you will enjoy significant savings when you use VSP providers. You pay only a small co-payment for most network services and supplies, and the plan pays the rest. Plus, VSP providers file claims for you. There is an allowance per service for out-of-network providers for which you would be reimbursed.

USING YOUR VSP BENEFIT IS EASY

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** The decision is yours to make. With the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.
- **At your appointment, tell them you have VSP. There's no ID card necessary.** If you'd like a card as a reference, just print one from www.vsp.com.

BEST EYE CARE

You'll get the highest level of care, including a WellVision Exam, the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

CHOICE IN EYEWEAR

Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.

Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$10
Prescription Glasses		\$10
Frame	<ul style="list-style-type: none"> • \$175 frame allowance • \$195 featured frame brands allowance • 20% savings on amount over your allowance • \$90 Costco®/Walmart frame allowance • Every 12 months 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every 12 months 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> • Progressive lenses: Standard, Premium or Custom /UV Protection • Polycarbonate lenses /UV Protection • Up to 30% savings on other lens enhancements • Every 12 months 	\$0 \$95 - \$105 \$150 - \$175 \$0 \$0
Contacts (Instead of glasses)	<ul style="list-style-type: none"> • \$175 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 12 months 	Up to \$60
PRIMARY EYECARESM	<ul style="list-style-type: none"> • Retinal screening for members with diabetes • Additional exams for members with diabetes, glaucoma, or age-related macular degeneration. • Treatment and diagnoses of eye conditions, i.e. pink eye, vision loss, and cataracts. • Limitations and coordination with medical coverage may apply. • As needed 	\$0 \$20 per exam
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	

Your Coverage with Out-of-Network Provider

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

For more details on your vision coverage please visit or call:

VSP

www.vsp.com or 800-877-7195

Monthly premium Costs / VSP:

Employee Only	No Cost
Employee + Spouse	\$3.00
Employee + Child(ren)	\$3.50
Family	\$8.50

1. Brands/Promotion subject to change. 2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details. ©2018 Vision Service Plan. All rights reserved. VSP, VSP Vision care for life, and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners.



HEALTH SAVINGS ACCOUNT (HSA)

Health Savings Account

SEMSWA Health Savings Accounts are offered through Optum Financial. An HSA is a portable, tax-advantaged savings account that can be compared to a medical IRA. Building up a strong HSA is a practical and smart way to invest money that can be used to pay for a wide variety of health and wellness related products and services. An HSA is designed to help offset the deductible costs of HSA-qualified medical plans, making these low-cost plans even more affordable.

WHO CAN OPEN AN HSA?

Eligible employees can contribute to an HSA if they:

- Have coverage under an HSA-qualified High Deductible Health Plan (HDHP)
- Have no other first-dollar coverage, including a spouse's Flexible Spending Account (see page 9)
- Are not enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return

HOW MUCH CAN BE CONTRIBUTED TO AN HSA?

For the 2024 plan year, SEMSWA will contribute to your HSA as listed below. SEMSWA will make its pro-rated contribution on a semi-monthly basis, the first two pay periods of each month. You can contribute an additional amount on semi-monthly basis, up to the allowable limit set by the IRS. Only employees who are enrolled in an HSA-qualified (HDHP) medical plan are eligible for the SEMSWA contribution or to make personal contributions to an HSA.

2024	SEMSWA Contribution	Employee Contribution	12-Month Limit
Employee Only	\$83.33 semi-monthly	\$89.58 semi-monthly	\$4,150
EE & Spouse / EE & Child(ren)/ Family	\$166.66 semi-monthly	\$179.16 semi-monthly	\$8,300

WHAT IS AN HSA "CATCH-UP" PROVISION?

A catch-up provision is a way for an HSA participant who is age 55 and older to contribute more to the HSA. NOTE: In the year you enroll in Medicare, you must pro-rate your "catch-up" contribution for the number of months you had HSA-qualified plan coverage, prior to the month your Medicare enrollment is effective. The maximum annual catch-up contribution is \$1,000 per year, which would be an additional \$41.66 on a semi-monthly basis.

ADVANTAGES TO AN HSA

- **Security:** An HSA-qualified HDHP protects your financial future from catastrophic events.
- **Affordability:** An HSA-qualified HDHP cost less, enabling you to purchase lower cost medical insurance coverage.
- **Portability:** An HSA account belongs to the account holder. You can keep your HSA if you change jobs, change your medical coverage, change your marital status, or move to another state.
- **Ownership:** Funds remain in an HSA account from year to year, just like an IRA. There are no "use it or lose it" rules for HSAs.
- **Tax Savings:** An HSA provides you triple tax savings:
 - 1) Tax-free deductions when you contribute to your account
 - 2) Tax-free earnings on funds maintained in the account
 - 3) Tax-free withdrawals for qualified medical expenses
- **Flexibility:** You can choose to pay your medical expenses with funds from your HSA account or save the money in your account for future needs.

WHAT EXPENSES CAN I PAY WITH MY HSA?

You may also use your HSA to pay for qualified medical expenses, which are determined by the IRS. Because you own the account, you can use it to pay for any of those expenses. See IRS publication listing qualified medical expenses here: www.irs.gov/pub/irs-pdf/p502.pdf

Your HSA may be used for things other than qualified medical expenses. **NOTE: YOU WILL HAVE TO PAY INCOME TAXES ON THAT AMOUNT AND A 20% TAX PENALTY IF FUNDS ARE WITHDRAWN FOR NON-QUALIFIED MEDICAL EXPENSES.**

You may not use the money in your HSA to pay for medical insurance premiums, except for special circumstances such as disability, loss of employment, or during your retirement. According to the IRS, you can use your HSA to pay for:

- Eligible medical expenses including most medical, dental, and vision services and prescription drugs.
- Health insurance premiums under COBRA continuation coverage.
- Health insurance premiums if you are getting unemployment compensation.
- Medicare Part A or Part B premiums if you are enrolled in Medicare.
- Your qualified long-term care insurance premiums.



RETIREMENT



SEMSWA currently offers retirement plans that consist of Social Security, a 401(a) defined contribution plan, and 457(b) regular and Roth deferred compensation savings plans.

Colorado Retirement Association (CRA) Retirement Plans for Employees of Southeast Metro Stormwater Authority

CRA empowers Colorado local government employees to save for retirement. Your employer-sponsored CRA retirement plans offer unique advantages such as personalized retirement counseling, flexible investment strategies, and top-notch investment funds that are professionally selected and monitored.

YOUR 401(a) PLAN

- **Mandatory Participation** - You are enrolled immediately upon hire in a benefit-eligible position.
- **Matched Contributions** - You contribute 6% and SEMSWA also contributes 6% of your gross income toward retirement. Your contributions and the employer match are before-tax.
- **Four-Year Vesting** - Your employer's contributions will be 100% vested after 4 years (25% per year). Employee contributions are 100% vested immediately.



YOUR 457(b) PLAN

- **Voluntary Participation** - You can enroll in this plan as soon as you are hired or at any time after that.
- **Your Plan** - You choose how much you want to contribute on a before-tax or after-tax (Roth) basis and you can change your selection at any time.
- **Employer Match** - SEMSWA will match up to 3% (before-tax) of your 457(b) contributions into your 401(a) account.
- **Vesting** - Your contributions into the 457(b) plan are 100% vested immediately. The employer matching contributions into the 401(a) plan will be 100% vested after 4 years (25% per year).
- **IRS Limits** - The maximum amount you can contribute into the 457(b) plan is defined annually by the IRS, with catch-up options available the year of your 50th birthday.

INVESTMENT OPTIONS

CRA offers both custom target date portfolios as well as individual investment funds, allowing you to create your own personal portfolio.

ROLLOVERS

You can rollover a range of other retirement income into your CRA account. Types of plans that you can move into your CRA account include: 401(a), 401(k), 403(b), 457(b), and most IRAs.

To get started, complete a participant enrollment form for the respective plans.

For more details on your retirement coverage please visit or call:

— **Colorado Retirement Association** —
www.CRA-Online.org or
800-352-0313



FLEXIBLE SPENDING ACCOUNT (FSA)

HealthEquity/WageWorks manages the SEMSWA FSA accounts, which allow you to set aside pre-tax dollars from your paycheck to pay for out-of-pocket health care and dependent care expenses. FSA funds must be incurred and spent in the same calendar year.

MEDICAL FSA AND LIMITED PURPOSE FSA

In 2024, you can elect to contribute up to \$3,200 to your FSA. Then, you draw on your contributions throughout the year to pay for eligible expenses. You do not pay Federal taxes on your FSA contributions or reimbursements. In many cases, that means a savings of 10% to 35%. In general, health care expenses are eligible for reimbursement from your FSA if 1) they are incurred in the year you contribute to your FSA, and 2) they are considered tax deductible by the IRS.*

***LIMITED PURPOSE FSA NOTE: IF YOU HAVE A HDHP AND CONTRIBUTE TO AN HSA, YOU CAN ONLY USE YOUR FSA DOLLARS FOR DENTAL AND VISION CARE EXPENSES.**

DEPENDENT CARE ASSISTANCE PROGRAM (DCAP) FSA

Dependent care expenses may be paid through an DCAP FSA account. You may elect to redirect 1) up to \$2,500 if you are married, filing a separate return, or 2) up to \$5,000 if you are single or married filing a joint return. You may use the money in your DCAP FSA for out-of-pocket daycare expenses paid for children under age 13 and dependents of any age who are mentally or physically disabled. (Eligible care includes licensed daycare centers as well as in-home care.) The following rules apply:

- Daycare services must be incurred during the plan year and necessary so you can be gainfully employed.
- You can only be reimbursed for expenses incurred during the plan year.
- If you are married, your spouse must be employed, a full-time student at least 5 months during the year, or mentally or physically unable to care for himself or herself.

With the DCAP FSA, you must have enough money in your account to pay your claim before you will be reimbursed for eligible expenses. To be reimbursed, submit a claim form to Health Equity/WageWorks along with an itemized receipt that includes the dependent(s) age(s) and the day care provider's Taxpayer ID Number. You can participate in a DCAP FSA even if you also participate in the HSA program.

ADDITIONAL BENEFITS

EMPLOYER-PAID SHORT-TERM DISABILITY (STD) BENEFIT

SEMSWA provides STD coverage for you in case you are unable to perform your job due to an illness or injury unrelated to work. This benefit begins after a 14-day waiting period and is available to you while you are unable to perform your job or until the benefit duration has expired. Weekly benefits pay 60% (non-taxable) of your pre-disability earnings, less other income sources, up to a maximum of \$1,900 per week.

EMPLOYER-PAID LONG-TERM DISABILITY (LTD) BENEFIT

If you are unable to perform your job for a continuous 180-day period due to illness or injury, the LTD plan, if approved, will take effect and pay 60% (non-taxable) of your monthly earnings, less other income sources, up to \$9,000 per month. LTD benefits are subject to pre-existing condition limits and benefits are reduced if the disability begins at age 63 and older. There may be other limitations to your STD/LTD coverages, so please contact Human Resources for additional information.

EMPLOYER-PAID LIFE INSURANCE AND AD&D BENEFIT

Life insurance is an important part of your financial well-being, especially if others depend on you for support. SEMSWA provides paid life insurance and AD&D coverage, each in the amount of 1 ½ times your annual salary, through CEBT/The Standard Insurance Company. AD&D insurance provides benefits to you and/or your beneficiary if, due to an accident, you suffer loss of life or limb.





VOLUNTARY BENEFITS

IDENTITY THEFT PROTECTION

SEMSWA provides access to identity theft protection through LifeLock. LifeLock monitors for identity theft, the use of personal information, credit score changes, and more. As an employee of SEMSWA, you and your dependents can enroll in LifeLock for ½ of the regular enrollment price.

Monthly Rates	Lifelock Elite	Lifelock Ultimate Plus
Employee Only	\$8.49	\$13.99
Employee + Family	\$16.98	\$27.98

LONG-TERM CARE INSURANCE (LTCI)

LTCI provides coverage that health insurance does not. Long-term care consists mainly of personal care rather than medical care - typically assistance needed with basic activities of daily living. The need for long-term care may develop from things such as an accident, illness, stroke, advanced age, or other chronic conditions such as Alzheimer's or dementia. SEMSWA provides the first \$50 per month of an employee's LTCI premium.

VOLUNTARY LIFE INSURANCE

You can select and apply for Additional life and Dependent life insurance coverage that is right for you and your family through CEBT/The Standard.

OTHER VOLUNTARY INSURANCE PLANS

SEMSWA has selected American Fidelity an additional supplemental benefits and reimbursement account provider, offering:

- Accident Insurance
- Cancer Insurance
- Critical Illness Insurance
- Life Insurance
- Hospital Indemnity Insurance

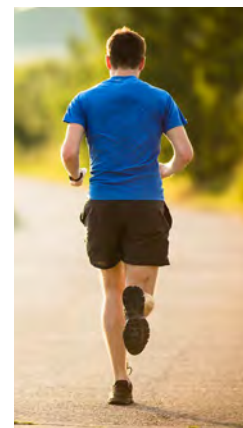
See Human Resources for additional information regarding rates and enrollment for the voluntary benefits listed above.



EMPLOYEE ASSISTANCE PROGRAMS (EAP)

SEMSWA provides access to three EAP programs: Principal Magellan Healthcare, AllOne/Triad EAP, and Modern Health. An EAP gives you access to resources to handle life's everyday challenges. These programs each offer unique services. Please review the plan website to see which best suits your needs. EAP programs can provide immediate, professional assistance for:

- Coping with depression/anxiety/stress
- Balancing work and home life
- Sharpening parenting skills
- Working through grief/loss/trauma
- Conquering addictions
- Tackling financial or legal problems
- Identity theft
- Will builder
- Coaching sessions
- Therapy sessions



EAP Services Available 24/7

In an emergency situation speak to a counselor or nurse, or both.

For more details on accessing these services please call or visit:

Principal Magellan Healthcare

800-450-1327

Member.MagellanHealthcare.com

Program Name: Principal Core

AllOne/Triad EAP

877-679-1100

www.triadeap.com

User Name: CEBT/**Password:** EAP

Modern Health

my.joinmodernhealth.com

Company Code to Access: CEBT



TIME OFF

VACATION*

SEMSWA provides paid vacation benefits to eligible employees at a rate of 8 hours per month, increasing 2 hours per month each 5-year anniversary.

SICK LEAVE*

SEMSWA provides paid sick leave benefits to eligible employees at a rate of 8 hours per month.

PERSONAL LEAVE*

All eligible employees are granted 8 hours of personal leave per calendar year.

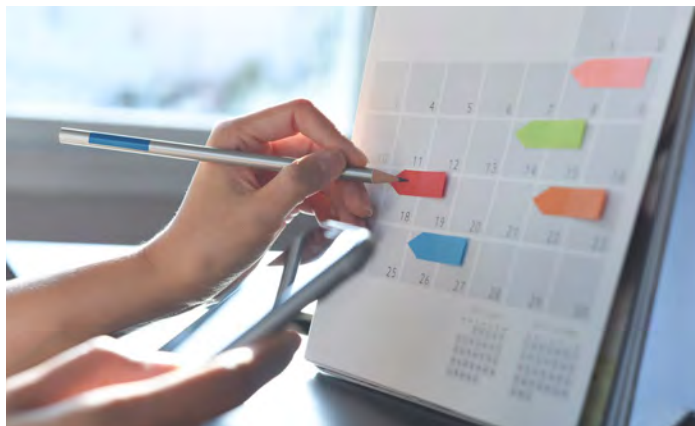
SEMSWA HOLIDAYS*

SEMSWA will grant 8 hours of holiday leave to eligible employees for the holidays listed below:

- New Year's Day
- Martin Luther King's Birthday
- Presidents' Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Frances Xavier Cabrini Day
- Veteran's Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day

* Vacation, sick leave, personal leave, and holiday hours are pro-rated for full-time employees working 32 hours a week but less than 40 hours per week.

Please review the Employee Handbook regarding other types of leave, e.g., Bereavement, Jury Duty, Military Leave, etc.



PROFESSIONAL DEVELOPMENT

TUITION REIMBURSEMENT / EDUCATION ALLOWANCE

All eligible employees may apply for tuition reimbursement of up to \$1,200 per calendar year. Only courses that are directly related to the employee's current job or required under a degree program related to the employee's job and are a benefit to SEMSWA will be considered.

Reimbursement may be approved for tuition, fees, and books for formal classroom or Internet courses taken from an accredited university based on a passing grade of C or better for undergraduate courses. A grade of B or better is required for graduate level courses. Eligible employees who wish to utilize this benefit must submit a written request to the Executive Director of SEMSWA for approval prior to beginning the course.

TRAINING

SEMSWA encourages employees to participate in job-related training that will promote professional development and career advancement. Training must be directly related to the employee's current job and be a benefit to SEMSWA. The employee's supervisor must approve in advance all SEMSWA paid training.

PROFESSIONAL DEVELOPMENT

Upon the approval of the Executive Director, SEMSWA may pay for eligible employees to attend one training course or educational course for professional certification, up to \$1,200 per calendar year. If a test for certification is given, the employee must pay the testing fee and then will be reimbursed upon receipt of certification, unless the employee has already met the \$1,200 education allowance for that calendar year.



FAMILY AND MEDICAL LEAVE INSURANCE

CHANGE IN FAMILY STATUS

SEMSWA has voted to opt out of participating in the FAML I state-run family leave program. Eligible employees of SEMSWA can participate in FAML I on an individual basis by enrolling directly with FAML I. FAML I provides benefits and protections, including partial income protection for eligible employees who are temporarily unable to work due to their or a family member's qualifying medical or legal reason, specifically, for the care of a newborn, adopted child, or fostered child; to care for a family member with a serious health condition; for the employee's own serious health condition; for qualifying military exigency leave; or to address safety needs or the impact of domestic violence and/or sexual assault. Partially paid leave is available for up to 12 weeks in a calendar year or up to 16 weeks under certain circumstances related to pregnancy and childbirth. For more information on enrolling in FAML I, please see Human Resources or go to: <https://famli.colorado.gov/>

All benefit selections are binding except in the event you have a "change in family status". If one of these situations occurs, you have 30 days to notify Human Resources and complete the appropriate paperwork for coverage changes. If you do not make the change within the 30 days following the event, your next opportunity to make a change will occur during the plan's Open Enrollment period. Examples of status changes include:

- Change in employee's legal marital status - including, marriage, divorce, death of spouse, legal separation, or annulment.
- Change in number of tax dependents - including birth, adoption or placement for adoption, or death.
- Termination or commencement of employment by employee, spouse, or dependent.
- Change in work schedule - including reduction or increase in hours by employee, spouse, or dependent.
- Dependent satisfies (or ceases to satisfy) dependent eligibility requirements.
- Change in residence or worksite of employee, spouse, or dependent.

SEMSWA Human Resources is available to assist you or to answer questions!

HEALTH INSURANCE

PROVIDER: Kaiser
PHONE: 303-338-3800
WEB: healthy.kaiserpermanente.org

PROVIDER:

United Healthcare / CEBT
PHONE: 303-773-1373
WEB: cebt.org

DENTAL INSURANCE

PROVIDER: Delta Dental
PHONE: 800-610-0201
WEB: deltadental.com

VISION INSURANCE

PROVIDER: VSP
PHONE: 800-877-7195
WEB: vsp.com

RETIREMENT PLANS

PROVIDER: Colorado Retirement Association
PHONE: 800-352-0313
WEB: CRA-Online.org

EMPLOYEE ASSISTANCE PRGM

PROVIDER: Principal
PHONE: 800-450-1327
WEB: Member.MagellanHealthcare.com
 Program Name: Principal Core

PROVIDER:

AllOne/Triad EAP
PHONE: 877-679-1100
WEB: triadeap.com
 Username: CEBT/Password: EAP

PROVIDER:

Modern Health
WEB: my.joinmodernhealth.com
 Company Code to Access: CEBT

IDENTITY THEFT PROTECTION

PROVIDER: LifeLock
PHONE: 800-543-3562
WEB: lifelock.norton.com

LONG & SHORT-TERM DISABILITY

PROVIDER: Principal
PHONE: 800-986-3343
WEB: principal.com

LONG-TERM CARE INSURANCE

PROVIDER: LifeSecure
PHONE: 303-808-8425
WEB: yourlifesecond.com

FLEXIBLE SPENDING ACCOUNT (FSA)

PROVIDER: HealthEquity/WageWorks
PHONE: 877-924-3967
WEB: healthequity.com

HEATH SAVINGS ACCOUNT (HSA)

PROVIDER: Optum Financial
PHONE: 844-973-3925
WEB: optum.com

VOLUNTARY PLANS

PROVIDER: American Fidelity
PHONE: 800-662-1113
WEB: secure.americanfidelity.com

