



2025

# **BENEFIT GUIDE**

January 1, 2025- December 31, 2025

# WELCOME

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

- Full-time employees working 30 hours or more per week

Eligible family members include:

- Your spouse or domestic partner
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- **New Hires:** Coverage is effective on the first of the month following your date of hire. You must complete the enrollment process within 30 days of your date of hire.

If you fail to enroll on time, you will NOT have benefits coverage (except for City-paid benefits).

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. The following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit (26)
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Enrollment

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**Open Enrollment Dates:**

**October 21 - November 1**

**Step 1:** Attend the 2025 Open Enrollment meeting or meet with Human Resources if you have any questions about benefits.

**Step 2:** Add, drop or change your health benefits for 2025 and sign up for next year's Flexible Spending, Dependent Care Spending or Health Savings Accounts.

# MEDICAL PLANS

We're proud to offer employees medical coverage that not only provides coverage for illness and injury, but also enables you and your family to focus on staying well. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Descriptions (SPD).

LUCENT BENEFITS CIGNA OAP NETWORK	PPO BASE		HDHP LOW		HDHP HIGH	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)						
Individual / Family	\$750 / \$2,250	\$1,000 / \$3,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,000 / \$4,000	\$4,000 / \$8,000
<b>Out-of-Pocket Maximum</b> (per calendar year)						
Individual / Family	\$3,500 / \$7,000	\$6,000 / \$10,000	\$4,000 / \$8,000	\$9,000 / \$18,000	\$3,000 / \$6,000	\$6,000 / \$12,000
<b>Company Contribution to Your Health Savings Account (HSA)</b> (per calendar year; prorated for new hires/newly eligible)						
EE Only / EE + One / Family	N / A	N / A	\$600 / \$1,200 / \$1,800		\$600 / \$1,200 / \$1,800	
<b>Covered Services</b>						
Office Visits (physician/specialist)	\$20 / \$20 copay	40%*	20%*	50%*	10%*	40%*
Routine Preventive Care	No charge	40%*	No charge	50%*	No charge	40%*
Diagnostic (x-ray, blood)	\$20 copay	40%*				
Imaging (PET scan, MRI)	20%*	40%*	20%*	50%*	10%*	40%*
Chiropractic	\$20 copay	10%*	20%*	50%*	10%*	40%*
Ambulance	Ground: \$200 copay Air: 20%*		20%*		10%*	
Emergency Room	\$500 copay		20%*		10%*	
Urgent Care Facility	\$50 copay	40%*	20%*	50%*	10%*	40%*
Inpatient Hospital Stay	20%*	40%*	20%*	50%*	10%*	40%*
Outpatient Surgery	20%*	40%*	20%*	50%*	10%*	40%*
<b>Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3 / Tier 4)						
Retail Pharmacy (34-day supply)	Tier 1: \$15 Tier 2: \$30 Tier 3: \$50 Tier 4: \$15/\$30/\$50	Not covered	20%*	Not covered	10%*	Not covered
Mail Order (90-day supply)	Tier 1: \$30 Tier 2: \$60 Tier 3: \$100 Tier 4: N/A	Not covered	20%*	Not covered	10%*	Not covered
<b>Coverage Tier</b> <b>Employee Contribution (Monthly) - with Wellness Discount</b>						
	<b>PPO Base Plan</b>		<b>HDHP Low</b>		<b>HDHP High</b>	
Employee Only	<b>\$81.16</b>		<b>\$0.00</b>		<b>\$40.57</b>	
Employee + Spouse	<b>\$165.64</b>		<b>\$0.00</b>		<b>\$82.81</b>	
Employee + Child(ren)	<b>\$165.64</b>		<b>\$0.00</b>		<b>\$82.81</b>	
Family	<b>\$243.58</b>		<b>\$0.00</b>		<b>\$121.79</b>	

**Coinurance % and copay amounts shown in the above chart represent what the member is responsible for paying.**

**\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.**

**To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# TELEHEALTH

## Teladoc

The City is pleased to offer you Teladoc, an added medical benefit that allows you to resolve many of your medical issues - anytime day or night - through the convenience of phone and online video consultations, all for a \$0 consult fee.

**To reach Teladoc, call 855-647-6767 or download the My Benefits Work mobile app.**



My Benefits Work Mobile App | 800.800.7616 | MyBenefitsWork.com

- Logon, click Teladoc and follow the instructions to register your account.
- Complete your medical history before requesting a visit
- Request a visit anytime via online or the mobile app

## Health Advocate

A personal Health Advocate is available to you and your covered dependents at no cost. Your Personal Health Advocate is a trained professional, typically a Registered Nurse, who understands the in's and out's of the healthcare system and how to navigate through it. The Personal Health Advocate helps you and your covered dependents coordinate care among doctors and medical institutions in various ways.

Your Health Advocate can translate benefits information, clarify medical conditions and treatment options, resolve claims and billing issues, negotiate payments, provide cost estimates, locate qualified providers, secure second opinions, schedule appointments, arrange for specialized treatments, research elder care and more.

Health Advocate is a confidential service available 24 hours a day, 7 days a week and is available to your immediate family (including parents and in-laws).

**To reach Health Advocate Services, call 866-272-6009.**

## eDocAMERICA

Doctors Online provides 24/7 access to web-based answers to medical questions from an expert team of board-certified physicians, psychologists, pharmacists, dentists, dietitians and fitness trainers. (Other services include physician-written weekly Health Tips, two Health Risk Assessments and a 3D Video Library with access to 250+ medical topics).

**To reach eDocAmerica, visit eDocAmerica.com.**



# FLEXIBLE SPENDING ACCOUNTS (FSA)

The City provides you with an opportunity to participate in two different Flexible Spending Accounts (FSAs) administered through Discovery Benefits. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified healthcare and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income tax.

An FSA is a great option if you expect to incur medical, vision, dental and/or dependent care expenses that won't be reimbursed by your benefit plans.

## HEALTH CARE FSA (FOR PPO PARTICIPANTS)

For 2025, you may contribute up to the IRS Maximum (projected at \$3,300) to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- |               |                    |                        |
|---------------|--------------------|------------------------|
| • Coinsurance | • Prescriptions    | • Eye exams/eyeglasses |
| • Copayments  | • Dental treatment | • Lasik eye surgery    |
| • Deductibles | • Orthodontia      |                        |

For a complete list of eligible expenses, visit [www.wexinc.com](http://www.wexinc.com).

## LIMITED-PURPOSE HEALTH CARE FSA (FOR HSA PARTICIPANTS)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses. The limit for

## DEPENDENT CARE FSA

For 2025, you may contribute up to the IRS Maximum (\$5,000 per household) to cover eligible dependent care expenses. Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.wexinc.com](http://www.wexinc.com).



**Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:**

- Healthcare FSA: Unused funds over \$640 will NOT be returned to you or carried over to the following year.
- Dependent Care FSA: Unused funds will NOT be returned to you or carried over to the following year.
- You must file your 2025 claims by March 31, 2026.

# HEALTH SAVINGS ACCOUNT (HSA)

If you are enrolled in one of the High Deductible Health Plans, you have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions. You must have an HSA with Discovery Benefits, the City's HSA vendor, in order to receive the HSA match. Please note that any HSA contributions you elect to make, when combined with the City's contributions, cannot exceed the IRS maximum limits of \$4,300 for employee-only coverage and \$8,550 for all other tiers.

The City will match your HSA contribution up to the following amounts:

Coverage Tier	Match
Employee Only	<b>\$600</b>
Employee + 1	<b>\$1,200</b>
Employee + 2 or more	<b>\$1,800</b>

# DENTAL PLAN

Following is a high-level overview of your dental coverage. For complete coverage details, please refer to the Summary Plan Description (SPD).

Delta Dental of Colorado	PPO Plus Premier	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
Individual / Family	\$50 / \$150	
<b>Benefit Maximum</b> (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$1,500	
<b>Covered Services</b>		
<b>Preventive Services</b>	No charge	
<b>Basic Services</b>	20*	
<b>Major Services</b>	50%*	
<b>Orthodontia</b> (Child only, up to Age 19)	50%	
<b>Orthodontia Lifetime Maximum</b> (Child only, up to Age 19)	\$1,500	
Coverage Tier	Employee Contribution (Monthly)	
Employee Only	\$0.00	
Employee + Spouse	\$53.50	
Employee + Child(ren)	\$51.15	
Family	\$103.31	

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. \*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# VISION PLAN

Following is a high-level overview of your vision coverage. For complete coverage details, please refer to the Summary Plan Description (SPD).

VSP Signature Plan	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10	Up to \$50
<b>Materials Copay</b>	\$25	
<b>Lenses</b> (once every 12 months)		
Single Vision	No charge after materials copay	Up to \$50
Bifocal		Up to \$75
Trifocal		Up to \$100
<b>Frames</b> (once every 12 months)	Covered up to \$130	Up to \$70
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$105
Coverage Tier	Employee Contribution (Monthly)	
Employee Only	\$13.40	
Employee + Spouse	\$21.45	
Employee + Child(ren)	\$21.89	
Family	\$35.29	

# SHORT TERM DISABILITY

Short Term Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Short Term Disability (City-paid)

This benefit is provided at NO COST to you.

SHORT-TERM DISABILITY	
Provided through Lincoln Financial Group	
<b>Benefit Percentage</b>	60%
<b>Weekly Benefit Maximum</b>	\$1,500
<b>When Benefits Begin</b>	After 7th day of disability
<b>Maximum Benefit Duration</b>	9 weeks

# VOLUNTARY LONG TERM DISABILITY

Voluntary Long Term Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness that will last more than 60 days.

This benefit is paid for entirely by you. Contact HR for age-banded rates.

VOLUNTARY LONG-TERM DISABILITY	
Provided through Lincoln Financial Group	
<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$5,000
<b>When Benefits Begin</b>	After 60th day of disability
<b>Maximum Benefit Duration</b>	Up to age 65

# LIFE INSURANCE

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

## Basic Life/AD&D (City-paid)

This benefit is provided at NO COST to you.

Provided through Lincoln Financial Group	
<b>Benefit Amount</b>	1.5 Times your annual salary

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage for yourself and your eligible family members.

This benefit is paid for entirely by you. Contact HR for age-banded rates. Provided through Lincoln Financial Group

	Benefit Option	Guaranteed Issue*
<b>Employee</b>	5x annual salary, up to \$400,000 in \$10,000 increments	\$150,000
<b>Spouse/RDP</b>	\$5,000 increments, not to exceed 50% of employee amount	\$30,000
<b>Child(ren)</b>	Under age 26 - Up to \$10,000	\$10,000

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.



# ADDITIONAL BENEFITS

## AFLAC ACCIDENT INSURANCE

To protect yourself and your dependents from the financial fallout as a result of accident, injury or even death, you have the option to purchase voluntary accident insurance at discounted group rates.

In the event of a covered accident, the Aflac Accident Plan will pay a cash benefit directly to you to help with the costs associated with out-of-pocket expenses and bills - expenses major medical insurance may not take care of. Funds are paid directly to you to use as you see fit. Once per year, a \$50 wellness benefit can be paid to you, any enrolled spouse and dependent children by completing your annual preventive care visit.

This benefit is paid for entirely by you.

Coverage Tier	Employee Contribution (Monthly)
Employee Only	\$14.45
Employee + Spouse	\$21.19
Employee + Child(ren)	\$25.10
Family	\$31.84

## AFLAC CRITICAL ILLNESS

The Aflac Critical Illness plan can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke. More importantly, the plan helps you focus on recuperation instead of the distractions of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned) - giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Once per year, a \$50 wellness benefit can be paid to you and any enrolled spouse by completing your annual preventive care visit.

This benefit is paid for entirely by you, contact HR to see the rates, as this benefit is based on amount elected and current age.

## IDENTITY THEFT: NORTON LIFELOCK

Identity Theft can be emotionally devastating and take years to resolve without help from an experienced professional. Replacing documents, cutting through red tape and untangling fraud is daunting. LifeLock not only has proprietary technology to detect a range of identity threats, if you do have an identity theft problem, their U.S.-based team of Identity Restoration Specialists can help fix it. With help from LifeLock's experienced team, available 24/7, restoration takes place quickly and effectively, giving you peace of mind.

There are two different levels of Identity Theft services to choose from:

**Benefit Essential** identity theft protection is designed to help protect against identity theft plus monitor for threats to your identity and financial assets - your 401(k), investment, checking and savings accounts.

**Benefit Premier** provides peace of mind by knowing you have LifeLock's most comprehensive identity theft protection. Enhanced services include bank account application and takeover alerts, online annual three-bureau credit reports and credit scores plus monthly one-bureau credit score tracking.

If you wish to add children to your plan, you are able to take advantage of LifeLock Junior. This protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children.

There is no cost to enroll into the employee only Benefit Elite level of coverage. If you wish to upgrade to the Ultimate Plus plan and/or add family members to either plan, you may do so at the following costs:

Coverage Tier	Benefit Essential	Benefit Premier
Employee Only	\$0.00	\$5.50
Family	\$8.50	\$19.50



# EMPLOYEE ASSISTANCE PROGRAM

The City paid NexGenEAP services are available for all employees and their household family members. This service is completely confidential. The City will not be informed to any of the services you utilize through this benefit.

- FIVE VISITS: Immediate connection to a Mental Health Professional for emotional challenges, including stress and anxiety, depression, and relationships.
- Legal and Financial Consultations for tax questions, debt management, will preparation, small claims, and more
- Virtual Concierge service to provide referrals or conduct research, such as for planning a vacation or wedding, researching childcare options, and more
- Health Advocacy for assistance with co-pays, participating providers, and billing and claims issues
- Wellness resources including unlimited coaching calls with our licensed health coaches and access to unlimited wellness requests

**NexGenEAP**

**Phone: 800-327-2255**

**Web: [www.nexgeneap.com](http://www.nexgeneap.com)**

**Mobile App: NexGenEAP**

**Company ID #: 10484**

## WELLNESS

The City of Fort Morgan is committed to building a healthy workforce and the Wellness Program provides confidential tools to assess your well-being, take charge of your health and improve your life.

If you choose to participate in the wellness program, you will be asked to complete a biometric screening, which will include a blood test for blood pressure, cholesterol, blood sugar levels, and body mass index. You will also be required to have an Annual Wellness Exam. Details are below:

### Screenings

#### *Required Activities*

Biometric Screening	Participate in the annual biometric screening or complete a Health Screening & Exam Form
Annual Wellness Exam	Get your age-appropriate physical exam and screening

### Wellness Award Hours

Employees have the opportunity to earn up to a maximum of 32 award hours or a \$400 gift card by participating in challenges or activities offered through the program. Any award hours earned during the year must be used by December 31 or they will be forfeited.



# RETIREMENT

The City of Fort Morgan offers retirement options for you. These options are a great way to save for the future. They offer tax savings, the ease of payroll deductions and a variety of investment options. You are eligible to participate in the applicable retirement plans starting the first of the month following your date of hire. Once you are eligible to participate, follow the directions below to enroll. You may also reach out to Human Resources for any additional assistance in enrolling.

- **PERAPlus 401(k) and 457 Plans**

Enrollment in the PERAPlus 401(k) and 457 voluntary retirement savings plans is available at any time. Both Plans offer the same PERAdvantage investment options.

- **PERAPlus 401(k) Plan Enrollment**

To enroll, you need to complete the 401(k) Participant Information Form and return to Human Resources.

- **PERAPlus 457 Plan Enrollment**

Online enrollment is required. You will need to go online and complete the 457 Participant Information Form.

- **Roth Option**

The PERAPlus 401(k) and 457 Plans also offer a Roth option that can help participants save toward the future and may also provide tax-free withdrawals at retirement. Unlike traditional PERAPlus 401(k)/457 pre-tax contributions, Roth contributions are taxed before the money is contributed to the Plan. Any earnings on Roth contributions grow tax-free and distributions will also be free of federal (and where applicable, state and local) income taxes, provided they are qualified distributions.

## Plan Websites

Access the PERAPlus 401(k) and 457 Plan websites by logging into your PERA account to find forms, publications, and information on enrollment, the PERAdvantage funds, fund fees, and fund performance.

## Contribution Limits

The annual maximum contribution limits for the PERAPlus 401(k) and 457 Plans are:

	2025 Limits
Total Contribution Limit for Each Plan (both Roth and pre-tax contributions count towards this limit)	\$23,500 (projected)
Catch-Up Contribution Limit (For participants age 50 and older and who are contributing the maximum amount to the Plan)	\$7,500

# PAID TIME OFF (PTO) HOLIDAYS

Paid time off (PTO) provides all full-time employees with paid time away from work that can be used for vacation, personal time, personal illness or time off for the care of dependents. PTO must be scheduled in advance and have supervisory approval except in the case of illness or emergency.

## Eligibility:

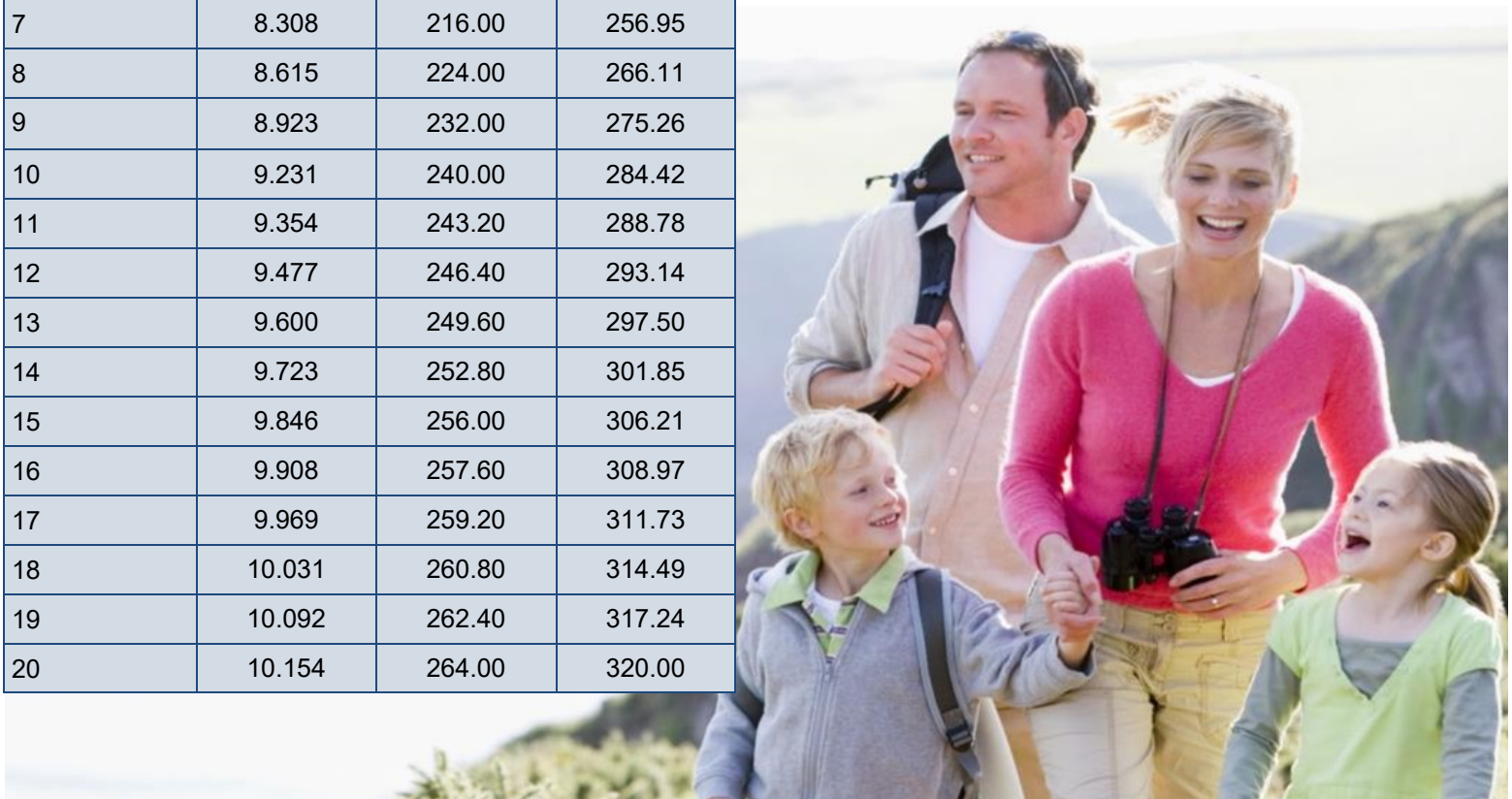
PTO is earned on a per pay period basis and credited to an employee's PTO bank in the pay period it was earned. Eligibility to earn PTO is contingent on an employee having worked for the entire pay period. Employees are required to take PTO for time away from their normal work schedule or in the event of a Leave of Absence or FMLA. See the employee handbook for details.

## PTO is earned on the following schedule:

Years of Service	Accrued Hours Per Pay Period	Accrued Hours Per Calendar	Maximum Hours (Caps) of Accrued
0	6.462	168	168.00
1	6.708	174.40	208.40
2	6.954	180.80	215.96
3	7.200	187.20	223.52
4	7.446	193.60	231.07
5	7.692	200.00	238.63
6	8.000	208.00	247.79
7	8.308	216.00	256.95
8	8.615	224.00	266.11
9	8.923	232.00	275.26
10	9.231	240.00	284.42
11	9.354	243.20	288.78
12	9.477	246.40	293.14
13	9.600	249.60	297.50
14	9.723	252.80	301.85
15	9.846	256.00	306.21
16	9.908	257.60	308.97
17	9.969	259.20	311.73
18	10.031	260.80	314.49
19	10.092	262.40	317.24
20	10.154	264.00	320.00

Along with the PTO offered, The City of Fort Morgan offers a total of 10 paid holidays per year and 1 floating holiday. These holidays are offered to all full-time staff members. In certain cases, if a holiday lands on a weekend day, The City of Fort Morgan observes the holiday on the closest week day.

Holiday	Date Observed
New Year's Day	Wednesday, January 1
Martin Luther King, Jr. Day	Monday, January 20
Presidents' Day	Monday, February 17
Memorial Day	Monday, May 26
Independence Day	Friday, July 4
Labor Day	Monday, September 1
Veterans Day	Tuesday, November 11
Thanksgiving Day	Thursday, November 27
Day After Thanksgiving	Friday, November 28
Christmas Day	Thursday, December 25



# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical Coverage	Lucent with Cigna Group # S69	(877) 236-0844	<a href="http://www.lucenthealth.com/cypress">www.lucenthealth.com/cypress</a>
Prescription Coverage	Rx Benefits Group # 003P24	(800) 334-8134	<a href="http://www.optumrx.com">www.optumrx.com</a>
Dental Coverage	Delta Dental Group # 12440	(800) 610-0201	<a href="http://www.deltadentalco.com">www.deltadentalco.com</a>
Vision Coverage	Vision Service Plan (VSP) Group #12065628	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Basic Life and Accidental Death and Dismemberment (AD&D) Coverage	Lincoln Financial Group #G000BKFX	(800) 423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Disability Coverage	Lincoln Financial Group #G000BKFX	(800) 423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Voluntary Life and Accidental Death and Dismemberment (AD&D) Coverage	Lincoln Financial Group #G000BKFX	(800) 423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Flexible Spending Account (healthcare and dependent care FSAs) and Health Savings Account	WEX, Inc.	(866) 451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
Employee Assistance Program	ENI (NexGen) EAP Company ID #: 10484	(800) 327-2255	<a href="http://www.nexgeneap.com">www.nexgeneap.com</a>
Accident Insurance Critical Illness	Aflac	(720) 207-2347	<a href="http://mylogin.aflac.com">mylogin.aflac.com</a>
Identity Theft Insurance	LifeLock	(800) 416-0599	<a href="http://www.nortonlifelock.com">www.nortonlifelock.com</a>
401(k) Retirement Savings Account	PERAPlus	(800) 759-7372	<a href="http://www.copera.org">www.copera.org</a>
HUB Telehealth	Teladoc Group # HUB1002AH	(855) 847-3627	<a href="http://www.hubtelehealth.com">www.hubtelehealth.com</a>

## Questions?

If you have additional questions, you may also contact:

Jennifer Cuckow  
(970) 542-3975  
[jennifer.cuckow@cityoffortmorgan.com](mailto:jennifer.cuckow@cityoffortmorgan.com)

Katherine Dahlinger  
(970) 370-6575  
[Katherine.dahlinger@cityoffortmorgan.com](mailto:Katherine.dahlinger@cityoffortmorgan.com)

Ashley Hradecky  
(970) 542-3961  
[Ashley.hradecky@cityoffortmorgan.com](mailto:Ashley.hradecky@cityoffortmorgan.com)



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.