

**EFFECTIVE JAN 1, 2025 - DEC 31, 2025** 



2025
BENEFITS

# **WELCOME**

Eagle River Water & Sanitation District has a commitment to provide a balanced total compensation package that attracts and retains highly motivated and effective employees who are invested in meeting the needs of the community. ERWSD is committed to the success and well-being of our employees, and a work environment where the employee community is able to make meaningful contributions that are supported in their ongoing growth and development.

Significant resources are dedicated to providing employees a balanced total package that includes:

- An exceptional work environment with a commitment to providing quality equipment, facilities, vehicles, career development and training opportunities, and a focus on employee wellbeing and work/life balance.
- · Competitive, market-based pay.
- Well-rounded, comprehensive benefits including medical/ dental insurance, life and disability insurances, a comprehensive workers compensation program, a flexible general leave program with significant vacation allowances and holidays, retirement, and wellness programs.

Stat	tus	Medical, Dental, Vision	РТО	Holidays	Housing	Wellness Program	414h	457	Medicare & Worker's Comp
Full-T	ime	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>
Part-T	Гime		<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>		<b>√</b>	<b>√</b>
Seasonal	/Intern		✓	✓	✓	✓		<b>√</b>	<b>√</b>

# **ELIGIBLE EMPLOYEES**

• **Regular Full-Time:** You are eligible for coverage on the first of the month following date of hire.

### **ELIGIBLE DEPENDENTS**

If you are eligible for coverage, you may also enroll the following eligible dependents:

- Legal Spouse/Domestic Partner
- Children under age 26 (Medical, Dental, and Vision)
- Children who are disabled, live with you, and depend on you for support.

# PAGE 4-5 **Unique ERWSD Benefits** Medical 866.494.2111 www.mycigna.com **Dental** 8 866,494,2111 www.mycigna.com Vision 800.507.3800 www.superiorvision.com Flexible Spending Accounts (FSA) 10 888.722.1223 www.rockymountainreserve.com **Health Savings Accounts (HSA)** 888.722.1223 www.rockymountainreserve.com **Employee Wellness** 12 877.679.1100 triad.mylifeexpert.com Financial Retirement Plans - 414(h) & 457(b) Plan 866.669.4015 13 www.principal.com **Housing Program Paid Time Off** 14 **Paid Parental Leave Holiday Schedule Disability (Short & Long Term)** 16 800.628.8600 www.standard.com **Life and Accidental Death Benefits** 17 800.628.8600 www.standard.com **Federal & State Mandated Benefits** 18 **Important Contacts** 18-19 **Important Notices**

# **UNIQUE ERWSD BENEFITS**

### **ELECTRIC VEHICLE LOAN\***

The Electric Vehicle Loan Program will support the purchase of electric vehicles for personal use, including zero emission electric vehicles (EV or BEV – battery electric vehicle), plug-in hybrid electric vehicles (PHEV), electric bikes, electric skateboards, and electric scooters. Employees are strongly encouraged to utilize their electric vehicle for their work commute. All full-time employees are eligible for the EV Loan.

### **COMPUTER LOAN\***

Employees who have worked full time with ERWSD for at least six months are eligible for a computer purchase loan of up to \$2,000. The loan is interest free and is to be re-paid within one year in bi-weekly installments of equal amounts, which will be deducted from employee's paycheck each payroll period. This loan is to be used by an employee for the sole purpose of purchasing a home computer. The term "purchasing of home computer" includes the purchase of any hardware, including but not limited to, computer, printer, modem, memory upgrades, any software, and sales tax. The District is a lender only in this transaction, and is not liable for the performance of any hardware or software purchased by the employee.

# **SKI PASS LOAN PROGRAM\***

Our community is home to several world class ski resorts that bring visitors to the area every year. In an effort to support employee wellness and allow them easier access to skiing and snowboarding, ERWSD offers a Ski Pass Loan Program, similar to the Computer Loan Program. The Ski Pass Loan Program is intended to support the purchase of a Colorado Based Ski Pass (i.e. Epic Pass, Rocky Mountain Super Pass Plus, Mountain Collective Pass, etc.). The District Ski Pass loan is available to all full-time employees, who have been at the District for a minimum of six months.

\*NOTE: Employees are allowed a combined loan maximum of \$3,000 at one time.

#### **MERCHANT SKI PASS**

Employees are eligible for a merchant ski pass. The price of the merchant ski pass varies from year to year. Contact a member of People Operations for further details.

### **GYM DISCOUNTS**

The Wellness Program at ERWSD is committed to finding affordable ways for employees to achieve their fitness goals. Among several options, there are a variety of discounts offered at gyms from East Vail to Gypsum. Contact People Operations for more information.

# **PRO-DEALS & RETAIL DISCOUNTS**

District employees are eligible for discounts at several local and industry retail outlets, including Stand Up Paddleboards, Simms Fishing, The North Face, Outdoor Prolink and more!

# **SPORTS TEAM BENEFIT**

ERWSD offers a \$500 team-based recreation benefit for employees who would like to participate in local sports leagues and create a team made of mostly District employees and/or their family members to contribute to the health, wellness, and recreation of all employees. This benefit allows employees the opportunity to contribute to a healthy lifestyle, get a workout in outside of work hours, and connect with coworkers after work!

### **IDENTITY THEFT RECOVERY COVERAGE**

Identity Theft Recovery Coverage is provided by the Colorado Special District Property & Liability Pool to all of our full time employees at no charge. The limit is an annual aggregate of \$25,000. Reimbursement coverage for expenses arising from a defined "Identity Theft" event is included, as well as legal costs to defend a civil suit or remove a civil judgment arising from Identity Theft. These expenses include: phone, postage, shipping fees, notary and filing fees; credit bureau reports; lost wages; child/elder care and mental health counseling. This coverage does not reimburse you for monies stolen or fraudulently charged to you or a civil judgment against you. Contact People Operations for more information.

# **UNIQUE ERWSD BENEFITS**

# THE VALUE OF ERWSD BENEFITS

ERWSD Enhanced Benefit Offerings	Amount
Housing Stipend	\$5,748
Recreation Benefit	\$700
Uniform Allotment (varies by position)	\$300
Boot Allotment (if applicable to position)	\$150
Annual Tuition Reimbursement	\$3,000
Employee Loans	
Ski Pass Loan	\$1,000
Computer Loan	\$2,000
Electric Vehicle Loans	\$2,000
$^*\mbox{Combined District loan amount cannot exceed $3,000 per employee.}$	
TOTAL	\$14.898

#### **TUITION REIMBURSEMENT**

Each calendar year eligible employees may be allotted up to \$3,000 for reimbursement of tuition cost. To be eligible for the tuition reimbursement program, employees must be full-time and have completed six months of employment. The employee must be taking college-level course work that is relevant to their job.

# **COLLEGE INVEST: COLORADO 529 COLLEGE SAVINGS PLAN**

529 college savings programs are state-sponsored plans that were established to help families save money specifically for higher education expenses.

### **VERIZON WIRELESS DISCOUNT**

Employees are eligible for monthly discounts up to 22% at Verizon wireless for their personal accounts. This discount applies to most voice and data plans with a monthly account access fee of \$34.99 or higher. Monthly line access fees are not eligible for discounts. Features \$24.99 or higher may be eligible for discounts. The discount does not apply to unlimited plans.

# **SMARTDOLLAR**

You work hard for your money, and we want you to make the most of it. SmartDollar, a financial wellness program, can help you accomplish your financial goals faster, no matter where you may be and is available to all District employees.

### **CHILDCARE PRIORITY LISTING**

ERWSD partners with Eagle Valley Childcare Association, which includes Miller Ranch Care Center and Vail Child Care Center, to give priority waitlist status to employees and their children for day care options within our service area. Waitlists in the community are extremely long for infant and toddler care and this priority status significantly reduces wait times.

# **MEDICAL**



ERWSD's medical plans offer great flexibility in managing care for employees and their family. Employees and their enrolled dependents are covered at the highest level if receiving care in-network as outlined below. These plans are administered by Cigna. The table below gives a side-by-side look at the two medical plan offerings and associated cost. Please refer to your plan documents for a full breakdown of your benefits.

# **HSA CONTRIBUTION (HDHP)**

For employees enrolled in the High Deductive Health Plan (HDHP), they are eligible to contribute toward a Health Savings Account (HSA). Contributions to an HSA are tax free and distributions are tax free if used to pay for qualified healthcare expenses. Distributions are tax free if used to pay for qualified healthcare expenses. Distributions for non-qualified medical expenses and early withdrawal will be subject to income tax and penalties.

# 2025 HSA CONTRIBUTIONS

- > Employee \$4,300
- > Family \$8,550
- Catch-up Contributions (Age 55+) - \$1,000

RMR is the HSA provider for the District. If newly enrolling in the HDHP for 2025, you will need to set up your HSA account online at: <a href="https://www.rockymountainreserve.com">www.rockymountainreserve.com</a>. Refer to <a href="page 11">page 11</a> for more details.

#### **SUMMARY OF BENEFITS**

**Deductible** (Individual/Family)

#### **Annual Out-of-Pocket**

(Includes deductible & copays)

#### Coinsurance

**Preventive Care Services** 

**Urgent Care** 

# **Office Visit**

(Primary and Specialist)

# **Emergency Services**

### **Facility Services**

# **Home Health Care**

# **Outpatient Therapies**

Limited to 20 visits per Calendar Year

# X-Ray and Laboratory Services

### **Advanced Radiology**

#### **Retail Drug Coverage**

(30 day supply) Generic/Preferred/Non-Preferred \*\$100 per Calendar Year Deductible on Brand Rx-\$300 Family

### **Mail-Order Drug Coverage**

(90 day supply) Generic/Preferred/Non-Preferred \*\$100 per Calendar Year Deductible on Brand Rx-\$300 Family

	Traditiona	i PPO Plan	HDHP Plan		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
	\$750/\$1,500	\$10,000/\$20,000	\$2,800/\$5,000 Individual within a family deductible: \$3,300	\$10,000/\$10,800 Individual within a family deductible: \$10,000	
	\$4,400/\$8,800 Individual within a family maximum: \$4,400	\$15,000/\$30,000 Individual within a family maximum: \$15,000	\$4,400/\$8,800 Individual within a family maximum: \$4,400	\$15,000/\$30,000 Individual within a family maximum: \$15,000	
	80%	50%	90%	50%	
	No Charge	50% after deductible	No Charge	50% after deductible	
	\$25 copay	50% after deductible	90% after deductible	50% after deductible	
	\$25 copay	50% after deductible	90% after deductible	50% after deductible	
	\$250	copay	90% after deductible		
	80% after deductible	\$500 Per Confinement Deductible, then 50%	90% after deductible	50% after deductible	
	80% after deductible	50% after deductible	90% after deductible	50% after deductible	
	\$25 copay	50% after deductible	90% after deductible	50% after deductible	
5	80% after deductible	50% after deductible	90% after deductible	50% after deductible	
	\$150 copay	50% after deductible	90% after deductible	50% after deductible	
Đ	\$10/\$30/\$60	Appropriate copay level +50% of the full cost of the prescription	90% after deductible	50% after deductible	
9	\$30/\$90/\$180	Appropriate copay level +50% of the full cost of the prescription	90% after deductible	50% after deductible	

#### **MEDICAL RATES**

**Employee** 

**Employee + Spouse** 

Employee + Child(ren)

**Family** 

Traditional PPO Plan			HDHP Plan		
Total Monthly Premium	Employee Portion	Employer Portion	Total Monthly Premium	Employee Portion	Employer Portion
\$1,400.47	\$78.00	\$1,322.47	\$1,132.75	\$66.00	\$1,066.75
\$2,941.12	\$300.00	\$2,641.12	\$2,378.70	\$261.00	\$2,117.70
\$2,661.02	\$257.00	\$2,404.02	\$2,152.20	\$226.00	\$1,926.20
\$4,201.48	\$492.00	\$3,709.48	\$3,398.14	\$425.00	\$2,973.14

# **CIGNA RESOURCES**



In addition to medical and prescription drug coverage, Cigna offers a wide range of programs for employees and enrolled dependents. Services range from mental health programs, support during pregnancy, musculoskeletal services, and diabetes management tools. More information can be found on <a href="may.cigna.com">my.Cigna.com</a> or the myCigna App.

### **CIGNA ONE GUIDE**

After enrollment, the support continues for Cigna customers. Understanding and using health insurance isn't always easy. The Cigna One Guide team is ready and waiting to help. It's the highest level of personal support available. Enrolled individuals can use the myCigna app (or call the number on the back of the ID card) to be connected with a representative. The Cigna One Guide service provides personalized assistance to assist:

- Understanding medical coverage
- Finding in-network health care providers, labs, or an urgent care
- Connecting with health coaches, pharmacists and more
- Scheduling annual check-ups or other appointments
- Providing support for complex situations
- Estimating costs to avoid surprises

### **MEMBER CHOICE CIGNA 90 NOW**

Member Choice Cigna 90 Now empowers customers to decide where they fill their 30- and 90-day maintenance medications, allowing them to choose the pharmacy and pharmacist care team that best meets their needs. Customers can select from two networks for 30- and 90-day prescriptions, with CVS Pharmacy or Walgreens as the primary retail options. Walgreens is the designated anchor pharmacy, but customers have the flexibility to switch anchors once per year. To view or change your pharmacy network visit my.Cigna.com or on the myCigna app.

# 90-DAY SUPPLY FOR MAINTENANCE MEDICATIONS

A 90-day supply for maintenance medication can be filled at any in-network pharmacy for two times the retail copay. Cigna's home delivery pharmacy is a convenient option if you're taking a medication on a regular basis to treat an ongoing health condition. You can fill your medication with a 90-day supply with automatic refills and flexible payment options. Log in to <a href="may.cigna.com">my.Cigna.com</a> to move your prescription(s) electronically or call 800-835-3784, they'll contact your doctor's office to help transfer your prescription. If you have a new prescription, ask your doctor to send it to Express Scripts electronically or by fax.

### **CIGNA WELLBEING SOLUTIONS**

Reach your health goals while having fun. The Cigna Healthcare Wellness Experience puts powerful resources at your fingertips – at no additional cost to you.

- Personalize your experience: Connect your activity tracker and set topics of interest.
- Complete a Health Check: Answer questions to get a health score and learn about possible risks
- Track your Healthy Habits: Follow a healthy routine by taking small steps.
- Stay motivated: You can invite up to 10 friends and family members outside of work.
- Participate in fun challenges: Join coworkers and motivate each other to build new healthy habits.

### AIRROSTI REMOTE RECOVERY

Airrosti Remote Recovery is a program for enrolled members dealing with muscle & joint pain. Care is accessible from the convenience of home. Members can receive an orthopedic evaluation, a recovery kit (mailed to your home), a personalized recovery plan, and ongoing support from a physical therapy provider. All Airrosti providers are in-network with Cigna. For more information visit Airrosti.com/remoterecovery or call 855-913-0845.

#### **CIGNA PATHWELL BONE & JOINT**

Joint pain can affect everything; whether the pain just started or you're ready for surgery, the team will help guide members to the right care. Members work one-on-one with a Cigna Healthcare Care Advocate who has clinical expertise in spine, knee, hip and shoulder pain. They'll help provide education on various treatment options and create a personalized plan. For more information visit connected care.cigna. com/login/landing or call 877-505-5875.



#### **SUMMARY OF BENEFITS**

#### **Annual Deductible**

#### **Annual Maximum**

# **Diagnostic and Preventive Services**

Oral Exams and Cleanings, X-Rays Sealants, Fluoride Treatment

### **Basic Services**

Basic Restorative (Fillings), Oral Surgery, Endodontics (Root Canal) Periodontics (Gum Treatment)

### **Major Services**

Implants, Prosthodontics (Dentures, Bridges), Special Restorative (Crowns, Onlays)

Orthodontic Services (Child & Adult)

**Orthodontic Lifetime Max\*** 

Total Cigna DPPO	Out-of-Network
Plan Pays	Plan Pays
\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
\$2,000	\$2,000
100%	100%
80%	80%
50%	50%
50%	50%
\$3,000	\$3,000

# **DENTAL RATES**

# **Employee**

**Employee + Spouse** 

Employee + Child(ren)

Family

Cigna Dental				
Employee Portion	Employer Portion			
\$0.00	\$44.24			
\$8.00	\$74.90			
\$12.00	\$93.80			
\$23.50	\$142.12			
	### Employee Portion \$0.00 \$8.00 \$12.00			



\*NOTE: Cigna will pay up to \$3,000 towards the cost of orthodontia per member, regardless of in or out of network <u>once ever</u> when someone is covered under the plan. Employees would be responsible for the difference, it is separate from the \$2,000 annual max.



# **VISION**

ERWSD offers Vision Benefits through Superior Vision. The chart below provides details of the vision plan. Please refer to your certificate booklet for full details.

SUMMARY OF BENEFITS	In-Network	Out-of-Network
Copays	\$10 Exam \$25 Materials	\$10 Exam* \$25 Materials*
Annual Eye Exam	Covered in full	Up to \$34
<b>Lenses</b> Single Vision Bifocal Trifocal	Covered in full	Up to \$35 Up to \$50 Up to \$60
<b>Contacts</b> Elective Medically Necessary	\$150 allowance Covered in full	Up to \$100 Up to \$210
Frames	\$150 allowance	Up to \$63
<b>Frequency</b> Exam/Lens/Frame	12/12/24	12/12/24

<sup>\*</sup>Copays for out-of-network visits are deducted from reimbursements

#### **Superior Vision Total Monthly Employee Employer VISION RATES** Premium Portion **Portion Employee** \$5.80 \$0.00 \$5.80 **Employee + Spouse** \$11.47 \$5.35 \$6.12 Employee + Child(ren) \$11.25 \$5.14 \$6.11 **Family** \$17.09 \$10.65 \$6.44





# **FLEXIBLE SPENDING ACCOUNT (FSA)**

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can lower your taxable income.

#### **HEALTH CARE FSA**

This program lets employees pay for certain IRS-approved medical, dental, and vision care expenses not covered by their insurance plan with pre-tax dollars. In 2025, you may contribute up to \$3,300 into this account. Some examples include:

- Medical co-pays and deductibles
- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives
- Some OTC medications

The CARES act expanded FSA & HSA allowable charges to include some Over-the-Counter (OTC) medications without the need for a prescription. Please visit <a href="https://www.rockymountainreserve.com/whats-covered">www.rockymountainreserve.com/whats-covered</a> to review a list of FSA & HSA eligible expenses.

**IMPORTANT:** Be conservative with your annual election amount(s). **This is a use it or lose it account.** You are permitted to carryover an IRS-approved amount into the next year, up to \$660. Any funds in excess of this amount <u>will be forfeited</u> in the following plan year.

Note: If enrolling in the HDHP medical plan, the Flex Plan can only be used for dental or vision expenses (Limited Health Care Flexible Spending Account).

#### **DEPENDENT CARE FSA**

The Dependent Care FSA allows employees to use pre-tax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. 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)

All Section 213 expenses are allowed as an eligible expense under your FSA. Changes to the FSA will only be allowed if you have a qualifying event such as change in family status. Mid-year changes will not be allowed.

**ROCKY MOUNTAIN** 

# **HEALTH SAVINGS ACCOUNT (HSA)**

If you enroll in the HDHP you'll have access to a Health Savings Account. You can think of your HSA as a personal savings account for your healthcare expenses, with some impressive tax advantages.

Employees enrolled in the HSA can enjoy additional tax advantages by participating in the Limited Purpose FSA as well.

# **What's Covered?**

You can use your HSA funds to pay for any IRS-qualified medical expenses, like doctor visits, hospital fees, prescriptions, dental exams, vision appointments, over-thecounter medications and more.

#### **HOW AN HSA WORKS:**

- Contribute to your HSA by payroll deduction, online banking transfer or personal check.
- Pay for qualified medical expenses for yourself, your spouse, and your dependents. Both current and past expenses are covered if incurred after you opened your HSA.
- Use your HSA Debit Card to pay directly or pay out of pocket for reimbursement.
- Roll over any unused funds year to year. It's your money for life.
- Invest your HSA funds and potentially grow your savings.\*

\*Investment accounts are not FDIC insured, may lose value and are not a deposit or other obligation of, or guarantee by the bank. Investment losses which are replaced are subject to the annual contribution limits of the HSA.

How much can you contribute?	2025 IRS Contribution Limits and Maximum Contribution Amount		
Employee Only Coverage	\$4,300		
Family Coverage	\$8,550		

#### **HSA CONTRIBUTION**

ERWSD contributes to the HSA based on years of service on January 1st of the current year and tier of coverage elected in the medical plan (employee only vs. family coverage). You are able to elect amounts above the ERWSD contributions up to the annual maximum which is noted below.

ERWSD HSA Contribution Amounts				
Years of Service	Employee Only Coverage	Employee + Family Coverage		
0-2 years	\$375	\$700		
3-5 years	\$475	\$900		
6-8 years	\$575	\$1,100		
9+ years	\$675	\$1,300		

HSA contributions will be prorated based on your start date, if you start mid-year.

 $^st$  If an individual reaches age 55 by the end of the calendar year, he or she can contribute an additional \$1,000.

### **TRIPLE TAX SAVINGS**

A huge way that HSAs can benefit you is they let you save on taxes in three ways.



You don't pay federal taxes on contributions to your HSA\*.



Earnings from interest and investments are tax-free.



Withdrawals are tax free when used for qualified medical expenses.

\* Federal tax savings are available regardless of your state. State tax laws may vary.





# **EMPLOYEE WELLNESS**

# **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

The District's EAP program, administered by AllOne Health EAP, includes mental health, legal, and financial services.

Through the EAP, employees and their dependents may use up to eight (8) free counseling sessions per incident. If additional sessions are needed, medical insurance will cover a percentage of cost subject to the conditions and limitations in that policy.

Through the Employee Assistance Program (EAP), the District provides confidential access to professional counseling services for help in confronting personal problems such as alcohol and other substance abuse, marital and family difficulties, and other life or mental health challenges. The EAP is available to all employees and their immediate family members offering problem assessment, short-term counseling, and referral to appropriate community and private services. In the event that an employee is terminated, the EAP is available up to 90 days following the date of termination.

AllOne Health offers excellent resources to District employees at no additional cost. These offerings include:

- Development of a legal will
- Unlimited financial coaching with a certified Financial Planner (i.e. budgeting, financial fitness)
- 30-minute legal consultation (civil or criminal)
- Live chat available online to connect to resources
- Access to 1,000+ articles, podcasts, well-being materials, self-care assessments, soft skills courses, & more
- Personal assistant to help you save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.
- Medical Advocacy can help you navigate insurance, obtain doctor referrals, secure medical equipment or transportation, and plan for transitional care and discharge.
- Grief recovery resources are available to support employees and their dependents during a time of loss.
   Work with a local counselor that offers counseling, education, and action-based activities to guide you through your grief recovery

Personal information concerning employee participation in the EAP is maintained in a confidential manner. No information related to an employee's participation in the program is entered into that employee's personnel file. For more information, visit AllOne Health's website, triad.mylifeexpert.com.

Minor concerns can become major problems if you ignore them. A professional counselor is available to help you when you need it. You can contact AllOne Health EAP Counselors, Inc. toll free at 877.679.1100, or you can visit their website at <a href="mailto:triad.mylifeexpert.com">triad.mylifeexpert.com</a> to create an online account (company code: eagle) & find providers.

# **RECREATION BENEFIT**

ERWSD offers a Recreation Benefit to contribute to the health, wellness, and recreation for all employees. This will be a taxable benefit, per IRS requirements, of \$700 annually towards reimbursable covered recreation expenses.

In order to be eligible to receive the recreation benefit, employees must participate in three required Wellness Activities and two elective Wellness Activities. Once employees have completed all requirements, employees can submit for the reimbursement any time in 2025. See Recreation Benefit Program Description for more details.

The District supports you in your mental health goals. In addition to the Employee Assistance Program and medical coverage, you also have access to additional mental health resources. Visit SharePoint for more information.

# FINANCIAL RETIREMENT PLANS

# **414(h) MONEY PURCHASE PLAN**

This is a retirement plan for government employees that offers tax advantages. You have a mandatory contribution of 5% per paycheck on a tax-deferred basis as a condition of your employment with the District. ERWSD contributes 6.20% to each employee's account in lieu of paying into social security. After an employee completes six months of employment, the District contributes an additional 5% match for a total contribution by the District of 11.20%. Your contribution is 100% vested. The District's contribution vest at 20% per each year of employment until this plan is fully vested after five years.

# 457(b) PLAN

The 457(b) Plan is a family of mutual funds invested with The Principal Financial Group and is a great investment vehicle. This additional retirement plan allows you to contribute a portion of your salary on a pre-tax or post-tax basis. The deferral amount in any taxable year may not exceed the lesser of 100% up to \$23,500 of taxable compensation. Employees over age 50 may make an additional Catch-Up Contribution of up to \$7,000. Contribution limits are projected to increase for 2025.

New employees will be auto enrolled in a 5% contribution to the 457 Roth account. This can be adjusted at any time.

**Part-time, temporary, and seasonal employees:** Employees in these classifications are enrolled in a 457-retirement account administered through Wells Fargo and have a mandatory 3.75% contribution. The District provides a match of 3.75%.

What's The Difference?			
Roth	Traditional		
After-tax contribution	Before-tax contributions (tax postponed)		
Tax-free investment earning	Tax-deferred investment earnings		
Future withdrawals 100% tax-free (if held at least 5 yrs and to age 59)	Future withdrawals fully taxable		

### **HOUSING PROGRAM**

As part of a comprehensive strategy to recruit and retain high quality talent, the District provides a robust housing program to address our employees' challenges in finding available and affordable housing in our community. The District offers multiple forms of housing assistance to employees.

- 1. Discounted Rent on District owned units or Master Leases (Based on Availability)
- 2. Down Payment Assistance (EHOP)
- 3. Deed Restricted Housing for Purchase
- 4. \$479/Month Taxable Housing Stipend (FT Employees) \$239.50/Month Taxable Housing Stipend (PT Employees)

Employees are only eligible to participate in ONE (1) of the above listed options.

\*The housing stipend is subject to change over time.



# PAID TIME OFF

We know that employees welcome and appreciate time off for rest, relaxation, recreation, and to address personal needs, family needs, and unforeseen circumstances. Paid time off is intended to provide employees the ability to reach their regularly scheduled weekly hour totals. Full-time, part-time, and seasonal employees accrue time off according to the schedule below based on their seniority date.

# **FULL-TIME PTO ACCRUALS**

Years of Service	Accrual Rate	Maximum Cap
Start of FT employment - 2 Years	22 Days/6.8 hrs per paycheck	240
Start of 3rd Year	24 Days/7.4 hrs per paycheck	300
Start of 5th Year	26 Days/8.0 hrs per paycheck	360
Start of 7th Year	28 Days/8.7 hrs per paycheck	450
Start of 10th Year	30 Days/9.3 hrs per paycheck	540

### **PART-TIME PTO ACCRUALS**

Years of Service	Accrual Rate	Maximum Cap
Start of PT employment - 2 Years	11 Days/3.4 hrs per paycheck	120
Start of 3rd Year	12 Days/3.7 hrs per paycheck	150
Start of 5th Year	13 Days/4 hrs per paycheck	180
Start of 7th Year	15 Days/4.7 hrs per paycheck	225

#### **SEASONAL PTO ACCRUALS**

Accrual Rate	Maximum Cap			
2.8 hrs per paycheck	35			



# **PAID PARENTAL LEAVE**

ERWSD provides four weeks of paid parental leave to employees following the birth of an employee's child or the placement of a child with an employee in connection with adoption or foster care. The purpose of paid parental leave is to enable the employee to care for and bond with a newborn, newly adopted, or newly placed child. ERWSD is implementing this policy to support the healthy development of our employees' families and community.

This policy will run concurrently with Family and Medical Leave Act (FMLA) leave, any other state or local leave law, or ERWSD policies as applicable.



**HOLIDAYS** 

The District currently observes the following 13 HOLIDAYS each year:

Holiday Schedule						
New Year's Day	January 1st					
Martin Luther King Jr. Day	3rd Monday in January					
Presidents Day	3rd Monday in February					
Memorial Day	Last Monday in May					
Juneteenth	June 19th					
Independence Day	July 4th					
Colorado Day	1st Monday in August					
Labor Day	1st Monday in September					
Indigenous Peoples' Day	Second Monday in October					
Veterans Day	November 11th					
Thanksgiving Day	4th Thursday in November					
Day after Thanksgiving	4th Friday in November					
Christmas Eve (1/2 day)	December 24th					
Christmas Day	December 25th					

For further information on Holidays please refer to your Employee Handbook.

# **DISABILITY**

# **SHORT TERM DISABILITY**

The District provides short-term disability (STD) benefits to eligible Full-Time employees who are unable to work because of a qualifying disability due to an injury or illness. Before receiving disability benefits the employee must use all accrued sick, compensatory and vacation time. In the event of a qualifying disability, the employee is eligible to receive  $66\frac{2}{3}\%$  of their weekly earnings, up to a maximum of \$1,250.00 per week.

The STD benefit lasts for either a maximum of 26 weeks, until the employee is no longer totally disabled, or until the employee is eligible to receive long-term disability benefits, whichever event occurs first.

Contact the People Operations department for more information or to apply for STD benefits.

### **LONG TERM DISABILITY**

The District provides a Long-Term Disability (LTD) benefit plan to help eligible employees cope with an illness or injury that may result in a long-term absence from employment. LTD is designed to ensure a continuing income for eligible employees who are disabled and unable to work. The LTD Benefit is charged to employees on an after-tax basis so that you will not have to pay taxes on benefits you receive from the plan.\*

Regular full-time employees are required to participate in the LTD plan as a condition of employment. Employees are subject to all terms and conditions of the agreement between the District and the insurance carrier, which may vary from time to time.

The current benefits are as follows:

	Long-Term Disability				
<b>Maximum Monthly Benefit</b>	60% of salary up to \$5,000 per month				
<b>Maximum Benefit Duration</b>	Later of Age 65 or Social Security Normal Retirement Age				
Elimination Period	180 days				
	Maximum Benefit Duration				
AGE AT DISABILITY	Maximum Benefit Period				
61 or less	to age 65, SSNRA, or 3 years and 6 months, whichever is longest				
62	SSNRA, or 3 years and 6 months, whichever is longer				
63	SSNRA, or 3 years, whichever is longer				
64	SSNRA, or 2 years and 6 months, whichever is longer				
65	2 years				
66	1 year and 9 months				
67	1 year and 6 months				
68	1 year and 3 months				
69 or older	1 year				

The LTD benefit will be paid for the duration of total disability, but subject to the maximum benefit period as defined in the plan document.

\*The Long-Term Disability insurance benefit was established to replace Social Security benefits. The employee pays one hundred (100) percent of the premium; under current provisions, the benefit should not be subject to tax.

Details of the LTD benefits plan including benefit amounts, and limitations and restrictions are described in the Group Insurance Certificate provided to eligible employees. Contact People Operations for more information about LTD benefits.

# LIFE + ACCIDENTAL DEATH & DISMEMBERMENT

### **DISTRICT-PAID BASIC LIFE & AD&D INSURANCE**

Life insurance offers important financial protection in the event of a death or serious injury. The District provides a Basic Life insurance plan for eligible employees and their dependents. Accidental Death and Dismemberment (AD&D) insurance provides protection in cases of serious injury or death resulting from an accident. AD&D insurance coverage is provided as part of the Basic Life insurance plan to eligible employees.

Each regular Full-Time Employee has Term Life and Accidental Death and Dismemberment insurance equivalent to three (3) times his or her base annual salary to a maximum of \$400,000. The premiums for this Basic Life/AD&D are 100% covered by the District. The District also provides a \$1,000 Basic Life insurance benefit for the employee's spouse and dependent children.

# **VOLUNTARY LIFE/AD&D INSURANCE**

Employees may voluntarily elect to enroll in the Additional Life/AD&D coverage in increments of \$10,000 up to a maximum of \$500,000. All employees can also purchase Additional Life/AD&D coverage on their spouse and dependent children. Spouse benefits are available in increments of \$5,000 up to a maximum of \$150,000 but cannot exceed the employee's elected benefit amount. Premiums are based on employee's age.

Dependent child(ren) coverage is available with either a \$5,000 or \$10,000 maximum benefit level.

Coverage is guaranteed (meaning no health questionnaire will be required) if coverage is elected within the first 31 days of the employee's first enrollment period, within the limits outlined below. If an amount above the guarantee issue (GI) amount is requested, you will be approved for the GI amount until Evidence of Insurability (EOI) has been submitted and The Standard approves the election amount.

# **Guarantee Issue (GI)**

- **Employee:** \$150,000
- **Spouse:** 100% of Employee elected amount of life insurance or \$25,000, whichever is less

# **Annual Increase Option**

Employees may increase the voluntary amount each year at annual enrollment, not to exceed two increments per year, and not to exceed the guarantee issue amount. Employees may apply for amounts over the guarantee issue by filing an Evidence of Insurability (EOI) statement. New hires and employees who experience a QLE can elect up to the GI without EOI if applying within 31 days from their effective date of coverage. This is the only time employees can elect up to GI without EOI.

# Additional Life/AD&D Benefit features:

- Conversion/Portability is available
- Accelerated Death Benefit (Living Benefit) will be paid if an employee becomes terminally ill with a qualified medical condition up to 75% of the full benefit amount
- Benefit reductions begin at age 70

# **Voluntary Life/AD&D Rates**

Monthly Cost for Each \$1,000 of Employee & Spouse Life Insurance and AD&D Coverage											
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Life/AD&D	\$0.071	\$0.077	\$0.093	\$0.133	\$0.201	\$0.305	\$0.415	\$0.415	\$0.589	\$1.529	\$1.529
Dependent Children \$10,000	\$0.60 / \$5,000 Benefit or \$1.20 / \$10,000 Benefit										

# FEDERAL & STATE MANDATED BENEFITS

### **MEDICARE WITHHOLDING**

Employees are required to contribute 1.45% of their wages for Medicare benefits. The District is required to match this amount.

#### **COBRA**

An employee of the District, whose employment ends for any reason other than gross misconduct, is eligible to continue his or her medical, dental, and vision insurance coverage at his or her own expense. Effective January 1, 2023, COBRA coverage is administered by Rocky Mountain Reserve. If dependents are enrolled in the District's plans, their coverage may also be continued.

# **WORKERS' COMPENSATION INSURANCE**

Carrier: Colorado Special Districts Property and Liability Pool; In the event an employee is injured while performing the duties of his or her job, he or she is covered by Workers' Compensation insurance. Please note: CSD Pool has engaged a new claims administrator, TRISTAR, effective January 1, 2015.

#### **UNEMPLOYMENT INSURANCE**

If an employee's employment with the District is terminated, he or she may be entitled to collect unemployment benefits.

# **IMPORTANT NOTICES**

This Benefits Guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, or Certificate of Coverage (COC) for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. Eagle River Water & Sanitation District reserves the right to make changes at any time to the benefits, costs, and other previsions relative to benefits.

Federal regulations require Eagle River Water & Sanitation District to provide benefit eligible employees with the notices listed below. Eagle River Water & Sanitation District provides electronically all notices about your employee benefits. Such notices will include (but not be limited to) newsletters, enrollment announcements, Summary Plan Descriptions (SPDs), Summaries of Material Modifications (SMMs), Summary Annual Reports (SARs), COBRA notices, Summaries of Benefits and Coverage (SBCs), Health Insurance Marketplace Notices, and HIPAA certificates of creditable coverage.

You may also obtain a copy of these notices upon your written request to the People Operations department, at the following address:

Eagle River Water & Sanitation District 846 Forest Road Vail, CO 81657

### **SUMMARY PLAN DESCRIPTION (SPD)**

Each benefit plan in which you enroll has a Summary Plan Description (SPD) or Certificate of Coverage (COC) that describes the key provisions of the plan. Plan amendments describe any material changes made to the benefit plan since its SPD was originally drafted. A plan's SPD and plan amendments are very important documents.

The SPD summarizes the eligibility rules for participation in the Plan; the benefits provided to those who are eligible, and the procedures which must be followed when applying for a benefit. Although this Benefit Guide provides essential information about the Plan(s), you should understand that it is not a complete description. If there is ever a conflict between this Benefit Guide and the Plan's SPD, the SPD will control.

#### **SUMMARY OF BENEFITS AND COVERAGE (SBC)**

As required by the Affordable Care Act (ACA), Summaries of Benefits and Coverage (SBCs) are available on the Eagle River Water & Sanitation District website. Eagle River Water & Sanitation District is required to make SBCs available that summarize important information about health benefit plan options in a standard format, to help you compare across plans and make an informed choice. The health benefits available to you provide important protection for you and your family and choosing a health benefit option is an important decision.

# MEDICARE PART D NOTICE OF PRESCRIPTION DRUG CREDITABLE COVERAGE

Eagle River Water & Sanitation District provides a "Notice of Prescription Drug Creditable Coverage" to all Medicare eligible participants on an annual basis. This notice states that under the Eagle River Water & Sanitation District medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare Prescription Drug Coverage.

#### **WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)**

Eagle River Water & Sanitation District medical plans, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications resulting from mastectomy (including lymphedema)

For more information, contact your medical plan provider.

# NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

# HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as "protected health information" (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan's HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan's Notice of Privacy Practices that describes the Plan's policies, practices and your rights with respect to your PHI under HIPAA is available upon request.

# IMPORTANT NOTICES

#### **USERRA**

Your right to continued participation in the plan during leaves of absence for active military duty is protected by the uniformed services employment and reemployment rights act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent. If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the plan by paying up to 102% of the full amount of premiums. You and your dependent may also have the opportunity to elect COBRA coverage.

# PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or 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 <a href="https://www.healthcare.gov">www.healthcare.gov</a>.

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 <a href="www.insurekidsnow.gov">www.insurekidsnow.gov</a> 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 <a href="https://www.askebsa.dol.gov">www.askebsa.dol.gov</a> or call 1-866-444-EBSA (3272).

To see if any other states have added a premium assistance program since July 31, 2024or for more information on special enrollment rights, contact either:

# U.S. Department of Labor Employee Benefits Security Administration

www.dol.gov/agencies/ebsa or 1-866-444-EBSA (3272)

# **U.S.** Department of Health and Human Services Centers for Medicare & Medicaid Services

www.cms.gov/ or 1-877-267-2323, Ext. 61565

#### **HEALTHCARE EXCHANGE MARKETPLACE NOTICE**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Each year, the open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the previous year. After Dec. 15, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

#### **HEALTHCARE EXCHANGE MARKETPLACE NOTICE (CONTINUED)**

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution— as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

# CONTINUATION COVERAGE RIGHTS UNDER COBRA (GENERAL NOTICE)

If your coverage ends under the Plan, you may be entitled to elect COBRA continuation coverage in accordance with federal law. You are receiving this notice because you may have recently become covered under a group health plan (the plan). This notice contains important information about your right to COBRA Continuation Coverage, which is a temporary extension of coverage under the plan. This notice generally explains COBRA Continuation Coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. COBRA Continuation Coverage is a continuation of plan coverage when coverage would otherwise end because of a life event known as a "qualifying event". After a qualifying event, COBRA Continuation coverage must be offered to each person who is a "qualified beneficiary". You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the plan is lost because of the qualifying event. Under the plan, qualified beneficiaries who elect COBRA Continuation Coverage must pay for COBRA Continuation Coverage. The plan will offer COBRA Continuation Coverage to qualified beneficiaries only after the plan administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of the employment or reduction of hours or employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), Eagle River Water & Sanitation District must notify the plan administrator of the qualifying event.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the health insurance marketplace (www. healthcare.gov). By enrolling in coverage through the marketplace, also known as the exchange, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

#### **KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES**

To protect your family's rights, you should keep the plan administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the plan administrator.

#### **PLAN CONTACT INFORMATION**

Eagle River Water & Sanitation District 846 Forest Road Vail, CO 81657

# **CONTACT INFORMATION**

BENEFIT/ COVERAGE	CARRIER	WEBSITE	PHONE NUMBER	GROUP NUMBER
Medical	Cigna	www.mycigna.com	800.244.6224	605452
Dental	Cigna	www.mycigna.com	800.244.6224	605452
Vision	Superior Vision	www.superiorvision.com	800.507.3800	30806
Life/AD&D	The Standard	www.standard.com	800.628.8600	146620
Long Term Disability	The Standard	www.standard.com	800.628.8600	146620
EAP	AllOne Health	triad.mylifeexpert.com	877.679.1100	eagle
FSA	RMR	www.rockymountainreserve.com	888.722.1223	N/A
HSA	RMR	www.rockymountainreserve.com	888.722.1223	N/A
нив	MRP, Paul Lamb Financial Advisor	paul.lamb@hubinternational.com	720.598.1144	N/A



# **EAGLE RIVER WATER & SANITATION DISTRICT**

846 Forest Road Vail, CO 81657 Main: (970) 476-7480 Customer Service: (970) 477-5451

### **Special Note:**

This document is intended to be a brief overview of your employee benefits. For specific questions about your benefits and definitions, please refer to your plan documents, the employee handbook, or contact People Operations.

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 discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact People Operations.