

2024 Benefits Overview



Email askbenefits@bouldercounty.gov with

Coverage for core insurance and tax-advantaged plans becomes effective the first of the month following date of hire or date of status change to a benefits eligible position. Coverage for Identity Theft Protection, Critical Illness, Hospital Indemnity, and Accident Insurances become effective on the first of the month following 30 days of employment. You *must* enroll or waive coverage within 30 days of event date.

Medical Plans (pharmacy coverage included with medical plan)

Plan and Coverage Level	Rates 20-40 hours per week	
	Employee Share	County Share
Medical- Consumer Choice Option*		
Employee	\$45.22	\$667.04
Employee & Spouse/Partner	\$207.99	\$1,205.94
Employee & Children	\$185.83	\$1,084.64
Employee & Family	\$290.44	\$1,684.01
Medical- Hybrid Option		
Employee	\$80.37	\$665.02
Employee & Spouse/Partner	\$291.08	\$1,188.17
Employee & Children	\$261.56	\$1,067.66
Employee & Family	\$406.52	\$1,659.41

*Boulder County provides an annual Health Savings Account (HSA) Seed Money contribution of \$900 for individuals and \$1,800 for families on the Consumer Choice High Deductible Health Plan. 2024 HSA contribution limit (employer + employee total): Individual - \$4,150 / Family - \$8,300. Individuals age 55 or older can make an additional catch-up contribution of \$1,000 annually.

Medical Plans: Cigna Provider Network: LocalPlus Plan Features	Consumer Choice Plan (HDHP with HSA)		Hybrid Plan (PPO with FSA)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
County HSA Seed Money Contribution	\$900 individual / \$1,800 family		N/A	
Annual Deductible*	\$2,750 individual \$5,500 family	\$5,500 individual \$11,000 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family
Out-of-Pocket Maximum* (includes deductible, copays, and coinsurance)	\$2,750 individual \$5,500 family	\$5,500 individual \$11,000 family	\$4,000 individual \$8,000 family	\$8,000 individual \$16,000 family
Preventive Care	Plan pays 100%	Plan pays 100% after deductible	Plan pays 100%	Plan pays 60% after deductible
Office Visit (PCP/ Specialist)	Plan pays 100% after deductible	Plan pays 100% after deductible	\$30 / \$50 copay	Plan pays 60% after deductible
Emergency Room	Plan pays 100% after deductible	Plan pays 100% after deductible	\$400 copay	\$400 copay
Urgent Care	Plan pays 100% after deductible	Plan pays 100% after deductible	\$75 copay	Plan pays 60% after deductible
Coinsurance (major services like surgery)	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Telemedicine with MDLIVE	Plan pays 100%	N/A	Plan pays 100%	N/A
Pharmacy Benefit: CVS/Caremark Provider Network: Advance Control Formulary	Consumer Choice Plan (HDHP with HSA)		Hybrid Plan (PPO with FSA)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Pharmacy- Retail (30-day supply)	Plan pays 100% after deductible	Not Covered	\$10 Copay/Generic \$40 Copay/ Preferred \$75 Copay/ Non-Preferred	Not Covered
Specialty Pharmacy	Plan pays 100% after deductible	Not Covered	\$200 maximum--Prudent Rx program provides coupons up to 100%	Not Covered
Pharmacy- Mail Delivery (90-day supply) Maintenance Medications for chronic conditions are required to be filled in 90-day supplies through CVS/Target or CVS mail order	Plan pays 100% after deductible	Not Covered	\$20 Copay Generic \$80 Copay Preferred \$150 Copay Non-Preferred	Not Covered

*Individuals within a family, on either plan design, are only required to meet the individual deductible and/or out-of-pocket amount.

Dental Plans

Dental Premiums 20-40 hours per week	Base Plan Employee Share	Buy-Up Plan Employee Share	County Share
Employee	\$4.13	\$12.03	\$45.37
Employee & Spouse/Partner	\$49.50	\$65.33	\$49.47
Employee & Children	\$44.54	\$58.79	\$44.53
Employee & Family	\$69.30	\$91.46	\$69.30

Dental Plan: Delta Dental of Colorado Provider Network: Delta Dental PPO plus Premier	Dental Base Plan	Dental Buy-Up Plan
Annual Deductible	\$50 individual \$150 family	\$50 individual \$150 family
Annual Maximum (excluding orthodontia)	\$2,000 per person	\$3,000 per person
Preventive Services*	100%	100%
Basic Services	Plan pays 80% after deductible	Plan pays 90% after deductible
Major Services Crowns, Bridges, Dentures	Plan pays 50% after deductible	Plan pays 60% after deductible
Lifetime Maximum for Orthodontia	Plan pays 50% after deductible, lifetime maximum \$1,500 per person	Plan pays 50% after deductible, lifetime maximum \$2,000 per person

Important: Non-participating providers are allowed to balance bill. Members are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the provider.

Additional Dental Features on both plans:

- Preventive services do not count towards the annual dental maximum.
- Right Start 4 Kids- Provides dental coverage for children up to age 13 covered at 100% for diagnostic, preventive, basic, and major services (excluding orthodontia), with no deductible when an in-network provider is used.

Vision Plans

Vision Premiums	Base Plan Employee Share	Buy-Up Plan Employee Share	County Share
Employee	\$2.31	\$10.00	\$2.30
Employee & Spouse/Partner	\$4.60	\$19.94	\$4.59
Employee & Children	\$4.93	\$21.38	\$4.92
Employee & Family	\$7.86	\$34.09	\$7.85

Routine Vision: Vision Service Plan (VSP)	In-Network Base Plan	Out-of-Network Base Plan	In-Network Buy-Up Plan	Out-of-Network
Eye Exam- every calendar year	\$25 copay	Up to \$45	\$15 copay/ \$0 at Premier Provider	Up to \$45
Materials- frames or lens fitting fee	\$25 copay	See below	\$25 copay	See below
Lenses- every calendar year Single Vision Bifocal (Lined & Progressive) Trifocal Lenticular	Covered in full after copay	Up to \$30 Up to \$50 Up to \$60 Up to \$75	Covered in full after copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100
Frames- every other calendar year	\$150 retail allowance/ \$170 Featured Frame allowance	Up to \$50	\$200 retail allowance/ \$220 Featured Frame allowance	Up to \$70
Contact Lenses (instead of eyeglasses)- every calendar year	\$150 allowance	Up to \$100	\$200 allowance	Up to \$105
Network	Advantage Network	NA	Choice Network*	NA

*Envision Boulder is covered under the Choice Network with the Buy-Up plan only.

Additional Vision Features on both plans:

- **LightCare-** Allows use of frames and lens benefit towards non-prescription sunglasses or blue light filtering glasses in lieu of prescription glasses with a \$25 copay.
- **KidsCare-** Provides two covered exams and one pair of covered glasses per year for children up to age 18 with a \$25 Base Plan/\$15 Buy-Up Plan copay for exams and \$25 copay for materials.

IRS Section 125 Pretax Plan

The IRS normally issues the new FSA limits each year in late October or November (rates below are estimates for 2024).

Save federal, state, and FICA taxes by pre-taxing:

- Employee portion of medical, dental, and vision premium deductions
- Health Savings Account Contributions: \$4,150 per year maximum for individuals, \$8,300 per year maximum for families. Individuals that are age 55 or older can make an additional \$1,000 in “catch-up” contributions.
- Flexible Spending Account Contributions: **\$3,200** per year maximum
- Dependent care (daycare) to allow you to work: **\$5,000** per year maximum (\$2,500 per year maximum if married and filing separate tax returns)

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

(company pays 100% of the premium)

Coverage: 1.5 times annual salary up to a maximum of \$300,000. Coverage rates are rounded up to the nearest \$1,000. Example: Salary \$53,000 x 1.5 = \$79,500 which is rounded up to \$80,000. If you are seriously injured or lose your life in an accident, you or your beneficiary will also be eligible for an additional AD&D benefit equal to your Basic Term Life coverage.

Supplemental Life Insurance *(employee pays full premium based on amount, age, and tobacco status)*

Premium chart is in a separate document called Life Insurance, Critical Illness, and Accidental Insurance Premiums on Benefits website.

Provider: The Hartford	Employee	Spouse/Partner	Child/Children
Minimum	\$10,000	\$10,000	\$2,000
Maximum	\$300,000	\$300,000	\$10,000
Guaranteed Issue	\$300,000	\$50,000	\$10,000

ID Theft Protection Insurance *(employee pays full premium)*

Digital thieves constantly discover new ways to extract your personal information, open credit accounts in your name, sell your sensitive data on the dark web, and take over your financial accounts. LifeLock offers comprehensive Identity Theft Insurance that monitors multiple gateways into your identity and credit, and alerts you of fraudulent activity.

Provider: Norton LifeLock	Monthly Premium Amount
Employee Only	\$9.99 (\$0.3 per day)
Family	\$18.98 (\$0.63 per day)

Critical Illness Insurance *(employee pays full premium based on amount, age and tobacco status)*

Pays a lump-sum benefit directly to you if you are diagnosed with a covered condition (examples include cancer, heart attack, stroke). You can use this benefit any way you choose-- to cover deductibles and coinsurance, to pay expenses your family incurs to be by your side, or to replace earnings from being out of work. Your individual

coverage amount options are \$10,000, \$20,000 or \$30,000. You may also enroll your dependents for coverage. You may enroll your spouse/partner for 50% of your elected coverage amount and your children for \$5,000.

Premium chart is in a separate document called Life Insurance, Critical Illness, and Accidental Insurance Premiums on Benefits page.

Hospital Indemnity Insurance *(employee pays full premium)*

Pays a fixed indemnity benefit for each day a covered person is confined in a hospital for a covered event, with optional additional daily benefits for related services. This plan will pay \$1,500 for the first full day of hospitalization (once per year). Then it will pay \$200/day up to 90 days per year for additional days in the hospital, or \$250/day up to 30 days per year for hospital stays in the ICU. Example: You have a baby and are in the hospital for a total of five days. You would receive \$1,500 for the first day + four days at \$200 each= \$2,300. If later in the year you stay in the ICU for two nights and then three nights in the regular hospital you would get two days at \$250 + three days at \$200 each= \$1,100. The \$1,500 will only pay out once per year, but you have the full 90 days in hospital and 30 days in ICU that can be paid out for visits during the year.

Provider: The Hartford	Monthly Premium Amount
Employee Only	\$21.44 (\$0.70 per day)
Employee and Spouse/Partner	\$44.40 (\$1.46 per day)
Employee and Child(ren)	\$40.74 (\$1.34 per day)
Employee and Family	\$66.60 (\$2.19 per day)

Accident Insurance *(employee pays full premium)*

Pays benefits directly to you if you are injured in an accident. The benefit amount depends on the type of injury you suffer and the treatment you need. Benefits are paid for accidents that occur on or off the job, so you have 24-hour coverage. Payout chart is in a separate document called Accident Benefit Highlights on Benefits website.

Provider: The Hartford	Monthly Premium Amount
Employee Only	\$8.72 (\$0.29 per day)
Employee and Spouse/Partner	\$13.68 (\$0.45 per day)
Employee and Child(ren)	\$14.02 (\$0.46 per day)
Employee and Family	\$22.79 (\$0.75 per day)

Short Term Disability Insurance *(county pays full premium)*

Eligibility: Employee must work at least 20 hours per week. Monthly Benefit: 60%

Long Term Disability Insurance *(county pays full premium)*

Eligibility: Employee must work at least 30 hours per week. Monthly Benefit: 50%

PERA and Retirement Plans *(Participation is required for both Social Security and PERA Pension, contributions begin immediately)*

Social Security	Employee Share	County Share
The County and all employees pay into both Social Security and PERA	7.65% of salary	7.65% of salary

PERA Member Contribution Rates	2024 Employee Share
Local Government Division (most county employees)	9.0%
State Division (all District Attorney employees)	11.0%
State Trooper Division (New deputies hired as of January 1, 2020)	13.0%
County Contribution Rates	2024 Employer Share
Local Government Division (most county employees)	14.78%
State Division (all District Attorney employees)	21.61%
State Trooper Division (New deputies hired as of January 1, 2020)	17.88%

(Both employee and employer PERA rates can automatically increase or decrease by .5% annually and cannot exceed certain limits set in law.)

Colorado PERA 401(k) Traditional Pretax and 457 Roth (Voluntary option for additional retirement savings up to IRS maximums)

The IRS normally issues the new limits each year in late October or November. For 2024- Under age 50: \$23,000 max contribution per year. Age 50 or older: \$30,500 max contribution per year (\$23,000 plus \$7,500 catch-up contribution).