



Town of Firestone

# 2026



## Benefit Enrollment Guide

SCAN HERE



**JOIN US FOR THE OPEN ENROLLMENT  
INFORMATIONAL MEETING ON:  
Wednesday, October 29 at 2 PM**

**Plan Year: January 1, 2026-  
December 31, 2026**



# Be Ready for Enrollment

The Town of Firestone is pleased to offer a range of benefits designed to support your well-being now and in the future. Our goal is to ensure that every participant receives high-quality health coverage at the most affordable price possible.

This booklet provides a high-level overview of the plans. More information about our plans are available on UKG or by contacting Human Resources.

## To Your Health

- Medical & Prescription Drug Insurance
- Dental Insurance
- Vision Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Life Insurance
- Short-Term Disability Insurance
- Long-Term Disability Insurance
- Accident Insurance

## To Your Wealth

- Employee Retirement Plan
- Police Employee Pension Plan
- Deferred Compensation Plan
- Identity Theft Plan
- Legal Plan

## When Can I Enroll?

You can enroll in benefits as a new hire, during our annual enrollment period, or if you experience a qualifying life event. New hires or employees who become eligible for benefits due to a change in employment status must enroll within 30 days of their hire or life event date. Coverage becomes effective on the first day of the month following their hire or eligibility date.

## Eligibility

The Town of Firestone allows employees to participate in benefit plans if they work a minimum of 30 hours per week and are classified as regular, full-time employees. Part-time and temporary employees are not eligible for Town benefits.

## Dependent Eligibility

You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as the following:

- Legal Spouse (same or opposite sex/gender)
- Civil union partner (same or opposite sex/gender)
- Common-law spouse
- Biological, adopted or Step-child(ren) to the age of 26 - regardless of marital or student status
- Domestic partner's children are eligible up to age 26
- Children names in a support order (QMCSO)

## Eligibility Documents (for Life Event only)

Proof of eligibility is required for all dependents covered on the Town's insurance. Acceptable documents include:

- Marriage certificates for spouses
- Civil union certificate for civil union partner
- Birth certificate or proof of legal guardianship for children
- Affidavit for common-law or domestic partnership

## Changing Your Benefits

Outside of open enrollment, you can modify your benefit options or add and remove dependents if you experience a qualifying life event. These events include changes in your family status or employment that affect your benefits eligibility. Examples include:

- Marriage, divorce, legal separation, or dissolution of domestic partnership
- Birth or addition of an eligible child to your family
- Adoption or placement of an eligible child for adoption
- Death of your spouse
- Change in your employment status: (*such as a leave of absence or changing from less than 30 hours to greater than 30 hours per week or vice versa*).
- Change in eligible dependent's work status that affects his or her benefits
- Your eligible dependent's annual enrollment period through his or her employer.

# Medical Benefits - Cigna

Eligible employees can choose from the Town's Cigna medical plans: a PPO or two HDHPs with an HSA administered by Rocky Mountain Reserve. The table below outlines your share of costs. **For full details, see your Cigna plan description.** All plans are part of Cigna's Open Access Plus Network

## CIGNA HDHP Base Plan with HSA

MEDICAL PLAN	IN-NETWORK	OUT-OF-NETWORK
<b>ANNUAL DEDUCTIBLE</b>	\$5,000 INDIVIDUAL \$10,000 FAMILY <i>EMBEDDED</i>	\$10,000 INDIVIDUAL \$20,000 FAMILY <i>EMBEDDED</i>
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b>	\$5,000 INDIVIDUAL \$10,000 FAMILY <i>EMBEDDED</i>	\$15,000 INDIVIDUAL \$30,000 FAMILY <i>EMBEDDED</i>
<b>PREVENTATIVE CARE</b>	PLAN PAYS 100%	PLAN PAYS 70%
<b>OFFICE VISIT</b>	PLAN PAYS 100%	PLAN PAYS 70%
<b>LAB AND X-RAYS</b>	PLAN PAYS 100%	PLAN PAYS 70%
<b>URGENT CARE</b>	PLAN PAYS 100%	PLAN PAYS 70%
<b>EMERGENCY ROOM</b>	PLAN PAYS 100%	PLAN PAYS 100%
<b>OUTPATIENT THERAPY PHYSICAL, SPEECH, HEARING, AND OCCUPATIONAL</b>	PLAN PAYS 100%	PLAN PAYS 70%
<b>PRESCRIPTIONS</b>	<b>RETAIL:</b> YOU PAY 0% YOUR PLAN PAYS 100% <b>GENERIC:</b> <b>PREVENTATIVE:</b> COVERED AT 100% PRIOR TO DEDUCTIBLE BEING SATISFIED	NOT COVERED FOR ALL BENEFITS

## CIGNA HDHP Choice Plan with HSA

MEDICAL PLAN	IN-NETWORK	OUT-OF-NETWORK
<b>ANNUAL DEDUCTIBLE</b>	\$3,400 INDIVIDUAL \$6,800 FAMILY <i>EMBEDDED</i>	\$6,800 INDIVIDUAL \$13,600 FAMILY <i>EMBEDDED</i>
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b>	\$4,000 INDIVIDUAL \$8,000 FAMILY <i>EMBEDDED</i>	\$12,000 INDIVIDUAL \$24,000 FAMILY <i>EMBEDDED</i>
<b>PREVENTATIVE CARE</b>	PLAN PAYS 100%	PLAN PAYS 70%
<b>OFFICE VISIT</b>	PLAN PAYS 100%	PLAN PAYS 70%
<b>LAB AND X-RAYS</b>	PLAN PAYS 100%	PLAN PAYS 70%
<b>URGENT CARE</b>	PLAN PAYS 100%	PLAN PAYS 70%
<b>EMERGENCY ROOM</b>	PLAN PAYS 100%	PLAN PAYS 100%
<b>OUTPATIENT THERAPY PHYSICAL, SPEECH, HEARING, AND OCCUPATIONAL</b>	PLAN PAYS 100%	PLAN PAYS 70%
<b>PRESCRIPTIONS</b>	<b>GENERIC:</b> YOU PAY \$15 <b>PREFERRED:</b> YOU PAY \$50 <b>NON-PREFERRED:</b> YOU PAY \$70 <b>SPECIALTY:</b> YOU PAY 30% UP TO A MAXIMUM OF \$300	NOT COVERED FOR ALL BENEFITS

## CIGNA Open Access Plus Plan

MEDICAL PLAN	IN-NETWORK	OUT-OF-NETWORK
<b>ANNUAL DEDUCTIBLE</b>	\$2,000 INDIVIDUAL \$6,000 FAMILY <i>EMBEDDED</i>	\$6,000 INDIVIDUAL \$18,000 FAMILY <i>EMBEDDED</i>
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b>	\$5,000 INDIVIDUAL \$10,000 FAMILY <i>EMBEDDED</i>	\$15,000 INDIVIDUAL \$30,000 FAMILY <i>EMBEDDED</i>
<b>PREVENTATIVE CARE</b>	\$15 COPAY, AND PLAN PAYS 100%	PLAN PAYS 50%
<b>OFFICE VISIT</b>	\$40 COPAY, AND PLAN PAYS 100%	PLAN PAYS 50%
<b>LAB AND X-RAYS</b>	PLAN PAYS 100%	PLAN PAYS 50%
<b>URGENT CARE</b>	\$30 COPAY, AND PLAN PAYS 100%	PLAN PAYS 50%
<b>EMERGENCY ROOM</b>	PLAN PAYS 80%	PLAN PAYS 80%
<b>OUTPATIENT THERAPY PHYSICAL, SPEECH, HEARING, AND OCCUPATIONAL</b>	\$15 COPAY, AND PLAN PAYS 100%	PLAN PAYS 50%
<b>PRESCRIPTIONS</b>	<b>GENERIC:</b> YOU PAY \$15 <b>PREFERRED:</b> YOU PAY \$50 <b>NON-PREFERRED:</b> YOU PAY \$70 <b>SPECIALTY:</b> YOU PAY 30% UP TO A MAXIMUM OF \$300	NOT COVERED
<b>PHARMACY</b>	\$200 INDIVIDUAL / \$400 FAMILY PREFERRED & NON-PREFERRED	\$200 INDIVIDUAL \$400 FAMILY

100% coverage only applies after the deductible has been met. Qualified preventative care for both the **HDHP Base Plan** and **HDHP Choice Plan** is covered 100% regardless of deductible accumulation.



### FIND A DOCTOR

To find in-network doctors and hospitals:

Visit [www.cigna.com](http://www.cigna.com) and select "Find a Doctor"

Call (866) 494-2111

Download the myCigna App for your device

### SCAN ME



### CIGNA's Enrollment Website

Provides valuable information about your benefits and other key details to help you prepare for enrollment.

**2026 Benefits Open Enrollment: October 29 - November 7, 2025**

# Know Before You Go

When you or a loved one has a medical emergency or serious issue that requires prompt care, choosing how and where to seek help can be confusing, time-consuming, and sometimes more costly than necessary.

 VIRTUAL CARE	 LOCAL PROVIDER	 URGENT CARE	 EMERGENCY ROOM
Receive care for minor illnesses and injuries 24/7 on-demand, or schedule a time that's convenient for you.	Schedule an in-person appointment with a local provider for common ailments and overall care management.	For medical conditions that aren't life threatening.	Offers the highest level of emergency care for life-threatening conditions.
Access virtual care on the myCigna App or <a href="http://myCigna.com">myCigna.com</a> , or by calling MDLIVE at (888) 726-3171.	Find an in-network provider on Cigna website at <a href="http://myCigna.com">myCigna.com</a> .	Find an in-network urgent care center on <a href="http://myCigna.com">myCigna.com</a> .	Call 911 or go to the nearest ER.
Frequently an option for non-emergency conditions such as coughs, sore throats, eye infections, and colds without a high fever.	For preventative care, routine checkup, vaccines and screenings, along with acute sickness and questions regarding general health.	Can treat common conditions such as fever and flu symptoms, joint pain, sprains, and cuts, along with minor respiratory symptoms.	For immediate treatment of severe bodily injury, sudden loss of consciousness, chest pain or difficulty breathing.
More affordable than in-person, urgent care, or ER visits. Connect with a doctor in minutes and no need to leave work or home.	May charge copay/coinsurance and/or deductible. Usually need an appointment.	Open extended hours with onsite X-rays and labs. Can save you time and money compared to ERs.	Open 24/7, ER visits cost more and often involve longer waits, with potential exposure to other sick patients.

## Other Tips To Help Control Health Care Costs

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:

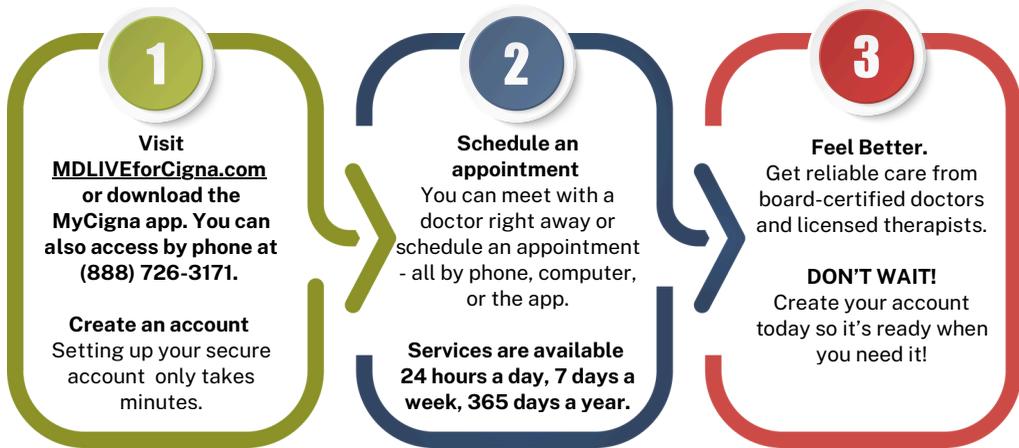
- **Use network providers.** You will receive a higher level of benefits if you use providers who participate in the network.
- **Request generic rather than brand name prescription drugs.** Generic medications, while just as effective, are considerably less expensive.
- **Consider seeing your family physician rather than a specialist.** Family physicians can often provide the same level of care for a variety of illnesses and conditions.
- **Exercise and maintain a proper diet.** The healthier you are the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.



# Telehealth - Cigna

All Cigna benefit plans include telemedicine services through the MDLive App. With MDLive, you can receive care and most prescriptions for various minor conditions. You can connect with board-certified doctors via secure video chat or phone from home or work.

Using MDLIVE is as easy as one, two, three.



## Guide to MDLIVE Services

MD Live is dedicated to helping you get better and stay well. No surprise costs. No hassle.

HOW CAN WE HELP?	USE IT FOR:	WAIT-TIME	PRESCRIPTIONS	LABS
 <b>URGENT CARE</b> FASTEST CARE. NO SCHEDULING NEEDED	Non-emergency medical conditions like sore throat, cold, flu, pink eye, etc.	<b>TYPICALLY</b> under 30 minutes		
 <b>WELLNESS SCREENING</b> SCHEDULED VISIT	Preventive annual lab screening and review with a primary care provider.	3-5 Days		
 <b>ROUTINE CARE</b> SCHEDULED VISIT	Ongoing health conditions, requests for medication refills, lab tests, and any other questions and concerns.	2-4 Days		
 <b>THERAPY</b> SCHEDULED VISIT	Emotional and behavioral health concerns like anxiety, relationship issues, and more.	1-2 Days		
 <b>PSYCHIATRY</b> SCHEDULED VISIT	Behavioral conditions that require medication management, including depression, bipolar, panic disorders, and more.	2-3 Days		
 <b>DERMATOLOGY</b> SECURE MESSAGING	Rashes, acne treatment, hair, nails, and any other skin conditions.	Reply within 48 hours, typically within 24 hours		

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# Dental - Delta Dental

Dental benefits are provided through Delta Dental. The dental plan is a Preferred Provider Organization (PPO) plan, which utilizes a network of providers. Your dental plan allows you to visit any provider of your choice, however, your benefits will be greater if you visit a PPO dentist.

The table below outlines your share of the cost for the dental plan. **Refer to your plan description for full details.**

PROVIDER SELECTION	IN-NETWORK	OUT-OF-NETWORK
<b>MAXIMUM ANNUAL BENEFIT</b>	\$1,500 PER CALENDAR YEAR	\$1,500 PER CALENDAR YEAR
<b>ANNUAL DEDUCTIBLE (PER CALENDAR YEAR)</b>	\$50 INDIVIDUAL UP TO \$150 PER FAMILY	\$50 INDIVIDUAL UP TO \$150 PER FAMILY
COINSURANCE	YOU PAY	
<b>DIAGNOSTIC &amp; PREVENTATIVE SERVICES (I.E., ORAL EXAMS &amp; CLEANINGS, FLUORIDE, ETC.)</b>	NO CHARGE (DEDUCTIBLE WAIVED)	10% OF ELIGIBLE EXPENSES (DEDUCTIBLE WAIVED)
<b>BASIC SERVICES (I.E., FILLINGS, EXTRACTIONS, ROOT CANALS, PERIODONTICS)</b>	\$50 INDIVIDUAL COPAY 20% OF ELIGIBLE EXPENSES AFTER DEDUCTIBLE IS MET	\$50 INDIVIDUAL 20% OF ELIGIBLE EXPENSES AFTER DEDUCTIBLE IS MET
<b>MAJOR SERVICES (I.E., DENTURES, CROWNS, ETC.)</b>	50% OF ELIGIBLE EXPENSES AFTER DEDUCTIBLE IS MET	50% OF ELIGIBLE EXPENSES AFTER DEDUCTIBLE IS MET
ORTHODONTIA	CHILDREN UP TO AGE 19 ONLY	
<b>MAXIMUM ORTHODONTIA BENEFIT</b>	\$1,000 PER PERSON LIFETIME BENEFIT	\$1,000 PER PERSON LIFETIME BENEFIT
<b>COINSURANCE</b>	50% (DEDUCTIBLE WAIVED)	50% (DEDUCTIBLE WAIVED)

## KNOW BEFORE YOU GO Get a Pre-Treatment Estimate

When the costs for your dental treatment (other than emergency treatment) are expected to exceed \$500, you should ask your dentist for a pre-treatment estimate before treatment begins.

If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you will be billed the total amount the dentist charges (called balanced billing). When you see a Delta Dental PPO or Premier® dentist, you are protected from balanced billing.

### FIND A DENTIST

Delta Dental has the largest network of dentists nationwide.



Visit [www.deltadental.com](http://www.deltadental.com) and look for "Need a dentist?"

Call (303) 741-9300 or (888) 899-3734

Download the Delta Dental Mobile App.



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# Vision - Vision Service Plan (VSP)

Vision benefits are provided through Vision Service Plan (VSP). Your VSP plan offers benefits in or out-of-network. Please keep in mind, if you choose to visit a provider out-of-network, your benefits may be substantially reduced, and you will be required to provide payment upfront and submit a claim to VSP for reimbursement.

Your vision plan benefits are highlighted in the table. **See your VSP plan summary for details summarizing out-of-network reimbursements.**



PROVIDER SELECTION	IN-NETWORK	OUT-OF-NETWORK
<b>VISION EXAM</b> (AVAILABLE EVERY 12 MONTHS)	\$20 COPAY	\$45 COPAY
<b>LENSES/FRAMES/CONTACTS</b>	\$20 COPAY	N/A
<b>PRESCRIPTION LENSES</b>		
<b>SINGLE LINED BIFOCAL LINED TRIFOCAL</b> (AVAILABLE EVERY 12 MONTHS)	COVERED IN FULL COVERED IN FULL COVERED IN FULL	UP TO \$30 UP TO \$50 UP TO \$65
<b>FRAMES</b> (AVAILABLE EVERY 24 MONTHS)	\$130 ALLOWANCE; \$150 ALLOWANCE FOR <b>FEATURED FRAMES</b> ; 20% OFF ON THE AMOUNT OVER YOUR ALLOWANCE.  \$70 <b>COSTCO FRAME</b> ALLOWANCE	UP TO \$70
<b>CONTACT LENSES &amp; EXAMS</b> (AVAILABLE EVERY 12 MONTHS IN LIEU OF PRESCRIPTION LENSES)	<b>EXAM:</b> UP TO \$60 COPAY  <b>LENSES:</b> \$130 ALLOWANCE; COPAY DOES NOT APPLY	UP TO \$105

## KNOW BEFORE YOU GO Premier Edge Program

Your eyes will love the experience at a Premier Edge location. Available to all VSP members at no extra cost, your benefits go further when you visit a Premier Edge location – including private practice doctors and retail locations nationwide. You'll get exclusive rebates, advanced exam technology, a worry-free eyewear guarantee, and more!



### FIND AN EYE DOCTOR

Ensure you see an in-network eye doctor for your plan

Visit [www.vsp.com](http://www.vsp.com) and look for "Find a Doctor"

Call (800) 877-7195

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# Health Savings Accounts - Rocky Mountain Reserve

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you incur today, and save for expenses you may have in the future.

If you enroll in the **HDHP/HSA Choice Medical Plan**, The Town of Firestone will contribute to your tax-advantaged HSA. The 2026 annual contribution limit for individual coverage is \$4,400 and family coverage is \$8,750. HSA owners over age 55 have the chance to add an extra \$1,000 to their HSAs each year above the annual contribution max. **See your Rocky Mountain Reserve HSA materials for complete details.**

TOWN OF FIRESTONE MONTHLY CONTRIBUTION TO HDHP/HSA CHOICE MEDICAL PLAN	
EMPLOYEE ONLY	\$75
EMPLOYEE + SPOUSE	\$100
EMPLOYEE + CHILD(REN)	\$100
FAMILY	\$100

## 4 Reasons To Love An HSA:

### Tax Free

No federal or state tax on contributions. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.

### No "Use It or Lose It"

Your balance rolls over year after year. You own the account and can continue to use it even if you change medical plans or leave the Town.

### Use It Now or Later

Use your HSA for healthcare expenses you incur today or save it to use in the future.

### Boost Retirement Savings

After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable with no penalties.

## How a Health Savings Account Works



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# Flexible Savings Accounts - Rocky Mountain Reserve

Flexible Savings Accounts (FSAs) allow you to deduct money from your paycheck pre-tax to pay for certain qualified expenses, so that you realize tax savings on those expenses. **See your Rocky Mountain Reserve FSA materials for complete details.**

## YOU MAY ELECT UP TO THE FOLLOWING AMOUNTS:

FOR YOUR HEALTH FSA	\$3400
FOR YOUR DEPENDENT CARE FSA	\$7,500

### How FSAs Work

- ✓ Each year during Open Enrollment, you choose how much to allocate for health care and dependent care expenses.
- ✓ Your contributions are deducted from your paycheck before taxes in equal installments throughout the year.
- ✓ Submit a claim form for reimbursement of health or dependent care expenses, or use your FSA card to pay directly without out-of-pocket costs or waiting for reimbursement.

### Dependent Care FSA Account

A dependent care Flexible Spending Account (FSA) potentially can help families save hundreds of dollars per year on daycare. This program is administered by Rocky Mountain Reserve.

You set aside money from your paycheck, before taxes, to pay for work related daycare expenses. Eligible expenses include not only childcare, but also before-and-after school care programs, preschool, and summer day camp for children under age 13.

You can set aside up to \$7,500 per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out-of-pocket.

### Rollover for Health FSA

You may rollover unused funds from the 2025 plan year up to \$660 according to the rollover limit.



## Health Care Items You Might Not Realize are FSA Eligible

- ☐ SUNSCREEN
- ☐ HEATING AND COOLING PADS
- ☐ FIRST AID KITS
- ☐ MOTION SICKNESS BANDS
- ☐ TRAVEL PILLOWS
- ☐ SHOE INSERTS and other foot grooming treatments

### FIND OUT MORE

For a list of common eligible medical expenses:



🌐 Navigate to the “What’s Covered” tab at [www.rockymountainreserve.com](http://www.rockymountainreserve.com)

### Covered Expenses by Account Type

#### HEALTH SAVINGS ACCOUNT FSA

Deductibles, copays, prescription and over-the-counter drugs, medical equipment, etc.



#### DEPENDENT CARE FSA

Babysitters, day care, day camp, home nursing care, etc.



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# Life, AD&D, Disability Coverage - Mutual of Omaha

The Town of Firestone provides town-paid Group Life and Accidental Death & Dismemberment (AD&D) insurance, as well as short- and long-term disability coverage. Disability insurance offers income protection if you and/or your family member are unable to work due to illness or injury.

## Short-Term Disability Insurance (STD)

Short-Term Disability Insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Absence due to illness or injury
- Surgery and recovery time

Short-Term Disability payments may be reduced if you receive other benefits such as workers' compensation, Social Security, or State disability. The Town of Firestone provides you with short-term disability coverage and pays the full premium.

MUTUAL OF OMAHA STD PLAN	
WEEKLY BENEFIT AMOUNT	60% OF COVERED WEEKLY EARNINGS UP TO A MAXIMUM OF \$1,000/WEEK
BENEFITS BEGIN	AFTER 14 DAYS OF DISABILITY DUE TO ACCIDENT OR ILLNESS
MAXIMUM PAYMENT PERIOD	24 WEEKS OF SHORT-TERM DISABILITY (BASED ON FIRST DAY YOU ARE DISABLED, NOT WHEN BENEFITS BEGIN)

## Accidental Death & Dismemberment (AD&D) Insurance

Basic Life Insurance pays your beneficiary a lump sum benefit if you die. AD&D coverage provides a benefit if you suffer:

- Loss of a limb, speech, sight, or hearing
- Fatal accident

The cost of coverage is paid in full by The Town of Firestone. Supplemental voluntary coverage is available for your purchase. **See Voluntary Elected Benefits section for details.**

MUTUAL OF OMAHA LIFE AND AD&D PLAN	
BENEFITS BEGIN	1.5 X COVERED ANNUAL EARNINGS
MAXIMUM PAYMENT PERIOD	UP TO \$350,000

## Long-Term Disability Insurance (LTD)

Long-Term Disability insurance replaces part of your income for longer-term issues such as:

- Debilitating illnesses (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Prolonged absences due to illness/injury recovery

If eligible, long-term disability benefits begin after short-term disability ends. Payments may be reduced by State, Federal, or private disability benefits you receive while disabled. The Town of Firestone provides this benefit and pays the full premium.

MUTUAL OF OMAHA LTD PLAN	
WEEKLY BENEFIT AMOUNT	60% OF COVERED WEEKLY EARNINGS UP TO A MAXIMUM OF \$5,000/MONTH
BENEFITS BEGIN	AT CONCLUSION OF SHORT-TERM DISABILITY
MAXIMUM PAYMENT PERIOD	TO AGE 65 OR WHEN SOCIAL SECURITY BENEFITS BEGIN

### HOW WOULD YOU PAY YOUR BILLS IF YOU WERE SICK OR INJURED TEMPORARILY?

A short illness or injury can impact your paycheck. Sick time helps, but when it runs out, short-term disability provides cash benefits when you need them.

### YOUR ABILITY TO EARN AN INCOME MAY BE YOUR MOST IMPORTANT ASSET

Most people insure their home, car, or health, but often overlook the importance of insuring their income.

### HELP PROTECT WHAT MATTERS - YOU, YOUR FAMILY & YOUR FUTURE

You've worked hard to get where you are. It's important to consider financial security for your loved ones in case of an unexpected death when planning for the future.

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# Voluntary Elected Benefits

Voluntary benefits are optional, employee-paid benefits offered in addition to the Town's core benefits package. Premiums for these benefits are the responsibility of the employee.



## Accidental Injury Insurance - Mutual of Omaha

Your medical plan covers illness, but a serious or long-term medical crisis can bring extra expenses and impact your income. Accident insurance pays benefits directly to you—regardless of other coverage—based on the type, severity, and treatment of covered injuries. It helps with a wide range of accident-related costs during recovery.

## Hospital Indemnity - Mutual of Omaha

A hospital stay can be costly and often unexpected. Even with insurance, out-of-pocket expenses add up quickly. Hospital indemnity insurance helps cover costs like deductibles, copays, prescriptions, and other personal expenses.

## Pet Insurance - Spot

Pets bring joy, but vet costs can add up fast. Spot Pet Insurance helps ease the financial stress by reimbursing you for accidents and illnesses, so you can focus on care. Coverage includes emergency visits, lab fees, behavioral issues, x-rays, surgeries, and more.

## Critical Illness - Mutual of Omaha

Even the best medical plan may not cover all the costs of a serious condition like cancer or a heart attack. Critical illness insurance provides a lump-sum payment you can use for expenses such as transportation, child care, or treatments not covered by your primary plan.

## Life AD & D - Mutual of Omaha

Mutual of Omaha's supplemental life and AD&D coverage is available in increments of \$10,000 for you, \$5,000 for your spouse, and up to \$10,000 for dependent children.

## Cyber Security - Norton LifeLock

NortonLifeLock offers cyber security services by integrating comprehensive device protection, online privacy tools like a VPN, and advanced identity theft protection, including monitoring, alerts, and restoration services. Their plans monitor personal information across the internet and the dark web, provide cloud backup, and offer coverage for identity theft-related expenses and stolen funds.



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# Wellbeing & Balance

Finding a healthy work/life balance is essential to living a happy and fulfilling life. The Town is here to support you in achieving that balance and overall wellbeing.

## Employee Assistance Program (EAP)

There are times when everyone needs a little help, advice, or assistance. Contacting EAP is confidential, employer paid and available to any member of your immediate household.

### Mines & Associates offers:

- Manage stress, chemical dependency, mental health and family issues
- Maximize your physical wellbeing
- Take time to spend with family and friends, take care of personal business, or just have a little extra “me time”

Taking care of yourself will help you be more effective in all areas of your life. When needed these programs are available to help you and your family members.

MENTAL HEALTH SERVICES	
FREE AND CONFIDENTIAL COUNSELING SERVICES UP TO 8 SESSIONS PER ISSUE/PER YEAR	INCLUDES SITUATIONS OF STRESS, ANXIETY, DEPRESSION, FAMILY SITUATIONS, DRUG AND ALCOHOL ABUSE, DEATH AND GRIEF, AND WORK-RELATED TOPICS
FREE 30-MINUTE CONSULT PER LEGAL/FINANCIAL MATTER	25% DISCOUNT ON SELECT SERVICES AFTER INITIAL CONSULT
WORK/LIFE SERVICES	UNLIMITED AMOUNT

## Lifestyle Spending Account

An LSA is funded by your employer and lets you spend on approved lifestyle expenses at your discretion (not for medical costs). Employees who were benefit-eligible in 2025 will receive the funds via funds request (amount to be determined).

### Examples include:

- Family & Childcare Needs: Fertility support, diapers, summer camps, educational expenses for you or family members
- Wellness & Fitness: Gym memberships, fitness equipment, nutrition support, mental health services
- Everyday & Lifestyle Expenses: Groceries, travel, pet supplies

## Wellness Benefits

The Town of Firestone believes employees should enjoy good health and well-being. Full-time benefited employees are eligible to use the Carbon Valley Recreation Center at no cost to you while employed with the Town.

### To get started:



## Carbon Valley Recreational Center

701 Fifth Street, Frederick  
(303) 833-3660  
[www.cvprd.com](http://www.cvprd.com)

Visit Human Resources to pick up your application for recreation services and access.

Each time you visit the Recreation Center, you must check in at the front desk



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# Time Off Benefits

Employee time off benefits, including paid time off (PTO) and paid holidays, are essential components of a healthy work-life balance.

## Paid Time Off

PTO is currently available to benefited employees regularly scheduled to work 40 hours per week. Full-time employees working 30 hours per week will receive a prorated benefit. PTO is paid time off for all vacation, absences for personal business and employee or dependent illness.

LENGTH OF CONTINUOUS SERVICE	ACCRUAL PER PAY PERIOD	ANNUAL ACCRUAL HOURS	MAXIMUM CARRY-OVER LIMIT
0-12 MONTHS (< 1 YEAR)	6.15	160	240
13-48 MONTHS (2-4 YEARS)	9.23	240	360
49-108 MONTHS (5-9 YEARS)	10.77	280	420
109+MONTHS (>9 YEARS)	12.31	320	480



## Town (Observed) Holidays

Employees working at least 40 hours per week are eligible for 96 hours of holiday pay annually. Full-time employees working 30 hours per week receive a prorated benefit. The Town currently observes the following holidays:

NEW YEAR'S DAY	THURSDAY, JANUARY 1
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 19
PRESIDENT'S DAY	MONDAY, FEBRUARY 16
MEMORIAL DAY	MONDAY, MAY 25
INDEPENDENCE DAY	SATURDAY, JULY 4
LABOR DAY	MONDAY, SEPTEMBER 7
VETERAN'S DAY	WEDNESDAY, NOVEMBER 11
THANKSGIVING DAY	THURSDAY, NOVEMBER 26
DAY AFTER THANKSGIVING	FRIDAY, NOVEMBER 27
CHRISTMAS EVE	THURSDAY, DECEMBER 24
CHRISTMAS DAY	FRIDAY, DECEMBER 25
NEW YEAR'S EVE	THURSDAY, DECEMBER 31

Sworn Officers will be compensated for their scheduled shift up to 10 hours for Holiday Leave.

## Floating Holiday

Floating Holiday hours are an additional employee benefit, provided alongside Paid Time Off (PTO) and paid holidays.

Employees may use Floating Holiday hours for any purpose, including personal events, religious observances, or birthdays. Hours must be used by the end of the payroll year in which they are granted, as they cannot be carried over ("use it or lose it").

**2026 Benefits Open Enrollment: October 29 - November 7, 2025**

# Benefit Advocate - Alliant

Benefit Advocates are highly trained professionals with extensive insurance industry experience. They are available to assist you with any benefit need.

## Your Benefit Advocate can help with:

- Medical, dental, vision, EAP, FSA, life, AD&D, and disability benefits
- General benefit questions
- Claims and appeal questions
- Prescription problems
- Spending account questions covering HSA, FSA and HRA accounts
- Enrollment and eligibility questions
- COBRA inquiries
- Medicare questions

### Need Claims Assistance?

You'll need to complete a HIPAA Authorization Form to grant your Benefit Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claim issues. Permission is granted on a limited time basis to only the individuals listed on the form. The form is revocable at any time. Your Benefit Advocate will provide the form to you when needed.

### Contact your health plan directly for:

- Plan ID Cards
- Submitting a new claim
- Verifying that your doctor is currently in the network
- Questions about HSA and FSA debit cards and account balances



# Medicare Solutions - Alliant

Deciding on a Medicare health plan is one of the most important choices you'll make, and the process can be complex. Alliant Medicare Solutions is a free resource available to Medicare-eligible employees, as well as their family members and friends, to help navigate this process.

Licensed Alliant agents take the time to understand your unique needs and provide clear, customized guidance on Medicare-related medical, dental, and prescription drug coverage. They explain plan options, potential risks, and ways to minimize out-of-pocket costs, and they support a streamlined enrollment process—so all you have to do is sign.

## Resources

- Guide to Medicare: A free, downloadable guide that provides clear and concise information to help navigate Medicare for those nearing age 65.
- Medicare 101 Video: Overview of Medicare and important considerations for choosing a plan.
- Online Appointment Booking

### CONTACT YOUR ALLIANT BENEFIT ADVOCATE

 Call (800) 489-1390

 Mondays - Fridays 6 a.m. to 6 p.m.  
*Mountain Standard Time*

 [benefitsupport@alliant.com](mailto:benefitsupport@alliant.com)



### ALLIANT MEDICARE SOLUTIONS

 [alliantmedicareolutions.com](http://alliantmedicareolutions.com)  
[medicare.gov](http://medicare.gov)

 Call (877) 888-0165



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# Get More Information

 **Download the myCigna App for your mobile device**

## IMPORTANT CONTACT INFORMATION

	WHO TO CALL	WEBSITE	PHONE NUMBER
MEDICAL	CIGNA POLICY #630861	<a href="http://CIGNA.COM">CIGNA.COM</a>	<b>FIND A PROVIDER</b> CUSTOMER SERVICE (866) 494-2111
TELEHEALTH	CIGNA	VISIT <a href="http://MDLIVEFORCIGNA.COM">MDLIVEFORCIGNA.COM</a> OR DOWNLOAD THE MYCIGNA APP.	(888) 726-3171
DENTAL	DELTA DENTAL POLICY #11306	<a href="http://DELTADENTALCOVERSME.COM">DELTADENTALCOVERSME.COM</a>	<b>FIND A PROVIDER</b> MEMBER SERVICES (888) 899-3734
VISION	VISION SERVICE PLAN (VSP) POLICY #30041247	<a href="http://VSP.COM">VSP.COM</a>	<b>FIND A PROVIDER</b> MEMBER SERVICES (800) 877-7195
HEALTH SAVINGS ACCOUNT (HSA) & FLEXIBLE SPENDING ACCOUNT (FSA)	ROCKY MOUNTAIN RESERVE	<a href="http://ROCKYMOUNTAINRESERVE.COM">ROCKYMOUNTAINRESERVE.COM</a>	(888) 722-1223
GROUP LIFE AND AD&D	MUTUAL OF OMAHA POLICY #G000BCYN	<a href="http://MUTUALOFOMAHA.COM">MUTUALOFOMAHA.COM</a>	(800) 877-5176
SHORT-TERM / LONG-TERM DISABILITY	MUTUAL OF OMAHA POLICY #G000BCYN	<a href="http://MUTUALOFOMAHA.COM">MUTUALOFOMAHA.COM</a>	(800) 877-5176
VOLUNTARY ACCIDENT, CRITICAL ILLNESS, & HOSPITAL INDEMNITY	MUTUAL OF OMAHA	<a href="http://MUTUALOFOMAHA.COM">MUTUALOFOMAHA.COM</a>	(800) 877-5176
EMPLOYEE ASSISTANCE PROGRAM (EAP)	MINES & ASSOCIATES	<a href="http://MINESANDASSOCIATES.COM">MINESANDASSOCIATES.COM</a> USERNAME: FIRESTONE PASSWORD: EMPLOYEE	(800) 873-7138
BENEFIT ADVOCATE	ALLIANT	EMAIL: <a href="mailto:BENEFITSUPPORT@ALLIANT.COM">BENEFITSUPPORT@ALLIANT.COM</a>	(800) 489-1390 FAX: (203) 568-8396
MEDICARE SOLUTIONS	ALLIANT	<a href="http://ALLIANTMEDICARESOLUTIONS.COM">ALLIANTMEDICARESOLUTIONS.COM</a> OR <a href="http://MEDICARE.GOV">MEDICARE.GOV</a>	(877) 888-0165

### FIRESTONE HUMAN RESOURCES:

# INSPIRE

INNOVATIVE | NOTABLE | SUPPORTIVE | PROACTIVE | INTEGRITY | RESPECTFUL | EMPOWER

## Jan Sloat

 Director of Human Resources  
 (303) 531-6290  
 [jsloat@firestoneco.gov](mailto:jsloat@firestoneco.gov)

## Jody Miller

 Human Resources Manager  
 (303) 531-6282  
 [jamiller@firestoneco.gov](mailto:jamiller@firestoneco.gov)

## Shannon Pollock

 Human Resources Administrative Coordinator  
 (303) 531-6262  
 [spollock@firestoneco.gov](mailto:spollock@firestoneco.gov)

**2026 Benefits Open Enrollment: October 29 - November 7, 2025**

# Glossary

- **Co-insurance** A percentage of a health care cost —such as 20 percent—that the covered employee pays after meeting the deductible.
- **Co-payment (Co-pay)** The set dollar amount that the covered employee is required to pay for medical services.
- **Deductible** A fixed dollar amount that employees must pay annually before the plan reimburses non-preventative health expenses, with separate limits for individuals and families.
- **Diagnostic Tests** Tests and procedures ordered by a physician to help diagnose or monitor a patient's condition or disease. Diagnostic tools include radiology, ultrasound, nuclear medicine, laboratory and pathology services or tests.
- **Employer Contribution** Each month, the company contributes money toward your health care premiums, based on who you cover. The exact amount is shown during enrollment. For new hires, contributions are prorated from your hire date.
- **Generic Prescription** Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.
- **High-Deductible Health Plan (HDHP)** A health insurance plan with a higher deductible than a traditional plan, but usually has a lower monthly premium. With an HDHP, you pay more for covered medical expenses out of pocket before your insurance company starts paying its share.
- **Health Savings Account (HSA)** Type of savings account that lets you save pre-tax money for qualified medical expenses like deductibles, copayments, and coinsurance.
- **In-Network** Use of providers who participate in a health plan's provider network. Many benefit plans encourage enrollees to use participating (in-network) providers to reduce the enrollee's out-of-pocket expense.
- **Non-preferred Brand Prescription** Brand-name drugs that are not on a health insurance plan's list of preferred prescription drugs. They are typically more expensive than preferred drugs and have higher coinsurance.
- **Out-Of-Pocket Maximum** The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.
- **Plan Year** The benefits you select during Annual Enrollment remain in effect for the plan year. New employees' benefits last for the remainder of the current plan year and must enroll again during the next Annual Enrollment.
- **Pre-Existing Condition** A health condition (other than a pregnancy) or medical problem that was diagnosed or treated before enrollment in a new health plan or insurance policy.
- **Preferred Brand Prescription** Brand-name drugs that are chosen for their cost effectiveness and are included in a plan's list of covered drugs. They are more expensive than generic drugs but less expensive than non-preferred brand drugs.
- **Specialists** Providers whose practices are limited to treating a specific disease (e.g., oncologists), specific parts of the body (e.g., ear, nose and throat), a specific age group (e.g., pediatrician), or specific procedures (e.g., oral surgery).
- **Specialty Prescription** High-cost medications used to treat rare, chronic, or complex health conditions like cancer, rheumatoid arthritis, and multiple sclerosis. Specialty drugs are often biologic, meaning they're derived from living organisms rather than chemicals.
- **Urgent Care** When prompt medical attention is needed in a non-emergency situation.







**FIRESTONE**  
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