



CITY OF ASPEN

# ELECTED OFFICIAL BENEFITS

Benefit plans effective January 1, 2023–December 31, 2023

## IMPORTANT NOTICE

This Benefits Roadmap includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice From City of Aspen About Your Prescription Drug Coverage and Medicare."



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### The City of Aspen Benefits Package

Benefits are an integral part of the overall compensation package provided by the City of Aspen. Within this Benefits Guide, you will find important information on the benefits available to you for the 2023 plan year (January 1, 2023, through December 31, 2023). Please take a moment to review the benefits the City of Aspen offers to determine which plans are best for you.

## Benefits Eligibility

Elected officials (council members and the mayor) are eligible for benefits, as outlined in this guide, upon the date they are sworn in by the City of Aspen. Benefits must be elected within 10 business days of your sworn in date. All coverages end on your last day of service. City council members and the mayor are provided a stipend for health insurance, or may elect the City of Aspen's health benefits and the City of Aspen will reimburse the employee medical premium. Elected officials are also eligible to select dental and vision coverage if enrolling in one of the City of Aspen medical plans. The elected official is responsible for the dental and vision employee premium.

### **Many of the plans offer coverage for eligible children, including:**

- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

### **Medicare Eligibility**

You are eligible for Medicare on the basis of age (at 65 currently) or disability. Special eligibility rules apply in the case of end-stage renal disease (ESRD). If you are 65 or older and enrolled in any Medicare plan, you are not eligible to have a health savings account (HSA). If you enroll in any Medicare plans, notify Human Resources immediately.

## Enrollment

### **You can sign up for benefits or change your benefit elections at the following times:**

- During the annual benefits open enrollment period
- Within 30 days of experiencing a qualifying life event

**The choices you make at this time will remain the same through December 31, 2023.** If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

## Changing Your Benefits During the Year

The City of Aspen allows you to pay your portion of the medical, dental, and vision plan costs, on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

### **Qualifying life events include, but are not limited to:**

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order

To request a benefits change, notify Human Resources within 30 days of the qualifying life event. You will need to provide proof of the change, such as a marriage certificate or record of birth. Change requests submitted after 30 days cannot be accepted.

# Medical Insurance Plans

The City of Aspen provides two medical plan options through Allegiance: a high-deductible health plan (HDHP) and an HRA plan. Both plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate an Allegiance network provider at [www.askallegiance.com/coa/](http://www.askallegiance.com/coa/). To find participating pharmacies or covered drugs, register at [www.express-scripts.com](http://www.express-scripts.com).

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay. Some services require pre-authorization or have lifetime benefit maximums. Please refer to the [official plan documents](#) for additional information on coverage and exclusions.

Summary of Covered Benefits	HDHP with HSA		HRA Plan	
	In Network	Out of Network <sup>1</sup>	In Network	Out of Network <sup>1</sup>
<b>Calendar Year Ded.</b> Individual/Family	\$1,500/\$3,000 <sup>2</sup>	\$2,000/\$4,000 <sup>2</sup>	\$2,500/\$5,000	\$5,000/\$10,000
<b>Out-of-Pocket Max</b> Individual/Family	Includes ded. and coinsurance \$4,450/\$8,900 <sup>2</sup>		Includes ded., copays, and coinsurance \$5,000/\$10,000	
<b>City of Aspen Funded Health Care Account</b> Individual/Family	\$500/\$1,000 to your health savings account (HSA)		\$600/\$1,200 to your health reimbursement arrangement (HRA)	
<b>Preventive Care</b>	Plan pays 100%	50% after ded.	Plan pays 100%	50% after ded.
<b>Physician Services</b> Primary Care Physician Specialist Teladoc	30% after ded. 30% after ded. 30% after ded.	50% after ded. 50% after ded. N/A	\$40 copay \$50 copay \$40 copay	50% after ded. 50% after ded. N/A
<b>Lab/X-Ray</b> Diagnostic Lab/X-Ray High-Tech Services (MRI, CT, PET)	30% after ded. 30% after ded.	50% after ded. 50% after ded.	30% after ded. 30% after ded.	50% after ded. 50% after ded.
<b>Hospital Services</b> Inpatient Outpatient	30% after ded. 30% after ded.	50% after ded. 50% after ded.	30% after ded. 30% after ded.	50% after ded. 50% after ded.
<b>Emergency Room</b>	30% after ded.		\$200 copay, then 30% after ded.	
<b>Mental Health and Substance Abuse</b> Inpatient Outpatient	30% after ded. 30% after ded.	50% after ded. 50% after ded.	30% after ded. \$40 copay	50% after ded. 50% after ded.
<b>Prescription Drugs<sup>3</sup></b> (up to a 30-day supply) Tier 1 Tier 2 Tier 3 Specialty Mail Order (90-day supply)	30% after ded. 30% after ded. Difference between brand and generic 30% after ded. 30% after ded.	Not covered	\$10 copay Greater of \$30 or 20% of cost Difference between brand and generic 25% to a maximum of \$250 2x retail copay	Not covered

(1) Out-of-network charges in excess of the plan's Maximum Eligible Expense (balance billing) do not contribute towards the out-of-pocket maximum. (2) For individual HDHP plan coverage, the individual deductible is the amount the member must pay each plan year before the plan begins paying toward covered services. If electing dependent coverage, the individual deductible does not apply. The family deductible must be met, either by one individual or by a combination of family members, before the plan begins to pay. A family must reach the out-of-pocket maximum of \$8,900 but no individual family member will pay more than \$4,450. (3) Refer to Express Scripts' National Preferred Formulary to view the list of covered prescriptions.



## Medical Insurance Plans

### Teladoc

Elected officials enrolled in a City of Aspen medical plan will have 24/7/365 access to a doctor (including pediatrics and family medicine) by calling 800-835-2362. Services are available in English and Spanish.

**Doctors are available at any time to help with a variety of basic medical needs including:**

- Flu
- Allergies
- Bronchitis
- Urinary tract infections
- Respiratory infections
- Sinus problems

Visit [www.teladoc.com](http://www.teladoc.com) to meet with a provider.

### Preventive Care

The Allegiance medical plans cover in-network preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems.

Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam. Learn more about preventive care at [www.askallegiance.com](http://www.askallegiance.com), at [www.healthcare.gov/coverage/preventive-care-benefits](http://www.healthcare.gov/coverage/preventive-care-benefits), and within the medical plan document.

**You won't have to pay anything—no deductible, copay, or coinsurance—for preventive services when:**

- You get them from a doctor or other health care provider in the Allegiance network.
- The main purpose of your visit is to get preventive care.



# Wellness Benefit

## Elected Officials VHA Primary Care Biometric Screening Benefit

The Valley Health Alliance (VHA) brings together employers, health care providers, and actionable/confidential (HIPAA protected) data to the same table, placing primary care providers at the forefront of the care you will receive. This approach links you to the local health care system in a supportive manner and is proven to be most successful. It also creates a system that understands your plan and ensures you receive the care you need, when you need it, and at the right price. Schedule your visit to participate in the wellness program.

### What Do I Tell My Provider Office When Scheduling a Preventive Care Wellness Visit and Biometric Screening?

#### If you are a City of Aspen medical plan member:

Schedule an annual wellness appointment with a VHA provider—find a VHA provider [here](#). Make sure that you specify the purpose of your visit as a preventive wellness visit and that you are a part of the Valley Health Alliance (VHA) health plan. Ensure that your wellness biometric screening labs are ordered from the Aspen Valley Hospital (AVH) or AVH Mid-Valley Labs and use the [VHA Lab Order Form](#).

#### If you are NOT a City of Aspen medical plan member:

Using your individual health insurance plan, complete a preventive care wellness visit with a [VHA Wellness Primary Care Network Provider](#). Get your biometric screening labs through the VHA/AVH Wellness Program partnership at an AVH lab. The City of Aspen will receive a bill for your labs, and you will reimburse the City of Aspen for the cost of the labs. Be sure to specify that you are there for a preventive visit and you are participating in the City of Aspen/VHA Wellness Program. Ensure that your biometric screening labs are sent to AVH.

### What Labs Are Covered Through the VHA Wellness Health Screening?

Your provider will order labs based on your health risk criteria and depending on your health risk you may not be required to have a biometric screening. If these labs are drawn at a lab other than an Aspen Valley Hospital (AVH) lab, you may have additional out-of-pocket costs.

#### The list of labs covered in the program may include:

- CEB with Auto
- Chem13 (CMP)
- HDL
- Glucose
- A1c
- PSA (\_Scrn)
- LDL
- TSH
- Cholesterol
- Triglycerides

A list of the VHA Primary Care Network providers and more information about the VHA Primary Care Network can be found in the [Document Library](#) on City's internal intranet.

# Pharmacy Programs

## Prescription Home Delivery Program (Mail Order)

Employees enrolled in the medical plans have access to the Prescription Home Delivery Program (Mail Order) through Express Scripts (ESI) administered by RxBenefits. Send medications right to your home or P.O. Box! This means that you can avoid trips to the pharmacy to pick up your medications. Home delivery or mail order is a convenient option for receiving your long-term (or maintenance) medications that you take on an ongoing basis.

### Learn More

To learn more about your pharmacy benefits, please visit [express-scripts.com](https://www.express-scripts.com) or contact RxBenefits Member Services at 800-334-8134 or [rxhelp@rxbenefits.com](mailto:rxhelp@rxbenefits.com).

#### Why use mail order?

- **Convenience.** Medicine is delivered directly to you, which means fewer trips to the pharmacy. Automatic refill options help you stay on track.
- **Safety.** All prescriptions are reviewed by a pharmacist to help ensure your order is complete and accurate. Medicine arrives in private, tamper-resistant and when needed, temperature-controlled plain packaging.

#### How do I start using the Prescription Home Delivery Program for my medications?

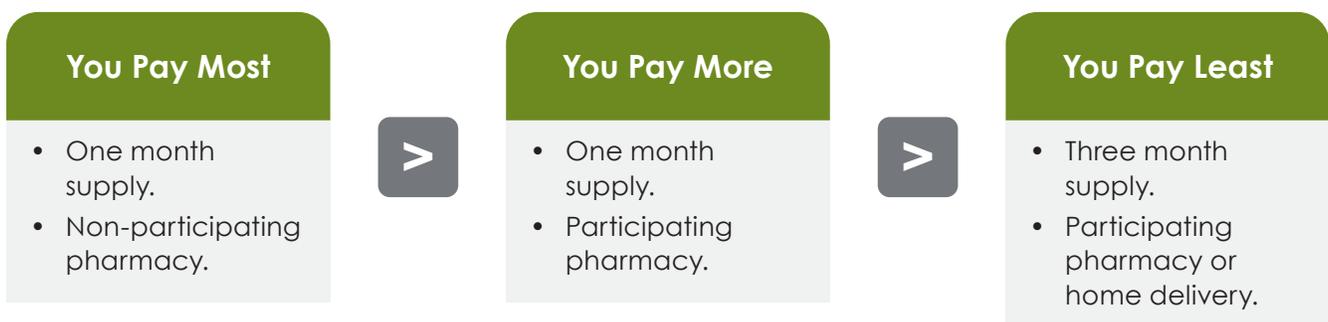
- Enroll online by registering at [express-scripts.com](https://www.express-scripts.com). Please have your address, phone number, drug allergies, and payment information available at the time of registration.
- Request that your doctor submit your prescription to Express Scripts for a 90-day supply.

## Express Scripts Mandatory Smart90 Program

The mandatory Smart90 Program through Express Scripts allows you to switch your eligible medications from a 30-day supply to a 90-day supply. Prescriptions can be filled through mail order or at any retail pharmacy covered by the medical plans. You're less likely to run out of your medications or miss a dose with 90-day supply and it saves money.

#### With Express Scripts you can:

- Transfer your prescriptions online, by phone, or via the Express Scripts app.
- Receive auto-refill and refill reminders.
- Talk with a pharmacist 24/7.





# Health Savings Account

If you enroll in the City of Aspen high-deductible health plan (HDHP), you may be eligible to open and fund a health savings account (HSA) through HealthEquity. An HSA is a personal health care savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

**The City of Aspen will help you start saving by depositing money into your HSA.\* Amounts are pro-rated if you are hired mid-year.**

- **\$500 for single coverage**
- **\$1,000 for all other tiers**

IRS HSA Contribution Maximums	
Coverage Level	2023
Elected official only	\$3,850
All other tiers	\$7,750

Visit [www.healthequity.com](http://www.healthequity.com) for more information regarding fees.

\*In order to receive the City of Aspen contribution and the convenience of pre-tax payroll deduction, you must open an HSA through HealthEquity. Administration fees include, but are not limited to, a \$2.50 monthly fee and a \$1.00 paper statement fee. To avoid the \$1.00 fee, update your account preferences to receive electronic statements. In no event will the City of Aspen contribute more than \$1,000 to any family unit.

Contributions to an HSA from all sources (including amounts the City of Aspen contributes and amounts you contribute) cannot exceed the annual IRS contribution maximums. You are responsible for ensuring you do not over-contribute to your HSA. Elected officials age 55+ by December 31, 2023, may contribute additional funds to their HSA (up to \$1,000).

## HSA Eligibility

**You are eligible to open and fund an HSA if:**

- You are enrolled in the Allegiance HDHP.
- You are not covered by a non-HSA plan, health care FSA, or health reimbursement arrangement.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life.
- You have not received Veterans Administration Benefits in the last three months, unless the condition for which you received care was service-related.

## Use Your HSA to Pay for Qualified Medical Expenses

- You can use your HSA money to pay for eligible expenses now or in the future.
- Funds in your HSA can be used for your expenses and those of your spouse and eligible dependents.
- A complete list of eligible expenses can be found at [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## Maximize Your Tax Savings

- Contributions to an HSA are tax free and can be made through payroll deduction on a pre-tax basis.
- The money in your HSA grows tax free.
- As long as you use the funds to pay for qualified medical expenses, the money is spent tax free.

## Accessing Your HSA Funds

**Two easy ways to access your HSA money:**

- Debit card—Draws directly from your HSA and can be used to pay for eligible expenses.
- Online bill pay—If you have a HealthEquity account, you can pay your bills online directly from your HSA.

## Your HSA is an Individually Owned Account

- You own and administer your HSA. You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses.
- You can change your contribution at any time during the plan year without a qualifying event.
- You must have a balance in order to pay for eligible expenses. Keep all receipts for documentation.
- An HSA allows you to save and “roll over” money.
- The money in the account is always yours, even if you change health plans or jobs. There are no vesting requirements or forfeiture provisions.

## HSA Loan

- The City of Aspen offers a 0% loan to assist elected officials who are in the HDHP with HSA.
- If you have suffered an unexpected, catastrophic injury or illness in the first six months of the year, this loan can help and can be paid back through payroll deductions.



## Health Reimbursement Arrangement

If you enroll in the City of Aspen HRA Plan, in order to offset your deductible costs, the City of Aspen offers a health reimbursement arrangement (HRA). The HRA is an employer-funded medical reimbursement arrangement designed to help cover some of the expenses you incur toward your deductible. All elected officials who are enrolled in the HRA medical plan will automatically be eligible for reimbursements under the HRA. Please see Human Resources if you wish to permanently opt out of the HRA.

The City of Aspen HRA, administered by Allegiance, is available annually and coincides with the medical plan year (January 1, 2023, through December 31, 2023). The HRA will reimburse you as described below.

Coverage Level	In-Network Deductible		
	HRA Plan In-Network Deductible	HRA Pays	Elected Official Pays
Elected Official Only	\$2,500	First \$600	Next \$1,900
Family	\$5,000	First \$600 per individual, to a maximum of \$1,200	Next \$1,900 per individual, to a maximum of \$3,800

The HRA will not apply to services that have a copay, such as office visits or urgent care visits, since copays do not apply to the deductible. The HRA will apply to services such as lab work, x-rays, CT or MRI scans, and outpatient or inpatient surgeries.

Once you receive in-network services that apply toward the deductible, your provider will submit the medical claim to Allegiance. Allegiance will process the claim and send you and your provider an Explanation of Benefits. You will pay the provider the amount due on the Explanation of Benefits. If you have elected the health care FSA, you can use the FSA to pay your provider.

There are no forms to fill out or submit in order to receive HRA reimbursement; Allegiance will automatically send reimbursement directly to you for amounts up to the maximums outlined above. Any unused HRA funds may be carried over for up to one year at a maximum amount of \$1,200 for individual and \$2,400 for family.

# Dental Insurance Plan

The City of Aspen offers a dental insurance plan through Allegiance.

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

The dental and vision plans are a bundled election. You may elect dental and vision coverage if you are enrolled in one of the medical plans.

Summary of Covered Benefits	Dental Plan
<b>Calendar Year Deductible</b> Individual	\$50
<b>Calendar Year Benefit Maximum</b>	\$2,000
<b>Preventive Care</b>	Plan pays 100%
<b>Basic Services</b>	20% after ded.
<b>Major Services</b>	50% after ded.
<b>Orthodontia Services</b>	50%
<b>Orthodontia Lifetime Maximum</b>	\$2,000

# Vision Reimbursement Plan

The City of Aspen offers a vision reimbursement plan through Allegiance. You have the freedom to choose any vision provider. You will pay your provider in full at the time of service, then submit the claim and an itemized bill to Allegiance. Allegiance will process the claim and issue reimbursement up to the annual maximum to you.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

The dental and vision plans are a bundled election. You may elect dental and vision coverage if you are enrolled in one of the medical plans.

Summary of Covered Benefits	Vision Plan
	No Network
<b>Eye Exam and Materials</b> (lenses, frames, and contact lenses)	Up to \$300 reimbursement
<b>Frequency</b>	Per calendar year



# Flexible Spending Accounts

The City of Aspen offers three flexible spending account (FSA) options—the health care FSA, the limited purpose health care FSA, and the dependent care FSA—which allow you to pay for eligible health care and dependent care expenses with pre-tax dollars. The FSAs are administered by Allegiance. Log into your account at [www.askallegiance.com](http://www.askallegiance.com) to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more. You are not required to be enrolled in a City of Aspen medical plan in order to be eligible to fund an FSA.

## How Does an FSA Work?

You decide how much to contribute to each FSA on a plan year basis up to the maximum allowable amounts. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the year.

You will receive a debit card from Allegiance, which can be used to pay for eligible health care expenses at the point of service. If you do not use your debit card, or if you have dependent care expenses to be reimbursed, submit a claim form and a bill or itemized receipt from the provider to Allegiance. Keep all receipts in case Allegiance requires you to verify the eligibility of a purchase.

## Health Care FSA (not allowed if you fund an HSA)

The health care FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible out-of-pocket expenses, such as deductibles, copays, and other health-related expenses, that are not paid by the medical, dental, or vision plans.

**The health care FSA maximum contribution is \$3,050 for the 2023 plan year. In addition, you may carry over up to \$610 from one plan year to another.**

## Limited Purpose Health Care FSA (if you fund an HSA)

If you fund an HSA, you are not eligible to fund a health care FSA. However, you can fund a limited purpose health care FSA. A limited purpose health care FSA can only be used to reimburse dental and vision expenses.

**The limited purpose health care FSA maximum contribution is \$3,050 for the 2023 plan year. In addition, you may carry over up to \$610 from one plan year to another.**

## Dependent Care FSA

The dependent care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider).

**You may contribute up to \$5,000 to the dependent care FSA for the 2023 plan year if you are married and file a joint return or if you file a single or head of household return.** If you are married and file separate returns, you can each elect \$2,500 for the 2023 plan year. You and your spouse must be employed or your spouse must be a full-time student to be eligible to participate.

## Retirement Plan

The City of Aspen offers a traditional deferred compensation plan (457) and a Roth 457 plan through Mission Square at [www.missionsq.org](http://www.missionsq.org).

## Employee Assistance Program

City of Aspen elected officials, spouses, and dependent family up to 26 years old can access:

- Up to **eight** free counseling sessions per year per incident.
  - » In person with a local provider or by phone.
  - » You may have access to virtual options, please check with your provider.
- An additional **five** free counseling sessions are available for employees needing support for an issue where they have already reached the maximum number of available sessions.
- Financial experts for advice on a range of financial issues.
- Legal help by phone or with a local attorney; includes a free 30-minute consult and discounted rates if further help is requested for many issues.
- Online counselor profiles and thousands of legal/financial articles, webinars, and other tools.



I'm in over my head. I wish I had someone to talk to.



I need help finding care for my mom.



Ugh, what else is going to go wrong?



Call the free  
EAP 24/7 at  
**866-470-5733**  
or visit  
[www.triadeap.com](http://www.triadeap.com)

### Your free EAP is here to support you.

Call 866-470-5733 or visit [www.triadeap.com](http://www.triadeap.com) (username: City; password: aspen). No personal information is shared with City of Aspen.

## **Additional Programs**

### **ARC-Aspen Recreation Center Employee Fun Pass**

The Employee Fun Pass Benefit Program provides employees and their family members general daily admission into all recreation division facilities and a discount when registering for programmed activities. Daily admission includes: ARC swimming pools, climbing tower, ice-skating on the Lewis Ice Arena and Aspen Ice Garden, shower/locker rooms, adult fitness classes at all facilities (aerobics, yoga, circuit training, etc.), and the climbing wall and playhouse at the Red Brick.

The employee will need to sign up for and participate in the “Employee Fun Pass Benefit Program” to receive this benefit. The “Employee Fun Pass Benefit Program” entails one person volunteering for a full City of Aspen sponsored special event or two people volunteering for a partial event within one year, for an individual pass, and two people volunteering for one full event or two people for two partial events for a family pass.

### **City Parks, Aspen Music Festival Passes, and Wheeler Opera House Discounts**

Employees receive discounts for parks use fees for functions (weddings, parties, etc.) and occasional Wheeler Opera House ticket deals. Additionally, Aspen Music Festival passes to the Music Tent are available in the summer, subject to the Aspen Music Festival donating Bearer Passes to the City of Aspen.

### **Employee Golf Pass**

Each elected official is eligible to receive the golf season pass for one person volunteering for a full City of Aspen sponsored special event with the special events department. The pass is only for employees, family members are not eligible. Volunteers who earn a golf pass will receive a Silver Golf pass which allows the person to play before 8 a.m. or after 1 p.m. July 1–September 15. Outside of this time period, golfers can play at any time. The Silver Pass also includes additional discounts for guests, lessons, retail merchandise, golf cart rentals, and range balls.

### **Employee Stick and Puck Pass/Drop In Hockey**

Each elected official is eligible to receive the stick and puck drop in hockey pass for one person volunteering for a full City of Aspen sponsored special event or two people volunteering for a partial event within one year, for an individual pass. The pass is good for one calendar year beginning January 1 through December 31.

### **Discounted Ski Pass**

Aspen Chamber Resort Association (ACRA) discounted ski passes are available to City employees and Elected Officials who work at least 20 hours a week during the winter season. These passes are purchased in advance at the Super Early discounted rate and can be paid back to the City by payroll deduction, cash, check, or credit card. A spouse pass may also be reserved and must be paid in full.



# Benefit Plan Costs

## Medical Insurance

Listed below are the costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. In lieu of medical coverage, a stipend will be reimbursable.

Coverage Level	HDHP with HSA Medical Plan			
	Elected Official Pays Monthly	City Pays Monthly	Total Monthly Premium	COBRA*
Elected Official Only	\$0.00	\$826.16	\$826.16	\$842.68
Elected Official + Child(ren)	\$268.25	\$1,314.10	\$1,582.35	\$1,614.00

\*COBRA includes 2% administration fee.

Coverage Level	HRA Medical Plan			
	Elected Official Pays Monthly	City Pays Monthly	Total Monthly Premium	COBRA*
Elected Official Only	\$0.00	\$797.67	\$797.67	\$813.62
Elected Official + Child(ren)	\$268.25	\$1,260.82	\$1,529.07	\$1,559.65

\*COBRA includes 2% administration fee.

Coverage Level	Dental and Vision Plan			
	Elected Official Pays Monthly	City Pays Monthly	Total Monthly Premium	COBRA*
Elected Official Only	\$1.85	\$55.55	\$57.40	\$58.55
Elected Official + Child(ren)	\$3.43	\$103.91	\$107.34	\$109.49

\*COBRA includes 2% administration fee.

# Important Notices

## City of Aspen

### 2023 HEALTH PLAN NOTICES

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5. Women's Health and Cancer Rights Notice

#### IMPORTANT NOTICE

**This packet of notices related to our health care plan includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice From City of Aspen About Your Prescription Drug Coverage and Medicare."**

# Important Notices

## IMPORTANT NOTICE FROM CITY OF ASPEN ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Aspen and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Aspen has determined that the prescription drug coverage offered by the City of Aspen Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

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Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

### **Enrolling in Medicare—General Rules**

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

### **Late Enrollment and the Late Enrollment Penalty**

If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have

# Important Notices

paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

## **Special Enrollment Period Exceptions to the Late Enrollment Penalty**

There are "special enrollment periods" that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes "creditable" prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

## **Compare Coverage**

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. See the City of Aspen Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting us at the telephone number or address listed below.

## **Coordinating Other Coverage With Medicare Part D**

Generally speaking, if you decide to join a Medicare drug plan while covered under the City of Aspen Plan due to your employment (or someone else's employment, such as a spouse or parent), your coverage under the City of Aspen Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your City of Aspen prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

## **For More Information About This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information, or call 970-920-5241. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Aspen changes. You also may request a copy.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).**

Date:	November 14, 2022
Contact—Position/Office:	Human Resources Benefits Administrator
Address:	427 Rio Grande Place Aspen, CO 81611
Phone Number:	970-920-5241

**Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.**

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## CITY OF ASPEN IMPORTANT NOTICE COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice is provided to you on behalf of:

**City of Aspen Medical Plan  
City of Aspen Dental Care Plan  
City of Aspen Vision Plan  
City of Aspen Flexible Benefits Plan**

These plans comprise what is called an "Affiliated Covered Entity," and are treated as a single plan for purposes of this notice and the privacy rules that require it. For purposes of this notice, we will refer to these plans as a single "Plan."

### **The Plan's Duty to Safeguard Your Protected Health Information**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Plan is required to extend certain protections to your PHI, and to give you this notice about its privacy practices that explains how, when, and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this notice, though it reserves the right to change those practices and the terms of this notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan's Privacy Official, described below), and will be posted on any website maintained by City of Aspen that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI and your rights with respect to the PHI they maintain.

### **How the Plan May Use and Disclose Your Protected Health Information**

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan's uses and disclosures of your PHI.

- **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**

- **Treatment:** Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists, and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it's important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.

# ! Important Notices

- **Payment:** Of course, the Plan's most important function, as far as you are concerned, is that it pays for all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals, and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans in certain cases. For example, if you are covered by more than one health care plan (e.g., covered by this Plan and your spouse's plan or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.
- **Health care Operations:** The Plan may use and disclose your PHI in the course of its "health care operations." For example, it may use your PHI in evaluating the quality of services you received or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverages. However, the Plan will not disclose, for underwriting purposes, PHI that is genetic information.
- **Other Uses and Disclosures of Your PHI Not Requiring Authorization.** The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:
  - **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as City of Aspen) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage, and other disputes related to the Plan's provision of benefits.
  - **To the Plan's Service Providers:** The Plan may disclose PHI to its service providers ("business associates") who perform claim payment and plan management services. The Plan requires a written contract that obligates the business associate to safeguard and limit the use of PHI.
  - **Required by Law:** The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities that monitor compliance with these privacy requirements.
  - **For Public Health Activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.
  - **For Health Oversight Activities:** The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
  - **Relating to Decedents:** The Plan may disclose PHI relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
  - **For Research Purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.
  - **To Avert Threat to Health or Safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

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- **For Specific Government Functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment, and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. For example, uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI would require your authorization. Your authorization can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.
- **Uses and Disclosures Requiring You to Have an Opportunity to Object:** The Plan may share PHI with your family, friend, or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

## Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

- **To Request Restrictions on Uses and Disclosures:** You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.
- **To Choose How the Plan Contacts You:** You have the right to ask that the Plan send you information at an alternative address or by an alternative means. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.
- **To Inspect and Copy Your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.
- **To Request Amendment of Your PHI:** If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors you may request in writing that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

# Important Notices

- **To Find Out What Disclosures Have Been Made:** You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

## **How to Complain About the Plan's Privacy Practices**

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

## **Notification of a Privacy Breach**

Any individual whose unsecured PHI has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner will receive written notification from the Plan within 60 days of the discovery of the breach.

If the breach involves 500 or more residents of a state, the Plan will notify prominent media outlets in the state. The Plan will maintain a log of security breaches and will report this information to HHS on an annual basis. Immediate reporting from the Plan to HHS is required if a security breach involves 500 or more people.

## **Contact Person for Information, or to Submit a Complaint**

If you have questions about this notice please contact the Plan's Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan's privacy practices, handling of your PHI, or *breach notification process*, please contact the Privacy Official or an authorized Deputy Privacy Official.

## **Privacy Official**

The Plan's Privacy Official, the person responsible for ensuring compliance with this notice, is:  
Human Resources Director  
970-429-1951

## **Organized Health Care Arrangement Designation**

The Plan participates in what the federal privacy rules call an "Organized Health Care Arrangement." The purpose of that participation is that it allows PHI to be shared between the members of the Arrangement, without authorization by the persons whose PHI is shared, for health care operations. Primarily, the designation is useful to the Plan because it allows the insurers who participate in the Arrangement to share PHI with the Plan for purposes such as shopping for other insurance bids. The members of the Organized Health Care Arrangement are:

**City of Aspen Medical Plan**  
**City of Aspen Dental Care Plan**  
**City of Aspen Vision Plan**  
**City of Aspen Flexible Benefits Plan**

## **Effective Date**

The effective date of this notice is: November 14, 2022.

# Important Notices

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

### CITY OF ASPEN EMPLOYEE HEALTH CARE PLAN

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within **30 days** after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within **60 days** of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within **60 days** after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Human Resources Benefits Administrator  
970-920-5241

**\* This notice is relevant for healthcare coverages subject to the HIPAA portability rules.**

# Important Notices

## **NOTICE OF RIGHT TO DESIGNATE PRIMARY CARE PROVIDER AND OF NO OBLIGATION FOR PRE-AUTHORIZATION FOR OB/GYN CARE**

City of Aspen Employee Health Care Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator at 970-920-5241.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from City of Aspen Employee Health Care Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the City of Aspen Employee Health Care Plan at: Human Resources Benefits Administrator, 970-920-5241

## **WOMEN'S HEALTH AND CANCER RIGHTS NOTICE**

City of Aspen Employee Health Care Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- 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;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

The City of Aspen Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

<b>HRA Plan</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Individual Deductible	\$2,500	\$5,000
Family Deductible	\$5,000	\$10,000
Coinsurance	30%	50%

<b>HSA HDHP</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Individual Deductible	\$1,500	\$2,000
Family Deductible	\$3,000	\$4,000
Coinsurance	30%	50%

If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator at:  
Human Resources Benefits Administrator, 970-920-5241

# ELECTED OFFICIAL BENEFITS

Benefit plans effective January 1, 2023–December 31, 2023

## Important Contact Information

If you have any questions regarding your benefits or the material contained in this guide, please contact Human Resources.

Phone: 970-920-5241

Email: [hr@cityofaspen.com](mailto:hr@cityofaspen.com)

Website: [www.cityofaspen.com](http://www.cityofaspen.com)

Provider/Plan	Contact Number	Website
<b>Medical—Allegiance</b>	855-999-1053	<a href="http://www.askallegiance.com">www.askallegiance.com</a>
<b>Teladoc*</b>	800-835-2362	<a href="http://www.teladoc.com">www.teladoc.com</a>
<b>Dental—Allegiance</b>	855-999-1053	<a href="http://www.askallegiance.com">www.askallegiance.com</a>
<b>Vision Plans—Allegiance</b>	855-999-1053	<a href="http://www.askallegiance.com">www.askallegiance.com</a>
<b>Pharmacy Benefit Manager—</b> Express Scripts administered by RxBenefits	800-334-8134	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
<b>Health Savings Account—HealthEquity*</b>	866-346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
<b>Health Reimbursement Arrangement—</b> Allegiance	855-999-1053	<a href="http://www.cityofaspen.com">www.cityofaspen.com</a>
<b>Retirement Plan—Mission Square</b>	800-669-7400	<a href="http://www.missionsq.org">www.missionsq.org</a>
<b>Employee Assistance Program—Triad*</b>	866-470-5733	<a href="http://www.triadeap.com">www.triadeap.com</a>

\*Support is also available in Spanish.

Note: Many of our carriers and plan administrators offer apps, please check the App Store and/or Google Play Store for availability.

This summary of benefits is not intended to be a complete description of the terms and The City of Aspen insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although The City of Aspen maintains its benefit plans on an ongoing basis, The City of Aspen reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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