

# 2020

## City of Glenwood Springs

### Summary of Benefits



**The City of Glenwood Springs is pleased to offer these benefit choices to our employees and their families.**

*Disclaimer: If there are any discrepancies between this guide and the actual Plan Documents, the Plan Documents will prevail. Plan provisions do not constitute an employment contract with any individual.*

Medical  
Dental  
Vision  
Flexible Spending  
Accounts (Medical &  
Dependent Care)  
Life/AD & D  
LTD  
Paid Parental Leave

Voluntary Benefits:  
Accident Insurance  
Pet Insurance  
Term Life Insurance  
Life Insurance

Retirement/Pension  
401(a)/401(k)/457

Education Assistance

Community Center  
Membership

Wellness Program

Employee Assistance  
Program

Longevity

Holidays

Annual Leave

Sick Leave

Misc. Benefits

## Eligibility for Benefits

Full-Time, active employees working at least 30 hours per week are covered for health benefits the first day of the month following the date of hire, provided they complete and return an enrollment form. Your legal dependents, such as a spouse, domestic partner and/or dependent children to the age of 26 are eligible for coverage provided you complete the enrollment form for yourself and dependents.

Because we take deductions for benefits on a pre-tax basis, our plans have rules about making changes to your benefits enrollment during the year, as defined by the Internal Revenue Service, Section 125. You may only make changes to your pre-tax health coverage during the Open Enrollment period, held in October for a January 1 start date. For our FSA Plans, the Open Enrollment period is in October for a January 1 start date.

You may only make changes at other times during the year if you experience a Family Status change, such as marriage, divorce, birth, death, or a spouse loses or gains coverage. HR must be notified within thirty (30) days from the date of the event to make changes. Otherwise, you will not be able to make a change until the next Open Enrollment period. We do require documentation to support the change.

# Benefits Contact Information Sheet

Benefit	Company	Plan ID	Telephone	Options	Website
Medical	Willis/CEBT	K-6	800-332-1168		<a href="http://www.cebt.org">www.cebt.org</a>
Medical Network	UMR Pays the claims, and provides the network	PPO IV, PPO VII, HRP	800-332-1168	Option of two plans: PPOIV or PPOVII; HRP covers those with other insurance - Mandatory	<a href="http://www.umar.com">www.umar.com</a>
Prescription Coverage	Caremark	RXGRP: CEBT0001 Rxbn:610415 RXPCN: PCS	800-378-9442	Automatically enrolled when enrolled in Medical plan	<a href="http://www.caremark.com">www.caremark.com</a>
Dental	Delta Dental	K-6	800-332-1168	Voluntary	<a href="http://www.cebt.org">www.cebt.org</a> or <a href="http://www.deltadentalco.com">www.deltadentalco.com</a>
Vision	VSP/CEBT	K-6	800-332-1168	Voluntary	<a href="http://www.cebt.org">www.cebt.org</a> or <a href="http://www.vsp.com">www.vsp.com</a>
Life and AD&D	Willis/CEBT	K-6	800-332-1168	Automatically enrolled at no cost	<a href="http://www.cebt.org">www.cebt.org</a>
Voluntary Life	The Standard Allstate Insurance	643648	800-332-1168	Voluntary Voluntary	<a href="http://www.cebt.org">www.cebt.org</a> or <a href="http://www.standard.com">www.standard.com</a> Contact Human Resources
Accident Insurance	Allstate Insurance			Voluntary	Contact Human Resources
FSA, Dependent Care, HSA, COBRA	Discovery Benefits	10697	877-765-8810	Voluntary	<a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>
401(K) & 401(A) for Police and Fire	The Newport Group		800-217-2240	401(k): Voluntary 401(a): EE/ER Contribution	<a href="http://www.newportgroup.com">www.newportgroup.com</a>
457	ICMA-RC	306377	800-669-7400	Voluntary	<a href="http://www.icmarc.org">www.icmarc.org</a>
STD/LTD	Lincoln Financial Group	STD: 000010107667 LTD: 000010107666	800-423-2765	Automatically enrolled in LTD; STD is Voluntary	<a href="http://www.jpfc.com">www.jpfc.com</a>
EAP	Triad Employee Assistance Program	John Gribben	877-679-1100	Up to 6 visits per issue free with counselor	<a href="http://www.triadeap.com">www.triadeap.com</a>
Community Center Membership	Contact HR	<b>Human Resources Director</b> <b>Dana Peterson</b> <b>970) 384-6429</b> <a href="mailto:dana.peterson@cogs.us">dana.peterson@cogs.us</a>		<b>Human Resources Generalist</b> <b>Kerry Swanson</b> <b>970) 384-6408</b> <a href="mailto:kerry.swanson@cogs.us">kerry.swanson@cogs.us</a>	
Wellness	Contact HR			<b>Human Resources Administrative Assistant, II</b> <b>Mariah Chastan</b> <b>970) 384-6412</b> <a href="mailto:mariah.chastan@cogs.us">mariah.chastan@cogs.us</a>	
Educational Assistance	Contact HR				

# Medical Plan - CEBT/UMR

## Eligibility:

- Full-Time (30 or more hours/week) employees and their immediate family members. Children can be covered until the age of 26.
- Coverage begins the first day of the month following date of hire.

Plan Services	PPO IV	PPO VII
Office Visits/ Primary Care/OB/GYN	PPO \$40 co-pay Non-PPO subject to deductible, then 60/40	PPO \$55 co-pay Non-PPO subject to deductible, then 60/40
Lab Charges	PPO \$40 co-pay Non-PPO subject to deductible then 60/40	PPO \$55 co-pay Non-PPO subject to deductible then 60/40
Prescription Drugs	<u>Retail</u> - 30 day supply: Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60  <u>Mail Order</u> - for 90 day supply: Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120	<u>Retail</u> - 30 day supply: Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$60  <u>Mail Order</u> - for 90 day supply: Generic \$40 Preferred Brand \$80 Non-Preferred Brand \$120
Deductible	\$1500 (max of 3 per family)	\$4000 (max of 3 per family)
Coinsurance	PPO: Subject to deductible then PPO 80/20, Non-PPO: 60/40	PPO: Subject to deductible then PPO 80/20, Non-PPO: 60/40
Maximum Out of Pocket	PPO: \$4000 (\$8000 family) Non-PPO: \$8000 (\$16,000 family)	PPO: \$6000 (\$12,000 family) Non-PPO: \$12,000 (\$24,000 family)
Hospital Charges	Subject to deductible then PPO 80/20, Non-PPO 60/40. Precertification is required for inpatient stay and for surgeries, whether inpatient or outpatient.	Subject to deductible then PPO 80/20, Non-PPO 60/40. Precertification is required for inpatient stay and for surgeries, whether inpatient or outpatient.
Emergency Care	Subject to deductible then PPO 80/20, Non-PPO 60/40	Subject to deductible then PPO 80/20, Non-PPO 60/40
Ambulance	Subject to deductible then 80/20 of "reasonable & customary"	Subject to deductible then 80/20 of "reasonable & customary"
Outpatient Surgery	Subject to deductible then PPO 80/20, Non-PPO 60/40	Subject to deductible then PPO 80/20, Non-PPO 60/40
Preventative Care	Most preventative services will be covered 100% with no co-pays or deductibles, this includes children's immunization  <b>More detailed information can be found on the Intranet, under Human Resources-Benefits</b>	Most preventative services will be covered 100% with no co-pays or deductibles, this includes children's immunization  <b>More detailed information can be found on the Intranet, under Human Resources- Benefits</b>
Xrays/Scans/MRI's/CT Scans/Pet Scans	Subject to deductible PPO 80/20, Non-PPO 60/40	Subject to deductible PPO 80/20, Non- PPO 60/40

<b>Colonoscopy (Routine, 50+ or older)</b>	PPO: Waive the deductible then 100% Non-PPO: subject to deductible then 60/40	PPO: Waive the deductible then 100% Non-PPO: subject to deductible then 60/40
<b>Physical Therapy</b>	PPO: \$40 co-pay Non-PPO: subject to deductible then 60/40	PPO: \$55 co-pay Non-PPO: subject to deductible then 60/40
<b>Durable Medical Equipment</b>	PPO: Subject to deductible then 80/20 Non-PPO: 60/40	PPO: Subject to deductible then 80/20 Non-PPO: 60/40
<b>Chiropractor *</b>	PPO/Non-PPO \$40 co-pay; \$1000 annual benefit; benefits subject to "reasonable & customary"	PPO/Non-PPO \$55 co-pay; \$1000 annual benefit; benefits subject to "reasonable & customary"
<b>Mental/Nervous &amp; Drug/Alcohol</b>	Outpatient: PPO \$40 co-pay Deductibles start on discharge from facility	Outpatient: PPO \$55 co-pay Deductibles start on discharge from facility

\*Subject to reasonable and customary guidelines (R&C)

**PPO NOTE: The copayment in PPO IV and PPO VII does apply toward the out of pocket. Combination of PPO and Non-PPO out of pocket limit will never exceed the Non-PPO out of pocket limit.**

### HRP (Hospital Reimbursement Plan)

The Hospital Reimbursement plan is for City Employees only. This plan will pay up to \$1,000 per day of otherwise un-reimbursed eligible medical expenses for hospital confinement. The reimbursement will be paid directly to the plan participant. There is a \$30,000 maximum benefit per calendar year.

**\*If you choose this plan, you must show documentation that you are covered under another insurance plan.**

## PAY PERIOD RATES:

PPO 4			Employee Per Paycheck Contribution (26 times/yr)	TOTAL Annual Premium for PPO4 (includes COGS + EE)	Annual Employee Contribution for PPO4	Annual COGS Contribution for PPO4
Co Pay	\$40	Employee Only	\$68.31	\$12,576	\$1,776	\$10,800
Deductible	\$1,500	Employee & Spouse	\$136.62	\$25,128	\$3,552	\$21,576
Max Individual	\$4,000	Employee & Child(ren)	\$126.46	\$23,256	\$3,288	\$19,968
Family Max	\$8,000	Employee & Family	\$190.15	\$34,992	\$4,944	\$30,048
PPO 7			Employee Per Paycheck Contribution (26 times/yr)	TOTAL Annual Premium for PPO7 (includes COGS + EE)	Annual Employee Contribution for PPO7	Annual COGS Contribution for PPO7
Co Pay	\$55	Employee Only	\$0.00	\$10,128	\$0	\$10,128
Deductible	\$4,000	Employee & Spouse	\$109.85	\$20,220	\$2,856	\$17,364
Max Individual	\$6,000	Employee & Child(ren)	\$101.54	\$18,720	\$2,640	\$16,080
Family Max	\$12,000	Employee & Family	\$152.77	\$28,164	\$3,972	\$24,192
HRP – Employee Only			\$0.00	\$3,300 per year		

Eligibility:

- Full-Time (30 or more hours/week) employees and their immediate family members. Children can be covered until the age of 26.
- Coverage begins the first day of the month following date of hire.
- Orthodontia Coverage to the age of 19.
- PPO, Premier, or out of network coverage levels

Type of Service	Amount You Pay
<b>Type I-Preventative Services</b> (Oral exams, fluoride treatments, sealants, and xrays)	
❖ Deductible	Waived
❖ Coinsurance	Covered at 100%
<b>Type II-Basic Services</b> (Emergency services, extractions, anesthesia, fillings, oral surgery, endodontic, and periodontics.)	
❖ Deductible	\$50 Single/\$150 Family
❖ Coinsurance	20% after deductible
<b>Type III-Major Services</b> Crowns, dentures, bridges, prosthetic repairs, implants, and other prosthetic devices	
❖ Deductible	Combined with Basic
❖ Coinsurance	50%
<b>Annual Maximum</b>	\$1500
<b>Type IV-Orthodontia Services</b> Eligible dependent children to age 19. Treatment must be completed prior to age 19	
❖ Coinsurance	50%
❖ Maximum Lifetime Benefit	\$1500

\* All fees and percentages below are based on “usual and customary charges”

**\*\*Waiting Period\*\***

The waiting period is waived for Orthodontia work in progress; however, CEBT will reduce the lifetime benefit of \$1500 by the amount of benefits paid by the previous carrier. Dependents that do not currently have work in progress must satisfy the six (6) months waiting period.

Cost Per Pay Period-Dental	
Employee	\$18.46
Employee & Spouse	\$38.77
Employee & Child (ren)	\$52.15
Family	\$70.15

### Vision Plan (VSP)

**Eligibility:**

- Full-Time (30 or more hours/week) employees and their immediate family members. Children can be covered until the age of 26.
- Coverage begins the first day of the month following date of hire.
- VSP allows you the flexibility to receive care and services in or out of network, but greater discounts can be received at VSP in-network providers.

Member Benefits	Up To	
Elective Contact Lenses Allowance	\$160	Once every 12 months
Exam Co-pay	\$15 co pay	Employee pays the co-pay and the rest of exam is covered. Subject to *(R&C) reasonable and customary guidelines. Once every 12 months
Material Co-pay	\$15 co pay	Employee pays the co-pay and the rest of materials are covered. Subject to* (R&C) reasonable and customary guidelines. Once every 12 months
Frame Allowance (retail)	\$160	Once every 24 months

Per Pay Period Cost-Vision	
Employee	\$4.62
Employee & Spouse	\$6.46
Employee & Child	\$6.00
Family	\$11.54

**\*Reasonable & Customary**

### Flexible Spending Accounts: Medical and Dependent Care Accounts- Discovery Benefits [www.discoverybenefits.com](http://www.discoverybenefits.com) 877-765-8810

**Eligibility:**

- Full-Time (30 or more hours/week) employees and their immediate family members. Children can be covered until the age of 26.
- Coverage begins the first day of the month following date of hire.
- Flexible Spending Accounts provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis, and possibly lower your taxable income.

Account Type	How It Is Used?	How much can I contribute?	How does it work?
Flexible Spending Account (FSA)	Pairs with PPO IV Plan and PPO VII Plan	Contribute up to \$2,700 pre-tax, per Calendar Year	Is not a complete Use it or Lose it plan: *You will be able to rollover \$500 or less from the 2019 calendar year*
Dependent Care	Not affiliated with a medical plan. Used towards the cost of day care for your child under the age of 13.	Set aside up to \$5,000 pre-tax, per Calendar Year	“Use it or Lose It” All funds set aside for 2018, must be used by March 15, 2019.

## How these plans work:

You will be issued a “credit card” from Discovery Benefits for the FSA account. Simply run the card at the time of service to your medical, dental or vision provider. The payment will automatically be drawn on this account if the money is available. Here are some examples of what you may use the funds for:

<b>Co-Pays</b>	<b>Prescriptions</b>	<b>Dental Procedures</b>
<b>Glasses and Exams</b>	<b>Hearing Aides</b>	<b>Physical Therapy</b>
<b>Deductibles</b>	<b>Chiropractic Care</b>	<b>Smoking Cessation Programs</b>

You can consult the entire Expense Eligibility List for the FSA and HSA at [www.discoverybenefits.com](http://www.discoverybenefits.com).

### COMPANY PAID LIFE INSURANCE AND AD&D

Eligibility:

- Full-Time (30 or more hours/week) employees.
- Coverage begins the first day of the month following date of hire.
- Some dependent coverage is included in the group life insurance.

The City of Glenwood Springs provides 1 ½ times their basic annual earnings group life and accidental death and dismemberment (AD& D) insurance, at no cost to the employee. The maximum benefit amount is \$300,000. The plan also provides your eligible dependents with a dependent life benefit of \$5,000 for your spouse and \$200 for each child over 14 days, but less than 6 months, and \$2,000 for each child over 6 months, up to the age of 19.

### VOLUNTARY BENEFITS

#### **Accident Insurance: Allstate**

Employees may sign up for Voluntary Accident Coverage during Open Enrollment in October with a start date of January 1<sup>st</sup>. This plan does not coordinate with current medical coverage. It is designed to help supplement and help cover out of pocket expenses on medical coverage. When you enroll in this benefit, you pay the full cost through payroll deductions. Contact Human Resources with any questions and for enrollment forms.

#### **Voluntary Life: Allstate Term Life**

Employees who want to supplement their group life insurance benefits may purchase Voluntary Life Insurance through Allstate during Open Enrollment in October. When you enroll yourself and/or dependents in this benefit, you pay the full cost through payroll deductions. Contact Human Resources with any questions and for enrollment forms.

#### **Voluntary Life and AD & D Insurance-The Standard Life Insurance Company, Administered through Willis/CEBT**

Employees who want to supplement their group life insurance benefits may purchase Voluntary Life Insurance through “The Standard.” When you enroll yourself and/or dependents in this benefit, you pay the full cost through payroll deductions. You can purchase coverage for yourself in increments of \$25,000, up to a total of \$300,000.

If enrolled when initially eligible, employee coverage is guaranteed without evidence of insurability for up to \$100,000, spouses are guaranteed for up to \$10,000, and children are guaranteed for up to \$5,000.

You may enroll at time of hire or during Open Enrollment.

**Reductions in Life Insurance**

When you reach an age shown below, the amount of insurance will be the amount determined from the Schedule of Insurance, multiplied by the appropriate percentage below:

Age of Member	Percentage
65 through 69	60%
70 through 74	35%
75 through 79	25%
80 and over	20%

**Disability Insurance- Short Term and Long Term  
Lincoln Financial Group 800-423-2765 [www.jpfc.com](http://www.jpfc.com)**

**Voluntary Short-Term Disability**

Eligibility:

- Full-Time (30 or more hours/week) employees and their immediate family members
- Coverage begins the first day of the month following date of hire or when EOI is received

Enrolling in this voluntary benefit can provide a source of income if you are unable to work for an extended period of time due to a non-occupational injury or illness, or due to pregnancy. Coverage is guaranteed if you enroll when you are hired. You are not eligible to receive Voluntary Short-Term Disability benefits if you are receiving worker’s compensation benefits.

<b>-Short-term Disability-</b>	
<b>Benefits Begin</b>	1 <sup>st</sup> day accident/hospitalization/injury 8 <sup>th</sup> day illness
<b>Percentage of Income Replaced</b>	Up to 60% of your weekly salary
<b>Maximum Benefit</b>	\$1000 Week
<b>Monthly Cost (To Calculate Cost)</b>	(1) Annual Salary/52*.6=Weekly Coverage Amount (2) Weekly Coverage Amount/10*.4=Monthly Cost

**Long Term Disability**

Eligibility:

- Full-Time (30 or more hours/week) employees.
- Coverage begins the first day of the month following date of hire.
- **Provided at no cost to the Employee.**

<b>Long-term Disability-</b>	
<b>Benefits Begin</b>	After 90 days of continuous disability
<b>Percentage of Income Replaced</b>	60% of your weekly salary
<b>Maximum Benefit</b>	\$5000 per week

Short Term or Long-Term Disability Leave may run concurrently with FMLA Leave. Please contact Human Resources if you will miss three (3) or more days of work because of a medical condition.

**-Retirement Plans- 401(k), 401(a), 457**  
**Stifel Nicolaus 970-945-5275 [www.stifel.com](http://www.stifel.com)**  
**Newport Group 800-307-4015 [www.newportgroup.com](http://www.newportgroup.com)**  
**ICMA – RC 457 800-669-7400 [www.icmarc.org](http://www.icmarc.org)**

**401(k) Plan**

Eligibility:

- Full-Time (30 or more hours/week) employees.
- Participation begins on the first day of the month following six (6) months continuous employment.
- The City automatically contributes a flat 4% of the employee’s salary toward each eligible employee’s account.
- Employees may contribute a percentage of his/her gross income up to a maximum of \$18,500/year. The City matches the first 3% of the employee’s contribution. 50 years or older, you can make an additional catch-up contribution up to \$6,000.

How It Works:

1. Set up an appointment with Stifel/Nicolaus, Inc., our Investment Advisor, in Glenwood Springs, when you are about to become eligible. Stifel/Nicolaus, Inc. will guide you through the process of setting up your online account with Newport Group (the Administrator), allocating your money to different funds, or help you with a rollover, and your retirement/savings path.
  2. Next, you turn in a form to Human Resources designating a percentage of your salary to be put into your elections.
  3. You sit back and watch your money grow. You may check your account anytime online at [www.newportgroup.com](http://www.newportgroup.com). You can change your election and funds at any time online, but please inform Human Resources if you wish to change your percentage of contribution from your pay check.
- All contributions made by the employee to the 401(k) are 100% vested. City contributions to the 401(k) are vested according to the following schedule:

Year	Percentage
Less than 1	None
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

**Retirement Plans- 401(a)**  
**Stifel Nicolaus 970-945-5275 [www.stifel.com](http://www.stifel.com)**  
**Newport Group 800-307-4015 [www.newportgroup.com](http://www.newportgroup.com)**

**401(a) for Police and Fire**

Eligibility:

- Employees of the Fire and Police Departments are provided retirement benefits in lieu of social security contributions in the form of a 401(a) Pension Plan.
- The employee shall contribute 7.5% of their salary; the City will also contribute an amount equal to 7.5% of the employee’s salary.
- All contributions made by the employee to the 401(a) are 100% vested. City contributions to the 401(a) are vested according to the following schedule:

Year	Percentage
Less than 1	None
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

**Retirement Plans- 457**  
**ICMA – RC 800-669-7400 [www.icmarc.org](http://www.icmarc.org)**

**457 Plan – ICMA-RC**

Eligibility:

- Full-Time (30 or more hours/week) employees.
- Regular Part-Time employees – employees who regularly work 15-29 hours year-round in a primary position.
- City Council members.
- City Council Appointees.
- Starts the first of the month following the date of hire.
- Eligible employees may voluntarily contribute a percentage of pre-tax income in the form of a payroll deduction up to a maximum of \$18,000 per year. This can be *in addition* to amounts contributed to an employee’s 401(k) Plan
- The City of Glenwood Springs doesn’t match contributions to this plan.
- All employee contributions are 100% vested.
- Employees may roll over accounts and manage their account online.

**Employee Assistance Program- Triad EAP – [www.triadeap.com](http://www.triadeap.com)**

**EAP - Employee Assistance, Counseling, and Referrals**

Triad is an Employee Assistance Program that offers confidential and free counseling and referral services. Triad offers Full-Time and Regular Part-Time Employees, spouses, and dependent children (up to age 19) counseling services for personal, work- related, legal, or financial concerns.

The first six sessions are free. Assistance is completely confidential. Triad does not release the employee name to the City of Glenwood Springs.

### Educational Assistance

Subject to the availability of funds, the City may contribute a maximum of \$1,500.00 per year for educational purposes for Full-Time employees. The education must be in conjunction with or related to the employee's position with the City of Glenwood Springs and must have prior approval of the City Manager. Reimbursement will be contingent upon satisfactory completion of the program with a passing grade of C or better.

If an employee voluntarily leaves City employment, repayment in part or full for the educational instruction may be required. Employees will be asked to sign an agreement stating such. Employees are encouraged to discuss their education needs with their supervisor.

### Community Center Membership

All City of Glenwood Springs Full-Time employees (including immediate families) may enjoy the benefits of a free membership (the value of the pass is a taxable benefit) to the City of Glenwood Springs Community Center. Immediate family members are spouses and children age 23 and under. This membership includes free access to open gym, winter public ice skating, unlimited use of the fitness center, free fitness orientations, aquatics center public swim and free use of the internet lab. All other Community Center fees for charged services will be at the rate of a resident member.

To activate your membership, please contact Human Resources. This free membership will continue as long as you are a city employee. ***\*You must renew each year.***

### Wellness Benefit

The City of Glenwood Springs maintains a comprehensive Wellness Program and is dedicated to the wellness and the preventive care of its employees and their families. This Wellness Program has been designed for all levels of health and fitness.

All employees are encouraged to participate in at least some of the various activities/events within the program guidelines within the calendar year.

**Full-Time** employees can earn up to 16.0 hours of paid time off annually for participating in various wellness activities throughout the year. Please consult our Wellness Program Guide for the specifics.

### Longevity Pay

After five (5) years of continuous employment with the City, all Full-Time regular employees may qualify for longevity pay. It will be awarded at the sole discretion of the City Manager on each anniversary of the employee's hire date and will be re-evaluated annually. If an employee is awarded longevity pay, the entire amount will be paid on the first pay day after the anniversary hire date. The employee must have completed the years of service set forth in the schedule below:

Completed Years of Service	Dollar Amount
5 through 9 years	\$350.00
10 through 14 years	\$700.00
15 through 19 years	\$1050.00
20 through 24 years	\$1400.00
25 and up	\$1750.00

**Time Off Benefits – Holidays, Vacation (Annual Leave), Sick**

**Holidays**

The following have been designated as legal holidays for Full-Time employees and shall be granted with pay:

- New Year's Day, January 1st
- President's Day, third Monday of February
- Memorial Day, last Monday of May
- Independence Day, July 4th
- Labor Day, first Monday of September
- Thanksgiving Day, fourth Thursday of November
- Day after Thanksgiving, fourth Friday of November
- Christmas Eve, the last scheduled working day before Christmas, December 24th
- Christmas Day, December 25th
- Floating Holidays (2) (See Employee Handbook for exclusions.)

Certain employees of the Police and Fire are granted an exception from the listed holidays and observe 9 holidays on other days.

**Annual Leave (Vacation)**

Full-Time employees and Regular Part-Time employees shall be granted annual leave on a graduated accrual basis. This leave accrues immediately upon employment. Employees are eligible to take annual leave as soon as hours have been accrued. Annual leave will not be granted in advance of accrual and cannot be taken without prior supervisor approval.

<b>Regular Full-Time Employees</b>	<b>Accrual Rate</b>	<b>Maximum Accrual</b>
<b>0-5 years:</b>	<b>1 day per month</b>	<b>208 hours</b>
<b>6-10 years:</b>	<b>1.25 days per month</b>	<b>208 hours</b>
<b>11-15 years:</b>	<b>1.5 days per month</b>	<b>208 hours</b>
<b>Over 15 years:</b>	<b>1.75 days per month</b>	<b>208 hours</b>

Fire Department shift employees must take time off in 24-hour increments (or as allowed by the Fire Chief/Department Head), rather than the 8-hour increments utilized by other City employees.

<b>Regular Fire Department Shift Employees</b>	<b>Accrual Rate</b>	<b>Maximum Accrual</b>
<b>0-5 years:</b>	<b>11 hours per month</b>	<b>286 hours</b>
<b>6-10 years:</b>	<b>13.75 hours per month</b>	<b>286 hours</b>
<b>11-15 years:</b>	<b>16.5 hours per month</b>	<b>286 hours</b>
<b>Over 15 years:</b>	<b>19.5 hours per month</b>	<b>286 hours</b>

NOTE: When/if an employee transfers from one accrual type to another, his/her accrued annual leave shall transfer.

**Sick Leave**

Full-Time, regular employees shall begin to accrue sick leave immediately upon employment. Employees shall accrue sick leave on the following basis of continuous service:

	Accrual Rate	Maximum Accrual
Regular, Full-Time Employees	8 hours per month	960 hours
Regular, Full-Time Fire Department Employees	11 hours per month	1,320 hours

Regular Part-time employees will have their Sick Leave accrual prorated.

**Please contact Human Resources if you have an injury or illness lasting longer than three (3) work days. We can help coordinate your time off needs, FMLA, and Short-Term Disability, to ensure you are paid correctly.**

**-Other Transportation-**

The City partially subsidizes the cost of RFTA (Roaring Fork Transportation Authority) bus passes for Full-Time employees who live outside of Glenwood. **The purpose of this pass is to ensure employees are able to get to and from work.** The cost of a monthly bus pass is \$25 for a 30-day pass. This entitles the pass holder unlimited rides (7) seven days a week.

Additionally, employees can purchase RFTA discounted Value Cards. A forty (\$40) Value Card is \$29.00 and a twenty (\$20) Value Card is \$14.50. RFTA maps and schedules are available at [www.rfta.com](http://www.rfta.com).

Employees can purchase their monthly pass or RFTA discounted punch passes from the Finance Department in City Hall.

**Guaranteed Ride Home**

Employees using alternative transportation (bus, walk, bike, carpool, commuter van) can receive a Guaranteed Ride Home when there is an emergency or unplanned event during the work day. Please contact Human Resources for more information.