SOUTH METRO FIRE RESCUE
COLORADO

BENEFITS GUIDE

2027









OUR VALUES

The vision, mission, and values are the foundation of this organization. Thus, every effort will be made to keep these current and meaningful so that the individuals who make up South Metro Fire Rescue are guided by them in the accomplishment of the goals, objectives, and day-to-day tasks.

Vision.

A fire service leader setting the highest standards in prevention and emergency response services, positively impacting lives with every encounter.

Mission.

We save lives, protect property, and serve our community.

Values.

Excellence through professionalism, accountability, compassion, and engagement (PACE).

TABLE OF CONTENTS

What's New 4

Benefits Overview 5

When Can I Enroll or Make Changes..... 6

How To Enroll 7

Key Terms to Know 8

Know Where To Go For Care 9

Medical Plans at a Glance 10

Plans Key Features Comparison 11

Zero Health 12

Medical Premiums 13

Cigna Medical Benefits and Deductibles/ Out-of-Pocket Maximum Comparison..... 14

Kaiser Medical Benefits and Deductibles/ Out-of-Pocket Maximum Comparison..... 15

Cigna Prescription Drug Plans 16

Kaiser Prescription Drug Plans 17

Know your Network - Cigna 18

Know your Network - Kaiser 19

Vision Plans ..... 20 - 21

Dental Plan and Premiums ..... 22 - 23

Flexible Spending Accounts 24

How to Use Your FSA 25

Health Savings Account 26

Life & AD&D Insurance 27

Disability Benefits 28

Voluntary Accident & Critical Illness 29

Medbridge - Voluntary Hospital Indemnity..... 30

How to File a Voluntary Insurance Claim .. 31

Employee Assistance Program 32

Legal & ID Theft 33

Retirement Benefits ..... 34 - 35

Leave Benefits ..... 36 - 37

Free Employee Support Services..... 38

Additional Benefits 39

Contact Information 40

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

WHAT'S NEW

Medical

SMFR reduced the overall projected medical cost increase from 6.2% to 2.6% for 2027!

- **Cigna:** Employee premiums increased approximately 2.2%.
- **Kaiser:** Employee premiums increase 18.1%–28.8%, depending on the plan.
- **Both carriers**: No changes to deductibles, out-of-pocket maximums, or plan benefits.

Dental

- No changes to plan offerings or structures (copays, deductibles, or out-of-pocket maximums).
- Premiums increasing by 3.8% overall.

Vision

- SMFR is introducing two VSP vision plan options for 2027.

Fidelity

Beginning in 2027, SMFR's 401a and 457b retirement plans provider will transition from VOYA to Fidelity. Additional information and details about the transition will be shared with employees once available.

BENEFITS OVERVIEW

Eligibility

You and your dependents are eligible for SMFR benefits if you are:

- **Full-Time Benefited Employee** – those scheduled to work at least 30 hours per week.
- **Part-Time Benefited Employee** – those scheduled to work 20-29 hours per week.

- **Dependents, subject to documentation (see HR website):**
  - Your legal spouse, including common law and domestic partner.
  - Your children up 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.



WHEN CAN I ENROLL OR MAKE CHANGES?

Open Enrollment

Each year, you have the opportunity to make changes to your benefits during annual open enrollment (OE). OE is your one-time opportunity to enroll for benefits or make changes to your existing benefit elections. **The annual OE period typically occurs in November. The benefits you elect during open enrollment will become effective January 1st through December 31st of the following year.**

New Hire

As a new hire or a rehire, you must enroll within 30 days from your date of hire. Per IRS rules, if you don't enroll before your eligibility date, you won't have coverage through South Metro Fire Rescue for the current calendar year, and you won't be able to enroll for benefits until the next open enrollment period, unless you experience a qualifying life event (see below). Supporting documentation must be submitted to Human Resources when adding a dependent.
Coverage and contributions will start on your benefit eligibility date - regardless of when you enroll.

Qualifying Life Events

Outside of Open Enrollment, you may make changes to your benefits only if you have a qualifying life event (QLE), per IRS rules. **You have 30 days from the date of the event to provide appropriate documentation and make election changes.**

HOW TO ENROLL

How can I sign up for benefits during Open Enrollment?

Log into UKG Pro to make benefit elections.
To Access: Log into UKG Pro through the Employee Launch Pad. Click Myself > Open Enrollment > Open Enrollment Session.

Click to Log in!

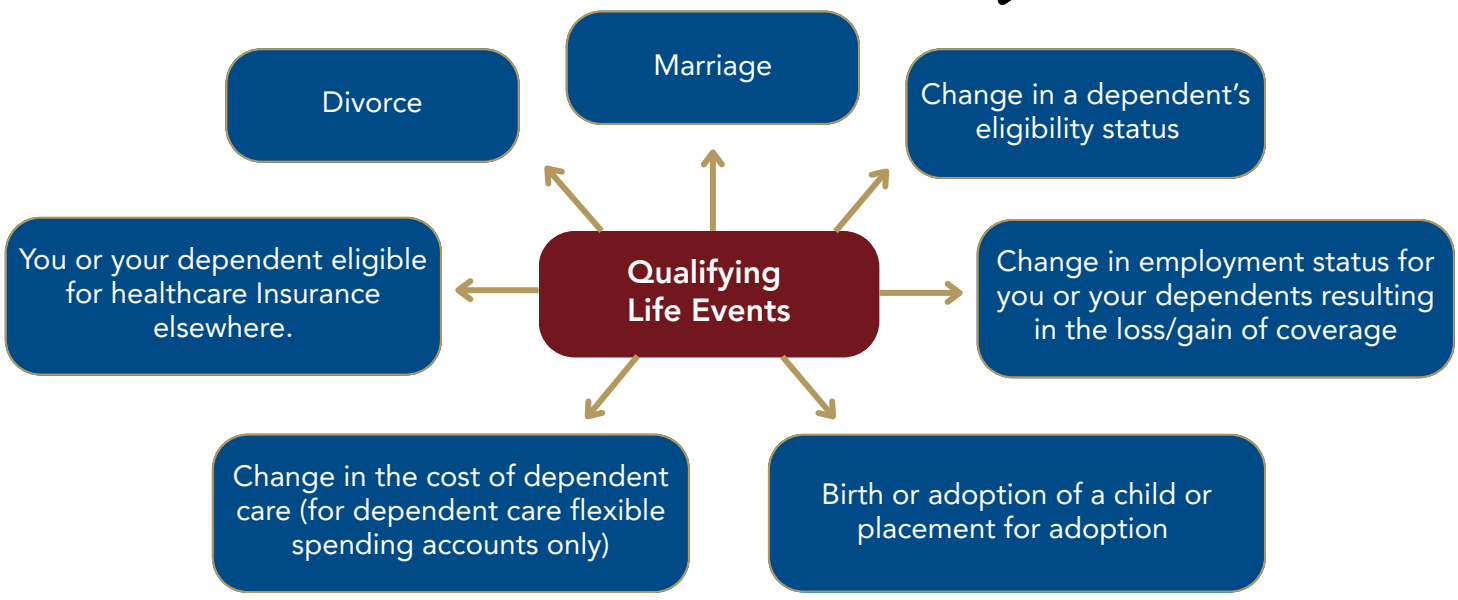
UKG Pro (UltiPro)

How can I sign up for benefits as a New Hire?

Log into UKG Pro to make benefit elections.
To Access: Log into UKG Pro through the Employee Launch Pad. Click Myself > Life Event > New Hire Session.

How can I sign up for benefits under a Life Event?

Click on the qualifying life event and follow the checklist



KEY TERMS TO KNOW

Copay

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.

Deductible

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.

Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.

Out-of-Pocket Maximum

This includes copays, deductibles and coinsurance. Once you meet this amount, the plan pays 100% of covered services for the rest of the year.

In-Network Providers

The facilities and providers the insurance company has contracted with to provide services under that plan. In-network providers typically provide services at a lower negotiated rate.

Out-of-Network Providers

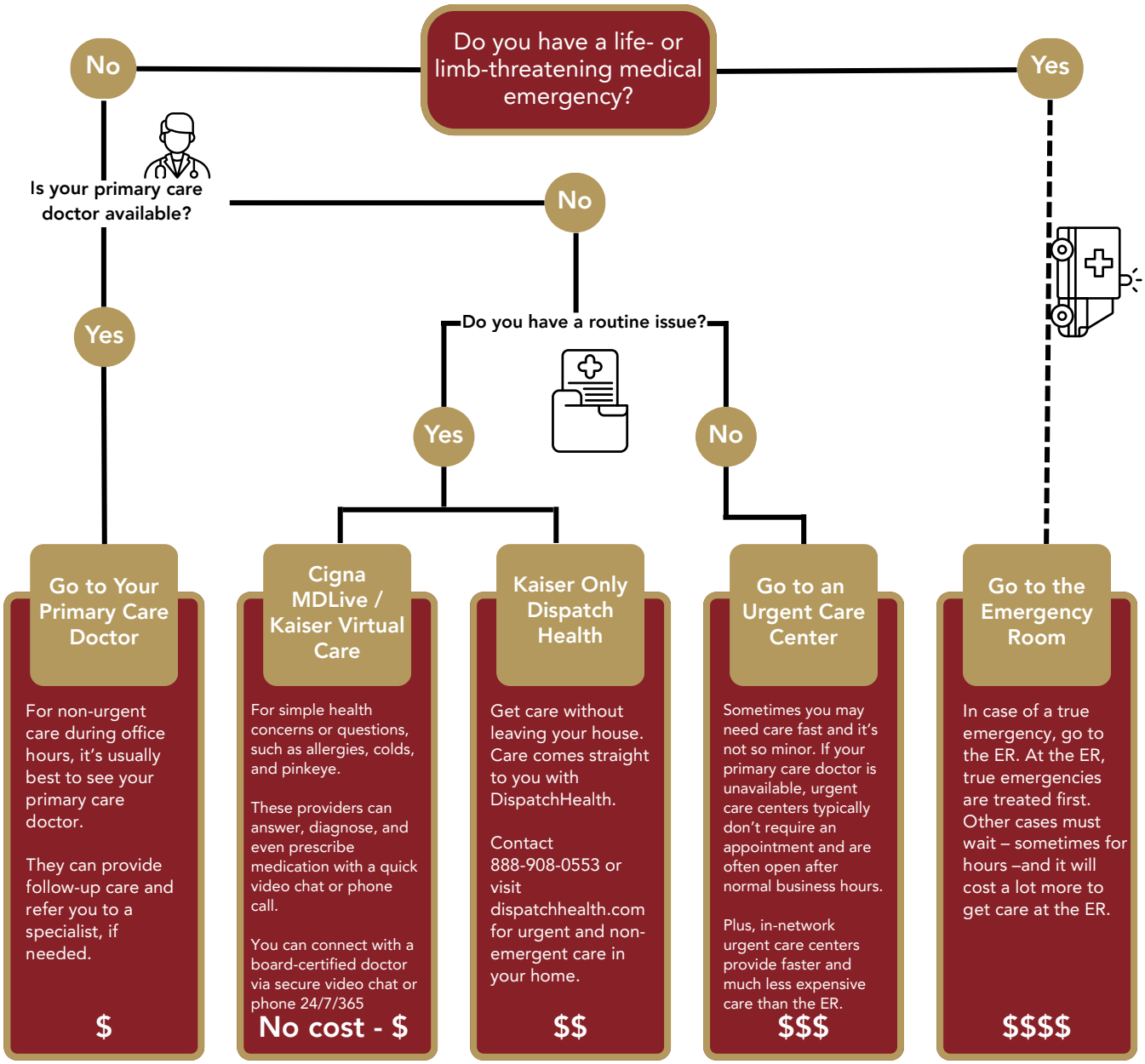
The facilities or providers that do not participate in the insurance company's provider network. They do not have a signed contract agreeing to accept the insurance company's negotiated prices and can balance bill the member. Out-of-network providers typically provide services at a higher rate and could cost more.

Balance Billing

The amount billed to the member for the difference between the amount the provider charges and the amount paid by the insurance company. The member is protected from balance billing when utilizing an in-network provider.

KNOW WHERE TO GO FOR CARE

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a healthcare provider. Use the chart below to help you choose where to go for care



MDLive/Virtual Care/Dispatch Health	Urgent Care	Emergency Room
Sore throat, Headache, Fever, Rash, Cold and Flu, Stomachache, Allergies…	Sprains, Strains, Minor broken bones (e.g., finger), Minor infections, Small cuts, Sore throats, Rashes…	Heavy bleeding, Large open wounds, Sudden change in vision, Chest pain, Sudden weakness or trouble talking, Major burns, Spinal injuries, Severe head injury, Difficulty breathing, Broken bones…

*If you are enrolled in a HDHP, per IRS rules, virtual care is required to have a small coinsurance cost

MEDICAL PLANS AT A GLANCE

South Metro Fire Rescue provides you 6 medical plan offerings: 3 Cigna medical plans and 3 Kaiser medical plans for you and your family. All the plans offered include prescription drug benefits and 100% coverage for preventive care.

Cigna Medical Plans

LocalPlus In-Network Plan

- Access to a narrower LocalPlus network
- In-network access only
- $0 copay on everyday services
- Flexible Spending Account eligible

Open Access Plus (OAP) In-network Plan

- Access to the broadest OAP network
- In-network access only
- Flexible Spending Account eligible

LocalPlus HDHP + HSA Plan

- Access to narrower LocalPlus network as well as out-of-network options
- Health Savings Account (HSA) and Limited Purpose Flexible Spending Account eligible
- Employer contribution to HSA

Kaiser Medical Plans

Everyday Care Plan

- In-network access only
- $0 copay on everyday services
- Flexible Spending Account eligible

Deductible HMO (DHMO)

- In-network access only
- Copay Plan
- Flexible Spending Account eligible

HDHP + HSA Plan

- In-network access only
- Health Savings Account (HSA) and Limited Purpose Flexible Spending Account eligible
- Employer contribution to HSA



PLAN KEY FEATURES COMPARISON

	Cigna			Kaiser		
	LocalPlus	OAP Plan	LocalPlus HDHP with HSA	Kaiser Everyday Care	Kaiser DHMO	Kaiser HDHP with HSA
Primary Care Provider	Recommended but not required			Required		
Referrals to Specialists	Not required			Required for dermatology, allergy, and urology		
Out-of-Network Services	No	No	Yes	No		
Prior Authorization	May be required			Required		
Emergency and Urgent Care	Global coverage for emergency situations, 24/7. Urgent care services are available at in-network facilities.			Global coverage in and out-of-network for emergency and urgent care situations.		
Health Savings Account (HSA)	Not available	Not available	Available. Set aside pretax money to pay for qualified medical expenses.	Not available		Available. Set aside pretax money to pay for qualified medical expenses.

EMS Transport Policy

Full and part-time employees (as defined by the IRS) and their dependents covered by SMFR Cigna and Kaiser medical insurance plans are eligible for the EMS Transport benefit. If transported by an SMFR medic, EMS will ensure the transport isn't billed through insurance. Under IRS regulations, employees and dependents enrolled in a High Deductible Health Plan (HDHP) are ineligible for this benefit unless the HDHP deductible has been met at the time of transport (excluding auto-related incidents).

To activate the benefit, notify EMSBureauAdministration@southmetro.org within seven (7) calendar days of the transport date. See Power DMS for more details.

Mental Health & Counseling Services

Employees, spouses, and covered dependents can access mental health counseling and ongoing therapy through their Cigna or Kaiser medical plan.
We encourage family members to use these benefits for ongoing care, while SMFR's employer-provided EAP and Peer Support services are especially helpful for immediate support, critical incidents, and first responder needs. Coverage and costs vary by medical plan.

Neurofeedback

Neurofeedback can help train and regulate beta brainwaves, which are linked to alertness, focus, and cognitive function. Neurofeedback sessions are billable through Cigna Healthcare claims or available on a cash-pay basis. For coverage information or to schedule an appointment, please visit the Wellness website.
See page 32.

Chiropractic Care

Kaiser Permanente and Cigna members can access chiropractic care, often through their Complementary Medicine departments, either as part of their core health plan or through additional ancillary benefits.
Limit 20 visits per year.

ZERO HEALTH

ZERO doesn't replace your Cigna medical coverage but works alongside it to significantly reduce healthcare costs. This means **big savings** for you and also for the health plan.

Eligibility: Employees and your covered dependents enrolled in the OAP and Local Plus medical plans are eligible for ZERO. Those on the Local Plus HDHP must meet the minimum IRS deductible requirement of $1,750 for individual plan coverage and $3,500 for family coverage before being eligible for ZERO!

What is covered under Zero Health?

- Surgeries (Ear Nose & Throat, Orthopedic, Spinal, Women's Health)
- Preventive Screenings such as Colonoscopies and Mammograms
- Imaging (CT Scans, MRI, Ultrasound, X-Ray)
- Physical Therapy
- Sleep Studies
- Labs at Quest Diagnostics

Once your doctor recommends you need a procedure scheduled, follow these simple steps to get the care you need for $0!

1. Connect with your Personal Health Assistant to see if the service or procedure you need is covered. You can call 855-816-0001, chat **www.zero.health** or email at help@zerohealth.
2. Your Personal Health Assistant will help you find the provider that works best for you and sends all the details to the ZERO provider to get you scheduled for your procedure.
3. You get access to the care you need without having to worry about things like deductibles, copays or coinsurance - you always pay $0. For real. You always pay ZERO.

ZERO'S Lab Partner is Quest Diagnostics. To pay $0 for all your lab work:

1. Ask your doctor or nurse to send your lab orders to Quest Diagnostics.
2. You can go to the closest Quest Diagnostics location - just make sure to show your physical or digital ZERO Member ID Card when you arrive. Access your digital copy at **my.zero.health**.
3. Quest Diagnostics will send you the lab results to your prescribing physician and you pay $0!

MEDICAL PREMIUMS

CIGNA MEDICAL PLAN PREMIUMS

2027 Premiums Per Pay Period (24 pay periods)

Employee Cost	LocalPlus	OAP Plan	LocalPlus HDHP with HSA
Employee Only	$112.62	$106.35	$64.18
Employee/Spouse/DP	$236.49	$223.31	$134.76
Employee/Child(ren)	$213.97	$202.05	$121.93
Employee/Family	$337.84	$319.03	$192.52

24/7 Access to Your Cigna Plan

Sign up now for myCigna. Get 24/7 access to your digital ID cards, online doctor visits, your claims, coverages, and all details of your plan. Activate your account now.

KAISER MEDICAL PLAN PREMIUMS

2027 Premiums Per Pay Period (24 pay periods)

Employee Cost	Kaiser Everyday Care	Kaiser DHMO	Kaiser HDHP with HSA
Employee Only	$79.06	$75.83	$41.13
Employee/Spouse/DP	$166.00	$159.23	$86.36
Employee/Child(ren)	$150.19	$144.06	$78.14
Employee/Family	$237.15	$227.46	$123.37

24/7 Access to Your Kaiser Plan

Sign up now at KP.org. Get access to online doctors visits, your claims coverage, refill prescriptions, message your doctor and more. Activate your account now.

CIGNA MEDICAL BENEFITS AND DEDUCTIBLES

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

	LocalPlus	OAP Plan	LocalPlus HDHP with HSA	
	In-Network	In-Network	In-Network	Out-of-Network
Calendar Year Deductible	Individual: $4,000 Family: $8,000	Individual: $1,500 Family: $3,000	Individual: $2,500 Family: $5,000	Individual: $4,000 Family: $8,000
Out-of-Pocket Maximum	Individual: $4,000 Family: $8,000	Individual: $4,000 Family: $8,000	Individual: $4,000 Family: $8,000	Individual: $8,000 Family: $16,000
Coinsurance	0%	20%	20%	40%
Maximum Type	Embedded*	Embedded*	Aggregate**	Aggregate**
Doctor's Office				
Primary Care Visit	No charge	$30 copay	20% after deductible	40% after deductible
Specialist Visit	No charge	$50 copay	20% after deductible	40% after deductible
Preventive Services	No charge	No charge	No charge	No charge
Labs / X-Rays	No charge	20% after deductible	20% after deductible	40% after deductible
Imaging (MRI, CT, PET, Etc.)	$500 copay	20% after deductible	20% after deductible	40% after deductible
Urgent care	No charge	$50 copay	20% after deductible	20% after deductible
Hospital Services				
Emergency Room	$500 copay	$200 copay	20% after deductible	20% after deductible
Inpatient	0% after deductible	20% after deductible	20% after deductible	40% after deductible
Outpatient	0% after deductible	20% after deductible	20% after deductible	40% after deductible
Additional Services				
Colonoscopy	Preventive and Diagnostic No charge	Preventive and Diagnostic No charge	Preventive No charge; Diagnostic 20% after deductible	Preventive No charge; Diagnostic 40% after deductible
NeuroFeedback	Biofeedback: $50 copay Brain Mapping: $100 copay	Biofeedback: $50 copay Brain Mapping: $100 copay	20% after deductible	Not covered
Hearing Aids	No charge	20% after deductible	20% after deductible	40% after deductible
Chiropractic Care (limit 20 visits per year)	$0 copay	$30 copay	20% after deductible	40% after deductible

**Embedded: if you have other family members on the plan, each family member must meet their own individual deductible or out of pocket until the total amount of deductible and out of pocket paid by all family members meets the overall family deductible or out of pocket.*
***Aggregate: If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.*

KAISER MEDICAL BENEFITS AND DEDUCTIBLES

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

	Kaiser Everyday Care	Kaiser DHMO	Kaiser HDHP with HSA
	In-Network Only	In-Network Only	In-Network Only
Calendar Year Deductible	Individual: $4,000 Family: $8,000	Individual: $1,500 Family: $3,000	Individual: $2,500 Family: $5,000
Out-of-Pocket Maximum	Individual: $4,000 Family: $8,000	Individual: $4,000 Family: $8,000	Individual: $4,000 Family: $8,000
Coinsurance	0%	20%	20%
Maximum Type	Embedded*	Embedded*	Aggregate**
Doctor's Office			
Primary Care Visit	No charge	$30 per visit	20% after deductible
Specialist Visit	No charge	$50 copay	20% after deductible
Preventive Services	No charge	No charge	No charge
Labs / X-Rays	No charge	10% after deductible in Medical Office; 20% after deductible at Hospital	20% after deductible
Imaging (MRI, CT, PET, Etc.)	$500 copay	20% after deductible	20% after deductible
Urgent care	No charge	$50 copay	20% after deductible
Hospital Services			
Emergency	$500 copay	$200 copay	20% after deductible
Room Inpatient	0% after deductible	20% after deductible	20% after deductible
Outpatient	0% after deductible	10% after deductible Ambulatory Center; 20% after deductible Outpatient Hospital	10% after deductible Ambulatory Center; 20% after deductible Outpatient Hospital
Additional Services			
Chiropractic Care (limit 20 visits per year)	$20 per visit	$30 per visit	20% after deductible

**Embedded: if you have other family members on the plan, each family member must meet their own individual deductible or out of pocket until the total amount of deductible and out of pocket paid by all family members meets the overall family deductible or out of pocket.*
***Aggregate: If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.*

CIGNA PRESCRIPTION DRUG PLANS

	LocalPlus	OAP Plan	LocalPlus HDHP with HSA	
	In-Network Only	In-Network Only	In-Network	Out-of-Network
Retail: 30-day supply				
Tier I	$0 copay	$15 copay	30% after deductible	Not covered
Tier II	$50 copay	$40 copay	40% after deductible	
Tier III	$125 copay	$60 copay	50% after deductible	
Specialty	$300 copay	$300 copay	Covered at appropriate tier levels	
Mail Order: 90-day supply				
Tier I	$0 copay	$30 copay	30% after deductible	Not covered
Tier II	$100 copay	$80 copay	40% after deductible	
Tier III	$250 copay	$120 copay	50% after deductible	
SaveOnSP: Specialty Pharmaceutical Copay Assistance	Certain Specialty medications are reduced to $0 copay cost	Certain Specialty medications are reduced to $0 copay cost	N/A	

Are Your Prescription Drugs Covered?

To determine if the prescriptions you use are covered by Cigna, review their drug lists at www.myCigna.com.

Maintenance Prescriptions

If you're enrolled in the OAP Plan or LocalPlus In-Network Plan, you can save on maintenance medications by purchasing a 90-day supply by mail order or at a retail pharmacy. You can get 3 times the supply for only 2 times the price when you purchase a 90-day supply of your maintenance drugs. See www.myCigna.com for details.

KAISER PRESCRIPTION DRUG PLANS

	Kaiser Everyday Care	Kaiser DHMO	Kaiser HDHP with HSA
	In-Network Only	In-Network Only	In-Network Only
Retail: 30-day supply			
Tier I	$0 copay	$15 copay	30% after deductible
Tier II	$50 copay	$40 copay	40% after deductible
Tier III	$125 copay	$60 copay	50% after deductible
Specialty	$300 copay	30% up to $250 max 30% up to $250 max	20% after deductible
Mail Order: 90-day supply			
Tier I	$0 copay	$30 copay	30% after deductible
Tier II	$100 copay	$80 copay	40% after deductible
Tier III	$300 copay	$120 copay	50% after deductible

Are Your Prescription Drugs Covered?

To determine if the prescriptions you use are covered by Kaiser, review their drug lists at www.kp.org.



KNOW YOUR NETWORK - CIGNA

Each plan offers access to a Cigna network of providers. Cigna LocalPlus and Cigna Open Access (OAP) are both health plans that provide access to doctors, specialists, and hospitals. LocalPlus is a smaller, local network, while OAP is a larger, national network.

	Cigna Network	Out-of-Network Benefits Covered?	
LocalPlus In-Network Plan	LocalPlus	No (except for emergencies)	Save money by using providers in the Cigna network
OAP Plan	OAP	No (except for emergencies)	
LocalPlus HDHP + HSA	LocalPlus	Yes, but the cost may be higher than in-network	

Is Your Doctor in the Network?

If you have an established relationship with a provider or know of one you would like to start seeing, check whether they are in the plan's network before you enroll by finding a doctor at mycigna.com.

How the LocalPlus Network Works

In your local area, or when in any LocalPlus network area, you must receive care from a healthcare professional or facility in this network to receive in-network coverage.

If you choose to go outside the LocalPlus network on the LocalPlus HDHP + HSA (or outside the Away from Home Care feature when LocalPlus isn't available), you will receive out-of-network coverage. Your share of the costs may be higher than what you would pay for in-network care.

What About Emergency Care?

Regardless of the plan you select, you have access to worldwide coverage in case of an emergency.

To find LocalPlus in-network care when you're away from home:

1. Log in to **myCigna.com.**
2. Select Find Care & Costs.
3. Enter the applicable city/state or zip code.
4. Search doctor by type or search nearby health facilities.
5. When on-screen message pops up, confirm you need care while you're away from home.
6. See search results for in-network providers or hospitals.



KNOW YOUR NETWORK - KAISER

Each plan offers access to the Kaiser network of providers.The Kaiser health plans provide access to doctors, specialists, urgent care, and hospitals. Kaiser is a closed, local network, with no out-of-network coverage.

	Kaiser Network	Out-of-Network Benefits Covered?	
Everyday Care Plan	Kaiser Permanente	No (except for emergencies and urgent care or if a referral is obtained through Kaiser Permanente)	Save money by using providers in the Kaiser network.
DHMO Plan	Kaiser Permanente		
HDHP + HSA Plan	Kaiser Permanente		

How Does the Kaiser Network Work?

In your local area, or when in any Kaiser network area, you must receive care from a health care professional or facility in this network to receive in-network coverage.
If you choose to visit a non-Kaiser doctor or facility, you will be out-of-network, and coverage is not available except for emergencies and urgent care. **You will pay the full cost, which will be significantly higher than what you would pay for in-network care.**

What About Emergency Care?

Regardless of the plan you select, you have access to care at any emergency or urgent care facility worldwide.

What About Virtual or Urgent Care?

Kaiser offers members multiple options for virtual care through kp.org. You can choose to chat, video call, or message with a doctor for routine care questions, minor injuries and illnesses, medical form completion and prescription refills/concerns.
Many Kaiser facilities have attached in-network urgent care centers that are open evenings and weekends. Kaiser also partners with DispatchHealth to provide urgent care where you are for the same cost as an urgent care visit. Simply make an appointment at 720-796-7273 or DispatchHealth.com, show them your Kaiser ID card, and they'll take care of the billing. Out-of-network urgent care is also covered anywhere in the world.

To find Kaiser in-network care:

1. Create an account or login into **kp.org**
2. Select Doctors & Locations
3. Region Colorado
4. Select Doctor or Locations > enter in zip code and/or keywords (i.e. primary care), and click on search
5. See search results for in-network providers or locations



VISION PLAN & PREMIUMS

VSP
800.877.7195
www.vsp.com/eye-doctor
You don't need an ID card. Simply contact a VSP provider and let them know you have VSP coverage.

Standard VSP Plan	VSP Buy-Up Plan
• $230 frame allowance (was $200) • Frames every 24 months • Eye exam and lenses every 12 months • Includes VSP LightCare	• Replaces the current vision plan, includes everything in the standard plan. • Frames every 12 months. • Frame allowance increases from $200 to $230 • Includes VSP LightCare • Adds VSP EasyOptions

VSP LightCare: Allows you to use your frame benefit toward eligible nonprescription sunglasses or blue-light filtering glasses.

VSP EasyOptions (exclusive to VSP Buy-Up Plan): Allows you to choose an additional covered benefit, such as an increased frame allowance or select lens upgrades.

Vision Plan Premiums

	Employee Cost Vision Plan	Employee Cost Buy-Up Plan
Employee Only	$0.83	$3.74
Employee/Spouse/DP	$1.20	$5.41
Employee/Child(ren)	$1.39	$6.26
Employee/Family	$2.22	$10.00

VSP Mobile



Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you. At your appointment, just tell them you have VSP.

VISION PLAN & PREMIUMS

VSP

800.877.7195

www.vsp.com/eye-doctor

You don't need an ID card. Simply contact a VSP provider and let them know you have VSP coverage.

To give members flexibility based on budget and eyewear preferences, this year's vision benefits include a buy-up vision plan option:

	In-Network (Any VSP Provider)	Out-of-Network	Buy-up Vision Plan
Eye Exam — once every 12 month	$10 copay	Allowance up to $50	$10 copay
Retinal Exam	Up to $39	Not covered	Up to $39
Eyeglasses			
Single Vision Lenses Lined Bifocal	$25 copay	Allowance up to $50	$25 copay
Lenses Lined	$25 copay	Allowance up to $75	$25 copay
Trifocal Lenses	$25 copay	Allowance up to $100	$25 copay
Frames — once every 24 months		Allowance up to $230	Frames — once every 12 months, Allowance up to
Contacts – Once every 12 months if you elect contacts instead of lenses/frames			
Contact Lens Allowance	$180	Up to $105	$180
Contact Lens Fitting Allowance	$60	Up to $105	$60
Medically Necessary Contact Lenses	$25 copay then covered in full	Up to $210	$25 copay then covered in full
Laser Correction	5-15% discount	N/A	5-15% discount
VSP LightCare (Vision Plan and Buy-up Plan) Non-prescription blue light filtering glasses or sunglasses.	Covered-in-full after copay, up to frame allowance.	N/A	Eligible
VSP EasyOptions (Buy-up Plan Only) Customize benefit by choosing covered upgrade at the doctor's office.	$280 frame allowance OR anti-reflective coating OR photochromic lenses OR premium progressive lenses OR $230 contact lens allowance.	Reimbursed up to $70	Eligible

DENTAL PLAN & PREMIUMS

Delta Dental of Colorado
800.610.0201
www.deltadentalco.com
To find a dental provider or view and print your ID cards, go to the Delta Dental website.

With the Delta Dental PPO plus Premier plan, you and your family members may visit any licensed dentist, but you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider.

	PPO Providers	Premier Providers	Non-Participating Providers
	In-Network	In-Network	Out-of-Network
Claims	Provider Files	Provider Files	You file
Out-of-Pocket Cost	Least Expensive	Less Expensive	Most Expensive
Balance Billing*	None	None	Possible
Number of Providers	Many	More	Unlimited

**Balance billing is when providers charge a higher price than the amount your insurance agreed to pay, and the employee is billed the difference.*

	PPO Providers	Premier Providers	Non-Participating Providers
	In-Network	In-Network	Out-of-Network
Calendar-Year Deductible	$50 individual / $150 family	$50 individual / $150 family	$50 individual / $150 family
Calendar-Year Benefit Maximum	$1,500	$1,500	$1,500
Preventive Dental Services (oral exams, cleanings, x-rays, sealants, fluoride treatment)	No charge; no deductible	No charge; no deductible	20%; no deductible
Basic Dental Services basic restorative (fillings), oral surgery, endodontics (root canal therapy), periodontics (gum disease treatment)	10% after deductible	10% after deductible	20% after deductible
Major Dental Services (implants, prosthodontics (dentures, bridges), special restorative (crowns, onlays)	40% after deductible	40% after deductible	50% after deductible
Orthodontia Services	50% to $1,500 lifetime maximum		

Dental Plan Premiums

	Employee Cost (Per 24 Pay Periods)
Employee Only	$3.07
Employee/Spouse/DP	$5.81
Employee/Child(ren)	$6.59
Employee/Family	$10.64

Delta Dental Mobile



Maximize your oral health and make the most of your dental benefits right from your mobile device by downloading the Delta Dental Mobile App from the Apple Store or Google Play.

DENTAL PLAN & PREMIUMS

Delta Dental of Colorado
800.610.0201
www.deltadentalco.com
To find a dental provider or view and print your ID cards, go to the Delta Dental website.

Delta Dental PPO vs. Premier

Choosing the right dentist can make a difference in how much you pay for dental care. With the Delta Dental PPO Plus Premier plan, you and your eligible family members have the flexibility to visit any licensed dentist. However, your out-of-pocket costs will generally be lowest when you visit a Delta Dental PPO network provider.

How does the plan work?

The plan offers access to two networks: Delta Dental PPO and Delta Dental Premier. You can also visit a dentist outside these networks, but your costs may be higher.

Provider Option	What You Should Know	Potential Cost to You
PPO Network	Dentists agree to the lowest negotiated fees. They also provide protection against balance billing for covered services.	Greatest savings
Premier Network	Dentists accept discounted fees, but the discounts may not be as significant as those in the PPO network.	Moderate savings
Out-of-Network	You can visit a dentist outside the network, but you may face higher costs and additional charges.	Potentially highest costs

Choosing a PPO network dentist is one of the easiest ways to maximize your dental benefits and reduce your potential out-of-pocket expenses.

Three Ways to Make the Most of Your Benefits

1) Check your dentist's network status.
Before scheduling an appointment, visit deltadentalco.com and use the Find a Dentist tool. Confirm that your dentist participates in the PPO network rather than assuming that participation in the broader Delta Dental network means PPO participation.

2) Understand your costs before major treatment.
For more expensive procedures, ask your dentist to submit a pre-treatment estimate. Delta Dental can review the proposed treatment and provide an estimate of your financial responsibility before treatment begins. Remember that an estimate is not necessarily a guarantee of payment.

3) Review your specific plan coverage.
Deductibles, coinsurance, covered procedures, and other plan provisions affect what you pay. Review your benefits before beginning treatment, especially for major procedures.

FLEXIBLE SPENDING ACCOUNTS (FSA)

South Metro Fire Rescue offers 3 Flexible Spending Account (FSA) options that are administered by Rocky Mountain Reserve. When you enroll in an FSA you can set aside a portion of your earnings before taxes through payroll deduction to cover healthcare, childcare or dependent care.

Rocky Mountain Reserve
800.722.1223
www.rockymountainreserve.com

Healthcare (FSA)

Healthcare FSA annual maximum is limited to $3,400* per employee for 2027.
As long as you are not enrolled in the LocalPlus HDHP +HSA or Kaiser HDHP + HSA, you are eligible to participate in the Health Care FSA. You can use the Health Care FSA for most medical, dental and vision care expenses that are not covered by your health plan such as copayments, coinsurance, deductibles, eyeglasses and doctor prescribed over the counter medications.

Limited Purpose FSA

Limited Purpose FSA annual maximum is limited to $3,400* per employee for 2027.
The limited purpose FSA is available if you are enrolled in the LocalPlus HDHP + HSA Plan or the Kaiser HDHP + HSA plan. **You will be able to use your "Limited Purpose FSA" for dental and vision expenses only.** You may not use the FSA for medical expenses if you are enrolled in the LocalPlus HDHP + HSA or Kaiser HDHP + HSA Plan.

Dependent Care FSA

The Dependent Care FSA allows pre-tax payment of qualified dependent care expenses (not health care expenses) up to $7,500 a year per household ($3,750 if you are married and filing separate IRS forms). Dependent care expenses include day care, after school programs or elder care programs.

This program is for eligible expenses incurred to allow both spouses to be gainfully employed.

**FSA maximum per calendar year subject to change by IRS.*

Things to Consider Before Contributing to an FSA

- You can't take income tax deductions for expenses you pay with your FSA.
- Your FSA contribution(s) during the plan year can't be changed unless you experience a qualifying life event.
- All funds in your current traditional Healthcare FSA must be used by December 31, in order to be eligible to contribute to a health savings account (HSA) and to receive the SMFR contribution in January of 2027.
- Unspent funds remaining in your account at the end of the plan year are forfeited unless you take advantage of the Grace Period—a 2 ½ month period following the end of the plan year during which you may incur claims and use up all amounts remaining in your Healthcare FSA or Dependent Care FSA. For the Healthcare and Dependent Care FSAs, you must submit claims no later than 90 days after the end of the plan year.



HOW TO USE YOUR FSA

- Decide how much to contribute to your FSA on a plan year basis up to the maximum allowable amounts.
- Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at https://www.rockymountainreserve.com

  Keep all receipts in case Rocky Mountain Reserve requires you to verify the eligibility of a purchase.
- FSA funds are "use-it-or-lose-it." Any remaining funds will be forfeited at the end of the plan year and grace period.

Get All the Details

Learn about Flexible Spending Accounts and how they work by reviewing the FSA Enrollment Guide from Rocky Mountain Reserve.

SCAN HERE

Convenient Access to Your Flexible Spending Account

The RMR Benefits App is the quickest and most secure way to access and manage your account. Use the app to view account balances, submit receipts for reimbursement, file and check claims, and more. Download the app from the App Store or Google Play.



HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a tax-advantaged account for paying current or future IRS-qualified medical expenses, allowing you to build savings for healthcare or retirement through self-directed investments.

Advantages of the High Deductible Health Plan (HDHP) with an HSA

The HDHP plan offers lower monthly premiums than traditional plans and covers preventive services at no cost before meeting your deductible. However, it may lead to higher out-of-pocket expenses during unexpected medical crises. South Metro contributes $750 to your HSA for employee-only coverage or $1,500 for family coverage (prorated for mid-year enrollments). The HSA balance rolls over each year, allowing your savings to grow.

HSA Eligibility

You can open and contribute to an HSA if you:

- Are enrolled in an HSA qualified HDHP (like the Cigna LocalPlus HDHP plan or the Kaiser HDHP)
- Are not covered by other health insurance (with some exceptions)
- Are not enrolled in Medicare
- Are not eligible to be claimed as a dependent on another person's tax return
- Have not received health benefits from the Veterans Administration with the exception of services for a "service related disability" or an Indian Health Services facility within the last three months; and
- Are not covered by your own or your spouse's Health Care FSA (with the exception of a Limited Purpose FSA)

Contributing to Your HSA

Health Savings Accounts offer triple tax advantages: tax free contributions, investments, and withdrawals for eligible medical expenses. After age 65, funds may be used for non-qualified expenses, however distributions will be taxed.

	2027 HSA Contribution Limits	SMFR Contribution	2027 Maximum Employee Contribution
Employee Only	$4,500	$750	$3,750
Family	$9,000	$1,500	$7,250
Catch-Up (55 and older)	$1,000	N/A	$1,000

HSA funds **CANNOT** be used for Domestic Partners or children over the age of 18 unless they are your legal tax dependent. Non tax dependents on your plan can open their own HSA and contribute up to the family maximum.

LIFE AND AD&D

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

SMFR provides Basic Life and AD&D insurance from The Hartford upon hire to all benefits-eligible employees at no cost.

Coverage Levels	Benefit
Employee (Executives)	1.5 x annual salary up to a max of $400,000
Employee (All Others)	1.5 x annual salary up to a max of $300,000
Spouse	$5,000
Child(ren) (15 days to age 26)	$2,000

Keep Your Beneficiaries Updated

Log on to UKG Pro Life Events through the employee launch pad to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

VOLUNTARY LIFE AND AD&D

You have the option to purchase supplemental life and AD&D insurance for either yourself, your spouse, or your dependent children through The Hartford.

Benefits will reduce to 65% at age 65, to 45% at age 70, to 30% at age 75 and to 20% at age 80.

Coverage Levels	Benefit
Employee	Up to lesser of 5 x annual salary or $500,000 in increments of $10,000; Guaranteed Issue Amount: $100,000
Spouse	Up to $500,000 not to exceed employee's amount in increments of $10,000; Guaranteed Issue Amount: $50,000
Child(ren) (15 days to age 26)	Up to $10,000 in increments of $2,000; Guaranteed Issue Amount: $10,000

Get Guaranteed Coverage Within 30 Days of Hire

If you choose supplemental coverage within 30 days of hire, you're guaranteed coverage up to the Guaranteed Issue Amount without medical questions. After 30 days or if increasing coverage, you'll need to provide evidence of insurability, and coverage will start only after approval has been received by The Hartford.

DISABILITY BENEFITS

Long-Term Disability (LTD) Insurance is provided by SMFR through The Hartford to all benefits-eligible employees at no cost.

The Hartford
888.563.1124
www.thehartford.com

Basic Long-Term Disability

	Employees Eligible for FPPA D&D	Executives	Employees not Eligible for FPPA D&D
Benefit Maximum	60% of Pre-disability Income	60% of Pre-disability Income	60% of Pre-disability Income
Benefit	$8,000/month	$9,000/month	$8,000/month
Begins	After 90 Calendar Days of Absence	After 90 Calendar Days of Absence	After 90 Calendar Days of Absence
Ends	After 9 months of Benefit	At Social Security Normal Retirement Age	At Social Security Normal Retirement Age

Voluntary Supplemental Long-Term Disability

Supplemental Long-Term Disability (LTD) Insurance is an optional insurance coverage paid by the employee.

Eligibility	All Line and Staff employees with Line benefits
Benefit	60% of Pre-disability Base Monthly Salary
Maximum Benefit	$8,000/month
Begins	After 90 days or when the maximum benefit duration of the employer provided LTD has been met (9 months)
Ends	At Social Security Normal Retirement Age (after 24 months for Mental Health or Substance Abuse Disabilities)

FPPA Disability (Line Benefit Eligible employees only)

On and Off Duty Occupational Disability (temporary or permanent) and Total Disability coverage. Benefits are payable the day following the employee's last day on payroll.

- Temporary Occupational Disability: 40% of base salary; coverage max is 5 years.
- Permanent Occupational Disability: 50% of base salary; payable for as long as disability exists, and employee remains eligible.
- Total Disability: 70% of base salary; payable for as long as disability exists, and employee remains eligible.

Submit an HR ticket request to review your disability leave or to file a disability claim.
HR Request Form

SCAN HERE

VOLUNTARY ACCIDENT & CRITICAL ILLNESS INSURANCE

Voluntary Accident Insurance

South Metro Fire Rescue offers you the opportunity to purchase Accident insurance to ease the financial impact of a major injury. While you can't predict life's unexpected events, you can plan for them by choosing benefits that can help protect your financial future. This benefit will pay a lump sum in the event of a covered accident. See the plan document for more information on PowerDMS.

Coverage Levels	Low Plan (Biweekly)	High Plan (Biweekly)
Employee Only	$2.34	$4.49
Employee + Spouse	$3.72	$7.14
Employee + Children	$4.10	$7.92
Employee + Family	$6.40	$12.33

Voluntary Critical Illness Insurance

South Metro Fire Rescue offers you the opportunity to purchase Critical Illness insurance to ease the financial impact of a major illness. If you or a covered family member is diagnosed with an illness and meets the group policy and certificate requirements, you will receive a payment to use as you see fit. View premiums on PowerDMS.

Coverage Levels	Critical Illness Benefit
Employee	$5,000, $10,000, $20,000, or $30,000
Spouse	50% of your coverage amount
Child(ren) (15 days to age 26)	25% of your coverage amount

Collect a $50 benefit per member per year for completing any one of 26 different annual health screenings.

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Employee	$5,000, $10,000, $20,000, or $30,000
Spouse	50% of your coverage amount
Child(ren) (15 days to age 26)	25% of your coverage amount

Collect a $50 benefit per member per year for completing any one of 26 different annual health screenings.

VOLUNTARY MED BRIDGE HOSPITAL INDEMNITY INSURANCE

Med Bridge Hospital Indemnity Insurance, provided through The Hartford, helps bridge the gap between what your health insurance pays and your actual expenses, giving you added peace of mind during unexpected or expected hospital stays.

Benefit	Low Plan	High Plan
Hospital Admission	$1,500	$2,000
ICU Admission	$3,000	$4,000
Daily Hospital Stay	$150/day	$300/day
Daily ICU Stay	$300/day	$600/day
Observation Stay	$100/day	$150/day
Wellness Benefit	$100/year	$100/year

Helps cover extra costs from a hospital stay-paid directly to you.

Coverage Tier	Low Plan (Biweekly)	High Plan (Biweekly)	What You Get with the High Plan
Employee Only	$7.19	$9.94	Higher daily and admission benefits — up to double the payout for only $2.75 more per paycheck.
Employee + Spouse	$18.86	$26.25	Stronger coverage for both of you for about $7 more per paycheck.
Employee + Children	$15.30	$21.65	Great protection for your family — only $6 more per paycheck.
Family (Spouse + Children)	$28.35	$34.37	Family-wide protection for about $6 more per paycheck.

HOW TO FILE A VOLUNTARY INSURANCE CLAIM

Accident, Critical Illness, and MedBridge - Hospital Indemnity Insurance

ONLINE

- Visit the Supplemental Insurance Claims Portal at TheHartford.com/benefits/myclaim
- Register for access if you have not done so already (They must have current eligibility from the SMFR benefits administrator for you and any dependent to be eligible to register on the portal).
- Log in to the portal
- Click on Complete Your Claim Form Online under the Quick Links section.
- Follow the prompts to complete and submit a claim

OVER THE PHONE

(Applicable to Health Screening Benefit/Accident Protection Benefit Only)

- File your claim by calling 866-547-4205.
- Available Monday through Friday, 8:00 a.m. – 6:00 p.m. EST.

SUBMIT A CLAIM VIA MAIL OR FAX

• Download a claim form at TheHartford.com/benefits/myclaim.

• Complete the form and mail or fax it to:

The Hartford Supplemental Insurance

Benefit Department

P.O. Box 99906

Grapevine, TX 76099

Fax Number: 469-417-1952

For assistance filing your claim, call 866-547-4205.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Administered by Brower Psychological + additional providers

South Metro Fire Rescue cares about your total well-being, which is why we offer the Employee Assistance Program (EAP) at no cost to you. This program provides a counseling service that helps you manage problems before they adversely affect your personal life, health and/or job performance. All employees and their family members are eligible for the EAP regardless of whether they participate in our benefit plans.

You receive up to **6 face-to-face and unlimited telephone counseling sessions per incident, per year.** They are available 24/7 to assess your needs and find an appropriate solution for a range of concerns, including:

- Stress and anxiety
- Post-traumatic stress disorder
- Critical incident reaction
- Phobias
- Financial guidance
- Couples/family counseling
- Alcohol and drug counseling
- Anger management
- Domestic violence/stalking
- Sleep and eating disorders
- Grief and loss
- Obsessive compulsive behaviors
- Retirement
- And more!

Peer Support

The Peer Support Program provides SMFR employees and their families with confidential support during tough personal and professional crises.

The team is comprised of volunteers from both Line and Staff employees who work in conjunction with a team of mental health professionals.

For more information about EAP and peer support, visit our wellness website or email **peersupport@southmetro.org**

Peer Support Roster

SCAN HERE

Neurofeedback

Neurofeedback sessions are billable through Cigna Healthcare claims or available on a cash-pay basis. Kaiser Permanente does not cover neurofeedback; however, cash-pay options are available. For coverage information or to schedule an appointment, please visit the Wellness website.

Visit: smfrwellnessschedule.as.me/ braincamp.

LEGAL & ID THEFT

LegalShield/Identity Shield
833.690.6121
www.legalshield.com

LegalShield

LegalShield has a proprietary network of provider law firms so you can have direct access to attorneys and licensed private investigators.

LegalShield coverage includes:

- Direct Access to a dedicated Provider Law Firm
- Unlimited Advice and Consultation
- Court Representation
- Legal Document Preparation and Review
- Will Preparation
- Debt Collection Assistance
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- 24/7 Emergency Legal Access
- Easy-to-use mobile app

Access IDShield or LegalShield account

1) CREATE your account at accounts.legalshield.com using your social security number.

2) ADD the personal information for you, spouse and dependents that you want to monitor, including your social media accounts.

3) DOWNLOAD the IDShield or LegalShield mobile app.

IDShield

IDShield offers protection beyond identity theft with complete privacy and reputation management services to help keep your online identity and personal information private.

Identity Theft services include:

- Identity Fraud Protection Plan of up to $3 million for Individuals
- Dedicated Licensed Private Investigators
- Identity, Credit and Financial Account Monitoring
- Child Monitoring (Family Plan Only)
- Full-Service Identity Restoration by licensed private investigators
- Monthly credit score tracker
- 24/7 Emergency Identity Theft Support
- Social Media Monitoring and Online Privacy Reputation Management
- VPN Proxy One
- Anti-malware protection
- Password manager
- Online parental controls



	LegalShield	IDShield	LegalShield & IDShield
	Per Pay Period	Per Pay Period	Per Pay Period
Employee	$7.90	$3.58	$10.98
Family		$6.93	$13.83

RETIREMENT BENEFITS

Voya Financial
888.311.9487
www.voya.com

Beginning in 2027, SMFR's 401a and 457b retirement plans provider will transition from VOYA to Fidelity. Additional information and details about the transition will be shared with employees.

401(a) Money Purchase Plan

The 401(a) is an individual, self-directed retirement account that becomes available to the employee at retirement. Contributions are made on a pre-tax basis. Full-time and part-time benefited employees are required to participate from their date of hire. Part-time non-benefited employees are not eligible.

Contributions

The mandatory employee contribution into the 401(a) is 12% of the employee's base salary per pay period. SMFR matches your contribution with another 12%.

Years of Service	Vested %
Less than 1	0%
1, but less than 2	33%
2, but less than 3	66%
3 or more	100%



RETIREMENT BENEFITS

Voya Financial
888.311.9487
www.voya.com

457(b) Deferred Compensation Plan

Beginning in 2027, SMFR's 401a and 457b retirement plans provider will transition from VOYA to Fidelity. Additional information and details about the transition will be shared with employees.

The 457(b) allows SMFR to assist employees in building retirement funds. You may contribute on a pre-tax and/or after-tax basis and the investments grow tax deferred.

Contributions

- **Traditional 457(b)**: Employee contributions are made on a pre-tax basis, reducing current taxable compensation. Earnings grow tax-deferred, and distributions are taxable.
- **Roth Account:** Designated Roth contributions are made by the employee on an after-tax basis. These contributions are not tax-deferred, but earnings in the Roth Account grow tax-deferred and qualified distributions are tax-free.

SMFR matches contributions to the employee 457(b) account in accordance with the following schedule. Employee and employer contributions are fully vested on the first day of participation in the plan.

Years of Service*	Employee Contributions	Employer Match
On date of hire	0% Employee Contribution Required to receive 2% Employer Match	Total of 2%
5th Year	1% Employee Contribution Required to receive 3% Employer Match	Total of 3%
10th Year	2% Employee Contribution Required to receive 4% Employer Match	Total of 4%

The increase to the Employer Contribution is made at the beginning of the year in which an employee is anticipated to reach their 5th or 10th year of service.

Retiree Health Savings Plan (RHS)

- The Retiree Health Savings Plan is provided by SMFR to assist employees in building a tax-free fund for retirement health care expenses.** Individuals are eligible to access these funds, tax-free, at the time of separation from service.
- For Line employees, SMFR will contribute 2.5% of the Firefighter I salary per pay period. For Staff employees, SMFR will contribute 1.5% of the Korn Ferry salary grade 15 per pay period. For any questions about the Retiree Health Savings Account, please contact Voya Financial Health Account Solutions at (833)232-4673 or HSAinfo@voya.com.
- **The Retiree Health Savings (RHS) Plan will remain with Voya Financial and will not be affected by the retirement benefit provider transition to Fidelity.**

***Retirement health care expenses eligible for reimbursement from the RHS fund consist of all medical expenses eligible under Internal Revenue Code Section 213(d).*

LEAVE BENEFITS

Vacation and Sick Leave

SMFR provides eligible full-time and part-time benefited Staff and Line employees with a variety of paid leave benefits. Specific information can be found in PowerDMS.

Full-Time Benefited Employee Vacation Accrual

Months of Continuous Employment	Line Accrual Hours per year	Staff Accrual Hours Per Year
1- 36	216	104
37 - 108	336	144
109 - 168	360	200
169 - 228	408	224
>228	432	256

Part-Time Benefited Employee Vacation Accrual

Months of Continuous Employment	Staff Part-Time Accrual Hours Per Year
1 - 36	57.2
37 - 108	79.2
109 - 168	110.0
169 - 228	123.2
>228	140.8

Full-Time Benefited Employee Sick Accrual

Employee Accrual	Sick Accrual Hours Per Year
Line	168
Staff	120



LEAVE BENEFITS

Holiday Leave

SMFR observes 11 holidays per year for a total of 88 holiday hours. The specific holidays offered to an employee vary by employee classification and work schedule.

- Full-time Line employees will receive a holiday premium in addition to base pay for only those hours actually worked on shift or special deployment on the calendar day of the holiday.

See the Holiday Pay Policy #3.1.8 for full holiday practices. SMFR observed holidays are as follows for Line and Staff:

Line Holidays

- New Year's Day
- Martin Luther King Day
- Presidents Day
- Easter
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Christmas Day

Staff Holidays

- New Year's Day
- Martin Luther King Day
- Presidents Day
- Floating Holiday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

Paid Maternity Leave

SMFR provides eligible employees with paid maternity leave for use immediately following childbirth once the employee has been employed for one year.

Eligible Line employees may take up to 24 work weeks of paid maternity leave immediately following childbirth for the purposes of recovering from childbirth, re-attaining physical fitness for duty on Line, family bonding, and overall wellness.

Eligible non-Line employees may take up to 12 work weeks of paid maternity leave immediately following childbirth for the purposes of recovering from childbirth, family bonding, and overall wellness. See SMFR policies for details.

Paid Parental Leave

SMFR provides eligible employees with paid parental leave for use after the addition of a child or children to their family once they have been employed for one year.

Eligible employees may take up to six work weeks of paid parental leave after the addition of a child or children to their immediate family for the purposes of caring for the child(ren), family bonding, and overall wellness. See SMFR policies for details.

Leave Request Form

SCAN HERE

FREE EMPLOYEE SUPPORT SERVICES

More support for you and your family—at no cost to eligible employees.

Through The Hartford, eligible South Metro Fire Rescue employees have access to services that can help with everyday challenges, major life events, and unexpected situations. Select an employee flyer for details and access instructions.

	WHAT SUPPORT IS AVAILABLE?	LEARN MORE
	**Ability Assist Counseling** Confidential counseling for stress, relationships, grief, and work-life concerns. Includes up to 3 in-person or virtual sessions per occurrence per year, plus well-being coaching and family referrals.	View employee flyer → Ability Assist Counseling
	**FinancialConnect** Speak with financial professionals about budgeting, debt, taxes, saving for college, retirement, and other money questions.	View employee flyer → Financial services flyer
	**LegalConnect** Get telephone guidance from licensed attorneys on wills, divorce, housing, and other personal legal matters. Attorney referrals include a free 30-minute consultation and discounted fees; employment matters excluded.	View employee flyer → Legal services flyer
	**HealthChampion** Get help understanding medical benefits, preparing for appointments, comparing care options, and resolving claims or billing questions.	View employee flyer → HealthChchampion flyer
	**Travel Assistance & Identity Theft Support** Access travel emergency assistance, medical referrals, pre-trip information, and help responding to identity theft. Travel services generally apply more than 100 miles from home for trips of 90 days or less.	View employee flyer → Travel & identity flyer
	**Empathy: Planning Ahead** Get step-by-step guidance for will preparation and funeral planning, with tools to help you make arrangements for loved ones.	View employee flyer → Empathy employee flyer
	**Empathy: Support After a Loss** Beneficiaries can receive grief support and practical help navigating funeral arrangements, estate matters, and account closures after the death of a loved one.	View employee flyer → Empathy beneficiary flyer

HOW TO ACCESS YOUR SERVICES

Select a flyer using an SMFR employee-authorized link for enrollment instructions, eligibility details, contact information, and program limitations. If you cannot access a flyer, contact SMFR Human Resources.

Important: Availability depends on the applicable Hartford coverage and program terms. Counseling visit limits, travel eligibility, state exclusions, and other restrictions may apply. Services are provided by third-party partners; outside professional services may have fees.

ADDITIONAL BENEFITS

Wellness is partnered with businesses to help you achieve your health and wellness goals. For contact information or to see additional details on the discounts below, visit the Wellness website.

Spark!

Celebrate wins, recognize your coworkers, and explore exciting perks and rewards! Log in to SPARK Reward Gateway to discover all the ways you can connect, celebrate, and make the most of your employee benefits. See how you can reedem your points: **How to reedem my points**

Life Time Fitness

Visit the Wellness website to learn about the current Life Time Fitness offer.

SMFR Safety Foundation

Receive a 50% discount on course registration fees:

- Teen driving (Drivers Ed)
- CPR
- Babysitting Certification

Tuition Reimbursement

SMFR's tuition reimbursement program reimburses up to $4,000 per employee per year for approved educational coursework. Benefits-eligible employees are eligible for tuition reimbursement for all subject areas of an undergraduate or graduate degree program, regardless of whether the coursework or degree is career related. Visit the HR website to see all guidelines and eligibility.

The following schools provide discounted tuition to SMFR employees:

- Aspen University
- CSU Global
- Columbia Southern University
- Grand Canyon University

Banking Benefits

SMFR has relationships with the following financial institutions. These institutions offer savings specifically for South Metro, including free checking and no annual fees for ATM cards.

Air Academy 800.223.1983 aafcu.com	Bellco 303.689.7800 bellco.org	Credit Union of Colorado 303.832.4816 cuofco.org	Columbine Federal Credit Union 720.283.2346 columbinefcu.com	Wells Fargo 800.869.3557 wellsfargo.com

CONTACT INFORMATION

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

Human Resources
720-989-2426
HR@southmetro.org or TEXT: 720-788-1951

Payroll
720-989-2217
Finance@southmetro.org

Administrator	Benefit	Phone	Website/Email
Cigna	Medical	800-244-6224	www.mycigna.com
Kaiser	Medical	800-632-9700	kp.org
Delta Dental of Colorado	Dental	800-610-0201	www.deltadentalco.com
VSP	Vision	800-877-7195	www.vsp.com
Rocky Mountain Reserve	Flexible Spending Account & Kaiser HSA	888-722-1223	www.rockymountainreserve.com
The Hartford	Life Insurance	888-563-1124	www.thehartford.com/ employee-benefits
The Hartford	Long-Term Disability Supplemental LTD	800-549-6514	www.thehartford.com/ employee-benefits
The Hartford	Voluntary Accident, Critical Illness & Med Bridge	866-547-4205	www.thehartford.com/ employee-benefits
Voya	Retiree Health Savings Plan (RHS) 401a & 457b Retirement Saving Plans	833-232-4673 Bryan Koepf: 303-925-9613 Zach Leonard: 720-488-2407	southmetroretirementplans.com bryan.koepf@morganstanley.com zachary.leonard@morganstanley.com morganstanleyfa.com/thekhgroup
Brower Psychological and other select private providers	Employee Assistance Program	View contact information and up-to-date providers on the HR website	
Police & Fireman's Insurance Association (PFIA)	Various	Jim Snyder: 303-425-6181 Mike Carrigan: 303-619-6112	N/A
LegalShield	Legal Services	N/A	benefits.legalshield.com/smfra

BENEFITS GUIDE
2027

