

2025

West Metro Fire
Protection District



West Metro
Fire Rescue



EMPLOYEE BENEFITS

January 1, 2025 - December 31, 2025

Table of Contents

Eligibility and Enrollment.....	2
Medical Benefits Summary/Costs.....	3, 4, 5
Employee Assistance Program.....	5
Telemedicine.....	5
Prescriptions.....	5
Preventative Care.....	6
Dispatch Health/SurgeryPlus/HealthCare Bluebook.....	6, 7
Delta Dental/ Vision.....	7
Flexible Spending Accounts.....	8
Retirement – Health Benefits.....	9
Retirement – 457/IRA.....	9
Retirement – FPPA Pension.....	9
Supplemental Benefits.....	9,10
Tuition Assistance.....	10
Time Off, Paid Leave and Extra Pay.....	10, 11, 12
• Vacation	
• Paid Time Off (PTO)	
• Sick Leave and Self-Care Leave (SCL)	
• Holiday	
• Family Medical Leave (FMLA)	
• Maternity Leave and Adoption Leave	
• Bereavement	
• Military Leave	
• Longevity Pay	
• Mastery Pay	
Life Insurance/Disability/Death.....	13, 14, 15
Contact Information.....	16
2025 Health Benefit Rates Sheet	17

West Metro Fire Rescue 2025 Benefits

West Metro Fire Rescue is proud to offer a variety of different options for benefits for full time employees. This Benefits Guide will give important information regarding the 2025 plan year benefits. If you have any questions, please contact Human Resources. Information from each vendor is located on Target Solutions and on their respective websites. Contact information for all vendors is listed on the last page of this packet.

Eligibility

All WMFR employees who are considered full time (40 hours) will be offered full coverage with options of dependent coverage. Dependents include spouses, any child with tax dependent status up to age 26 (including stepchildren), or any child who qualifies for a medical support order.

Enrollment

You can sign up or change your benefits **ONLY** during the following periods:

- Within 30 days of being hired
- During the Annual open enrollment period (October through first week of November)
- Within 30 days of a qualifying life event

If you do not enroll in benefits during the periods above, you will have to wait until the next calendar year or qualifying life event to enroll.

Status Change - This occurs as a result of a qualifying life event, which includes:

- Marriage, divorce, or legal separation*
- Change in spouse's work status
- Change in child's eligibility for benefits
- Birth or Adoption of an eligible child
- Death of spouse of covered child
- Qualified Medical Child Support Order

Changes in benefits must be submitted to Human Resources within 30 days of the qualifying life event. Any changes submitted after 30 days will no longer be accepted.

*** Please note, no drops or changes can be made without a final divorce decree signed by the judge.**

Medical Benefits Summary

WMFR offers three different options for medical insurance: United Healthcare PPO3, United Healthcare PPO4 and Kaiser Permanente. Dental and Vision are included with those options as a package.

Covered Benefit	PPO 3	PPO4	Kaiser
Calendar Year Deductible	\$1,000 Individual \$2,000 Family	\$1,500 Individual \$3,000 Family	\$1,000 Individual \$2,000 Family
Co-insurance	In-Network 80/20 Out-of-Network 60/40	In-Network 80/20 Out-of-Network 60/40	80/20 OON Not Covered
Out-of-Pocket Maximum	\$3,000 PP In-Network \$6,000 Family In-Network \$6,000 PP Out of Network \$12,000 FAM OON	\$4,000 PP In-Network \$8,000 Family In-Network \$8,000 PP Out-of-Network \$16,000 FAM OON	\$3,500 Individual \$7,000 Family OON Not Covered
Office Visits Primary/ Specialty	\$35 co-pay; No deductible OON 60/40	\$40 co-pay; No deductible OON 60/40	\$35 co-pay 80/20 for other covered services OON Not covered
Lab Charges	\$35 co-pay OON 60/40	\$40 co-pay OON 60/40	\$0 co-pay; no deductible for Labs / X-ray 80/20 outpatient/Hosp 80/20 OON Not Covered
Hospital Charges	In-Network; Deduct then 80/20 OON Deduct then 60/40 Pre-Auth required for inpatient stays/surgeries	In-Network; Deduct then 80/20 OON Deduct then 60/40 Pre-Auth required for inpatient stays/surgeries	Subject to deductible then 80/20 coinsurance OON Not Covered
Emergency Care (ER Visit)	20% Co-insurance	20% Co-insurance	Subject to deductible then 80/20 OON Not Covered
Urgent Care Visit	\$75.00 Co-pay In-Network No deductible (out-of-network) subject to deductible then 60/40	\$75.00 Co-pay In-Network No deductible (out-of-network) subject to deductible then 60/40	\$35.00 co-pay, No deductible Non-plan providers covered only when out of service area OON Not Covered
Ambulance	Subject to deductible 80/20	Subject to deductible 80/20	Subject to deductible 80/20 Co-insurance
Out Patient Surgery <i>Pre-Authorization Required</i>	20% Co-ins OON 40% Co-insurance	Subject to deductible then In-Network 80/20 OON 60/40	O/P Facility Fee \$500 O/P Hosp- 80/20 O/P Dr-Deduct + 80/20 OON Not Covered
Maternity/Routine Prenatal Care	Routine Prenatal Covered at 100% no deductible	Routine Prenatal Covered at 100% no deductible	\$35 co-pay /Subject to deductible then 80/20 coinsurance OON Not Covered
MRI or CT Scan	20% Non PPO 40% Co-insurance	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then 80/20 coinsurance OON Not Covered

Covered Benefit	PPO 3	PPO4	Kaiser
PET Scans and SPECT Scans	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then 80/20 coinsurance
Durable Medical Equipment	80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then 80/20 coinsurance
Physical, Occupational and Speech Therapy	In-Network \$35 co-pay deductible waived, Paid at 100% OON 60/40 <ul style="list-style-type: none"> 20 visit limit Pre-Auth required 	In-Network \$40 co-pay deductible waived, Paid at 100% OON 60/40 <ul style="list-style-type: none"> 20 visit limit Pre-Auth required 	\$35 co-pay No deductible OON Not covered Limit of 20 visits per year
Prescriptions (Retail- 30 Day Supply/90 Day Supply Mail Order)	Generic: \$20 Retail \$40 Mail order Preferred: \$40 Retail \$80 Mail order Non-Preferred: \$60 Retail\$120 Mail order	Generic: \$20 Retail \$40 Mail order Preferred: \$40 Retail \$80 Mail order Non-Preferred: \$60 Retail\$120 Mail order	Generic: \$20 Retail \$40 Mail order Preferred: \$40 Retail \$80 Mail order Non-Preferred: \$60 Specialty: 20% co-ins up to \$250
Chiropractor	\$35 co-pay; 20 visit OON subject to <u>usual & customary" charges</u>	\$40 co-pay; 20 visit 60/40 subject to <u>usual & customary" charges</u>	\$35 co-pay, 20 visit limit

***NOTE:** Out-of-Network / Excess charges are **NOT** covered by the plan

Employee Health Plan Costs - For 2025 CEBT Rates, see last page

Coverage Level (Per Month)	PPO 3		
	Total Premium	Employee Pays	Dental & Vision Employee Pays
Employee Only	\$729.00	\$145.80	\$10.40/\$1.20
Employee + Spouse	\$1,418.00	\$283.60	\$20.20/\$2.40
Employee + Child(ren)	\$1,183.00	\$946.40	\$16.80/\$2.80
Employee + Family	\$2,174.00	\$434.80	\$31.80/\$3.60

All Health benefits are ran through the CEBT plan which is administered by Willis Towers Watson. To review more detailed plan information go to www.cebt.org. Click on the resources tab at the top of the page to view the PPO3, PPO4 & Kaiser plan documents.

Employee Health Plan Costs per Month

Coverage Level (Per Month)	PPO 4		
	Total Premium	Employee Pays	Dental & Vision Employee Pays
Employee Only	\$684.00	\$136.80	\$10.40/\$1.20
Employee + Spouse	\$1,333.00	\$266.60	\$20.20/\$2.40
Employee +Child(ren)	\$1,113.00	\$222.60	\$16.80/\$2.80
Employee + Family	\$2,045.00	\$409.00	\$31.80/\$3.60

Coverage Level (Per Month)	KAISER		
	Total Premium	Employee Pays	Dental & Vision Employee Pays
Employee Only	\$632.00	\$126.40	\$10.40/\$1.20
Employee + Spouse	\$1,232.00	\$246.40	\$20.20/\$2.40
Employee +Child(ren)	\$1,031.00	\$206.20	\$16.80/\$2.80
Employee + Family	\$1,891.00	\$378.20	\$31.80/\$3.60

Life Insurance through Medical Insurance (CEBT)

All employees on WMFR Health Insurance will be covered with a \$20k life insurance policy.

Employee Assistance Program (EAP) - All One Health

As part of our CEBT Health plan Our EAP provider is Triad/ All One Health.

Our EAP plan is offered to ALL WM employees. This plan offers mental health, financial counseling, life coaching sessions, health habits, stress management, parenting resources and much more, all designed to aid in the management of the stressful issues related to life. This program offers 6 counseling/therapy sessions (per occurrence) and 6 life coaching sessions per year, at NO cost to the employee.

Modern Health

In January 2024, Modern Health was added to the CEBT group plan. Modern Health is a mental wellness platform that makes it simple to access personalized mental health care in a variety of ways, whether through one-on-one support, group support, guided meditations and/or digital courses through a single, easy to use app. Modern Health has a broad network of Coaches and Therapists, on-demand support tools, and group Circles. Modern Health is available to all plan members PPO3, PPO4 & Kaiser.

Telemedicine

All three medical plans allow access to a telemedicine program. With the PPO3 and PPO4, you have TelaDoc to speak to a doctor over the phone. Kaiser has a similar program that allows you to speak with a doctor or nurse without having to go into an office. Refer to the last page of this packet for phone numbers for both plans.

Prescriptions

CVS CareMark is our Prescription Coverage offered through retail or by mail. Both methods are done through CVS CareMark. You can create an online profile at [caremark.com](https://www.caremark.com)/start now for easier access and communication. Through that profile, you will be able to find pharmacy's, check drug costs and lower cost alternatives, refill medications, check order status, and see prescriptions. See the table on the page 4 for prescription costs. CVS Caremark is accepted at most pharmacies.

Preventative Care

Eligible charges for routine items will be covered at 100% through an in network provider. Through an out of network provider, charges are subject to the plan deductible and coinsurance.

Services for Children

- Alcohol and Drug Use Assessments
- Behavioral Assessments
- Cervical Dysplasia Screening
- Developmental Screening
- Hearing Screening
- HIV Screening
- Hepatitis B Screening
- Iron Supplements
- Oral Health Assessments
- Sexually Transmitted Infection Screening
- Routine visits
- General Immunization/Vaccines

Services for Adults

- Alcohol Misuse Screening and Counseling
- Blood Pressure/ Cholesterol Screening
- Depression Screening
- Diabetes Screening
- Immunization Vaccines
- Obesity Screening and Counseling
- Clinical Breast Exam
- Colonoscopy (over 50)
- Diabetes Test
- Diet Counseling
- HIV Screening (Annually)
- Routine Vision Exam
- Breast Cancer Counseling
- Cervical Cancer Screening

For a **full list** of covered services please refer to CEBT website www.cebt.org

- Hover mouse over “Resources” tab
- Click on benefits
- Scroll down the page to “Preventative Services”, Women & Men, also a listing for Children

Dispatch Health - *Only offered in the Denver Metro Area - not offered in Colorado Springs*

Bringing back the “house call”. Quick. Efficient. Affordable.

Health care from the comfort of your own home. Every house call there is a physician assistant or nurse practitioner along with a medical technician that will respond to your home.

- **All members enrolled in PPO3, PPO4 or Kaiser are eligible, including (enrolled) dependents**
- **Available 7 days a week / 365 days a year / 8am- 10pm**
- **Service coverage area restrictions apply, please go to dispatchhealth.com for service area**
- **TO CONTACT DISPATCH HEALTH CALL 303-500-1518 OR REFER TO THEIR WEBSITE FOR A LIST OF COVERED SERVICES www.dispatchhealth.com**

SurgeryPlus

Use SurgeryPlus to obtain access to elite surgeons, a full concierge advocacy service, and financial rewards. Upon recommendation of your doctor that you need surgery, contact SurgeryPlus, and they will help you with both planning and paying for covered medical procedures.

- **Eligibility- Currently enrolled in PPO3 or PPO4 plan- enrolled dependents are eligible as well**
- **Costs savings: NO Co-pays, NO deductibles , NO co-insurance**
- **Covered services: Spine, General surgery, Genitourinary, Orthopedic, Ear, Nose & Throat. Cardiac, GI & Pain Management** www.surgeryplus.com **SurgeryPlus 855-200-6675**

Healthcare Bluebook

Through Healthcare Bluebook you can see price information on hundreds of procedures and imaging in your area with a simple search. Same procedure. Different facilities. Which price is better for you?

Go to.... healthcarebluebook.com/cc/CEBT

www.healthcarebluebook.com

Delta Dental (PPO Plus Premier) www.deltadentalco.com

We are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist.

- **Max benefit per calendar year, per member**
- **\$2,000 Preventative & Diagnostic services covered @ 100%**
(List of covered services and details found in Target Solutions)
- **Basic Services covered @ 80%- (List of covered services and details found in the Resource Hub)**
- **Major Services covered @ 50%- (List of covered services and details found in the Resource Hub)**
- **Orthodontics- ALL AGES (YES! Including adults) Covered @ 50%- Lifetime Max \$2,000**
- **Right Start 4 kids- ALL Services COVERED @ 100%**
 - Dependent children up to the age of 13(through age 12)
 - No deductible on all services
 - Up to the plan year Maximum (does not apply to ortho)

Vision Plan - VSP Plan C

There are hundreds of VSP In-Network providers available in your area. Ensuring you utilize an in-network provider is the best way to ensure the lowest cost for you and your family.

- **Exam, Lenses, Frames- Every 12 months**
- **Routine eye exam- \$10 copay**
- **Lenses, per pair- \$10 copay**
- **Frames- \$175**
- **Contacts-\$175(Contacts instead of glasses)**
- **Laser Vision Correction- 15% off regular price or 5% off promotional price; discounts only available from contracted facilities.**
- **Out of Network coverages are higher**

Flexible Spending Account- Dependent Care and/or Health Care

WMFR offers the optional benefit of a Flex Spending Account for either dependent care or for health care. For these accounts the employee will be charged an admin fee. The fee is per account, per pay period. Health Savings \$2.95/per mo Dependent Care \$1.95/per mo Debit Card \$1.40/per mo

Health Care Savings Limitations

- Maximum is \$3,300 per employee for the 2025 PY (Per household)
- Expenses for children are eligible under 26 years old
- Can only be used on eligible health care expenses
(Please refer to current Flex eligibility list for allowable expenses- found on UMR website or the Resource Hub)

Eligible Health Care Expenses

- Co-pays, Prescriptions, Deductibles, Co-insurance
- Abdominal/ back supports
- Arches/Orthopedic Shoes
- Contact solution
- Ovulation kits and Pregnancy Tests
- Contraceptive devices
- Medic Alert Bracelet or Necklace
- Hospital bed

PLEASE NOTE: Delta Dental claims do NOT get processed through UMR Medical so you will have to file flex claims yourself even if you are on auto reimbursements.

Dependent Care Savings Limitations

- Maximum is \$5,000 per family per calendar year (\$2,500 per spouse if filing separate returns)
- Provider must report care giving income
- Expenses for children are eligible under 13 years old

Dependent Care Eligible Expenses

- Necessary for employment
- Looking for employment
- Attending school (full time student)

Dependent Care Eligible Expenses

- Daycare and preschool
- Summer Day Camp
- Incidental Household duties

Dependent Care Excluded Expenses

- School tuition (kindergarten and up)
- Overnight Camp

Dependent Care Excluded Expenses

- Transportation Fees
- Registration
- Uniform and books

Dependent Care Changes- Outside of Open Enrollment

- *Status change- In addition to a regular status change- this can also occur when change in rate or change of provider results in increase or decrease in care expense (you are able to change your amount or turn off funds)*
- *Status change- OR this can also occur when spouse changes from full time to part time*

The following expenses are excluded from health care flexible spending: expenses paid by insurance or by a company medical reimbursement plan, insurance premiums, vitamins, dietary supplements, toothpaste and cosmetics. For a complete list of eligible and ineligible expenses for dependent care and health care, visit the UMR website or Target Solutions.

Retirement – RHS- Retirement Health Savings

WMFR employees will have a Retirement Health Savings (RHS) account through MS (Mission Square). This is a program that helps you build assets on a tax free basis, for medical expenses, while still working. The department will contribute **\$250.00** per pay period for uniform members and **\$225.00** per pay period for civilian members, and the employee will be required to contribute **1%** of his or her salary. To access your MS/RHS account, go to www.missionsq.org

Retirement – 457 Pre-Tax & 457 (ROTH) Post Tax

Employees will have the option of enrolling in a 457 deferred compensation pre or post tax plan through Mission Square or FPPA/Fidelity. You can contribute a flat dollar amount of your income each pay period. Your contributions will be removed through payroll deductions, which (potentially) will reduce your taxes each payroll period. You can only contribute to one tax designation per year, which means you are not allowed to split your 457 contributions between pre & post tax throughout the plan year.

The maximum 2025 contributions allowed are: **\$23,500** or **\$31,000** annually, ages 50+ or **\$47,000** annually for the pre-retirement catch-up provision. (For the catch-up provision, please contact Human Resources). www.missionsq.org

Retirement – Traditional ROTH / IRA

An additional retirement savings option is the Roth IRA through MS. You will make contributions on an after-tax basis. All earnings on traditional IRA assets are tax-deferred until the time of withdrawal. The maximum 2025 contribution is \$7,000 annually, or \$8,000 annually for those 50 and older.

Retirement – FPPA Pension

As a WMFR full time employee, you will receive a SRP-Defined Benefit plan from the Fire and Police Pension Association (FPPA). The Employer contributes 10.5% and the Employee contributes 12%. Through this plan, you will receive a monthly lifetime benefit upon meeting the eligibility requirements for retirement. Under the defined benefit plan, a member can select normal, early, vested, or deferred retirement. See below for details about the normal retirement.

Normal Retirement

- 25 years of service **and** age 55 **OR** eligible Rule of 80
- A 2% benefit for each year of service for the first ten years, then a 2.5% benefit for each year of service thereafter. The benefit is based on the average of the highest 3 years base salary.
- Retirement and separate retirement account benefits are payable immediately once approved by FPPA.

For more information about the defined benefit plan, please visit www.FPPACO.org or the Resource Hub

Supplemental Benefits

WMFR employees will also have the option of enrolling in many other supplemental benefits. Contributions to these benefits can be started or stopped at any time. These supplemental benefits pay directly to you and help cover expenses your primary insurance does not cover.

Aflac: Accident, cancer, critical illness, STD (Short-Term disability), hospital advantage, and life insurance

Legal Shield/ ID Shield: Legal advice and/or Identity privacy and security monitoring

Please contact Human Resources regarding specific questions about these supplemental benefits.

Tuition Assistance

The District shall pay tuition, books, fees, and pre-approved related expenses for post-secondary, accredited education, which is work-related, but not job required. All education must be pre-approved by the District for reimbursement. Any amount paid by the District for education, in accordance with this section shall not be regarded as part of an employee’s wages for purposes of calculating hourly base rate. This benefit will be limited to the following:

Civilian Members- 100% (Please refer to Admin procedures #1613 and #1614 for rules & requirements) Uniform Members- 100% (Please refer to Admin procedures #1613 and #1614 for rules & requirements)

Time Off, Paid Leave and Extra Pay

See the table below for Annual Paid Leave benefits:

IAFF Union Agreement

Vacation	Uniform	1-3 Completed Years.....96 4-6 Completed Years.....144 7-9 Completed Years.....240 10-21 Completed Years.....288 22 and above.....336
	Civilian	1-4 Completed Years.....80 5-9 Completed Years.....140 10-14 Completed Years.....200 15 and above.....240 24+ Years.....256

Paid Time Off (PTO)	Civilian	130 Hours Annually
Sick Leave	Uniform	144 Hours Annually
Self-Care Leave (SCL)	Uniform	48 Hours Annually
Holiday	Uniform	<ol style="list-style-type: none"> 1. New Year's Day 2. Martin Luther King Day 3. President's Day 4. Memorial Day 5. Juneteenth 6. Independence Day 7. Labor Day 8. Veteran's Day 9. Thanksgiving Day 10. Christmas Day
	Civilian	<ol style="list-style-type: none"> 1. New Year's Day 2. Martin Luther King Day 3. President's Day 4. Memorial Day 5. Juneteenth 6. Independence Day 7. Labor Day 8. Veteran's Day 9. Thanksgiving Day 10. Christmas Day
Family Medical Leave (FMLA)	Uniform and Civilian	<p>Up to 12 weeks paid or unpaid leave during 12 month period</p> <p>** Must meet eligibility requirement</p>
Maternity Leave	Uniform	60, 24-hr / shifts paid leave (6 months)
	Civilian	24 weeks paid leave (6 months)

Adoption Leave	Uniform	14, 24-hr / shifts paid leave (6 weeks)
	Civilian	6 weeks paid leave
Bereavement <i>* Immediate Family for both Uniform and Civilian is defined as spouse, mother, father, brother, sister, child, grandparents, grandchild, great grandparents of the employee or the employee's spouse</i>	Uniform	48/50 hours
	Civilian	48 hours
Military Leave	Uniform and Civilian	120 hours annually
Longevity Pay	Uniform	Additional 2% added to base pay starting on the 5th, 10th, 15th, 20th, 24th and 29th year, no maximum
	Civilian	Additional 2% added to base pay starting on the 5th, 10th, 15th, 20th, 24th and 29th year
Mastery Pay	Civilian Only	Additional 2% added to base pay if qualification criteria are met

VOYA Life Insurance

All WMFR full time employee will receive life insurance paid by West Metro. The policy amount is 1x annual (base) salary up to \$200k in coverage.

VOYA Disability

Line Personnel - All line personnel that are no longer covered by FPPA will be eligible for a Disability Rider through Voya, up to age 65.

Civilian Members – All civilian members receive Short/Long Term Disability coverage through VOYA, up to age 65.

Death and Disability

Statewide death and disability plan benefits are offered **to all uniform members**. The plan covers both on duty and off duty deaths. See the tables below for an explanation of benefits.

Disability Benefits -

- **Occupational disability means a member is unable to perform assigned duties due to a medical condition that is expected to last more than one year.**
- **Total disability means the member is unable to perform any duties due to an impairment that is expected to result in death or has lasted more than one year.**

	Occupational Disability	Permanent Occupational Disability	Total Disability
Basic Benefit Amount	40% of Base Salary	50% of Base Salary	70% of base Salary
Benefit Start Date	Payable from the day	Payable from the day	Payable from the day
Duration of Benefits	Maximum of 5 years – After 5 years the member will return to the department or their disability status will need to be changed. If not changed, benefits will be discontinued	Payable as long as the disability exists and member remains eligible. An annual verification of eligibility applies	Payable as long as the disability exists and member remains eligible. An annual verification of eligibility applies
Change in Disability Status	Benefit may be changed to permanent occupational or total disability at any time within 5 years from retirement date	Benefit may be changed to total disability anytime within 5 years from retirement date	Benefit may be changed to permanent occupational disability when FPPA receives evidence that member is no longer totally disabled

Revert to Normal Retirement?	Yes, member will be granted normal retirement in lieu of continued disability if the member reaches age and service under a define benefit or hybrid plan, or 25 years and age 55 under a money purchase plan	No	No
Payment Options	Normal unreduced benefits are paid to member	Disabled member elects a payment option that will determine what is payable to a beneficiary (See FPPA Death and Disability Packet for specific information about payment options)	Disabled member elects a payment option that will determine what is payable to a beneficiary (See FPPA Death and Disability Packet for specific information about payment options)
Benefit Adjustments	Benefit adjustment of 3% may be granted by the FPPA Board Annually	Benefit adjustment of 3% may be granted by the FPPA Board Annually	Benefit adjustment of 3% may be granted by the FPPA Board Annually

- Uniform members that are no longer covered by FPPA will be eligible for a Disability Rider through Voya, which covers up to 50% of base salary up to age 65.

Death Benefits -

- Upon death of a member the member’s spouse and/or children are eligible to receive survivor benefits

	Survivor Benefits - On-Duty Deaths	Survivor Benefits - Off-Duty Deaths
Basic Benefit Amount	<ul style="list-style-type: none"> • Spouse only- 70% of base salary • Spouse and dependent children living in member’s household- 70% of base salary • No spouse; Dependent children living in the members household- 70% of base salary • No Spouse, dependent children not living in members household- 40% of base salary for first child, 15% for each additional child with the total not exceeding 70% 	<ul style="list-style-type: none"> • Spouse only- 40% of base salary • Spouse and one dependent child - 40% of base salary • Spouse and two or more dependent children- 50% of base salary • No spouse, one or two dependent children- 40% of base salary • No spouse, three or more dependent children- 50% of base salary
Retirement Eligibility	If death occurs after the member is eligible for normal retirement, the survivor receives the benefits payable under the member’s normal retirement plan	If death occurs after the member is eligible for normal retirement, the survivor receives the benefits payable under the member’s normal retirement plan
Duration of Benefits	Survivor benefits to a spouse are payable for life. Benefits for dependent children are payable until age 23	Survivor benefits to a spouse are payable for life. Benefits for dependent children are payable until age 23

Contact Information

Benefit	Company	Phone	Website	Group/Plan #
Medical Coverage	CEBT (Willis Tower Watson)	303-773-1373	www.cebt.org	Group # 76412150 PPO3/PPO4/KP
	TelaDoc Group	1-800-835-2362	www.teledoc.com	Group # 76412150 PO3/PPO4
	Kaiser Permanente	800-632-9700	www.kp.org	Group 35545-051 EN1C
	Dispatch Health – FOR ALL HEALTH PLAN MEMBERS	303-500-1518	www.dispatchhealth.com	INSURANCE CARD INFORMATION
Prescriptions	CVS/Caremark	877-460-7766	www.caremark.com	Group # CEBT 0001 PPO3 / PPO4
	Kaiser Mail Order	1-866-523-6059	www.kp.org	Group 35545-051 EN1C
Dental	Delta Dental PPO	1-800-610-0201	www.deltadentalco.com	INSURANCE CARD INFORMATION
Vision VSP	CEBT	800-877-7195	www.vsp.com	Referenced by Employee SSN
Employee Assistance Program	All One Health	877-679-1100	www.triadeap.com	Code: CEBT
457 Pre & Post Tex (Roth)	FPPA/Fidelity - <i>Sheila Norman</i>	303-770-3772	www.fppaco.org	457 Plan- 72524
ROTH/ IRA	Mission Square - <i>Cherie Mason</i>	800-825-0765 202-759-7111	www.missionsq.org cmason@missionsq.org	457 Pre-tax: 301618 457 Post-tax: 301618 (ROTH) IRA Post-tax - 705242
Pension	FPPA - <i>LaRiea Thompson</i>	303-770-3772	fppaco.org lthompson@fppaco.org	Various plans
RHS	Mission Square - <i>Cherie Mason</i>	800-825-0765 202-759-7111	www.missionsq.org cmason@missionsq.org	801163 - Employees 801294 - Chief's Plan
Flex Spending	UMR - <i>Diane Weyer</i>	800-826-9781	www.umar.com	HCA / DCA



Health Benefit Rates Sheet 2025



MEDICAL PPO3 Plans - (\$1,000 Deductible)				
UMR/ United Health Care	Total Monthly Cost	Employer Cost Monthly	Employee Cost Monthly	Employee Cost Per Pay Period (24 pay periods)
Employee Only	\$784.00	\$627.20	\$156.80	\$78.40
Employee + Spouse	\$1,524.00	\$1,219.20	\$304.80	\$152.40
Employee + Child(ren)	\$1,272.00	\$1,017.60	\$254.40	\$127.20
Family	\$2,337.00	\$1,869.60	\$467.40	\$233.70
MEDICAL PPO4 Plans - (\$1500 Deductible)				
UMR/ United Health Care	Total Monthly Cost	Employer Cost Monthly	Employee Cost Monthly	Employee Cost Per Pay Period (24 pay periods)
Employee Only	\$735.00	\$588.00	\$147.00	\$73.50
Employee + Spouse	\$1,433.00	\$1,146.40	\$286.60	\$143.30
Employee + Child(ren)	\$1,196.00	\$956.80	\$239.20	\$119.60
Family	\$2,198.00	\$1,758.40	\$439.60	\$219.80
MEDICAL KAISER Plans - DHMO 1000 - (\$1,000 Deductible)				
Kaiser Permanente DHMO1000	Total Monthly Cost	Employer Cost Monthly	Employee Cost Monthly	Employee Cost Per Pay Period (24 pay periods)
Employee Only	\$679.00	\$543.20	\$135.80	\$67.90
Employee + Spouse	\$1,324.00	\$1,059.20	\$264.80	\$132.40
Employee + Child(ren)	\$1,108.00	\$886.40	\$221.60	\$110.80
Family	\$2,033.00	\$1,626.40	\$406.60	\$203.30
DENTAL Dental Plan A PPO- (\$2,000 Annual Max)				
UMR/ CEBT	Total Monthly Cost	Employer Cost Monthly	Employee Cost Monthly	Employee Cost Per Pay Period (24 pay periods)
Employee Only	\$52.00	\$41.60	\$10.40	\$5.20
Employee + Spouse	\$101.00	\$80.80	\$20.20	\$10.10
Employee + Child(ren)	\$84.00	\$67.20	\$16.80	\$8.40
Family	\$159.00	\$127.20	\$31.80	\$15.90
VISION VSP- Plan C (Vision)				
UMR/ CEBT	Total Monthly Cost	Employer Cost Monthly	Employee Cost Monthly	Employee Cost Per Pay Period (24 pay periods)
Employee Only	\$6.00	\$4.80	\$1.20	\$0.60
Employee + Spouse	\$12.00	\$9.60	\$2.40	\$1.20
Employee + Child(ren)	\$14.00	\$11.20	\$2.80	\$1.40
Family	\$18.00	\$14.40	\$3.60	\$1.80
Life Life Insurance (\$20k)- Paid by WEST METRO				
CEBT	Total Monthly Cost	Employer Cost Monthly Life	Employee Cost Monthly	Employee Cost Per Pay Period (24 pay periods)
Employee Only	\$2.80	\$2.80	\$0.00	\$0.00
Benefits are issued as a package plan (Medical, Dental and Vision).				