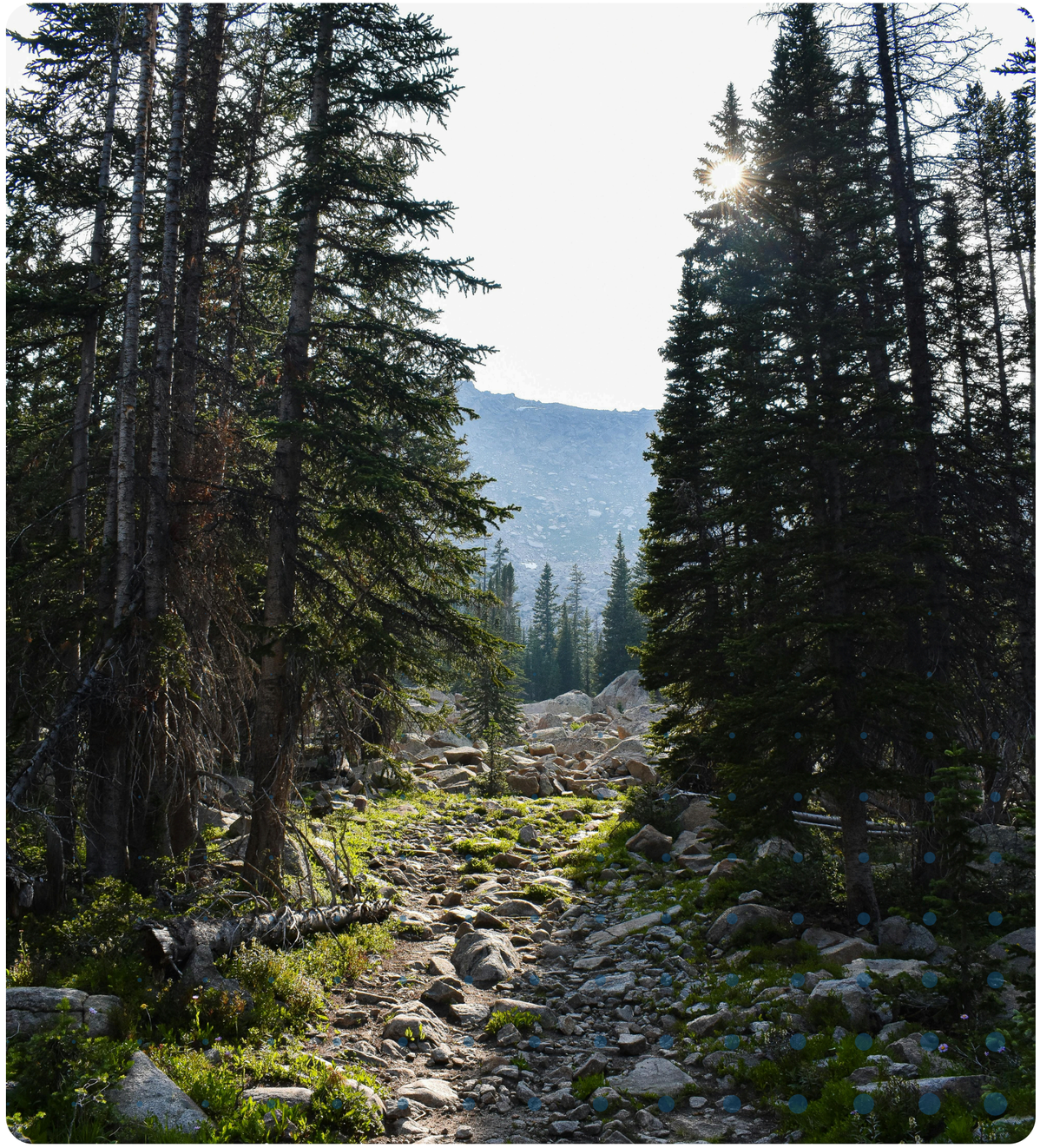
Your Benefits

Effective January - December 2026



Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working an average of 30 hours per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

You may cover your legal spouse or domestic partner.

Your Children

Dependent children are eligible:

- **Medical, dental and vision**: until age 26 regardless of student or marital status

Enroll now

Enrolling in coverage

Your benefit plans are in effect January 1 – December 31 each year. In general, there are three times you can make benefit selections:

When you're first eligible

Your benefits begin on your full-time Date of Hire; this is your effective date. Be sure to submit your selections within your first 30 days of benefits eligibility. Your benefit selections will be in effect through December 31st.

At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.
Your choices are in effect from January – December of the following year unless you have a qualifying life event.

If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. Examples include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within **30 days** of your life event (**60 days for changes involving Medicaid eligibility**). Documentation may be required.

Key terms

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits. **Here's what to know:**

Balance billing
When you use an out-of-network medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.
Medical: balance billing is in addition to – and does not count towards – your out-of-pocket maximum. *The No Surprises Act prohibits balance billing under certain circumstances.*

Coinsurance
After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay
A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible
The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network
In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum
The most you'll pay for **covered** in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.
The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Pre/Prior-authorization
Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include – but are not limited to – surgery, imaging (CT, MRI) and certain prescription medications.

Primary care physician
A primary care physician (PCP) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Learn more about: Insurance costs >

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Tri-Lakes Monument Fire Protection District. You can request a paper copy at no charge from:

Jennifer Martin
719-484-0911/jmartin@monumentfire.org

Review these notices

This document serves as a Summary of Material Modifications ("SMM") that updates your previous plan document, and should be kept with it for reference.

Contact information

Medical insurance	Kaiser Permanente Group: 36739	303-338-4545 www.kaiserpermanente.org
Dental insurance	Delta Dental Group: DD000000470	888-899-3734 www.deltacoversme.com
Vision insurance	Delta Dental Group: DD000000470	888-899-3734 www.deltacoversme.com
Disability insurance	Colonial E4338117	Allisa Swartz allissa.swartz@coloniallifesales.com 303-280-3994 x115
Accident, Cancer, Critical Illness	Colonial E4338117	Allisa Swartz allissa.swartz@coloniallifesales.com 303-280-3994 x115
Health Spending & Flexible Spending Accounts	Rocky Mountain Reserve	888-722-1223 www.rockymountainreserve.com
OneDigital	Mitch Michener Kim Bingham	mitch.michener@onedigital.com 303-670-0935 kbingham@onedigital.com 303-802-4615
Monument Fire HR & Admin	Jennifer Martin	jmartin@monumentfire.org 719-484-0911

Medical insurance

Select from two medical options through Kaiser.

Both plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your annual **maximum cost for care** (out-of-pocket maximum).

Find an in-network provider

	KP Level Funded 0/10/1500 EPO	KP Level Funded HDHP HSA 1700/20%/3500 EPO
In-network care	See plan summary	See plan summary
Annual Deductible (DED)	$0 per person $0 family maximum	$1,700 per person, **up to** $3,400 family maximum
Out of pocket maximum	$1,500 per person $3,000 family maximum	$3,500 per person $7,000 family maximum
Pre-tax account option(s)		Health Savings Account (HSA)
Preventive care Primary care visit Specialist visit	100% covered $10 copay $30 copay	100% covered DED then you pay 20% DED then you pay 20%
Urgent care Emergency room Inpatient hospital care Outpatient surgery	$50 copay $250 copay $500 copay/day, 3 day max $500 copay	DED then you pay 20% DED then you pay 20% DED then you pay 20% DED then you pay 20%
Prescription drugs		
Generic Preferred brand Non-preferred brand Specialty	$5 copay $30 copay $45 copay $500 copay	DED then you pay 20% DED then you pay 20% DED then you pay 20% DED then you pay 20%
Your cost for coverage	**Per Pay Period**	**Per paycheck**
Employee only	$22.23	$16.75
Employee + spouse	$43.65	$32.69
Employee + child(ren)	$40.44	$30.30
Employee + family	$61.86	$46.24

KAISER PERMANENTE®

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Medical: extra perks and support

Included with your medical coverage.

There's more to love with these extra perks — available when you join our medical plan.

Kaiser Online Wellness Tools

See details

Kaiser Mental Health Resources

See details

Wellness Rewards

See details

You've come to the right place to engage in your health. And why not earn a few rewards along the way?

Discounts-Gym, etc

See details

Keep moving and healthy with reduced rates on studios, gyms, and online classes available for Kaiser Permanente members.

Self Care Apps

See details

Everyone needs support for total health — mind, body, and spirit. These wellness apps can help you navigate life's challenges, and make small changes to improve your sleep, mood, relationships, and more. It's self-care made easy, designed to help you live well and thrive.

Healthy Lifestyle

See details

Make good health a part of your daily habits with our free healthy lifestyle programs.

Personal Coaching

See details

Get one-on-one guidance and support from a dedicated wellness coach who can help you set goals, stick to them, and, most importantly, see results. And you can do it all from the comfort of home.

KAISER PERMANENTE®

Learn how an HSA can help you save for tomorrow

Savings Accounts

Health Savings Account

See plan details

Take advantage of triple tax savings through an HSA. Reduce your taxable income by contributing into this account, purchase qualified healthcare items free of tax, and earn tax-free interest on HSA investment dollars. Any unused funds will roll over from year to year.

You must be enrolled in Monument Fire's HSA plan to be eligible for the employer HSA contribution. The contribution is one-time, not annual.

	Individual	Family
IRS maximum contribution (2025)	$4,400	$8,750
Employer One-Time HSA Contribution	$500	$1,000

Flexible Spending Account

See plan details

Save tax dollars and receive an advanced loan to assist with qualified expenses with an FSA. Determine your per paycheck contribution in the beginning of the year, and then spend those funds on qualified health expenses or dependent care expenses as needed before the plan year ends. The 2026 FSA rollover limit is $680.

Health Care FSA	$3,400
Limited Purpose FSA	$3,400

Learn about dental care categories

Dental insurance

Your dental coverage is through Delta Dental.

You'll get in-network preventive care at 100% along with coverage for basic and major dental services.

Orthodontic care is covered.

The dental benefit includes Right Start for Kids for kids under age 13.

Link to Delta Dental to create profile, download ID card.

See plan summary

	In-network	Out-of-network
Annual Deductible (DED)	$50 per person $150 family max	$50 per person $150 family max
Annual max benefit	$1,500 per person	$1,500 per person
Preventive care	100% covered*	100% covered*
Basic care	DED then you pay 20%	DED then you pay 20%
Major care	DED then you pay 50%	DED then you pay 50%
Orthodontic care Coverage Lifetime max benefit	50% Children to age 19 $1,000	50% Children to age 19 $1,000
Your cost for coverage Employee only Employee + spouse Employee + child(ren) Employee + family	**Per Pay Period** $0.00 $20.66 $27.41 $45.65	

* **Balance billing** may apply to all out-of-network dental care, including preventive care.

Stay **in-network** to avoid **balance billing charges** (*the difference between what an out-of-network provider charges and the amount your insurance pays*).

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Vision insurance

Your vision coverage is through Delta Dental using the VSP network.

You'll get an annual exam with coverage for lenses and frames, or contacts in lieu of glasses.

You can log into your VSP account here

See plan summary

	In-network care
Annual eye exam	$10 copay
Materials	$25 copay
Lenses Single Bifocal Trifocal	$25 copay
Frames	$175 allowance
Contact lenses Disposable Medically Necessary	 $130 allowance 100% covered
Frequency of Services Exams Lenses Frames Contact Lenses	 Once every 12 months Once every 12 months Once every 24 months Once every 12 months
Your cost for coverage Employee only Employee + spouse Employee + child(ren) Employee + family	**Per Pay Period** $4.37 $8.72 $9.16 $14.20

Your vision plan covers **either** glasses (lenses and frames) **or** contact lenses each year.
If you receive contact lenses, they will be instead of your glasses benefit.

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Duty Death

In the event of a line of duty death, the district provides up to a $50,000 benefit.

Duty Injury Accident & Health

This benefit covers injuries and illnesses that occur while participating in any activity of the organization.

Discounts

In addition to Grow and Rula mental health and other discounts, if you are enrolled in a Kaiser medical plan, you have access to discounted gym memberships, self-care apps like Calm and myStrenth. Personal health coaching and other online wellness tools.

Retirement

Employees contribute 12% and the employer adds 11% to the statewide defined benefit. For statewide death & disability, employer contributes 4%. The district will match 3% pre tax of gross wage to the 457.

https://fppaco.org

Peer Support Team (PST)

The district support program is designed to provide confidential, voluntary, and peer level support to those who may need it. This program is available to all members 24/7/265.

Link to PST - Peer Support Team Contacts

Member Assistance Program (MAP)

The district provides voluntary, confidental access to professional counseling services through a Member assistance Program. MAP is available to all employees and their immediate family members.

There is no cost to consult with an EAP counselor

Link to MAP-SUPPORTLINC

Annual Physicals

Annual physicals are considered a benefit. The District pays 100% toward the cost of an annual physical for all sworn employees. The results of your physical are between you and your primary care provider. Employees are strongly encouraged to follow up with their physician on recommendations made during the examination.

Cardiac, Cancer and Behavioral Health Coverage

The District participates in the Colorado Heart, Cancer and Behavioral Health Benefit Trust to fund extra coverage for our line staff who meet the eligibility requirements (5 years continuous service as a firefighter) should a medical exam reveal a heart or circulatory diagnosis other than hypertension or angina. Cancer coverage includes breast cancer, brain, digestive, genitourinary, hematological, thyroid, and skin cancers.

Benefits to this program include:

- Faster payouts for our firefighter/medics
- No long waits for benefits
- Firefighters/medics will receive payments based on type and stage of their cancer
- Considered a line of duty condition
- Except rehab payments, awards in the cancer program are not taxable.

Voluntary & Additional Benefits

The District offers voluntary supplemental insurance through Colonial which can be deducted as payroll deductions. Should the employee leave the District, the employee can usually continue the benefit by changing the method of direct billing.

Types of voluntary benefits offered:

- **Disability insurance**
- **Term life**
- **Accident Insurance (Plan 2, Plan 3, Screening Benefit)**
- **Cancer, Critical Illness and Health Screening Benefit**

Questions for Colonial should be directed to:
Allisa Swartz
970-631-2493
allisa.swartz@coloniallifesales.com