

EMPLOYEE BENEFIT BOOK

January 1 – December 31, 2023



INTRODUCTION

Metro West Housing Solutions is committed to providing you with a comprehensive benefits package. These benefits, along with your direct pay, comprise your total compensation package.

MWHS strives to offer a benefits package that is competitive with other employers and is generally designed to attract and retain quality employees, to meet the needs of employees and their families by enhancing employee security and to help maintain job satisfaction and maximize productivity.

Our benefit programs, influenced in part by MWHS's budget, are designed to make cost-effective use of total compensation dollars, and are managed in a prudent manner.

The intent of MWHS is to annually update, republish and distribute the Benefits Book to all eligible employees.

The specific benefits listed are subject to change. This is not a guarantee of future benefits, but a description of current benefits available. MWHS retains the right to amend or terminate any of the benefit programs described herein.

The information contained in this book is believed to be accurate and in accordance with the contracts and agreements of the various providers of these described benefits. In the event of oversight or mistake, the provider's contract, or agreement with MWHS shall be the controlling document.

Remember, it is your responsibility to understand the provisions of the benefit plans in which you are enrolled. You and your enrolled dependents should take the time to read and become familiar with the terms, conditions, and limitations of the various plans before a crisis arises.

TABLE OF CONTENTS

Introduction	3
Preface and Human Resources Contacts	7
Health Care Benefits	
Medical and Dental Insurance	11
Medicare	13
Cigna Local Plus	14
Cigna Open Access Plus	15
Delta Dental	16
Vision Service Plan (VSP)	17
2023 Rates	18
Continuation of Health Benefits (COBRA)	19
COBRA Rates for Terminated Employees	20
Flexible Benefits	
Pre-tax deductions	23
Flexible Spending Accounts	24
Life/Accidental Death & Dismemberment (AD&D) & Disability	
Basic Group Term Life and AD&D Insurance	27
Voluntary Term Life Insurance	29
Short-Term Disability	31
Long-Term Disability	32
Pension and Retirement Benefits	
Lakewood Housing Authority Employees Money Purchase Pension Plan	37
Deferred Compensation	39
Retirement	40
Retiree Health Reimbursement Option	40
Leave Time	
Vacation	43
Sick Leave	45
Holiday Leave	46
Family & Medical Leave Act	47
Family Care Act	48
FAMLI – Colorado program	48
Jury Duty Leave	49
Court Leave	49
Military Leave	50
Domestic Violence Leave	50
Other Benefits / Programs	
Direct Deposit	53
Employee Assistance Plan (EAP)	53
Employee Recognition	53

Employment Verification Service	53
Foothills Credit Union	54
M.A.P.S	55
Medicare	55
Mileage Reimbursement/Auto allowance	55
Noon Closures	56
Personal Protective Equip. & Allowances	56
Tuition Assistance	57
Unemployment Insurance	57
Use of City of Lakewood Facilities	57
Varied Components in Compensation	58
Volunteers In Place (VIP)	58
Wellness Reimbursement	59
Workers' Compensation	59
Directory of Employee Benefit Services	61
Important Information – Required Federal Notices	
Private Health Information	63
Summary of Benefits and Coverage (SBC)	63
Women’s Health and Cancer Rights Act	63
Notice of Prescription Drug Creditable Coverage	63
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)	63
USERRA	64
Wellness Program	64

PREFACE

As an employee, you may consider your salary the most important component of your employment compensation. It is, however, equally important to consider your fringe benefits. These benefits are a substantial part of your compensation package and may be just as important to your financial security as your wages.

A fringe benefit program is more meaningful if you understand the benefits available to you.

Enrollment for many of the benefits listed can take place during the month of hire, after a qualifying event or during the annual open enrollment period. Open enrollment normally occurs during early December with a January 1 effective date.

In most cases, benefits are available only to regular full-time and regular part-time employees. Temporary part-time employees are not eligible for benefits.

This Benefits Book is designed for your information and reference. After reading it, you may contact the individual providers listed in the directory at the back of this book regarding any additional or unanswered questions you may have.

We've made every effort to provide accurate and detailed information about your benefits. However, if you have any questions regarding this information please contact:

Sharon Keith-Zamora
Faye Jimas

shakei@mwhsolutions.org
fayjim@mwhsolutions.org

303-987-7808 or
720-750-4149

HEALTH CARE BENEFITS

MEDICAL & DENTAL INSURANCE

Metro West Housing Solutions is committed to providing a competitive Benefits Package for our employees. Employees may elect to cover themselves and may also cover qualified dependents, domestic partners, and those in a civil union. Children may be covered through the end of the month in which they turn age 26, regardless of their dependent status, marriage status, or if they have access to insurance through their employer. Please note that it is unlawful to add non-qualified dependents to your health care benefits. Employees may also elect to waive coverage. Employees and Metro West Housing Solutions share in the cost of health care coverage.

ENROLLMENT

Enrollment for newly appointed employees must take place during the month of hire with an effective date of the first day of the month following the hire or eligibility date. Medical and/or dental insurance may also be waived; however, enrollment may then occur only as follows:

- Employees may enroll in medical and/or dental coverage within 30 days of a qualifying event (e.g., loss of current coverage, etc.). In these cases, the effective date is the date of the qualifying event.
- Enrollment may be made during the annual open enrollment period in November or December of each year with an effective date of coverage being January 1 of the immediately following year.

CHANGES

Changes in insurance providers can only be made during the annual open enrollment period in December of each year with an effective date of coverage being January 1 of the immediately following year.

Changes in coverage (e.g., marriage, civil union, birth, spouse, dependent, or domestic partner becoming eligible for other coverage; or losing current coverage) may be made following a qualifying event with coverage effective the date of the qualifying event. Notice of these “qualifying event” changes must be made within 30 days of the event. Evidence of the qualifying event must be attached to the change form.

Changes in coverage not because of a qualifying event may only be made during the annual open enrollment period during November and December of each year with an effective date of coverage being January 1 of the immediately following year.

Changes in address, etc. can be made at any time.

MEDICAL & DENTAL INSURANCE, cont.

SEPARATION OF SERVICE

Upon separation of employment with MWHS, medical and dental coverage will terminate as of the last day of the month in which the separation from MWHS employment took place.

Employees will be mailed information on continuing health coverage following their date of separation to the current address on file.

Termination of coverage for reasons other than separation of employment can only be made following a qualifying event or during the annual open enrollment period. Notice of these “qualifying event” changes must be made within 30 days of the event. Evidence of the qualifying event must be attached to the change form. The coverage termination date, based on a qualifying event, will be based on either the date of the qualifying event or when the notice of the qualifying event is received, depending on the type of incident.

It is the responsibility of the employee to notify MWHS, within 30 days, when a dependent becomes ineligible under MWHS’s medical and/or dental plan. Failure to do so may result in loss of COBRA eligibility.

NOTE:

Metro West Housing Solutions complies with all Health Plan regulations, including the Public Health Service Act/Consolidated Omnibus Budget Reconciliation Act (COBRA), the Health Insurance Portability and Accountability Act (HIPAA), the Newborns’ and Mothers’ Health Protection Act (NMHPA), the Mental Health Parity and Addiction Equity Act, the Women’s Health and Cancer Rights Act, the Medicare Modernization Act, the Genetic Information Non-Discrimination Act, and the Patient Protection and Affordable Care Act (PPACA).

MEDICAL INSURANCE

MEDICARE

When you turn age 65, you become eligible to enroll for Medicare benefits. If you wish to enroll, you should contact your local Social Security office within three months of reaching age 65. However, you may also decide to delay enrollment in Medicare until your coverage under Metro West Housing Solutions group health plan terminates. Once you are no longer covered under the group health plan, you may enroll in Medicare without premium penalty. You will need to elect coverage within a seven-month enrollment period beginning with the first day of the first month in which you are no longer enrolled in a group health plan.

If you are enrolled in both an MWHS health plan and Medicare, MWHS health plan will be the primary carrier and will pay first. Medicare will be the secondary carrier and will pay toward any remaining balance. If you are enrolled in Medicare only, Medicare will provide your primary coverage.

This Medicare information is for informational purposes only. If there is any difference between this information and information provided by the Social Security Administration, which manages Medicare, the Social Security Administration governs.

In compliance with the Medicare Modernization Act, MWHS has determined that the prescription drug coverage offered by the Cigna Plan is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan

GROUP HEALTH INSURANCE

You can select between two Cigna plans in 2023, Cigna LP and Cigna OAP.

CIGNA Local Plus

Cigna Local Plus

The Cigna Local Plus plan is highlighted below, it features lower premium and a narrower network of providers.

Cigna
866-494-2111
www.mycigna.com

GROUP NUMBER: 634921

ELIGIBILITY: Regular employees, dependents, spouses, and those in a civil union. Eligible dependents may be covered through the end of the month in which they turn age 26.

MEDICAL PLAN HIGHLIGHTS

	In-Network	Out-of-Network
Calendar Year Deductible – Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000
Out of Pocket Maximum - Individual/Family (includes deductible, coinsurance & copays)	\$6,500/\$13,000	\$19,500/\$39,000
Coinsurance%	20%	30%
Preventive Care/ Routine Care (Deductible waived)	100% Covered	Not Covered
Virtual Care (MDLive)	\$30 copay	Not Covered
Office Visit PCP / Specialist	\$30 copay / \$65 copay	30% after deductible
Urgent Care Facilities	\$75 copay	\$150 copay
Emergency Room (Copay waived if admitted)	20% after deductible	20% after deductible
Ambulance	20% after deductible	20% after deductible
Inpatient Hospital	20% after deductible	30% after deductible
Outpatient Hospital	20% after deductible	30% after deductible
Mental Health or Substance Abuse Inpatient/Outpatient	20% after deductible/\$30 copay	30% after deductible
Chiropractic Care (20 visits per year)	\$30 copay	30% after deductible
Prescription Drug (Rx)		Not Covered
Generic drugs	\$15	
Preferred brand Drugs	\$80	
Non-preferred brand drugs	\$400	
Specialty drugs	\$500	

Cigna Open Access Plus

Cigna Open Access Plus

The Cigna Open Access Plus plan is highlighted below, it features a larger network, lower out-of-pocket maximum and lower office visit copays.

Cigna
866-494-2111
www.mycigna.com

GROUP NUMBER: 634921

ELIGIBILITY: Regular employees, dependents, spouses, and those in a civil union. Eligible dependents may be covered through the end of the month in which they turn age 26.

MEDICAL PLAN HIGHLIGHTS

	In-Network	Out-of-Network
Calendar Year Deductible – Individual/Family	\$1,500/\$3,000	\$4,500/\$9,000
Out of Pocket Maximum - Individual/Family (includes deductible, coinsurance & copays)	\$5,000/\$10,000	\$15,000/\$30,000
Coinsurance%	20%	50%
Preventive Care / Routine Care (Deductible waived)	100% Covered	Not Covered
Virtual Care (MDLive)	\$25 copay	Not Covered
Office Visit PCP / Specialist	\$25 copay / \$50 copay	50% after deductible
Urgent Care Facilities	\$50 copay	50% after deductible
Emergency Room (Copay waived if admitted)	\$300 copay	\$300 copay
Ambulance	20% after deductible	20% after deductible
Inpatient Hospital	20% after deductible	50% after deductible
Outpatient Hospital	20% after deductible	50% after deductible
Mental Health or Substance Abuse Inpatient/Outpatient	20% after deductible/\$25 copay	50% after deductible
Chiropractic Care (20 visits per year)	\$25 copay	50% after deductible
Prescription Drug (Rx)		Not Covered
Generic drugs	\$20	
Preferred brand Drugs	\$40	
Non-preferred brand drugs	\$80	
Specialty drugs	\$500	

DENTAL INSURANCE

DELTA DENTAL

MWHS provides a comprehensive dental plan to employees through Delta Dental. The plan provides coverage for in-network provider services. It is your choice to use network or non-network providers. However, out-of-pocket expenses will be significantly lower for you if you use in-network providers.

PLAN INFORMATION

Group Number	12286
Plan	Active PPO Plan 5c
Phone	303-741-9300
Website	www.deltadentalco.com

Delta Dental Active PPO 5c

Services	PPO Network	Premier Network	Non-Network
Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Annual Maximum	\$1,500	\$1,500	\$1,500
Diagnostic & Preventive Services			
Oral Evaluation and Cleanings Fluoride Sealants/Space Maintainers/ Bitewing X-Rays/Full Mouth X-Rays	100%	100%	100%
Basic Services			
Fillings Endodontics/Periodontics Simple Extractions/Oral Surgery	90%	80%	80%
Major Services			
Dentures Bridges Crowns	60%	50%	50%
Orthodontia	50% to \$ 1,500 max lifetime (To age 19)	50% to \$ 1,500 max lifetime (To age 19)	50% to \$ 1,500 max lifetime (To age 19)

A complete list of In-Network providers can be found at www.deltadentalco.com

VISION SERVICE PLAN (VSP)

Vision Coverage is available to employees and their eligible dependents through VSP Vision Care. The plan provides coverage for network providers and non-network providers. It is your choice to use a network or non-network provider. However, your out-of-pocket expenses will be significantly lower for you if you use a network provider.

PLAN INFORMATION

Group Number: 30065924
 Phone: 800-877-7195
 Website: www.vsp.com

Coverage	In-Network	Out-of-Network Reimbursements	Frequency
Eye Exam	\$ 10 copay, then 100%	Up to \$45	Every 12 months
Frames (one per frequency)	\$25 copay, then; \$150 allowance, then 20% off amount over allowance	Up to \$70	Every 24 months
Lenses Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses	Included in Prescription Glasses	Up to \$30 Up to \$50 Up to \$65	Every 12 months
Lens Options Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	\$0 \$0 \$0	Up to \$50	Every 12 months
Contact Lenses (in lieu of lenses and/or frames per frequency) Elective	Up to \$150	Up to \$105	Every 12 months

**2023
MEDICAL • DENTAL • VISION
MONTHLY BENEFIT RATES**

The monthly rate for participation in the group insurance programs are listed below.

Plan	Employee/Month	MWHS/Month	Total Premium
Cigna LP			
Employee Only	\$ 65.68	\$ 591.09	\$ 656.77
Employee+Spouse	\$ 206.89	\$ 1,172.36	\$ 1,379.25
Employee+Child(ren)	\$ 187.19	\$ 1,060.72	\$ 1,247.91
Family	\$ 295.55	\$ 1,674.80	\$ 1,970.35
Cigna OAP			
Employee Only	\$ 113.72	\$ 597.02	\$ 710.74
Employee+Spouse	\$ 313.42	\$ 1,179.06	\$ 1,492.48
Employee+Child(ren)	\$ 283.57	\$ 1,066.76	\$ 1,350.33
Family	\$ 447.75	\$ 1,684.39	\$ 2,132.14
Delta Dental			
Employee Only	\$ 4.92	\$ 44.24	\$ 49.16
Employee+One(1)	\$ 12.62	\$ 71.56	\$ 84.17
Family	\$ 19.08	\$ 108.09	\$ 127.17
VSP			
Employee Only	\$ 2.47	\$ 9.90	\$ 12.47
Employee+One(1)	\$ 5.94	\$ 13.86	\$ 19.80
Employee+Child(ren)	\$ 6.06	\$ 14.15	\$ 20.21
Family	\$ 9.78	\$ 22.81	\$ 32.59

CONTINUATION OF HEALTH BENEFITS / COBRA

Federal law, Public Health Service Act and Consolidated Omnibus Budget Reconciliation Act (COBRA), gives employees and their dependents the right, if they desire, to continue their health benefits for a specified period after their separation or when they are no longer eligible for insurance.

All employees, their qualified dependents and civil union partners, covered under Metro West Housing Solutions' group medical and/or dental plans have the right to elect to continue their current coverage under the group plan if their coverage in these plans should otherwise end due to certain events.

These events include:

- Voluntary or involuntary separation of employment (except gross misconduct)
- Death of the employee
- Reduction in hours of employment
- Divorce or legal separation
- Dependent children who cease to meet the definition of an eligible dependent

Continuation of coverage will be provided without the member having to provide evidence of insurability.

The following guidelines apply:

- Medical, vision and dental insurance and flexible spending health account benefits only may be continued.
- A member may only elect to continue benefits which that person is currently enrolled in and may not add other benefits.
- The member will be required to pay 100% of the monthly premium cost plus a 2% administrative fee.
- Coverage for an employee, covered dependents and domestic partners may extend up to 18 months. If the employee, any covered dependent or civil union partner is disabled at the time of separation or within the first 60 days of continuation coverage, the 18-month continuation period may be extended up to 29 months. The charge for qualified disabled beneficiaries who elect the 11-month extension is 150% of the active premium rate. The employee is responsible for notifying the employer if a disability arises.
- Coverage for dependents and civil union partners may be extended for up to 36 months when the dependent or domestic partner is no longer eligible for benefits under MWHS's plan (e.g., divorce, loss of dependent status, death of employee, etc). It is the responsibility of the employee to notify Benefits, within 30 days, when a dependent or civil union partner becomes ineligible for benefits under MWHS's medical and/or dental plans. Failure to do so will result in loss of COBRA eligibility.

- Premiums are due by the first of the month. Coverage will be terminated if your monthly premium is not received within 30 days after the first of the month for which the premium applies. It is your responsibility to pay all premiums until notice of termination of coverage is made.

Continuation of coverage will terminate prior to the end of the 18- or 36-month time period for the following reasons:

- Member becomes covered under another group plan (unless it has pre-existing conditions or limitations).
- Required premium payment is not made on time.
- Member becomes eligible for Medicare.
- Benefit plans are no longer in force.

MWHS administers continuation coverage for Cigna, Delta Dental and VSP.

2023 COBRA RATES for TERMINATED EMPLOYEES AND DEPENDENTS

	Coverage Level	COBRA RATE 2023
Medical Insurance		
Cigna LP	EE Only	\$ 669.91
	EE + Spouse	\$ 1,406.84
	EE + Child(ren)	\$ 1,272.87
	Family	\$ 2,009.76
Cigna OAP		
	EE Only	\$ 724.95
	EE + Spouse	\$ 1,522.33
	EE + Child(ren)	\$ 1,377.34
	Family	\$ 2,174.78
Dental Insurance		
Delta Dental	EE Only	\$ 50.14
	EE +1	\$ 85.85
	Family	\$ 129.71
Vision Insurance		
VSP	EE Only	\$ 12.62
	EE + 1	\$ 20.20
	EE + Children	\$ 20.61
	Family	\$ 33.24

FLEXIBLE BENEFITS

FLEXIBLE BENEFITS

Section 125 of the Internal Revenue Service Code allows Metro West Housing Solutions to have pre-tax premiums and flexible spending accounts. These benefits allow an employee to realize substantial tax savings, which translate into higher take home pay.

PRE-TAX PREMIUMS

All employees participating in health insurance are required to contribute, via payroll deductions, towards the cost of their health benefits.

These employees' gross salaries are reduced by the amount of health premiums, prior to being taxed for Federal and State taxes, thereby reducing the amount of taxes due. Employee contributions for health insurance premiums for domestic partners and/or the domestic partners' dependents are not eligible as pre-tax premiums.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible spending accounts allow an employee to set aside a regular amount from each paycheck on a pre-tax basis to be used towards the cost of dependent care and/or health expenses not fully covered by the medical or dental programs (including copayments). In accordance with IRS regulations, expenses incurred by domestic partners and/or their dependents are not eligible for reimbursement from flexible spending accounts. Expenses reimbursed through the Health Reimbursement Account (HRA) medical insurance plan are also not eligible for flexible spending account reimbursement.

Enrollment for flexible spending takes place during the annual open enrollment period in December (employees must re-enroll each year) or within 30 days of a new employee's hire date. Employees may also enroll or make contribution changes within 30 days of a qualifying event; however, enrollment or changes must be related to the qualifying event.

The money is deposited into a separate account in the employee's name and controlled by iSolved Benefit Services. When the employee submits eligible claims for expenses, they are paid out of the account monthly.

You may rollover up to \$610 to the next year's FSA if you have not used all your money by the end of the year. IRS regulations require that any money left unused beyond the \$610 at the end of the plan year be forfeited by the employee. Employees are required to submit claims for the previous plan year (January 1 to December 31) no later than 60 days after the previous plan year ends, or for employees who separate, 60 days after their separation date. After the 60-day grace period ends, all monies will be forfeited.

FLEXIBLE BENEFITS, cont.

Income driven plans such as the Employee Pension Plan, and Long and Short-term Disability are based upon regular pay, prior to flexible spending reductions. Participation in this program does not affect pension contributions.

As you incur and pay for out-of-pocket medical, dental and/or vision expenses, or dependent care expenses, you may make a claim against your account. To make a claim, you present the appropriate documentation, or use your benefit card. The benefit card is mailed to your home address and used over multiple years. iSolved Benefit Services is the current program provider.

FLEXIBLE SPENDING DEPENDENT CARE

Employees may currently defer up to \$5,000 a year for the cost of childcare provided for dependent children under the age of 13, or for the cost of care provided to dependents at any age, which may not be mentally or physically capable of caring for themselves while the employee is at work.

FLEXIBLE SPENDING HEALTH CARE

Employees may currently defer up to \$3,020 a year toward qualified costs that are incurred by themselves or any qualified dependent and which are not fully covered by health and dental insurance.

LIFE INSURANCE

&

DISABILITY INSURANCE

LIFE / ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

MWHS provides Basic Group Term Life and Accidental Death and Dismemberment (AD&D) insurance programs through New York Life Group Insurance.

POLICY NUMBER

Life Insurance SGM607407
AD&D SOK605350

New York Life – Life and Disability
800-557-7975 Web ID: www.myNYLBGS.com

ELIGIBILITY

Regular employees are automatically enrolled in MWHS's Life/AD&D Insurance. Coverage is effective the first day of the month following the date of hire, or date of eligibility. An enrollment form must be completed to designate a beneficiary.

CRITERIA

No evidence of insurability is required.

CHANGES

Changes to beneficiaries may be made at any time.

DISABILITY

If an employee becomes totally and permanently disabled, an extension of insurance may be granted. The employee must have been insured under MWHS's group Life/AD&D insurance and must be under age 60 at the time of disability. Coverage may continue for as long as the employee is totally disabled, or until age 65. Employees should contact Benefits directly for further information on eligibility and continuation of coverage requirements.

SEPARATION

Upon leaving employment with MWHS, life insurance, accidental death and dismemberment will terminate at the end of the month of separation from MWHS employment. Employees may convert their insurance to an individual policy, if desired, by contacting the insurance provider.

LIFE / ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE, cont.

COVERAGE

The amount of coverage varies according to employment status:

- Regular employees are covered at one and one-half times their annual base salary, or \$50,000, whichever is greater. This benefit is subject to a current maximum of \$300,000. The CEO is covered at the rate of \$400,000.

IRS tax laws state that premiums for life insurance benefits, which exceed \$50,000, are taxable to the employee annually. The amount of premium that is taxable is shown on your pay statement, listed as GTL (Group Term Life Insurance).

The amount of life insurance is reduced to 65% at age 70 and 50% at age 75.

The life insurance policy allows for an additional benefit for Accidental Death and Dismemberment equal to a percentage of the life benefit when accidental loss of life, limb or sight occurs. The loss must occur within 90 days after the date of the accident.

Exclusions to the Accidental Death and Dismemberment policy include but are not limited to:

- An accident that occurs while engaged in the activities of active service in the military of any country or international organization, including Reserve or National Guard training that extends beyond 31 days.
- Travel or flight in or on any species of military aircraft, or participation as a passenger or otherwise, in any military aviation or aeronautical operation.
- Suicide or any intentionally self-inflicted injury, including such occurring, while you are unable to form the intent to harm yourself.
- Committing or attempting to commit an assault or a felony or your participation in a violent disorder or riot.
- Operating any type of vehicle while under the influence of alcohol, drugs, narcotics, or other intoxicants including prescribed medications.
- Bungee jumping, parachuting, skydiving, parasailing, and hang-gliding.
- The voluntary use or consumption of any poison, chemical compound, or drug (including prescribed medications) unless used or consumed in accordance with the directions of a physician.
- Any illness or disease.
- Bacterial infection other than infection occurring simultaneously with and in consequence of an accidental cut or wound.

VOLUNTARY TERM LIFE & ACCIDENT INSURANCE

Through Cigna Life Insurance Company employees may purchase additional term life and accident insurance on themselves, their spouse, civil union partners and dependent children at a competitive rate. Upon leaving employment with MWHS, voluntary life and accident insurance will terminate at the end of the month following the month of separation from employment; there is an option to convert to an individual policy.

ELIGIBILITY

- Regular full-time and part-time employees:
You can select life insurance coverage in units of \$10,000. The maximum for any employee is the lesser of 5 times your annual salary or \$500,000. The guaranteed coverage amount for employees is \$100,000.
- Spouses and Civil Union Partners - you may elect coverage for a spouse under age 70:
You may select coverage for your spouse in units of \$10,000 to a maximum of \$250,000. The guaranteed coverage amount for your spouse is \$50,000.
- Children - you may elect coverage for your unmarried dependent children who are under age 26 (children must be dependent upon you for support and maintenance). You may select coverage for your unmarried dependent children at the rate of \$10,000. This is the guaranteed coverage amount for your child(ren).

You, your spouse, and dependent child(ren) will automatically receive the same amount of accident insurance.

CRITERIA

If you and your dependents are eligible and you apply within 30 days after your date of hire, you are entitled to choose any of the offered amounts of coverage up to the guaranteed coverage amount without having to provide evidence of good health.

If you apply for an amount of coverage for yourself or your spouse greater than the guaranteed coverage amount, coverage in excess of the guaranteed coverage amount will not be issued until the insurance company approves acceptable evidence of good health. Evidence of good health may include a paramedical exam or physician's statement.

If you apply for coverage for yourself or your spouse more than 30 days from the date you are hired, the guaranteed coverage amounts may not apply. Coverage will not be issued until the insurance company approves acceptable evidence of good health or approves the coverage amount. Evidence of good health may include a paramedical exam or physician's statement.

It is the employee's responsibility to notify MWHS when a dependent is no longer eligible.

SHORT-TERM DISABILITY

Illness or injury may mean a severe financial strain on you and your dependents. The disability plan available to regular employees is provided to assist you with partial salary continuation until you may be able to return to work.

Short-term disability is available, upon completion of required documentation, to all active regular full-time and part-time employees with at least one year of continuous employment with Metro West Housing Solutions (not including work as a temporary employee). It is a self-funded program that provides for 50% of a disabled employee's base salary, for a non-job-related injury or illness that results in time off from work. Short-term disability may begin at the 241st hour (pro-rated for part-time employees) of leave and continue through either:

- 960 hours of short-term disability leave (480 hours for part time employees), or
- employee is released to return to work, or
- the date long-term disability benefits would be effective (whether approved or not), or
- until separation, whichever is earliest.

Before receiving short-term disability the employee must first use all their accrued vacation, sick leave, holiday leave and compensatory time.

See Administrative Regulation (Short-term Disability Benefits)

PLEASE NOTE THAT THIS PLAN MAY BE SCHEDULED TO TERMINATE IN 2024 with the start of the Colorado FAMLII program on January 1, 2024.

LONG-TERM DISABILITY

For a long-term illness or injury MWHS provides a long-term disability plan.

Long-term disability insurance, offered through New York Life Insurance, this provides you with income protection equal to 60% of your salary (based on a 20-hour work week for part-time employees) at the time of injury or illness up to a maximum of \$12,000 per month. This includes any job-related injury, accidental bodily injury, covered sickness, or pregnancy.

GROUP POLICY NUMBER

SGD 607775

ELIGIBILITY

Regular full-time and part-time employees are automatically enrolled in the long-term disability plan effective the first of the month following hire date or date of eligibility.

CRITERIA

There is a 180-day elimination period from the date of disability from your own occupation before benefits are payable. This elimination period may be covered by income from MWHS.

Long-term disability benefits begin after 180 days. (These benefits will be offset by income from other sources, with a minimum benefit of \$100/month). Long-term disability insurance does not cover any disability resulting from the following: war, intentional self-inflicted injury while sane, violent, or criminal conduct, or a pre-existing condition. Benefits are not payable during the elimination period or after the end of the maximum benefit period. There are limitations described in your certificate regarding treatment, imprisonment, alcoholism, drug use, mental disorders, and foreign residency.

Long-term disability benefits are paid for 24 months from the date of disability when you are disabled from your own occupation. The maximum period in which long-term disability is paid out is determined as follows when the disability results in a disability from all occupations:

LONG-TERM DISABILITY, cont.

Your age when the disability begins:

59 or younger
60 through 64
65 through 68
69 or older

Your maximum benefit period:

to age 65
5 years
to age 70
1 year

Our long-term disability benefits include a survivor's benefit equal to three times the amount of your maximum monthly LTD benefit. This benefit is paid only if you are survived by a spouse or unmarried child/ren under age 25.

Long-term disability benefits are reduced by income from other sources. Some examples of income from other sources include: any amount you are eligible to receive under Workers' Compensation, any payments from Social Security, income, or salary continuation from MWHS, income from another job, or any payment from another group disability insurance plan.

Income received from both short-term and long-term disability may be considered taxable income since the premium cost is funded entirely by MWHS. For the tax status of your payments, please consult a tax advisor.

The current monthly premium rate is 0.285% of monthly base salary paid for by Metro West Housing Solution.

**MONEY PURCHASE PENSION PLAN,
DEFFERED COMPENSATION
AND
RETIREMENT BENEFITS**

LAKWOOD HOUSING AUTHORITY EMPLOYEES' MONEY PURCHASE PENSION PLAN

PLAN NUMBER

406398

ELIGIBILITY

Regular full-time and part-time employees participate in the Lakewood Housing Authority Employees Money Purchase Pension Plan, which is administered through TIAA-CREF.

This plan is a qualified Social Security replacement money purchase plan set up under provisions of IRC 401(a). Upon separation, fully vested employees and those employees aged 55 or older will receive the entire balance of their account, including MWHS's contributions and any interest or earnings received.

Employees not fully vested upon separation will receive the current value of their entire contribution and a percentage of MWHS's, based on length of service.

VESTING SCHEDULE

- Less than 3 continuous years in plan:
Employee receives current value of his/her contribution only
- At least 3 continuous years, but less than 4 continuous years in plan:
Employee receives current value of his/her contribution and 60% of MWHS's
- At least 4 continuous years, but less than 5 continuous years in plan:
Employee receives current value of his/her contribution and 80% of MWHS's
- At least 5 continuous years of service, or age 55 or older with any length of service:
Employee receives current value of his/her contribution and 100% of MWHS's

Additionally, an employee is 100% vested if disabled or deceased at any length of service.

LAKWOOD HOUSING AUTHORITY EMPLOYEES' MONEY PURCHASE PENSION PLAN, cont.

MWHS contribution to the pension fund is 10% of salary. The mandatory employee contribution is 8% of salary. These percentages are based on the employee's gross base wage. The mandatory contribution is both federal and state tax deferred.

Pension funds are invested according to the option(s) selected by the employee. Employees may elect to change their fund allocation or voluntary contribution amount at any time. Rollovers from other qualified plans may be made to this plan. This plan does not have a loan provision and therefore does not allow for using pension funds as collateral.

Employees have many choices of how their pension money may be distributed upon retirement or separation. Upon separation, a fully or partially vested employee may elect to have his/her funds remain in the plan to continue to accrue tax-free interest or earnings, or the employee may take a partial or total distribution at any time. Employees who are not at least 60% vested upon separation must take a total distribution of their entitled funds. Employees not yet age 55 at time of separation who take a distribution and who do not reinvest these funds in a similar retirement vehicle within 60 days of receipt, will have a 10% tax penalty imposed under current law. These employees may wait to take a distribution until age 59½ to avoid the penalty. Employees who are age 55 or older at time of separation, or who will turn age 55 in the year in which they separate, are eligible to withdraw funds without penalty; however, funds must remain with TIAA until age 59½ to avoid the penalty. Separated employees who receive long-term disability are eligible to withdraw funds without penalty if the disability is substantiated by a doctor.

Federal law requires a 20% federal tax withholding at the time of distribution on disbursements received from pension plans. It does not apply to any after-tax contributions, nor does it affect employees who are directly transferring their pension into an IRA or other qualified retirement plan.

TIAA
1-800-842-2252
www.tiaa.org

DEFERRED COMPENSATION

Deferred compensation is an additional non-qualified retirement savings plan. Deferred compensation plans are currently available through TIAA-CREF.

PLAN NUMBER: 406399

ELIGIBILITY:

With an IRS Section 457 Deferred Compensation Plan, regular full-time and part-time employees may defer up to a maximum of \$22,500 of their base salary in 2023 this may change in future years. This results in pre-tax dollar savings.

An employee may be eligible to contribute more to this plan through the “catch-up provision” once they are within three (3) years of the retirement age (55), but not during the year the employee separates employment with Metro West Housing Solutions. Employees aged 50 or older may contribute up to an additional \$7,500 for a total contribution of \$30,000 in 2023, if they are utilizing the “catch-up” provision.

Deferred income is deposited into the employee's account and invested according to the option(s) chosen by the employee. These funds are generally not available while employed by the Metro West Housing Solutions. An employee can enroll, make changes to, or terminate participation in this plan at any time during the year.

Rollovers from other qualified 457 plans and other employer-sponsored pension plans may be made to this plan. This plan does have a loan provision.

Upon termination of employment, the employee may elect to keep the funds in the plan to continue to accrue tax-free interest earnings until retirement age, take a lump sum withdrawal or enroll in a predetermined payment plan. Funds may also be rolled over to other eligible plans. (Funds become taxable upon withdrawal.) In any case, employees leaving Metro West Housing Solutions should contact TIAA-CREF to discuss their options.

TIAA
1-800-842-2252
www.tiaa.org

RETIREMENT

Employees who meet the following age and service requirements are eligible for retirement from MWHS.

- Age 55, and
- At least 25 consecutive years of service.
- **OR** age 65, and
- At least 20 consecutive years of service.

As a retiree, the following benefits may be available:

Payoffs

At time of retirement, eligible employees will be paid one-half their sick leave* (maximum career payoff is 480 hours for full-time employees and 240 hours for part-time employees), all vacation, all compensatory time, and any accrued but unused holiday pay, if applicable. Make sure to review the “Sick Leave” section for additional details.

Retiree Health Reimbursement Option

Employees are eligible if they are a regular full-time or part-time employee and are a member of one of MWHS’ medical insurance plan immediately prior to retirement.

The Retiree Health Reimbursement option allows eligible employees to submit a reimbursement request for privately purchased premiums up to a maximum of \$10 of benefit for each year of service. *For example, an employee that has worked 25 years and is eligible to retire would receive up to \$250 per month as a reimbursement.*

This plan ends once the employee is eligible for Medicare.

Use of Recreation Facilities

Retirees may continue to the use of City of Lakewood Recreation facilities. See Use of Recreation Facilities for more information.

LEAVE TIME

VACATION

Vacation Accruals

Vacation time is earned monthly, according to the schedule listed below:

Vacation accrues on the last pay date of the month and will only accrue if you are an active employee on that date. Increases to the next accrual step will begin the month following the appropriate anniversary date. Unused vacation time will be carried over year-to-year up to the maximums listed below.

Regular Full-Time

Employees earn according to the following schedule and may retain a maximum balance of vacation time as follows:

# Yrs w/MWHS	Non-Exempt		Exempt	
	#Hours accrued/mnth	Maximum Accrual Allowed	#Hours accrued/mnth	Maximum Accrual Allowed
• Less than 5	8	160	10	240
• Between 5 and 9	10	180	11.3	250
• Between 10 and 14	11.3	200	12	252
• Between 15 and 19	12	220	13.3	255
• 20 or more	13.3	230	15	260

Regular Part-Time (Part-Time employees working an average of 30 to 39 hours/week)

Employees earn according to the following schedule and may retain a maximum balance of vacation time as follows:

	<u>Monthly Accrual</u>	<u>Maximum Allowed</u>
• Less than 5 years	6 hours	90 hours
• Between 5 and 9 years	6.3 hours	105 hours
• Between 10 and 14 years	7.5 hours	110 hours
• Between 15 and 19 years	8.8 hours	115 hours
• 20 or more years	10 hours	120 hours

VACATION, cont.

Important Information

- Vacation accruals are not available for use until the actual accrual date.
- Upon separation, employees are paid their accrued hours of vacation time not to exceed the maximum balance listed above.
- Employees may not accrue vacation during certain leave or suspension situations.
- Accrued vacation may be used in any increments.
- Employees on Alternate Scheduling Agreements may take time off without pay per the agreement.
- All other employees with vacation balances cannot take unpaid time off (including those on a Personal Leave of Absence).
- After your 5-year anniversary, if you generally don't need all the vacation time you earn, you may sell some vacation days for cash, however you must have at least two weeks of vacation time remaining after the sell back. There is no obligation to sell: you may just keep the number of vacation days for which you are eligible. Election of this benefit is available during Annual Open Enrollment or at other times if designated by the CEO.

SICK LEAVE

Sick Leave Accruals

Sick time is earned monthly, according to the schedule listed below.

Sick leave accrues on the last pay day of the month and will only accrue if you are an active employee on the last pay date of the month. New employees will accrue the end of the month following their date of hire. Unused sick time will be carried over from one year to the next up to the maximums listed below.

	<u>Monthly Accrual</u>	<u>Maximum Allowed</u>
• Full-time employees w/20+ years of service	10 hours	960 hours
• Full-time employees	8 hours	840 hours
• Regular Part-time employees	6 hours	480 hours

Sick Leave Payouts are as follows:

		<u>Career Max Payout</u>
Executive Staff	½	480
Exempt	-0-	-0-
Non-Exempt	-0-	-0-
Retiree(any position)	½	480
Death of employee	100%	up to maximum allowed

Important Information:

- Sick accruals are not available for use until the actual accrual date.
- Employees may not accrue sick leave during certain leave or suspension situations.
- Accrued sick leave may be used in any increments.
- Employees with sick leave balances cannot take unpaid time off when sick.
- Sick leave may be used for doctor or dental appointments and assisting with an illness/injury in the immediate family.
- Sick leave may also be used for funeral leave of an immediate family member. Generally, up to 40 hours of leave may be authorized (pro-rated if part-time) depending on the circumstances. Employee immediate family members are defined as:
 - Children; including step and in-laws or if acting in loco parentis of a child
 - Spouses; including common-law spouses and civil union partners
 - Parents; including step and in-laws
 - Brothers and sisters; including step, half, and in-laws
 - Grandparents; including step
 - Grandchildren; including step

HOLIDAYS

The following are normally paid MWHS holidays; however, MWHS CEO may designate additional holidays:

New Year's Day, Martin Luther King Day, Presidents' Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, day after Thanksgiving and Christmas Day.

Should one or more of these holidays fall on a weekend day, MWHS will designate either the previous Friday or following Monday as a paid holiday with time off.

In addition to the above-mentioned holidays, employees may receive up to two floating holidays. These days are to be selected by the employee with approval by the supervisor. All holidays must be used within the year they are accrued, or the time will be lost.

During an employee's first year of employment, they may receive one or no floating holidays, depending on their date of hire. Floating holidays will be accrued on the last pay day in January and the last pay day in July. For 2023, you must be a regular employee by January 9 to accrue in January floating holiday and by July 10 to accrue in July. No floating holidays will accrue if notice to terminate employment is received during the accrual pay period.

During an employee's last year of employment, they may receive one or no floating holidays, depending on their date of separation.

Holiday hours are as follows:

Regular Full-time employees	8 hours
Regular part-time employees	6 hours

Non-exempt employees who are called in to work on a holiday will receive on-call pay or overtime pay, depending on position, (not compensatory time) for hours worked in addition to their normal holiday pay. Please record Holiday worked according to the iSolved requirements.

FAMILY and MEDICAL LEAVE ACT

The Family and Medical Leave Act (FMLA) requires covered employers to provide eligible, temporary/seasonal, regular, or provisional, employees with up to twelve weeks unpaid leave during a 12-month period. To be eligible, employees must have worked for MWHS for 12 months and have worked at least 1250 hours during the 12-month period directly preceding the start of the leave.

FMLA will be unpaid if there is no sick leave, vacation, injury leave or short-term disability available.

Basic Requirements

Leave must be granted for the following reasons:

- Employee's serious health condition
- Serious health condition of an employee's spouse, parent, child (under 18 years or disabled), the serious health condition of a child you're standing in the place of a parent (loco parentis), or next of kin if a military service member
- Birth of an employee's child
- Placement of a child with an employee for adoption or foster care
- For any qualifying exigency if the employee's spouse, son, daughter, or parent is on active duty or has been notified of an impending call or order to active duty in the Armed Services

Military Family Leave Entitlements

Eligible employees with a spouse, child, or parent on active duty, or call to active-duty status in the National Guard or Reserves in support of a contingency operation, may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his/her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

FAMILY and MEDICAL LEAVE ACT, cont.

Benefits and Protections

During the duration of FMLA leave, the employer must maintain the employee's medical and dental coverage and continue employer paid contributions to those benefits at the same level as if the employee were working. Other benefits may be continued at the employee's expense or may be waived until such time that the employee returns from FMLA leave. Sick and vacation accruals will continue during the FMLA leave.

The Act also requires that the employee be returned to his/her original or equivalent position, with equivalent pay, benefits, and other employment terms. It also states that the employee will not lose tenure, including vesting in a retirement plan, during FMLA leave time.

Employees taking FMLA leave will be required to provide leave notice and medical certification. The employee may be asked for written notice that they are medically released to full employment duties, prior to return. The above is a summary of the Family and Medical Leave Act.

FAMILY CARE ACT LEAVE

MWHS provides up to 12 weeks of unpaid leave to eligible employees to care for their partners in a civil union or domestic partnership, who have serious health conditions. Generally, leave under the Family Care Act is administered consistent with FMLA regulations. Contact your supervisor or Human Resources if you need family care leave.

COLORADO FAMILI

Colorado voters approved Proposition 118 in November 2020, authorizing a state-run paid Family and Medical Leave Insurance Program (FAMILI). FAMILI supports both employees and the business by providing payments directly to employees when certain life events happen.

Starting in January 2024, most Colorado workers will be able to apply for FAMILI leave benefits to help them get through the following circumstances:

- Caring for a new child during the first year after the birth, adoption, or foster care placement of that child.
- Caring for a family member with a serious health condition.

- Making arrangements for a family member's military deployment.
- Obtaining safe housing, care, and/or legal assistance in response to intimate partner violence, stalking, sexual assault, or sexual abuse.

FAMLI PAYROLL DEDUCTIONS

The FAMLI program is funded through premiums paid by both workers and employers in the state of Colorado. Most workers will see a FAMLI deduction starting in January 2023. The premium rate for FAMLI is .9% and can be split evenly with the employer and employee. In 2023, MWHS has decided to cover the full cost of the premium for all employees as an added benefit. The cost of the premium may be split in future years up to the maximum amount allowed by the state of Colorado.

FAMLI BENEFITS

FAMLI wage replacement will not start until January of 2024. Additional information regarding eligibility, coverage levels, and other frequently asked questions will be posted on the MWHS website in 2023 and in the 2024 benefit book.

Important Notice

FAMLI is designed to run concurrently with the federal FMLA. If FAMLI leave is used for a reason that also qualifies as leave under FMLA, the leave time will also be counted as FMLA leave.

JURY DUTY LEAVE

MWHS encourages employees to participate in the jury duty process. Regular full-time and part-time employees shall be granted time off with pay for up to three days of jury duty. Jury duty will be paid if the time served occurred during the employee's normal work hours, or, if by attending jury duty, the employee was unable to work his/her normal hours. Hours spent performing jury duty will count as hours worked for up to one week of service, after that point in time the employee may use accrued leave balances to cover the remainder of the leave time. The employee may keep stipends paid for jury duty.

COURT APPEARANCES

An employee subpoenaed to appear before a court, administrative agency, or other official entity as a witness in a non-job-related legal proceeding may use personal accrued leave, except sick leave, when required for court appearances and other absences. The employee should enter comments indicating they were subpoenaed when requesting time off in payroll.

MILITARY LEAVE

Regular full-time employees are allowed 15 paid days off per year for the purpose of military leave. Regular part-time employees and temporary/seasonal employees are allowed 15 days of paid time off per year, but according to the number of hours of their normal workweek divided by five. Employees must provide advance notice to their supervisor of the dates needed for military leave.

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) provides additional benefits for employees in the uniformed services. In addition, MWHS may provide other benefits to regular full-time and part-time employees called to active military duty.

DOMESTIC VIOLENCE LEAVE

Under section 24-34-402.7 of the Colorado Revised Statutes, MWHS permits employees who are victims of domestic abuse to take up to three working days of leave in any 12-month period to seek a civil restraining order, obtain medical care or counseling for themselves or their children, make their home secure, or to seek legal assistance. An employee's job is protected during this time if the employee has requested the leave. The law applies only to employees who have worked for MWHS for twelve months or more. Employees will be required to use personal accrued leave time (sick, vacation, etc.) if it is available; otherwise, the time will be unpaid.

Please note this benefit will be revised in 2024, to reflect compliance with FAMLI.

OTHER BENEFIT PROGRAMS

DIRECT DEPOSIT

Direct deposit is used for all employees. Employees may use p-cards, the bank accounts or credit union accounts of their choice, provided their bank or credit union accepts direct deposits. Employees may have their paycheck split into multiple deposit accounts.

Direct deposit information is entered into iSolved by each individual employee. Employees may update their direct deposits in the iSolved system at any time through the Employee Self-Service screen.

EMPLOYEE ASSISTANCE PLAN

New York Life Employee Assistance Program

Through New York Life, we have a 24/7 free and confidential service available to you and your immediate household members to help with addressing life's challenges. You have three face-to-face sessions with a behavioral counselor available to you. You may contact New York Life EAP at 800-344-9752 or go online to www.guidanceresources.com for more information. Web ID: NYLGBS

EMPLOYEE RECOGNITION

Employees who make a significant contribution above and beyond the typical scope of their position at Metro West Housing Solutions may receive special recognition. The program allows for a full spectrum of incentives and may include cash bonuses; as well as time-off bonuses or other recognition.

Milestone anniversaries (5, 10, 15, 20, etc. years of service) are recognized with monetary bonuses. These bonuses will be paid according to the regular payroll schedule or during all employee meetings (if applicable).

EMPLOYMENT VERIFICATION SERVICE

Often, we find ourselves "in the market" for something new: a new home, automobile, credit card, apartment, etc. For transactions such as these, the agency you are dealing with may contact the Metro West Housing Solutions to verify your employment history and/or current salary.

For the protection of Metro West Housing Solutions employees, Human Resources will only respond to telephone verifications and will release the employee's job title and employment dates.

Human Resources will respond to written verifications of employment when accompanied by a signed release from the employee.

This policy has been established to protect employees from unwanted dealings with financial companies, business solicitation and so forth. Nevertheless, data such as employee salaries, applications and overall performance ratings are a matter of public record and, therefore, Metro West Housing Solutions could eventually be required to respond to requests for those kinds of information in compliance with applicable law.

FOOTHILLS CREDIT UNION

Metro West Housing Solutions employees are eligible to join the Foothills Credit Union, 3550 Clear Creek Dr., Wheat Ridge, CO 80401 or the branch on W Alameda.

Current services offered include:

- 24-Hour Telephone Banking
- Draft (checking) accounts
- FlexTeller, internet link to your account(s)
- Certificates of Deposit
- Individual Retirement Account (IRA)
- Automated Teller Machine
- Overdraft Protection
- Visa Credit Card
- 1st and 2nd Fixed Rate Mortgages
- Traveler's Checks and Money Orders
- Home Equity Line of Credit
- Family Membership (parents, siblings, relatives, etc.)
- Savings Accounts
- Direct Deposit
- Savings Bonds
- Notary Service
- Night Drop
- Saturday Hours
- Debit Cards
- Money Market Account
- Low-Cost Loans
- Drive-up Facility
- Legal Assistance

Payroll direct deposit for your Credit Union loans or savings account is available.

Foothills Credit Union
720-962-8200
www.foothills-cu.com

M.A.P.S.

M.A.P.S. (Momentum, Activities, People, Success)

The M.A.P.S. committee will meet year-round to provide varied opportunities for staff engagement. The available experiences may vary and include all staff events, team-building activities, morale boosts, wellness events and fun activities.

MEDICARE COVERAGE

Employees hired on or after April 1, 1986 are required by federal law to participate in the Medicare program of the Social Security Act of 1939. Eligibility for this program generally begins at age 65. Individuals can collect Medicare benefits without being eligible for Social Security. All individuals are eligible to receive Medicare benefits; however, those that have not contributed through payroll deductions may have costs associated with it.

Employee Contribution 1.45%

MWHS Contribution 1.45%

MILEAGE REIMBURSEMENT

MILAGE REIMBURSEMENT - Employees who use their personal vehicle for Metro West Housing Solutions business will be reimbursed for mileage at the IRS rate.

To receive reimbursement for mileage, a Monthly Mileage Reimbursement Request form should be submitted with the supervisor's approval. A check or automatic deposit for the mileage reimbursement will then be issued by accounting.

Damage, which may occur to personal vehicles being used on Metro West Housing Solutions business, will be covered under the owner's insurance policy, not the Metro West Housing Solutions'.

AUTO ALLOWANCE - In accordance with appropriate ordinances, a limited number of designated MWHS employees may be authorized a monthly auto allowance. This amount varies depending on the position held by the employee and is included in their annual taxable earnings.

NOON CLOSURES

The CEO may designate certain days as noon closure days. These days are not guaranteed and may change at any time due to the needs of MWHS. The time from noon on will be recorded as regular work hours according to your individual schedule and expected hours of work. Staff that are taking a preapproved, scheduled vacation day may request just the expected hours of work prior to noon as vacation leave subject to supervisor's approval. Staff that call in sick or fail to obtain prior approval for time off will need to take a full day of leave time. Staff that are not scheduled to work on the noon closure days will not receive any additional hourly adjustments or compensation. Any staff that are working at the time of a noon closure and are assigned to continue working with their work group, need to complete a project, meet a deadline, or respond to an emergency should remain onsite until the issue is resolved and approved to leave by a supervisor.

PERSONAL PROTECTIVE EQUIPMENT and ALLOWANCES

Certain employees, due to the nature of their jobs, receive their uniforms free of charge, or receive an allowance towards the cost of clothing, footwear, tools, personal protective equipment and/or prescription safety lenses. MWHS supplies an allowance to these employees for their job-related clothing and equipment.

Allowances and/or issuance of clothing and equipment vary by department. For specific information on your department's clothing and equipment allowances, please contact your supervisor.

TUITION ASSISTANCE

Tuition Assistance is a benefit available to regular full-time and part-time employees who have been continuously employed with MWHS for a minimum of six months. It is intended to assist employees in furthering their education and is not meant to fund an employee's entire education.

The following guidelines apply to tuition assistance:

- A completed request for tuition assistance and a copy of registration and receipt showing that payment has been made must be submitted to Human Resources prior to the class starting before funds will be encumbered.
- Tuition assistance funds are encumbered in an employee's name on a first-come, first-served basis.
- Regular full-time employees are eligible for a maximum of \$1,500 in tuition assistance funds per year. Regular part-time (30 hours/week) employees are eligible for a maximum of \$1,125 in tuition assistance funds per year.
- Classes must be taken through an accredited college or university for college credit hours and meet certain eligibility requirements.

- Certain fees may be included for reimbursement; however, fees for books or lab materials are not covered under tuition assistance.
- Upon successful completion of classes (“C” or better) an employee must submit a copy of the grade report to Human Resources before reimbursement will be made.
- Tuition assistance is non-taxable.

UNEMPLOYMENT INSURANCE

Metro West Housing Solutions is a reimbursing employer under the Employment Security Act. If you should terminate from Metro West Housing Solutions, and meet the criteria of this Act, you will receive the benefits of the Employment Security Act. The benefits may include up to 26 weeks of unemployment compensation.

USE OF CITY FACILITIES

Regular employees can access the City of Lakewood recreation facilities and outdoor pools for free general admission. This admission is obtained by presenting your MWHS’ ID at the center and stating that it is part of a corporate membership. The employee may take up to one immediate family member with them at no additional cost per visit. Employees and family members must pay for fee programs. Current City-owned recreation centers and pools include:

- | | |
|---|--------------|
| • Carmody Indoor Pool/Recreation Center
2200 South Old Kipling Street | 720-963-5360 |
| • Charles E. Whitlock Recreation Center
8715 West 16th Avenue | 303-987-4800 |
| • Green Mountain Indoor Pool/Recreation Center
13198 West Green Mountain Drive | 303-987-7830 |
| • Lakewood Link Recreation Center
1295 South Reed Street | 303-987-5400 |
| • Lloyd G. Clements Community Center (age 50+)
1580 Yarrow Street | 303-987-4820 |
| • Glennon Heights Pool
10600 West Virginia Avenue | 303-989-7946 |
| • Morse Park Pool
8200 West 20 th Avenue | 303-235-6881 |

VARIED COMPONENTS IN COMPENSATION

In addition to receiving a base salary, from time to time many employees may be required to work other than their normal schedule, or may be required to be available for work, should the need arise.

Employees will be compensated in accordance with all federal and state regulations as well as MWHHS Administrative Regulations and Personnel Policies.

The following is a brief description of other types of compensation.

Overtime Pay

Overtime pay is payment in cash at the rate of time and one-half of a non-exempt employee's hourly base rate for all time recorded over 40 hours in a workweek.

Compensatory Time

Compensatory time is the accrual of time at the rate of time and one-half in lieu of overtime pay for all time recorded over 40 hours in a workweek for non-exempt employees. The maximum accrual amount is 120 hours.

"On-Call" Compensation

On-call compensation is a payment to eligible non-exempt employees who are directed to be available for and capable of reporting to work upon notification and within a specified period. Time worked is paid at 1 ½ times the normal hourly salary.

"Call-Back" Compensation

Call-back compensation is payment to eligible non-exempt employees who on occasion are required to report back to work outside their normal working hours to perform services and who have not been assigned "on-call" status.

VOLUNTEERS IN PLACE (VIP)

VIP is the Volunteers in Place Program at Metro West Housing Solutions. The program provides employees with up to 16 hours per year of administrative leave to volunteer in the organization of their choice. The program is open to all regular employees of Metro West Housing Solutions who have been with the agency at least 6 months. Volunteer days must be approved in advance by a supervisor and human resources. Get a brochure with guidelines from Human Resources or on the employee page of the website.

WELLNESS REIMBURSEMENT

Metro West Housing Solutions encourages all employees to stay healthy and active. M.A.P.S. offers a wellness reimbursement to assist with a portion of external fees for programs and activities. Employees may submit receipts of purchases to human resources for reimbursement of up to \$50 each calendar year. Purchases must be made in the current year and may include things like gym memberships, step trackers, running event registration, etc.

WORKERS' COMPENSATION

When an employee is injured on the job, the Workers' Compensation program provides for the payment of medical bills and salary protection if work is missed due to the injury, including medical appointments.

- Injuries must be reported, in writing, to Human Resources within 48 hours of the injury.
- If injured, notify your supervisor immediately, then complete the "Employee Notification On-the-Job Injury" form and submit it to your supervisor within 24 hours on the injury.

Some major components of the Workers' Compensation program are:

- Payment of all necessary and reasonable medical bills, which are paid according to the statutory fee schedule.
- Employers are allowed to designate a medical provider. Please see next page for a list of MWHS's Designated Medical Providers.
- Payment of $\frac{2}{3}$ of an injured workers wages according to the State Average Weekly Wage benefit schedule.
- Permanent or partial disability awards are made in some cases. These awards are made in accordance with the statutory requirement of the Workers' Compensation Act. The disability awards are determined by a designated physician. The impairment rating is then used in an established formula to calculate the amount of the award. Permanent partial disability awards are made after an injured worker has reached maximum medical improvement. MMI (maximum medical improvement) means a point in time when an injured worker has become stable and when no further treatment is reasonably expected to improve the condition. It is possible for an employee who has received a permanent partial disability award to return to his/her job, provided the employee is able to perform the essential functions of the position.
- Permanent total disability benefits are awarded if the injured employee is not capable of earning wages in "any" amount. The employee's ability to earn any

wage is an issue for resolution by an Administrative Law Judge. An employee eligible for permanent total disability will receive $\frac{2}{3}$ of his/her average weekly wage, subject to the weekly maximum benefit, until death of such person. These benefits are typically subject to Social Security, long-term disability, and pension fund offsets.

- There is an award for visible disfigurement as determined by a hearing officer.
- Mileage reimbursement is also available. The rate is mandated by the State Worker's Compensation program.

There are many more components of the Workers' Compensation system. The above information is intended only as a highlight of some of the benefits injured workers may receive if injured on the job.

Additional questions regarding this program should be directed to:

- Sharon Keith-Zamora 303-987-7808
- Faye Jimas 720-750-4149
- Division of Workers' Compensation www.coworkforce.com/dwc

Designated Medical Providers

Concentra Medical Centers
11185 W. 6th Avenue
Lakewood, CO 80215
Ph: 303-239-6060
Fax: 303-239-6046

AFC Urgent Care
12105 W Alameda Pkwy Ste 100
Lakewood, CO 80228
Ph: 303-988-3600
Fax: 303-988-3604

SCL-Green Mountain
12790-A W Alameda Pkwy
Lakewood, CO 80228
Ph: 303-403-6350
Fax: 303-403-6372

On The Mend Occupational Med
3900 S Wadsworth Blvd, Ste 325
Lakewood, CO 80235
Ph: 303-634-2970
Fax: 303-634-2976

DIRECTORY OF EMPLOYEE BENEFIT PROVIDERS

Credit Union

- Foothills Credit Union 720-962-8200
7990 W. Alameda Avenue
Lakewood, CO 80226 www.foothills-cu.com
- 3550 Clear Creek Dr.
Wheat Ridge, CO 80401

Flex Spending Account – iSolved

- iSolved Benefit Services 866-370-3040
E-mail: fbamail@isolvedhcm.com www.isolvedbenefitservices.com

Medical, Dental & Vision Insurance

- Cigna Local Plus and Open Access Plus Group # 634921 864-494-2111
www.mycigna.com
- MDLive 888-726-3171
www.MDLIVEforCigna.com
- Delta Dental Membership Services Group # 12286 303-741-9300
www.deltadentalco.com
- Vision Service Plan (VSP) Group # 30065924 1-800-877-7195
www.vsp.com

Other

- New York Life Term Insurance (Policy: SGM607407) 1-800-557-7975
- New York Life AD&D Insurance (Policy: SOK604350) www.myNYLBGS.com
- New York Life Long-term Disability Insurance (Policy: SGD607775)
- New York Life Assistance EAP 1-800-344-9752
www.guidanceresources.com

Pension Plans

- TIAA (Plan # 406398 for 401(a) and 406399 for 457)
Lakewood Housing Authority Employee Money Purchase Pension Plan 1-800-842-2252
www.tiaa.org

Important Notices

Federal regulations require MWHS to provide benefit eligible employees with the following important notices. You may contact Human Resources for a full copy of each notice.

Private Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as “protected health information” (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan’s HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan’s Notice of Privacy Practices that describes the Plan’s policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact Employee Relations.

Summary of Benefits and Coverage (SBC)

Effective for plan renewals after January 1, 2012, the Patient Protection and Affordable Care Act requires employers that offer health coverage to provide a uniform Summary of Benefits and Coverage (SBC) to people who apply for and enroll in the health plan. This document contains the following:

- Four-page overview of plan benefits, cost sharing and limitations
 - Required set of examples of how the plan works
 - Phone number and internet address for obtaining copies of plan documents
 - A standard glossary of medical and insurance terms must also be available
- The SBC will be updated each plan renewal to reflect applicable plan changes.

Women’s Health and Cancer Rights Act

MWHS’ medical plans, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

Notice of Prescription Drug Creditable Coverage

MWHS provides a “Notice of Prescription Drug Creditable Coverage” to all Medicare eligible participants on an annual basis. This notice states that under MWHS’ medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare Prescription Drug Coverage.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in an eligible state, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.¹⁵

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office at www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov.

For All States:

(877) 267-2323, Ext. 61565

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Ext. 61565

Uniformed Services Employment And Reemployment Rights Act (USERRA)

If you are called to active duty in the uniformed services, you may elect to continue coverage for you and your eligible dependents under USERRA. This continuation right runs concurrently with your continuation right under COBRA, explained below, and allows you to extend an 18-month continuation period to 24 months. You and your eligible dependents qualify for this extension if you are called into active or reserve duty, whether voluntary or involuntary, in the Armed Forces, the Army National Guard, the Air National Guard, full-time National Guard duty (under a federal, not a state, call-up), the commissioned corps of the Public Health Services and any other category of persons designated by the President of the United States.

Wellness Program

MWHS’ wellness programs and activities are voluntary programs. The programs are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in a program you may be asked to answer voluntary questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

In some programs, employees who choose to participate can earn a small incentive. If you are unable to participate in any of the health-related activities to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Human Resources/Benefit Department.

Alternative formats of this document are available upon request.

