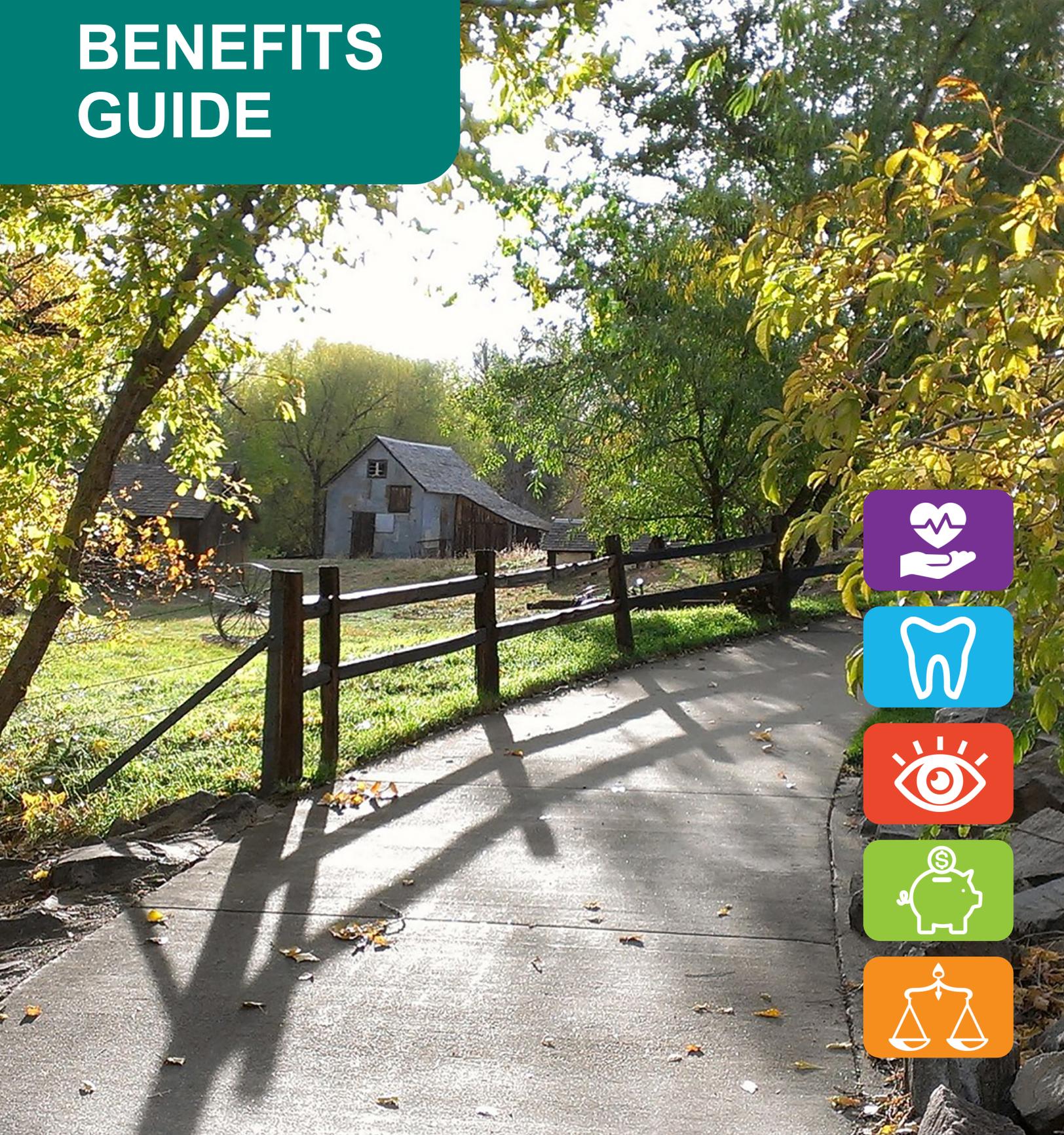




Town of
SuperiorSM

2020 BENEFITS GUIDE





BENEFITS OVERVIEW

Town of Superior is proud to offer a comprehensive benefits package to eligible employees. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (dependent medical, dental and vision), and the Town of Superior provides other benefits at no cost to you (employee medical, dental, vision, life, accidental death & dismemberment, STD, LTD, EAP.) In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

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BENEFITS OFFERED

- Medical
- Dental
- Vision
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Short Term Disability (STD)
- Long Term Disability (LTD)
- Flexible Spending Account (FSA)
- Employee Assistance Program (EAP)
- Other Benefits

ELIGIBILITY

You and your dependents are eligible for the Town of Superior benefits on the first of the month following your date of hire. Employees who work 30 hours or more per week are eligible for Medical, Dental and Vision coverage. Employees who work 24 hours or more per week are eligible for Dental and Vision coverage.

Eligible dependents are your spouse, children under age 26, or disabled dependents of any age.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



MEDICAL BENEFITS

Administered by Anthem through the County Health Pool

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

PPO Plan

A PPO plan provides both in and out of network coverage, however, you save the most money when you seek services from an in-network provider. A PPO plan covers preventive care at 100% resulting in no out-of-pocket costs to you. The most commonly used services, such as office visits, urgent care, and prescription drugs are not subject to the deductible and you are only subject to a co-pay. Higher cost services, such as imaging, inpatient hospitalization, and outpatient surgery require you to meet your annual deductible before receiving coverage.

HDHP Plan

The High Deductible Health Plan (HDHP) option is a qualified plan for a Health Savings Account (HSA). With an HSA, you are able to set aside pre-tax funds into an account to be used for qualified medical expenses. For more information on how your HSA works, please see the HSA section of this booklet located on page 9.

A HDP provides both in-and out-of-network benefits, similar to a PPO plan, however, before services, other than preventive care, are covered, you must meet the deductible. The HDHP contains a non-embedded deductible. This means that if you cover yourself and any other family member, you must meet the family deductible of \$5,000 before services are covered, however, your plan contains an extra provision to limit your out-of-pocket costs and limits the amount any one person can pay towards the deductible to \$2,500.

	PPO PLAN A		HDHP 2500 PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$0 single \$0 family	\$2,000 single \$6,000 family	\$2,500 single \$5,000 family	\$5,000 single \$10,000 family
Annual Out-of-Pocket Maximum (includes deductible)	\$3,500 single \$9,000 family	\$8,000 single \$24,000 family	\$5,000 single \$6,850 family	\$10,000 single \$20,000 family
Coinsurance	20%	40%	20%	40%
DOCTOR'S OFFICE				
Primary Care Office Visit	\$25 copay, then 20% for all other services	40% after deductible	20% after deductible	40% after deductible
Specialist Office Visit	\$25 copay, then 20% for all other services	40% after deductible	20% after deductible	40% after deductible
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	100% covered	40% coinsurance not subject to deductible	100% covered	40% coinsurance not subject to deductible
Urgent Care	\$25 copay	40% after deductible	20% after deductible	40% after deductible
Telemedicine	\$25 copay	Not covered	20% after deductible, to a max of \$49	Not covered
Convenience Care	\$25 copay	Not covered	20% after deductible, to a max of \$49	Not covered



	PPO PLAN A		HDHP 2500 PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
PRESCRIPTION DRUGS				
PPO Plan A Only— Outpatient prescription drugs are subject to a \$50 deductible per person. Once satisfied, then services are subject to the copayment.				
Retail—Generic Drug (30-day supply)	\$10 copay or 10% coinsurance— whichever is higher	Not covered	20% after deductible	Not covered
Retail—Formulary Drug (30-day supply)	\$25 copay or 20% coinsurance— whichever is higher		20% after deductible	
Retail—Nonformulary Drug (30-day supply)	\$35 copay or 40% coinsurance— whichever is higher		20% after deductible	
Mail Order—Generic Drug (90-day supply)	\$25/prescription		20% after deductible	
Mail Order—Formulary Drug (90-day supply)	\$60/prescription		20% after deductible	
Mail Order—Nonformulary Drug (90-day supply)	\$115/prescription		20% after deductible	
HOSPITAL SERVICES				
Emergency Room	\$150/visit then 20% coinsurance		20% after deductible	
Inpatient	\$350/ admission then 20% coinsurance	\$1,500/ admission then 40% coinsurance	20% after deductible	40% after deductible
Outpatient Surgery	\$250/ visit then 20% coinsurance	\$1,500/ visit then 40% coinsurance	20% after deductible	40% after deductible
MENTAL HEALTH/ SUBSTANCE ABUSE SERVICES				
Inpatient Services	\$350 admission then 20%	40% after deductible	20% after deductible	40% after deductible
Outpatient Services	\$25 office visit or 20% for outpatient facility	40% after deductible	20% after deductible	40% after deductible
OTHER SERVICES				
X-ray and Labs	20% coinsurance	40% after deductible	20% coinsurance	40% after deductible
Imaging (CT, PET Scans, MRIs)	20% coinsurance	40% after deductible	20% coinsurance	40% after deductible
Maternity Services	\$25 office visit copay	40% after deductible	20% after deductible	40% after deductible
All other maternity hospital/ physician services	\$350 admission, then 20% coinsurance	40% after deductible	20% after deductible	40% after deductible
Rehabilitation/ Habilitation Services (max of 30 visits for speech, physical, occupational therapy)	\$25 visit then 20% coinsurance	40% after deductible	20% after deductible	40% after deductible
Durable Medical Equipment	20% coinsurance	Not covered	20% after deductible	Not covered
Hospice	20% coinsurance	40% after deductible	20% after deductible	40% after deductible



DENTAL BENEFITS

Administered by Anthem through the County Health Pool

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Town of Superior dental benefit plan.

SERVICES	IN-NETWORK AND OUT-OF-NETWORK PPO
Annual Deductible	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$1,500
Preventive & Diagnostic Dental Services (cleanings, exams, x-rays)	100% covered; no deductible
Basic Dental Services (fillings, root canal therapy, oral surgery)	80% covered after deductible
Major Dental Services (crowns, inlays, onlays, dentures)	50% covered after deductible
Orthodontia Services (covered to age 19)	50% covered to \$1,000 lifetime maximum





VISION BENEFITS

Administered by VSP through the County Health Pool

Regular eye examinations can not only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

SERVICE	IN-NETWORK (ANY VSP PROVIDER)	OUT-OF-NETWORK (ANY QUALIFIED NON-NETWORK PROVIDER OF YOUR CHOICE)
Eye Exam — once every 12 months	\$15 copay; covered in full	Up to \$45 reimbursement
LENSES — ONCE EVERY 12 MONTHS		
Single Vision Lenses	\$15 copay; covered in full	Up to \$30 reimbursement
Lined Bifocal Lenses	\$15 copay; covered in full	Up to \$50 reimbursement
Lined Trifocal Lenses	\$15 copay; covered in full	Up to \$65 reimbursement
Lenticular Lenses	\$15 copay; covered in full	Up to \$50 reimbursement
Frames — once every 24 months	Up to \$150 allowance for a wide selection of frame brands; \$80 allowance at Costco + 20% savings on amount over allowance, no copay	Up to \$70 reimbursement
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames	Up to \$150 allowance, no copay	Up to \$110 reimbursement

No need for an ID card. To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage—they handle the paperwork for you.





LIFE INSURANCE BENEFITS

LIFE AND DISABILITY INSURANCE

Insured by Mutual of Omaha and Anthem

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by the Town of Superior. The company provides basic life insurance of 2x your annual salary up to \$350,000 at no cost to you. The amount of life insurance received will reduce if you are age 65 or older. In addition, each employee has \$10,000 of life insurance through the County Health Pool, insured through Anthem.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. The Town of Superior provides AD&D coverage equal to the amount of life insurance in force on your life through Mutual of Omaha and Anthem. This coverage is in addition to your company-paid life insurance described above.

Short Term Disability

Short-Term Disability insurance can provide employees with the peace of mind that a protected paycheck brings, if you are unable to work because of an illness or injury that occurs off the job. Once enrolled in the plan, your short-term disability insurance pays you 66-2/3% of your salary up to \$1,600 per week (after an elimination period of 7 days for sickness and 0 days for an injury) if you become disabled and are not able to work. This coverage is provided at no cost to you by the Town of Superior. The maximum benefit period is 13 weeks.

Long Term disability

Long-Term Disability replaces a portion of your income if you are unable to work because of an injury or illness that occurs off the job and continues for a longer term duration. Long Term Disability insurance provides payment to you of 66 2/3% of your salary up to \$7,500 per month (after the later of an elimination period of 90 calendar days or the date your short-term disability ends) if you become disabled and are not able to work. This coverage is provided at no cost to you by the Town of Superior.

VOLUNTARY LIFE AND AD&D INSURANCE

Insured by Mutual of Omaha

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$50,000 and up to \$25,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee— \$10,000 to \$250,000 in increments of \$10,000; not to exceed 5x your annual earnings rounded to the next higher multiple of \$10,000

Spouse— \$5,000 up to \$50,000 in increments of \$5,000; spouse amount may not exceed more than 50% of the employee's amount

Children— \$2,000 up to \$10,000 in increments of \$1,000; child amount may not exceed more than 50% of the employee's amount





FLEXIBLE SPENDING ACCOUNTS (FSA)

Administered by Rocky Mountain Reserve

Flexible Spending Accounts (FSAs) allow employees to use pretax dollars for healthcare or child/dependent care expenses not covered by insurance plans. Employees contribute a portion of each paycheck to an FSA and save significantly on taxes. Money in an FSA can be used to pay for out-of-pocket medical, dental and vision expenses or dependent care expenses. Employees do not need to be enrolled in the Employer's Health Plan to have an FSA. Town of Superior offers two Health Flexible Spending Accounts (Healthcare or Limited Purpose) and a Dependent Care Flexible Spending Account.

Healthcare FSA

A Healthcare FSA is a pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan or elsewhere. It's a smart, simple way to save money while keeping you and your family healthy and protected. The IRS sets a limit on how much you can contribute to this account each year. For 2020, the spending limit is \$2,750.

Limited Purpose FSA

A Limited Purpose FSA (LPFSA) is a flexible spending account that only reimburses you for eligible dental and vision expenses. A LPFSA is available to employees who are enrolled in a high deductible health plan (HDHP); you may enroll in both the LPFSA and the Health Savings Account (HSA). By establishing a LPFSA, you can save money on taxes by using your LPFSA dollars for your dental and vision expenses while preserving your HSA funds for other purposes, including simply saving those funds for the future. The IRS sets a limit on how much you can contribute to this account each year. For 2020, the spending limit is \$2,750.

Dependent Care FSA

A Dependent care FSA is a pre-tax benefit account used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare. Children are eligible for coverage up to age 13. A Dependent Care FSA is a smart, simple way to save money while taking care of your loved ones so that you can continue to work. The IRS sets a limit on how much you can contribute to this account each year. For 2020, the spending limit is \$5,000 if married and filing jointly or head of household or \$2,500 if married and filing separately.

Here's How an FSA Works

1. Decide the annual amount you want to contribute based on your expected health care and/or dependent childcare/elder care expenses.
2. Elections are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA. Your entire annual election is available immediately after the beginning of the plan year for the Health Care FSA and LPFSA. For the Dependent Care FSA you can only receive the amount that is in your account when your claim is paid.
3. For eligible health care expenses you can pay with the Health Care FSA or LPFSA debit card for or submit a claim form for reimbursement. For dependent care you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.
5. At the end of the calendar year, any unused amount in your Healthcare FSA will be forfeited with the exception of a maximum \$500 rollover to be used for the next calendar year. The \$500 rollover does not apply to the Dependent Care FSA.
6. You can use the LPFSA only for dental and vision expenses.





HEALTH SAVINGS ACCOUNT (HSA)

Administered by UMB

A Health Savings Account (HSA) is an individually-owned, tax-advantaged account that you can use to pay for current or future IRS-qualified medical, dental and vision expenses. With an HSA, you'll have the potential to build more savings for healthcare expenses or additional retirement savings through self-directed investment options.

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

The HDHP option is designed to encourage you to be more conscientious of your healthcare expenditures. It also offers a number of special features, for example:

- It has a lower monthly payroll contribution for dependent coverage
- You have access to a Health Savings Account (HSA) that allows you to put aside money, tax-free, to pay for eligible medical, dental and vision expenses. You choose when to use the money in your HSA account. It rolls over from year to year, allowing the balance to increase.

Setting Up an HSA Account

Your HSA is administered through UMB. You can open and contribute to an HSA if you:

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



Contributing to Your HSA

Health Savings Accounts have a triple tax advantage:

- Contribute tax-free
- Invest tax-free
- Make withdrawals for eligible medical expenses, or for any use after age 65 tax-free

Using Your HSA Funds

Money you use from your HSA to pay for qualified medical expenses is federally tax-free. If you use money for reasons other than qualified medical expenses before age 65, that money is taxable and subject to a 20% penalty. This isn't a complete list of rules and requirements for HSAs. More info can be found in the publication 969 of the IRS, at www.irs.gov.

2020 HSA Contribution Limits:

- \$3,550– Self Only
- \$7,100– Family
- If age 55 or over you may contribute an additional \$1,000

SPECIAL CONSIDERATIONS:

1. You CANNOT use HSA dollars on Domestic Partners unless they are your legal tax dependent.
2. Your adult children 19-24 MUST be a tax dependent to be eligible to use your HSA dollars for their expenses. If they are not tax dependents, they may open their own HSA and contribute up to the full family maximum.



OTHER BENEFITS

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Administered by Anthem

Personal issues, planning for life events or simply managing daily life can affect employees' work, health, and family. The suite of services offered by an EAP provides support, resources, and information for personal and work-life issues. The Town of Superior offers an Employee Assistance Program to provide you and your family members with the assistance you need in your everyday life.

You receive up to 5 face-to-face counseling sessions per incident, per year. They are available 24/7 to assess your needs and find an appropriate solution for a range of concerns, including:

- Family Services, Nutrition, Stress Management, Financial Services, Legal Services, etc.

The program's user-friendly, confidential services are available by calling, toll-free at: 800-865-1044.

PATIENT ADVOCACY

Administered by Health Advocate

Health Advocate is a service provided by Town of Superior at no cost to you. With Health Advocate you have confidential, unlimited access to a Personal Health Advocate who can help you and your eligible family members resolve healthcare and insurance-related issues—all through a single toll-free number.

WELLNESS REIMBURSEMENT PLAN

Administered by the Town of Superior

The Town provides reimbursement of 50% of expenses up to \$1,300 for the current plan year. For the purpose of this plan, Wellness is defined as a healthy balance of the mind-body and spirit that results in an overall feeling of well-being. Therefore, wellness expenses would include items related to: Nutrition, Exercise, Health Care, and Stress Management. The Wellness Reimbursement Plan is designed for all eligible employees and their immediate family members. The purpose of this plan is to assist employees' behavior in order to achieve better health, to optimize an already good state of health and to reduce health risks. The Town will not reimburse any expenses for material goods (i.e. exercise equipment) which could be resold to a third party.

RETIREMENT PLAN

Administered by VALIC

401(a)

The Town provides retirement benefits to full-time employees by contributing 15% of the employee salary to a 401 (a) Money Purchasing Plan. This contribution is not deducted from the employee salary but instead is a benefit in addition to the employee salary. The account is administered through VALIC Retirement. The Town is exempt from Social Security and does not contribute to the program. New regular employees will vest at the rate of 20% from the date of hire, 40% after 1 year, 60% after 2 years, 80% after 3 years, and 100% after 4 years. Part-time employees contribute to Social Security and do not participate in the 401 (a) Money Purchasing Plan.

Deferred Compensation

As an employee of a public agency, you may also elect to enroll in one or both of the available Deferred Compensation plans. Employees may enroll in a 457 (b) which allows employees to defer a fixed amount of tax-free wages into a retirement annuity administered through VALIC Retirement. Employees may also enroll in a Roth 457 (b) which allows employees to defer a fixed amount of after-tax wages into a retirement annuity administered through VALIC Retirement. The normal contribution limit for elective deferrals to a 457 deferred compensation plan is \$19,500 in 2020. Employees age 50 or older may contribute up to an additional \$6,500, for a total of \$26,000. Employees taking advantage of the special pre-retirement catch-up may be eligible to contribute up to double the normal limit, for a total of \$39,000.



OTHER BENEFITS

ECO PASS

The Town provides an EcoPass to all regular employees. EcoPass is an annual employer-sponsored pass providing employees unlimited rides on bus and rail, including the Flatiron Flyer. The Guaranteed Ride Home® is included with the EcoPass program and guarantees to employees a free taxi ride home from the office in the event of unplanned schedule changes, illness or other urgent situations. It provides peace of mind to those who choose an alternative mode of transportation to the office.

HOLIDAYS

HOLIDAYS	
New Year's Day	Wednesday, January 1
Martin Luther King Jr. Day	Monday, January 20
President's Day	Monday, February 17
Memorial Day	Monday, May 25
Independence Day	Friday, July 3
Labor Day	Monday, September 7
Veteran's Day	Wednesday, November 11
Thanksgiving Day	Thursday, November 26
Day after Thanksgiving	Friday, November 27
Christmas Eve	Thursday, December 24
Christmas Day	Friday, December 25

Additionally, a floating holiday is allowed to be taken at a time chosen by the employee. The floating holiday must be used during the benefit calendar year or it is forfeited. It must be used as a full day and cannot be taken in increments less than 8 hours.

VACATION	
Initial Year of Service	Accumulate 0.83 days per month
Years of Service 1-3	10 days per year
Years of Service 4-7	15 days per year
Years of Service 8 and Thereafter	20 days per year

Up to twenty (20) days vacation may be carried forward from one year to the next unless a greater accumulation is authorized by the Town Manager and in the Town Manager's case, authorized by the Mayor.

MEDICAL LEAVE

Medical leave shall be granted, on a reasonable basis, up to 12 days per year. Medical leave shall include sick days and office leave for medical, dental and vision appointments. Medical leave may also be used to attend to immediate family. In addition, employees are entitled to funeral leave, which is up to 3 days for immediate family members, and 1 day for extended family members. The Town Manager shall have the discretion to grant additional leave deemed appropriate.





EMPLOYEE CONTRIBUTIONS

BENEFIT PLAN	TOTAL PREMIUM PER MONTH	COST TO EMPLOYEE PER MONTH
Medical– PPO Plan A (\$0 Deductible)		
Employee (100%)	\$956.00	\$0.00
Employee + One (90%)	\$1,793.00	\$179.30
Employee + Two or more (85%)	\$2,202.00	\$330.30

BENEFIT PLAN	TOTAL PREMIUM PER MONTH	COST TO EMPLOYEE PER MONTH	TOWN MONTHLY CONTRIBUTION TO HEALTH SAVINGS ACCOUNT
Medical– HDHP 2500 Plan (\$2,500 Indiv./ \$5,000 Family Deductible)			
Employee (100%)	\$648.00	\$0.00	\$166.67
Employee + One (90%)	\$1,214.00	\$121.40	\$333.34
Employee + Two or more (85%)	\$1,494.00	\$224.10	\$333.34

Full-time employees have the option to receive \$200 per month in lieu of benefits, if they are able to provide proof of medical coverage.

BENEFIT PLAN	TOTAL PREMIUM PER MONTH	COST TO EMPLOYEE PER MONTH
Dental Rates		
Employee (100%)	\$31.60	\$0.00
Employee + One (90%)	\$63.10	\$6.31
Employee + Two or more (85%)	\$82.05	\$12.31
Vision Rates		
Employee (100%)	\$5.70	\$0.00
Employee + One (90%)	\$11.35	\$1.13
Employee + Two or more (85%)	\$14.75	\$2.21





Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	Anthem	800.698.0087	www.anthem.com
Dental	Anthem	800.627.0004	www.anthem.com
Vision	VSP	800.877.7195	www.vsp.com
Life and AD&D	Mutual of Omaha	800.775.8805	www.mutualofomaha.com
Short-Term Disability	Mutual of Omaha	800.877.5176	www.mutualofomaha.com
Long-Term Disability	Mutual of Omaha	800.877.5176	www.mutualofomaha.com
Voluntary Life	Mutual of Omaha	800.775.8805	www.mutualofomaha.com
Flexible Spending Account	Rocky Mountain Reserve	888.722.1223	www.rockymountainreserve.com
Employee Assistance Program	Anthem	800.865.1044	www.anthem.com
Patient Advocacy	Health Advocate	866.695.8622	www.healthadvocate.com
Wellness Reimbursement	Town of Superior	303.499.3675 ext. 124	nadines@superiorcolorado.gov
Retirement	VALIC	720.565.3520	www.valic.com
Eco Pass	Town of Superior	303.499.3675 ext. 135	paulak@superiorcolorado.gov
Health Savings Account	UMB	866.293.9605	www.umb.com





This benefit summary prepared by



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Insurance | Risk Management | Consulting