



West Metro  
Fire Rescue



# WMFR Employee Benefits Guide

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# West Metro Fire Rescue

was created in 1995 after the community voted to consolidate the Lakewood Fire Protection District and Bancroft Fire Protection District. We have more than 400 full-time firefighters who staff 17 stations with 47 civilian staff members. Our district covers more than 108 square miles.

West Metro is committed to providing professional fire protection, emergency medical services, life safety, and community service with a vision that shapes the future.

We are proud to offer a variety of benefit options for full time employees that will help fulfill your every day needs and help pave the way for a great retirement! This Guide will give important information regarding the 2026 plan year benefits.

## Eligibility

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

## Enrollment

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

- Within 30 days of hire
- O.E (Open Enrollment) which runs from first week of October through first week of November
- 30 days from the date of a qualifying life event

If you do not enroll in benefits during the periods above, you will have to wait until the next calendar year for Open Enrollment OR another qualifying life event

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

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



# CEBT Medical Benefits Summary

WMFR offers three different health plans: **United Healthcare PPO3 & PPO4** and **Kaiser D-HMO 1000** plan. Dental and Vision are included with those as a packaged plan.

Covered Benefit	PPO3	PPO4	Kaiser
Calendar Year Deductible	\$1,000 Individual \$2,000 Family	\$1,500 Individual \$3,000 Family	\$1,000 Individual \$2,000 Family
Co-insurance	In-Network 80/20 Out-of-Network 60/40	In-Network 80/20 Out-of-Network 60/40	80/20 OON Not Covered
Out-of-Pocket Maximum	\$3,000 PP In-Network \$6,000 Family In-Network \$6,000 PP Out of Network \$12,000 FAM OON	\$4,000 PP In-Network \$8,000 Family In-Network \$8,000 PP Out-of-Network \$16,000 FAM OON	\$3,500 Individual \$7,000 Family OON Not Covered
Office Visits Primary/ Specialty	\$35 co-pay; No deductible  OON 60/40	\$40 co-pay; No Deductible  OON 60/40	\$35 co-pay 20% coinsurance for other covered services OON Not Covered
Lab Charges	X-ray: no charge, Outpatient setting 20% coinsurance. Blood work: \$35 co-pay  OON 60/40	X-ray: no charge, Outpatient setting 20% coinsurance. Blood work: \$40 co-pay  OON 60/40	\$0 co-pay; no deductible for labs / x-ray 80/20 outpatient / hospital 80/20  OON Not Covered
Hospital Charges	In-Network; Deductible then 80/20 OON Deductible then 60/40 Pre-Auth required for inpatient stays / surgeries	In-Network; Deduct then 80/20 OON Deduct then 60/40 Pre-Auth required for inpatient stays / surgeries	Subject to deductible then 80/20 coinsurance OON Not Covered
Emergency Care (ER Visit)	Deductible / 20% Coinsurance	Deductible / 20% Coinsurance	Subject to deductible then 80/20 OON Not Covered
Urgent Care Visit	\$75 co-pay in-network No deductible OON subject to deductible then 60/40	\$75 co-pay in-network No deductible OON subject to deductible then 60/40	\$35 co-pay No deductible Non-plan providers covered only when out of service area OON Not Covered
Ambulance	Deductible/20% Coinsurance	Deductible/20% Coinsurance	Deductible 80/20 Coinsurance

## Continued

Covered Benefit	PPO3	PPO4	Kaiser
Out Patient Surgery Pre-Authorization Required	Deductible + 20% Coinsurance up to OOP Max OON 60/40	Deductible + 20% Coinsurance up to OOP Max OON 60/40	O/P Facility Fee \$500 O/P Hospital 80/20 O/P Dr Deductible + 80/20 OON Not Covered
Maternity/Routine Prenatal Care	Routine Prenatal Covered at 100% No deductible	Routine Prenatal Covered at 100% No deductible	\$35 co-pay / Subject to deductible then 80/20 Coinsurance OON Not Covered
MRI or CT Scan	20% Coinsurance OON 60/40	20% Coinsurance OON 60/40	Subject to deductible then 80/20 Coinsurance OON Not Covered
PET Scans and SPECT Scans	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then 80/20 Coinsurance
Durable Medical Equipment	80/20, Non PPO 60/40	Subject to deductible then PPO 80/20, Non PPO 60/40	Subject to deductible then 80/20 Coinsurance
Physical, Occupational and Speech Therapy	In-Network \$35 co-pay deductible waived, Paid at 100% OON 60/40 20 visit limit & Pre-Auth required	In-Network \$40 co-pay deductible waived, Paid at 100% OON 60/40 20 visit limit & Pre-Auth required	\$35 co-pay No deductible OON Not Covered Limit of 20 visits per year
Prescriptions (Retail – 30day / Mail Order 90day)	Generic: \$20 Retail, \$40 Mail Order Preferred: \$40 Retail, \$80 Mail Order Non-Preferred: \$60 Retail, \$120 Mail Order	Generic: \$20 Retail, \$40 Mail Order Preferred: \$40 Retail, \$80 Mail Order Non-Preferred: \$60 Retail, \$120 Mail Order	Generic: \$20 Retail, \$40 Mail Order Preferred: \$40 Retail, \$80 Mail Order Non-Preferred: \$60 Retail, \$120 Mail Order Specialty: 20% Coinsurance up to \$250
Chiropractor	\$35 co-pay; 20 visit OON subject to usual and customary charges	\$40 co-pay; 20 visit 60/40 subject to usual and customary charges	\$35 co-pay; 20 visit

**CEBT Life Insurance** – As an added benefit to our health plan, there is a \$20k life insurance policy for all FT WM employees. This policy is paid 100% by WM.

The health insurance plan that WM participates in is offered through the **Colorado Employer Benefit Trust**. CEBT is a multiple employer trust providing employee benefits for public institutions in the State of Colorado. Since 1980, CEBT has grown to over 37,000 members covered by its medical plans from over 425 participating groups. The Trust is governed by a board of trustees made up of representatives from participating groups.

## **Employee Assistance Program (EAP) – AllOne Health**

A value added benefit to our CEBT Health plan, is our EAP provider which is AllOne Health. Our EAP plan is offered to all WM employees. This plan offers mental health, financial counseling, life coaching sessions, health habits, stress management, parenting resources and much more, all designed to aid in the management of the stressful issues related to life. This program offers 6 counseling/therapy sessions (per occurrence) and 6 life coaching sessions per year, at no cost to the employee.

EAP services are **Offered to ALL employees Full & PT.**

## **Telemedicine**

All three plans offer a telehealth option for convenient, easy access to a doctor 24/7, 365... and, it's FREE.

TelaDoc: PPO3 & PPO4 plan members have TelaDoc.

TelaDoc allows you to speak to a doctor over the phone for a variety of basic medical needs.

Kaiser offers telemedicine with a similar benefit that allows you to speak with a doctor or nurse one-on-one without having to go into a Kaiser facility. They're available 24/7,365 and the cost is included in your Kaiser health plan.

## **Modern Health- PPO plan members only**

Modern Health is another value added benefit to the CEBT group plan. Modern Health is a mental wellness platform that makes it simple to access personalized mental health care in a variety of ways, whether through one-on-one support, group support, guided meditations and/or digital courses through a single, easy to use app. Modern Health has a broad network of coaches and therapists, on-demand support tools, and group circles. Modern Health is available to all plan members, PPO3, PPO4.



## Lantern – \*FORMERLY KNOWN AS SURGERYPLUS\*

Lantern is a supplemental benefit for non-emergency surgeries that provides high-quality care, concierge-level member service, and lower costs. Upon recommendation of surgery from your doctor, you will need to contact Lantern directly, and they will help you with both planning and paying for covered medical procedures. **No copay. No deductible. No coinsurance.**

- Eligibility – Currently enrolled in PPO3 or PPO4 plan
- Covered Services: Spine, General surgery, Genitourinary, Orthopedic, Ear, Nose & Throat, Cardiac, GI, Pain Management and MUCH MORE..... See website for the long list of eligible surgeries.
- <https://my.lanternicare.com>

## Healthcare Bluebook

Need help finding a great provider or imaging center at an affordable price?

Healthcare Bluebook is the answer! Through Healthcare Bluebook you can see price information on hundreds of procedures and imaging in your area with a simple search. Same procedure. Different facilities.

Once you have selected a facility you might qualify for a rebate. Rebates are paid back to the member when the lowest cost facility or doctor has been chosen and the claim is filed. (Make sure to select an in network provider)

Go to [www.healthcarebluebook.com/cc/CEBT](http://www.healthcarebluebook.com/cc/CEBT)

- *Tip: select the green coded locations/doctors for the best pricing and largest rebate.*

## Preventative Care- PPO3 & PPO4 members

Eligible charges for routine items will be covered at 100% through any in network provider.

### Services for Children

- Alcohol and Drug Use Assessments
- Behavioral Assessments
- Cervical Dysplasia Screening
- Developmental Screening
- Hearing Screening
- Autism-Children 18-24 months
- Hepatitis B Screening
- Iron Supplements
- Oral Health Assessments
- Sexually Transmitted Infection Screening
- Routine Visits
- General Immunization / Vaccines

### Services for Adults

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

For a full list of covered services go to the CEBT website at [www.cebt.org](http://www.cebt.org)

- Click on the Resources tab
- Scroll down the page to Preventative Services, Women & Men, also a listing for children

## Prescriptions

CVS CareMark is our prescription coverage offered through various retailers by mail. All prescriptions are processed through CVS CareMark. You can create an online profile at <https://www.caremark.com/>. Through that profile, you will be able to find pharmacies, check drug costs and lower cost alternatives, refill medications, check order status, and see prescriptions. See the table for prescription costs. **CVS Caremark is accepted at most (larger) pharmacies such as Walgreens, Wal-Mart, King Soopers, Target, CVS, etc.** The CEPT health plan has added discounted prescription coverages to help lower the cost of regular and specialty prescriptions.

**Kaiser members must go through Kaiser for all prescription coverages.**

## Delta Dental (PPO Plus Premier)

We offer Delta Dental PPO plus Premier plan. You and your family must visit a Delta Dental provider to get the greatest out-of-pocket savings. [www.deltadentalco.com](http://www.deltadentalco.com)

- Max benefit per calendar year, per member, \$2000
- Preventative & (specific) Diagnostic services covered at 100%
- Basic services covered at 80% (up to \$2k)
- Major services covered at 50% (up to \$2k)
- Orthodontics – For covered employee, spouse or partner and children up to age 26 at 50% with a lifetime max benefit of \$2,000
- Right Start 4 Kids – Covered at 100% with no deductible (for the same services outlined in the plan, up to the annual max (some limitations and exclusions apply).
  - Dependent children up to age 13
  - Child must see a Delta Dental Provider
  - RS4 Kids Plan year maximum (does not apply to orthodontics)

## Vision Plan (VSP Plan C) \*Out-of-network providers = higher out of pocket costs\*

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

All amounts below are for in network providers:

- Exam, Lenses, Frames – Every 12 months
- Routine eye exam - \$10 copay
- Lenses, per pair - \$10 copay
- Frames - \$175
- Contacts - \$175 (Contacts or glasses but not both)
- Laser vision correction – 15% off regular price or 5% off promotional price; discounts only available from contracted facilities.



## KAISER PERMANENTE- D HMO-1000

West Metro offers a third medical plan from Kaiser.

Through Kaiser Permanente health plans, you get high-quality care, your choice of available doctors and specialists, and prescription drug coverage at an affordable price.

Kaiser is catered to an individual that thrives on one stop shopping and affordability. Kaiser offers all of your medical providers under one roof.

You have the convenience of visiting a Kaiser facility and getting same day test results all provided in your easy to access Kaiser portal.

As a Kaiser member you will have Medical, Prescription and Vision coverages.

As other insurances do Kaiser offers a FULL range of preventative services covered at 100%.

For a list of preventative coverages go to [www.cebt.org](http://www.cebt.org)

ALL Dental coverages for Kaiser members are through Delta Dental.



## Flexible Spending Account – Health Care and/or Dependent Care

WMFR offers the optional benefit of a Flex Spending Account for either Health Care or Dependent Care eligible related expenses. Each of these account have a monthly admin fee paid by the employee. The fee is per account, per pay period.

### Health Care Savings Limitations

- Maximum is \$3,400 per employee for the 2026 PY (per household)
- Eligible expenses for children under age 26
- Eligible health care expenses listed below (*please refer to current flex eligibility list for allowable expenses – found on UMR website or the Resource Hub*)

### Eligible Health Care Expenses

- Co-pays, Prescriptions, Deductibles, Coinsurance
- Abdominal / Back Supports
- Arches / Orthopedic Shoes
- Contact Solution
- Ovulation Kits and Pregnancy Tests
- Contraceptive devices
- Medic Alert Bracelet or Necklace
- Hospital Bed

Excluded Health Care Expenses: Expenses paid by insurance or by a company medical reimbursement plan, insurance Premiums, vitamins, dietary supplements, toothpaste and cosmetics. You can find a complete list of eligible and ineligible expenses by visiting the UMR website.

### Dependent Care Savings Limitations

- Maximum is \$7,500 per family per calendar year (\$3,750 per spouse or partner if filing separate returns)
- Provider must report care giving income
- Expenses for eligible children under 13 years old

### Dependent Care Eligible Expenses

- Necessary for Employment
- Looking for Employment
- Attending School (Full-time student)
- Daycare and Preschool
- Summer Day camp
- Incidental Household Duties

### Dependent Care Excluded Expenses

- School Tuition (kindergarten and up)
- Overnight Camps
- Transportation Fees
- Registration
- Uniforms and Books

### Dependent Care Changes – Outside of Open Enrollment

Status Change – In addition to a regular status change, you can add/drop/modify Dependent Care when you have switched providers which results in an increase or decrease in dependent care monthly expenses. (This allows you to change your monthly contribution amount or STOP your contributions entirely.)

## FPPA Pension

As a WMFR full-time employee, you will receive a SRP-Defined Benefit plan from the Fire and Police Pension Association (FPPA). The Employer contributes 11% and the Employee contributes 12%. Through this plan, you will receive a monthly lifetime benefit upon meeting the eligibility requirements for retirement. Under the defined benefit plan, a member can select normal, early, vested, or deferred retirement. See below for details about normal retirement guidelines.

### Normal Retirement

- Normal Retirement Requirements: 25 years of service and age 55 OR eligible Rule of 80 with a minimum age of 50
- Calculation: A 2% benefit for each year of service for the first ten years, then a 2.5% benefit for each year of service thereafter. The benefit is based on the average of the highest 3 years base salary.
- Payment: Retirement and separate retirement account benefits are payable immediately once approved by FPPA.
- For more information about the defined benefit plan, please visit [www.fppaco.org](http://www.fppaco.org)

## Retirement Health Savings

WMFR FT employees receive a Retirement Health Savings (RHS) account through MS (Mission Square). This is a program that helps you build assets on a tax free basis, for medical expenses, while you are working to use upon separation from service or retirement. West Metro contributes **\$250** per pay period for uniform members and **\$225** per pay period for civilian members. Every FT employee is required to contribute **1%** of his or her monthly salary.

To access your MS/RHS account, go to [www.missionsq.org](http://www.missionsq.org)

This Retirement Health Savings plan is guided by IRS Publication 502.

This is NOT an HSA.

## 457 Pre-Tax & 457 (ROTH) Post Tax Retirement (voluntary)

Employees will have the option of enrolling in a 457 deferred compensation pre or post tax plan through Mission Square or FPPA/Fidelity.

The maximum IRS contributions allowed for **2026** are: **\$24,500 (under age 50)** or **\$32,500** annually (age 50 or older) When investing your contributions you have the option of going through Mission Square OR FPPA/Fidelity.

*West Metro will match your payroll contributions up to \$95.00 per pay period for an annual max of \$2,280.*

## ROTH / IRA (optional)

Through Mission Square West Metro offers an additional voluntary retirement savings option, the Roth IRA. Any FT employee can make contributions on an post-tax basis. The maximum 2026 contribution is \$7,500 (under age 50) or \$8,600 (age 50 and older).



## Supplemental Benefits

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

- **Aflac:** Accident, cancer, critical illness, disability, hospital advantage, and life insurance
- **NTA Life:** Accident, critical illness, disability, hospital confinement, and life insurance
- **Legal Shield / ID Shield:** Legal advice and/or identity privacy and security monitoring.
- **Nationwide:** Pet Insurance (semi-customizable packages)

## Tuition Assistance

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

Civilian Members: 100% (refer to Admin procedures #1613 and #1614 for rules and requirements)

Uniform Members: 100% (refer to Admin procedures #1613 and #1614 for rules and requirements)

## Time Off, Paid Leave and Extra Pay

See the table below for Annual Paid Leave benefits

Vacation	Uniform	1-3 Completed Years – 96hrs 4-6 Completed Years – 144hrs 7-9 Completed Years – 240hrs 10-21 Completed Years – 336hrs 22 and above – 336hrs
	Civilian	1-4 Completed Years – 80hrs 5-9 Completed Years – 140hrs 10-14 Completed Years – 200hrs 15-23 Completed Years – 240hrs 24 and above – 256hrs
Paid Time Off (PTO)	Civilian	130hrs annually
Sick Leave	Uniform	144hrs annually
Self-Care Leave	Uniform	48hrs annually
Holiday	Uniform & Civilian	New Years Day, Martin Luther King Day, Presidents Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Christmas Day

## Time Off, Paid Leave and Extra Pay Continued

Family Medical Leave (FMLA)	Uniform & Civilian	Up to 12 weeks paid or unpaid leave during 12 month period (Must be eligible)
Maternity Leave	Uniform	60, 24hr shifts paid leave (6 months)
	Civilian	24 weeks paid leave (6 months)
Adoption Leave	Uniform	14, 24hr shifts paid leave (6 weeks)
	Civilian	6 weeks paid leave
Bereavement (Immediate Family for both Uniform and Civilian includes: Spouse, mother, father, siblings, child, grandparents, grandchild, great grandparents of the employee or employee's spouse)	Uniform	48/50hrs
	Civilian	48hrs
Military Leave	Uniform & Civilian	120hrs annually
Longevity Pay	Uniform	Additional 2% added to base pay starting on the 5 <sup>th</sup> , 10 <sup>th</sup> , 15 <sup>th</sup> , 20 <sup>th</sup> , 24 <sup>th</sup> , and 29 <sup>th</sup> year. No maximum
	Civilian	Additional 2% added to base pay starting on the 5 <sup>th</sup> , 10 <sup>th</sup> , 15 <sup>th</sup> , 20 <sup>th</sup> , 24 <sup>th</sup> , and 29 <sup>th</sup> year. No maximum
Mastery Pay	Civilian	Additional 2% added to base pay if qualification criteria are met



## VOYA Life Insurance

WMFR full-time Civilian employees and Chiefs will receive life insurance paid by West Metro. The policy amount is 1x annual (base) salary up to \$200k in coverage. Not including overtime.

## VOYA Disability

Line Personnel: When an **FPPA union member meets the rule of 80** they are no longer eligible for FPPA D&D. They are immediately eligible for a Disability Rider through VOYA, up to age 65.

Civilian Members: All civilian members receive short/long term disability coverage through Voya, up to age 65

## FPPA Death and Disability

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

### FPPA Death Benefit

Upon death of a member, the member's spouse or partner and/or children are eligible to receive survivor benefits

	On-Duty Death	Off-Duty Death
Basic Benefit Amount	<ul style="list-style-type: none"> <li>Spouse only – 70% of base salary</li> <li>Spouse and dependent living child in members household – 70% of base salary</li> <li>No Spouse and dependent living children living in members household – 70% of base salary</li> <li>No Spouse and dependent living children not living in members household – 40% of base salary for first child, 15% for each additional child with the total not exceeding 70% of base salary</li> </ul>	<ul style="list-style-type: none"> <li>Spouse only – 40% of base salary</li> <li>Spouse and one dependent child – 40% of base salary</li> <li>Spouse and two or more dependent children – 50% of base salary</li> <li>No Spouse and one or two dependent children – 40% of base salary</li> <li>No Spouse and three or more dependent children – 50% of base salary</li> </ul>
Retirement Eligibility	<p>If the Member's death occurs after the Member is eligible for Normal Retirement under a defined benefit or hybrid plan, or 25 years of service and age 55 under a money purchase plan, survivor benefit paid is the difference between 70% of the Member's base salary and the survivor benefit payable from the Member's retirement plan.</p>	<p>If the Member's death occurs after the Member is eligible for Normal Retirement under a defined benefit or hybrid plan, or 25 years of service and age 55 under a money purchase plan, the survivor receives the Member's defined benefit, hybrid, or money purchase plan benefit. No money purchase plan benefit. No benefit is paid from the SW D&amp;D Plan.</p>
Duration of Benefits	<p>Survivor benefits to a spouse are payable for life. Benefits for dependent children are payable until age 23 as long as the child remains a dependent. Benefits may be extended for an incapacitated child.</p>	<p>Survivor benefits to a spouse are payable for life. Benefits for dependent children are payable until age 23 as long as the child remains a dependent. Benefits may be extended for an incapacitated child.</p>

## FPPA Disability Benefits

- Occupational disability means a member is unable to perform assigned duties due to a medical condition that is expected to last more than one year.
- Total Disability means the Member is unable to perform any substantial, gainful activity due to a physical or mental impairment that is expected to last at least one year and may result in a shortened life expectancy or death.

	Occupational Disability	Permanent Occupational Disability	Total Disability
<b>Basic Benefit Amount</b>	40% of Base Salary	50% of Base Salary	70% of Base Salary
<b>Benefit Start Date</b>	Payable for the day after last day on employers payroll	Payable for the day after last day on employers payroll	Payable for the day after last day on employers payroll
<b>Duration of Benefits</b>	Maximum of five years. After five years, the member returns to work at the department, unless the status has been changed to permanent or total, or benefits are discontinued prior to the end of the five year period.	Payable as long as the disability exists and member remains eligible for the benefit. An annual verification of eligibility applies.	Payable as long as the disability exists and member remains eligible for the benefit. An annual verification of eligibility applies.
<b>Change in Disability Status</b>	Benefit may be changed to permanent occupational or total disability any time within 5 years from their original disability start date.	Benefit may be changed to total disability any time within 5 years from their original disability start date.	Benefit may be changed to permanent occupational disability or temporary occupational disability when FPPA receives evidence member is no longer totally disabled.
<b>Revert to Normal Retirement?</b>	Yes. If the Member reached age and service requirements for Normal Retirement, including time on disability, under a defined benefit plan or a hybrid plan, or 25 years and age 55 under a money purchase plan.	If a Member is awarded a Permanent Occupational Disability, but is within five years of Normal retirement eligibility, they may elect to receive a temporary occupational benefit in order to revert to a normal retirement as described to the left.	No

# FPPA Disability Benefits Continued

**Note:** Once granted, benefits for all disability types are payable the day after the Member’s last day on the Employer’s payroll.

	Occupational Disability	Permanent Occupational Disability	Total Disability
Payment Options	The Member does not elect a benefit payment option. A monthly benefit equal to 40% of Base Salary is paid to the Member. If a Member dies while on Temporary Disability, Survivor benefits apply.	When their benefit begins, the disabled member elects one of the payment options listed in the FPPS Death & Disability Brochure. This payment options determines the amount payable to a beneficiary, if any.	When their benefit begins, the disabled member elects one of the payment options listed in the FPPS Death & Disability Brochure. This payment options determines the amount payable to a beneficiary, if any.
Cost of Living Adjustments	Benefit adjustment of 3% may be granted by the FPPA Board Annually	Benefit adjustment of 3% may be granted by the FPPA Board Annually	Benefit adjustment of 3% may be granted by the FPPA Board Annually

See FPPA Death & Disability Brochure for additional information regarding Cost of Living Adjustments on the FPPA website at [www.fppaco.org](http://www.fppaco.org)

**Periodic reexamination required** for temporary occupational disability. FPPA will also require treatment, counseling and therapy necessary to rehabilitate the member in order to return to work. Periodic reexaminations are not required for permanent or total disability.

Uniform members that are no longer covered by FPPA (met the rule of 80) will be eligible for a Disability Rider through Voya, which covers up to 50% of base salary up to age 65.



## VENDOR CONTACT INFORMATION

Benefit	Company	Phone	Website	Group/Plan #
Medical Coverage	CEBT (Willis Tower Watson)	303-773-1373	www.cebt.org	Group # 76412150 PPO3/PPO4/KP
	TeleDoc Group	1-800-835-2362	www.teledoc.com	Group # 76412150 PO3/PPO4
	Kaiser Permanente	800-632-9700	www.kp.org	Group 35545-051 EN1C
Prescriptions	CVS Caremark	877-460-7766	www.caremark.com	Group # CEBT 0001 PPO3 / PPO4
	Kaiser Mail Order	1-866-523-6059	www.kp.org	Group 35545-051 EENN11C
Dental	Delta Dental PPO	1-800-610-0201	www.deltadentalco.com	Insurance Card Information
Vision	VSP Vision Care	800-877-7195	www.vsp.com	Referenced by Employee SSN
Employee Assistance Program	AllOne Health	877-679-1100	www.triadeap.com	Code: CEBT
457 Pre & Post Tax (ROTH) & Roth IRA	FPPA/Fidelity – Sheila Norman	303-770-3772	www.fppaco.org	457 Plan- 72524
	Mission Square Zachary Pitman	800-825-0765 (202) 759-7268 <a href="mailto:zpitman@missionsq.org">zpitman@missionsq.org</a>	www.missionsq.org	457 Pre-tax: 301618  457 Post-tax: 301618  ROTH-IRA: 705242
FPPA Pension	FPPA – Sheila Norman	303-770	fppaco.org snorman@fppaco.org	Various plans
RHS	Mission Square Zachary Pitman	800-825-0765 (202) 759-7268 <a href="mailto:zpitman@missionsq.org">zpitman@missionsq.org</a>	<a href="http://www.missionsq.org">www.missionsq.org</a>	801163 - Employees 801294 - Chief's Plan
Flex Spending	UMR – Diane Weyer	800-826-9781	www.umar.com	HCA / DCA



# 2026 Health Benefit Rates



<b>MEDICAL</b>				
<b>PPO3 Plans - (\$1,000 Deductible)</b>				
UMR/ United Health Care	Total Monthly Cost	Employer Cost Monthly	Employee Cost Monthly	Employee Cost Per Pay Period (24 pay periods)
Employee Only	\$870.00	\$896.00	\$174.00	\$87.00
Employee + Spouse	\$1,692.00	\$1,353.60	\$338.40	\$169.20
Employee + Child(ren)	\$1,412.00	\$1,129.60	\$282.40	\$141.20
Family	\$2,594.00	\$2,075.20	\$518.80	\$259.40
<b>MEDICAL</b>				
<b>PPO4 Plans - (\$1500 Deductible)</b>				
UMR/ United Health Care	Total Monthly Cost	Employer Cost Monthly	Employee Cost Monthly	Employee Cost Per Pay Period (24 pay periods)
Employee Only	\$816.00	\$852.80	\$163.20	\$81.60
Employee + Spouse	\$1,591.00	\$1,272.80	\$318.20	\$159.10
Employee + Child(ren)	\$1,328.00	\$1,062.40	\$265.60	\$132.80
Family	\$2,440.00	\$1,952.00	\$488.00	\$244.00
<b>MEDICAL</b>				
<b>KAISER Plans - DHMO 1000 - (\$1,000 Deductible)</b>				
Kaiser Permanente DHMO1000	Total Monthly Cost	Employer Cost Monthly	Employee Cost Monthly	Employee Cost Per Pay Period (24 pay periods)
Employee Only	\$754.00	\$803.20	\$150.80	\$75.40
Employee + Spouse	\$1,470.00	\$1,176.00	\$294.00	\$147.00
Employee + Child(ren)	\$1,230.00	\$984.00	\$246.00	\$123.00
Family	\$2,257.00	\$1,805.60	\$451.40	\$225.70
<b>DENTAL</b>				
<b>Dental Plan A PPO- (\$2,000 Annual Max)</b>				
UMR/ CEBT	Total Monthly Cost	Employer Cost Monthly	Employee Cost Monthly	Employee Cost Per Pay Period (24 pay periods)
Employee Only	\$55.00	\$44.00	\$11.00	\$5.50
Employee + Spouse	\$106.00	\$84.80	\$21.20	\$10.60
Employee + Child(ren)	\$88.00	\$70.40	\$17.60	\$8.80
Family	\$167.00	\$133.60	\$33.40	\$16.70
<b>VISION</b>				
<b>VSP- Plan C (Vision)</b>				
UMR/ CEBT	Total Monthly Cost	Employer Cost Monthly	Employee Cost Monthly	Employee Cost Per Pay Period (24 pay periods)
Employee Only	\$6.00	\$4.80	\$1.20	\$0.60
Employee + Spouse	\$12.00	\$9.60	\$2.40	\$1.20
Employee + Child(ren)	\$14.00	\$11.20	\$2.80	\$1.40
Family	\$18.00	\$14.40	\$3.60	\$1.80
<b>Life</b>				
<b>Life Insurance (\$20k)- Paid by WEST METRO</b>				
CEBT	Total Monthly Cost	Employer Cost Monthly Life	Employee Cost Monthly	Employee Cost Per Pay Period (24 pay periods)
Employee Only	\$2.80	\$2.80	\$0.00	\$0.00
<b>Benefits are issued as a package plan (Medical, Dental and Vision).</b>				