

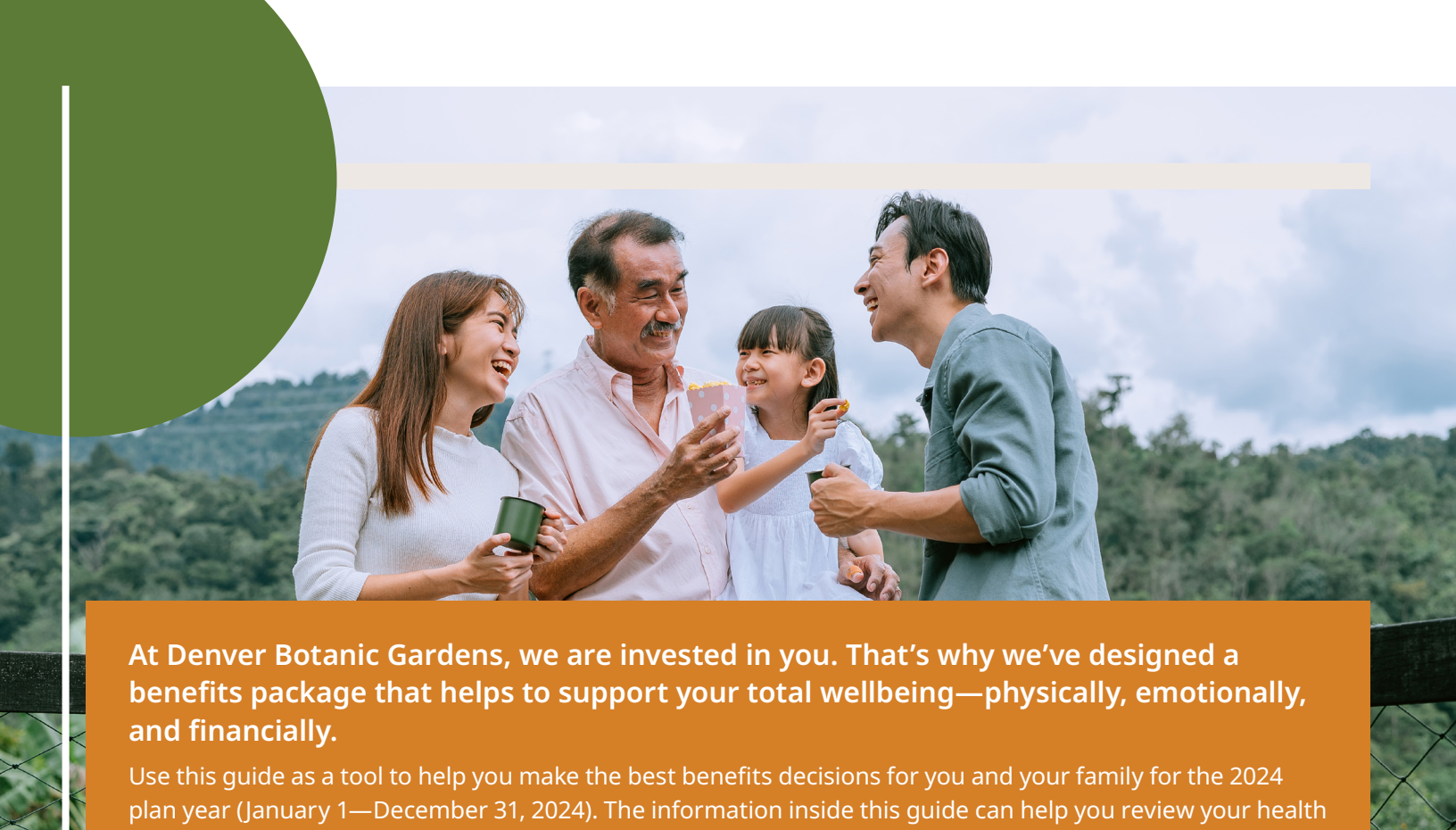
2024



BENEFITS GUIDE

BENEFIT PLANS EFFECTIVE
JANUARY 1-DECEMBER 31, 2024

DENVER BOTANIC
GARDENS



At Denver Botanic Gardens, we are invested in you. That’s why we’ve designed a benefits package that helps to support your total wellbeing—physically, emotionally, and financially.

Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2024 plan year (January 1—December 31, 2024). The information inside this guide can help you review your health coverage options, check out tax savings opportunities, and learn about voluntary benefits options.

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Eligibility

Your eligibility for benefits is determined by the number of hours you are scheduled to work each week. Please refer to the chart below for details.

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- **Your spouse or partner:** This includes your legal spouse or domestic partner (see Human Resources for affidavit).
- **Your child(ren):** This includes your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian) as well as children of any age who are physically or mentally unable to care for themselves.

| Status | Medical/ Dental/ Life/AD&D | Voluntary Vision | Flexible Spending Account | Short- and Long-Term Disability | Voluntary Accident and Hospital Indemnity | Employee Assistance Program |
|---|----------------------------------|---------------------|---------------------------------|---------------------------------------|--|-----------------------------------|
| Full-time (32+ hours per week) | X | X | X | X | X | X |
| Part-time (20–31 hours per week) | X | X | X | X | X | X |
| Part-Time Non-Benefited (1–19 hours per week) | | | | | | X |

Enrollment

You can only sign up for benefits or change your benefits at the following times:

- Within 30 days of joining Denver Botanic Gardens as a new employee.
- During the annual benefits enrollment period.
- Within 31 days of a qualifying life event.

The choices you make at this time will remain in place through December 31, 2024, unless you experience a qualifying life event as described on page 4. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

Changing Your Benefits

Due to IRS regulations, once you have made your elections for 2024, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Birth or adoption of an eligible child.
- Marriage, divorce, or legal separation.
- Spouse's work status changed affecting their benefits.
- Death of your spouse or covered child.
- Child's eligibility for benefits changed.
- Qualified Medical Child Support Order.

To request a benefits change, notify Human Resources within 31 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the event, such as a marriage license or birth certificate.

Key Terms To Know

Take the first step to understanding your benefits by learning these four common terms.



Copay

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.



Deductible

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.



Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.



Out-of-Pocket Maximum

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services the rest of the year.

Medical Benefits

Cigna | mycigna.com | 866-494-2111

Denver Botanic Gardens offers four medical plan options through Cigna.

Before you enroll in medical coverage, take some time to fully understand how each plan works. See page 6 for an overview of the plan benefits.

Ask Yourself These Questions:



Can you set aside money from your paycheck to save for out-of-pocket health care costs?
Consider the Cigna LocalPlus HDHP or Cigna OAP HDHP. You will have the option to fund a health savings account (HSA) that can save you money on your health care costs.



Do you prefer to pay less when you visit the doctor's office?
Consider the Cigna LocalPlus PPO or Cigna OAP PPO. While you will pay more from your paycheck each month for coverage, you will only be responsible for a small copay or cost share when you need care.



Do you or your covered family members take prescription medications on a regular basis?
Consider the Cigna LocalPlus PPO or Cigna OAP PPO. With these plans, you'll consistently pay a smaller copay or cost share when you pick up your medication(s) than you would with an HDHP.

Digital ID Cards

You no longer have to worry about misplacing your ID card. You will simply log into the myCigna mobile app or website to view or print your digital ID card.

Getting your digital ID card is easy!

- Log into myCigna website or app.
- Click or tap 'ID Cards'
- View your card and the cards of any dependents

You can show your digital ID card on your phone screen, print it, or email it to your doctor's office.

Medical Benefits

The Cigna plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Cigna provider.

You will have two networks to choose from: the Cigna LocalPlus network and the Cigna Open Access Plus network. Locate a Cigna “LocalPlus” or “Open Access Plus” network provider at mycigna.com.

The table below summarizes the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage, exclusions, and out-of-network benefits.

| Summary of Covered Benefits | Cigna LocalPlus HDHP In network | Cigna OAP HDHP In network | Cigna LocalPlus PPO In network | Cigna OAP PPO In network |
|--|--|--|-----------------------------------|-----------------------------|
| Plan Year Deductible Individual/Family | \$1,600/\$3,200 ¹ | \$1,600/\$3,200 ¹ | \$350/\$1,050 | \$350/\$1,050 |
| The amount that Denver Botanic Gardens contributes to help you pay for out-of-pocket expenses | Employee-only: \$300 All other coverage levels: \$600 | Employee-only: \$300 All other coverage levels: \$600 | N/A | N/A |
| Out-of-Pocket Maximum Individual/Family | \$2,000/\$4,000 ¹ | \$2,000/\$4,000 ¹ | \$1,350/\$4,050 | \$1,350/\$4,050 |
| Preventive Care | Plan pays 100% | Plan pays 100% | Plan pays 100% | Plan pays 100% |
| Physician Services | Includes deductible, copays, and coinsurance | | | |
| Primary Care Physician | 20% after deductible | 20% after deductible | \$20 copay | \$20 copay |
| Specialist | 20% after deductible | 20% after deductible | \$50 copay | \$50 copay |
| Virtual Care | 20% after deductible ² | 20% after deductible ² | \$20/\$50 copay | \$20/\$50 copay |
| Urgent Care | 20% after deductible | 20% after deductible | \$50 copay | \$50 copay |
| Lab/X-Ray | | | | |
| Diagnostic Lab/X-Ray | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| High-Tech Services (MRI, CT, PET) | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Hospital Services | | | | |
| Inpatient | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Outpatient | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Emergency Room | 20% after deductible | 20% after deductible | \$150 copay | \$150 copay |
| Chiropractic Care (Up to 20 visits per calendar year) | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| Prescription Drugs³ | | | | |
| Generic | 20% after deductible | 20% after deductible | \$15 copay | \$15 copay |
| Preferred Brand | 20% after deductible | 20% after deductible | \$45 copay | \$45 copay |
| Non-Preferred Brand | 20% after deductible | 20% after deductible | \$65 copay | \$65 copay |
| Specialty | 10% ⁴ | 10% ⁴ | 10% ⁴ | 10% ⁴ |
| Mail Order (Up to a 90-day supply) | 20% after deductible | 20% after deductible | 2x retail copay | 2x retail copay |

(1) For individual HDHP coverage, the individual deductible is the amount the member must pay each plan year before the plan begins paying toward covered services. If electing dependent coverage, the individual deductible does not apply. The family deductible must be met, either by one individual or by a combination of family members, before the plan begins to pay. The same rule applies to the out-of-pocket maximum. (2) \$55 maximum. (3) If a brand name drug is filled and there is a generic drug available, you will pay the generic copay plus the difference in the cost between the brand name drug and the generic drug. (4) To a maximum of \$150 per prescription.

Medical Benefits

Are You Covering Your Spouse and/or Children?

- **HDHP members:** If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum **DO NOT** apply. The family deductible must be met, either by one individual, or by a combination of family members, before the plan begins to pay. The same rule applies to the out-of-pocket maximum.
- **PPO plan members:** If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum apply to each covered member of the family (capped at family amount).

Preventive Care

In-network preventive care is 100% free for medical plan members.

You won't have to pay anything out of your pocket when you receive in-network preventive care. Practice preventive care and reap the rewards of a healthier future.



Preventive care helps keep you healthier long-term.

An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective.



Preventive care helps keep your costs low.

With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.



Preventive care keeps your health up to date.

Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.



Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design.

Learn more about preventive care at mycigna.com.

Medical Benefits

Understanding the LocalPlus Network

At the heart of LocalPlus is a local network—limited to doctors, specialists, and hospitals right where you live. You and your family will pay lower premiums with the same level of care.

START SAVING

In your local area, or when in any LocalPlus network area, you must receive care from a health care professional or facility in this network to receive in-network coverage.

If you're away from home and need care, just look for a participating LocalPlus doctor in the area or if LocalPlus isn't available, you can use doctors or hospitals in our Away From Home Care feature.

If you choose to go outside the LocalPlus network when one is available (or outside the Away From Home Care feature when LocalPlus isn't available), you will receive out-of-network coverage.

AVAILABLE IN COLORADO AND NATIONWIDE

Cigna LocalPlus is available in these Colorado areas:

- **Front Range:** Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, and Weld Counties.
- **Mountain:** Eagle, Routt, and Summit counties.
- **West:** La Plata, Montezuma, and Mesa counties.

Cigna LocalPlus is also available in areas of: Arizona, California, Florida, Georgia, Illinois, Kansas, Maryland, Massachusetts, Missouri, Nevada, New Jersey, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Utah, and Washington.

To find a LocalPlus provider near you, go to mycigna.com and click on “find a provider”.

GET HEALTHY AND STAY HEALTHY

You'll also have access to wellness services and programs to help you stay on the path to good health, including:

- Well visits, preventive care screenings, and immunizations.
- Sick visits, specialist, in-hospital, and outpatient care.
- 24-hour emergency care.

CIGNA MAKES IT EASY

LocalPlus is a cost-efficient plan that's designed for when you're busy and on the go.

Here are some of the many ways LocalPlus can help you get more value for your health care dollar:

- The option to choose a primary care physician.
- Access to Cigna's national network of labs, x-ray and radiology offices, and dialysis centers.
- Savings through in-network national labs (LabCorp or Quest).
- No referral needed to see a specialist.
- Nationwide in-network coverage in case of an emergency.

24/7/365 SERVICE

- Live customer service with translation services available in over 150 languages.
- Cigna 24-hour health information line.
- Decision support tools on mycigna.com and myCigna app.

Medical Benefits

Cigna One Guide

Call Cigna One Guide at any time, 24/7, to get personalized, useful support call the number on the back of your ID card.

Your personal guide will help you:

- Easily understand the basics of health coverage.
- Identify the types of health plans available to you that best meet the needs of you and your family.
- Find providers in the network.
- Get answers on any other questions you may have about the plans or provider networks.

HDHP Preventive Drugs

Under the HDHP, some preventive drugs are covered 100% by the plan. Please refer to Cigna's list of preventive drugs for details.

Emotional Wellbeing

Cigna offers comprehensive support including coverage for your emotional health, as well as tools and programs to support your general health and wellbeing.

- The services are accessible through toll-free phone calls and online access.
- Each member can receive up to three free face-to-face visits with a licensed behavioral health provider in Cigna's employee assistance program (EAP) network.
- No personal information is ever shared with Denver Botanic Gardens.

Call 877-231-1492 or visit mycigna.com for more information.

Cigna Web Tools

You and your dependents may visit mycigna.com to compare hospitals and physicians in your area, check procedure costs, and access the latest health and wellness information. You can also call Cigna's 24/7/365 customer service or use IVR.

If you do not have a unique ID from Cigna, use cigna.com to find a provider.

BenefitWallet HSA's customer website is linked directly from mycigna.com, so you can access account balances, view details of contributions and distributions, or make changes to your HSA investments.

BenefitWallet HSA offers online tools and resources such as videos, cost calculators, and other interactive features, all designed to help you make the right decisions and understand how to get the most value from your HSA account.

DispatchHealth

You and your family members have access to on-demand urgent care in the Denver Metro area through DispatchHealth. DispatchHealth arrives on the scene with a nurse practitioner or physician assistant and EMT, and a board-certified emergency room physician available virtually. The skilled medical team can treat common to complex illnesses and injuries, in your home or office, seven days a week. Call 303-500-1518 or visit dispatchhealth.com for more information.



Medical Benefits

MDLIVE | mdliveforcigna.com | 888-726-3171

Virtual Care

You have access to virtual care through MDLIVE. Get the care you need when and wherever you need it. Whether you're on the go, at home, or at the office, care comes to you in the form of virtual care.



Get care for non-emergency conditions.

Virtual care can connect you to a doctor, without an appointment, from your phone, computer, or tablet. Receive care for common health issues like allergies, asthma, sore throat, fever, headache, rashes, and much more.



Receive mental health support and counseling.

Licensed counselors and psychiatrists can help diagnose, treat, and even prescribe medication when needed for depression and anxiety, substance abuse and panic disorders, PTSD, men and women's issues, grief and loss, and more.



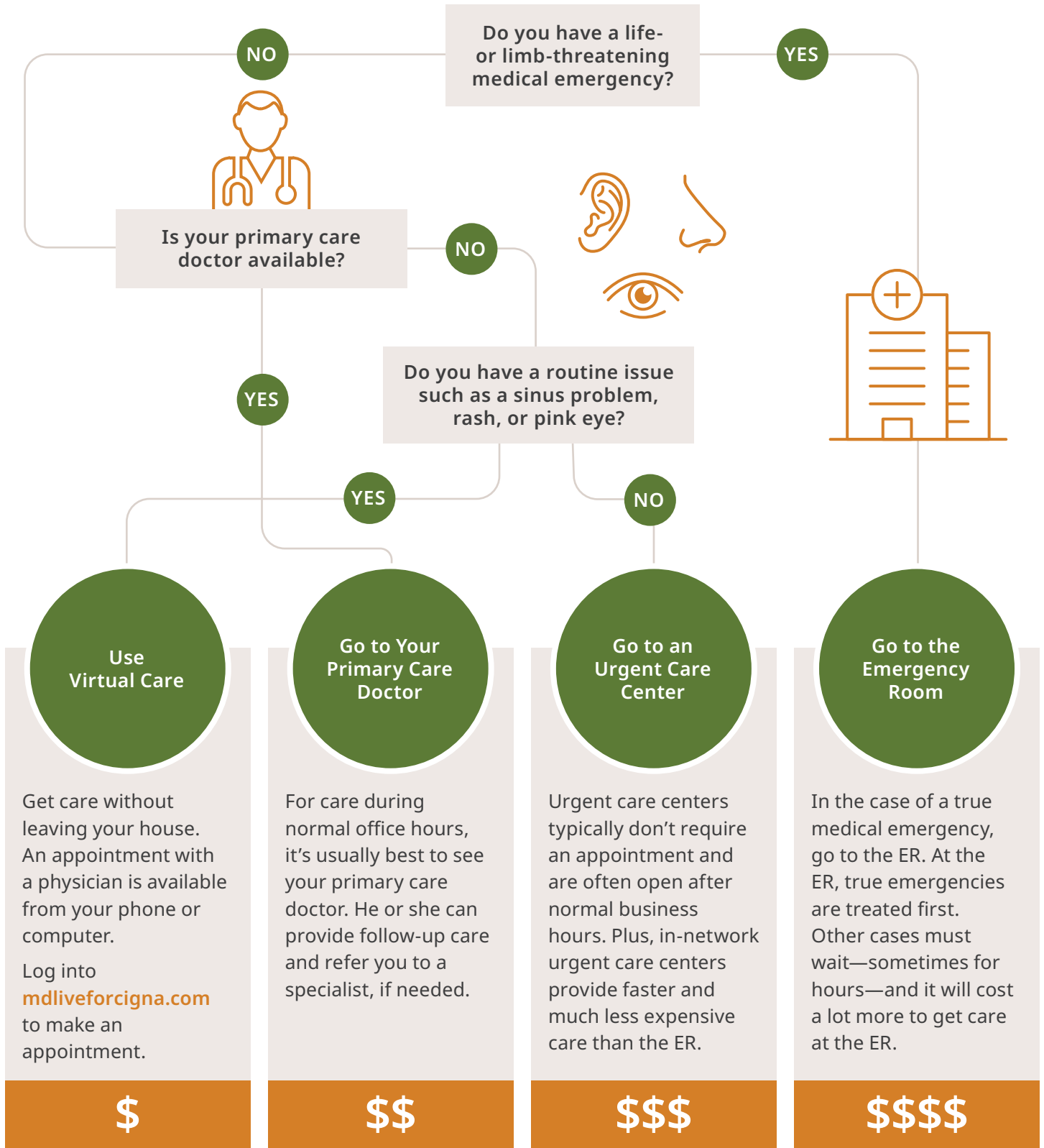
Talk with a doctor by phone or video, 24/7.

Use virtual care to prioritize your health by getting the care you need when you need it. Visit mdliveforcigna.com, download the MDLIVE mobile app, or call 888-726-3171 to get started.

Medical Benefits

Know Where to Go for Care

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



Dental Benefits

Cigna | mycigna.com | 866-494-2111

Denver Botanic Gardens offers a dental insurance plan through Cigna.

The Cigna dental plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Cigna provider.

The table below summarizes key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

| Summary of Covered Benefits | Cigna Dental Plan | |
|--|----------------------|----------------------|
| | In Network | Out of Network |
| Plan Year Deductible Individual/Family | \$25/\$75 | \$25/\$75 |
| Plan Year Benefit Maximum | \$1,500 | |
| Preventive Care (Oral exams, cleanings, x-rays) | 20% ¹ | 20% ¹ |
| Basic Services (Periodontal services, endodontic services, oral surgery, fillings) | 20% after deductible | 20% after deductible |
| Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial]) | 50% after deductible | 50% after deductible |
| Orthodontia Services (Child to age 19) | 50% ¹ | |
| Orthodontia Lifetime Maximum | \$1,000 | |

(1) No deductible.

Medical and Dental Costs

Listed below are the per pay period costs for medical and dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

| Level of Coverage | Cigna LocalPlus HDHP | Cigna OAP HDHP | Cigna LocalPlus PPO | Cigna OAP PPO |
|------------------------------|----------------------|----------------|---------------------|---------------|
| Employee Only | \$3.62 | \$18.95 | \$30.14 | \$39.38 |
| Employee + Spouse | \$47.87 | \$58.38 | \$82.92 | \$130.04 |
| Employee + Child(ren) | \$39.08 | \$47.62 | \$67.71 | \$106.08 |
| Employee + Family | \$78.58 | \$105.55 | \$140.02 | \$207.25 |

Voluntary Vision Benefits

VSP | vsp.com | 800-877-7195

Denver Botanic Gardens offers two voluntary vision insurance plans through VSP.

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider.

The table below summarizes key features of each vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

| Summary of Covered Benefits | VSP Vision Plan | | VSP Signature Plan | |
|--|--|---|---|---|
| | In Network | Out of Network | In Network | Out of Network |
| Eye Exam (Every 12 months) | \$10 copay | Reimbursement up to \$50 | \$10 copay | Reimbursement up to \$50 |
| Prescription Glasses (Every 12 months) | \$25 copay | N/A | \$25 copay | N/A |
| Standard Plastic Lenses (Every 12 months) Single/Bifocal/Trifocal | Included in prescription glasses copay | Reimbursement up to \$50/\$75/\$100 | Included in prescription glasses copay | Reimbursement up to \$50/\$75/\$100 |
| Frames | Every 24 months \$130 allowance + 20% off balance | Every 24 months Reimbursement up to \$70 | Every 12 months \$200 allowance + 20% off balance | Every 12 months Reimbursement up to \$70 |
| Contact Lenses (Every 12 months in lieu of standard plastic lenses) | \$130 allowance for contacts and contact lens exam + 15% off balance | Reimbursement up to \$105 | \$150 allowance for contacts and contact lens exam + 15% off balance | Reimbursement up to \$105 |
| LightCare | N/A | N/A | Non-prescription blue light glasses or sunglasses (up to frame allowance) | |

Vision Costs

Listed below are the per pay period costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

| Level of Coverage | VSP Vision Plan | VSP Signature Plan |
|------------------------------|-----------------|--------------------|
| Employee Only | \$5.16 | \$7.34 |
| Employee + Spouse | \$8.26 | \$11.75 |
| Employee + Child(ren) | \$8.43 | \$11.99 |
| Employee + Family | \$13.60 | \$19.33 |

Budgeting For Your Care

Denver Botanic Gardens offers two types of pre-tax accounts: a health savings account (HSA) and flexible spending accounts (FSAs).

When you put money into a pre-tax account, you can save up to 20%* on your care and increase your take home pay. This is because you don't pay tax on your contributions.

Enrolled in a Cigna HDHP?

Health Savings Account

Consider funding a health savings account (HSA).

- **Denver Botanic Gardens contributes the following amounts per year:**
 - » **Individual—\$300**
 - » **Family—\$600**
- Roll over all funds each year
- Invest funds for long-term savings
- Spend funds penalty-free after age 65



Enrolled in a Cigna PPO?

Health Care Flexible Spending Account

Consider funding a health care flexible spending account. **If you fund an HSA, you cannot fund a health care FSA.**

- **No roll over allowed:**
 - » Funds are use-it-or-lose-it. Be sure to plan accordingly as unused funds are forfeited at the end of the year
 - » You have an additional 90 days after the calendar year ends to submit claims for reimbursement



Paying for child or elder care expenses?

Dependent Care Flexible Spending Account

You may fund a dependent care flexible spending account.

- **No roll over allowed:**
 - » Funds are use-it-or-lose-it. Be sure to plan accordingly as unused funds are forfeited at the end of the year
 - » You have an additional 90 days after the calendar year ends to submit claims for reimbursement
- Dependent care expenses only



*Percentage varies based on your tax bracket.

Health Savings Account

BenefitWallet—HSA Bank | mycigna.com | 800-357-6246

Cigna | mycigna.com | 866-494-2111

If you enroll in the Cigna LocalPlus HDHP or Cigna OAP HDHP, you may be eligible to open and fund a health savings account (HSA).

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

Denver Botanic Gardens HSA Contribution

If you enroll in the Cigna LocalPlus HDHP or Cigna OAP HDHP, Denver Botanic Gardens will help you save by contributing to your account.

- **Employee-only: \$300**
- **All other coverage levels: \$600**

2024 IRS HSA Contribution Maximums

Contributions to an HSA (including the Denver Botanic Gardens contribution) cannot exceed the IRS allowed annual maximums.

- **Individuals: \$4,150**
- **All other coverage levels: \$8,300**

If you are age 55+ by December 31, 2024, you may contribute an additional \$1,000.

HSA Eligibility

You are eligible to fund an HSA if:

- You are enrolled in the Cigna LocalPlus HDHP or Cigna OAP HDHP.

You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.

Refer to **IRS Publication 969** for additional eligibility details. If you are over age 65, please contact Human Resources.

Maximize Your Tax Savings with an HSA



Spend

Pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions.



Save

Roll over funds every year to boost your long-term savings. Even if you switch health plans or jobs, the money is yours to keep.



Invest

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty free.

Flexible Spending Accounts

Rocky Mountain Reserve | rockymountainreserve.com | 888-722-1223

Denver Botanic Gardens offers two flexible spending account (FSA) options through Rocky Mountain Reserve.

Health Care FSA (not allowed if you fund an HSA)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars.

The health care FSA maximum contribution is \$3,200 for the 2024 calendar year.

Dependent Care FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

You may contribute up to \$5,000 to the dependent care FSA for the 2024 plan year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 for the 2024 plan year.

How To Use An FSA

1

Contribute

Decide how much to contribute to your FSA on a plan year basis up to the maximum allowable amounts. This amount will be evenly divided by the number of pay periods and deducted on a pre-tax basis from your paycheck.

2

Pay

Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at rockymountainreserve.com. Keep all receipts in case Rocky Mountain Reserve requires you to verify the eligibility of a purchase.

3

Use it or lose it

Use your FSA funds before the end of the year. You have an additional 90 days after the calendar year ends to be reimbursed for expenses.

Life and AD&D Benefits

New York Life | mynylgbs.com | 888-842-4462

Denver Botanic Gardens' comprehensive benefits package includes financial protection for you and your family in the event of an accident or death.

Basic Life and AD&D Insurance

Denver Botanic Gardens automatically provides basic life and AD&D insurance through New York Life to eligible employees **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. **Please be sure to keep your beneficiary designations up to date.**

- **Employee life benefit:** 1.5x annual earnings up to a maximum of \$200,000
- **Employee AD&D benefit:** 1.5x annual earnings up to a maximum of \$200,000
- **Spouse life benefit:** \$5,000
- **Dependent child life benefit:** Birth to age 6 months: \$250; 6 months to age 26: \$2,500

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental coverage.

Supplemental Life and AD&D Insurance

Denver Botanic Gardens provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through New York Life.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded. Benefits will reduce to 65% at age 65 and to 50% at age 70.

- **Employee:** \$10,000 increments up to \$500,000 or 5x annual salary, whichever is less—guarantee issue: \$100,000
- **Spouse:** \$5,000 increments up to 50% of the employee's election—guarantee issue: \$25,000
- **Dependent children:** Birth to 6 months: \$500; 6 months to age 19 (or 26 if full-time student): \$2,000 increments up to \$10,000—guarantee issue: \$10,000



If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by New York Life.

Leave of Absence Policy

It is the policy of Denver Botanic Gardens to grant you leaves of absence under certain circumstances.

You are generally eligible for a leave of absence if you have completed one year of service, or as specified by law. The granting and duration of each leave of absence and the compensation, if any, during the leave will be determined by Denver Botanic Gardens in conjunction with applicable federal and state laws.

For specific details, please review the leave of absence (LOA) policies available through Human Resources.

The following types of leaves will be considered:

- FMLA (family and medical leave)
- State required leave
- Medical leave (non-FMLA)
- Personal leave
- Military leave
- Parental leave
- Accommodation leave

If you need to take a leave of absence:

- Review the LOA policy with Human Resources
- Notify Human Resources at least 30 days prior (unless 30 days is not possible due to your circumstance)

Parental Leave Policy

At Denver Botanic Gardens, we value our employees and their families.

This program will provide eligible employees up to 12 weeks of paid leave after the birth or adoption of a child for whom they are the permanent guardian.

Benefits will be reduced by other income, including federal/state/local leave plans. The purpose of paid parental leave is to enable the employee to care for and bond with a newborn or a newly adopted or newly placed child.

The following conditions apply to the parental leave policy:

- Both parents are eligible to take the leave
- Will work in conjunction with other leave and disability programs

Colorado Family and Medical Leave Program (FAMLI)

Starting January 1, 2024 all Colorado residents will have access to paid family leave through the Colorado Family and Medical Leave Insurance (FAMLI) program.

The FAMLI program provides wage replacement for employees that have experienced a qualifying condition. The benefit is available on day one and can last up to 12 weeks (+4 weeks for pregnancy complications) and the amount you receive is based on a sliding scale up to \$1,100 per week.

Premium Deductions

As of January 1, 2023, Denver Botanic Gardens began paying the full premium on your behalf, in the form of a 0.9% payroll tax, for all Colorado employees to fund the FAMLI program. Employers are able to collect a portion of the FAMLI premiums from employees at a rate of 0.45% of wages; however Denver Botanic Gardens is covering this expense in full for you.

Starting on January 1, 2024 all Colorado employees* may begin to file claims to receive their FAMLI benefits. Instructions on how to file a claim will be made available as we get closer to 2024.



Care for a new child, including adopted and fostered children.



Care for themselves, if they have a serious health condition.



Care for a family member's serious health condition.



Make arrangements for a family member's military deployment.



Address the immediate safety needs and impact of domestic violence and/or sexual assault.

In the case of your own disability, the benefits you receive through the FAMLI program will offset the benefits Denver Botanic Gardens provides through the short-term disability benefits.

More Information

For more details on the program, as well as premium and benefits calculators, visit famli.colorado.gov.

Contact Human Resources to understand your benefit options.

*Employees must have earned \$2,500 from any Colorado employer in the last 4 quarters.

Note: Qualified Colorado FAMLI benefits are provided in conjunction with employer-offered STD benefits.

Disability Benefits

New York Life | mynylgbs.com | 888-842-4462

Disability insurance keeps you and your family financially protected if you become unable to work due to an illness or injury.

Short-Term Disability Insurance

Denver Botanic Gardens automatically provides short-term disability (STD) insurance through New York Life to eligible employees **AT NO COST**. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated STD plans.

- **Benefit:** 80% of base weekly pay up to \$2,300
- **Elimination period:** 14 days
- **Benefit duration:** Up to 11 weeks (after 14-day elimination period)

STD MATERNITY BENEFITS

STD insurance can cover a portion of your income while on paid or unpaid maternity leave. You must apply for STD benefits prior to giving birth to qualify. Please view the official plan documents for varying coverage based on birth circumstances. Benefits will be reduced by other income, including state-mandated STD plans.

Long-Term Disability Insurance

Denver Botanic Gardens automatically provides long-term disability (LTD) insurance through New York Life to eligible employees **AT NO COST**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- **Benefit:** 60% of base monthly pay up to \$10,000
- **Elimination period:** 90 days
- **Benefit duration:** Social security normal retirement age

In addition to disability benefits, leave and accommodation options are available at Denver Botanic Gardens. If you have a planned or unplanned extended absence from work, please contact lauren.davison@botanicgardens.org for more information and next steps.



Voluntary Benefits

Cigna | supphealthclaims.com | 800-754-3207

Denver Botanic Gardens offers the following voluntary benefits to support your financial wellbeing.

Accident Insurance

Accident insurance can help you pay for injuries that occur on or off the job—whether common or severe. If you enroll when you are initially eligible, you are guaranteed base coverage without having to answer any medical questions. You'll receive 24 hour coverage and your benefit will pay a lump-sum directly to you in the event of a covered accident. You will receive a \$75 wellness benefit for completing routine screenings per covered individual per year.

ACCIDENT INSURANCE COSTS

Listed below are the per pay period costs for accident insurance.

| Level of Coverage | Accident Insurance |
|-----------------------|--------------------|
| Employee Only | \$3.54 |
| Employee + Spouse | \$6.30 |
| Employee + Child(ren) | \$8.37 |
| Employee + Family | \$11.13 |

Hospital Indemnity Insurance

This option will pay benefits that help you with costs associated with a hospital visit such as a covered accident, illness, or childbirth. This benefit pays you a lump-sum upon admittance so that you can choose how best to cover your expenses. You will receive a \$50 wellness benefit for completing routine screenings per covered individual per year.

HOSPITAL INDEMNITY INSURANCE COSTS

Listed below are the per pay period costs for hospital indemnity insurance.

| Level of Coverage | Hospital Indemnity Insurance | | | |
|-----------------------|------------------------------|---------|---------|---------|
| | 0-49 | 50-59 | 60-69 | 70+ |
| Employee Only | \$5.19 | \$7.56 | \$11.96 | \$31.20 |
| Employee + Spouse | \$12.86 | \$15.00 | \$23.67 | \$62.01 |
| Employee + Child(ren) | \$10.66 | \$13.03 | \$17.43 | \$36.67 |
| Employee + Family | \$18.34 | \$20.47 | \$29.14 | \$67.48 |



When you enroll in voluntary benefits, you're protecting your financial health and those who depend on you for financial security. These voluntary benefits help pay for out-of-pocket expenses you may incur after an accident, illness, or hospitalization that medical insurance may not cover.

Employee Assistance Program

New York Life | nylgbs-lap.com | 800-538-3543

Assistance is always available for you. The employee assistance program (EAP) services are provided **AT NO COST** to you and your household through New York Life.

Your EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to **three free face-to-face** visits per person, per issue, per year with a licensed counselor.



Tools and Resources

Browse tools and resources to help you make life's big decisions with budget trackers, wellness self-assessments, and more.



Care Options

Find child and elder care to support you and your family's day-to-day needs.



Legal and Financial Guidance

Receive guidance for buying a home, planning for retirement, budgeting, and more.



Support All Year

Connect with a mental health professional about addiction, family, and individual counseling.

When is the best time to use your EAP?

- When you feel burnt out or stretched thin, call to connect with a counselor to find relief.
- When you need help finding care for your child or loved one, call to find care solutions.
- When you need someone to talk to with 24/7 support, you can connect when it's convenient.
- When you're not sure of the next step to take, reach out for legal and financial planning.

Don't hesitate to reach out whenever you need it. No personal information is ever shared with Denver Botanic Gardens and access to the EAP is completely confidential.



Access your EAP by calling 800-344-9752 or visiting [guidanceresources.com](https://www.guidanceresources.com) (Web ID: NYLGBS).



Additional Benefits

New York Life | nylgbs-lap.com | 800-538-3543

As part of your disability benefits, you have access to additional wellbeing, financial, and legal resources through New York Life (NYL).

NYL GBS Life Assistance Program

This life assistance program offers counseling and work/life support via telephonic and in-person sessions for every day issues and legal and financial consultations, as well as online articles, resources, and videos for work/life balance.

For more information, call 800-538-3543 or visit signalap.com.

My Secure Advantage

Access a free 30-day money-coaching plan with financial experts for all types of financial planning and challenges. This benefit also includes identity theft and fraud resolution services, and online tools for state-specific wills and other important legal documents.

For more information, call 888-724-2262 9 a.m.–11 p.m. ET Monday–Friday or visit cigna.mysecureadvantage.com.

NYL GBS Secure Travel

Receive pre-trip planning including immunizations, visa assistance, and embassy referrals. When traveling more than 100 miles from home, you receive 24/7 access to medical and dental services, multilingual translation, and unlimited medical evacuation and repatriation benefits.

Call 888-226-4567 within the U.S. or Canada, or 202-331-7635 anywhere outside of the U.S. and reference your policy number: SOK0603464; Group #: 57. Identity yourself as a Denver Botanic Gardens employee.

NYL GBS Survivor Assurance

Beneficiaries can utilize grief counseling services, NYL GBS guidebook for navigating financial and legal responsibilities, and utilize a free, interest bearing account for claim payments of \$5,000 or more.



Identity Theft Protection

Cigna | cigna.identityforce.com/starthere | 833-580-2523

Denver Botanic Gardens provides you with identity theft protection services through IdentityForce AT NO COST.

If your identity is stolen, Cigna can help. Connect with a personal case manager for step-by-step help with everything from identify theft to credit card fraud. Real-time support is available anytime, from anywhere in the world.

Services include:

- Financial accounts monitoring
- Social media account monitoring and takeover alerts
- Personal VPN and safe browsing
- Password manager
- Registered sex offender reporting
- Court records monitoring
- Credit report monitoring: 1 Bureau
- Medical ID fraud monitoring
- Junk mail opt out
- Dark web monitoring
- Data breach notifications
- High-risk transactions monitoring
- Public records monitoring
- USPS change of address monitoring
- VantageScore credit scores
- Credit score tracker: 1 Bureau
- Up to \$1,000,000 in identity theft insurance and stolen funds replacement
- 401(k), HSA, and investment account alerts
- Lost wallet assistance
- Deceased family member fraud remediation
- Credit freeze assistance
- White glove restoration services

Contacts

If you have any questions regarding your benefits or the material contained in this guide, please contact Denver Botanic Gardens Human Resources.

Lauren Davison, Benefits Manager

720-865-3584

lauren.davison@botanicgardens.org

| Provider/Plan | Phone Number | Website |
|--|------------------------------|---|
| Medical Cigna | 866-494-2111 | mycigna.com |
| Dental Cigna | 866-494-2111 | mycigna.com |
| Voluntary Vision VSP | 800-877-7195 | vsp.com |
| Health Savings Account BenefitWallet—HSA Bank Cigna | 800-357-6246 866-494-2111 | mycigna.com mycigna.com |
| Flexible Spending Accounts Rocky Mountain Reserve | 888-722-1223 | rockymountainreserve.com |
| Life and Disability Insurance New York Life | 888-842-4462 | mynylgbs.com |
| Voluntary Accident and Hospital Indemnity Insurance Cigna | 800-754-3207 | suphealthclaims.com |
| Employee Assistance Program New York Life | 800-538-3543 | guidanceresources.com (Web ID: NYLGBS) |
| Identity Theft Protection Cigna | 833-580-2523 | cigna.identityforce.com/starthere |

This summary of benefits is not intended to be a complete description of the terms and Denver Botanic Gardens insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Denver Botanic Gardens maintains its benefit plans on an ongoing basis, Denver Botanic Gardens reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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