



▶ 2026 | BENEFITS GUIDE

CONTENTS

01 | How Your Benefits Work

- Welcome to Your Benefits 3
- Denver Botanic Gardens Perks and Culture Highlights..... 3
- Important Contacts 4
- Eligibility 5
- Enrollment 6
- Changing Your Benefits..... 6
- New for 2026 7

02 | Medical Coverage

- Medical 8
- Preventive Care 14
- Virtual Care 15
- Know Where to Go for Care 16
- New! Assistance and Work/Life Support Program 17

03 | Tax Savings

- Health Savings Account 18
- Flexible Spending Accounts 19

04 | Dental and Vision Coverage

- Dental 20
- Voluntary Vision 21

05 | Financial Security

- Life and AD&D Insurance 22
- Leave of Absence Policy 23
- Parental Leave Policy 23
- Colorado Family and Medical Leave Program (FAMLI) 23
- Disability Insurance 24

06 | Voluntary Benefits

- Accident Insurance 25
- Critical Illness Insurance..... 25
- Hospital Indemnity Insurance 26

07 | Additional Benefits

- Additional Benefits..... 27

Please refer to plan documents for details, including important coverage exclusions and limitations. If there are any discrepancies between this benefits summary and plan documents, the plan documents will govern.

Use this guide as a tool to help you make the best benefits decisions for you and your family. The information inside this guide can help you review your health coverage options, discover tax savings opportunities, and learn about voluntary benefits offerings.

WELCOME TO YOUR BENEFITS

At Denver Botanic Gardens, you are a vital part of our success. We have chosen benefits we believe will support your physical, emotional, and financial wellbeing.

Everyone's needs are different — that's why we give you options to choose the right plan for you at the best price. Take a look at the benefits offered throughout this guide to make the best decisions for you and your family.



DENVER BOTANIC GARDENS PERKS AND CULTURE HIGHLIGHTS



Employee Assistance Program

You and your household family members have access to our valuable EAP and personal advocates who can help resolve a variety of issues.



Paid Time Off

All employees are provided with sick time, paid volunteer time, and paid holidays.



Parental Leave

Denver Botanic Gardens provides up to 12 weeks of paid leave to eligible employees after the birth or adoption of a child whom they are the permanent guardian.



Voluntary Benefits

Denver Botanic Gardens offers you a wide variety of benefit options to meet the needs of you and your family.



IMPORTANT CONTACTS

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

Coverage	Carrier/Provider	Phone	Email/Website
Human Resources	Benefits Manager	720-865-3584	kirk.meany@botanicgardens.org
Medical	Cigna	866-494-2111	mycigna.com
Identity Theft Protection	Cigna	833-580-2523	cigna.identityforce.com/starthere
Virtual Care	MDLIVE	888-726-3171	mdliveforcigna.com
Assistance and Work/Life Support Program	Cigna	877-622-4327	mycigna.com (Employer ID: DenverBotanicGardens)
Health Savings Account	HSA Bank Cigna	800-357-6246 866-494-2111	mycigna.com
Flexible Spending Accounts	Rocky Mountain Reserve	888-722-1223	rockymountainreserve.com
Dental	Cigna	866-494-2111	mycigna.com
Voluntary Vision	VSP	800-877-7195	vsp.com
Life and AD&D Insurance	Lincoln Financial Group	800-790-7790	lincolnfinancial.com
Disability Insurance	Lincoln Financial Group	800-790-7790	lincolnfinancial.com
Voluntary Benefits	Lincoln Financial Group	800-423-2765	lfg.com
Pet Insurance	Pet Partners	866-774-1113	petpartners.com

ELIGIBILITY

Employee 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.

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

New Hire Eligibility

If you are a new hire, you have 30 days from your date of hire to enroll in benefits. Benefits begin on the first of the month following your date of hire.

Dependent Eligibility

Your eligible dependents can also be enrolled in certain benefits.

Eligible dependents include:

- Legal spouse or domestic partner.
- Children up to age 26, including natural children, stepchildren, legally adopted children, children for whom you are the legal guardian, foster children, and children for whom you are legally responsible to provide health coverage under a Qualified Medical Child Support Order (QMCSO).
- Disabled children over age 26 if unmarried, incapable of self-support, dependent on you for primary support, and the disability occurred before the age of 26.

You may be required to provide supporting documentation, such as a marriage certificate or birth certificate to verify dependent eligibility.

ENROLLMENT

The choices you make at this time will remain in place through December 31, 2026.

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.

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

- Within 30 days of date of hire.
- During the annual benefits open enrollment period.
- Within 31 days of a qualifying life event.

CHANGING YOUR BENEFITS

If you experience a qualifying event, you can make mid-year changes to your benefit elections.

Changes must be made within 31 days of the event date.

Examples include, but are not limited to, the following:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in eligibility or employment status
- Loss of other health coverage

You must notify Human Resources within 31 days of the qualifying event to make changes to your coverage. You may need to provide documentation of the event, such as a marriage license, divorce decree, or birth certificate. Benefit changes must be consistent with the qualifying event.



How to Enroll



Self-enroll in your benefits.

Review the available plan options and log into Paylocity. Navigate to HR & Payroll > Scroll down to BSwift Benefits > Complete enrollment.



Have important documentation ready.

You will be asked questions regarding you and your dependents, including birth dates, Social Security numbers, and phone numbers.



Compare your options and choose the best plans for you and your family.

Once you have finalized your selections, print your confirmation statement or send it to yourself via email and keep for your records.

NEW FOR 2026

Medicare Guidance and Education

SmartConnect | smartmatch.com/connect/denverbotanic | 833-332-0755

Denver Botanic Gardens provides Medicare-eligible employees with SmartConnect, a new decision support tool to help you determine which medical option will be right for you.

What is SmartConnect?

SmartConnect is a no cost Medicare education and enrollment resource available to you and your family. It's not a health plan, instead, it's a team of licensed, unbiased insurance agents who act as your personal guides. Their mission is to remove the confusion from Medicare, answer all of your questions, and help you find the path that best suits your personal health and financial needs.

SmartConnect provides you with:

- **Unbiased, personalized guidance and education:** One-on-one Medicare consultations with dedicated licensed agents to help you pick the right plan and coverage.
- **Clear plan comparisons:** Compare the costs and benefits of your current health coverage with a variety of Medicare plans.
- **Seamless enrollment support:** If you decide that transitioning to a Medicare plan is the right choice for you, your dedicated SmartConnect agent will guide you through every step of the enrollment process.

For more information, call 833-332-0755 or visit smartmatch.com/connect/denverbotanic.



MEDICAL


Cigna | mycigna.com | 866-494-2111


Denver Botanic Gardens offers comprehensive coverage to support your health throughout the year.


To better understand the options available to you, please review the following summary of the medical plans.


Overview of Benefits	Cigna LocalPlus PPO	Cigna OAP PPO	Cigna LocalPlus HDHP	Cigna OAP HDHP
Network	Cigna LocalPlus Network	Cigna Open Access Plus Network	Cigna LocalPlus Network	Cigna Open Access Plus Network
In- and Out-of-Network Benefits	In- and out-of-network benefits			
Plan Description	You do not have to select a primary care physician (PCP) to oversee your care or give referrals. You will make the most of your benefits when using an in-network provider		This plan has the highest annual deductible, however you can fund a health savings account to help you save money on your health care expenses and use it for future investments/savings opportunities. You will make the most of your benefits when using an in-network provider	
How You Pay for Care	You pay copays for physician services and prescription drugs		You pay the full discounted rate for all services, including office visits, hospital services, and prescription drugs until you meet your annual deductible	
Pay for Health Care with Pre-Tax Dollars	You can fund a health care flexible spending account (FSA)		You can fund a health savings account (HSA)	
Coinsurance				
In Network	20%	20%	20%	20%
Out of Network	40%	40%	40%	40%

Terms You Should Know

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

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

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

 **Out-of-Pocket Maximum**
Includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services for the rest of the year.

MEDICAL

PPO

The PPO plan offers in- and out-of-network benefits, providing you the freedom to choose any provider.

	Cigna LocalPlus PPO		Cigna OAP PPO	
	In Network	Out of Network	In Network	Out of Network
Plan Year Deductible				
Individual	\$500	\$2,000	\$500	\$2,000
Family	\$1,500	\$6,000	\$1,500	\$6,000
Plan Year Out-of-Pocket Maximum (includes deductible)				
Individual	\$1,500	\$4,000	\$1,500	\$4,000
Family	\$4,500	\$12,000	\$4,500	\$12,000
Covered Services	You Pay	You Pay	You Pay	You Pay
Preventive Care	Plan pays 100%	40% after ded.	Plan pays 100%	40% after ded.
Primary Care Physician	\$20 copay	40% after ded.	\$20 copay	40% after ded.
Specialist	\$50 copay	40% after ded.	\$50 copay	40% after ded.
Virtual Care	\$20/\$50 copay	Not covered	\$20/\$50 copay	Not covered
Diagnostic Lab/X-Ray	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Complex Diagnostic (MRI, CT, PET)	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Inpatient Hospital	20% after ded.	\$500 ded., then 40% after ded.	20% after ded.	\$500 ded., then 40% after ded.
Outpatient Surgery	20% after ded.	\$500 ded., then 40% after ded.	20% after ded.	\$500 ded., then 40% after ded.
Urgent Care	\$50 copay	40% after ded.	\$50 copay	40% after ded.
Emergency Room	\$150 copay		\$150 copay	
Prescription Drugs³ — Retail (up to 30-day supply)				
Generic	\$15 copay	Not covered	\$15 copay	Not covered
Preferred Brand	\$45 copay		\$45 copay	
Non-Preferred Brand	\$65 copay		\$65 copay	
Specialty	10% ⁴		10% ⁴	
Mail Order (up to 90-day supply)	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.

How much does this plan cost?

	Cigna LocalPlus PPO Per Pay Period Costs	Cigna OAP PPO Per Pay Period Costs
Employee Only	\$33.25	\$56.58
Employee + Spouse/DP	\$96.42	\$168.27
Employee + Child(ren)	\$77.12	\$134.58
Employee + Family	\$159.25	\$250.14

MEDICAL

High Deductible Health Plan

The high deductible health plan (HDHP) gives you the option to fund a health savings account (HSA) which allows you to save and pay for qualified health care expenses. See page 18 for more information on the HSA.

	Cigna LocalPlus HDHP		Cigna OAP HDHP	
	In Network	Out of Network	In Network	Out of Network
Plan Year Deductible				
Individual	\$1,700	\$3,300	\$1,700	\$3,300
Family	\$3,400 ¹	\$6,600	\$3,400 ¹	\$6,600
Plan Year Out-of-Pocket Maximum (includes deductible)				
Individual	\$2,250	\$4,500	\$2,250	\$4,500
Family	\$4,500 ¹	\$12,000	\$4,500 ¹	\$12,000
Covered Services	You Pay	You Pay	You Pay	You Pay
Preventive Care	Plan pays 100%	40% after ded.	Plan pays 100%	40% after ded.
Primary Care Physician	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Specialist	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Virtual Care	20% after ded. ²	Not covered	20% after ded. ²	Not covered
Diagnostic Lab/X-Ray	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Complex Diagnostic (MRI, CT, PET)	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Inpatient Hospital	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Outpatient Surgery	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Urgent Care	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Emergency Room	20% after ded.		20% after ded.	
Prescription Drugs³ — Retail (up to 30-day supply)				
Generic	20% after ded.	Not covered	20% after ded.	Not covered
Preferred Brand	20% after ded.		20% after ded.	
Non-Preferred Brand	20% after ded.		20% after ded.	
Specialty	10% ⁴		10% ⁴	
Mail Order (up to 90-day supply)	20% after ded.		20% after ded.	

(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.

How much does this plan cost?

	Cigna LocalPlus HDHP Per Pay Period Costs	Cigna OAP HDHP Per Pay Period Costs
Employee Only	\$4.97	\$24.99
Employee + Spouse/DP	\$59.32	\$87.42
Employee + Child(ren)	\$47.40	\$69.85
Employee + Family	\$94.43	\$133.97

MEDICAL

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.

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



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.

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

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.

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.

HSA Bank'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. HSA Bank 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.

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.



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 the 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

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.

Identity Theft Protection

Cigna medical plan members receive 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 but are not limited to:

- **Monitoring and alerts:** Financial accounts, social media, court records, public records, USPS address changes, high-risk transactions, and dark web activity.
- **Credit and fraud protection:** 1-bureau credit monitoring, VantageScore tracking, medical ID fraud alerts, credit freeze assistance, and up to \$1M in identity theft insurance.
- **Digital security tools:** Personal VPN, safe browsing, password manager.
- **Specialized coverage:** Registered sex offender reporting, data breach notifications, and investment account alerts.

If you are not enrolled in one of the Cigna medical plans, you are not eligible for this benefit. You may upgrade to family coverage if you wish to add your spouse. The fee is discounted and will be billed directly to you for the duration of the family membership.

To activate your account visit cigna.identityforce.com/starthere or call 833-580-2523.

Wellness Program

All employees enrolled in a Denver Botanic Gardens medical plan can participate in the Cigna Healthcare Wellness Experience **at no cost**.

Learn from the experts on how to become more active, eat better, sleep more, and manage any challenge life may throw your way.

Your path to wellness is personal. The Cigna Healthcare Wellness Experience makes it easier to choose your own journey by setting goals that focus on the areas you want to improve with:

- **Daily content cards:** Receive two new tips daily to help you live well. The more you customize your profile, the more relevant they'll be to your focus areas.
- **Healthy habits:** Track daily wellness behaviors. Making small, every day changes can lead to big results.
- **Digital coaching:** Build healthy habits that stick with Journeys personalized digital coaching.
- **Wellbeing challenges:** Challenge friends and achieve your goals together through healthy competition. You can invite up to ten friends and family to join the wellness experience.

Get started in two easy steps:

1. Complete a health assessment. You will receive a health score that will help you learn about possible health risks and provide practical tips to help improve your overall wellness.
2. Sync your fitness tracking device and/or apps to track your wellness journey and get credit for your activities.



To get started, download the myCigna app from the App Store or Google Play, or visit mycigna.com and set up your profile.

Select the Wellness tab, then click "Get Started" to enroll.

PREVENTIVE CARE

Getting a regular preventive exam can help you stay healthy, catch issues early, and even save your life.

Best of all, in-network preventive care is covered at no cost to you when you enroll in a medical plan.



Identify health issues before they become a problem.

Catching issues early can mean care is more manageable, cost-efficient, and potentially more effective.



Improve your long-term health.

A preventive exam can help your doctor manage any chronic conditions and pinpoint ways to improve your overall wellbeing.



Keep your health on track.

Check with your doctor about specific exams, vaccinations, and screenings that are right for your age and gender.

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.



VIRTUAL CARE

MDLIVE | mdliveforcigna.com | 888-726-3171

Get cost-effective, convenient care when you don't feel well and are unable to see your primary care provider (PCP).

Virtual care brings the doctor to you — including on nights, weekends, and holidays.



24/7/365 CONVENIENCE

AVOID EXPENSIVE COPAYS

NO EMERGENCY ROOM WAITS

BOARD-CERTIFIED DOCTORS

Common Health Issues Virtual Care Can Treat

Doctors can diagnose many health issues like cold and flu symptoms, allergies, rash, skin problems, and much more! Prescriptions and follow-up care can be ordered, if necessary.

Pain Management

- Abdominal pain/cramps
- Animal/insect bites
- Backache
- Dizziness
- Headaches/migraines
- Rash (poison ivy/oak)
- Sprains/muscle strains

Common Illnesses

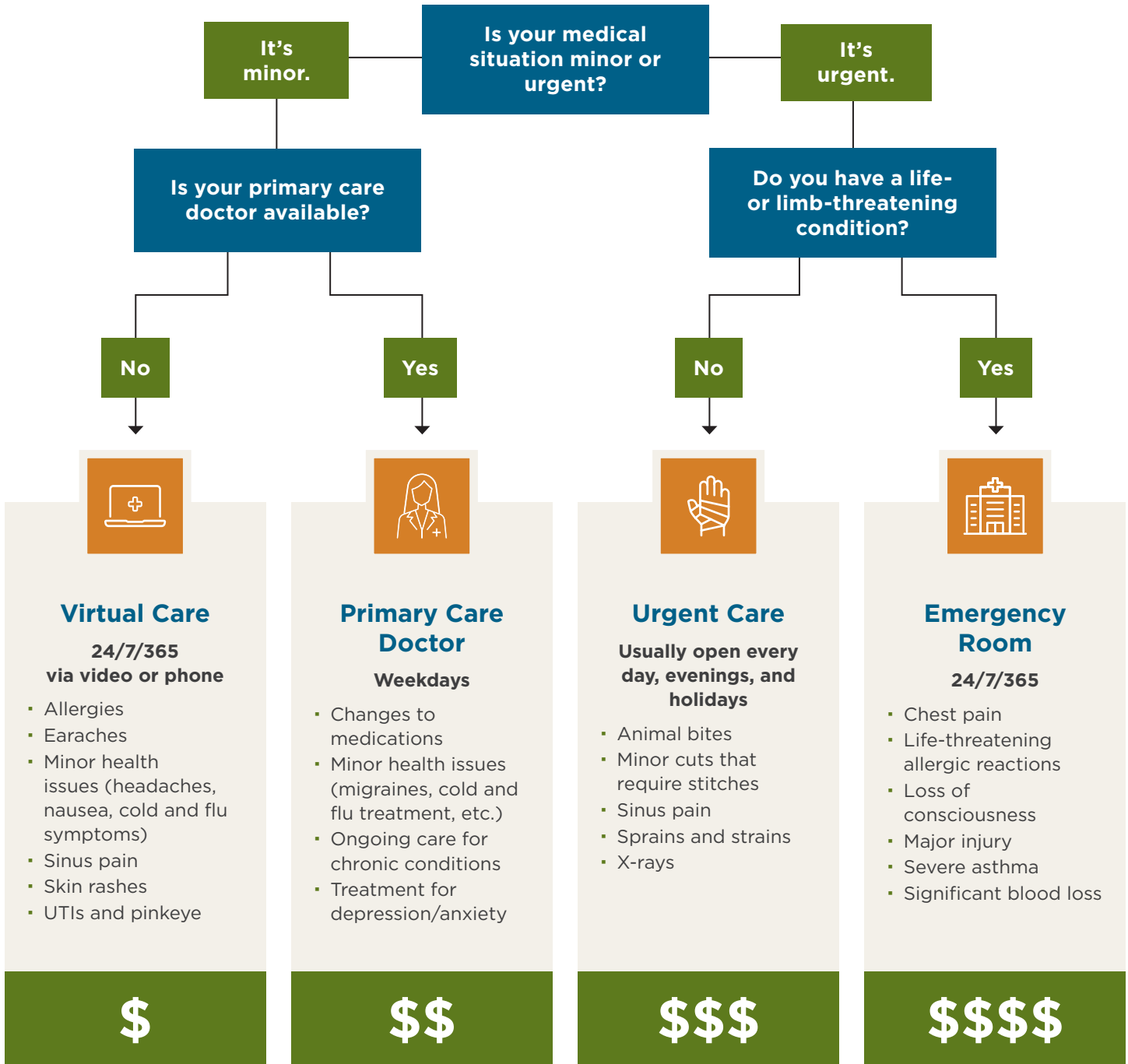
- Bronchitis
- Cold and flu symptoms
- Eye infection
- Laryngitis
- Respiratory infection
- Sore throat
- Strep

Ongoing Care

- Allergies
- Asthma
- Blood pressure issues
- Sinusitis

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.



Find a Network Provider

Finding an in-network provider near you is easy. Visit mycigna.com or call 866-494-2111. You can also download the Cigna mobile app for on-the-go access.



NEW! ASSISTANCE AND WORK/LIFE SUPPORT PROGRAM

Cigna | mycigna.com | 877-622-4327

Provided to all employees, at no cost! The employee assistance program (EAP) provides 24/7 confidential support to guide you and your family members through any issue — from the mundane to the more serious.

Denver Botanic Gardens is excited to offer an enhanced EAP available through Cigna. This new program allows eligible members up to six (6) face-to-face or virtual sessions per issue, at no cost to you.

Experienced representatives can help you in every area of life

You can use your EAP for:

- **Counseling:** Six (6) face-to-face counseling sessions with a counselor in your area, as well as video-based sessions.
- **Legal assistance:** 30-minute consultation with an attorney, face-to-face or by phone.
- **Financial guidance:** 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
- **Parenting tools:** Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- **Elder care:** Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- **Pet care:** Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- **Identity theft:** 60-minute consultation with a fraud resolution specialist.



Access your EAP — anytime, anywhere.

Call 877-622-4327 or visit mycigna.com.

First time registering? Use employer ID: **DenverBotanicGardens**.

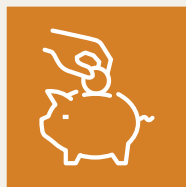
Already registered? Log into mycigna.com and go to the EAP link under the Review My Coverage tab.

Maximize Your HSA Benefits With the Triple-Tax Advantage



Spend

Spend pre-tax HSA funds to pay for eligible expenses such as annual deductibles, dental and vision exams, prescriptions, or other health care costs for yourself or your eligible dependents.



Save

Save and roll funds over year-to-year to boost your long-term savings. Even if you switch medical plans, leave the company, or retire, you own the account and the money is yours to keep.



Invest

Invest and grow HSA funds tax-free, including interest and earnings, to use for future health care costs. After age 65, spend HSA dollars on any expense penalty free.

HEALTH SAVINGS ACCOUNT

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

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

How an HSA Works

Contributions

You can only contribute up to the IRS annual maximums (including the Denver Botanic Gardens contribution):

- **Individual:** \$4,400
- **All other coverage levels:** \$8,750
- **Age 55+:** \$1,000

Denver Botanic Gardens contributes annually to your HSA to help you save:

- **Individual:** \$300
- **All other coverage levels:** \$600

Things You Should Know

Expenses and Penalties

- An HSA is a savings account that you can use to pay for eligible health care expenses with pre-tax dollars or invest for the future.
- If you use your funds for ineligible expenses, you will be subject to penalties and taxes.
- After age 65, you can spend HSA funds on any expense penalty free.

Eligibility

You are eligible to fund an HSA if:

- You are enrolled in the Cigna LocalPlus HDHP or Cigna OAP HDHP and have no other health coverage.
- You (or your covered spouse) do not fund a health care flexible spending account.
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life.
- You are not claimed as a dependent on someone else's tax return.

Refer to **IRS Publication 969** for eligibility details.

FLEXIBLE SPENDING ACCOUNTS

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

Keep more of your paycheck by using pre-tax FSA dollars to pay for eligible expenses.

Health Care FSA (Not Allowed if You Fund an HSA)

Pay for eligible out-of-pocket medical, dental, vision, and prescription drug expenses with pre-tax dollars. For a full list of health care expenses, see [IRS Publication 502](#).

- **Annual contribution limit:** \$3,400
- **Eligible expenses:** Copays, coinsurance, deductibles, prescription expenses

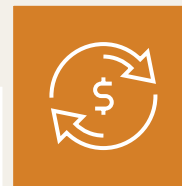
Dependent Care FSA

Pay for eligible day care expenses with pre-tax dollars. For a full list of dependent care expenses, see [IRS Publication 503](#).

- **Annual contribution limit:** \$7,500 if married and filing a joint return or if filing a single or head of household return (\$3,750 if married and filing separate tax returns)
- **Eligible expenses:** Day care, after-school care, babysitting (work-related), nanny
- **Eligible dependents:** A spouse, or children under 13 years of age, a child over 13, or an elderly parent residing in your home who is physically or mentally unable to care for him or herself

Note: Employees who are classified as highly compensated based on their 2025 earnings may see a reduced annual contribution, depending on the results of IRS-required non-discrimination testing conducted throughout the year.

How Does an FSA Work?



Contribute

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



Pay

Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement online. Keep all receipts in case you are required to verify the eligibility of a purchase.



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.

DENTAL

Cigna | mycigna.com | 866-494-2111

Your dental coverage provides essential services to support your oral health.

In- and out-of-network coverage. Out-of-network services use reasonable and customary charges. You will pay the cost difference.

	Cigna Dental Plan	
	In Network	Out of Network
Plan Year Deductible		
Individual/Family	\$25/\$75	\$25/\$75
Plan Year Plan Maximum		
Per Individual		\$1,500
Covered Services		You Pay
Preventive Care (Oral Exams, X-rays, Cleanings, Fluoride, Space Maintainers, Sealants)	Plan pays 100% ¹	Plan pays 100% ¹
Basic Services (Oral Surgery, Fillings, Endodontic Treatment, Periodontic Treatment, Repairs of Dentures and Crowns)	20% after ded.	20% after ded.
Major Services (Crowns, Jackets, Dentures, Bridge Implants)	50% after ded.	50% after ded.
Orthodontia Services (Children Up to Age 19)		50% ¹
Orthodontia Lifetime Plan Maximum (Per Individual)		\$1,000

(1) No deductible.



Reasonable and Customary (R&C)

The amount a health plan determines is the normal or acceptable cost range for a specific service or procedure.

How much does this plan cost?

	Cigna Dental Plan Per Pay Period Costs
Employee Only	\$0.00
Employee + Spouse/DP	\$18.82
Employee + Child(ren)	\$23.87
Employee + Family	\$36.52

VOLUNTARY VISION

VSP | vsp.com | 800-877-7195

Vision care is essential to your overall health – completing a regular eye exam can help your eye doctor detect more than 200 major diseases.

In- and out-of-network benefits provide you the freedom to choose any provider. To maximize your vision benefits, be sure use in-network services and supplies.

	VSP Vision Plan		VSP Signature Plan	
	In Network	Out of Network	In Network	Out of Network
Exam	(Once every 12 months)		(Once every 12 months)	
Eye Exam	\$10 copay	Reimbursement up to \$50	\$10 copay	Reimbursement up to \$50
Lenses	(Once every 12 months)		(Once every 12 months)	
Single Lenses		Reimbursement up to \$50		Reimbursement up to \$50
Bifocals	\$25 copay	Reimbursement up to \$75	\$25 copay	Reimbursement up to \$75
Trifocals		Reimbursement up to \$100		Reimbursement up to \$100
Frames	(Once every 24 months)		(Once every 12 months)	
Standard Plastic Frames	\$130 allowance + 20% off balance	Reimbursement up to \$70	\$200 allowance + 20% off balance	Reimbursement up to \$70
Contact Lenses	(Once every 12 months in lieu of frames & lenses)		(Once every 12 months in lieu of frames & lenses)	
Elective	\$130 allowance + 15% off balance	Reimbursement up to \$105	\$150 allowance + 15% off balance	Reimbursement up to \$105
Medically Necessary	\$25 copay	Reimbursement up to \$210	\$25 copay	Reimbursement up to \$210
Protection				
LightCare	N/A	N/A	Non-prescription blue light glasses or sunglasses (up to frame allowance)	

How much does this plan cost?

	VSP Vision Plan Per Pay Period Costs	VSP Signature Plan Per Pay Period Costs
Employee Only	\$5.16	\$7.34
Employee + Spouse/DP	\$8.26	\$11.75
Employee + Child(ren)	\$8.43	\$11.99
Employee + Family	\$13.60	\$19.33

LIFE AND AD&D INSURANCE


Lincoln Financial Group | lincolffinancial.com | 800-790-7790

Life and accidental death and dismemberment (AD&D) insurance protects you and your family in the event of an accident or death.

Basic Life and AD&D Insurance

Denver Botanic Gardens provides basic life and AD&D insurance to all eligible employees at no cost.

- For both basic life and AD&D insurance, you are covered in an amount equal to 1.5 times your annual earnings up to a maximum of \$200,000.
- For basic life insurance, your spouse is covered in an amount equal to \$5,000.
- For basic life insurance, your dependent child is covered in an amount equal to:
 - Birth to six months of age** — \$250
 - Six months of age to age 26** — \$2,500
- AD&D insurance pays specific benefit amounts for a covered accidental bodily injury that causes dismemberment. If death occurs from an accident, 100% of both the life and AD&D benefits would be payable to your beneficiary.
- Benefits are paid to the beneficiary you designate. **Please keep your beneficiary information up to date.**



Guaranteed Issue

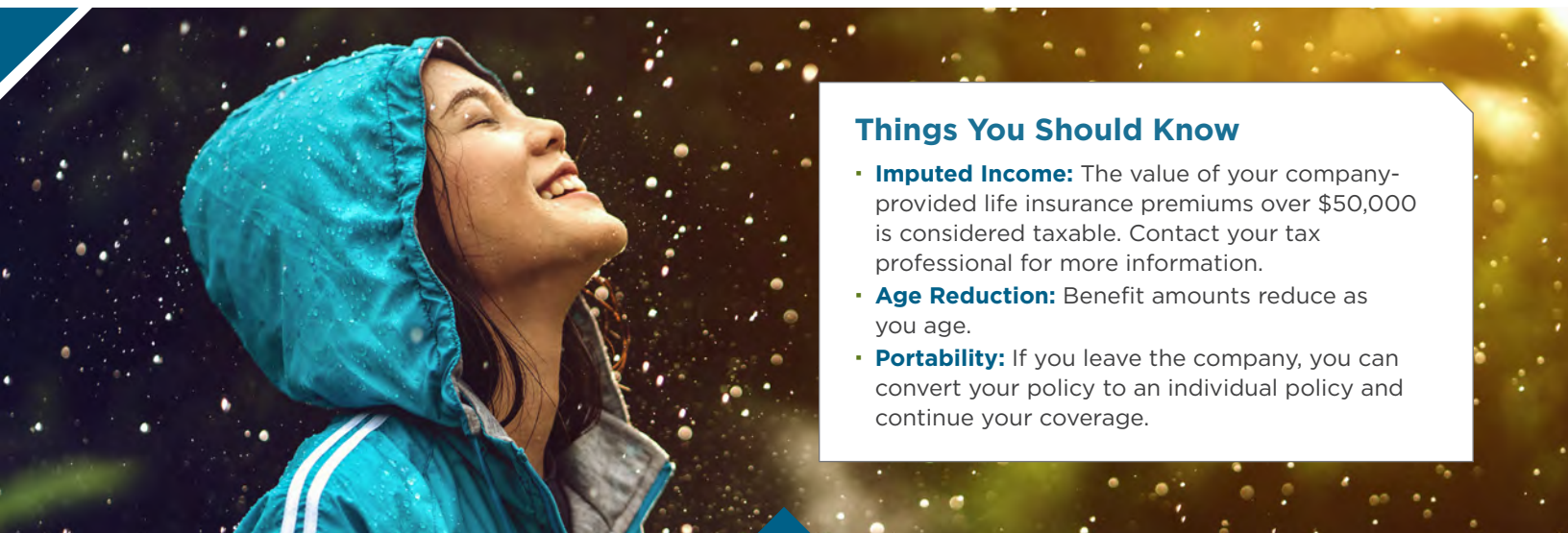
If you do not purchase voluntary life insurance when first eligible, or if you request an amount exceeding the guaranteed issue limits listed, you will be subject to medical underwriting and approval before your coverage begins.

Voluntary Life Insurance

To better financially protect your dependents, you may want to purchase voluntary life coverage.

- You must purchase coverage for yourself in order to purchase coverage for your spouse and/or your children.
- Your cost is based on the amount you elect and your age. Payments are made through after-tax payroll deductions.
- To determine how much coverage you may need, consider costs such as funeral expenses, legal expenses, and living expenses for family members.

Coverage	Available benefit
Employee	<ul style="list-style-type: none"> Increments of \$10,000 up to 5 times your salary to a maximum of \$500,000 Guaranteed issue amount: \$100,000
Spouse	<ul style="list-style-type: none"> Increments of \$5,000 up to 50% of employee coverage Guaranteed issue amount: \$25,000
Dependent Child(ren)	<ul style="list-style-type: none"> Birth to 6 months — \$500 6 months to age 19 (or 26 if full-time student) — \$1,000 increments up to \$10,000 Guaranteed issue amount: \$10,000



Things You Should Know

- Imputed Income:** The value of your company-provided life insurance premiums over \$50,000 is considered taxable. Contact your tax professional for more information.
- Age Reduction:** Benefit amounts reduce as you age.
- Portability:** If you leave the company, you can convert your policy to an individual policy and continue your coverage.

LEAVE

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)

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 \$1,381 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.**



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



Care for yourself, if you 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 INSURANCE

Lincoln Financial Group | lincolnfinancial.com | 800-790-7790

Disability insurance replaces a portion of your income when you experience a qualifying disability and are unable to work.

Important: Disability benefits are reduced by other income you receive, such as Social Security, state disability benefits, pension benefits, and Workers' Compensation.

Short-Term Disability

Short-term disability (STD) insurance provides you with a portion of your weekly income for a non-work-related injury or illness.

Coverage	STD Benefit
Weekly Benefit	80% of weekly earnings
Weekly Benefit Maximum	\$2,300 per week
Elimination Period	14 days
Benefit Duration	11 weeks

Long-Term Disability

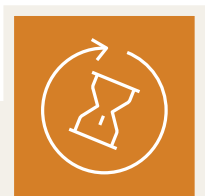
If your STD benefits end, and you are still injured, ill, or unable to work, LTD insurance can help meet your financial needs.

Coverage	LTD Benefit
Monthly Benefit	60% of monthly earnings
Monthly Benefit Maximum	\$10,000 per month
Elimination Period	90 days
Benefit Duration	Social Security Normal Retirement Age

How much does disability insurance cost?

Denver Botanic Gardens automatically provides both short- and long-term disability coverage to eligible employees **AT NO COST.**

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 kirk.meany@botanicgardens.org for more information and next steps.



Elimination or Waiting Period

The amount of time you must wait before you are eligible to receive benefit payments.

Qualifying Disability

A sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training, or experience.

Benefit Duration

The maximum amount of time you may receive proceeds for a continuous disability.

VOLUNTARY BENEFITS

Lincoln Financial Group | lfg.com | 800-423-2765

When an unexpected accident, illness, or hospitalization happens, make sure you're covered with voluntary benefits.

Accident Insurance

Accident insurance can help with expenses incurred due to an injury, ongoing living expenses, and more. Claims payments are made in flat amounts based on services incurred during an accident.

Covered service examples include:

- Ambulance rides, emergency room treatment, or hospitalization benefits
- MRI, CT scans, or other necessary X-rays
- Fractures, dislocations, or concussion
- Accidental death and dismemberment (AD&D), and more

Receive a **\$75 per year wellness benefit** when you complete an eligible health screening (ex. cancer screening, annual physical, wellness exam).

How much does this plan cost?

Level of Coverage	Per Pay Period Costs
Employee Only	\$3.42
Employee + Spouse/DP	\$5.84
Employee + Child(ren)	\$6.67
Employee + Family	\$9.01

How Accident Insurance Works

While Rosie is playing field hockey, she hits her head and is knocked unconscious. She's taken to the ER.

Her accident insurance benefit will help cover:

- **Ambulance ride:** \$400
- **Emergency room treatment:** \$200
- **MRI:** \$150
- **Treatment for concussion:** \$150

Rosie's accident insurance coverage paid out flat amounts for covered expenses for a total of:

\$900

Critical Illness Insurance

If you are diagnosed with a critical illness, you may need additional financial support to help offset treatment costs and cover day-to-day expenses.

This plan pays a lump sum benefit that you can use as you see fit – to pay your mortgage, seek experimental treatment, or handle unexpected expenses.

- **Employee benefit:** \$10,000, \$20,000, or \$30,000; Guarantee issue: \$30,000
- **Spouse benefit:** \$10,000, \$20,000, or \$30,000 up to 100% of employee's benefit election; Guarantee issue: \$30,000
- **Dependent children benefit:** 50% of employee's benefit election; Guarantee issue: All amounts

How much does this plan cost?

Please review pricing and the full list of covered illnesses in the enrollment portal.

How Critical Illness Insurance Works

Manny suffers a heart attack while mowing the lawn. Thankfully, he had enrolled in critical illness insurance coverage.

Manny receives a lump sum payment so he can pay for:

- Medical expenses incurred during and after his heart attack.
- Groceries and his mortgage while he takes time off work to recover.

Manny's critical illness coverage gives him peace of mind with a total payout of:

\$20,000

VOLUNTARY BENEFITS



Hospital Indemnity Insurance

This plan provides a lump-sum benefit due to a hospitalization.

Benefits include:

- **Hospital admission:** \$1,000 (1 day per year)
- **Hospital confinement:** \$100 per day (up to 30 days)
- **Hospital ICU admission*:** \$1,200 (1 day per year)
- **Hospital ICU confinement*:** \$200 per day (up to 30 days)
- **Newborn delivery covered:** \$200 (1 day per year)

*Newborn's admitted to the NICU will receive the hospital ICU and confinement benefits noted above with an additional 25% added.

Receive a \$50 per year wellness benefit when you complete an eligible health screening (ex. covered exam, screening, or immunization).

How much does this plan cost?

Level of Coverage	Per Pay Period Costs
Employee Only	\$6.70
Employee + Spouse/DP	\$14.29
Employee + Child(ren)	\$10.29
Employee + Family	\$18.66



ADDITIONAL BENEFITS

At Denver Botanic Gardens, we are committed to supporting your total wellbeing. That's why we provide the following additional benefits to help maintain your physical, emotional, and financial health.

LifeKeys Services

As part of your disability benefits, you have access to additional wellbeing, financial, and legal resources through Lincoln Financial Group **AT NO COST** to you.

LifeKeys provides you with access to:

- **EstateGuidance will preparation:** Create and execute legal wills online.
- **Legal support:** Including real estate and probate law, and accessing beneficiary benefits.
- **Financial services:** Including estate planning, debt management, investment planning, and budgeting.
- **Identity theft protection:** Access identity risk prevention options, identity repair, and more.
- **Grief Counseling:** Unlimited phone contact with master's-level grief counselors for memorial planning, child and teen support, and more.
- **Work-life support:** Help with everyday life including finding child and elder care, moving and relocation services, and making major purchases.
- **TravelConnect:** Access dedicated support if you face an emergency when you're 100 or more miles from home.
 - Visit myoncallportal.com and enter Group ID: LFGTravel123
 - Call toll-free from the U.S. or Canada at 866-525-1955
 - Call collect from anywhere in the world at 603-328-1955
 - Email mail@oncallinternational.com
- **GuidanceResources online:** Browse articles, tutorials, streaming videos, and "Ask the Expert" information about health and wellness, work and education, money and investments, and much more.



To access LifeKeys services provided through Lincoln Financial Group, visit guidanceresources.com, download the GuidanceNow app, or call 855-891-3684.

First-time users enter web ID: LifeKeys

Pet Insurance

Denver Botanic Gardens provides you the option to purchase pet insurance through Pet Partners.

With Pet Partners insurance, your pet is covered from head to tail. Get reimbursed for costly veterinary bills and focus more on the health of your pets and less on how you're going to pay for it.

What is covered*:

- | | | |
|-------------------------|----------------------|--------------------|
| ▪ Common illness | ▪ Surgeries | ▪ Hospitalizations |
| ▪ Digestive issues | ▪ Medications | ▪ Toxin ingestions |
| ▪ Exams and diagnostics | ▪ Cancer and growths | ▪ Broken bones |

*Pre-existing condition coverage may require a 365-day waiting period.

Visit petpartners.com/enroll?p=denverbotanicgardens to get your pet insurance quote and enroll.



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.

Images © 2025 Getty Images. All rights reserved.