

WELD COUNTY EMPLOYEE BENEFITS



We're excited to have you consider a career with Weld County Government! The benefits of working for Weld County (WC) extend far beyond simply earning a paycheck. You'll find a career that utilizes your strengths and provides opportunities to learn new skills while operating in a workplace culture that values you beyond your contributions as an employee. See what great benefits we provide you with below!

To learn more, visit www.weld.gov/go/JoinOurTeam or call (970) 400-4435.

HEALTH & WELLNESS

*Seasonal/temporary employees have access to these health & wellness benefits

Medical Plans*



WC offers choice of 2 plans. Standard PPO Plan or High Deductible PPO Plan with an optional HSA. Same coverage; same network.

Vision & Dental*



Employees have a choice of 3 dental plans and 1 vision plan. Employees do not have to be on a dental or vision plan if on a medical plan.

Medical Clinic*



If you choose a WC medical plan, you get access to on-site clinic offering convenient health care for you & covered dependents ages 2 and older.

Mental Health*



IOME offers free mental health services & wellness support for you & immediate family members! Unlimited 20-minute Wellness Support sessions; 50-minute Therapy sessions (5 per person).

Wellness Program



WC offers challenges, classes, events, CPR/First Aid Certification, & tools for a healthy lifestyle from physical activity to healthy eating with yearly monetary incentives.

Life Insurance



WC provides Basic Life Insurance equal to 3 times your annual salary; Short- & Long-Term Disability coverage w/ premiums paid at 100%. You can also purchase additional life insurance.

Flex Spending



WC offers 3 plans for payroll tax savings: Health Care FSA, Limited-purpose Health Care FSA; Dependent Care FSA. Each plan subject to IRS limits.

Voluntary Benefits



WC offers 3 Aflac policies. Coverage is guaranteed during initial enrollment. Accident, Critical Illness & Hospital Indemnity.

County Pension



Full-time employees, aside from Public Health employees, are automatically enrolled upon employment in this fully funded plan. 9% is contributed by you. Employer contributes 12.5%. You're vested at 5 years.

401K and 457



Offered through Principal as optional plans. Before & after tax options available.

PERA

State retirement plan for Health Department employees only; automatically enrolled; optional 401K and 457.

RETIREMENT

LEAVE TIME (PER PAY PERIOD)

Vacation Leave



Full-time employees earn 4 hours per pay period; pro-rated for part-time employees. Hours increase after 5, 10, 20 years of employment.

Sick Leave



All employees earn sick leave immediately. Full-time employees earn 4 hours per pay period; pro-rated for part-time employees.

Holidays



Benefit eligible employees receive 12 paid holidays per year.

MORE BENEFITS

Tuition Stipend



Employees working 20+ hours a week who've been w/ WC 6 months can receive tuition assistance for job-related college courses. Annual reimbursement up to \$900.

Discounts



As a Weld County employee, you have access to discounts on phones, computers & more!

Full Time (30 or more hours a week)

Part Time (20-29 hours a week)

AETNA MEDICAL

| AETNA MEDICAL | | Employee | Employee plus spouse OR child(ren) | Employee plus spouse AND child(ren) | Employee | Employee plus spouse OR child(ren) | Employee plus spouse AND child(ren) |
|-----------------------------------|---------------------------|----------------------|------------------------------------|-------------------------------------|-----------------------|------------------------------------|-------------------------------------|
| STANDARD PPO PLAN | Employee Cost | \$73 semi monthly | \$153 semi monthly | \$290 semi monthly | \$303.50 semi monthly | \$563.50 semi monthly | \$881 semi monthly |
| | Deductible | \$1,500 | \$3,000 | | \$1,500 | \$3,000 | |
| | CoPay | \$30 | | | \$30 | | |
| | Routine Preventative Care | No Charge | | | No Charge | | |
| | Annual max out-of-pocket | \$4,000 | \$8,000 | | \$4,000 | \$8,000 | |
| * HIGH DEDUCTIBLE PPO PLAN W/ HRA | Employee Cost | \$59.50 semi monthly | \$108 semi monthly | \$216.50 semi monthly | \$297 semi monthly | \$541 semi monthly | \$761 semi monthly |
| | Deductible | \$2,000 | \$4,000 | | \$2,000 | \$4,000 | |
| | CoPay | None | | | None | | |
| | Routine Preventative Care | None | | | None | | |
| | Annual max out-of-pocket* | \$2,000 < HRA fund | \$6,000 < HRA fund | | \$3,500 < HRA fund | \$7,000 < HRA fund | |

*HRA = Health Reimbursement Account funded by Weld County at \$1,000 annually. Pro-rated with dates of when benefits are effective.

AMERITAS DENTAL

| | | Employee | Employee plus spouse OR child(ren) | Employee plus spouse AND child(ren) | Employee | Employee plus spouse OR child(ren) | Employee plus spouse AND child(ren) |
|-----------------|---------------------------|------------------------------------|------------------------------------|-------------------------------------|------------------------------------|------------------------------------|-------------------------------------|
| PPO LOW PLAN | Employee Cost | \$0 semi monthly | \$2.67 semi monthly | \$4.42 semi monthly | \$1.36 semi monthly | \$5.34 semi monthly | \$8.83 semi monthly |
| | Deductible | \$20 per visit | | | \$20 per visit | | |
| | Preventative Services | 0% | | | 0% | | |
| | Basic Services | 50% after \$20 co-pay | | | 50% after \$20 co-pay | | |
| | Major Services | 50% after \$20 co-pay | | | 50% after \$20 co-pay | | |
| | Maximum benefit | \$750 | | | \$750 | | |
| | Orthodontics (child only) | Not covered | | | Not covered | | |
| PPO MEDIUM PLAN | Employee Cost | \$6.31 semi monthly | \$12.21 semi monthly | \$20.47 semi monthly | \$9.47 semi monthly | \$18.32 semi monthly | \$30.71 semi monthly |
| | Deductible | \$20 per visit | | | \$20 per visit | | |
| | Preventative Services | 0% | | | 0% | | |
| | Basic Services | 20% after \$20 CoPay | | | 20% after \$20 CoPay | | |
| | Major Services | 50% after \$20 CoPay | | | 50% after \$20 CoPay | | |
| | Maximum benefit | \$1,500 per person | | | \$1,500 per person | | |
| | Orthodontics (child only) | Not covered | | | Not covered | | |
| PPO HIGH PLAN | Employee Cost | \$8.09 semi monthly | \$16.55 semi monthly | \$31.11 semi monthly | \$12.14 semi monthly | \$24.83 semi monthly | \$46.67 semi monthly |
| | Deductible | \$50 lifetime | | | \$50 lifetime | | |
| | Preventative Services | 0% | | | 0% | | |
| | Basic Services | 0% | | | 0% | | |
| | Major Services | 50% | | | 50% | | |
| | Maximum benefit | \$2,000 per person | | | \$2,000 per person | | |
| | Orthodontics (child only) | 50% minus \$2,000 lifetime maximum | | | 50% minus \$2,000 lifetime maximum | | |

VISION

| | | Employee | Employee plus spouse OR child(ren) | Employee plus spouse AND child(ren) | Employee | Employee plus spouse OR child(ren) | Employee plus spouse AND child(ren) |
|---------------------------------|---|---|------------------------------------|-------------------------------------|---|------------------------------------|-------------------------------------|
| AMERITAS VISION VSP (insurance) | Employee Cost | \$3.14 semi monthly | \$6.58 semi monthly | \$24.61 semi monthly | \$7.69 semi monthly | \$16.15 semi monthly | \$24.61 semi monthly |
| | Eye Exam | \$10 co-pay | | | \$10 co-pay | | |
| | Materials Co-pay | \$25 | | | \$25 | | |
| | Lenses (once annually) | No charge after materials co-pay | | | No charge after materials co-pay | | |
| | Frames (once every 24 months) | Covered up to \$150, then 20% off balance | | | Covered up to \$150, then 20% off balance | | |
| | Contact Lenses (once annually; in lieu of lenses / frame) | \$60 for exam; \$150 allowance medically necessary; covered in full | | | \$60 for exam; \$150 allowance medically necessary; covered in full | | |