



2023

TEAM MEMBER BENEFITS GUIDE

Care Synergy Benefits

At Care Synergy, we know our dedicated team members —YOU—are key to our overall success as an organization. As a way to reward you for your hard work, we provide a benefits package that is designed to help you reach your physical, financial, and mental health goals.

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Welcome to the Care Synergy Benefits Guide

Our benefit plans have been designed to provide you with a package that is both comprehensive and responsive to the needs of all our team members. This booklet is intended to assist in navigating through your benefits choices. The descriptions included in this summary are based on the documents that legally govern how the plans work. In the event of a discrepancy between the descriptions in this summary and the controlling contracts and/or plan documents, the language in the controlling contracts or plan documents will govern. To request a copy of the plan documents, please contact your Human Resources Department.

Our open enrollment period is October 30, 2022 through November 13, 2022.

Open enrollment requires benefit eligible team members to actively log into UKG and either re-enroll in current benefits, enroll in new benefits or decline benefits.

Enrollment requires a pc or laptop.

Who is Eligible for Benefits?

For new hires, your coverage will be effective the first of the month following 30 days after the date of hire. If you enroll during open enrollment, your coverage is effective January 1 of the following year.

Team members classified as full-time or part-time, regularly scheduled to work at least 20 hours per week, are eligible (along with eligible family members) to participate in the Care Synergy benefit plans.

For purposes of these benefits, eligible family members include:

- Your legal spouse.
- Legally-Recognized Domestic Partner (notarized affidavit required).
- Your child(ren), less than 26 years of age. Child(ren) shall include a natural or legally adopted child(ren), stepson or stepdaughter, and/or a child who is less than 26 years of age and has been placed under your legal guardianship.
- Your child who is 26 years of age or over, and who is:
 - Mentally or physically incapable of earning a living;
 - Primarily supported by you.

WHAT'S NEW IN 2023

BENEFIT HIGHLIGHTS!

For the 2023 plan year for Care Synergy and Affiliate team members, we have made improvements to the overall design of the benefits plans.

We are once again pleased to announce there have been no rate increases to your healthcare premiums!

Virtual Benefit Fair:

- Login into the Flimp Virtual Benefits Showcase to learn about the exciting changes coming to your benefits in 2023. Tools and resources are available to educate you on the best plan choices for you and/or your family.

Cigna Pre-enrollment Hotline: 800-564-7642

Cigna Pre-Enrollment Benefit Hotline available to eligible team members to assist with questions regarding medical and dental plans, locating a doctor and additional Cigna resources.

Medical – Individual and Family changes on HDHP plan:

- Deductible increases to \$3,000 individual / \$6,000 family
- Coinsurance for members decrease to 0% after deductible, from 10% (Cigna pays 100% after deductible, vs 90%)

SunLife:

- SunLife will be the carrier for Basic and Voluntary Life and AD&D; Short Term and Long Term Disability; Accident, Critical Illness and Hospital Indemnity; as well providing an Employee Assistance Program (EAP). This is effective January 1, 2023.
- Unum will no longer be the carrier for these benefits. Unum will continue to provide benefits through the end of 2022. Any current Unum claims, or any that occur before the end of the year, will carryover to the SunLife plans.
- There are no changes to plan designs, and rates have slightly decreased. SunLife will offer a true open enrollment. This means that you can elect Voluntary Life and AD&D, Critical Illness and Hospital Indemnity benefits, up to the guaranteed issue amounts, without underwriting (Evidence of Insurability).

Rocky Mountain Reserve:

Health Savings Account (HSA)

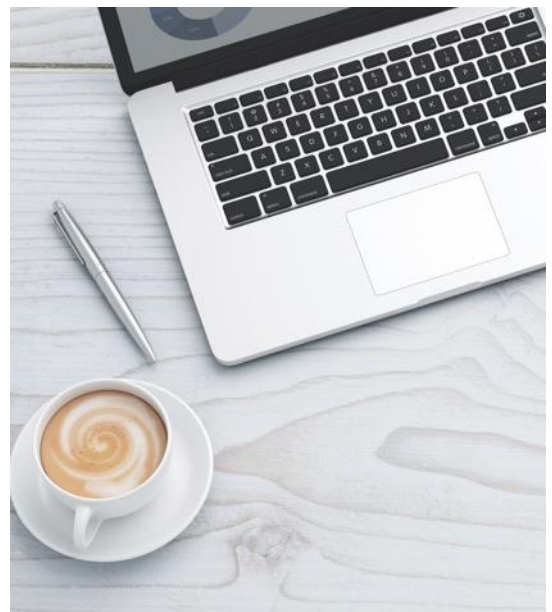
- 2023 IRS Maximum Contributions to HSA: \$3,850 employee only / \$7,750 employee + 1 or more
- Flexible Spending Account (FSA)
 - + 2023 IRS Maximum Contributions to FSA: \$3,050. Carryover amount of \$610 of 2023 unused funds for 2024.

UKG:

- Open enrollment will be active beginning Oct 30th; ALL team members must log into UKG and elect/change/decline their benefit choices for the 2023 plan year

PLANselect Decision Support Tool:

- Enhanced support tools will be available in the virtual benefit fair to assist team members with making informed benefit decisions. There will be one tool for all benefits, rather than two. This tool can be found on the home page of the Flimp Virtual Benefits Showcase.



Enrolling in your Benefits

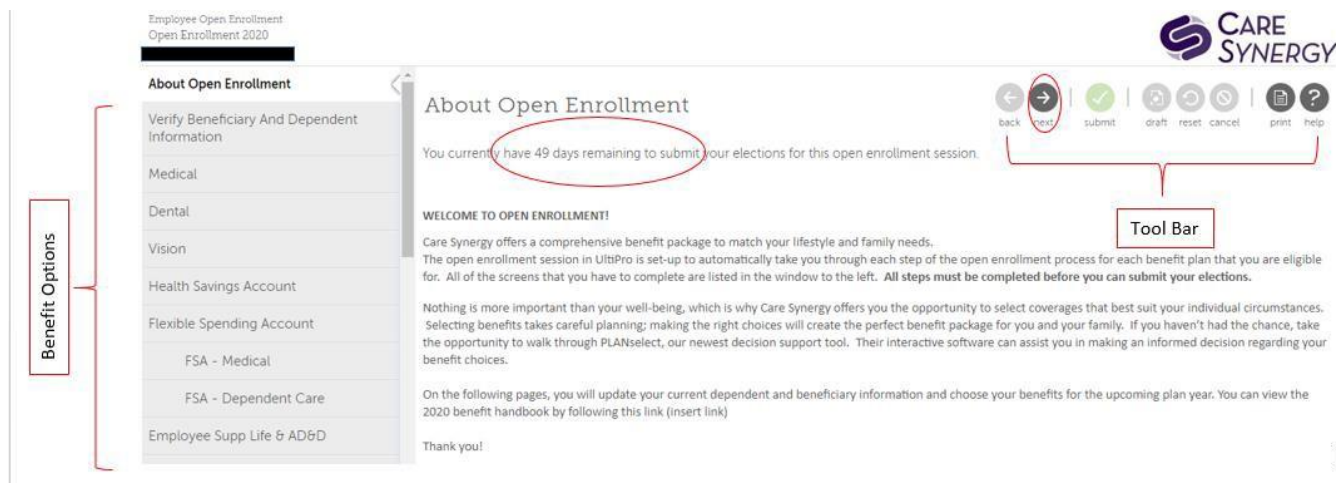
HOW TO ENROLL

Completing your enrollment is easy using UKG! Just log in and get started.

Tip: Take the time to read the messaging that coincides with each benefit offering, as it contains important information regarding your benefit choices.

Access your Open Enrollment session

1. Log in to UKG using Single Sign On
2. Navigate to Myself > Open Enrollment,
3. This will open the About Open Enrollment page
 - a) Left Pane: Lists all the Benefits Options
 - b) Middle Section: Welcome message including number of days to complete the online open enrollment process
 - c) Navigation Toolbar: Command buttons to navigate through the open enrollment process



Begin the online enrollment process

4. Click Next button on the Navigation toolbar
 5. This will open the Verify Beneficiary and Dependent Information page
 - a. Verify and/or correct all dependent and beneficiary information for each qualified dependent that you will be enrolling and each beneficiary that you will be designating by clicking on the person's name
 - b. If you need to add a dependent and/or beneficiary, click the Add button and enter the requested information
- NOTE: You will need the dependent and/or beneficiary's Full Legal Name, Date of Birth, and Social Security Number
- c. Ensure the correct Designation is checked next to the person's name

Employee Open Enrollment
Open Enrollment 2020

CARE SYNERGY

About Open Enrollment

Verify Beneficiary And Dependent Information

Medical

Dental

Vision

Health Savings Account

Flexible Spending Account

FSA - Medical

FSA - Dependent Care

Employee Supp Life & AD&D

AD&D Employee

Supplemental Life - Employee

Spousal Sup Life & AD&D

Verify Beneficiary and Dependent Information

This page allows you to make changes to your dependents, beneficiaries and emergency contacts. Click the green plus (+) button to add a dependent, beneficiary and/or emergency contact. Please be sure and include full legal names, social security numbers, genders, relationships and dates of birth for dependents that will be covered under our health plans.

Please note: This information is **required** for any plan that covers your spouse and/or child(ren).

To verify or change dependents and/or Emergency Contacts:

1. Select the name link for the individual
2. Edit the necessary information, as needed
3. Select save

To add a dependent not already listed:

1. Select add (green plus (+) sign button)
2. Enter the contact information, as needed, including social security, date of birth and gender
3. Check the "Dependent" and/or "Beneficiary" check box as applicable
4. Select Save

*****Do not add a dependent if they are already listed*****

Click on Name to verify and/or correct dependent/beneficiary demographic information. Ensure correct description is properly checked. Social Security Number MUST be included.

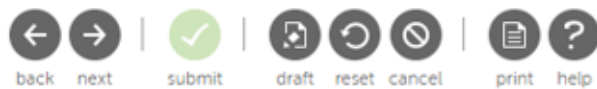
Find by: Status ▾ Active ▾

Name	Relationship	Designation
[Redacted Name]	Child	<input checked="" type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent

6. Click Next to continue through the enrollment process

- Simply navigate through each benefit by clicking the Next button in the navigation bar
- Once you have enrolled in or declined a benefit coverage, click Next to move to the next benefit option
- Repeat the process for each benefit offered

If you make an error or have questions, you can use the buttons in the Navigation Tool Bar.



Each button is designed to assist you in navigating through the open enrollment process. If a button is grayed out, it is not available to you. The appropriate buttons become available as you continue through the enrollment process.

Back – Takes you to the previous screen

Next – Takes you to the next screen

Draft – Saves selection as a draft

Reset – Resets screen to original

Cancel – Takes you out of the enrollment screen

Print – Allows you to print document

The submit button will not be available until you've completed the process.

Once you've gone through each enrollment option, the Submit button will turn green, allowing you to confirm your enrollment elections.

7. Review your selections carefully to ensure that everything is correct and accurate, which includes the plans, your covered dependents and your insurance beneficiaries
8. When you are ready to finalize your elections, click the Submit button
9. Review the summary page, confirm your elections and click Submit a second time to authorize your elections

TIP: You can use the Quick Tours and Tips link to the right of your screen to assist you through the process. There is also a “Help” button to answer questions regarding the current screen.

Additional Enrollment Information

If you are enrolling a spouse in the medical plan, be sure to complete the Spousal Surcharge Affidavit section during the UKG enrollment process. If a team member's spouse has other group medical coverage available and chooses not to enroll in that coverage, you will be charged a Spousal Surcharge. You may be required/requested to submit additional documentation.

In addition, team members enrolling in a medical plan who are not able to attest that they are tobacco free or have not completed a Tobacco Cessation Program, will be charged a Tobacco Use Surcharge.

If you have any questions regarding the enrollment process or your benefits in general, ask for assistance by contacting Benefits@caresynergynetwork.org.

Note: You may be eligible for medical coverage if you fall under the ACA hours of service definition. The ACA defines a full-time employee as an employee who is employed and averages at least 30 hours of service per week with that employer. The regulations provide for a monthly equivalency, which states that 130 hours of service in a calendar month is treated as monthly equivalency.

Making changes to your benefits during the year

The only time you may make a change in your coverage during the plan year is when you have a qualified change in your family or employment status, also known as a Qualifying Life Event (QLE). You may change from one coverage type to another upon the occurrence of one of the qualifying events listed below, providing you apply for the change in coverage within 30 days of the qualifying event and provide supporting documentation.

Qualifying Life Event (QLE): A change in your situation, for instance marriage, birth of a child, or losing health coverage, allows eligibility for a special enrollment period to enroll in health insurance outside the annual open enrollment period.

1. Change in marital status
2. Change in number of dependents
3. Change in employment
4. Change in dependent eligibility due to plan requirements (e.g., loss of student status, age limit reached)
5. Change in residence (e.g., team member or dependent moves out of plan service area)
6. Significant cost changes in coverage
7. Significant curtailment of coverage
8. Addition or improvement to benefits package option
9. Change in coverage of spouse or dependent under another employer plan (e.g., spouse's employer had no insurance coverage before but now offers a plan)
10. Loss of certain other health coverage (e.g., plans provided by governmental or educational institutions)
11. Health Insurance Portability and Accountability Act (HIPAA) special enrollment rights
12. Judgements, decrees or orders
13. Entitlement to Medicare or Medicaid
14. Change in hours worked to less than 30 hours per week on average if the team member and covered family members enroll in another plan providing minimum essential coverage
15. Enrollment in the marketplace exchange plan during an exchange special or open enrollment period. Team members and others covered must enroll in the exchange plan by the first day after coverage ends under the employer plan

This qualifying life event list is not all-inclusive, please refer to IRS Section 125 Qualifying Event Checklist. Supporting documentation of a life event will be required. Changes to your benefits must be made within 30 days of the event and must be consistent with your change in status.

Flimp Virtual Benefits Showcase



Flimp Benefits Showcase is an online resource, along with your benefits guide and other resources, designed to help you make benefit choices that best meet your individual and family needs. Along with informative videos and downloads, you can access PLANselect.

PLANselect: a simple tool to help you select the right health plan and voluntary benefits. This is a major financial decision, so what's the right plan for you and your family?

The tool provides a personalized cost and value analysis with an opportunity for savings, without submitting personal information.

The best plan choice is not necessarily the least expensive or even the richest in coverage. It's the plan that provides the best value – the one that covers anticipated medical services for the lowest cost with the features you need.

Answer a few simple questions and you will see a comprehensive assessment and ranking of options in less than four minutes. It's easy to use and mobile friendly!

PLANselect[®]
BENEFITS-DECISION SUPPORT

Your Health Benefits – Cigna Medical

	LOCAL PLUS CONSUMER HEALTH PLAN (HDHP) WITH HSA PLAN		LOCAL PLUS PPO PLAN	
PLAN BASICS	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK
Deductible Individual/Family	\$3,000/\$6,000	N/A	\$2,000/\$4,000	N/A
Calendar Year Deductible	Embedded		Embedded	
Coinsurance Plan/Member	100%/0%	N/A	80%/20%	N/A
Maximum Out-of-Pocket Individual/Family	\$3,000/\$6,000	N/A	\$4,000/\$8,000	N/A
Out-of-Pocket Includes	Deductible and Coinsurance		Deductible, Copays and Coinsurance	
NETWORK BENEFITS	YOU PAY		YOU PAY	
Office Visit Copay Primary/Specialist	0% after Deductible	N/A	20% Deductible Waived ⁺	N/A
Preventive Care (Including Lab)	\$0	N/A	\$0	N/A
CIGNA Telehealth⁺⁺	0% after Deductible	N/A	\$15 Copay	N/A
Urgent Care	0% after Deductible	N/A	\$50 Copay	N/A
Emergency Room	0% after Deductible		20% After Deductible	
Diagnostic Lab	0% after Deductible	N/A	20% After Deductible	N/A
Diagnostic X-Ray	0% after Deductible	N/A	20% After Deductible	N/A
Advanced Imaging (MRI, CT, PET)	0% after Deductible	N/A	20% After Deductible	N/A
Inpatient Hospital	0% after Deductible	N/A	20% After Deductible	N/A
Outpatient Facility	0% after Deductible	N/A	20% After Deductible	N/A
Inpatient Mental Health	0% after Deductible	N/A	20% After Deductible	N/A
Outpatient Mental Health	0% after Deductible	N/A	20% Deductible Waived ⁺	N/A
Spinal Manipulation	0% after Deductible 20 visit maximum	N/A	20% After Deductible, 20 visit maximum	N/A
RX COPAYS*				
Tier 1	0% after Deductible		\$15	Mail Order \$30
Tier 2	0% after Deductible		\$50	Mail Order \$100
Tier 3	0% after Deductible		\$70	Mail Order \$140
Specialty Drug	0% after Deductible		20% to \$200	N/A

Get the most out of your plan by creating your online profile at mycigna.com or by downloading the app.
More information on how to get started and other great Cigna programs starting on p. 19.

* If your Doctor prescribes a medication where a generic equivalent is available, you may be responsible for the difference in cost if “dispense as written” is not indicated.

+ The Deductible is only waived for the PPO plan for office visits with a primary care or specialist physician. This does not apply to the HDHP plan and may not apply for all services received during an office visit.

++ Due to the provisions surrounding qualified Consumer Health Plans (HDHP), members are responsible for the full cost of coverage, including Telehealth services, prior to meeting the deductible. The typical cost of a telehealth visit is around \$55. Keep in mind, this may change at any point during the year based on the provider. Once a member has met the deductible, members will pay 0% of the cost of a telehealth visit until reaching the out-of-pocket-maximum.

Medical Plan Rates

Full Time Team Members (30+ hours per week)

Cigna Consumer Health Plan (HDHP)

MONTHLY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DOMESTIC PARTNER	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Total Cost	\$841.14	\$1,511.11	\$1,427.37	\$2,097.35
Care Synergy Contribution	\$758.29	\$1,196.50	\$1,160.88	\$1,646.49
Employee Contribution	\$82.85	\$314.61	\$266.49	\$450.86

Cigna PPO Plan

MONTHLY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DOMESTIC PARTNER	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Total Cost	\$919.45	\$1,665.79	\$1,571.31	\$2,317.57
Care Synergy Contribution	\$758.29	\$1,196.50	\$1,160.88	\$1,646.49
Employee Contribution	\$161.16	\$469.29	\$410.43	\$671.08

Part Time Team Members (20-29 hours per week)

Cigna Consumer Health Plan (HDHP)

MONTHLY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DOMESTIC PARTNER	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Total Cost	\$841.14	\$1,511.11	\$1,427.37	\$2,097.35
Care Synergy Contribution	\$633.14	\$881.88	\$894.39	\$1,195.63
Employee Contribution	\$208.00	\$629.23	\$532.98	\$901.71

Cigna PPO Plan

MONTHLY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DOMESTIC PARTNER	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Total Cost	\$919.45	\$1,665.79	\$1,571.31	\$2,317.57
Care Synergy Contribution	\$633.14	\$881.88	\$894.39	\$1,195.63
Employee Contribution	\$286.31	\$783.91	\$676.92	\$1,121.94

Domestic Partner coverage is subject to imputed income.

Surcharge

If a team member's spouse/legally recognized domestic partner has other group medical coverage available and chooses not to enroll in that coverage, you will be charged a Spousal Surcharge. For 2023, the surcharge amount will be:

	SPOUSAL SURCHARGE
Monthly	\$200.00

Team members enrolling in the medical plan who are not eligible to attest that they are tobacco-free or have not completed a Tobacco Cessation Program, will be charged a Tobacco Use Surcharge. For 2023, the surcharge amount will be:

	TOBACCO SURCHARGE
Monthly	\$50.00

Which Plan is Right for Me?

When deciding between Medical plans, it's important to keep in mind the potential annual overall costs, including premiums (what you pay to access benefits through the plans), the amount Care Synergy deposits into an HSA (for those members on the HDHP or looking to enroll into it), and the plan Out of Pocket Maximum (the yearly limit before the plan pays 100% of remaining costs). Below is a helpful grid that shows the maximum cost of your healthcare, per plan and per coverage tier.

Annual Maximum Cost of Healthcare	Employee	Employee + Spouse / Domestic Partner	Employee + Child(ren)	Employee + Family
	Full Time			
HDHP W/HSA				
Annual Premiums	\$ 994.20	\$3,775.32	\$3,197.88	\$5,410.32
PLUS	+	+	+	+
Annual Out of Pocket	\$3,000.00	\$6,000.00	\$6,000.00	\$6,000.00
MINUS	-	-	-	-
Annual CSN HSA Contribution	\$1,000.00	\$2,000.00	\$2,000.00	\$2,000.00
TOTAL MAX ANNUAL COST	\$2,994.20	\$7,775.32	\$7,197.88	\$9,410.32
PPO				
Annual Premiums	\$1,933.92	\$5,631.48	\$4,925.16	\$8,052.96
PLUS	+	+	+	+
Annual Co-Insurance	\$4,000.00	\$8,000.00	\$8,000.00	\$8,000.00
TOTAL MAX ANNUAL COST	\$5,933.92	\$13,631.48	\$12,925.16	\$16,052.96
	Part-Time			
HDHP W/HSA				
Annual Premiums	\$2,496.00	\$7,550.76	\$6,395.76	\$10,820.52
PLUS	+	+	+	+
Annual Out of Pocket	\$3,000.00	\$6,000.00	\$6,000.00	\$6,000.00
MINUS	-	-	-	-
Annual CSN HSA Contribution	\$1,000.00	\$2,000.00	\$2,000.00	\$2,000.00
TOTAL MAX ANNUAL COST	\$4,496.00	\$11,550.76	\$10,395.76	\$14,820.52
PPO				
Annual Premiums	\$3,435.72	\$9,406.92	\$8,123.04	\$13,463.28
PLUS	+	+	+	+
Annual Co-Insurance	\$4,000.00	\$8,000.00	\$8,000.00	\$8,000.00
TOTAL MAX ANNUAL COST	\$7,435.72	\$17,406.92	\$16,123.04	\$21,463.28

What is an HSA?

An HSA is a savings account where tax-free or tax-deductible deposits are made to pay for qualified medical expenses. HSA money can be used to pay for eligible expenses today or can be saved for future expenses. There is no "use-it or lose-it" at the end of the year. An HSA is owned by the participant and they retain ownership even if they change employment.

Know the Rules:

- Participants must have coverage under an HSA-qualified "high deductible health plan" (HDHP) to open and contribute to an HSA. Generally, this is health insurance that does not cover first-dollar medical expenses.
- Contributions to an HSA can be made by the participant, the employer, or both. HSA contributions are limited to a maximum each calendar year.
- HSA contributions may be made pretax through an employer or with post-tax dollars. If made with post-tax dollars individuals may take a deduction on their tax return.
- Once enrolled in Medicare, participants are no longer eligible to contribute to an HSA. However, the funds in the Health Savings Account are still owned by the account holder and can be used to pay for medical expenses tax-free.
- HSAs may be used to pay for eligible medical expenses of the participant, spouse or dependents.
- Only eligible medical expenses can be reimbursed under the plan. Eligible expenses are defined by the IRS. See the next page.
- Ineligible disbursements will be taxed and a penalty may apply.
- The funds in an HSA are always owned by the participant even if they:
 - Change employment
 - Change medical coverage
 - Become unemployed
 - Move to another state.
- Unlike other medical spending accounts, HSA funds remain in the account year to year. There are no "use-it or lose-it" rules for HSAs.
- Participant's contributing to a HSA may not participate in a "general" health (medical) FSA at the same time. They may participate in a "limited" health FSA which can be used to pay for dental and vision expenses only.
- HSA funds may earn interest and can be invested in mutual funds. Earnings in the account are tax-free.
- Eligible individuals who are 55 or older are eligible for an additional \$1,000 catch-up contribution. In general, catch-up contributions for a spouse must be made into a separate HSA account opened in the name of the spouse.

An individual can contribute to an HSA if they meet the requirements:

1. Have coverage under an HSA qualified "high deductible health plan" (HDHP).
2. Are not covered by any other health plan including a general health FSA.
3. Are not enrolled in Medicare.
4. Cannot be claimed as a dependent on someone else's tax return.



	Maximum HSA Contribution 2023	Maximum Catch-up Contribution 2023	Maximum HSA Contribution 2022	Maximum Catch-up Contribution 2022
Individual	\$3,850	\$1,000	\$3,650	\$1,000
Family	\$7,750	\$1,000	\$7,300	\$1,000

Spending HSA Dollars Just Got Easier



The Rocky Mountain Reserve Benefits Card provides instant access to the money in your Health Savings Account by automatically deducting funds from the available balance in your account when you make a purchase.

Benefits of Using the Debit Card



- Easy to use - the Benefits Card is a stored-value card that simplifies the process of paying for qualified expenses.
- Works at merchants where MasterCard is accepted.
- It pays directly at the point of sale - no waiting for reimbursement!
- The debit card may be used for online expenses including mail-order prescriptions.
- Keep all receipts in case of a future IRS audit.
- Rocky Mountain Reserve will never request receipts.

Common Eligible Medical Expenses:

- Acupuncture
- Ambulance
- Bandages
- Birth control pills
- Chiropractor
- Coinsurance, deductibles
- Contact lenses
- Contact lens solutions
- Contraceptive devices
- Crutches, splints, casts
- Dental treatment
- Diabetic supplies
- Diagnostic devices
- Eyeglasses, eye exams, sunglasses (prescription)
- Eye surgery
- Fertility enhancement
- Hearing aids, batteries

- Hospital services
- Immunizations, vaccines, flu shots
- Laboratory fees
- LASIK eye surgery
- Medicines (prescribed)
- Obstetric services
- Optometrist
- Orthodontia
- Prescription drugs
- Pregnancy test kits
- Psychiatric care
- Speech therapy
- Stop smoking programs
- Surgery/operations
- Therapy
- Thermometers
- Vasectomy
- Wheelchair
- X-rays

Health Care Reform:

Over-the-Counter Drugs **do not** require a prescription to be eligible for reimbursement under the plan.

- Allergy medications
- Antacids
- Anti-diarrhea medicine
- Cold medicine
- Cough drops and throat lozenges
- Incontinence supplies
- Laxatives
- Nicotine medications, gum, patches
- Pain relievers
- Sinus medications, nasal sprays, nasal strips
- Sleep aids
- Menstrual care products

Potentially Eligible Expenses:

A recommendation from a medical professional is required:

- Massage therapy
- Vitamins
- Herbal supplements
- Natural medicines
- Aromatherapy
- Weight-loss program
- Health club dues

Ineligible Expenses:

- Cosmetic surgery
- Hair transplant/re-growth
- Maternity clothes
- Nutritional supplements
- Personal use items: such as toiletries, tooth brush, facial care, shampoo
- Teeth whitening

For a more detailed list of medical expenses, go to: <https://rockymountainreserve.com>



Online Access

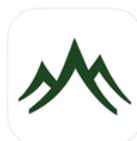
To Create Your Online Account:

1. Go to <https://rockymountainreserve.com>
2. Click on "Login/Register" in the top right-hand corner
3. Click on "Employee Registration"
4. Username will be the name you use to log in for the web portal and mobile application.
5. The password must contain at least 3 of these: special character, number, upper or lower case letter
6. For Employee ID Use SS# or other assigned Employee ID.
7. For Registration ID select "Card Number" which is your Benefits MasterCard. If you do not have a card, your Employer will give you an Employer ID.

Mobile Application:

On the mobile application, participants can see their account balance, transactions, and request disbursements.

Search "RMR Benefits" on the app store



RMR Benefits Mobile
Rocky Mountain Reserve Mobile

Flexible Spending Account Enrollment Guide



What is an FSA?

A health Flexible Spending Account (FSA) allows individuals to use pre-tax dollars to pay for medical expenses not covered by insurance. A dependent care FSA, also known as a Dependent Care Assistance Plan (DCAP) allows individuals to use pre-tax dollars for daycare or dependent care expenses. The dependent care FSA (DCAP) cannot be used to pay for medical expenses. Individuals elect to contribute a portion of their paychecks to either a health FSA or dependent care FSA and save 25% to 40% in taxes.

Know the Rules:

Health (medical) FSA

- The IRS maximum for 2023 is \$3,050. Employers may set a lower limit.
- Participants may claim and be paid out their entire annual election at any time.
- Every expense must be substantiated. Participants must be able to provide receipts, statements or bills for all expenses if substantiation is requested. Documents must include the date, amount and description of the expense or service.
- Only eligible expenses can be reimbursed. Medical expenses are defined by IRS rules. Expenses generally include items and services for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body. See IRS Publication 502.
- All over-the-counter drugs are eligible along with all menstrual care products.
- Only "out-of-pocket" medical expenses are eligible for reimbursement. Medical expenses covered by insurance or any other plan or program are not eligible for reimbursement.
- Expenses for personal use or cosmetic surgery are not eligible for reimbursement. See IRS Publication 502.
- Medical expenses reimbursed under the health (medical) FSA may not be used to claim a federal income tax deduction.



Health FSA and Dependent Care FSA

- Contributions are subject to the IRS "use-it-or-lose-it" rule. However, for the health FSA, the employer may adopt a provision allowing up to a \$610 (2023) carry over of unclaimed monies. Unclaimed monies not carried over are forfeited at the end of the plan year.
- Elections cannot be changed during the plan year, unless the participant has a change of status. IRS Regulations define a change of status.
- Expenses must be incurred by a participant, spouse or eligible dependents during the current plan year and while participating. Expenses are incurred when the medical care is provided and not when the expense is billed, the bill is due or when the bill is paid.
- Every employer sets the deadline when claims and documentation must be submitted after the end of the plan year. It is usually 60 or 90 days after the end of the plan year.

Limited Health (dental & vision) FSA

- Employees contributing to a HSA may only participate in a "limited" health FSA not a "general" health FSA. A limited health FSA can only be used to pay for "out of pocket" dental and vision expenses.
- Please note when using the debit card for the Limited Purpose FSA it must be at a dental or vision facility that their MCC code is registered as a dental or vision facility. Otherwise it may pull from your HSA.

Dependent Care FSA

- Participants may only be paid what they have contributed at any point in time.
- Participants must be ready to provide receipts for dependent care expenses.
- Dependent care expenses reimbursed by the dependent care FSA may not be used to claim the day care credit.

Tax Savings Examples:

Dave, a single taxpayer, earns \$27,000/year and has eligible medical expenses of \$1,200/year.

Dave's annual savings realized by participating in the FSA is **\$327**.

Michael and Sharon, working parents, earn a total of \$48,000/year. They have \$5,000 in child care expenses and \$1,000 per year in eligible medical expenses.

Their annual savings realized by participating in the FSA is **\$1,637**.

Assumptions are based off of 15% Federal, 4.63% State, and 7.65% FICA tax

Eligible Expenses



Common Eligible Medical Expenses:

- Eyeglasses, eye exams, sunglasses (prescription)
- Over-the-counter drugs
- Menstrual care products
- Eye surgery
- Fertility enhancement
- HMO expenses
- Hearing aids, batteries, and exams
- Hospital services
- Immunizations, vaccines, flu shots
- Laboratory fees
- LASIK eye surgery
- Medicines (prescribed)
- Obstetric services
- Optometrist
- Orthodontia
- Prescription drugs
- Psychiatric care
- Psychologist
- Speech therapy
- Stop smoking programs
- Surgery/operations
- Therapy
- Vasectomy
- Wheelchair
- X-rays

Dual Purpose Expenses That Potentially Qualify:

The expense must be for a specific medical reason and be accompanied by a *prescription*.

- Massage therapy
- Vitamins
- Supplements
- Herbal supplements
- Natural medicines
- Aromatherapy
- Weight-loss program
- Health club dues



Ineligible Expenses:

- Cosmetic surgery
- Long term care
- Hair transplant/re-growth
- Maternity clothes
- Nutritional supplements
- Personal use items: such as toiletries, cotton swabs, toothbrush, toothpaste, facial care, shampoo
- Teeth whitening
- Drunk driving classes

Health Care Reform & Over-the-Counter Items:

Over-the-Counter Medicine and Drugs **do not** require a prescription to be eligible for reimbursement under the plan.

- Allergy medications
- Antacids
- Anti-diarrhea medicine
- Bug-bite medication
- Cold medicine
- Cough drops and throat lozenges
- Diaper rash ointments
- Hemorrhoid medication
- Incontinence supplies
- Laxatives
- Muscle/joint pain products/rubs
- Nicotine medications, gum, patches
- Pain relievers
- Sinus medications, nasal sprays, nasal strips
- Sleep aids
- Wart removal medication



These are only examples and this list is not all-inclusive -- it only provides some of the more common expenses.

Additional information is available in IRS Publication 502 and on our website: <https://www.rockymountainreserve.com>

Over-The-Counter Items:

- Band-aids/bandages
- Cold/hot packs for injuries
- Condoms
- Contact lens solutions
- Diabetic supplies
- First aid kits
- Medical alert bracelets/necklaces
- Pregnancy test kits
- Thermometers

Dependent Care Eligible Expenses:

- A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you. The care must be necessary for you or your spouse to be gainfully employed or to go to school. Care may be provided by anyone other than your spouse or your children under the age of 19. Expenses for schooling, kindergarten, over-night care, and nursing homes are not reimbursable. **See IRS Publication 503.**
- The maximum you can elect, in a calendar year, is equal to the smallest of the following:
 - \$5,000 – Married and filing federal taxes jointly or a single parent
 - \$2,500 – Married and filing separate federal tax return
- The amount contributed year-to-date, is available for reimbursement.

Access with a Debit Card



Pay for Expenses with a Debit Card

- Easy to use- the Benefits Card is a stored-value card that simplifies the process of paying for qualified expenses.
- Restricted by merchant code (MCC) to healthcare-related merchants where MasterCard is accepted.
- It pays directly at the point of sale - No waiting for reimbursement!
- You can use it to pay for online mail-order prescriptions.
- **You must save all receipts and be prepared to provide receipts if they are requested.**



Save All Receipts For Purchases Made With The Benefit Card

Please remember to keep receipts for all purchases made with the Benefit Card. Per IRS regulations, Rocky Mountain Reserve may request itemized receipts to verify the eligibility of purchases made with the card.

- All receipts or other proofs of purchase must include the date of service, name of provider, dollar amount, and a description of the purchased service or product.
- Any receipt that does not contain the detailed information described above is not acceptable. Credit card receipts and canceled checks are not acceptable.
- If the requested receipt is lost or otherwise unavailable, most providers can provide a detailed statement documenting FSA eligible purchases. An Explanation of Benefits (EOB) is sufficient documentation to substantiate a transaction. Additional documentation will be requested **UNLESS** the transaction matches a co-payment, a previously approved repetitive expense, or was at a merchant that has installed the inventory information approval system referenced above.
- If a receipt is requested, Rocky Mountain Reserve will email a request within hours. Participants can mail, fax, email, upload the receipt online, or take a picture and submit it through the mobile app.



No Receipt Retailers

Some retailers have installed an inventory information approval system for most medical expenses and receipts will not be requested.

Below is a sample of some of the retailers who have installed the inventory information approval system:

1-800 Contacts
Albertsons
City Market

Costco
CVS
Drugstore.com

King Soopers
Kroger
Rite Aid

Safeway
Sam's Club
Target



Submit Claims for Reimbursement

Submit Claims Through a Mobile Application

Take a picture of your receipt and submit it with your reimbursement request through the mobile application. You can also look up your account balance and recent transactions. Claims submitted through the mobile application receive **high priority**. To download the mobile application: **Search for "RMR Benefits"**



Submit Claims Through a Web Portal

Participants may file requests for reimbursement directly to Rocky Mountain Reserve through <https://www.rockymountainreserve.com> Claims submitted through the web portal receive **high priority**.



Submit Claims Manually

Participants may also file requests for reimbursement directly to RMR through fax, mail, or email.

Fax: 866.557.0109

E-mail: claims@rmrbenefits.com

Mail: PO Box 631458 Littleton, CO 80163



Claims are paid by direct deposit or check

Prescription Coverage - EXPRESS SCRIPTS (RxBenefits)

Your prescription coverage will be provided by Express Scripts.

Only new enrollments will receive a new ID card for your Prescription plan. If you are currently enrolled, you will not receive a new ID card. Be sure to keep your Express Scripts card with you, as the card is required at the pharmacy.

While nearly all of the Cigna pharmacies are in the Express Scripts pharmacy network, there may be some slight differences. It is always recommended to check that your preferred pharmacy is in the network by going to www.express-scripts.com.

You can sign up to use the Express Scripts mail order pharmacy for a 90-day maintenance medication prescription by logging into the Express Scripts website.

Your 90-day mail order prescription copays are \$30 for Tier 1, \$100 for Tier 2, and \$140 for Tier 3 on the PPO plan. Mail order on the HDHP is now **0% after the medical deductible**.

Accredo Specialty is the specialty medication pharmacy for Express Scripts. If you are currently utilizing a specialty prescription medication, you can call 1-888-608-9010 to connect with an Accredo Intake Care Representative to get started.



EASY TO REGISTER. EASY TO USE.

Get to know the full value of myCigna.



From programs that help improve your health to tools that help manage your health spending, there's so much you can do on myCigna.com or the myCigna® app.



Find in-network doctors, hospitals and medical services



Manage and track claims



See cost estimates for medical procedures



Compare quality of care information for doctors and hospitals



Access a variety of health and wellness tools and resources



The myCigna website and app both have an easy, interactive health assessment to help you learn more about your health and what you can do to improve it.



Register today

You can register online or through the app.

1. Go to the **myCigna.com** website or launch the **myCigna app** and select "Register Now"
2. **Enter** your requested information
3. **Confirm** your identity
4. **Create** your security information and provide your primary email address
5. **Review** and submit



Feel better-protected

Cigna is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on the myCigna website and app.

- › **Enhanced registration**
- › **Two-step authentication**

Together, all the way.®





Enhanced registration

When you register for the first time on the myCigna website or app, you'll be required to provide a primary email address. Having an email address helps Cigna better protect the information in your myCigna account. We can send automatic alerts when you update your email or password. Your email address also can be used when you need help recovering your myCigna user ID or password.



Two-step authentication

With two-step authentication, you have the option of adding an extra layer of security to your myCigna account to further protect your claim, health and account information.

1. First, you'll be encouraged **to add, update and verify contact information – email addresses and mobile phone numbers.**
2. Once you enable two-step authentication and log in to your myCigna account, you'll be asked **to enter your user ID and password, as well as a six digit code that will be sent to either your email address or mobile phone number.** You'll also be offered to select "Remember this Device." If this choice is selected, you won't be prompted for a code each time you log in to your myCigna account from that device.



Questions?

If you have any questions about your myCigna account or your plan benefits, call the number on the back of your Cigna ID card. Customer service representatives are ready to speak with you 24/7/365.



Now compatible with iPhone® X devices

The Apple® Face ID® feature for iPhone X devices is a new way to unlock and authenticate your myCigna app. It's even more convenient than the Touch ID® tool, and makes authenticating fast and easy. Other iPhone users can still use Touch ID to log in to the app.*

Together, all the way.®



* Please refer to your phone's manufacturer for your phone's specific capabilities. The downloading and use of the myCigna app is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

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IT PAYS TO GET HEALTHY

The Cigna MotivateMe Program® rewards your healthy actions

Your employer wants to help you get healthy and stay healthy. So when you get involved in wellness goals sponsored by your company, you can earn **up to \$125**. And the more you do, the more you earn.

- › Health assessment
- › Annual preventive exams
- › Preventive dental goal
- › Coach by phone
- › And a variety of other healthy activities

Getting started is easy

Visit **myCigna.com** and select “Wellness” or “View my incentives” to:

- › Find detailed instructions on how to get started
 - › View a list of eligible goals and matching rewards
 - › Check and track your completed goals and earned rewards.
- Reasonable alternatives may be available for certain activities. Please refer to program materials for more information.

The rewards you earn will be automatically applied toward a:

- › Debit/gift card

The rest is up to you

For more information or help setting up your account, visit **myCigna.com** or call **800.244.6224**.

*Incentive awards may be subject to tax; you are responsible for any applicable taxes. Please consult with your personal tax advisor for assistance.



If you are eligible for an incentive as part of your Employer wellness program: For all participants - If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Please refer to your Employer's program materials for program and contact information, or contact Cigna at 855.246.1873 and they will work with you and, if you wish, with your doctor.

For participants who may have an impairment - If you are unable to participate in any of the program events, activities or goals because of a disability, you may be entitled to a reasonable accommodation for participation, or an alternative standard for rewards. For worksite accommodations please contact your Employer at HR administrator. For accommodations with online, phone or other Cigna programs, please contact Cigna at 855.246.1873.

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IT PAYS
TO GET
HEALTHY

The Cigna MotivateMe Program® rewards your healthy actions

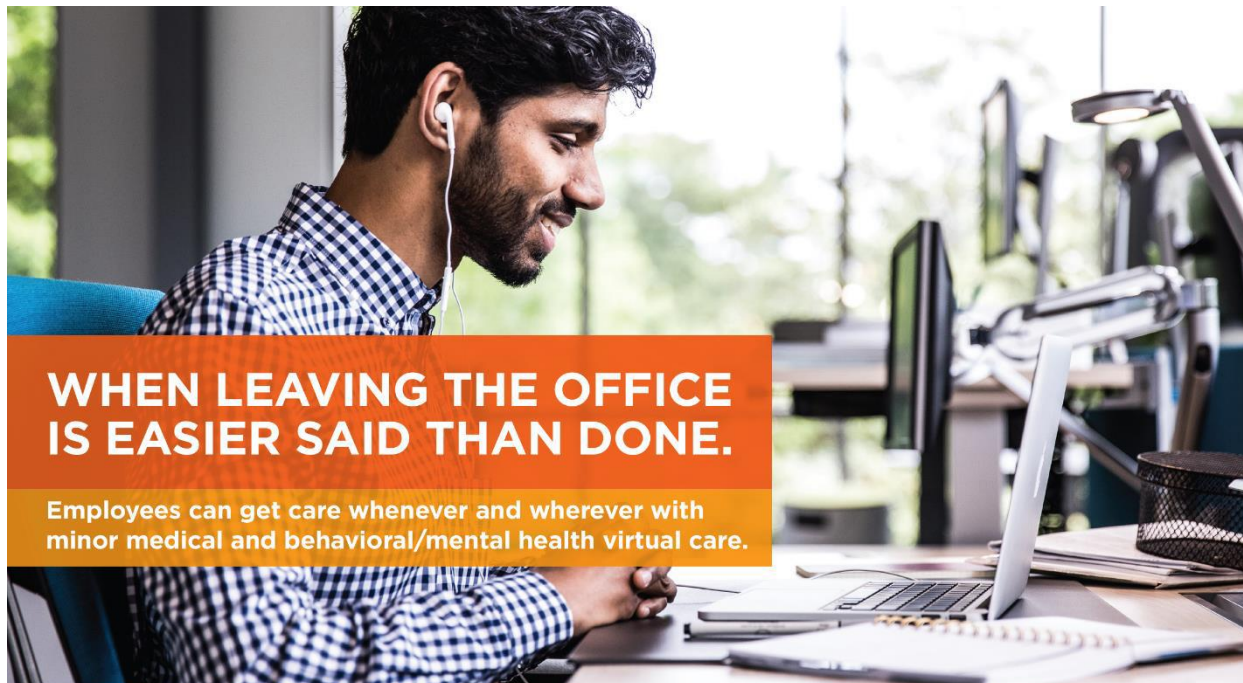
Many of you are already completing healthy actions – like completing annual physical, getting a preventive dental exam, even working to lower your stress - and leaving money on the table! All it takes is logging into mycigna.com and clicking the “Wellness” tab. Cigna takes care of the rest – even reviewing submitted claims so you don’t have to.

Get a personalized health assessment	\$25 gift card
Complete my annual physical (preventive exam)	\$50 gift card
Get my annual OB/GYN exam (preventive exam)	\$50 gift card
Get my mammogram (preventive exam)	\$50 gift card
Get my colon cancer screening (preventive exam)	\$50 gift card
Talk to a health coaching and make progress to overcome a chronic health problem	\$50 gift card
Get help improving lifestyle habits – tobacco	\$25 gift card
Get help improving lifestyle habits – weight	\$25 gift card
Get help improving lifestyle habits – stress	\$25 gift card
Select & add your Cigna care designated provider to your health team	\$25 gift card
Receive care from you Cigna designated provider	\$25 gift card
Get a preventive dental exam	\$25 gift card
Participate in the Cigna Fitness Challenge	\$25 gift card



Complete a combination of healthy actions for a max of \$125 in gift card rewards!

Telemedicine



WHEN LEAVING THE OFFICE IS EASIER SAID THAN DONE.

Employees can get care whenever and wherever with minor medical and behavioral/mental health virtual care.

Your employees' lives are demanding. It's hard for them to find time to take care of themselves as it is, never mind when they're not feeling well. That's why health plans through Cigna include access to medical and behavioral/mental health virtual care.

Whether they've got meetings all day or they just don't have the time or energy to go anywhere but home after work, employees can:

- › Access care from just about anywhere via video or phone.
- › Get minor medical virtual care 24/7/365 – even on weekends and holidays.
- › Schedule a behavioral/mental health virtual care appointment online in minutes.
- › Access board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.
- › Have a prescription sent directly to a local pharmacy, if appropriate.

Convenient, not costly.

Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

Together, all the way.®



Minor medical virtual care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- › Acne
- › Allergies
- › Asthma
- › Bronchitis
- › Cold and flu
- › Constipation
- › Diarrhea
- › Earaches
- › Fever
- › Headaches
- › Infections
- › Insect bites
- › Joint aches
- › Nausea
- › Pink eye
- › Rashes
- › Respiratory infections
- › Shingles
- › Sinus infections
- › Skin infections
- › Sore throats
- › Urinary tract infections

MDLIVE providers can also conduct virtual wellness screenings.

Virtual care options

Cigna partners with MDLIVE® for minor medical and behavioral/mental health virtual care.* This can be accessed via **myCigna.com**. Additionally, Cigna's in-network medical and behavioral providers also provide access to virtual medical and behavioral care, including virtual counseling.

Connect with virtual care your way.

- › Contact your in-network provider or counselor
- › Talk to an MDLIVE medical provider on demand on **myCigna.com**
- › Schedule an appointment with an MDLIVE provider or licensed therapist on **myCigna.com**
- › Call MDLIVE 24/7 at 888.726.3171

Behavioral/Mental health virtual care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral conditions, such as:

- › Addictions
- › Bipolar disorders
- › Child/Adolescent issues
- › Depression
- › Eating disorders
- › Grief/Loss
- › Life changes
- › Men's issues
- › Panic disorders
- › Parenting issues
- › Postpartum depression
- › Relationship and marriage issues
- › Stress
- › Trauma/PTSD
- › Women's issues



Encourage your employees to access virtual care whenever and wherever they need it.



Virtual medical care is available from MDLIVE. Behavioral/mental health virtual care is available from MDLIVE.

*Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A primary care provider referral is not required for this service.

In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

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Cigna Dental

We are pleased to provide you with dental coverage through CIGNA. Below is a summary of the benefit. Refer to the plan description for full plan details.

	PPO		DHMO PLAN
	NETWORK	NON-NETWORK	IN-NETWORK ONLY
Basic Information			
Network Provider Required	CIGNA DPPO	All Other Providers	CIGNA DHMO
Deductible (Individual/Family)	\$50/\$150	\$50/\$150	N/A
Deductible	Calendar Year	Calendar Year	N/A
Deductible Applies To	Type II & III	Type II & III	N/A
Dental Benefit Year Maximum	\$2,000	\$2,000	N/A
Preventive Care Applies to Maximum	No	No	N/A
Dependent (Unmarried) Child Age Limit	26	26	N/A
Orthodontia Lifetime Maximum	\$1,500	\$1,500	N/A
Orthodontia	Child & Adult	Child & Adult	Child & Adult
Type I – Diagnostic & Preventive	100% No Ded.	100% No Ded.	Copay Schedule*
Frequency of Exams/Cleanings	Twice Per Year	Twice Per Year	N/A
Type II – Basic Services	80% after Ded.	80% after Ded.	Copay Schedule*
Type III – Major Services	50% after Ded.	50% after Ded.	Copay Schedule*
Type IV – Orthodontic Services	50%	50%	Copay Schedule*
Periodontic Coverage	Type II	Type II	Copay Schedule*
Endodontic Coverage	Type II	Type II	Copay Schedule*
Implants	Type III	Type III	Copay Schedule*
Reasonable and Customary**	N/A	90%	N/A
Waiting Period (12 months)	50% coverage on Type III and IV	50% coverage on Type III and IV	None
Waiting Period Applies To:	Late Entrants	Late Entrants	N/A
Network Provider Required	CIGNA DPPO	All Other Providers	CIGNA DHMO
Deductible (Individual/Family)	\$50/\$150	\$50/\$150	N/A
Deductible	Calendar Year	Calendar Year	N/A
Deductible Applies To	Type II & III	Type II & III	N/A
Dental Benefit Year Maximum	\$2,000	\$2,000	N/A
Preventive Care Applies to Maximum	No	No	N/A
Dependent (Unmarried) Child Age Limit	26	26	N/A
Orthodontia Lifetime Maximum	\$1,500	\$1,500	N/A

* See HR for a Copay Schedule of Benefits, or go to MyCigna.com

** Reasonable and customary refers to the average cost of dental services in a given geographic area. If you are seeing an out-of-network provider, Cigna will use the 90th percentile of all provider charges in the geographic area to determine the plan payment amount for your dental services.

Cigna Dental Rates

PPO Plan

MONTHLY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE / DOMESTIC PARTNER	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Total Cost	\$52.87	\$104.98	\$126.21	\$196.51
Care Synergy Contribution	\$5.93	\$10.81	\$15.18	\$17.08
Employee Contribution	\$46.94	\$94.17	\$111.03	\$179.43

DHMO Plan

MONTHLY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE / DOMESTIC PARTNER	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
Total Cost	\$13.32	\$24.64	\$33.69	\$40.47
Care Synergy Contribution	\$8.70	\$16.09	\$22.00	\$26.42
Employee Contribution	\$4.62	\$8.55	\$11.69	\$14.05

Reminder: It is the team member's responsibility to confirm dentist participation in the DHMO plan.



Vision Insurance

VSP

Care Synergy offers a voluntary vision plan through VSP for team members and their family members. You can search for providers by visiting www.vsp.com.

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CARE SYNERGY AND VSP

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



USING YOUR BENEFIT IS EASY!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none">Focuses on your eyes and overall wellness	\$10	Every calendar year
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	<ul style="list-style-type: none">\$150 featured frame brands allowance\$130 frame allowance20% savings on the amount over your allowance\$130 Walmart®/Sam's Club® frame allowance\$70 Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Included in Prescription Glasses	Every calendar year
LEN ENHANCEMENTS	<ul style="list-style-type: none">Standard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 30% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$130 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
PRIMARY EYECARE SM	Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 \$20 per exam	As needed

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE / DOMESTIC PARTNER	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
MONTHLY				
Total Cost	\$8.62	\$13.79	\$14.08	\$22.70
Employee Cost	\$8.62	\$13.79	\$14.08	\$22.70

GET YOUR PERFECT PAIR

EXTRA \$20

TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE NINE WEST

SEE MORE BRANDS AT VSP.COM/OFFERS.

+

UP TO 40%

SAVINGS ON LENS
ENHANCEMENTS

Retirement Savings with Principal



Welcome!

We're so glad you're here.

There's a retirement plan waiting for you! In just a few steps, you'll be on your way. Here's what to expect.



Get your account set up

Visit principal.com/Welcome or use the Principal® app. You can also text **ENROLL** to **78259**.

Sitio web disponible en Español.

Begin by:

- Setting security preferences
- Reading important plan notices



Set your contribution

Contributions are one way to help your savings work hard for you. To learn more, visit principal.com/MatchEnrollmentWebinar.



Check out the plan's investments

Each investment is different, and you can choose based on your goals and how you feel about risk. You can also pick from the plan's investment options later. But by picking it later, you understand that until you make a new investment selection, you're directing contributions to the plan's default.*

For a full listing, refer to the Investment Option Summary.



*The plan's participant level default is: American Funds Target Retirement Fund R6. See Investment Option Summary for important information. If the default is a target date fund series, the applicable target date fund will be based on the plan's normal retirement date.

Keep going!

You've got this, and we've got your back when it comes to educational resources.

To learn more, visit **principal.com/Welcome** or use the Principal mobile app. You can also text **ENROLL** to **78259**.

Sitio web disponible en Español.



See your retirement savings in one place

We'll help you roll eligible outside retirement savings into your retirement account.



Designate a beneficiary

Don't leave the decision up to someone else if something happens to you before retirement. Always designate a beneficiary to ensure the money in your account goes to a loved one.



Keep in touch

Staying in the know when it comes to retirement planning is a pretty good idea. We'll send you educational information about what's important to you.



ELIGIBILITY FOR PARTICIPATION

Eligible Employee-Elective Deferrals

You are an “Eligible Employee” if you are employed by Comfort Bridge dba Care Synergy or any affiliate who has adopted the Plan. However, you are not an “Eligible Employee” if you are a member of any of the following classes of employee:

1. Employees who are non-resident aliens.
2. Employees who are students performing services described in Code section 3121(b)(10).

Eligible Employee-Other Contributions

For purposes of Matching Contributions, the term “Eligible Employee” will have the same meaning as specified above under “Eligible Employee-Elective Deferrals.”

Time of Participation-All Contributions

If you are an Eligible Employee, you will become a participant eligible for purposes of Elective Deferrals and Matching Contributions on the first day of your employment coincident with the date you first perform an Hour of Service as an Eligible Employee.

Matching Contributions

- If you make an Elective Deferral, the Company will make a Matching Contribution on your behalf in an amount equal to 50% of your contributions that are not in excess of 8% of your compensation.
- Matching Contributions are allocated to your account at the discretion of the Company. Complicated provisions of the Internal Revenue Code may also further restrict matching contributions for highly compensated employees.

Vesting

Participant Contributions

Vesting = Ownership. You are always vested in what you contribute – your money is yours! When does the company match in your account actually belong to you?

1. At your Date of Hire two-year anniversary you are 50% invested, upon reaching your three-year anniversary, you are 100% vested.
2. If you leave/change jobs/retire and you worked here two years but didn't hit your three-year anniversary, you can take all of what you contributed and HALF of the company match in your account. Once you reach your three-year anniversary your entire account balance is yours.
3. The number of years you work will dictate how much of the company match you get to take with you when you leave: if you work here less than two years, you don't take the match with you; if you work here two years you can take half the match with you; if you work here three years (or more) you can take all the match.

Matching Contributions

Your interest in your Matching Contribution Account will vest based on your Years of Vesting Service (defined below) in accordance with the following schedule:

Years of Vesting	Vesting Percentage
Less than one year	0%
One year but less than two years	0%
Two years but less than three years	50%
Three years but less than four years	100%
Four years but less than five years	100%
Five years but less than six years	100%
Six or more years	100%

Notwithstanding the foregoing, you will become fully (100%) vested upon (1) your attainment of Normal Retirement Age while an employee of the Company, (2) your death while an employee of the Company, or (3) the date you suffer a disability while an employee of the Company.

SunLife Disability Insurance

Care Synergy offers you the opportunity to purchase short- and long-term disability insurance through **SunLife**. The amount you pay for these plans is deducted from your paycheck on a post-tax basis. This ensures that any benefit payments you receive are not taxed.

Short Term Disability		Long Term Disability
Benefit after your claim is approved	You will receive a check for your benefits on a weekly basis. It will replace 60% of your Total Weekly Earnings, up to \$1,500 each week.	You will receive a check for your benefits on a monthly basis. It will replace 60% of your Total Monthly Earnings, up to \$11,000 each month.
When benefits begin	Benefits begin as soon as 15 days from the date you are unable to work due to an injury and 15 days due to an illness.	Benefits begin as soon as 90 days from the date of your disability.
Benefits may be paid for	Up to 11 weeks , as long as you are still unable to work due to a covered disability.	Up to your Social Security Normal Retirement Age or longer, depending on your age at disability.
Additional plan info	This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related .	This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.

COMMON CAUSES OF SHORT TERM DISABILITY

- ✓ Pregnancy
- ✓ Injuries
- ✓ Joint disorders
- ✓ Back disorders
- ✓ Digestive disorders

COMMON CAUSES OF LONG TERM DISABILITY

- ✓ Musculoskeletal conditions
- ✓ Circulatory condition
- ✓ Cancer
- ✓ Nervous system disorders
- ✓ Injuries



SunLife Disability Rates

Employee - monthly rate for Short-Term Disability. Short-Term Disability coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction. Find your age bracket (as of the effective date of coverage) to see your rate. Follow the example below to figure out your monthly and pay period costs.

Employee - monthly rate for Long-Term Disability. Long-Term Disability coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction. Find your age bracket (as of the effective date of coverage) to see your rate. Follow the example below to figure out your monthly and pay period costs.

Your age	STD Rate*
Under 25	\$1.055
25 - 29	\$1.203
30 - 34	\$0.950
35 - 39	\$0.741
40 - 44	\$0.637
45 - 49	\$0.593
50 - 54	\$0.698
55 - 59	\$0.889
60 - 64	\$1.081
65 - 69	\$1.203
70+	\$1.203

Your age	LTD Rate*
Under 25	\$0.210
25 - 29	\$0.347
30 - 34	\$0.526
35 - 39	\$0.878
40 - 44	\$1.222
45 - 49	\$1.561
50 - 54	\$1.691
55 - 59	\$1.902
60 - 64	\$2.175
65 - 69	\$1.876
70+	\$1.034

STD Rate calculation table

Example weekly benefit (60% of earnings)	Divide by 10	Multiply by rate	Example monthly cost	
\$350	/ 10 = 35	x 1.055	= \$36.93	
Your weekly benefit (60% of earnings)	Divide by 10	Multiply by rate	Your monthly cost	
\$ _____	/ 10 = _____	x \$ _____	= \$ _____	
Your monthly cost	Multiply by 12 months	Annual cost	Divide by your number of pay periods per year (ex: 12,24,26,52,etc.)	Your estimated cost per pay period
\$ _____	x 12	= \$ _____	/ _____	= \$ _____

LTD Rate calculation table

Example monthly earnings	Divide by 100	Multiply by rate	Example monthly cost	
\$2,500	/ 100 = 25	x 0.210	= \$5.25	
Your monthly earnings	Divide by 100	Multiply by rate	Your monthly cost	
\$ _____	/ 100 = _____	x \$ _____	= \$ _____	
Your monthly cost	Multiply by 12 months	Annual cost	Divide by your number of pay periods per year (ex: 12,24,26,52,etc.)	Your estimated cost per pay period
\$ _____	x 12	= \$ _____	/ _____	= \$ _____

*Contact Human Resources to confirm your part of the cost.

Basic Life and AD&D from SunLife

Care Synergy provides you with a Basic Life and Accidental Death & Dismemberment plan at no cost to you. It is important to have up-to-date beneficiary information on file. Please update your beneficiaries in UKG.

PROTECTS YOUR LOVED ONES

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

HELPS PAY YOUR FINAL EXPENSES

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

BASIC LIFE	
Life Benefit Amount	1x Annual Earnings Up to \$500,000*
AD&D Benefit Amount	Same as Life
Minimum Benefit	\$25,000
Rounding Method	To the \$1,000
OTHER BENEFIT INFORMATION	
Reduction of Benefits – Level 1	To Age 65: To 65%
Reduction of Benefits – Level 2	At Age 70: To 50%
Reduction of Benefits – Level 3	At Age 75: To 35%

Even among people who have life insurance, about **1 in 5** say they don't have enough.

What is my AD&D benefit?
We will pay your beneficiaries an Accidental Death insurance amount that matches your Basic Life insurance amount, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries.

*If the life benefit amount exceeds \$50,000, Care Synergy must impute, as taxable income, the cost of the additional coverage



Voluntary Life and AD&D from SunLife

Care Synergy provides you with the option to purchase an additional Life and Accidental Death & Dismemberment plan. This plan allows you to cover your spouse and dependent children

VOLUNTARY LIFE BENEFITS

For you	You can choose from \$1,000 to \$500,000 —in increments of \$1,000 not to exceed 5 times your Basic Annual Earnings. No medical questions asked up to the Guaranteed Issue amount of \$180,000 . Benefits are reduced at age 65 and may reduce again in subsequent years as noted in your Certificate.
For your spouse	If you elect coverage for yourself, you can choose from \$1,000 to \$500,000 —in increments of \$1,000. No medical questions asked up to the Guaranteed Issue amount of \$25,000 . The amount you select for your spouse cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate.
For your child(ren)	If you elect coverage for yourself, you can choose \$1,000 to \$10,000 —in \$1,000 increments. No medical questions asked. The amount you select for your child(ren) cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate.

VOLUNTARY AD&D BENEFITS

Voluntary Accidental Death & Dismemberment may be purchased separately from Voluntary Life at the same schedule as above. See Voluntary AD&D plan certificate by contacting HR or logging or on the Flimp Virtual Benefits Showcase.

Do I need to answer any health questions to enroll?

Yes, if you request an amount higher than the Guaranteed Issue amount. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

For 2023, SunLife is offering a **one-time, true open enrollment**. If you are a current team member and you did not elect coverage when first-eligible, you will be allowed to purchase Voluntary Life & AD&D for yourself, your spouse and dependent children, up to the Guaranteed Issue amount, without submitting an Evidence of Insurability application.



Voluntary Life and AD&D Rates

Monthly Rates (per \$1,000 of Volume)		
Life Rate (per \$1,000)	Employee/Spouse ¹	
Age <24	\$0.05	
Age 25-29	\$0.06	
Age 30-34	\$0.08	
Age 35-39	\$0.09	
Age 40-44	\$0.13	
Age 45-49	\$0.25	
Age 50-54	\$0.35	
Age 55-59	\$0.50	
Age 60-64	\$0.66	
Age 65-69	\$1.27	
Age 70-74	\$2.06	
Age 75+	\$4.00	
AD&D Rate (per \$1,000)	\$0.028	
¹² Child Life Rate	\$0.20 per \$1,000	
¹² Child AD&D Rate	\$0.028	
Full child benefit begins at	6 months	
Child benefit younger than 6 months	Birth to 14 days	\$1,000
	14 days to 6 months	\$1,000

¹Employee must elect Voluntary coverage in order to extend coverage to spouse or child(ren)

¹ Spouse rate per \$1,000 is based upon employee’s age

² Child age limit is 26 years of age.

Additional Benefits

SunLife Accident Coverage

HELPS YOUR FINANCES AFTER A MISHAP

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have.

Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, childcare, deductibles and co-pays.

What’s more, all family members on your plan are eligible for a **wellness-screening benefit**, also paid directly to you once each year per covered person.

Sample table of reimbursements per injury occurrence. See plan details for full schedule.

DISLOCATIONS	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	\$6,000	\$3,000
Knee, ankle, or bones of the foot	\$3,000	\$1,000
Elbow, wrist, Shoulder or Lower jaw	\$1,000	\$500
Finger(s) or toe(s)	\$400	\$200
FRACTURES	OPEN (SURGERY)	CLOSED (NO SURGERY)
Bones of the face, Nose or Multiple ribs	\$1,500	\$750
Leg	\$2,500	\$1,250
Vertebrae, Sternum or Pelvis	\$2,400	\$1,200
Lower jaw, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	\$900	\$450
Collarbone	\$900	\$350
Rib or Coccyx	\$600	\$300
Finger or Toe	\$300	\$150
ADDITIONAL INJURIES		
Eye Injury - surgical repair object remove	\$300 \$300	
Paralysis—paraplegia quadriplegia	\$25,000 \$50,000	
Coma	\$10,000	
Concussion	\$150	
BURNS	2ND DEGREE	3RD DEGREE
20 square centimeters – 225 square centimeters	\$400 - \$2,000	\$1,000 - \$20,000
Skin graft	50% of the applicable Burn Benefit	
LACERATIONS		
No sutures and treated by doctor - Greater than 15 cm with sutures (total of all lacerations)	\$35 - \$700	
WELLNESS – Get \$50 each year with your annual preventive care exam (\$0 on both plans)	\$50	
LIFE AND DISMEMBERMENT LOSSES*		
Accidental Death	\$50,000	
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$150,000	

Coverage	Cost per month
Employee	\$12.38
Employee + Spouse	\$20.20
Employee + Child(ren)	\$23.34
Employee + Family	\$31.16

SunLife Critical Illness Coverage

HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

HELPS COVER RELATED EXPENSES.

Use your benefit to help with related expenses like lost income, childcare, travel to and from treatment, deductibles and co-pays.

PAYS A CASH BENEFIT DIRECTLY TO YOU.

Critical Illness insurance can be used however you want, and it pays in addition to any other coverage you may already have. Just like Accident, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

Critical Illness Benefits	
For you	You can choose \$10,000 or \$20,000 of coverage. No medical questions asked.
For your spouse	If you elect coverage for yourself, you can choose \$5,000 or \$10,000 of coverage. No medical questions asked. Not to exceed 50% of your coverage amount.
For your child(ren) – to age 26	If you elect coverage for yourself, you can choose \$5,000 or \$10,000 of coverage. No medical questions asked. Not to exceed 50% of your coverage amount.

Covered conditions – The plan pays 100% of the benefit amount unless stated otherwise		
Core Conditions	Heart Attack ^R End-Stage Kidney Disease ^R Occupational HIV/Hepatitis B, C or D	Stroke ^R Coronary Artery Bypass Graft ^R (pays 25%) Major Organ Failure ^R
Cancer Conditions	Invasive Cancer ^R Noninvasive Cancer ^R (Pays 25%) Skin Cancer ^R (Pays 5%)	
Other Conditions	Complete Blindness Complete Loss of Hearing Loss of Speech Benign Brain Tumor Coma	Severe Burns Advanced ALS/Lou Gehrig's Disease Advanced Parkinson's Disease (pays 25%) Advanced Alzheimer's Disease (pays 25%)
Wellness Screening Benefit	Payable to any covered person on your plan one time each year, once you provide proof of an eligible health screening.	Employee \$50 Spouse \$50 Child \$50

^R Recurrence benefit available. See plan certificate for details.

SunLife Critical Illness Rates

Rates are effective as of January 1, 2023.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Employee Critical Illness - Non-tobacco rates ! Age and monthly cost

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	3.00	3.60	4.50	5.90	7.70	9.80	12.20	16.20	22.40	32.70	51.20	76.00
\$20,000	6.00	7.20	9.00	11.80	15.40	17.60	24.40	32.40	44.80	35.40	102.40	154.00

Employee Critical Illness - Tobacco rates ! Age and monthly cost

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	3.00	4.20	5.40	7.60	10.10	14.20	18.20	25.30	35.10	45.60	67.20	93.50
\$20,000	6.00	8.40	10.80	15.20	20.20	28.40	36.40	50.60	70.20	91.20	134.40	187.00

Spouse Critical Illness - Non-Tobacco rates ! Age and monthly cost

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	1.50	1.80	2.25	2.95	3.85	4.90	6.10	8.10	11.20	16.35	25.60	38.00
\$10,000	3.00	3.60	4.50	5.90	7.70	9.80	12.20	16.20	22.40	32.70	51.20	76.00

Spouse Critical Illness - Tobacco rates ! Age and monthly cost

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	1.50	2.10	2.70	3.80	5.05	7.10	9.10	12.65	17.55	22.80	33.60	46.75
\$10,000	3.00	4.20	5.40	7.60	10.10	14.20	18.20	25.30	35.10	45.60	67.20	93.50

Child(ren) Critical Illness

Coverage amounts	Monthly Cost
\$5,000	0.50
\$10,000	1.00

SunLife Hospital Indemnity Coverage

HELPS PROTECT YOUR FINANCES FROM A HOSPITAL STAY.

If you, your spouse or children suffer an injury or illness that requires hospital admission or overnight stay, Hospital Indemnity coverage from SunLife can help offset those expenses. Just like Accident and Critical Illness, this valuable benefit pays directly to you, to use how you see fit.

Hospital Indemnity Benefits

Benefits are payable for hospital stays due to:

- Sickness
- Accidents*
- Routine pregnancy
- Complications of pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance abuse

First Day Benefits Payable per benefit year

First day hospital confinement –

This benefit pays the first day you stay in a regular hospital bed.

\$1,500 per day
1 day

First day ICU confinement –

This benefit pays the first day you stay in an ICU bed.

\$1,500 per day
1 day

CONFINEMENT BENEFITS

Payable per benefit year

Hospital confinement –

This benefit pays for a hospital stay in a standard room. Payable with:

- *First day hospital confinement benefit*

\$200 per day
Up to 30 days

Intensive Care Unit (ICU) confinement

– This benefit pays for a hospital ICU stay.

Payable with:

- *First day hospital confinement benefit*

\$200 per day
Up to 30 days

Wellness screening benefit –

This benefit pays for a covered wellness test or exam even without a hospital stay.

\$50

Coverage	Monthly Rate
Employee	\$25.90
Employee + Spouse	\$54.90
Employee + Child(ren)	\$42.86
Employee + Family	\$71.86

Long-term Care Insurance - LTC SOLUTIONS, INC.

What is LTC Insurance?

Long-term care insurance is designed to pay for custodial care once you are in need of assistance with two or more Activities of Daily Living or have a cognitive impairment like dementia or Alzheimer's.

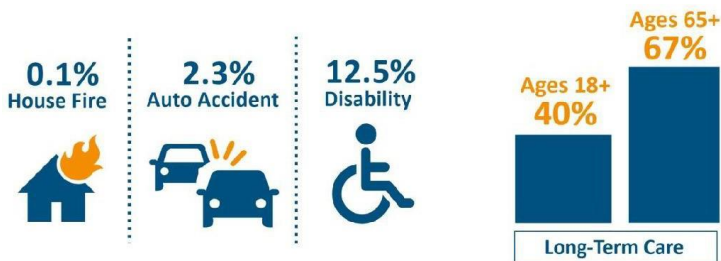
Long-term care insurance will pay for care received at home, in a nursing home or assisted living facility.

The Cost¹

Nursing home costs are averaging \$105,000 per year. With an average length of stay at 2.4 years, total costs can exceed \$278,000.



The Risk



56% of couples without long-term care insurance spend their income down to the poverty level after one partner has spent 6 months in a nursing home.³ Compared to using other lines of personal insurance, long-term care is the highest risk.

Care Synergy's Plan Highlights

Benefit Features	Available Plan Options
Total Benefit Bank Nursing Home Facility (100%) Assisted Living Facility (100%) Professional Home Care (100%)	\$50,000 \$200,000 or \$300,000
Monthly Access Limit	2% of Total Benefit Bank
Inflation Protection	None, 1% Compound, 3% or 5% compound
Elimination Period	90 days

Care Synergy's LTC Plan

Care Synergy has partnered with LTC Solutions, Inc., an expert in the long-term care insurance marketplace and LifeSecure, a well-established carrier in the industry. Together, we bring you the opportunity to purchase a valuable long-term care insurance plan with discounted group rates.

How Much Does a Plan Cost?

Every benefit dollar makes a difference when you need care. LifeSecure offers many plan choices, allowing you to choose a plan that offers enough coverage to be meaningful to you and your family at an affordable rate.

To give you an idea of pricing, here are some examples of monthly premiums for a \$100,000 benefit bank, 2% monthly access limit, no inflation plan, no marital discount.

****Actual rates will vary based on state of residence, age of applicant, plan design, and applicable marital discount.****

AGE	MONTHLY PREMIUM
30	\$29.25
35	\$34.00
40	\$40.17
45	\$47.42
50	\$58.17
55	\$73.17
60	\$96.83
65	\$140.08

How Are Premiums Paid?

Employee and spouse / domestic partner premiums will be payroll deducted.

If you leave Care Synergy, you will have the opportunity to continue your coverage at the same rate.

For More Information



Visit

www.myltcguide.com/caresynergy



Call

(877) 286-2852



Email

LTCiBenefitsTeam@ltc-solutions.com

1 Genworth 2019 Cost of Care Survey, Tenth Edition.

2 Based on an 8-hour day for a homemaker at \$19/hour to a home health aide for \$21/hour.

3 Health Insurance Association of America

4 Karter, Michael J., Fire Loss in the United States during 2004, National Fire Protection Association.

5 Bureau of the Census Data, 2000 and 2000 data collected from the federal Highway Administration, November 2001

6 US Department of Health and Human Services. "National Clearinghouse for Long Term Care Information." 2011.

7 Long-Term Care. AHRQ Focus on Research. AHRQ Pub No. 02-M028, March 2002. Agency for Healthcare Research & Quality

8 US Department of Health and Human Services. What is Long-Term Care? 2009.

9 Active employees ages 18-69 working at least 20+ hours per week.

10 Active employees ages 18-64 working at least 20+ hours per week. Eligible employees ages 65-69 may apply with full underwriting. Spouses ages 18-49 working 20+ hours per week for their employer may apply with reduced underwriting provided the eligible employee also applies for coverage. Spouses ages 50-69 may apply with full underwriting.

HOW CAN WE HELP YOU TODAY?

The Cigna Employee Assistance Program (EAP) has you covered.



As an employee, you have access to the valuable Cigna Employee Assistance Program (EAP) at no cost to you.

EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more.

Take advantage of a wide range of services offered at no cost to you

- **3** 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:** 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
- **Parenting:** Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- **Eldercare:** 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.



We're here to listen. Contact us any day, anytime.

Call 877.622.4327

Or log in to myCigna.com.

Employer ID: caresynergy

(Needed for initial registration only)

If already registered on myCigna.com, simply log in and go to the EAP link under the Review My Coverage tab.

Together, all the way.®



*Employment-related legal issues are not covered.

Some work/life services offered under the Cigna Employee Assistance Program may be provided by a Cigna contracted third-party vendor.

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Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources

Our financial experts can assist with a wide range of issues.

- Retirement, taxes, mortgages, budgeting and more

For additional guidance, we can refer you to a local financial professional and arrange to reimburse you for the cost of an initial one-hour in-person consult.

Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Help for New Parents

ParentGuidance™ supports you through the process of becoming a biological or adoptive parent, including:

- Preparing for the baby emotionally and financially
- Finding child care
- Planning for back-to-work and other issues

Free Online Will Preparation

EstateGuidance® lets you quickly and easily create a will online.

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children

What happens when I call for counseling support?

When you call, you will speak with a GuidanceConsultant™, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counselor who can assist you. You will receive counseling through the EAP up to 3 sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Contact EAPBusiness ClassSM Anytime

No-cost, confidential solutions to life's challenges.

Your ComPsych® GuidanceResources® program EAPBusiness Class offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 877.595.5281

TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceNowSM

Web ID: EAPBusiness

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information



GGFL-1597

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Protect the ones you love

Bivvy is pet insurance done right: simple, affordable protection for the ones you love.

YOUR EMPLOYER CODE: **CARESYNERGY10**



BIVVY IS DIFFERENT

Care Synergy worked with the team at Bivvy to offer you exclusive discounted access to a new breed of pet insurance. As the first of its kind in the insurance industry, Bivvy offers affordable coverage while eliminating the complicated schedule of benefits offered by many insurance companies.



SIMPLE

Pet insurance made simple. Bivvy offers easy-to-understand coverage and you can go to any vet.



AFFORDABLE

Use your unique code to insure any pet for only \$11.70 per month.



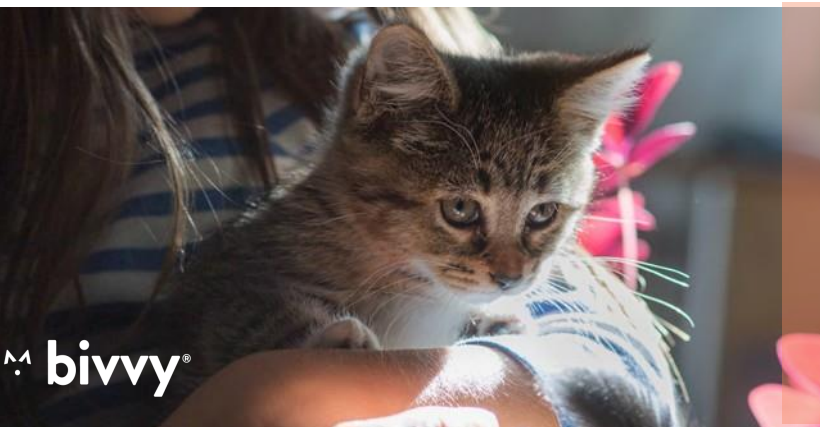
ONE PLAN FOR ALL

Cover any cat or dog for the same premium, regardless of age, size, gender, or breed. Bivvy covers accidents and illnesses with the option to add on Bivvy Wellness Care to help pay for preventative and routine care.



SIGN UP IN MINUTES

Getting coverage couldn't be easier—apply in minutes and get immediate approval.



HOW BIVVY CAN HELP

We all hope our pets stay happy and healthy. They're family. But even the healthiest pets can get sick or injured. Get the peace-of-mind that comes from knowing Bivvy is there to help cover the expense.

SIGN UP TODAY AT **BIVVY.COM**

Use this exclusive employer code to insure any pet for only \$11.70 per month. Note, offer may be limited by state.

YOUR EMPLOYER CODE: **CARESYNERGY10**



FIRST OF ITS KIND
PROTECTION



QUICK
APPROVALS



USE ANY VET

Bivvy insurance is brought to you by CUMIS Insurance Society, Inc., which is over 55 years old and part of a financially strong insurance group that has been serving hardworking people like you for over 80 years.

Affordable Legal and Identity Theft Protection

LegalShield provides the legal and identity theft protection you and your family need and deserve.

AFFORDABLE LEGAL AND IDENTITY THEFT PROTECTION

LEGALSHIELD

FAMILY PLAN

\$23.50

PER MONTH

IDSHIELD

EMPLOYEE PLAN

\$6.95

PER MONTH

FAMILY PLAN

\$12.95

PER MONTH

LEGALSHIELD & IDSHIELD

EMPLOYEE PLAN

\$30.45

PER MONTH

FAMILY PLAN

\$36.45

PER MONTH

LegalShield Coverage Includes:

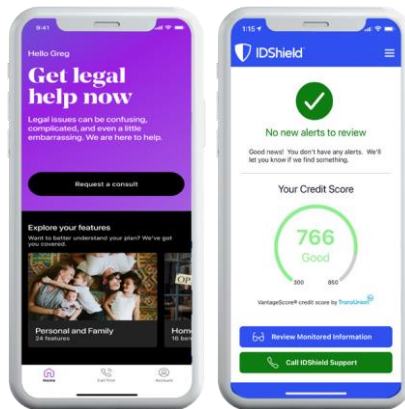
- Legal Consultation and Advice
- Court Representation
- Dedicated Provider Law Firm
- Legal Document Preparation and Review
- Will Preparation
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- Divorce
- 24/7 Emergency Legal Access

Identity Theft Services Include:

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity, Credit and Financial Account Monitoring
- Child Monitoring (Family Plan Only)
- Full-Service Identity Restoration
- Real-Time Alerts
- 24/7 Emergency Access
- Social Media Monitoring and Online Privacy Reputation Management

FOR MORE INFORMATION, VISIT

**benefits.legalshield.com/
caresnergy**



On-the-go protection!

With the LegalShield and IDShield mobile apps, you have on-the-go access, 24/7!



IPre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield") provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan for complete terms, coverage, amounts and conditions. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

Google Play and the Google logo are trademarks of Google Inc. Apple, the Apple logo, and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

Wellness

Care Synergy cares about you and your continued health. For the January 1, 2023 plan year, Care Synergy will continue to have a \$50.00 surcharge for tobacco-users who are enrolled in the Care Synergy Cigna medical plans. You can avoid the surcharge by attesting that you are tobacco-free, or by completing a tobacco cessation program through the Cigna Quit Today Program.

Cigna Quit Today Program

Team members enrolled in the Cigna medical insurance can access the “Cigna Quit Today” program via phone or online. You can access the program online by logging onto MyCigna.com and clicking on the “My Health” tab at the top of the screen. Click on the “Health Dashboard tab, and scroll down to the bottom of the page to Cigna’s “Health Programs and Resources” section. Click the Left or Right scroll arrows to get to the “Leave Tobacco Behind for Good” option, then click on the “Quit Today” link.

Additional Smoke-Free Resources

If you are not currently enrolled in the Cigna medical plan, we still want to help you become tobacco free. Below are some free resources to help you reach your goal of becoming tobacco free in 2023!

Smokefree: <https://www.smokefree.gov> or 1-800-QUIT-NOW

There are text programs, daily challenges, applications with tips and the ability to monitor progress, live chat, and quit plans.

Colorado Quit Line: <https://www.coquitline.org> or 1-800-784-8669

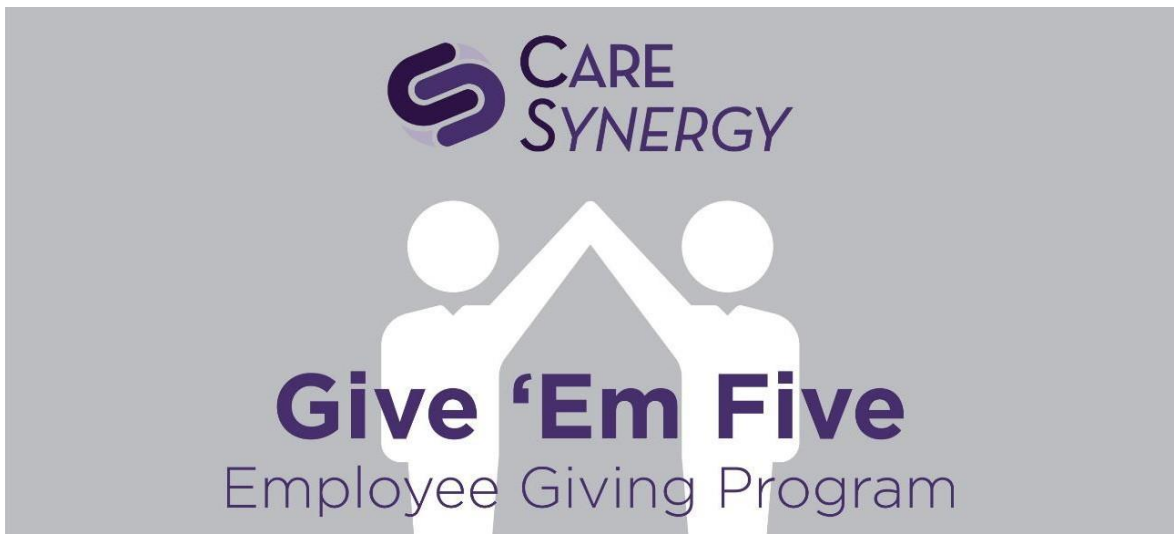
Coaches available 365 days per year online, or via the telephone from 5 a.m. to 11 p.m. The website includes a guide on Preparing to Quit and other resources and tools.

This program was put in place to enhance the health and productivity of our team members. Team members that complete the 6-month program through Cigna or any of the additional free resource providers will receive premium savings on medical insurance for 2023 (if enrolled in the Cigna medical plan).

Cigna MotivateMe Program (see pages 21-22)

MotivateMe is an incentive program available to, Cigna participants, that helps you change unhealthy behaviors and rewards you for it. And that is important, because taking healthy actions will help reduce your risk of illness, disease and costly medical treatment. With MotivateMe, you will work toward achieving real results that mean a real, healthy change for you. Visit mycigna.com and click the “Wellness” tab for more information.

Give 'Em Five



As Care Synergy and Affiliates team members, not only are we committed to the Mission of each Affiliate, we are also deeply committed to our fellow coworkers.

“Give ‘Em Five” is a program that allows team members to give to other team members in the event they have a personal financial emergency.

Details of the program include:

- Team members may contribute \$1, \$2, \$3, \$4, \$5 or any other amount per paycheck via payroll deduction to the employee emergency fund.
- It is completely confidential for both the donor and the requestor.
- This fund is to be used when there is a financial need and when other avenues for support have been exhausted.

If you would like to participate in the program, please see Human Resources for a payroll deduction form. Once the form is completed, submit to payroll. This is a voluntary program and your deduction amount can be changed at any time.

Please contact Human Resources to request an Emergency Relief Application.

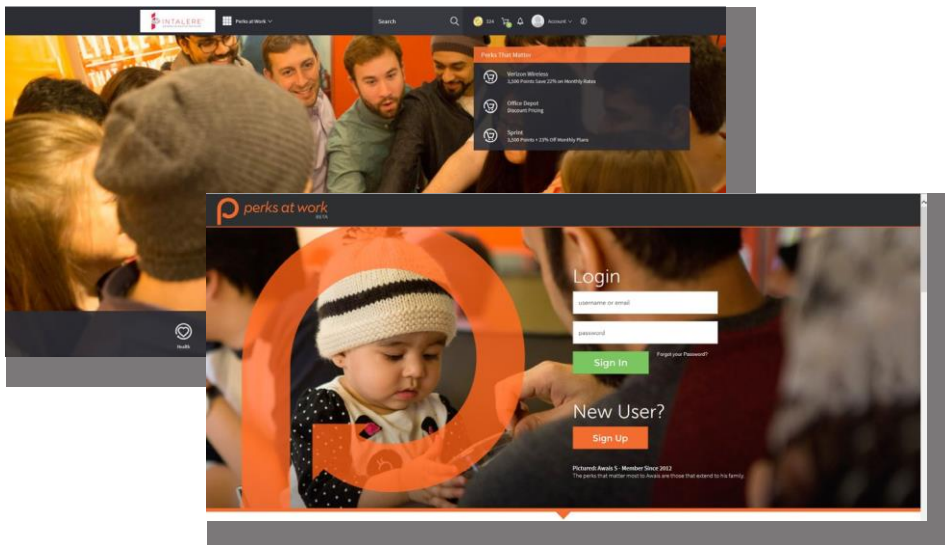
Intalere Marketplace is now Perks at Work



One-stop shopping and significant savings for employees on small- (food, utilities, etc.) to large-scale (computers, travel, etc.) purchases.

Intalere is pleased to provide you with Intalere Perks at Work, your one-stop shop for employee pricing. It leverages the purchasing power of all Intalere members and affiliates to help you save money on all of your large purchases (computers, travel, etc) as well as everyday purchases (food, utilities, etc.).

Once you register on Intalere Perks at Work, you will have access to 30,000 merchants and over 25 savings categories. Through Perks at Work, you can receive deep discounts on your favorite fashion brands including Gap, Nordstrom and Lands' End and also save on electronics, computers, vacations and more. You also can access Intalere Exclusives* — exclusive deals with significant savings!



Activating your account is easy!

1. Visit Intalere Perks at Work at <http://www.perksatwork.com>
2. Click on "Sign Up" under the New User section.
3. Complete the short registration process and hit "continue" to submit your information to be verified. If an error appears, you may need to hit "continue" a second time.

Note: Once you enter your email, the company information should populate automatically; however, you may be required to enter "Intalere" as your company name and "savings12" as your company code.

4. You will then receive a link via email to validate your account; now you have access to Intalere's Perks at Work!
5. Time to start shopping and start saving!



Learn More

Contact us today to learn more about Intalere's Perks at Work:

Intalere Customer Service

877-711-5600

info@intalere.com

www.intalere.com

Intalere Perks at Work Benefits

WOWPoints. You will be awarded WOWPoints* in addition to the deep discounts you receive using Intalere Perks at Work! WOWPoints are a virtual currency that you accumulate over time. They never expire and can be used at any time to make purchases directly on the site.

Family Membership. Your account comes with a family membership. Simply logon, click on My Account and choose Family Invitations to add family members to your account.

**Most Intalere Exclusives are not eligible for WOWPoints.*

Service Rewards



Team member service awards are an important way to show staff that their contributions over the years are valued. As we continue to consolidate and provide enterprise-wide benefits, we are introducing our new Team member Service Awards Recognition Program.

For a century, Terryberry has been helping organizations develop, implement and manage team member recognition programs. Terryberry is an industry leader in team member recognition innovation. Terryberry remains a family-owned company committed to their mission of excellent customer service and care.

Terryberry will manage the program through their Web Based application that automatically alerts the Manager and Team member of their Anniversary. The Team member will receive a congratulatory email which will guide the team member to an online catalog where they can choose the perfect gift for themselves. Terryberry offers a mix of awards that appeal to a wide range of team members, with a healthy mix of traditional and life style items so that everyone is covered. The team member will also have the capability of placing their affiliate logo on the gift they choose, if they so desire.

Awards

1 year	\$75.00
3 years	\$250.00
5 years	\$500.00
10 years	\$1,000.00
15 years	\$1,500.00
20 years	\$2,000.00
25 years	\$2,500.00
30 years	\$3,000.00
35 Years	\$3,500.00
40 years	\$4,000.00

Contact Information



Refer to this list when you need to contact one of your benefit vendors.
For general information, contact Human Resources at CS-HR or 303-228-5647.

MEDICAL and DENTAL

Provider Name:	CIGNA
Group #:	3339544
Provider Phone Number:	(800) 244-6224
Provider Web Address:	www.mycigna.com

PRESCRIPTION & PHARMACY

Provider Name:	Express Scripts
Provider Phone Number:	(800) 282-2881
Provider Web Address:	www.express-scripts.com

TELEMEDECINE

Provider Name:	Cigna MDLive
Provider Phone Number:	888-726-3171
Provider Web Address:	www.mycigna.com

VISION

Provider Name:	VSP
Group #:	30093607
Provider Phone Number:	(800) 877-7195
Provider Web Address:	www.vsp.com

FLEXIBLE SPENDING ACCOUNTS/HEALTH SAVINGS ACCOUNTS

Provider Name:	Rocky Mountain Reserve
Provider Phone Number:	(888) 722-1223
Provider Web Address:	www.rockymountainreserve.com

SHORT-TERM/LONG-TERM DISABILITY

Provider Name:	SunLife
Group #:	955915
Provider Phone Number:	800-247-6875 Telephonic claims: 888-444-0239
Provider Web Address:	www.sunlife.com/account

BASIC & VOLUNTARY LIFE/AD&D

ACCIDENT, CRITICAL ILLNESS & HOSPITAL INDEMNITY

Provider Name:	SunLife
Group #:	955915
Provider Phone Number:	800-247-6875
Provider Web Address:	www.sunlife.com/account

VOLUNTARY LONG-TERM CARE

Provider Name:	LTC Solutions, Inc.
Provider Phone Number:	877-286-2852
Provider Email:	LTCiBenefitsTeam@ltc-solutions.com

LEGAL & ID THEFT PROTECTION

Provider Name:	LegalShield
Provider Phone Number:	(800) 654-7757
Provider Web Address:	www.benefits.legalshield.com/caresynergy

EMPLOYEE ASSISTANCE PROGRAMS

Provider Name:	CIGNA
Provider Phone Number:	(800) 926-2273
Provider Web Address:	www.cignabehavioral.com , www.mycigna.com
Provider Name:	GuidanceResources
Provider Phone Number:	877-595-5281
Provider Web Address:	Guidanceresources.com WebID: EAPBusiness

CIGNA WELLNESS

Provider Name:	Cigna MotivateMe
Group #:	3339544
Provider Phone Number:	(800) 244-6224
Provider Web Address:	www.mycigna.com → Incentive Awards Program

DECISION SUPPORT

Provider Name:	PLANselect/BENEFITchoice
Provider Contact:	info@planselect.net
Provider Web Address:	https://myplanselect.com/navigation/care_synergy/2023
Provider Name:	Cigna Pre-enrollment Hotline
Provider Phone Number:	800-564-7642

PERKS AT WORK

Provider Name:	Intalere Perks at Work
Provider Phone Number:	877-711-5600
Provider Web Address:	info@intalere.com www.intalere.com

SERVICE REWARDS

Provider Name:	Terryberry
Provider Phone Number:	(800)253-0882
Provider Web Address:	https://www.terryberry.com/about-us/

403(b)

Provider Name:	Principal
Provider Phone Number:	Text 'ENROLL' to 78259
Provider Web Address:	www.principal.com/Welcome

EMPLOYER NOTICES

Medicare Part D Creditability Notice

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable

CREDITABLE COVERAGE
Cigna HDHP Cigna PPO

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.medicare.gov/forms-help-other-resources/contact-medicare>

Women's Health And Cancer Rights Act (WHCRA)

Enrolled individuals may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical plan. If you would like more information on WHCRA benefits, please contact HR.

Non-grandfathered Medical Plan Appeals Processes

Your medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.

Special Medical Enrollment Rights and Responsibilities Under HIPAA

When you are eligible to participate in our group medical plan, you may have to enroll and agree to pay part of the premium through payroll deduction in order to actually participate.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Special Enrollment Provision

- **Loss of Eligibility under Medicaid or a State Children's Health Insurance Program (CHIP).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while coverage under Medicaid or CHIP is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost** for the other coverage. However, **you must request enrollment within 60 days** after the other coverage ends.
- **Loss of Eligibility for Other Coverage.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other medical coverage is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost** for the other coverage (or if the employer stops contributing toward it). However, **you must request enrollment within 30 days** after the other coverage ends (or after the employer stops contributing toward it).
- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement with you for adoption, you may be able to enroll yourself and your new dependents. However, **you must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.
- **Eligibility for Medicaid or CHIP State Premium Assistance Subsidy.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, **you must request enrollment within 60 days** after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR.

IF YOU DECLINE COVERAGE, YOU MUST COMPLETE A "FORM FOR EMPLOYEE TO DECLINE COVERAGE"

- If you decline enrollment for yourself or for an eligible dependent, you must complete a "Form for Employee to Decline Coverage."
- On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or CHIP) is the reason for declining enrollment, and you are asked to identify that coverage.
- If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan, as described above.
- If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan.

Premium Assistance Under the Medicaid or the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your State may have a **premium assistance program that can help pay for coverage with us**, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace at www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW (1-877-543-7669)** or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a HIPAA "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact us at [HR phone] or the Department of Labor at www.askebsa.dol.gov or 1-866-444-EBSA (1-866-444-3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2021. Contact your State for more information on eligibility.

ALABAMA – MEDICAID	ALASKA – MEDICAID
Web: myAlhipp.com Phone: 1-855-692-5447	Web: myAKhipp.com Eligibility: dhss.alaska.gov/dpa/Pages/Medicaid Email: CustomerService@myAKhipp.com Phone: 1-866-251-4861
ARKANSAS – MEDICAID	CALIFORNIA – MEDICAID
Web: myARhipp.com Phone: 1-855-myARhipp (1-855-692-7447)	Web: dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov Phone: 916-445-8322
COLORADO – MEDICAID (HEALTH FIRST COLORADO) AND CHIP (CHILD HEALTH PLAN PLUS, OR CHP+)	FLORIDA – MEDICAID
Web: healthfirstcolorado.com and mycohibi.com Phone: 1-800-221-3943, State Relay 711, or HIBI 855-692-6442 CHIP Web: colorado.gov/HCPF/Child-Health-Plan-Plus CHIP Phone: 1-800-359-1991 or State Relay 711	Web: FLmedicaidTPLrecovery.com/FLmedicaidTPLrecovery.com/hipp Phone: 1-877-357-3268
GEORGIA – MEDICAID	INDIANA – MEDICAID
Web: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Web: in.gov/fssa/hip (Healthy Indiana Plan for low-income adults age 19-64) Phone: 1-877-GET-HIP9 (1-877-438-4479) Web: in.gov/fssa/hip (Healthy Indiana Plan for low-income adults age 19-64) Phone: 1-877-GET-HIP9 (1-877-438-4479)
IOWA – MEDICAID AND CHIP (HAWKI)	KANSAS – MEDICAID
Web: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562 CHIP Web: dhs.iowa.gov/hawki CHIP Phone: 1-800-257-8563	Web: kancare.ks.gov HIP: http://content.dcf.ks.gov/ees/KEESM/Miscform/MS-2504HEALTH_INSURANCE_PREMIUM_PAYMENT_INFORMATION_FORM1-05.pdf Phone: 1-800-792-4884
KENTUCKY – MEDICAID	LOUISIANA – MEDICAID
Web: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Email: kihipp.program@ky.gov Phone: 1-855-459-6329 CHIP Web: kidshealth.ky.gov CHIP Phone: 1-877-524-4718	Web: ldh.la.gov/lahipp Phone: 1-855-618-5488

Additional Information

MAINE – MEDICAID	MASSACHUSETTS – MEDICAID AND CHIP
Web: maine.gov/dhhs/ofi/applications-forms (PHIP application) Phone: 1-800-977-6740 or TTY: Maine Relay 711	Web: mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840 or TTY: 1-617-886-8102 CHIP same as Medicaid website CHIP same as Medicaid phone
MINNESOTA – MEDICAID	MISSOURI – MEDICAID
Web: mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 or 651-431-2670	Web: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – MEDICAID	NEBRASKA – MEDICAID
Web: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Web: AccessNebraska.ne.gov Phone: 1-855-632-7633; Lincoln 402-473-7000; Omaha 402-595-1178
NEVADA – MEDICAID	NEW HAMPSHIRE – MEDICAID
Web: dhcfo.nv.gov/Pgms/CPT/HIPP Phone: 1-800-992-0900	Web: dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 or 1-800-852-3345 ext 5218
NEW JERSEY – MEDICAID AND CHIP	NEW YORK – MEDICAID
Web: www.state.nj.us/humanservices/dmahs/clients/medicaid Phone: 609-631-2392 CHIP Web: nifamilycare.org CHIP Phone: 1-800-701-0710	Web: health.ny.gov/health_care/medicaid Phone: 1-800-541-2831
NORTH CAROLINA – MEDICAID	NORTH DAKOTA – MEDICAID
Web: medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services/health-insurance-premium-payment-program Phone: 855-696-2447 or 919-855-4100	Web: nd.gov/dhs/services/medicalserv/medicaid Phone: 1-844-854-4825
OKLAHOMA – MEDICAID AND CHIP	OREGON – MEDICAID
Web: insureoklahoma.org Phone: 1-888-365-3742 CHIP same as Medicaid website CHIP same as Medicaid phone	Web: healthcare.oregon.gov or oregonhealthcare.gov (same website) Phone: 1-800-699-9075
PENNSYLVANIA – MEDICAID	RHODE ISLAND – MEDICAID AND CHIP
Web: dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Web: www.eohhs.ri.gov Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line) CHIP same as Medicaid website CHIP same as Medicaid phone
SOUTH CAROLINA – MEDICAID	SOUTH DAKOTA - MEDICAID
Web: www.scdhhs.gov Phone: 1-888-549-0820	Web: dss.sd.gov Phone: 1-888-828-0059
TEXAS – MEDICAID	UTAH – MEDICAID AND CHIP
Web: gethipptexas.com Phone: 1-800-440-0493	Web: medicaid.utah.gov Phone: 1-877-543-7669 CHIP Web: health.utah.gov/chip CHIP same as Medicaid phone
VERMONT – MEDICAID	VIRGINIA – MEDICAID AND CHIP
Web: greenmountaincare.org Phone: 1-800-250-8427	Web: CoverVA.org/hipp Phone: 1-800-432-5924 CHIP same as Medicaid website CHIP Phone: 1-855-242-8282
WASHINGTON – MEDICAID	WEST VIRGINIA – MEDICAID
Web: hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473	Web: myWVhipp.com Phone: 1-855-myWVhipp (1-855-699-8447); TTY 1-855-888-3003
WISCONSIN – MEDICAID AND CHIP	WYOMING – MEDICAID
Web: dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 CHIP same as Medicaid website CHIP same as Medicaid phone	Web: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility Phone: 1-800-251-1269 or 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (1-866-444-3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4x Ext. 61565

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.



Benefits Enrollment Guide