



2023—2024

Benefits Guide



Health • Financial • Work-Life

July 1, 2023 — June 30, 2024



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 20 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children, where applicable by state law
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of employment. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective July 1, 2023 — June 30, 2024.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Go to <http://mssd14.ease.com>. There you will find detailed information about the plans available to you and instructions for enrolling.

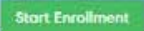
Online Enrollment Instructions



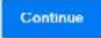
Enrollment Guide at a Glance

1. Log in to Ease per the instructions you have received from your HR administrator or Broker. For optimal performance It is recommended that you use

Chrome  or Firefox  as your browser.

2. Click  to begin your enrollment.


3. Follow the prompts on each page to complete your benefit enrollment.


Click  to proceed to the next section.

4. Verify your personal information is correct and enter in any of your dependent information.

5. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

6.  your benefit by selecting  or  for each plan.

Click  to proceed to the next benefit.

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. 

8. Before you review your forms

type your name.

THEN

Sign your signature

and follow the prompts to finish.

9. If you have questions, reach out to your HR administrator or Broker.

Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	United HealthCare Colorado Doctors Plan		United HealthCare Navigate HMO \$1,500 (BMJA)
	Copay Option (CG52)	HSA Option (CPWO) High Deductible Health Plan	
	In-Network Only	In-Network Only	In-Network Only
Deductible (per calendar year)			
Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,500 / \$4,500
Out-of-Pocket Maximum (per calendar year)			
Individual / Family	\$5,500 / \$11,000	\$6,000 / \$12,000	\$4,000 / \$8,000
Important Details			
Coinsurance (In-Network)	20%*	20%*	30%*
Out-of-Network Coverage	Emergency Coverage Only	Emergency Coverage Only	Emergency Coverage Only
Covered Providers / Network	Select PCP's Requires residence in the 8 — county area Centura Only	Select PCP's Requires residence in the 8 — county area Centura Only	Select PCP's & Online Referrals Required
Covered Services			
Office Visits (physician/specialist)	\$0 / \$100 copay	20%* / 20%*	\$30 / \$50 copay
Virtual Visits	\$0 copay	20%*	\$0 copay
Routine Preventive Care	No charge	No charge	No charge
Emergency Room	\$500 copay + 20%*	20%*	30%*
Urgent Care Facility	\$0 copay	20%*	\$50 copay
Inpatient Hospital Stay	20%*	20%*	30%*
Outpatient Surgery	20%*	20%*	30%*
Prescription Drugs			
Retail Pharmacy (30-day supply)	\$5 / \$40 / \$105 / \$250	\$10* / \$50* / \$120* / \$250*	\$10 / \$35 / \$70

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Health Savings Account (HSA)

The HDHP comes with a type of savings account called a Health Savings Account, or HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- Your contributions may not exceed the annual IRS limits.
- You can withdraw HSA funds tax-free to pay for current qualified health care expenses, or save them for the future, also tax-free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.
- You can use funds to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified expenses refer to IRS Publication 502, www.irs.gov/pub/irs-pdf/p502.pdf.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

HSA Contribution Limit	2023
Employee Only	\$3,850
Family (employee + 1 or more)	\$7,750
Catch-up (age 55+)	\$1,000

Benefit Spot



BIG NEWS... WE'VE GONE MOBILE!

To help you access your benefits and HR information—even when you're away from work and need it most—we've launched the Benefit Spot app!

WITH BENEFIT SPOT, YOU'LL BE ABLE TO:



ACCESS
OUR BENEFIT
PLAN
INFORMATION



WATCH
EDUCATIONAL
VIDEOS



LOOK UP
CARRIER
CONTACT
INFORMATION



ESTIMATE
COSTS FOR
HEALTH CARE
PROCEDURES



CALL
THE SERVICE
CENTER
DIRECTLY

...AND MUCH MORE!

TO GET STARTED

Search "Benefit Spot" on the Apple App Store or Google Play or scan the QR code on the right. Download the app and enter [company code MSSD14](#). That's it—you're ready to go! **NOTE: The company code is case sensitive.**



Dental

We are proud to offer you a choice between two different dental plans.

United HealthCare (UHC) Delta Value Plan: With this plan, you choose a primary dental provider from the participating providers list to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

United HealthCare (UHC) DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the UHC Dental network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	UHC Dental Value Plan		UHC DPPO	
	In-Network Only		In-Network Only	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$0		\$50 / \$150	
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)				
Per Individual	Unlimited		\$1,500	
Covered Services				
Preventive Services	100%		100%	
Basic Services	Discounted Fee Schedule		10%*	
Major Services	Discounted Fee Schedule		40%*	
Orthodontia	Not Covered		50%; \$1,000 Max.(Children Only)	

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.



Vision

We are proud to offer you a vision plan.

The **EyeMed** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **EyeMed** network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$30
Materials Copay	\$10	N/A
Lenses (once every 12 months)		
Single Vision	No charge after materials copay	Up to \$25
Bifocal		Up to \$40
Trifocal		Up to \$55
Frames (once every 24 months)	Up to \$140 20% off balance	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Up to \$155 15% off balance	Up to \$124

Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Rocky Mountain Reserve. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2023, you may contribute up to \$2,000 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2023, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds up to \$570 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$570 will NOT be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will NOT be returned to you or carried over to the following year.

Life and AD&D

Life/AD&D Insurance

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through United Healthcare.

	Benefit Amount
Superintendents and FT Admin Staff	Annual Salary up to \$150,000 max
Benefit Amount	\$20,000

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through for yourself and your eligible family members.

Note: Life plans subject to Age Reductions.

	Benefit Option	Guaranteed Issue ¹
Employee	\$10,000 increments; maximum of \$500,000, not to exceed 5 times annual salary.	\$150,000
Spouse/RDP	\$5,000 increments; maximum to \$250,000, not to exceed 50% of employee life coverage.	\$30,000
Child(ren)	\$10,000 up to age 26 (\$1,000 for children birth to 14 days old)	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Short-Term Disability

Provided at **NO COST** to you/an affordable group rate through United HealthCare

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	After 7th day of Accident / Sickness
Maximum Benefit Duration	13 weeks

Rates

Your contributions toward the cost of benefits are automatically deducted from your pay check. The amount will depend upon the plan you select and if you choose to cover eligible family members.
All Rates below are per pay period (Monthly - **12 pay periods** Annually) unless otherwise noted.



Medical

Coverage Tier	United HealthCare Colorado Doctors Plan				United HealthCare Navigate HMO \$1,500	
	Copay Option		HSA Option High Deductible Health Plan		Employee Contribution	Employer Contribution
	Employee Contribution	Employer Contribution	Employee Contribution	Employer Contribution		
Employee Only	\$ 65.88	\$396.25	\$ 18.60	\$388.67	\$114.48	\$440.06
Family	\$515.16	\$709.49	\$390.08	\$689.18	\$644.06	\$825.47

Dental

Coverage Tier	UHC Dental Value Plan	DHMO DPPO
	Employee Contribution	Employee Contribution
Employee Only	\$15.33	\$ 50.43
Employee + Spouse	\$27.35	\$116.84
Employee + Child(ren)	\$36.97	\$110.24
Family	\$44.19	\$175.60

Vision - EyeMed

Coverage Tier	Employee Contribution
Employee Only	\$ 9.41
Employee + Spouse	\$17.89
Employee + Child(ren)	\$18.83
Family	\$27.68

Other Benefits

Benefit	Employee Contribution	Employer Contribution
HSA	Varies based on employee election	0%
Basic Life and AD&D	0%	100%
Voluntary Life	See rates in EASE - Varies based on age and election	0%
Short-Term Disability	0%	100%

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	United HealthCare	(866) 873-3903	www.myuhc.com
Dental	United HealthCare	(800) 445-9090	www.myuhcdental.com
Vision	EyeMed	(866) 804-0982	www.eyemedvisioncare.com
Flexible Spending Accounts (FSAs)	Rocky Mountain Reserve	(888) 234-8913	www.rockymountainreserve.com
Life/AD&D	United HealthCare	(800) 842-8000	www.myuhc.com
Short-Term Disability	United HealthCare	(800) 842-8000	www.myuhc.com
Employee Assistance Program (EAP)	United Healthcare	(877) 660-3806	www.liveandworkwell.com
Voluntary Benefits	Aflac	(720) 207-2347	keanu.vela@hubinternational.com

Benefits Website

Our benefits website <http://mssd14.ease.com> can be accessed anytime you want additional information on our benefit programs.

Questions?

If you have additional questions, you may also contact:

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MSSD14 HR

(719) 685-2028



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

