



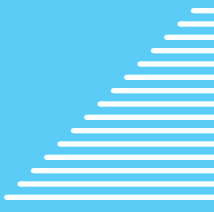
2022

+++

BENEFITS GUIDE

January 1 - December 31, 2022

+++



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

Employees working 30 hours per week are eligible for all benefits. Employees working 20 hours per week are eligible for all benefits except long term disability and family medical/dental coverage. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ 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 January 1 - December 31, 2022.

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 or child
- ▶ You lose coverage under your spouse'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.

Inside

Medical

Voluntary Benefits

Dental

Vision

Flexible Spending Accounts (FSAs)

Life and AD&D Insurance

Disability Insurance

Employee Assistance Program (EAP)

Cost of Benefits

Contact Information

Enrollment

To enroll, please complete the enrollment forms provided by Human Resources.

Medical

We are proud to offer you a choice among three different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

PPO Traditional

This plan gives you the freedom to seek care from the provider of your choice in the Peak Health Alliance, Grand County, or Aetna provider networks. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Peak Health Alliance or Grand County provider networks. Services received outside the network are not covered, except in the case of emergency medical care. The calendar-year deductible must be met before certain services are covered.

HDHP with HSA

Like the PPO plan, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice in the Peak Health Alliance, Grand County, or Aetna provider networks. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Peak Health Alliance or Grand County provider networks. Services received outside the network are not covered, except in the case of emergency medical care. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ 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 health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE:** *If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.*
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. **NOTE:** *If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.*



- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, we will contribute \$600 annually to your HSA if you enroll in employee-only coverage and \$1,200 annually if you enroll yourself and one or more family members. **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.**

Important: Combined employee and employer contributions may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2022
Employee Only	\$3,650
Family (employee + 1 or more)	\$7,300
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.

EPO

With the EPO plan, you may only visit physicians and hospitals within the Peak Health Alliance and Grand County provider networks. Services received outside the network are not covered, except in the case of emergency medical care. With the EPO plan, you are not required to select a Primary Care Physician (PCP).

Medical (Cont'd.)

Networks

Grand County medical plans include coverage within three provider networks. Please see the descriptions below for a brief overview of each network.

Peak Health Alliance Providers and Grand County Participating Providers (Tier 1)

Peak Health Alliance's providers (which now include Middle Park Health and most local, Grand County physicians) are considered in-network under Tier 1 benefits. Providers include physicians, specialists, and other providers. Tier 1 in-network hospitals include Middle Park Health, Centura, University of Colorado, and Children's Hospital. Please see the participating provider list to find an in-network provider.

Aetna Providers (Tier 2)

The Aetna network is a national network of physicians, specialists and other providers. This network includes the national network of hospitals through Aetna, meaning all other Colorado hospitals not in Tier 1. Please visit www.aetna.com/ASA to search for an in-network provider.

Out-of-Network (Tier 3)

If you choose to go outside of the Peak Health Alliance network and Aetna network for care, only emergency services will be covered. It is in your best interest to see an in-network provider.

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	PPO Traditional			HDHP with HSA		
	Peak Health Alliance & Grand County Providers	Aetna Providers	Out-of-Network	Peak Health Alliance & Grand County Providers	Aetna Providers	Out-of-Network
Deductible (per calendar year)						
Individual / Family	\$500 / \$1,500	\$1,000 / \$3,000	No coverage	\$1,400 / \$2,800	\$2,000 / \$4,000	No coverage
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$2,000 / \$6,000	\$2,500 / \$7,500	No coverage	\$2,000 / \$4,000	\$3,000 / \$6,000	No coverage
Covered Services						
Office Visits (physician/specialist)	\$25 / \$25 copay	\$35 / \$35 copay	No coverage	10%*	30%*	No coverage
Routine Preventive Care	No charge	No charge	No coverage	No charge	No charge	No coverage
Outpatient Diagnostic (lab/X-ray)	10%*	30%*	No coverage	10%*	30%*	No coverage
Complex Imaging	10%*	30%*	No coverage	10%*	30%*	No coverage
Chiropractic	10%*	30%*	No coverage	10%*	30%*	No coverage
Ambulance	10%*	30%*	30%*	10%*	30%*	30%*
Emergency Room	\$100 copay	\$100 copay	\$100 copay	10%*	30%*	30%*
Urgent Care Facility	\$25 copay	\$35 copay	\$35 copay	10%*	30%*	30%*
Inpatient Hospital Stay	10%*	30%*	No coverage	10%*	30%*	No coverage
Outpatient Surgery	10%*	30%*	No coverage	10%*	30%*	No coverage
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)						
Retail Pharmacy (30-day supply)	\$10 / \$30 / \$60	\$10 / \$30 / \$60	No coverage	10%*	10%*	No coverage
Mail Order (90-day supply)	\$20 / \$60 / \$120	\$20 / \$60 / \$120	No coverage	10%*	10%*	No coverage

Coinurance 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.

Medical (Cont'd.)

Key Medical Benefits	EPO		
	Peak Health Alliance & Grand County Providers	Aetna Providers	Out-of-Network
Deductible (per calendar year)			
Individual / Family	\$250 / \$1,000	No coverage	No coverage
Out-of-Pocket Maximum (per calendar year)			
Individual / Family	\$2,000 / \$4,000	No coverage	No coverage
Covered Services			
Office Visits (physician/specialist)	\$25 / \$25 copay	No coverage	No coverage
Routine Preventive Care	No charge	No coverage	No coverage
Outpatient Diagnostic (lab/X-ray)	10%*	No coverage	No coverage
Complex Imaging	10%*	No coverage	No coverage
Chiropractic	10%*	No coverage	No coverage
Ambulance	10%*	10%*	10%*
Emergency Room	\$100 copay	\$100 copay	\$100 copay
Urgent Care Facility	\$25 copay	\$25 copay	\$25 copay
Inpatient Hospital Stay	10%*	No coverage	No coverage
Outpatient Surgery	10%*	No coverage	No coverage
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)			
Retail Pharmacy (30-day supply)	\$10 / \$30 / \$60	\$10 / \$30 / \$60	No coverage
Mail Order (90-day supply)	\$20 / \$60 / \$120	\$20 / \$60 / \$120	No coverage

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.



Benefit Spot

We've gone mobile! To help you access your benefits information—even when you're away from work and need it most—we've launched a mobile benefits app. To get started, Download "Benefit Spot" on the Apple App Store or Google Play and enter company code: **Grand**



Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Aflac are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.



Dental

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 Delta Dental of Colorado PPO network.

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

Key Dental Benefits	Delta Dental of Colorado DPPO		
	PPO Dentist	Premier Dentist	Non-Participating Dentist
Deductible (per calendar year)			
Individual / Family		\$50 / \$150	
Benefit Maximum (per calendar year; preventive, basic, and major services combined)			
Per Individual		\$2,500	
Covered Services			
Preventive Services	No charge	No charge	20%
Basic Services	20%*	20%*	20%*
Major Services	50%*	50%*	50%*
Orthodontia (Children up to the age of 19)	50% up to \$1,500 lifetime maximum per member		

Coinsurance 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.

PPO Dentist: Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist: Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist: Payment is based on the non-participating Maximum Plan Allowance.

Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Vision

We are proud to offer you a vision plan.

The **Vision Service Plan (VSP)** 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 VSP Choice network.

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

Key Vision Benefits	Choice Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$45
Materials Copay	\$25 copay	Up to \$30
Lenses (once every 12 months)	Covered in full after materials copay	Up to \$30
Single Vision		Up to \$30
Bifocal		Up to \$30
Trifocal		Up to \$30
Frames (once every 24 months)	\$130 allowance	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	\$130 allowance	Up to \$105



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 2022, you may contribute up to \$2,750 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 2022, 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 eligible 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.

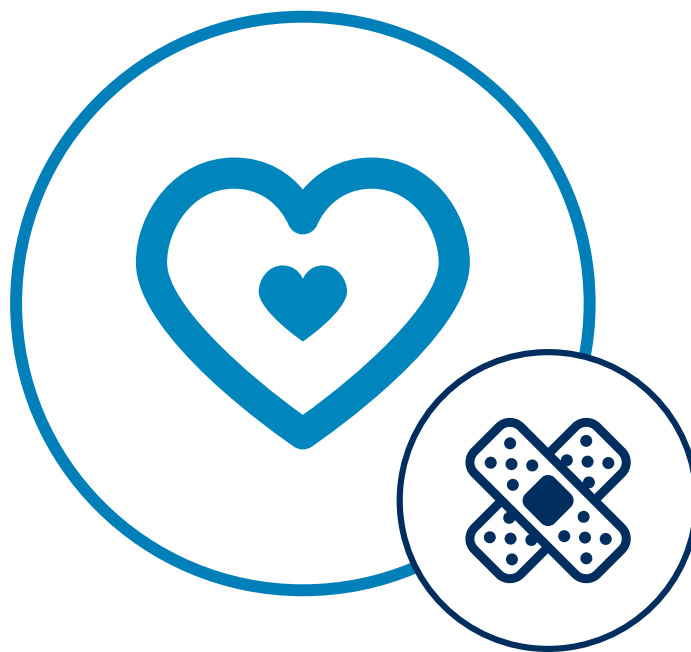
FSA Rules

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:

Healthcare and Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.



Life and 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 Lincoln Financial Group.

Employee	\$20,000
Spouse	\$2,000
Child(ren) 6 months or older	\$1,000

Note: Spouse & Child(ren) Life coverage is only available if an employee has family medical coverage.

*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.

Supplemental Life/AD&D (Employee-paid)

Everyone has different life insurance needs, and experts say we should have 8 to 12 times our annual earnings in life insurance. Many individuals only have what their employer offers or term insurance that will expire in their retirement years.

Voluntary Term Life: Grand County is proud to offer additional voluntary term life insurance through 5 Star Life. Employees have the option of 7x annual salary up to \$250,000 with a guaranteed issue of \$100,000. Spouses may have 50% of the employee benefit up to \$100,000 with a guaranteed issue of \$50,000. Children may have 50% of the employee benefit up to \$10,000. Rates are based on age and amount, so please see the rate sheet for more details.

Family Protection Plan: Grand County is proud to offer the family protection plan through 5 Star Life. This program offers level premium and level death benefit to age 121. An individual's plan cannot be adjusted on individual age, health, or employment status. This plan also offers a "Quality of Life" Rider that is payable directly to the insured and pays up to 75% of death benefit to be used for Home Health Care or Long Term Care needs. This program is guarantee issue and fully portable at the same rates and coverage.

Disability Insurance

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

Long-Term Disability

Provided at **NO COST** to you through Lincoln Financial Group.

Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 180 days
Maximum Benefit Duration	Age 65 or Social Security Normal Retirement Age

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Lincoln Financial Group.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to four (4) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Cost of Benefits

Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

Medical

Coverage Tier	Employee Contribution (Per Month)			
	EBMS	PPO Traditional	HDHP with HSA	EPO
Employee Only		\$55.00	\$25.00	\$0.00
Family		\$190.00	\$90.00	\$40.00

Accident Coverage

Coverage Tier	Employee Contribution (Per Month)
Employee Only	\$14.45
Employee + Spouse	\$21.19
Employee + Child(ren)	\$25.10
Family	\$31.84

Dental

Coverage Tier	Employee Contribution (Per Month)
Delta Dental of Colorado	Delta Dental PPO Plus Premier Plan
Employee Only	\$15.00
Family	\$30.00

SUPPLEMENTAL LIFE/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes.



Vision

Coverage Tier	Employee Contribution (Per Month)
Vision Service Plan (VSP)	VSP Choice Vision Plan
Employee Only	\$8.68
Family	\$18.66

Compensation In Lieu of Benefits Program

Grand County offers employees a compensation in lieu of benefits program. You may voluntarily opt-out of medical coverage and receive compensation from Grand County to pay for another medical insurance program. In order to be eligible, you must waive coverage and provide proof of other coverage. Once you submit proof, you will receive \$125 per month for single coverage and \$250 per month for family coverage. Please note that this is considered taxable income for the employee.

Notes



A series of horizontal lines for writing notes, consisting of 20 solid black lines spaced evenly down the page.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	EBMS	800-777-3575	www.ebms.com ; Aetna Providers: www.aetna.com/ASA
	Express Scripts through RxBenefits	800-334-8134	www.express-scripts.com
Voluntary Benefits	Keanu Vela, HUB International	720-207-2347	www.aflacgroupinsurance.com , keanu.vela@hubinternational.com
Dental	Delta Dental of Colorado	800-610-0201	www.deltadentalco.com
Vision	Vision Service Plan (VSP)	800-877-7195	www.vsp.com
Health Savings Account (HSA)	Rocky Mountain Reserve	888-722-1223	www.rockymountainreserve.com
Flexible Spending Accounts (FSAs)	Rocky Mountain Reserve	888-722-1223	www.rockymountainreserve.com
Life/AD&D	Lincoln Financial Group	877-275-5462	www.lfg.com
Voluntary Life and AD&D	5 Star Life Insurance	866-863-9753	www.5starlifeinsurance.com
Disability	Lincoln Financial Group	877-275-5462	www.lfg.com
Employee Assistance Program (EAP)	ComPsych through Lincoln Financial Group	888-628--4824	www.guidanceresources.com Username: LFGsupport Password: LFGsupport1

Questions?

If you have additional questions, you may also contact:

Linda Ziegler, Grand County
970-725-3774

lziegler@co.grand.co.us

Colleen Reynolds, Grand County
970-725-3047

creynolds@co.grand.co.us

