



ESTES PARK
HEALTH

2018

Employee Benefits Guide

January 1, 2018 - December 31, 2018

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This document is an outline of the coverage proposed by the carrier(s). It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Your full Summary Plan Document (SPD) is made available through your Human Resources Department.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific coverage issues can be directed to the Benefit Advocates at Arthur J. Gallagher & Co., Austin.GBS.CustomerService@ajg.com.

****If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 36 - 37 for more details.**

Customer Service and Contact Information

Arthur J. Gallagher & Co. is here to act as a liaison in your dealings with insurance carriers. If you have questions regarding your coverage or need assistance with claims, let us deal with the insurance company for you. Please contact anyone at Arthur J. Gallagher & Co. with questions regarding your benefits package.

Phone: (512) 499-8005 / (800) 492-8005
Fax: (512) 233-0102
Email: Austin.GBS.CustomerService@ajg.com
Hours of Operation: Monday - Friday / 8:00 a.m. - 5:00 p.m. CST



**For information on how to enroll,
please contact your Human Resources Department.**



Benefit	Carrier	Group Number/Network	Customer Service	Website
Medical	UMR/United Healthcare	Group # 76411465 Network: Choice Plus	800-826-9781	www.umar.com
Dental	UMR/United Healthcare	Group # 76411465 Network: UMR Managed Dental	800-826-9781	www.umar.com
Vision	EyeMed	Group # 9850249 Network: Select	866-299-1358	www.eyemedvisioncare.com
Group Term Life	Mutual of Omaha	Group # G000B8QY	800-775-8805	www.mutualofomaha.com
Voluntary Life	Mutual of Omaha	Group # G000B8QY	800-775-8805	www.mutualofomaha.com
Accidental Death & Dismemberment	Mutual of Omaha	Group # G000B8QY	800-775-8805	www.mutualofomaha.com
Short-Term Disability	Mutual of Omaha	Group # G000B8QY	800-877-5176	www.mutualofomaha.com
Long-Term Disability	Mutual of Omaha	Group # G000B8QY	800-877-5176	www.mutualofomaha.com
Health Savings Account (HSA)	The Bank of Colorado	N/A	970-223-8200	www.bankofcolorado.com
Employee Assistance Program (EAP)	Mutual of Omaha	Username: N/A Password: N/A	800-316-2796	www.mutualofomaha.com/ eap
Flexible Spending Account (FSA)	BMA	N/A	800-934-6302 Option 2	www.bmatpa.com
COBRA Administration	BMA	N/A	800-934-6302 Option 3	www.bmatpa.com
Cancer, Critical Illness, Accident	Allstate	N/A	800-840-6580 extn: 4	michaela_castro@ajg.com
Home & Auto Insurance	Liberty Mutual	N/A	970-290-0871	barney.jones@libertymutual.com
Pet Insurance	Nationwide	N/A	To enroll: 877-738-7874 Customer Service: 800-540-2016	www.petinsurance.com/ epmedcenter
SSRP (Retirement)	1st National Bank Wealth Management	Individual Accounts	866-794-2116	www.firstnationalretirement.com

Eligibility, Enrollment and Useful Benefit Terms

The open enrollment period for eligible employees of Estes Park Medical Center will be **November 6 - December 5.**

The new benefit plan will be effective January 1, 2018 - December 31, 2018.

- New employees are effective the first of the month following 30 days of full-time employment.
- You are eligible if you are a full-time employee regularly scheduled to work at least an average of 30 hours a week or a part-time employee regularly scheduled to work 20 hours a week.
- Open enrollment applies to medical, dental, vision, voluntary life, short term disability, long term disability and flexible spending account coverage.
- The open enrollment period is the only time employees may enroll in the above listed coverages without the occurrence of a qualifying event (see definition below).

Making Enrollment Changes During the Year:

In most cases, your benefit elections will remain in effect for the entire plan year (January 1st - December 31st). During the annual enrollment period, you have the opportunity to review your benefit elections and make changes for the coming year.

You may only make changes to your elections during the year if you have one of the following status changes:

- Marriage, divorce or legal separation (if your state recognizes legal separation);
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death; reaching the dependent child age limit; or
- Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse's benefit eligibility.
- Your benefit change must be consistent with your change in family status.

IRS regulations require that for enrollment due to the qualifying events above, change forms must be submitted within 30 days of that qualifying event. Contact your Human Resources office for information on completing these forms.

Co-payment:

Co-payments for office visits and prescription drugs count toward the out-of-pocket maximum.

Calendar Year Deductible and Out-of-Pocket Maximum:

Expenses incurred toward your annual deductible and your out-of-pocket maximum are credited on a calendar year basis. A calendar year is January 1st - December 31st. Your deductible and out-of-pocket maximum will restart January 1st each year, regardless of the expenses you incurred in the prior calendar year or when your annual open enrollment period occurs.

Primary Care Physicians/Specialty Physician Referrals:

You are NOT required to select a Primary Care Physician (PCP) or obtain referrals for specialty physicians. For the best coverage be sure that all providers (doctors, labs, x-rays, etc.) participate in-network.

Dependent Age Limitation:

Your children are eligible for coverage on your medical plan until age 26. Your unmarried dependent children are eligible for coverage on your dental, vision, and voluntary life plan until the age of 26 regardless of student status.

Domestic, In-Network vs. Out-of-Network Benefits:

Domestic benefits consist of using the EPMC Providers. When you use this network, your out of pocket expenses are less than the other two networks.

Estes Park Medical Center's medical plans offer in-network and out-of-network benefit levels. When a doctor or hospital agrees to be in the plan's network, they are contractually bound not to charge over a specific amount for services covered by the plan. When you choose an in-network provider, they will file a claim on your behalf and you are not held responsible for amounts that the provider may charge in excess of their contracted rates. Out-of-network expenses are paid according to 'Usual and Customary' charges, which may leave you with significant out-of-pocket expenses. For the best benefit available under the plan, you should utilize in-network providers when possible. Out-of-network benefit levels can be found on the Summary of Benefits and Coverage.

Medical Plan Comparison Chart

Benefit	HDHP/HSA Plan			PPO Co-pay Plan		
	EPMC	In-Network	Out-of-Network	EPMC	In-Network	Out-of-Network
Annual Deductible	\$2,700 Individual \$5,400 Family	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family	\$750 Individual \$1,500 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$6,000 Family
Annual Out-of-pocket Maximum Includes deductible, co-insurance and co-pays	\$2,700 Individual \$5,400 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
Co-insurance In-network benefit	100% after deductible	90% after deductible	60% after deductible	90% after deductible	80% after deductible	60% after deductible
Hospital Services Inpatient	100% after deductible	90% after deductible	60% after deductible	90% after deductible	80% after deductible	60% after deductible
Emergency Room Treatment (Emergency Situation)	100% after deductible			100% after \$100 co-pay		
Urgent Care Center Services Additional services/supplies may incur additional fees	N/A	90% after deductible	60% after deductible	N/A	\$50 co-pay	60% after deductible
Physician Visits Primary Care Physician Specialist	100% after deductible	90% after deductible	60% after deductible	\$20 co-pay \$30 co-pay	\$40 co-pay \$50 co-pay	60% after deductible
Preventive Care (Office Visit) Physician's Services Preventive Testing	100%		60%	100%		60%
Office & Outpatient Surgery	100% after deductible	90% after deductible	60% after deductible	90% deductible waived	80% after deductible	60% after deductible
Lab, X-Ray and Diagnosis Outpatient	100% after deductible	90% after deductible	60% after deductible	100% deductible waived	80% deductible waived	60% after deductible
Lab, X-ray and Major Diagnostics (CT, PET, MRI, MRA and Nuclear Medicine)	100% after deductible	90% after deductible	60% after deductible	90% deductible waived	80% deductible waived	60% after deductible
Prescription Drug Program Retail (31 day supply) Generic Preferred Brand Name Non-Preferred Brand Name Specialty Mail Order (90 day supply) Generic Preferred Brand Name Non-Preferred Brand Name Specialty	100% after deductible 100% after deductible 100% after deductible You pay 25% after deductible 100% after deductible 100% after deductible 100% after deductible You pay 25% after deductible		60% after deductible	\$10 co-pay \$20 co-pay \$30 co-pay 25% N/A	\$20 co-pay \$40 co-pay \$60 co-pay 25% 2.5x co-pay 2.5x co-pay 2.5x co-pay 25%	

Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.



Health Savings Account (HSA)

Participants in the Estes Park Medical Center High Deductible Health Plan (HDHP) may be eligible to open a Health Savings Account.

A Health Savings Account (HSA) is a tax-advantaged personal savings account that works in conjunction with a HDHP. Participants can pay for **qualified** medical expenses with **tax-free** dollars from their HSA. There is no 'use-it-or-lose-it' requirement, the account is **portable** and the balance plus earnings (from interest and/or investments) carries over year after year, all **tax-free**. If HSA monies are used for **non-qualified** medical expenses prior to age 65, a 20% penalty *plus* ordinary income tax must be paid to the IRS.

Eligibility requirements:

In order to open a HSA, you **MUST** meet the following requirements:

- Covered by a HDHP Plan
- **NOT** covered by another health insurance plan that is not a qualified HDHP including:
 - A spouse's medical plan
 - Medicare
 - Tricare
 - Note: Does not apply to specific injury, accident, disability, dental care, vision care and/or long term care insurance plans.
- **NOT** participating in an employer -sponsored Flexible Spending Account (FSA) (unless limited use)
- Your spouse must also **NOT** participate in a Healthcare FSA. The Dependent Care FSA will not disqualify you from opening an HSA.
- **NOT** claimed as a dependent on someone else's tax return

HSAs allow:

- **Tax-free** contributions by employer, employee or others
- **Tax-free** growth of interest or investment earnings
- **Tax-free** distributions of principal and interest to pay for qualified medical expenses
- **Accumulation** of unused funds and **portability** between employers. No "use it or lose it" rules. Portable from employer to employer and across state lines.
- **Flexible use** – You choose whether or when to use the account for health expenses, now or after employment.

In addition to paying for current expenses, funds can be used to pay for:

- COBRA premiums
- Long-term Care premiums
- Out-of-pocket expenses for Medicare
- Medical insurance during unemployment
- Services not covered under a future health plan

If you are covered under the qualified HDHP and meet the eligibility requirements you may open a HSA. HSA plans are intended to be used to pay for healthcare for the individual and his or her covered dependents. Distributions from an HSA to pay for qualified medical expenses are not taxable.

Qualified health care expenses are expenses which are:

- Incurred for the individual, his/her spouse or a tax dependent;
- Eligible as defined in Internal Revenue Code Section 213(d) – generally defined as expenses for the diagnosis, cure, mitigation, treatment or prevention of disease;
- Not reimbursed by insurance or another health plan; and
- Not deducted on the individual's tax return.

Medical expenses that may be reimbursed through a HSA under IRS Code Section 213 include (but are not limited to) the following:

- Deductible payments;
- Coinsurance payments;
- Dental care not provided through another health insurance plan;
- Prescription drugs;
- Emergency ambulance service;
- Chiropractic services;
- Eyeglasses and/or contact lenses;
- Hearing devices;
- Psychiatric care;
- Psychologists' fees;
- Acupuncture
- Over-the-counter-drugs can be reimbursed from the HSA as long as they meet the criteria set out in Internal Revenue Code Section 213(d) and you have a prescription on file for the medication.

For a complete list of eligible expenses please see IRS Publication 502.

Health Savings Account (HSA)

Contributing to your HSA

When you participate in an HSA, you set aside money to pay for eligible out-of-pocket expenses. Money can be contributed to your HSA by you or anyone else. The IRS calendar year maximums for these savings accounts are listed below:

Maximum 2018 (calendar year) Contribution:

- \$3,450 for Employee Only
- \$6,900 for Employee + Spouse, Employee + Child(ren), Employee + Family
- \$1,000 Catch Up Contribution for Employees age 55 and up

A Calendar Year is the 12-month period of January 1st - December 31st.

If you are age 55 or older, you can make an additional contribution amount of \$1,000. The HSA cannot receive contributions after the individual has enrolled in Medicare. For the most current HSA contribution information, please go to the U.S. Dept. of Treasury web site at <https://www.treasury.gov/resource-center/faqs/taxes/pages/health-savings-accounts.aspx>.

Note for Newly Eligible and Partial Year Participants:

If you become newly eligible to contribute to an HSA during the year, you may contribute the maximum contribution for the year (without incurring taxes or a penalty on the amount of the contribution) provided you continue to remain eligible for a 13 month period beginning December 1st of the year in which you become eligible and ending on December 31st of the following year.

If you do not remain eligible for a 13 month period shown above, your excess contributions will be subject to federal income tax and may be subject to the 6% excise tax. Please contact your tax advisor for assistance determining if your partial year contributions will be subject to taxes and penalties.

Using your HSA

With an HSA, your contributions, earnings and eligible withdrawals are all tax-free. As long as your withdrawals are used to pay for qualified health care expenses, you won't pay taxes. Contributions that Estes Park Medical Center makes to your HSA are yours. There are no vesting requirements or forfeiture provisions. Unlike FSAs, HSAs do not have a "use it or lose it" requirement. Your account balance rolls over from year to year and will earn interest tax-free.

Tax filing

You will receive a 1099SA and a 5498SA and be required to file Form 8889 with your annual tax return. Please see your tax advisor if you have any questions.

Employer contributions

Estes Park Medical Center contributes \$50 per month to each account. This contribution DOES count toward the IRS total maximum for the calendar year.

Opening an HSA

Estes Park Medical Center will offer an employer-sponsored Health Savings Account through Bank of Colorado. The Bank of Colorado account allows you to have HSA contributions deducted from your paycheck on a pre-tax basis. Estes Park Medical Center will pay the \$3.00 monthly administration fee on your behalf as long as you are an active employee and enrolled in the High Deductible Health Plan. If you do not wish to open a Estes Park Medical Center Bank of Colorado account, you may contact the financial institution of your choice for HSA options. Fees for other accounts will be the responsibility of the employee.

You are responsible for the eligibility of all items and keeping receipts for tax purposes.

Not all expenses that are qualified health care expenses under the HSA count toward the satisfaction of the calendar year deductible.



Flexible Spending Account (FSA)

What is the purpose of the plan?

Estes Park Medical Center has established this plan to help employees save tax dollars and increase their net pay.

What is an FSA?

An FSA is designed exclusively for employees, and is established by your employer under Section 125, 129, 132f or 105 of the Internal Revenue Code. This plan allows a participating employee to take certain expenses from their paycheck on a pre-tax basis. This means that all amounts deducted from your paycheck and contributed toward your plan will not be subject to Federal Income tax, nor will it be subject to Social Security tax.

What are eligible expenses under the plan?

Premium Payments

Allows you to use pre-tax rather than after-tax dollars to pay for your share of employer sponsored insurance premiums (medical, dental and vision). Premium payment is a simple payroll adjustment which is handled internally by your employer's payroll department. Do not add premium contributions to your medical expense account contributions.

Medical Expenses (paid by the employee)

An employee's out-of-pocket health care expenses can be paid with before-tax dollars when an employee elects to deposit some of those dollars into their Medical Expense Reimbursement Account. The amount the employee elects to set aside in this account will be held until he or she submits receipts for eligible expenses to be reimbursed. The maximum amount an employee can elect is **\$2,650 for the 2018 plan year. If you choose the High Deductible Health Plan and contribute to a Health Savings Account, you will not be eligible for the medical savings account.** Eligible expenses can include (not limited to*):

Above Usual & Customary Charges
Co-insurance
Dental Expenses
Hearing Aids
Psychologist
Special Tests (allergy, etc.)

Chiropractor
Deductibles
Eyeglasses & Contact Lenses
Prescribed Birth Control
Special Medical Equipment

*For a complete list of eligible expenses please visit <http://www.irs.gov/publications/p502/>

Your FSA Plan includes a Debit Card which can be used for many purchases at provider offices (co-pays) and pharmacies. It is always your responsibility to save receipts, as you may be required to furnish them as proof of purchase.

Reimbursement Requests

Your annual election is available at any time during the plan year. Claims can be filed at any time during the plan year: as you incur the expenses, monthly, quarterly or even annually. To submit a claim, complete the request for reimbursement form. Attach your receipts and mail or fax the claim directly to BMA.

Mail:

BMA
PO Box 781761
San Antonio, TX 78278

Fax:

210-697-0360

Website:

www.bmatpa.com

Flexible Spending Account (FSA)

Health Care FSA Carry Over

Up to \$500 of unused Health Care FSA dollars for a plan year may be carried over to the following plan year. The amount of the allowed carry over is determined by your employer.

- Funds eligible for carry over from a previous plan year will be available to you after the end of the claims run-out period.
- The maximum carry over amount allowed by your employer, does not affect your ability to elect the maximum annual election allowed each plan year for the Health Care FSA. For example, if you elected \$2,500 for the plan year, and had \$500 of unused funds carried over from your previous plan year, the carry over balance would be added to your current election giving you a total annual election of \$3,000.
- You do not have to re-enroll in the new plan year to have unused Health Care FSA dollars carry over to a new plan year.

If you have elected not to participate in the FSA program because of the “use-it-or-lose-it” rule, it might be time to reconsider your options!

Dependent Care (must be work related)

Another important part of the FSA is the ability to pay for child care or day care services with before-tax dollars. Your savings will amount to 22% to 35% of your actual child care expense, depending on your individual or family tax brackets. The maximum amount an employee can elect is **\$5,000 per plan year, per family**. Eligible expenses can include:

Nursery
Private Pre-K

Baby-Sitting
Extended Day Care before & after school

Note: If you are a highly compensated employee, Estes Park Medical Center may be required to discontinue or limit your contributions to the Dependent Care Reimbursement account in order to comply with certain nondiscrimination requirements applicable to the plan under tax law. You will be notified if you are affected by this rule. Please see your Human Resources Department if you have any questions.

Reimbursement Requests

To submit a claim, complete the request for reimbursement form. Attach your receipts and mail or fax the claim directly to BMA.

Mail:
BMA
PO Box 781761
San Antonio, TX 78278

Fax:
210-697-0360

Website:
www.bmatpa.com

Employees should be aware that if you elect the Dependent Care Reimbursement Account at any time, your election cannot exceed the IRS limitation of \$5,000 per Calendar year.

You will be required to coordinate your total payroll deductions to accommodate this IRS limitation. In addition, the IRS limits your elections and or changes to only the open enrollment period unless you have a qualifying event.

IRS rules state that regardless of the number of pay periods left in the calendar year when you are hired, you may not contribute more than \$5,000 to the Dependent Care Reimbursement Account. Your employer will consider how many pay periods are left in the year to determine your per-pay period deductions.

Online Services

Accessing online services

1. Visit: www.umar.com
2. Select "Members"
3. Enter the member ID located on your ID card in the Online Services Access box.

If you have a flexible spending account (FSA) only, enter your Social Security number.

4. Click "Go to my online services." Our Website will redirect you to your online services home page.
5. If you have previously registered for online services, enter your username and password in the member login box and click "Submit" to login, or

If you have not yet registered for online services, click the "Need a Username? Register here." link and follow the prompts to complete your registration.

That's all you need to do. You now have access to a variety of services, including everything that follows.



Claim, eligibility and benefit inquiry

You can view your claims (including copies of EOBs), eligibility and benefit information any time of the day or night. In addition, you can view the status of medical deductibles, out-of-pocket and lifetime maximum amounts. You can also access a summary of claim dollars for current year-to-date and prior year claim charges.

Other insurance and accident details

If you have claims pending for updates to other insurance or accident details information, you can make those updates online. Any claims pending will be automatically reprocessed.

Continued on back...

UMR.

UnitedHealthcare

A UnitedHealthcare Company

UMR Information

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UMR Information



UMR provides
a wealth of
information and
services to
help you live a
healthier life.

ID card ordering

Order duplicate or replacement ID cards quickly and easily.

Flexible Spending Accounts

If you have a flexible spending account through UMR, you can view account information, access a calculator and many other tools to help you determine potential savings.

Member health information

UMR provides a wealth of information and services to help you live a healthier life. Online tools are available to help you make the best decisions about health conditions and prescriptions. In addition, we provide links to excellent health information sites, articles and a whole lot more.

Provider network links

For your convenience, we've set up a link to your provider network. When you click on the link, the network provider's home page is displayed. You can click the link on the home page to search for in-network physicians or medical facilities.

Forms

Our most widely used forms are available online for easy access.

Questions?

If you have any questions or problems, please contact our technical support team at **1-866-922-8266** or reference our online tutorial guides.



To find out more, take our Web tour on the UMR YouTube channel.



A UnitedHealthcare Company

Health information a phone call away

NurseLineSM



Coping with health concerns can be time consuming and complex. It can be hard to know where to find trusted information among so many choices or what to do in a non-emergency situation.

Instead of playing guessing games with health issues, give UMR's NurseLineSM a ring. A simple phone call to NurseLine gets you in touch with a highly trained registered nurse who can answer your medical questions and provide advice — without an appointment.

NurseLine is completely confidential and provides you with the following:



**24 hour-a-day,
7 day-a-week service**



**Hearing assistance
accommodations**



**140+ languages including
English and Spanish**



**Audio health library containing over
1,100 topics, such as physical and
emotional conditions, procedures,
medications, and much more**

What do you do if this happens to you?

*It's midnight. Your child has a fever
and now you notice a peculiar rash.
What should you do?*

*You wake up with severe stomach
cramps. You wonder if you should
phone your doctor, go to the
emergency room or wait it out.*

*You're diagnosed with cancer
and want to learn more about
the disease and possible
treatment options.*

*A family member is scheduled
for a surgical procedure. You read
the pamphlets from the surgeon's
office, but you still have several
unanswered questions.*



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The information provided by this program is for general educational purposes only. It
is not intended as medical advice and cannot replace or substitute for individualized
medical care and advice from a personal physician. Individuals should always consult
with their physicians regarding any health questions or concerns.

**Call us today at
1-877-950-5083
PIN 197**



Dental Plan Summary

Benefit	
Type I - Preventive and Diagnostic Services Oral examinations (2 per year), routine cleanings (2 per year), full mouth x-rays (one set every 36 months), bitewing x-rays (2 per year), panoramic x-ray, fluoride (2 per year under age 15), sealants (1/posterior tooth/3years under age 14, space maintainers (limited to non-orthodontic)	100% - no deductible
Type II - Basic Services Fillings, root canal therapy/endodontics, osseous surgery, periodontal scaling and root planning, denture adjustments and repairs, oral surgery, anesthetics, surgical extractions of impacted teeth, repairs to bridges/crowns/inlays	80% after deductible
Type III - Major Services Crowns/dentures/bridges, inlay/onlays, prosthesis over implant	50% after deductible
Orthodontia	Child orthodontia covers children through age 18. Plan pays 50% of the covered orthodontia services, up to the \$2,000 lifetime orthodontia maximum.
Annual Deductible	\$50 Individual \$150 Family
Calendar Year Maximum	\$1,500



Dental Plan Summary



Welcome to the club!

Your employer allows you and your family members to see any dentist you want. As an added bonus, you have access to the UMR Managed Dental network, along with the Connection Dental overlay offering, which could save you money.

The UMR Managed Dental network is your primary dental network. It is a very large group of dentists that have agreed to provide their services at a discounted rate. There's a good chance that your current dentist is already a member of the UMR Managed Dental network or the Connection Dental network.

No plan changes, just a new ID card

There are no changes to your dental plan benefits.

The dental logo on your UMR ID card automatically makes you eligible for UMR Managed Dental and/or Connection Dental discounts. So there is no extra work on your part.

How it works

If your dentist is in the UMR Managed Dental network, all you need to do is show your UMR ID card at your next appointment. A discount will then be applied to your bill, saving you money!

If your dentist is not currently a part of UMR Managed Dental, you have four choices. You can:

1. See a Connection Dental participating provider and still get a network discount.
2. Continue to see your current dentist as you have in the past!
3. Find another dentist of your choice that is part of the UMR Managed Dental or Connection Dental networks.
4. Ask your dentist to apply to join the network.

"Please note: You will not receive discounts if you choose option 2."

More information

If you have any questions about UMR Managed Dental or Connection Dental, please call the UMR Customer Service number on the back of your ID card.

We hope you take advantage of this money-saving option.



Finding an in-network dentist

Call the toll-free number
1-8 00-82 6- 978, 1 which
is also listed on the back
of your UMR ID card,

Or, visit umr.wm on your
computer or mobile device:

Select **Find a provider**
from the UMR home page

Choose **Dental**

Type **UMR Managed Dental**
or **Connection Dental**

in the search box or use the
alphabetical listing



Vision Plan Summary

Benefit	In-Network	Non-Network
Eye Exam	\$10 co-pay	Up to \$30 reimbursement
Frames/Lenses		
Single Vision	\$25 co-pay	Up to \$25 reimbursement
Bifocal Lenses	\$25 co-pay	Up to \$40 reimbursement
Trifocal Lenses	\$25co-pay	Up to \$60 reimbursement
Frames	\$100 allowance and 20% of charges over the allowance.	Up to \$50 reimbursement
Contacts - in lieu of glasses	\$125 allowance & 15% of charges over the \$125	Up to \$100reimbursement
Exam Frequency	Every 12 months	
Lens Frequency	Every 12 months	
Frames Frequency	Every 12 months	



Basic Term Life Insurance and AD&D

Basic Term Life and AD&D Benefits provided by Estes Park Medical Center to all full and part-time employees. This benefit is not portable.

Basic Term Life and AD&D Benefits	
Life Benefit	1 times salary to \$250,000
AD&D Benefit	1 times salary to \$250,000
Employee Age Reduction Schedule	35% at age 65 50% at age 70 65% at age 75



Voluntary Life Insurance Benefits & Rates

All Voluntary Term Life Benefits are portable.

Voluntary Life Benefits	
Employee Life Amount	Lesser of 5 times salary or \$300,000 (\$25,000 increments)
Employee AD&D Amount	Equal to Life Benefit
Employee Guarantee Issue Amount	\$100,000
Spouse Life Amount	50% of employee election up to \$150,000 (\$5,000 increments)
Spouse AD&D Amount	Equal to Life Benefit
Spouse Guarantee Issue Amount	\$30,000
Child Life Amount	\$10,000
Child AD&D Amount	Equal to Life Benefit
Age Reduction Schedule	35% at age 65 50% at age 70 65% at age 75
Waiver of Premium	Included
Portability	Included to age 70
Age Rated Premiums (excludes AD&D)	Employee and Spouse (spouse rate is based on employee's age—spouse life terminates when employee turns age 70) (rate per \$1,000)
Life Rate: < 40	\$0.085
40 - 44	\$0.195
45 - 49	\$0.195
50 - 54	\$0.495
55 - 59	\$0.495
60 - 64	\$0.695
65 - 69	\$1.305
70 +	\$1.965
Child Life Rate (per \$10,000)	\$1.90
AD&D Rates - add \$0.02 for employee and \$0.04 for spouse/child	
Employee	\$0.02
Spouse/Children	\$0.04

**For example: A 36-year-old employee wants \$30,000 of coverage. Add AD&D rate to Life rate if you want AD&D coverage.

$$\begin{array}{ccccccc}
 \frac{\$30,000}{\text{Elected Benefit Amount}} \div \$1,000 = & 30 & \times & \frac{\$0.085}{\text{Rate Above}} = & \frac{\$2.55}{\text{Your Monthly Cost}} \div 2 = & \frac{\$1.28}{\text{Your Semi Monthly Cost}}
 \end{array}$$

Guarantee Issue amounts listed are only available to new hires and their spouses after the initial offering. All other eligible employees and spouses will be required to submit Evidence of Insurability for any new coverage amount or increase in coverage amount unless you purchase at least one increment at initial offering and then you can add one increment at each open enrollment up to the guarantee issue amount.

Short and Long-Term Disability

Voluntary Short-Term Disability Benefits	Tier 1	Tier 2
Weekly Percentage	60%	60%
Weekly Maximum	\$1,500	\$1,500
Elimination Period Accident/hospitalization Benefit Begins Illness Benefit Begins	31st day 31st day	8th day 8th day
Benefit Duration	22 weeks	25 weeks
Pre-Existing Limitation	3 / 6	3 / 6
Composite Rate per \$10 of benefit	\$0.44	\$0.85

You are eligible for Short Term Disability at initial enrollment without having to answer health questions. If you add the benefit at another time, you will have to answer health questions and could be declined.

Long-Term Disability Benefits are provided by Estes Park Medical Center to all full-time employees only.

Long-Term Disability Benefits	
Monthly Percentage	66.67%
Monthly Maximum	\$6,000 ¹
Elimination Period	180 days
Benefit Duration	Social Security Normal Retirement Age
Own Occupation Limitation Mental/Nervous Limitation Substance Abuse Limitation	24 months
Benefits Integration	Full Family Direct
Survivor Benefit	3 months
Rehabilitation	Voluntary
Pre-existing Limitation**	3 / 12 ²

(1) The Monthly Maximum benefit will be offset by any income received from the Social Security Administration or any other supplemental income source. Total monthly income will not exceed 60% of predisability earnings.

(2) The Pre-Existing condition limitation applies to conditions for which you receive medical services within 3 months of the effective date. No benefits are payable for a disability resulting from such a condition unless you have been covered for 12 consecutive months before the disability occurs. Pregnancy is considered a pre-existing condition.

Employee Assistance Program (EAP)

Employees of EPMC have two resources to utilize:

Resource One (for employee use only)

Sarah Hills, LPC, CACIII is available for up to 4 free, confidential counseling sessions per employee per year. Please reach out to her directly to schedule:

720-250-6610 - Sarah@counselingintherockies.com -

Resource Two:

› Basic Enhanced Employee Assistance Program



FEATURES	WHAT IT MEANS TO YOU
PROFESSIONAL ASSISTANCE	<ul style="list-style-type: none"> • Telephonic support provided by Mutual of Omaha's in-house team of licensed Master's Level Professionals • Mutual of Omaha's EAP team of professionals has an average of 18 years of experience • Majority of Mutual of Omaha's EAP team are Certified Employee Assistance Professionals
PROVIDER NETWORK	<ul style="list-style-type: none"> • National network of more than 6,000 licensed providers • Provider network continually expanding • Flexibility within network to meet individual client/member's needs • All providers are state licensed with a minimum of a Master's degree
FACE-TO-FACE COUNSELING	<ul style="list-style-type: none"> • Three face-to-face counseling sessions per household per calendar year <i>California Residents: Knox Keene Statute limits no more than three EAP face-to-face sessions in a six-month period.</i>
TELEPHONIC ACCESS	<ul style="list-style-type: none"> • 800 number answered 24/7 with direct access to a Master's level EAP professional • 24/7 translation service available for callers (120+ languages) • Receive immediate support and guidance • Develop a plan and identify resources to address needs
EAP WEBSITE	<ul style="list-style-type: none"> • Bilingual article library • Resources and links to additional assistance <ul style="list-style-type: none"> - Emotional well-being resources - Health and safety resources - Family and relationships resources - Work and life transitions resources - Legal and financial resources - Current event resources
LIFE BALANCE SERVICES	<ul style="list-style-type: none"> • Extensive online resource library (articles, assessments, calculators, Balance newsletters) • Child care assistance and referrals • Elder care assistance and referrals
LEGAL AND FINANCIAL SERVICES	<ul style="list-style-type: none"> • Valuable resources available via our website <ul style="list-style-type: none"> - Legal and financial libraries and tools - Legal forms - Financial educational resources - Assisted document preparation online • Telephonic financial consultation • A face-to-face visit may be substituted for one legal consultation (face-to-face or telephonic) • 25 percent discount if member wants to continue legal services with the same attorney • 10 percent discount to LegalZoom (legal services, document preparation) • Covers most legal issues: estate planning, will preparation, civil, family, real estate, etc.



Why MASA necessary?

- Only MASA MTS programs can give you complete peace of mind from all emergency medical transport bills after even the best insurance companies have paid their part.
- Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that the majority of Americans are only partially covered for these high costs*. Only MASA MTS can provide complete protection.
- As the cost of medical transport increases each year, and insurance coverage decreases, only MASA MTS will be able to prevent these increased costs from impacting you directly.

What is covered with MASA?

- Emergency Air Transport
- Emergency Ground Ambulance Transport
- With MASA it does NOT matter which company picks you up in a life threatening situation, you are covered. There are over 300 air ambulance companies in the United States and even more ground EMS companies.
- With MASA MTS you are covered in all SO states and with filJY ground or emergency air ambulance

MASA MTS ensures...

- NO health questions
- NO age limits
- NO claim forms
- NO deductibles
- NO network limitations
- NO dollar limits on emergency transport
- Simply said - **EVERYONE** is eligible!

Exclusively Offered

When Seconds Count on MASA

Cost...

Just \$9 a month

Contact Lynn Arenson to set up an information session for your employees. Learn how to save money and protect your family from financial hardship when an emergency strikes.

Lynn Arenson
MASAMTS
 970 481-6282
larenson@masamts.com

*NAICS - Understanding Air Ambulance Insurance, Consumer Alert

Travel Assist Program

› Worldwide Travel Assistance

TRAVEL ASSISTANCE TRAVELS WITH YOU



Experiencing an emergency while traveling can be especially difficult. Knowing who to call for medical problems, currency exchange issues or lost luggage is critical. Take comfort in knowing that Travel Assistance* travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

ENJOY YOUR TRIP – WE’LL BE THERE IF YOU NEED US

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 90 days in length, more than 100 miles from home.

PRE-TRIP ASSISTANCE**

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

IMMEDIATE ATTENTION FOR EMERGENCIES WHILE TRAVELING

While traveling more than 100 miles from home you may access Travel Assistance services 24/7 by calling the toll-free number for immediate help from a travel assistance professional.

EMERGENCY TRAVEL SUPPORT SERVICES

- Telephonic translation and interpreter services – 24/7 access to telephone translation services
- Locating legal services – referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- Baggage – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- Emergency payment and cash – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- Emergency messages – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- Document replacement – coordination of credit card, airline ticket or other documentation replacement
- Vehicle return – if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company

*Brought to you by Mutual of Omaha. Services provided by AXA Assistance USA (AXA)

**Available at any time, not subject to 100 mile travel radius

MUGC9734



WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the
U.S. call toll free:

1-800-856-9947

Outside the U.S.
call collect:

(312) 935-3658

WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the
U.S. call toll free:

1-800-856-9947

Outside the U.S.
call collect:

(312) 935-3658

Travel Assist Program

MEDICAL ASSISTANCE

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

IDENTITY THEFT

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

EDUCATION AND PREVENTION

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

RECOVERY INFORMATION

- Information regarding the steps to recover from credit card and check fraud
- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

Travel assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. AXA is not affiliated in any way with Mutual of Omaha Companies. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will make all reasonable efforts to help you resolve the emergency situation.

ASSISTANCE

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.

TRAVEL ASSISTANCE PLAN LIMITATIONS

AXA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- Suicide, attempted suicide or self-inflicted injuries
- An act of declared or undeclared war or armed aggression
- While on active duty in the military or international organization
- A single trip lasts more than 90 days in length
- Piloting, learning to pilot or acting as a member of the crew of any aircraft
- Mental or emotional disorders, unless hospitalized
- Participation in professional athletics
- Your commission or attempt to commit a felonious act
- Pregnancy and childbirth (exception: complications of pregnancy)

Expenses for emergency evacuation, medically necessary repatriation, repatriation of remains, return of dependent children, family or friend transportation arrangement and vehicle return are limited to \$100,000 per person per event.

All additional costs would be the responsibility of the member. This includes medical costs which are the responsibility of the person receiving medical services. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. No reimbursement claims for out-of-pocket expenses will be accepted.

Carry this card with you
when you travel

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA

Carry this card with you
when you travel

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Services provided by AXA Assistance USA

› Identity Theft Assistance

AN ESSENTIAL SERVICE FOR YOUR PROTECTION



Each year millions of Americans become victims of identity theft. Information that personally identifies you, such as your name, Social Security number or credit card numbers can be stolen and used to commit fraud or other crimes.

Identity Theft Assistance, provided by AXA Assistance, helps you and your dependents understand the risks of identity theft, learn how to prevent it, and most importantly, assist you if your information is compromised.

ID Theft Assistance is available as part of your overall Travel Assistance package offered by your employer. Services include:

AWARENESS AND EDUCATION

We help you understand the growing threat of identity theft by:

- › Promoting awareness of identity theft
- › Answering your questions about identity theft and how to recognize if you've become a victim
- › Educating you on how to avoid having your identity stolen

RECOVERY ASSISTANCE

If your identity is compromised, the most important thing to do is **respond quickly**. We assist you by:

- › Connecting you to the fraud departments at your bank(s) and credit card companies
- › Facilitating access to credit bureaus and obtaining a complimentary credit report
- › Guiding you in contacting federal government and local law enforcement agencies and filing reports and complaints



Access ID Theft
Assistance services
by calling AXA
Assistance toll-free
at (800) 856-9947.

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Travel Assistance Services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. Mutual of Omaha does not warrant or guarantee, or make any representation as to the quality of the services provided by AXA, or any provider to whom a referral is made by AXA. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will, however, make all reasonable efforts to provide such services and help you resolve the emergency situation.

> Will Preparation

EMPLOYEE ASSISTANCE PROGRAM

Will preparation is available to all employees and eligible family members enrolled in the Employee Assistance Program (EAP). In about 20 minutes, a will can be created to ensure your estate would be distributed according to your wishes.

Are you one of the 64 percent of Americans, or 55 percent of Americans with children, who do not have a will? If you have a will; did you get married or have a child, purchase of a new home, move to a different state or make other significant life changes since you last updated your will? If so, it may be time to take a fresh look at your will.

YOUR EAP OFFERS TWO OPTIONS FOR COMPLETING LISTED BELOW:

1. Free online legal document program which walks you through a step-by-step process and provides state-specific instructions regarding finalizing your documents

From the Mutual of Omaha Employee Assistance Program website www.mutualofomaha.com/eap click on *Legal & Financial* (upper right corner)

Select *See these valuable resources and tools today at CLC Incorporated*

Click on *NEW Legal Tools* and choose *Personal Documents*

After choosing your state, select *Wills, Power of Attorney, and Estate Planning*

There are many options, including will for a married person and will for an unmarried person

Register, or log in, and begin creating your will by following the instructions

2. LegalZoom, is an assisted document preparation service offered at a reduced rate

LegalZoom charges a per-project fee and you are eligible for a discount off their standard rates

Go to www.dcdocprep.com and use discount code CLC888

Your EAP offers a confidential, easy-to-use resource for personal and job-related issues. You have access to a variety of resources available 24/7, which provide collaborative solutions and peace of mind. When you call, you'll always reach a knowledgeable, masters level EAP professional. For more information, contact your EAP at 1-800-316-2796.

MOST AMERICANS DO NOT HAVE A WILL*

90% of Americans aged 18-34 do not have a will

80% of Americans aged 35-44 do not have a will

51% of married Americans with children do not have a will

83% of single Americans with children do not have a will

Benefits that **work**

"Make-a-Will Month survey conducted by The Harris Poll on behalf of Rocket Lawyer (2014)"

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Home office: Mutual of Omaha Plaza, Omaha, NE 68175. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company, Hauppauge, NY 11788-2937, is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply.

MUGC9699

Auto and Home Insurance



As an employee of Estes Park Medical Center, you could receive exclusive savings on auto and home insurance from Liberty Mutual.¹

Join thousands of satisfied customers with Liberty Mutual Insurance.²



Discounted Rates—You could save up to \$519.52 a year³ on auto insurance and receive additional discounts on home insurance.



Exceptional Service—Whether you're in an accident or just need some advice, know we'll always be on call for you.



Superior Benefits—Enjoy a number of superior benefits, such as 24-Hour Claims Assistance, Accident Forgiveness⁴, Roadside Assistance⁵ and Better Car Replacement.^{TM6}



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INSURANCE

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Barney Jones
or Sales Assistant Christine Galassini
2720 Council Tree Ave. # 206
Fort Collins, CO, 80525

(C) 970-290-0871
Barney.Jones@LibertyMutual.com

Client # 124172
(O) 970-372-3380 X58369

¹ Discounts and savings are available where state laws and regulations allow, and may vary by state. To the extent permitted by law, applicants are individually underwritten; not all applicants may qualify. ² Based on Liberty Mutual Insurance Company's 2014 Customer Satisfaction Survey in which more than 81% of policyholders reported their interaction with Liberty Mutual service representatives to be "among the best experiences" and "better than average." ³ Average annual savings based on countrywide survey of new customers from 01/27/2014 to 01/16/2015 who reported their prior insurers' premiums when they switched to Liberty Mutual's group auto and home program. Savings do not apply in MA. ⁴ For qualifying customers only. Accident Forgiveness is subject to terms and conditions of Liberty Mutual's underwriting guidelines. Not available in CA and may vary by state. ⁵ With the purchase of optional Towing & Labor coverage. Applies to mechanical breakdowns and disablements only. Towing related to accidents would be covered under your Collision or Other Than Collision coverage. ⁶ Optional coverage. Applies to a covered total loss. Deductible applies. Does not apply to leased vehicles and motorcycles. Not available in NC.

Coverage provided and underwritten by Liberty Mutual Insurance and its affiliates, 175 Berkeley Street, Boston, MA 02116.

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Liberty Mutual.
INSURANCE

Pet Insurance



Choose a pet health plan to fit your needs

From Nationwide®, the #1 choice in America for pet insurance*



Major Medical Plan comprehensive™
Pet Wellness Plan Plus® everyday care™
 Starting at:
\$47/month*

Major Medical Plan comprehensive™
 Starting at:
\$29/month*

Pet Wellness Plan Plus® everyday care™
 Starting at:
\$21/month*

Use any vet	✓	✓	✓
Accidents , including poisonings, cuts and broken bones	✓	✓	
Common illnesses , including ear infections, rashes, vomiting and diarrhea	✓	✓	
Serious/chronic illnesses ¹ , including cancer, diabetes and allergies	✓	✓	
Hereditary conditions ¹	✓	✓	
Procedures/services , including surgeries, Rx meds and hospitalization	✓	✓	
Wellness services , including exams, vaccinations and flea/heartworm preventives	✓		✓
Annual deductible	\$250 for medical claims \$0 for wellness claims	\$250	\$0

Sample reimbursement

When Biscuit needed emergency surgery after eating a handful of pebbles, the Major Medical plan reimbursed 100% of her vet bill (less the deductible).



Exam, X-rays, surgery, treatment
 1-yr-old mixed breed, California

Veterinary fee
 Reimbursed by Nationwide
 Annual deductible

Sample reimbursement for Major Medical Plan with \$250 annual deductible.
 Sample is based on actual claim, but has been edited for clarity.

vethelpline™ | Members have **free, 24/7 access** to a veterinary professional through **vethelpline** (\$170 value) for any pet question. Only from Nationwide.

Enroll now and receive your discount.

www.petinsurance.com/epmedcenter • 877-738-7874



Nationwide®
 is on your side

How to apply for Nationwide®

Nationwide® provides coverage for veterinary expenses related to accidents and illnesses. Policies are available for dogs, cats, birds, reptiles and other exotic pets.

Optional wellness coverage is also available for dogs and cats, providing reimbursement for the preventive care necessary to keep them healthy year after year.

Choose from two easy ways to sign up:



Call: (877) 738-7874 give the name of your company to receive your group discount.

Visit: www.petinsurance.com/epmedcenter type in the name of your company for your group discount.



During enrollment, you will be asked for the following information:



- Home or primary telephone number
- Name
- Address
- E-mail address
- Name of your pet
- Pet's species (canine, feline, etc.)
- Pet's date of birth
- Pet's sex
- Pet's breed
- Pet's color
- Medical questions about pet's current and past health, medications and date of last veterinary visit
- Preferred animal hospital (note: policyholders are free to use any veterinarian)
- Payment information/plan*

* If payroll plan is available to you: applications approved between the 1st and the 15th of the month become effective on the 1st of the following month. Applications approved from the 16th through the end of the month become effective on the 1st of not the following month, but the month thereafter.

Example: May 1 approval = June 1 effective date
May 16 approval = July 1 effective date

Nationwide member Jenny Alonzo, with Callie



Nationwide®
is on your side

Retirement Plan Information



Estes Park Medical Center Money Purchase Pension Plan

Fact Sheet of Plan Provisions F.A.Q.

What is the Money Purchase Pension Plan and how do I Enroll?

The Estes Park Medical Center Money Purchase Pension Plan is a mandatory Social Security replacement plan. Each employee of EPMC does not pay into Social Security during their employment; instead you contribute to the Money Purchase Pension Plan.

The amount you contribute is equal to the Old-Age Survivors and Disability Insurance Tax in effect for the year of compensation, currently 6.20%. Your contribution is then supplemented with a mandatory employer contribution, currently set at 6.25% of your compensation. Contributions and earnings in the plan are tax deferred savings. You will be responsible for paying taxes when you withdraw the money from your account. All employees must participate in the Plan and are immediately enrolled upon hire.

When do I begin contributing?

You begin contributing to the plan on the first pay-period of your employment. EPMC will continue to withhold your contribution as long as you remain an employee of EPMC.

How is my account invested?

Your plan is participant directed and offers investment options that provide a straightforward way to begin saving meaningfully. In your plan enrollment packet you will find a list of investment options to choose from that include Money Market, Bond, Equity and Target Date and Target Risk Funds. You also have access to Morningstar Retirement Manager, a web-based resource you can use to

create a personalized investment strategy based on the investment options available in the Plan.

*If you do not make any investment elections for the funds in your account, you will automatically be invested in the Tributary Balanced Fund Class Institutional Plus.

When can I withdraw money from my account?

You may only withdraw from your account balance after you terminate employment, or upon reaching age 62 or older if still employed. The Plan is designed to be retirement savings for use when you retire. Depending on the type of withdrawal you request, certain taxes may apply. If you are under age 59 ½ you may also be subject to an additional 10% penalty. Please see your Summary Plan Description and Special Tax Notice documents for more details.

How are my contributions vested?

You are always 100% vested in the contributions you have made to the plan. Vesting refers to the portion of the Employer Contributions you are entitled to receive. You receive vesting credit for each year you work with EPMC. Below is the vesting schedule for your plan.

Vesting Schedule

Less than one year employment: 25%
One year of employment: 50%
Two years of employment: 75%
Three or more years of employment: 100%

Retirement Plan Information



Estes Park Medical Center Money Purchase Pension Plan

What are my distribution options?

Upon termination of employment or reaching age 62 or older, you may request a distribution of your vested account balance. Your distribution options are:

- Lump Sum/ Lump Sum Rollover
- Monthly, quarterly or annual Installments
- Partial distributions (\$1,000 minimum)

Please see your Summary Plan Description and Special Tax Notice documents for more details.

Who administers the Plan?

First National Bank Wealth Management is the trustee for the plan.

How can I access my account?

You can access your account online by going to the First National Retirement website.

The first time you access the site you will need to:

Visit: www.firstnationalretirement.com

Select: Account Log In

Click: Need to Register?

This website allows you to view your account, update your profile and make changes to how you invest your account balance. Additionally, the website provides you information regarding each of the funds offered in your retirement plan with access to fund fact sheets and prospectuses. The website is also where you can access the Morningstar Retirement Manager and other retirement planning tools. If you do not have access to a computer or feel more comfortable transacting business via the telephone, you can call 866.794.2116. This phone number provides you the same service options that are available on the website.

How is my Social Security Benefit affected?

While employed at EPMC you do not pay into Social Security. Your Social Security benefit (if you earn one) will be calculated using a special reduced formula known as the Windfall Elimination Provision (WEP). WEP is applied because you will be paid a retirement benefit based on service with EPMC, which is not covered by Social Security. The WEP calculation is intricate, but it is capped so most employees will still receive a benefit from Social Security. If you receive a pension from a federal, state or local government based on work where you did not pay Social Security taxes, your Social Security spouse's, or widow's or widower's benefits may be reduced. This is known as Government Pension Offset (GPO).

For more information on Windfall Elimination Provision or Government Pension Offset, please contact Social Security at:

1-800-772-1213 or www.ssa.gov

Note this document is only a summary of your plan provisions. For complete plan details please refer to the Summary Plan Description and Plan Document.

Retirement Plan Information



Estes Park Medical Center 457(b) Deferred Compensation Plan

Fact Sheet of Plan Provisions F.A.Q.

What is the 457 Deferred Compensation Plan and how do I enroll?

The Estes Park Medical 457 Deferred Compensation plan is a voluntary tax-deferred employee contribution plan. It is provided to you as an employee of EPMC to allow you to build your retirement savings faster. EPMC does not make any contributions to this plan. As of your hire date you are eligible to enroll in the 457 plan. In order to participate in the 457 plan you will need to complete an enrollment form.

When do I begin contributing and how much can I contribute?

After completing your enrollment form, you may begin contributing to the plan as soon as the first day of the month following your date of hire. The maximum amount that you may contribute to the 457 plan is the lesser of:

Contribution Limits

- \$18,000 (for 2016 and as adjusted annually); or
- \$18,500 (for 2018 and as adjusted annually); or

How is my account invested?

Your plan is participant directed and offers investment options that provide a straightforward way to begin saving meaningfully. In your plan enrollment packet you will find a list of investment options to choose from that include Money Market, Bond, Equity and Target Date and Target Risk Funds. You also have access to Morningstar Retirement Manager, a web-based resource you can use to

create a personalized investment strategy based on the investment options available in the Plan.

*If you do not make any investment elections for the funds in your account, you will automatically be invested in the Tributary Balanced Fund Class Institutional Plus.

How are my contributions vested?

You are always 100% vested in the contributions you have made to the plan.

When can I withdraw money from my account?

You may only withdraw from your account balance after you terminate employment or for an Unforeseeable Emergency (while employed), as defined under IRS rules. The Plan is designed to be retirement savings for use when you retire. Depending on the type of withdrawal you request, certain taxes may apply. If you are under age 59 ½ you may also be subject to an additional 10% penalty. Please see your Summary Plan Description and Special Tax Notice documents for more details.

What are my distribution options?

Your distribution options are:

- Lump Sum/ Lump Sum Rollover (you may only rollover to another 457 Plan)
- substantially equal monthly, quarterly, semi-annual or annual installment payments over a fixed reasonable period of time (provided that this period does not exceed your life expectancy or the joint life expectancies of you and your beneficiary); or
- an annuity

Retirement Plan Information



Estes Park Medical Center 457(b) Deferred Compensation Plan

Who administers the Plan?

First National Bank Wealth Management is the trustee for the plan.

How can I access my account?

You can access your account online by going to the First National Retirement website.

The first time you access the site you will need to:

Visit: www.firstnationalretirement.com

Select: Account Log In

Click: Need to Register?

This website allows you to view your account, update your profile and make changes to how you invest your account balance. Additionally, the website provides you information regarding each of the funds offered in your retirement plan with access to fund fact sheets and prospectuses. The website is also where you can access the Morningstar Retirement Manager and other retirement planning tools. If you do not have access to a computer or feel more comfortable transacting business via the telephone, you can call 866.794.2116. This phone number provides you the same service options that are available on the website.

Note this document is only a summary of your plan provisions. For complete plan details please refer to the Summary Plan Description and Plan Document.

Additional Information

PTO (Paid Time Off)

Employees begin to accrue PTO and ESL from their first day of employment. Accrual amounts are based on an employee's service date and hours worked. PTO accruals will increase after an employee completes one year of continuous service based on the employee's service date.

Options for PTO usage include: vacation, sick, holiday, cash in, and contributing to the Employee Assistance Fund and PTO donations. Once employees reach their PTO maximum, PTO accruals will stop and will not resume until the employee schedules time off, donates hours, or cashes out hours.

The table below shows the annual PTO accrual and maximum accrual schedule for employees eligible to participate in the PTO Program.

Years of Service	Accrual Rate Per Hour	Annual PTO Accrual	Annual 8 Hour Days	Maximum Accrual
Less than 1	.0885	184 hours	23	276 hours
1 but less than 5	.0923	192 hours	24	288 hours
5 but less than 10	.1077	224 hours	28	336 hours
10 but less than 15	.1192	248 hours	31	372 hours
15 or more	.1308	272 hours	34	408 hours

If you are a full-time employee and work 60-79 hours per pay period, you will accrue a percentage of the 80-hour PTO schedule. For example, if you work 64 hours per pay period, you will accrue 80% of the 80-hour PTO schedule (64 hours is 80% of 80 hours).

Employees may elect to "cash in" up to 80 PTO hours each year at 100% of the value. The annual cash-in limit increases to 120 hours for employees with ten or more consecutive years of service at EPMC.

ESL (Extended Sick Leave)

All Full-time non-contracted employees earn 1.538 ESL hours per pay period. Part-time employees earn ESL based on the number of hours paid per pay period multiplied by the factor of 0.01923. ESL hours may accumulate up to a maximum of 360 hours. ESL accruals will stop once the bank reaches 360 hours and will not resume until the bank is brought to below the maximum.

Employees who are out of work for their own illness/injury for twenty-four or more consecutive work hours may use ESL. ESL hours may be used for one's own personal illness, maternity, paternity, or adoption.

Payments for the first twenty-four hours absent can be paid out of the employee's PTO bank or the hours can be taken unpaid. Then in the last line of the same paragraph; If the ESL bank is depleted and employee is still out of work, he/she can be paid any accrued PTO hours.

ESL will be paid at the base hourly rate in effect on the date of the absence. Part-time employees' ESL pay will be determined based on the number of hours they would normally be scheduled to work on the day of the absence.

Full-Time Payroll Deductions - Semi-Monthly

UMR - PPO Co-pay Plan Full-Time	Per Paycheck Employee Cost	Monthly Employee Cost	Monthly Employer Cost
Employee Only:	\$86.02	\$172.04	\$974.88
Employee + Spouse:	\$252.90	\$505.79	\$1,902.74
Employee + Child(ren):	\$185.23	\$370.45	\$1,808.69
Employee + Family:	\$309.67	\$619.33	\$2,821.41
UMR - HDHP/HSA Plan Full-Time			
Employee Only:	\$59.10	\$118.21	\$866.86
Employee + Spouse:	\$206.86	\$413.72	\$1,654.87
Employee + Child(ren):	\$196.51	\$393.03	\$1,478.53
Employee + Family:	\$265.96	\$531.92	\$2,423.17
Monthly HSA Employer Contributions			
Employee Only:	\$50.00		
Employee + Spouse:	\$50.00		
Employee + Child(ren):	\$50.00		
Employee + Family:	\$50.00		
Dental Plan			
Employee Only:	\$6.42	\$12.84	\$28.56
Employee + Spouse:	\$18.51	\$37.02	\$47.12
Employee + Child(ren):	\$26.58	\$53.15	\$67.64
Employee + Family:	\$40.89	\$81.77	\$81.76
Vision Plan			
Employee Only:	\$0.23	\$0.46	\$4.06
Employee + Spouse:	\$2.26	\$4.52	\$4.07
Employee + Child(ren):	\$2.49	\$4.98	\$4.06
Employee + Family:	\$4.61	\$9.22	\$4.07

You are paid 26 times a year, however, premiums will only be deducted from 24 of your annual paychecks, thus making your premiums Semi-Monthly

Part-Time Payroll Deductions - Semi-Monthly

UMR - PPO Co-pay Plan Part-Time	Per Paycheck Employee Cost	Monthly Employee Cost	Monthly Employer Cost
Employee Only:	\$137.63	\$275.26	\$871.66
Employee + Spouse:	\$409.45	\$818.90	\$1,589.63
Employee + Child(ren):	\$294.18	\$588.37	\$1,590.77
Employee + Family:	\$533.31	\$1,066.63	\$2,374.11
UMR - HDHP/HSA Plan Part-Time			
Employee Only:	\$78.81	\$157.61	\$827.46
Employee + Spouse:	\$258.57	\$517.15	\$1,551.44
Employee + Child(ren):	\$233.94	\$467.89	\$1,403.67
Employee + Family:	\$369.39	\$738.77	\$2,216.32
Monthly HSA Employer Contributions			
Employee Only:	\$50.00		
Employee + Spouse:	\$50.00		
Employee + Child(ren):	\$50.00		
Employee + Family:	\$50.00		
Dental Plan			
Employee Only:	\$6.42	\$12.84	\$28.56
Employee + Spouse:	\$18.51	\$37.02	\$47.12
Employee + Child(ren):	\$26.58	\$53.15	\$67.64
Employee + Family:	\$40.89	\$81.77	\$81.76
Vision Plan			
Employee Only:	\$0.23	\$0.46	\$4.06
Employee + Spouse:	\$2.26	\$4.52	\$4.07
Employee + Child(ren):	\$2.49	\$4.98	\$4.06
Employee + Family:	\$4.61	\$9.22	\$4.07

You are paid 26 times a year, however, premiums will only be deducted from 24 of your annual paychecks, thus making your premiums Semi-Monthly

Important Information

This book highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this book and the legal plan documents, the plan documents are the final authority. Estes Park Medical Center reserves the right to change or discontinue its benefit plans at any time.

HIPAA Privacy Notice

HIPAA requires Estes Park Medical Center to notify you that a privacy notice is available upon request. **Please contact Human Resources if you have any questions.**

Summary of Material Modification

This Summary of Material Modification (SMM) describes changes to the Estes Park Medical Center plans and supplements the Summary Plan Description (SPD) for the plan. The effective date of each of these changes is January 1st, 2018. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

The Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact the Human Resources Department for more information.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving 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 co-insurance applicable to other medical and surgical benefits provided under the Estes Park Medical Center Health Plan. Please see the Medical Benefit Plan for specific details.



Premium Assistance Under Medicaid and 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, 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. For more information, visit 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** or 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 "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 the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (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 **January 31, 2017**. Contact your State for more information on eligibility

Alabama - Medicaid Website: www.myalhipp.com Phone: 1-855-692-5447	Georgia - Medicaid Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
Alaska - Medicaid The AK Health Insurance Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Indiana - Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
Arkansas - Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Iowa - Medicaid Website: http://www.dhs.iowa.gov/imel members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
Colorado - Health First Colorado (Medicaid) & CHIP+ Health First Colorado Website: http://wvm.healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943 State Relay 711 CHIP+: colorado.gov/HCPF/Child-Health-Plan-Plus CHIP+ Customer Service: 800-359-1991 State Relay 711	Kansas - Medicaid Website: http://www.kdheks.gov/hcfl Phone: 1-785-296-3512 Kentucky - Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
Florida - Medicaid Website: https://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	Louisiana - Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447

Maine - Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Oregon - Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://wvm.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
Minnesota - Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care/programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Pennsylvania - Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
Massachusetts - Medicaid and CHIP Website: http://www.mass.gov/eohhs/govt/departments/masshealth/ Phone: 1-800-462-1120	Rhode Island - Medicaid Website: www1.eohhs.ri.gov Phone: 401-462-5300
Missouri - Medicaid Website: http://www.dss.mo.gov/mhdp/participants/pages/hipp.htm Phone: 573-751-2005	South Carolina - Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820
Nevada - Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	South Dakota - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
Nebraska - Medicaid Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	West Virginia - Medicaid Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
Montana - Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Utah - Medicaid and CHIP Medicaid Website: http://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
New Jersey - Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://VNIW.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Virginia - Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
New Hampshire - Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	Vermont - Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
New York - Medicaid Website: http://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Washington - Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment/program Phone: 1-800-562-3022 ext. 15473
North Carolina - Medicaid Website: http://www.dma.ncdhhs.gov/ Phone: 919-855-4100	Texas - Medicaid Website: https://1/gethiptexas.com/ Phone: 1-800-440-0493
North Dakota - Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Wisconsin - Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
Oklahoma - Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Wyoming - Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since **January 31, 2017**, or for more information on special enrollment rights, contact either:

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

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

Medicare D Notice

Important Notice from Estes Park Medical Center About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Estes Park Medical Center and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Estes Park Medical Center has determined that the prescription drug coverage offered by the Estes Park Medical Center medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Estes Park Medical Center coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. Please see the Medical Benefit Plan in this book for specific details about the prescription drug coverage.

If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits and your coverage will coordinate with Medicare.

If you do decide to join a Medicare drug plan and drop your current Estes Park Medical Center coverage, be aware that you and your dependents may not be able to get this coverage back.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Medicare D Notice

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Estes Park Medical Center and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Estes Park Medical Center changes. You also may request a copy of this notice at any time.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 2018
Name of Entity/Sender:	Estes Park Medical Center
Contact--Position/Office:	Human Resources Department
Address:	555 Prospect Avenue Estes Park, Colorado 80517
Phone Number:	970-557-4457

CMS Form 10182-CC

Updated April 1, 2011

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