ESTES PARK HEALTH







2022

Employee Benefits Guide

January 1, 2022 - December 31, 2022

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. 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. Policy forms for your reference will be made available upon request.

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 issues should be addressed by your general counsel or an attorney who specializes in this practice area.

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**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 34-35 for more details.

Customer Service and Contact Information

Benefit	Carrier	Group Number/Network	Customer Service	Website
Medical	UMR/United Healthcare	Group # 76411465 Network: Choice Plus	800-826-9781	www.umr.com
Dental	Mutual of Omaha	Group # G000B8QY	800-927-9197	www.mutualofomaha.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
Flexible Spending Account (FSA)	BMA	N/A	800-934-6302 Option 2	www.bmatpa.com
Employee Assistance Program	Mutual of Omaha	Username: N/A Password: N/A	800-316-2796	www.mutualofomaha.com/eap
COBRA Administration	BMA	N/A	800-934-6302 Option 3	www.bmatpa.com
Cancer, Critical Illness, Accident	Allstate	N/A	800-840-6580 ext: 4	michaela_castro@ajg.com
SSRP (Retirement)	Ascensus	Individual Accounts	888-652-8086	www.myaccount.ascensus.com

Gallagher

Insurance | Risk Management | Consulting

Gallagher Benefit Advocate Center (BAC)

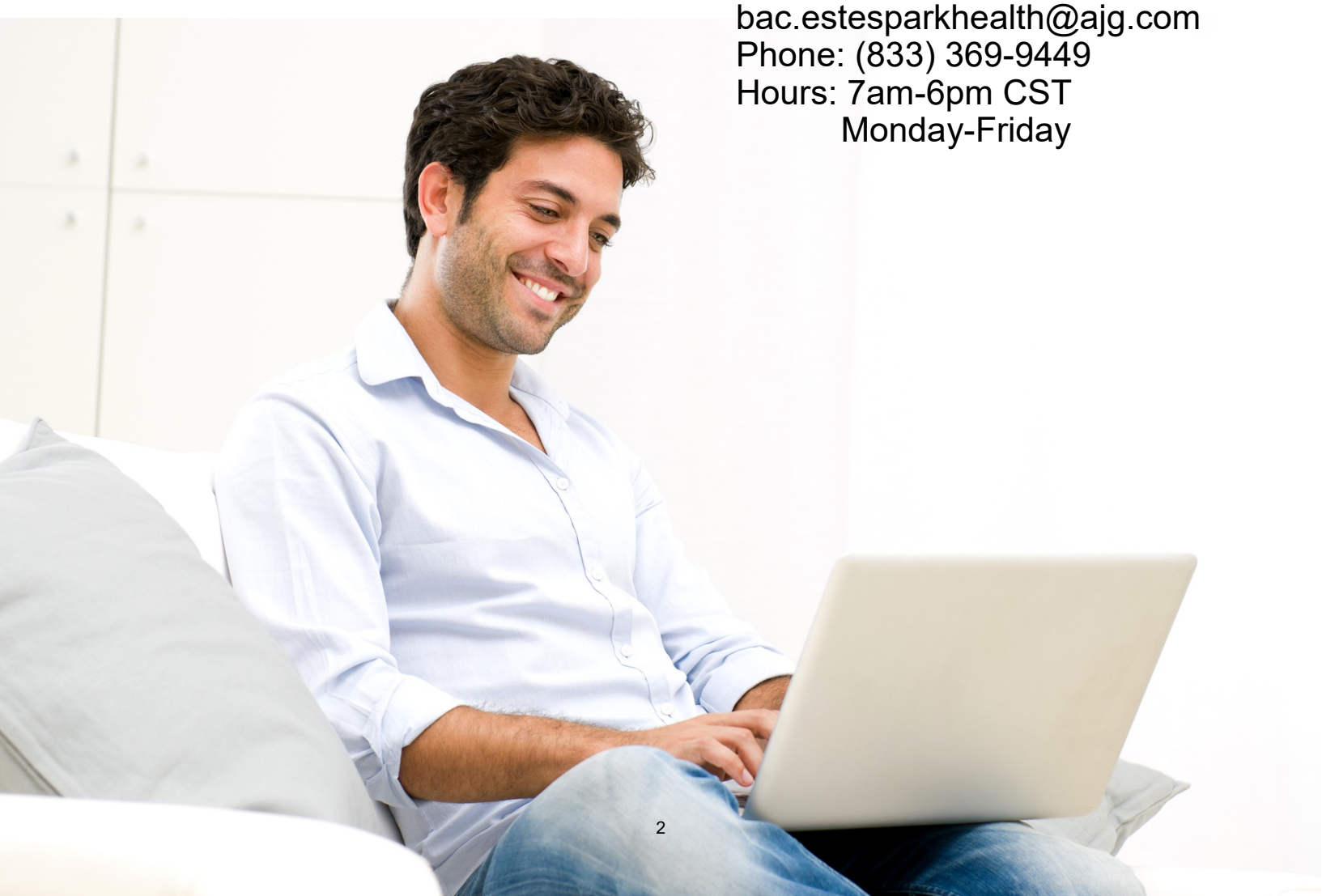
Gallagher is ready to help you get the most from your benefit programs by providing an advocate at no cost to assist you with:

- **Explanation of benefits.**
  Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?
- **Prescription/pharmacy problems.**
  Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting an authorization on a medication?
- **Benefits questions.**
  Are you unsure if the insurance will pay for a certain procedure?
- **Claim issues.**
  Did you receive a bill from a doctor but don't know why?
- **Difficult situation.**
  Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

You have a dedicated Advocate ready to handle any situation in a discreet and confidential manner.

CONTACT INFORMATION

bac.estesparkhealth@ajg.com
Phone: (833) 369-9449
Hours: 7am-6pm CST
Monday-Friday



Eligibility, Enrollment and Useful Benefit Terms

The open enrollment period for eligible employees of Estes Park Health will be November 2 - November 25, 2021. The new benefit plan will be effective January 1, 2022 - December 31, 2022.

- 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, flexible spending, accident and critical illness coverage. Some products may require evidence of insurability during open enrollment.
- 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).
- Eligible dependents are your spouse or domestic partner, children to age 26, and disabled children of any age.

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. They do not apply toward the deductible.

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.

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

Domestic benefits consist of using EPH Providers. When you use this network, your out of pocket expenses are less than utilizing the UHC network or going out-of-network.

Estes Park Health'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 EPH	HDHP/HSA Plan In-Network	HDHP/HSA Plan Out-of-Network	PPO Co-pay Plan EPH	PPO Co-pay Plan In-Network	PPO Co-pay Plan Out-of-Network
Annual Deductible	$2,800 Individual $5,600 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	$2,800 Individual $5,600 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
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 co-pay		
Urgent Care Center Services Additional services/supplies may incur additional fees	100% after deductible	90% after deductible	60% after deductible	$50 co-pay	$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% after deductible	100%		60% after deductible
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 25% after deductible Same as Retail		 60% after Deductible N/A	 $10 co-pay $20 co-pay $30 co-pay 25% N/A	 $20 co-pay $40 co-pay $60 co-pay 25% $50 co-pay $100 co-pay $150 co-pay 25%	 60% N/A

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 Health 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 the EPH 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 tax dependents. Distributions from an HSA to pay for qualified medical expenses are not taxable.

Qualified healthcare 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

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, your employer, or anyone else. The IRS calendar year maximums for these savings accounts are listed below:

2022 Contribution Amounts	IRS Maximum	Estes Park Contribution
Employee Only	$3,650	$50 per month ($600 per year)
Employee + Dependent	$7,300	$50 per month ($600 per year)
Catch-Up Contribution (55+)	$1,000	

Note: The amount Estes Park Health contributes to your account DOES count toward the Annual Maximum. Please plan carefully to avoid over-contributing.

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 healthcare expenses, you won't pay taxes. Contributions that Estes Park Health 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.

Opening an HSA

Estes Park Health offers an employer-sponsored Health Savings Account through the 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 Health 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 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 healthcare 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 Health 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. Your premiums for medical, dental and vision are deducted on a pre-tax basis.

FOR PARTICIPANTS ON THE CO-PAY PLAN ONLY

Healthcare FSA (paid by the employee)
An employee's out-of-pocket healthcare 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 $2,750 **for the 2022 plan year**. 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.

Healthcare FSA Carry Over
Up to $500 of unused Healthcare FSA dollars for a plan year may be carried over to the following plan year.

- Funds eligible for carry over from a previous plan year will be available to you after the end of the claims run-out period (90 days).
- The carry over amount does not affect your ability to elect the maximum annual election each plan year for the Healthcare FSA. For example, if you elected $2,750 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 $3,250.
- You do not have to re-enroll in the new plan year to have unused Healthcare FSA dollars carry over.
- Rolling over funds will disqualify you from opening an HSA. If you elect the HSA option you will need to forfeit any carry over.

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, fax, or upload the claim directly to BMA.

Mail:
BMA .
PO Box 781761
San Antonio, TX 78278

Fax:
210-697-0360

Website:
www.bmatpa.com

AVAILABLE TO ALL PARTICIPANTS

Dependent Care FSA (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	Baby-Sitting
Private Pre-K	Extended Day Care before & after school

Note: If you are a highly compensated employee, Estes Park Health may be required to discontinue or limit your contributions to the Dependent Care FSA in order to comply with certain nondiscrimination requirements. You will be notified if you are affected by this rule.

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.

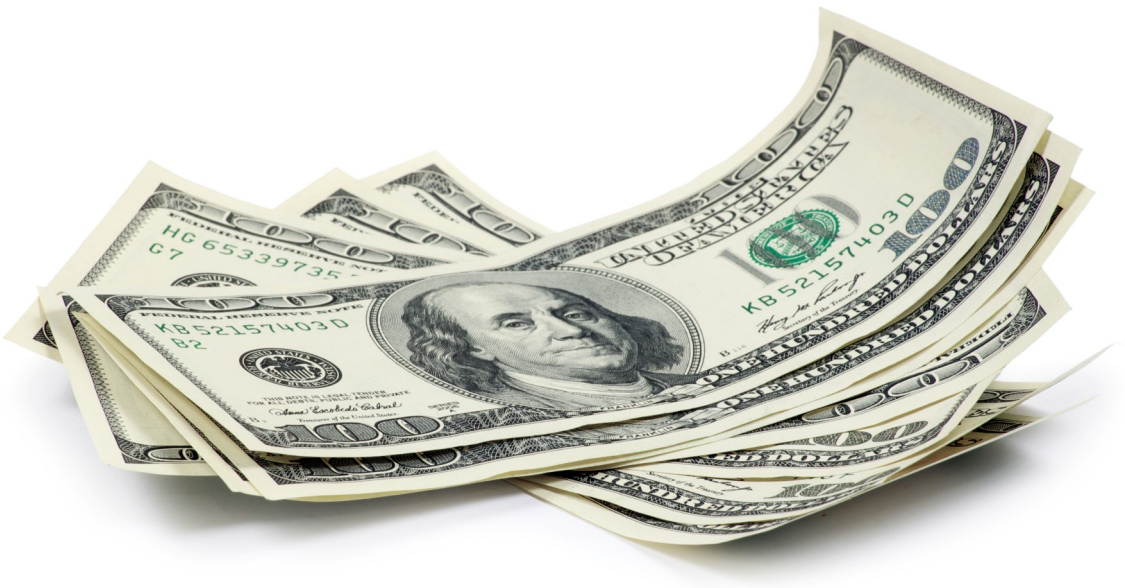
Reimbursement Requests

Your annual election is available as it is deducted from your paycheck 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



Dental Plan Summary

Benefit	
Type I - Preventive and Diagnostic Services Oral examinations (2 per year), routine cleanings (2 per year), bitewing x-rays, fluoride (1 per year through age 16), sealants (through age 16), space maintainers (through age 16)	100% - no deductible
Type II - Basic Services Emergency care for pain relief, amalgam and composite fillings, oral surgery, periodontics, endodontics	80% after deductible
Type III - Major Services Crowns, inlays/onlays, bridges, dentures, implants	50% after deductible
Annual Deductible	$50 Individual $150 Family
Calendar Year Maximum (per person)	$1,500 Preventive services do not apply towards maximum
Orthodontia Children up to age 19	Plan pays 50% of orthodontia services up to $2,000 lifetime maximum.

This is a PPO Dental Plan. You may see any dentist you like. Dentists that participate in the network have agreed to accept a contracted payment from Mutual of Omaha. If you choose an out-of-network dentist your claims will be paid at 100%/80% and 50% up to the reasonable and customary amount in your area and you may be balance billed for the difference.

How to Access Online Portal

With online access you can:

1. View benefits information, eligibility and claims
2. Print or view Explanation of Benefits (EOBs)
3. Locate a provider, by ZIP code or address

Getting Started

1. Go to MutualofOmaha.com/dental
2. Click on the “Member Portal Link” and select the “Register Now” button. You will enter your Member ID number (located on your member ID card) or the last 4 digits of your Social Security Number and follow the instructions to create your user name and password. Visit as many times as you need to view or print copies of your coverage information.

Note: Due to HIPAA a spouse and adult child will have to register separately.

Logging On

1. Go to MutualofOmaha.com/dental
2. Enter your username and password
3. Click the “Login” button

MUTUAL of OMAHA

Vision Plan Summary

Benefit	In-Network	Non-Network
Eye Exam	$10 co-pay	Up to $30 reimbursement
Retinal Imaging	Up to $39	N/A
Frames/Lenses		
Single Vision	$25 co-pay	Up to $25 reimbursement
Bifocal Lenses	$25 co-pay	Up to $40 reimbursement
Trifocal Lenses	$25 co-pay	Up to $60 reimbursement
Standard Progressive	$90 allowance + 20% off balance	Up to $40 reimbursement
Frames	$100 allowance + 20% off balance	Up to $50 reimbursement
Contacts - in lieu of glasses	$125 allowance	Up to $100 reimbursement
Fitting Fee	Standard: $40 co-pay; Premium: 10% discount	N/A
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 are provided by Estes Park Health 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

Guarantee Issue amounts listed are only available to new hires and their spouses at the initial offering. All other eligible employees and spouses will be required to submit Evidence of Insurability for new coverage or an increase in coverage. Current participants may increase their amount by one increment at each open enrollment up to the guarantee issue amount.

Voluntary Life Benefits*	
Employee Life Amount	Lesser of 5 times salary or $300,000 ($25,000 increments)
Employee AD&D Amount	Separate Election
Employee Guarantee Issue Amount**	$100,000
Spouse Life Amount (spouse life terminates when employee turns 70)	Lesser of 50% of employee election or $150,000 ($5,000 increments)
Spouse AD&D Amount	Separate Election:
Spouse Guarantee Issue Amount**	$30,000
Child Life Amount	$10,000
Child AD&D Amount	Separate Election
Age Reduction Schedule (Age reductions will go into effect the first of the month following your birthday)	35% at age 65 50% at age 70 65% at age 75
Waiver of Premium	Included
Portability	Available until age 70
Age Rated Premiums (excludes AD&D)	**Employee and Spouse (per $1,000 of benefit) (spouse rate is based on employee's age)**
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	$0.19
AD&D Rates (per $1,000 of benefit)	
Employee	$0.02
Spouse/Children	$0.04

How to Calculate Your Monthly Cost for Life and AD&D Coverage (Example: 36 year old wants $50,000 of Life and AD&D)		
Step 1: Divide your elected benefit by 1,000	50,000 / 1,000 =	50
Step 2: Select your rate above (add AD&D if you are electing both)	0.085 + 0.02 =	0.105
Step 3: Multiply Step 1 by Step 2	50 x 0.105 =	$5.25

*You must purchase coverage on yourself in order to purchase coverage on your spouse and children. Voluntary Life coverage must be purchased in order to purchase AD&D.
**GI does not apply if the party being covered is confined to a hospital bed or is unable to perform the five activities of daily living.

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 Benefit Begins Illness Benefit Begins	 30 days 30 days	 7 days 7 days
Benefit Duration	22 weeks	25 weeks
Pre-Existing Limitation	3 / 6	3 / 6
Composite Rate per $10 of benefit	$0.44	$0.85

Note: Tier 1 is for employees who have a significant amount of PTO banked and plan on using that for the elimination period. The elimination period runs concurrently with your physician-mandated period of disability on both Tier 1 and Tier 2. For example if an employee enrolled in tier 1 is out on maternity leave with a period of disability lasting 6 weeks, the first 30 days would be considered the elimination period and they would only receive 2 weeks of payment to fulfill the 6 weeks of disability.

How to Calculate Your Monthly Cost for Short-Term Disability Coverage (Example: $30,000 annual salary at time of enrollment)		
Step 1: Divide annual salary by 52 to determine weekly salary	$30,000 / 52 =	$576.92
Step 2: Multiply weekly salary by .60	$576.92 x .60 =	$346.15
Step 3: Round to the nearest $1.00 increment	=	$346.00
Step 4: Divide step 3 by $10.00	$346.00/ $10.00 =	$34.60
Step 5: To determine your monthly cost multiply step 4 by the rate above	$34.60 x $0.85 =	$29.41

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

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

Note: Your 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.

Note: 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 6 consecutive months on the STD and 12 months on the LTD before the disability occurs. Pregnancy is considered a pre-existing condition.

Employee Assistance Program (EAP)

Employees of EPH have two resources to utilize:

Resource One: Available to Employees and their dependents

Phone: 800-316-2796 Website: www.mutualofomaha.com/eap

FEATURES	WHAT IT MEANS TO YOU
PROFESSIONAL ASSISTANCE	• 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	• 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	• Three face-to-face counseling sessions per household per calendar year *California Residents: Knox Keene Statute limits no more than three EAP face-to-face sessions in a six-month period.*
TELEPHONIC ACCESS	• 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	• Bilingual article library • Resources and links to additional assistance - 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	• Extensive online resource library (articles, assessments, calculators, Balance newsletters) • Child care assistance and referrals • Elder care assistance and referrals
LEGAL AND FINANCIAL SERVICES	• Valuable resources available via our website - 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.

Resource Two: (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 -

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.

MUTUAL OF OMAHA INSURANCE COMPANY

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.clcdocprep.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)

Full-Time Payroll Deductions

PPO Co-pay Plan	Per Paycheck Employee Cost	Monthly Employee Cost	Monthly Employer Cost
Employee Only:	$150.05	$300.09	$866.33
Employee + Spouse:	$315.10	$630.19	$1,819.28
Employee + Child(ren):	$228.07	$456.14	$1,760.05
Employee + Family:	$360.11	$720.22	$2,779.02
HDHP/HSA Plan - Estes Park Health also contributes to your HSA. See page 6 for details.			
Employee Only:	$84.52	$169.04	$825.30
Employee + Spouse:	$229.68	$459.37	$1,628.67
Employee + Child(ren):	$207.81	$415.62	$1,473.55
Employee + Family:	$328.12	$656.23	$2,326.64
Dental Plan			
Employee Only:	$9.42	$18.84	$18.84
Employee + Spouse:	$22.61	$45.22	$30.15
Employee + Child(ren):	$33.39	$66.77	$44.52
Employee + Family:	$45.77	$91.53	$61.02
Vision Plan			
Employee Only:	$1.13	$2.26	$2.26
Employee + Spouse:	$3.22	$6.44	$2.15
Employee + Child(ren):	$3.39	$6.78	$2.26
Employee + Family:	$4.98	$9.97	$3.32

You are paid 26 times a year; however, premiums will be deducted from 24 of your paychecks.

Part-Time Payroll Deductions

PPO Co-pay Plan	Per Paycheck Employee Cost	Monthly Employee Cost	Monthly Employer Cost
Employee Only:	$305.16	$610.31	$556.11
Employee + Spouse:	$640.83	$1,281.66	$1,167.81
Employee + Child(ren):	$579.80	$1,159.59	$1,056.60
Employee + Family:	$915.47	$1,830.93	$1,668.31
HDHP/HSA Plan - Estes Park Health also contributes to your HSA. See page 6 for details.			
Employee Only:	$149.15	$298.30	$696.04
Employee + Spouse:	$313.21	$626.42	$1,461.62
Employee + Child(ren):	$283.38	$566.76	$1,322.41
Employee + Family:	$447.43	$894.86	$2,088.01
Dental Plan			
Employee Only:	$9.42	$18.84	$18.84
Employee + Spouse:	$22.61	$45.22	$30.15
Employee + Child(ren):	$33.39	$66.77	$44.52
Employee + Family:	$45.77	$91.53	$61.02
Vision Plan			
Employee Only:	$1.13	$2.26	$2.26
Employee + Spouse:	$3.22	$6.44	$2.15
Employee + Child(ren):	$3.39	$6.78	$2.26
Employee + Family:	$4.98	$9.97	$3.32

You are paid 26 times a year; however, premiums will be deducted from 24 of your paychecks.

Medical Transport Solutions

MASA Medical Transport Solutions

Why is 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 50 states and with any 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!

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
MASA MTS
970 481-6282
larenson@masamts.com

**NAICS - Understanding Air Ambulance Insurance, Consumer Alert*

Accident Insurance

No one plans to have an accident. But, it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs.

The employee chooses benefit coverage under his **Employer Approved Plan**

2 years later the employee is traveling to work, is in a car accident, and is air lifted to the hospital

Employee incurred expenses for services in and out of the hospital. In addition to what major medical insurance paid, our accident benefits paid for:

Air Ambulance Service	$ 600
Medical Expenses (surgery)	$ 400
Initial Hospital Confinement	$ 1,000
3-Day Hospital Stay	$ 600
Outpatient Doctor Visit	$ 50

With Accident Coverage

Additional dollars to pay for copay, deductible and other costs

Benefits paid: $2,650

Without Accident Coverage

No additional dollars to pay for copay, deductible or other out-of-pocket costs

Benefits paid: $0

*The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

BASE ACCIDENT BENEFITS		PLAN
Accidental Death	Employee Spouse Child	$40,000 $20,000 $10,000
Common Carrier Accidental Death	Employee Spouse Child	$200,000 $100,000 $50,000
Dismemberment	Employee Spouse Child	up to $40,000[1] up to $20,000[1] up to $10,000[1]
Dislocation and Fracture	Employee Spouse Child	up to $4,000[1] up to $2,000[1] up to $1,000[1]
Initial Hospital Confinement[2]		$1,000
Hospital Confinement[3]		$200
Intensive Care[3]		$400
Ambulance	Regular Ambulance Air Ambulance	$200 $600
Medical Expenses		up to $500
Outpatient Physician's Treatment[4]		$50

[1]based on amounts shown in the Injury Benefit Schedule below

[2]payable once/covered person

[3]per day, max. 90 days/injury

[4]per visit, max. 2 visits/year, 4 if dependents are covered.

injury benefit schedule

LOSS OF LIFE OR LIMB	PLAN
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	$40,000
One eye, hand, arm, foot, or leg	$20,000
One or more entire toes or fingers	$4,000

COMPLETE DISLOCATION	PLAN
Hip joint	$4,000
Knee or ankle joint*, bone or bones of the foot*	$1,600
Wrist joint	$1,400
Elbow joint	$1,200
Shoulder joint	$800
Bone or bones of the hand*, collarbone	$600
Two or more fingers or toes	$280
One finger or toe	$120

COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN
Hip, thigh (femur), pelvis**	$4,000
Skull**	$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	$1,600
Foot**, hand or wrist**	$1,400
Lower jaw**	$800
Two or more ribs, fingers or toes, bones of face or nose	$600
One rib, finger or toe, coccyx	$280

Benefit amounts for coverage and one occurrence are shown to the left.

Covered spouse gets 50% of the amounts shown and children 25%.

*Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). **Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

***Please see plan documents/detailed brochure for more plan details and exclusions.**
****Rates are located in PlanSource and on detailed summaries**

Critical Illness Insurance

No one knows what lies ahead on the road through life. Will you be diagnosed with cancer? Will you suffer a stroke or heart attack? The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Critical illness coverage can help offer peace of mind when a critical illness diagnosis occurs.

meeting your needs

Our critical illness coverage helps offer financial support should a covered illness be diagnosed.

- Guaranteed issue amounts available — which means no evidence of insurability required
- 3 Benefit Categories plus an Additional Wellness Benefit
- Benefits paid directly to you
- Coverage supplements your existing medical benefits
- Covered dependents receive 50% of your basic-benefit amount
- Premiums are affordable
- Portable

your benefit coverage

A percentage of the basic-benefit amount is payable for each covered person in the Initial Critical Illness benefits, Cancer Critical Illness benefits, Second Event benefits, and an Additional benefit. **Benefit amounts are shown on pages 2a and/or 2b.** See pages 3 and 4 for terms and conditions and page 4 for state variations.

INITIAL CRITICAL ILLNESS BENEFITS

Heart Attack (100%) - Pays a benefit when you have a heart attack. (A cardiac arrest is not a heart attack, and is not covered by this benefit.)

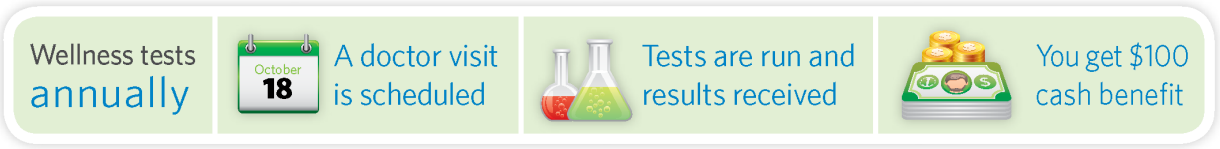
Stroke (100%) - Pays a benefit when you have a stroke.

Coronary Artery Bypass Surgery (25%) - Pays a benefit when you have coronary artery bypass surgery.

Major Organ Transplant (100%) - Pays a benefit when you have a heart, lung, liver, pancreas or kidney transplant (must be a human donor).

End Stage Renal Failure (100%) - Pays a benefit when you have peritoneal dialysis or hemodialysis.

Waiver of Premium (Employee only) - Pays your premium if you are disabled for 90 days in a row, due to a critical illness, as long as the disability lasts, up to 2 years.



CANCER CRITICAL ILLNESS BENEFITS

Invasive Cancer (100%) - Pays a benefit when you are diagnosed with invasive cancer (includes Leukemia and Lymphoma).

Carcinoma in Situ (25%) - Pays a benefit when you are diagnosed with cancer in situ.

SECOND EVENT BENEFITS

Second Event Initial Critical Illness Benefit - Pays a benefit when you are diagnosed for the second time with a previously paid Initial Critical Illness Benefit.

Second Event Cancer Critical Illness Benefit - Pays a benefit when you are diagnosed for the second time with a previously paid Cancer Critical Illness Benefit.

CERTIFICATE SPECIFICATIONS

Your Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination - (a) Family members eligible for coverage are your spouse or domestic partner and children. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death. (d) Domestic partner coverage ends when the domestic partnership ends or your death.

Termination of Coverage - Your coverage under the policy ends at the earliest of: the policy is canceled, you stop

Allstate. BENEFITS

group voluntary critical illness

benefit amounts

INITIAL CRITICAL ILLNESS BENEFITS	LOW	HIGH
Heart Attack (100%)	$10,000	$20,000
Stroke (100%)	$10,000	$20,000
Coronary Artery Bypass Surgery (25%)	$2,500	$5,000
Major Organ Transplant (100%)	$10,000	$20,000
End Stage Renal Failure (100%)	$10,000	$20,000
Waiver of Premium (employee only)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS		
Invasive Cancer (100%)	$10,000	$20,000
Carcinoma in Situ (25%)	$2,500	$5,000
SECOND EVENT BENEFITS		
Second Event Initial Critical Illness Benefit[1]	Yes	Yes
Second Event Cancer Critical Illness Benefit[2]	Yes	Yes
ADDITIONAL BENEFIT		
Wellness Benefit (per year)	$50	$50

[1]Pays same amount as Initial Critical Illness Benefit [2]Pays same amount as Cancer Critical Illness Benefit

***Please see plan documents/detailed brochure for more plan details and exclusions.**
****Rates are located in PlanSource and on detailed summaries**

Allstate BENEFITS

PTO (Paid Time Off)

Employees begin to accrue PTO and Sick Leave 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.

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).

Years of Service	Annual PTO Accrual	
	Annual PTO Accrual	Maximum Accrual
Less than 1	184 hours	220 hours
1 but less than 5	192 hours	220 hours
5 but less than 10	224 hours	240 hours
10 but less than 15	248 hours	280 hours
15 or more	272 hours	280 hours

Extended Sick Leave

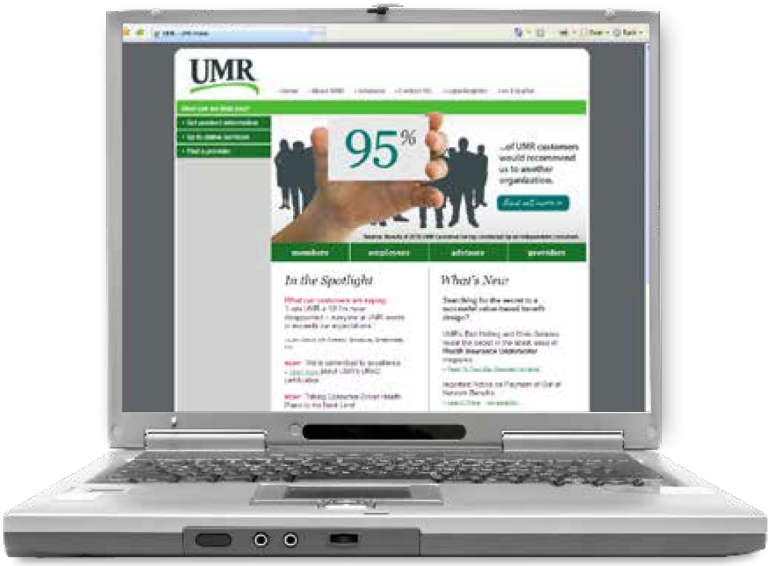
Employees will be provided 1 hour of paid sick leave for every 30 hours worked, up to a maximum of 48 hours per year. Employees begin accruing paid sick leave when employment begins and may use that leave as it is accrued or leave in their bank for a maximum accrual of 48 hours annually.

Paid sick leave may be used for:

- The employee's own health or health care or that of a member of the employee's family (which includes another person related by blood, marriage, civil union, or adoption; foster or legal guardianship; or any person whom the employee is responsible for providing or arranging health-related care).
- Absences related to specified incidences of domestic abuse, sexual assault, or harassment.
- When a public health official has ordered the closure of the employee's workplace, or the school or childcare facility of the employee's child is closed due to a public health emergency.

See the Estes Park Health PTO/Extended Sick Leave policy for more information.

Online Services *from UMR*



Accessing online services

1. Visit: **www.umr.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 Web site 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.

ID card ordering

Order duplicate or replacement ID cards quickly and easily.

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.

UMR
A UnitedHealthcare Company

Health information a phone call away

NurseLine SM

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 NurseLine℠ 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.

URAC
ACCREDITED
CONSUMER EDUCATION AND SUPPORT

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

UMR℠

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 Health reserves the right to change or discontinue its benefit plans at any time.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
Estes Park Health is committed to the privacy of your health information. The administrators of the Estes Park Health Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Sharon Bublitz - Human Resources Representative 970-557-4457.

Women's Health & Cancer Rights Act

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 coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: HDHP/HSA Plan (EPH - Individual: 100% coinsurance and $2,800 deductible; Family: 100% coinsurance and $5,600 deductible / In-Network - Individual: 90% coinsurance and $3,500 deductible; Family: 90% coinsurance and $7,000 deductible)

Plan 2: PPO Co-pay Plan (EPH - Individual: 90% coinsurance and $750 deductible; Family: 90% coinsurance and $1,500 deductible / In-Network - Individual: 80% coinsurance and $2,000 deductible; Family: 80% coinsurance and $4,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 970-557-4457.

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 July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	**COLORADO – Health First Colorado (Colorado's Medicaid Program) &Child Health Plan Plus (CHP+)**
The AK Health Insurance Premium 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	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	**FLORIDA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Website: https://medicaid.georgia.gov\health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840

Notices

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: https://www.in.gov/medicaid/
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website:
https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: -800-977-6740.
TTY: Maine relay 711

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

MINNESOTA – Medicaid

Website:
https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

SOUTH DAKOTA – Medicaid

Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: http://gethipptexas.com/
Phone: 1-800-440-0493

NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	**VERMONT – Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	**VIRGINIA – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid	**WASHINGTON – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p- 10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	**WYOMING – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs- and-eligibility/ Phone: 1-800-251-1269

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

Notice of Creditable Coverage

Important Notice from Estes Park Health
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 Health 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 Health has determined that the prescription drug coverage offered by the 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 Health 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 Health coverage, be aware that you and your dependents may not be able to get this coverage back.

Notice of Creditable Coverage

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 Health 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'll 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 Health changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

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).

Date: **January 1, 2022**

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).

Name of Entity/Sender:	**Estes Park Health**
Contact--Position/Office:	**Human Resources Representative**
Address:	**555 Prospect Ave.** **Estes Park, Colorado 80517** **United States**
Phone Number:	**970-557-4457**

Notes

ESTES PARK HEALTH

Gallagher

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