



**ADDENDUM #1
Human Resources
COBRA and Flexible Spending Accounts (FSA) Administration
RFP # 7337-22**

May 5, 2022

The attached addendum supersedes the original Information and Specifications regarding RFP # 7337-22 where it adds to, deletes from, clarifies or otherwise modifies. All other conditions and any previous addendums shall remain unchanged.

Please note: Due to COVID-19, BIDS will only be accepted electronically by emailing purchasing@bouldercounty.org.

1. Question: What is the desired claims funding arrangement and frequency of funding between the County and administrator?

ANSWER: We would prefer monthly funding of FSA claims via direct ACH debit.

2. Question: Will the vendor have ACH access to a County bank account for claims? If not, will prefunding be provided?

ANSWER: We would prefer monthly funding of FSA claims via direct ACH debit.

3. Question: Will the County supply the vendor with a payroll file of actual FSA payroll deductions. If so, will the County conform to the vendor file specs?

ANSWER: Yes, we currently upload a detailed file to RMR monthly based off of RMR's file specs.

4. Question: Will the County provide an electronic open enrollment and ongoing file for new hires, terminations and changes? If so, will the County conform to the vendor file specs?

ANSWER: Yes, the county provides weekly file interfaces of enrollments, terminations, and changes. We can configure our file format to meet vendor file specs.

5. Question: Is the COBRA administrator expected to pay carriers directly? Or can COBRA premiums be remitted to the County on a monthly basis?

ANSWER: No, vendors are not expected to pay carriers directly. COBRA premiums are currently remitted to the county on a monthly basis.

6. Question: Can you disclose the current Per Participant Per Month FSA administrative fee? Does this fee include the debit card or is that an additional fee?

ANSWER: \$2.75 PPPM, includes debit card.

7. Question: How does the County pay for COBRA? Per notice basis or per insured employee per month?

ANSWER: Per Benefit Enrolled Employee per Month.

8. Question: Can you disclose the current COBRA pricing?

ANSWER: \$0.21 per benefit enrolled employee per month.

9. Question: What is the County's COBRA activity - Approximately, how many terms per year? How many new hires?

ANSWER: Average monthly COBRA events is 20. Average monthly new hires is 28.

10. Question: When is open enrollment?

ANSWER: Typically, the first 2 or 3 weeks of November. Dates have not been set yet for this Fall.

11. Question: How many onsite enrollment meetings will be required/expected and at how many different locations?

ANSWER: None are expected at this time. The county works with Aon's enrollment counselors to conduct open enrollment. The request of the bidding vendor is that you provide a 30-minute training to the enrollment counselors about the county's FSA benefit so that they are knowledgeable to help employees.

12. Question: How long has the County been with the current vendor?

ANSWER: Since 2012.

13. Question: Are there any service issues with the current administrator?

ANSWER: None.

14. Question: How many locations branches and/or locations?

ANSWER: The county has 20 departments with roughly as many locations spread across the county.

15. Question: What is the estimated number of administrative users or HR contacts?

ANSWER: Five, including staff from HR Benefits, Payroll, and IT.

16. Question: What was the number of insured employees in 1/1/21 & 1/1/20?

ANSWER: There are approximately 2000 benefit eligible employees and roughly 1700 enrolled in medical for 2022. Total headcount and enrollment have been stable over the years.

17. Question: What is the population of COBRA eligible former employees who have not elected COBRA continuation, but are still within their election period? Please exclude beneficiaries.

ANSWER: There are currently 74 participants pending COBRA election.

18. Question: What is the average number of COBRA qualifying events per month?

ANSWER: See Question 9.

19. Question: What is the average number of new hires per month?

ANSWER: See Question 9.

20. Question: What is the average number of terminations per month?

ANSWER: See Question 9.

21. Question: What is the average COBRA Medical Premium?

ANSWER: Currently, there are 2 participants on the Hybrid plan (1 employee only rate of \$793.05 and 1 employee plus spouse rate of \$1583.47) and 2 participants on the Consumer Choice plan (one employee only rate of \$755.75 and one employee plus spouse rate of \$1508.60) for an average medical premium of \$1,160 per month.

22. Question: Are you looking for a vendor to carry out open enrollment for the COBRA population?

ANSWER: Yes.

23. Question: Are you looking for a vendor to conduct open enrollment for the 2023 plan year?

ANSWER: Yes.

24. Question: What is the current enrollment per benefit plan?

ANSWER: Please see the new attachment "2022 COBRA Enrollment" as it provides both current COBRA enrollments and active enrollments by plan and by tier included in this document.

25. Question: Who is the current HRIS/Benefits administrator?

ANSWER: Kronos/Dimensions.

26. Question: What is the current pricing for COBRA & FSA administrative services?

ANSWER: See Questions 6 and 8.

27. Question: Is the County seeking a single provider for all requested services?

ANSWER: Yes.

28. Question: What is the ideal contract length for service?

ANSWER: Five years, on an annual renewal basis, with at least 3 years with a guaranteed fee, preferably 5.

29. Question: Please provide a sample eligibility file.

ANSWER: See spreadsheets attached separately.

30. Question: Please provide the following additional dates to your RFP timeline.

Proposer short list date – **TBD, probably June or July**
Presentation date(s) – **TBD, probably June or July**
Contract award date – **TBD, probably August**
Implementation dates – **TBD, probably August through December**
Contract effective date – **January 1, 2023**
Open Enrollment date(s) – **TBD, probably first 2 or 3 weeks of November**
Fiscal year start & end dates – **1/1-12/31**

ANSWER: Please see above.

31. Question: Are there any pain points to mitigate?

ANSWER: None.

32. Question: What are the current administrative fees billed to the employer?

ANSWER: See Questions 6 and 8.

33. Question: Does the employer or participant pay the FSA fee?

ANSWER: Employer.

34. Question: Is it correct that COBRA services are needed only for dental and vision plans?

ANSWER: No. COBRA services are needed for medical, dental, and vision.

35. Question: What is the average number per month:
COBRA participants
New hires
COBRA qualifying events

ANSWER: See Question 9.

36. Question: Are we to submit a copy of our services agreement? It appears the County has their own agreement.

ANSWER: The county is required to use its own professional services agreement. Your standard agreement may end up as an attachment to the county's document. If you have different language that will be required as an edit to our professional services agreement, please submit that with your proposal.

37. Question: How are claims funded?

ANSWER: COBRA claims are self-funded by the county.

38. Question: Regarding Appendix A Procurement Guidelines Terms and Conditions, Will a response be rejected if it takes exceptions to Appendix A?

ANSWER: No, a bid will not be rejected, but please outline any exceptions and include it as an attachment to your bid.

39. Question: Regarding Insurance and W9 requirements, Will a response be rejected if it takes exceptions to the Insurance and W-9 Requirements?

ANSWER: Yes, there can be no exceptions to the W-9 and insurance requirements listed in the RFP.

40. Question: Who does the group utilize for Ben admin / HRIS systems or payroll / enrollment platforms?

ANSWER: UKG's Workforce Central is our current HRIS and we are in the process of upgrading to UKG Dimensions for a 1/1/2023 start date. For the past several years, the county has utilized Aon's U2X platform for enrollments. That may be changing to PlanSource for this Fall's open enrollment, but that is not certain at this time.

41. Question: What is the group currently paying for FSA and COBRA with RMR?

ANSWER: See Questions 6 and 8.

42. Question: We see you offer an HDHP, are we able to include HSA along with FSA and COBRA? If so, please confirm the following:

- Number of HSA participants:
- Current Assets under Management:
- Employer contribution amount (if offering):
- Who is the current administrator:
- What are you currently paying:

ANSWER: The HSA is administered through the medical vendor and is not part of this RFP.

43. Question: COBRA Details: What is the current turnover rate and new hires per month?

ANSWER: See Question 9.

44. Question: Is Boulder County currently working on any other marketing projects (medical carriers, ben admin, etc.)?

ANSWER: Not this year, no.

45. Question: How likely are they to change vendors this year? What might prevent them from making a move?

ANSWER: The county considers the marketplace and available administrative solutions every five years to ensure they are receiving the best service, price, and tools/solutions for the county and members. Bidder pricing, services, and file requirements would be things considered when determining if a move makes sense.

46. Question: What other vendors are included in this RFP?

ANSWER: We have reached out to 234 potential vendors.

47. Question: What are the key decision factors when choosing a new vendor?

ANSWER: Service, price, and tools/solutions.

48. Question: What are the primary reasons the County issued the RFP?

ANSWER: Procurement requirements and a desire to check the market to ensure the current contract terms are not outdated.

49. Question: What specific concerns or service issues does the County have with their current vendor?

ANSWER: None.

50. Question: How long has RMR been administering the FSA and COBRA benefit?

ANSWER: Since 2012.

51. Question: Please share the monthly FSA and COBRA fees the County pays?

ANSWER: Please see Questions 6 and 8.

52. Question: Please share any FSA/COBRA fees charged at renewal, annually, or ad-

hoc charges, including, but not limited to, cost of additional debit cards, enrollment packets, non-discrimination testing, plan documents, and COBRA open enrollment services.

ANSWER: Boulder County is only charged an additional fee for COBRA open enrollment services. The fee is \$8 per participant, with a minimum charge of \$50.

53. Question: Who administers the HSA for the County?

ANSWER: HSA Bank via the Cigna medical contract.

54. Question: What is the average length of time a QB remains on COBRA?

ANSWER: Roughly 4 months seems to be the most prevalent for Boulder County.

55. Question: Does the County offer Retiree Billing, a continuation of group medical benefits for retirees? If yes, what are the number of Retirees currently enrolled?

ANSWER: No. Retirees are eligible for PERA Care separate from the County.

56. Question: Does the County currently have file feeds set up? If yes, is the file integration with the current vendor and what Payroll/HRIS vendor?

ANSWER: Yes, the county currently provides weekly file interfaces of enrollments, terminations, and changes from our UKG Workforce Central HRIS system to RMR's SFTP site. We can configure our file format to meet vendor file specs.

57. Question: Is Boulder County open to accepting bids on the HSA business as well? If so, can you provide the number is HSA account holders?

ANSWER: No thank you. That service is not out to bid at this time.

58. Question: What is the benefits administration system/platform utilized for enrollment?

ANSWER: See Question 40.

59. Question: What payroll system(s) will need to receive files?

ANSWER: Kronos/Dimensions.

60. Question: Are plan SDP's available for the FSA and DCFSA accounts that can be shared with us?

ANSWER: We're not certain what an SDP is. There are no SPDs for FSA accounts, so that doesn't exist either. We have included the county's benefits guide in this document and page 13 covers the FSA benefit.

61. Question: Is there a need to convert balances from another prior account?

ANSWER: No.

62. Question: Do you require any special banking or funding arrangements?

ANSWER: See Question 1.

63. Question: Are there any special (i.e. union) considerations?

ANSWER: None at this time.

64. Question: Will we be running out of any of the plans we are implementing?

ANSWER: No.

65. Question: Does Boulder County consent to offshore resources being used for back-office processes (i.e. claims processing)?

ANSWER: Yes, as long as the offshore resources are employees of your organization directly and not contract employees.

66. Question: Does the County provide benefits for Retirees? If so, with the understanding that they are not included in this RFP's scope of work, is the administration of those Retiree benefits secured via RFP?

ANSWER: No. Retirees have access to PERA Care through the public sector state retirement system.

67. Question: As a privately held company what information can we provide in lieu of a public rating to verify our financial stability and integrity?

ANSWER: An annual report, annual balance statement would suffice.

Submittal Instructions:

Submittals are due at the email box only, listed below, for time and date recording on or before **2:00 p.m. Mountain Time on May 19, 2022.**

Please note that email responses to this solicitation are limited to a maximum of 50MB capacity.

NO ZIP FILES OR LINKS TO EXTERNAL SITES WILL BE ACCEPTED. THIS INCLUDES GOOGLE DOCS AND SIMILAR SITES. ALL SUBMITTALS MUST BE RECEIVED AS AN ATTACHMENT (E.G. PDF, WORD, EXCEL).

Electronic submittals must be received in the email box listed below. Submittals sent to any other box will NOT be forwarded or accepted. This email box is only accessed on the due date of your questions or proposals. Please use the Delivery Receipt option to verify receipt of your email. It is the sole responsibility of the proposer to ensure their documents are received before the deadline specified above. Boulder County does not accept responsibility under any circumstance for delayed or failed email or mailed submittals.

Email purchasing@bouldercounty.org; identified as RFP # 7337-22 in the subject line.

All proposals must be received and time and date recorded at the purchasing email by the above due date and time. Sole responsibility rests with the Offeror to see that their bid is received on time at the stated location(s). Any bid received after due date and time will be returned to the bidder. No exceptions will be made.

The Board of County Commissioners reserve the right to reject any and all bids, to waive any informalities or irregularities therein, and to accept the bid that, in the opinion of the Board, is in the best interest of the Board and of the County of Boulder, State of Colorado.



**RECEIPT OF LETTER
ACKNOWLEDGMENT**

May 5, 2022

Dear Vendor:

This is an acknowledgment of receipt of Addendum #1 for RFP #7337-22, COBRA and Flexible Spending Accounts (FSA) Administration.

In an effort to keep you informed, we would appreciate your acknowledgment of receipt of the preceding addendum. Please sign this acknowledgment and email it back to purchasing@bouldercounty.org as soon as possible. If you have any questions, or problems with transmittal, please call us at 303-441-3525. This is also an acknowledgement that the vendor understands that **due to COVID-19, BIDS will only be accepted electronically by emailing purchasing@bouldercounty.org.**

Thank you for your cooperation in this matter. This information is time and date sensitive; an immediate response is requested.

Sincerely,

Boulder County Purchasing

Signed by: _____ **Date:** _____

Name of Company _____

**You can't predict the future,
but you can prepare for it.**



Important 2022 Enrollment Information.
Find out more on page 3.

BENEFITS ENROLLMENT GUIDE 2022





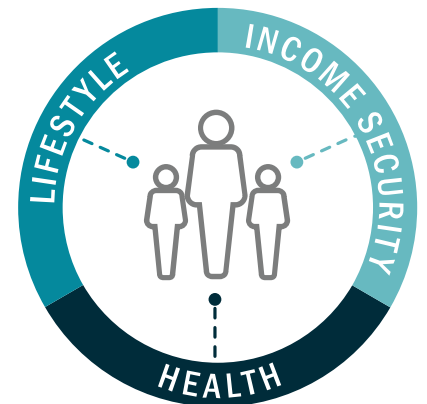
Open Enrollment runs Nov. 1 - 10

Now is the time to focus on you.

You are a vital part of our success. That's the reason we invest so much into a Benefits Plan that helps protect your health, your income, and so much more. It is important for you to learn about the options we offer and consider how they can help you build a secure future.

Just a few of the things your benefits help you with include:

- Managing your health and ensuring you have access to great medical care when you need it.
- Maximizing the tax advantages of Health Savings Accounts and Flexible Spending Accounts.
- Protecting your income and reducing your financial exposure from a serious illness or injury.



Take a few minutes to get familiar with the benefits we offer. Start by reviewing this enrollment guide. It's time well spent.

TAKE ACTION!

Open Enrollment ends Nov. 10.

Any benefit-eligible employee desiring to make benefit changes for the 2022 plan year (FSA amount, HSA election, medical plan, supplemental life insurance, critical illness insurance, etc.) must complete enrollment online by the deadline.

WHAT'S CHANGING

- ✓ To support the health of our plan members, we will begin offering a **Pre-Diabetes Prevention Program** through the **Cigna Medical Plan and Omada**. Additionally, the **Diabetes Management Program** is ending with CVS/Livongo, and that program will move to **Omada**. **Omada** will also provide hypertension support to diabetics and pre-diabetics. **Please see Page 10 for more details.**
- ✓ Our **Pharmacy program** will now support utilizing drug manufacturer coupons on certain specialty drugs. Members who can take advantage of these coupon savings will be contacted directly about the **PrudentRx Program**. **Please see Page 9 for more details.**
- ✓ Our **Cigna Medical Plan** members continue to have the opportunity to participate in a virtual physical therapy program, called **RecoveryOne**, to assist with musculoskeletal (MSK) issues. This program is provided at no charge. **Please see Page 20 for more details.**
- ✓ The new **Cigna Cancer Support Program** promotes early identification of members in need, provides outreach to members and family, and provides a Personalized Care Plan based upon the current level of cancer risk. Members who may be in remission, have active cancer, and/or active cancer with other complications can expect to receive outreach calls from the program.
- ✓ Beginning on January 1, 2022, Boulder County will increase their contribution towards the Basic Life Insurance premium from 75% to 100%! If you were not already enrolled in this coverage, it will be added automatically for you. **Please see Page 19 for more details.**

THE BENEFITS WE OFFER

Boulder County provides a full range of coverage that protects you financially and helps you build a secure future. We offer three types of benefits:

Employer-Paid Benefits: You receive these benefits automatically; no enrollment is required. Examples: Short- and Long-Term Disability Insurance and Basic Life AD&D.

Contributory Benefits: You select benefits based on your personal needs and pay for a portion of the cost. Examples: Medical, Dental, Vision, and Supplemental Life Insurance.

Employee-Paid Voluntary Benefits: Additional benefits that are offered which you can choose based on your personal needs. You pay 100% of these benefits. Examples: Critical Illness, Accident, and Hospital Indemnity Insurance.

Health & Wellbeing

- Medical and Prescription Plans
- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Dental Insurance
- Vision Insurance
- Health Advocate
- Amino

Income Security

- Basic Life AD&D Insurance
- Health Savings Account
- Flexible Spending Account
- Short-Term Disability
- Long-Term Disability

Retirement & Lifestyle

- Employee Assistance Program (EAP)
- Adoption and Infertility Assistance
- 401k/457 Roth Retirement Savings Plans
- PERA Pension

WHO WE COVER

Salaried employees who work 20 hours per week or more are eligible for the benefits described in this guide.

Your Dependents May Include:

- Your legal spouse or domestic partner (same-sex or opposite-sex)
- Your children under age 26 (Children may include biological, adopted, step-children, and children for whom you have legal guardianship)
- Your children age 26 and over who are not able to support themselves due to a physical or mental disability

HOW TO ENROLL



Online — Enroll online at www.benefitsgo.com/bouldercounty. Available 24/7, you can log in and follow the prompts to complete your enrollment at your convenience.

NEW THIS YEAR!

Basic Life Insurance

This year, Basic Life Insurance will be covered 100% by Boulder County.

Passive Enrollment

There will not be a mandatory requirement to complete the benefits open enrollment this year. Your current 2021 benefit elections will be automatically rolled over to 2022 if you do not complete an enrollment. If you want to make any changes, you will need to complete enrollment **between Nov. 1-10**.

HSA and FSA Rollover

Your current 2021 benefit elections will be automatically rolled over to 2022, including any current HSA, FSA, and/or Dependent Care FSA elections. If you need to make

changes to any of these accounts you will need to complete an enrollment **between Nov. 1-10**.

- HSA- Unused funds rollover year after year. Changes in monthly elections can be made during the year.
- FSA and/or DFSA- The grace period to incur expenses with 2021 contributions has been extended from March 15, 2022 to Dec. 31, 2022, due to the pandemic. That means you'll have all of 2022 to spend down any remaining balances from 2021 contributions.
- Per IRS guidelines, you will forfeit any 2021 money left in either the Health Care or Dependent Care Accounts after the Dec. 31, 2022 claims submission deadline.
- Please budget accordingly as the grace period to incur expenses with 2022 contributions is March 15, 2023.

1 in 4



Americans overpay for health care by choosing the wrong medical plan.

The Quarterly Journal of Economics, Volume 132, Issue 3, 1 August 2017

Medical Insurance

Health care needs are different for everyone. That's why our medical plans offer options so you can choose the coverage level best-suited to your needs and budget.

We offer TWO medical plans that provide comprehensive health care benefits. The **Hybrid Plan** is a PPO with an FSA and the **Consumer Choice Plan** is a High Deductible Health Plan with an HSA.

Each plan gives you access to the same network of high quality medical providers. The difference is that each plan carries different premium and out-of-pocket costs.

WHAT'S THE RIGHT PLAN FOR YOU?

Balance your premium cost with what you expect to spend for medical services. During your enrollment session, the enrollment platform will ask a few questions about conditions, planned usage, and known expenses to help each person determine their "best fit".

HYBRID PLAN



The plan with the highest premium and out of pocket maximum, but the lowest time of service costs.

Best if you are...

planning on requiring regular medical care and prescriptions in the coming year.

CONSUMER CHOICE PLAN



This plan has the lowest premiums and lowest out of pocket maximum, but time of service costs are higher.

Best if you are...

healthy, active and rarely expect to use medical care. Also a good choice if you are expecting a baby or know you will have a surgery in the coming year since it has the lowest out-of-pocket maximum.

Reminder: Double Check Provider's Network Status

Before using your benefits in 2022, it is always a good idea to double check with your existing providers to make sure that they are still participating with our insurance networks.

- Medical- Cigna's Local Plus network
- Dental- Delta Dental PPO network
- Vision- VSP network
- Prescriptions- Most prescriptions can be filled at any pharmacy that accepts CVS insurance. Maintenance medications must be filled in 90-day supplies at either CVS/Target or through CVS mail order.

What's Your Best Fit?



CORTEZ FAMILY



Typical family with some risk

Ages: Cyrus, 48; Rosa, 44; Devin, 8; and Benjamin, 5

Lifestyle: Devin and Benjamin both play soccer; Devin is an avid skateboarder

Medical Status: Cyrus has high blood pressure and cholesterol; Rosa is a breast cancer survivor

Financial Risk Factors: Heart and cardiovascular disease; Injury risk from sport activities (skateboarding is a very high risk activity)



BEST FIT: The Hybrid Plan with lower time of service costs makes sense because of Cyrus's risk factors and the chances of injury for the kids. The family can also reduce the financial risk with Critical Illness and Accident Coverage.

KELLY & DIANE



Planning a new addition

Ages: 34 and 31

Lifestyle: Trips to the beach, jogging, bingeing TV shows

Medical Status: Kelly has been diagnosed with diabetes. They are planning their first child in the coming year.

Financial Risk Factors: Increased expenses due to chronic conditions



BEST FIT: Kelly and Diane normally lean toward a low-premium plan, due to Kelly's chronic condition and the pregnancy, and choosing the Consumer Choice Plan is the best course given that Boulder County is implementing a support program for diabetes medications. Additionally, Hospital Indemnity Insurance would help cover some of their deductible and coinsurance.



DANIELLE



Young, active and healthy

Age: 26

Lifestyle: Biking, skiing, and hiking

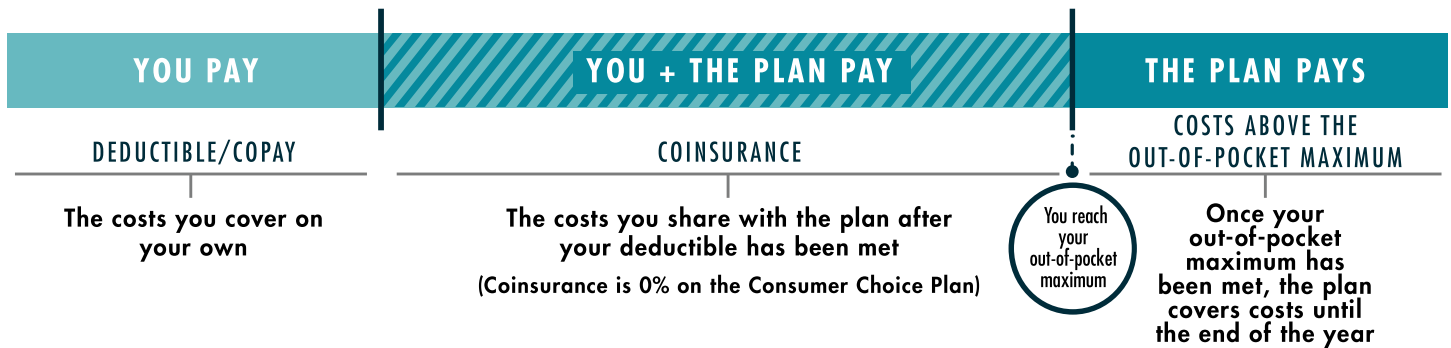
Medical Status: Very healthy

Financial Risk Factors: High risk activities that could lead to costly injury



BEST FIT: Danielle can expect to spend little on medical services and take advantage of the upfront premium savings of the Consumer Choice Plan. If she's worried about a skiing or biking injury, Accident Insurance can give her peace of mind about unexpected treatment and recovery bills.

HOW YOUR MEDICAL PLAN WORKS



For a full list of medical terms you should know, go to www.benefitsquest.com/terms-to-know.

CONTROLLING HEALTH CARE COSTS

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:



Use network providers. You will receive a higher level of benefits if you use providers who participate in the network.



Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.



Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.



Exercise and maintain a proper diet. The healthier you are the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.

If we become more aware consumers, we can each do our part to lower the cost of health care!

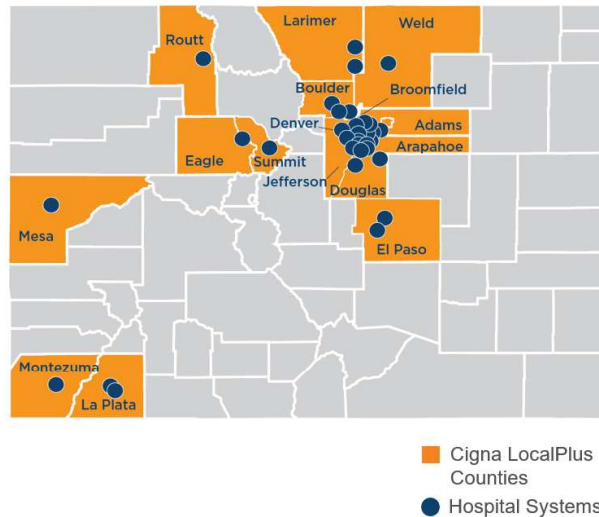
Review Your Cigna LocalPlus Providers

Employees can visit <https://www.cigna.com> and take the following steps to check if their doctors are in-network with LocalPlus:

- Log into mycigna.com account
- Click 'Find Care & Costs'
- Enter zip code
- Select type or name or reason for visit
- All providers that populate will be in-network

Cigna LocalPlus Coverage By County

Please check www.mycigna.com or with your provider to make sure that they participate in the Cigna LocalPlus network. If you live outside of the LocalPlus network area (based upon home zip code), you will be defaulted into the Open Access Plus network. If you are traveling or have a college student away from home, in-network benefits will be available via the Away From Home network. Please utilize Cigna's 24/7 One Guide advocates, www.mycigna.com, or the Amino app to find in-network providers for your location. Please call Cigna at **1-800-244-6224** for more information.



LOCAL SERVICE AREA

Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Eagle, Jefferson, La Plata, Larimer, Mesa, Montezuma, Routt, Summit, and Weld counties

HOSPITALS AND SYSTEMS*

Front Range: Boulder Community Health, Centura Health*, Centura Longmont United Hospital, Children's Hospital Colorado, Craig Hospital, Denver Health Medical Center, HealthONE, National Jewish Health, SCL Health System, UHealth, UC Health Broomfield Hospital, UHealth Greeley Hospital, UHealth Longs Peak Hospital and Longs Peak Surgery Center, UHealth Medical Center of the Rockies, UHealth Memorial Hospital, UHealth Poudre Valley Hospital, UHealth University of Colorado Hospital in Denver

Mountain (Eagle Routt & Summit Counties): Centura St. Anthony Summit Medical Center, UHealth Yampa Valley Medical Center, Vail Valley Medical Center

West (La Plata, Mesa & Montezuma Counties): Animas Surgical Hospital, Centura Mercy Regional Medical Center, Southwest Memorial Hospital, St. Mary's Medical Center

PARTICIPATING CIGNA COLLABORATIVE CARE PHYSICIAN GROUPS*

Designed to improve the quality of care that our customers receive from their primary care physician while delivering savings to our clients.

- Boulder Medical Center
- Colorado Care Partners
- Community Medical Associates
- Davita Medical Group (CSHP)
- New West Physicians
- Optum Medical Group
- PHP Prime
- UHealth Integrated Network

* Listing is not all-inclusive. For a complete listing, contact your Cigna representative.

2022 Medical Plans- Cigna's LocalPlus network

| Plan Features | Consumer Choice Plan (HDHP with HSA) | | Hybrid Plan (PPO with FSA) | |
|--|--------------------------------------|---------------------------------|--------------------------------|--------------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| County HSA Contribution Individual/Family | \$500/\$1,000 | | N/A | |
| Annual Deductible Individual/Family* | \$5,000/ \$10,000 | \$10,000/ \$20,000 | \$1,500/ \$3,000 | \$3,000/ \$6,000 |
| Out-of-Pocket Maximum* Individual/Family** | \$5,000/ \$10,000 | \$10,000/ \$20,000 | \$6,900/ \$13,800 | \$13,800/ \$27,600 |
| Coinsurance | Plan pays 100% after deductible | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Preventive Care | Plan pays 100% | Plan pays 60% after deductible | Plan pays 100% | Plan pays 60% after deductible |
| Primary Care Physician | Plan pays 100% after deductible | Plan pays 60% after deductible | \$30 copay | Plan pays 60% after deductible |
| Telemedicine with MDLIVE | Plan pays 100% after deductible*** | N/A | \$30 copay | N/A |
| Specialist | Plan pays 100% after deductible | Plan pays 60% after deductible | \$50 copay | Plan pays 60% after deductible |
| Emergency Room | Plan pays 100% after deductible | Plan pays 100% after deductible | \$400 copay | \$400 copay |
| Urgent Care | Plan pays 100% after deductible | Plan pays 60% after deductible | \$75 copay | Plan pays 60% after deductible |

* Individuals within a family, on either plan design, are only required to meet the individual deductible and/or out of pocket amount.

** Includes deductible, coinsurance, and copays

*** \$55/visit until deductible is met and then plan pays 100%

Remember: Getting care from an in-network medical provider always saves you money.

To find a high-quality in-network provider visit www.Amino.com or install the Amino app.

AMINO

Amino is a health care financial wellness app that makes it easy to find high value in-network care, and book appointments all in one easy to use platform. Find care with simplified search terms like "back pain" or "headache." With more than 1,000 search terms, Amino can direct you to the right care and provide cost estimates. You can track your deductible and out-of-pocket maximums in real time. Easily see the best choice with Smart Match, featuring providers proven to be highly experienced and cost effective. And never play phone tag with your doctor again; simply pick a physician on Amino and let an Amino Assistant handle the rest. You can also bookmark your current doctors for easy access and see your upcoming appointments on your personal dashboard.

For more information, visit www.amino.com or call 1-800-33AMINO.

Prescription Plan- CVS Advanced Control Formulary

PRESCRIPTION DRUG ADVANCED CONTROL FORMULARY

The Advanced Control Formulary represents a summary of prescribed medications within select therapeutic categories. This can assist medical providers in selecting therapeutically appropriate and cost-effective products for their patients. Additionally, this formulary encourages utilization of generics and preferred-brand medications, lowering the member-costs for these prescriptions. Visit Caremark.com for a complete list of medications.

Prescription coverage is included in your medical plan choice. Your prescription plan details are as follows:

| Plan Features | Consumer Choice Plan (HDHP with HSA) | | Hybrid Plan (PPO with FSA) | |
|---------------------------------------|--------------------------------------|----------------|----------------------------|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| CVS/Caremark Pharmacy Benefits | | | | |
| Retail (30-day supply) | | | | |
| Generic | Plan pays 100% after deductible | Not Covered | \$10 copay | Not Covered |
| Preferred Brand | | | \$40 copay | |
| Non-Preferred Brand | | | \$75 copay | |
| Specialty | Plan pays 100% after deductible | Not Covered | \$200 maximum | Not Covered |
| Mail Delivery (90-day supply) | | | | |
| Generic | Plan pays 100% after deductible | Not Covered | \$20 copay | Not Covered |
| Preferred Brand | | | \$80 copay | |
| Non-Preferred Brand | | | \$150 copay | |

USE MAINTENANCE CHOICE TO FILL YOUR LONG-TERM MEDICATIONS

Maintenance Choice is required on long-term, condition maintenance prescriptions. You can choose convenient home delivery or pick up your medication at a CVS Pharmacy/Target location. Visit www.caremark.com or call 1-877-906-3802 with questions.

PRUDENT RX COPAY PROGRAM - HYBRID PLAN ONLY

As part of your prescription plan, the PrudentRx Copay Program allows you to get select specialty medications at no cost to you. That means \$0 out-of-pocket (OOP) for any medications on your plan's exclusive Specialty Drug List when you fill by CVS Specialty®. PrudentRx will work with manufacturers to get copay card assistance and will manage enrollment and renewals on your behalf. Even if there is no copay card program for your medication, your cost will be \$0 for as long as you are enrolled in the program.

If you currently take one or more medications included in your plan's exclusive Specialty Drug List, you will receive a welcome letter and phone call from PrudentRx that provides information about the program as it pertains to your medication. All eligible members must then call 1-800-578-4403 after receipt of the welcome letter to register for any copay assistance available from drug manufacturers. You must complete this step to be fully enrolled.

2022 Employee Plan Premiums (Monthly)

Medical

| Coverage Tiers | Consumer Choice Plan (HDHP with HSA) | | Hybrid Plan (PPO with FSA) | |
|-----------------------|--------------------------------------|-----------|----------------------------|------------|
| | Full-Time | Part-Time | Full-Time | Part-Time |
| Employee | \$48.23 | \$180.55 | \$85.73 | \$323.16 |
| Employee + Spouse | \$230.95 | \$412.31 | \$403.12 | \$719.38 |
| Employee + Child(ren) | \$198.22 | \$353.79 | \$345.72 | \$615.91 |
| Employee + Family | \$382.41 | \$586.89 | \$664.84 | \$1,018.52 |

Dental

| Coverage Tiers | Delta Dental Plan | |
|-----------------------|-------------------|-----------|
| | Full-Time | Part-Time |
| Employee | \$3.78 | \$22.69 |
| Employee + Spouse | \$45.37 | \$56.25 |
| Employee + Child(ren) | \$40.83 | \$81.65 |
| Employee + Family | \$63.52 | \$127.03 |

Vision

| Coverage Tiers | VSP Plan | |
|-----------------------|-----------|-----------|
| | Full-Time | Part-Time |
| Employee | \$2.31 | \$3.23 |
| Employee + Spouse | \$4.60 | \$5.51 |
| Employee + Child(ren) | \$4.93 | \$5.91 |
| Employee + Family | \$7.86 | \$7.86 |

Diabetes Drug Program

CVS Health’s diabetes drug solution enables clients to eliminate member out-of-pocket costs for generic and formulary-preferred diabetes drugs, while keeping plan costs in check. This solution for diabetes medications can effectively eliminate cost as a barrier, encouraging patients to fill their prescriptions and be more adherent, ultimately improving outcomes and reducing overall medical costs.

Providing holistic clinical support to help members effectively manage their condition is critical to better outcomes. Below is CVS Health’s five-step approach to supporting those living with diabetes on their path to better health.

1. Prevent diabetes among those at risk and reduce progression among those with diabetes.
2. Increase utilization of metformin as first-line therapy.
3. Optimize diabetes treatment regimen.
4. Encourage earlier initiation of insulin treatment and better titration.
5. Prevent and manage diabetes-related complications.

Omada: Diabetes Prevention, Management, & Cardiovascular Health

Omada is a digital care program that empowers Cigna members and adult dependents to achieve their health goals through sustainable lifestyle change. Whether you are looking to get healthier, reduce your risk of chronic disease, or manage your diabetes and/or high blood pressure, Omada is here to help - all at no cost to you.

What you get with Omada:

- A plan built around you
- Dedicated health coach & care team
- The right smart devices to fit your individual needs, including a cellular-scale, a blood glucose meter (plus unlimited test strips and lancets), a blood pressure cuff, and/or continuous glucose monitors.*

Do what works for you

We’ll help you figure out the healthy habits and routines that work for you—motivation included.

24/7 access to support

From weekly lessons to online community, get all the tools you need to face any challenge head-on.

You decide what “healthy” means

Try new things you actually enjoy, rather than avoiding foods you “can’t eat” or things you “shouldn’t do.”

If you or your adult dependents are at risk for type 2 diabetes or heart disease or living with diabetes or high blood pressure, Boulder County will cover the entire membership cost. To see if you’re eligible, go to omadahealth.com/bouldercounty (link not live until 1/1/2022) to take the short assessment.

*CGMs require an eligible smartphone and prescription. Omada will work to fulfill the prescription on your behalf upon enrollment into the program. Two 14-day sensors are provided through the duration of the program.

Wellness Program

Participating in the wellness program is a great way to actively manage your health. You can also save up to \$360 per year on your medical insurance premiums as an individual or up to \$420 if your eligible spouse/partner participates! To register, go to join.virginpulse.com/bocowellness. Once registered, log into the desktop at www.bocowellness.com or the Virgin Pulse app with your chosen email and password.

| REWARD | REQUIREMENT | DUE DATE FOR EMPLOYEES HIRED PRIOR TO 8/24/2021 | DUE DATE FOR NEW HIRES AFTER 8/24/2021 |
|---|--|--|---|
| \$10/month off medical premiums and ability to earn up to \$125 in gift cards during the year | Step 1: Complete online Health Check Survey and Biometric Screening | Friday, September 17, 2021 | Within 60 Days of Date of Hire |
| | Step 2: Complete Nicotine-free Agreement OR Tobacco Journey | Sunday, October 31, 2021 | |
| Additional \$20/month off medical premiums | Step 3: Achieve 3 out of 4 Ideal or Improved Biometric Results OR Complete 2 FREE Coaching Sessions for Missed Metrics | Sunday, October 31, 2021 | Within 60 Days of Date of Hire |
| \$60 annual spouse/partner medical premium discount | Spouses/partners must be enrolled in our medical plan as of July 1, 2021 to be eligible to participate in the wellness program. Steps 1 and 2 must be completed for them to earn the discount. | Step 1 by Friday, September 17, 2021 Step 2 by Sunday, October 31, 2021 | Not Eligible Until Next Annual Enrollment |

Questions? Please reach out to your Boulder County Wellness team at bcwellness@healthbreakinc.com.

Health Savings Account (HSA)

Save for future medical costs and reduce your tax bill with this special savings account.

\$4,275

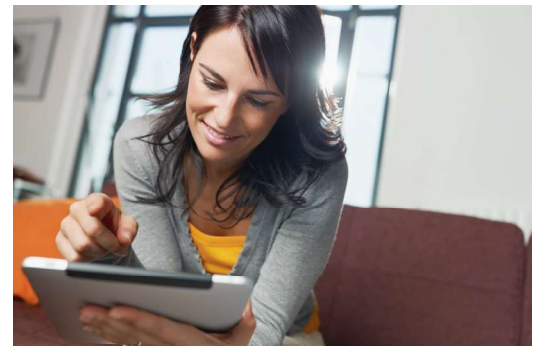
The average amount retirees spend out-of-pocket for health care yearly.

The Center for Retirement Research at Boston College, 2017.

As you get older, your out-of-pocket medical expenses rise. By the time you retire, health care likely will be your largest household expense, even with Medicare. A Health Savings Account allows you build up protection for future health care expenses.

You can contribute money to your HSA and use it any time for qualified health care expenses.

Whatever you don't use rolls over for future years and earns interest. Better yet, HSAs provide tax advantages.



HSAS DELIVER TRIPLE TAX SAVINGS

1. You don't pay income tax on the money you contribute
2. You don't pay taxes on the interest you earn in your account
3. You don't pay taxes when you use the money to pay for qualified medical services

Keys to Growing Your HSA:

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone so that they can grow for when you need them in the future. You can increase or decrease your monthly HSA contributions at any time during the year.
- Consider electing supplemental medical plans to cover big ticket expenses from unexpected serious injuries or accidents and ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds earn interest through investments. Make sure your money is growing at an acceptable and safe pace.

| HOW MUCH CAN YOU CONTRIBUTE? | ANNUAL IRS CONTRIBUTION LIMIT | BOULDER COUNTY SEED MONEY CONTRIBUTION | YOUR MAXIMUM CONTRIBUTION AMOUNT |
|------------------------------|-------------------------------|--|----------------------------------|
| Individual Coverage | \$3,650** | \$500 | \$3,150 |
| Family Coverage | \$7,300** | \$1,000 | \$6,300 |

**Total IRS contribution limits for 2022 include Boulder County funding. Individuals age 55 or older can make an additional \$1,000 in "catch up" contributions.

Flexible Spending Accounts (FSAs)

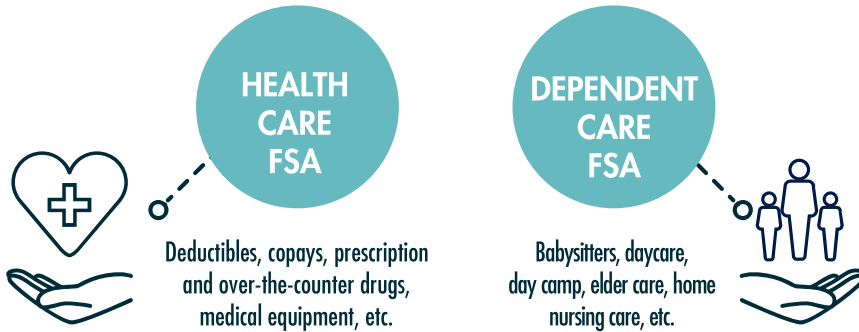
Reduce your tax bill while putting aside money for health and dependent care needs.

Flexible Spending Accounts (FSAs) allow you to put aside money for important expenses and help you reduce your income taxes at the same time. Boulder County offers two types of Flexible Spending Accounts — a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account.



HEALTH CARE ITEMS YOU MIGHT NOT REALIZE ARE FSA ELIGIBLE:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts and other foot grooming treatments
- Travel pillows
- Motion sickness bands



Go to www.benefitsquest.com/fsa for a complete list of covered expenses.

HOW FLEXIBLE SPENDING ACCOUNTS WORK

1. Each year during the Open Enrollment period, you decide how much to set aside for health care and/or dependent care expenses. Your full contribution amount will be available for use on your benefit effective date. Your contributions are then deducted on a monthly basis for the entire year.
2. Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year.
3. As you incur health care or dependent care expenses throughout the year, use your FSA card to pay for eligible expenses at the point of sale, or submit a claim form for reimbursement if necessary.

Spend FSA or DFSA money from 2020 in 2021- The grace period to incur expenses with 2020 contributions has been extended from March 15, 2021 to Dec. 31, 2021. That means you'll have all of 2021 to spend down any remaining balances from 2020 contributions.

- IRS regulations require that you forfeit any 2020 money left in either the Health Care or Dependent Care Accounts after the Dec. 31, 2021 claims submission deadline.
- It is still prohibited to use money from the FSA to cover expenses eligible under the DFSA or vice versa.

Spend FSA or DFSA money from 2021 in 2022- The grace period to incur expenses with 2021 contributions has also been extended from March 15, 2022 to Dec. 31, 2022. That means you'll have all of 2022 to spend down any remaining balances from 2021 contributions.

- Per IRS guidelines, you will forfeit any 2021 money left in either the Health Care or Dependent Care Accounts after the Dec. 31, 2022 claims submission deadline.

ANNUAL MAXIMUM CONTRIBUTION

| | |
|--|--|
| Health Care Flexible Spending Account | \$2,750 |
| Dependent Care Flexible Spending Account | \$5,000 (\$2,500 if married and filing separate tax returns) |

Please note that these accounts are separate. You may participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

1 in 5



Households that have medical insurance used up most of their savings to pay medical bills.

*The Burden of Medical Debt; Kaiser Family Foundation/
New York Times Medical Bills Survey, 2016.*

Critical Illness Insurance





You can protect yourself from the unexpected costs of a serious illness.

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a lump sum benefit directly to you if you are diagnosed with a covered illness. The benefit is not associated with your health insurance and is paid in addition to any other insurance coverage you may have. You have the option to choose your coverage amount; \$10,000, \$20,000 or \$30,000.

COVERED ILLNESSES INCLUDE:

- Heart Attack
- Stroke
- Cancer
- Major Organ Transplant
- End Stage Renal (Kidney) Failure
- Coronary Artery Bypass Surgery*
- Carcinoma In Situ*

PLAN FEATURES

-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse/partner and children.
-  **Health Screening Benefit:** The plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more. Call **866-547-4205** to report your eligible screening.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.

**The coverage pays 25% of the face amount of the policy once per lifetime for coronary bypass surgery and carcinoma in situ.*

The policy/certificate of coverage or its provisions, as well as covered illnesses, may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.



WHY WE OFFER SUPPLEMENTAL MEDICAL BENEFITS

Medical insurance does not prevent all of the financial strain of a major illness or injury. You can be exposed up to \$13,800 for individual or \$27,600 for family if you or a family member becomes seriously sick or injured.

Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help repay this out-of-pocket financial exposure for a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance.

Accident Insurance





**Major injuries are painful.
But the financial impact of the medical
treatment doesn't have to be.**

Accident Insurance pays lump sum benefits directly to you if you suffer a range of covered injuries such as a fracture, burn, ligament damage, or major concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and what medical services are required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation
- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)

PLAN FEATURES

-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse/partner and children.
-  **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.



HOW ACCIDENT INSURANCE WORKS

Sam tears a knee ligament that requires extensive treatment and rehab. Even with medical insurance, this will cost Sam \$3,000 out-of-pocket in deductibles and coinsurance.

Fortunately, Sam has Accident Insurance. This coverage paid Sam a total benefit of \$1,150.

Rather than \$3,000 out of his savings, the injury only costs Sam \$1,850...much better.



HOW SAM'S ACCIDENT BENEFIT WAS CALCULATED:

| MEDICAL SERVICE | BENEFIT |
|----------------------|--|
| Emergency Room | \$ 100 |
| Ligament Surgery | \$ 800 |
| Physical Therapy | \$ 250 <small>(\$25 per visit for ten visits)</small> |
| TOTAL BENEFIT | \$1,150 |

The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.



Hospital Indemnity Insurance




Receive lump sum payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance pays lump sum benefits directly to you if you are admitted into a hospital for care due to an illness or injury. Benefits are paid even if you have other coverage.

This plan will pay \$1,500 for the first full day of hospitalization (once per year). Then it will pay \$200/day up to 90 days per year for additional days in the hospital, or \$250/day up to 30 days per year for hospital stays in the ICU.

This plan has day one coverage, meaning hospital stays (including pregnancy) are covered from day one.

PLAN FEATURES

- Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse/partner and children.
-  **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.

HOW HOSPITAL INDEMNITY INSURANCE WORKS

Cindy is injured in a car accident and is in the hospital for four days. Cindy's Hybrid Medical Plan carries a \$1,500 deductible and a \$6,900 out-of-pocket maximum. Even with her medical plan, Cindy's deductible, copays, and coinsurance add up to her out-of-pocket maximum quickly.

Cindy has Hospital Indemnity Insurance. She receives a benefit for being admitted into the hospital, and a benefit for each day of her in-patient stay.

HOW CINDY'S HOSPITAL INDEMNITY BENEFIT WAS CALCULATED:

| MEDICAL SERVICE | BENEFIT | TOTAL |
|-------------------------------------|---------------|----------------|
| First day Hospital Admission | \$1,500 | \$1,500 |
| Daily Hospital Confinement (Day 2+) | \$200 per day | \$ 600 |
| TOTAL BENEFIT FOR THREE DAYS | | \$2,100 |

The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

Dental Plan- Delta Dental PPO plus Premier network

Boulder County offers dental coverage through Delta Dental. This plan includes the **Right Start 4 Kids Program**, which provides dental coverage for children up to age 13, covered at 100% by the plan with no deductible when in-network providers are utilized, and the **Dental Prevention First Program**, where preventive care services do not accumulate towards the annual dental maximum (ex: exams, x-rays, cleanings).

| Plan Features | In-Network |
|--|-----------------------------------|
| Annual Deductible | Individual: \$50 Family: \$150 |
| Annual Maximum (Excluding Orthodontia) | \$2,000 per person |
| Preventive Services* Exams, Cleanings, X-rays | 100% |
| Basic Services Fillings, Extractions | Plan pays 80% after deductible |
| Major Services Crowns, Bridges, Dentures | Plan pays 50% after deductible |
| Orthodontia Lifetime Maximum \$1,500 | Plan pays 50% after deductible |

IMPORTANT: Non-participating providers are allowed to balance bill. Employees and/or dependents are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the provider.

**Preventive Services do not count toward the Annual Maximum under the Dental Prevention First Program.*

WHAT DOES PREVENTIVE DENTAL CARE TYPICALLY COVER?

Every dollar spent on preventive care can save you money later on procedures that are more urgent, complex, and costly.



Routine dental checkups and cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.



Professional fluoride treatments can be a key defense against cavities if you're at high risk for decay. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste, and take only a few minutes to apply.



Dental sealants go a step beyond fluoride by providing a thin, plastic coating to the chewing surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.



X-ray images of your mouth may be taken by your dentist or dental hygienist to better evaluate your oral health. These images go beneath the surface to provide a more detailed look inside your teeth and gums.

Vision Plan- VSP Advantage network

Boulder County offers vision coverage through VSP. This plan includes: **KidsCare**, where kids up to age 18 are allowed two covered exams per year and one pair of covered glasses per year to accommodate rapidly changing vision; and **SunCare**, which allows the use of the frame and lens benefit towards non-prescription sunglasses in lieu of glasses.

Reminder: please check with your provider each year, to ensure that they are still participating in the VSP Advantage network. If you prefer to see a doctor that is out-of-network for your exam, you can still save money by filling your prescription at an in-network location.

| Plan Features | In-Network | Out-of-Network |
|---|-----------------------------|--|
| Eye Exam - every calendar year | \$25 copay | Up to \$45 |
| Materials (frames or lens fitting fee) | \$25 copay | See below |
| Lenses - every calendar year Single Vision Lined Bifocal Lined Trifocal Progressive | Covered in full after copay | Up to \$30 Up to \$50 Up to \$60 Up to \$75 |
| Frames - every other calendar year | \$150 allowance | Up to \$50 |
| Contact Lenses (instead of eyeglasses) - every calendar year | \$150 allowance | Up to \$100 |



5 TIPS FOR A LIFETIME OF HEALTHY VISION

1. Schedule yearly eye exams. Visiting your ophthalmologist regularly helps you see your best, protect your sight and even detect serious health conditions such as diabetes.
2. Protect your eyes against UV rays. No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
3. Give your eyes a break from digital devices. Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.
4. Live a smoke-free lifestyle. Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
5. Practice safe wear and care of contact lenses. Keep them clean and follow your optometrist's recommendations for use and wear.

Life Insurance

Always be there financially for your loved ones.

Your family depends on your income for a comfortable lifestyle and to make their dreams a reality. You likely don't think of a scenario where you're no longer there for your family, but you need to ensure their future is financially secure.

Boulder County knows how difficult it can be to provide this peace of mind on your own, which is why we have made it a priority to give you the ability to assemble a Life Insurance portfolio.

BASIC TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

As of 1/1/2022, Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurances are offered and paid for by the county at 100%. If you didn't previously have this coverage, it will be added automatically for you.

Basic Term Life:

The benefit is equal to 1.5 times your annual salary to a maximum of \$300,000. Coverage rates are rounded up to the nearest \$1,000.

Accidental Death and Dismemberment:

If you are seriously injured or lose your life in an accident, you or your beneficiary will be eligible for a benefit equal to your Basic Term Life coverage.

SUPPLEMENTAL LIFE INSURANCE

You have the option to purchase Supplemental Term Life Insurance for yourself and your dependents. Premiums will be provided at the time of enrollment and are based on your age, tobacco use, and the amount of coverage you elect.

You have the option to add or increase your Supplemental Life Insurance during this open enrollment; however, you will be subject to approval based on a health questionnaire.



HOW MUCH LIFE INSURANCE DO YOU NEED?

Many financial experts recommend you have at least five to eight times your household income in Life Insurance. To calculate the level sufficient to cover your needs, you should consider your current income and how much it costs to maintain your family's standard of living. You should also consider your current expenses and your family's future financial needs such as the following:

Current Expenses

- Home Mortgage
- Car Payments
- Credit Card Debt
- Other Debt

Future Needs

- Child Care
- College Tuition
- Spouse's/Partner's Retirement
- Routine Household Expenses

After you add your financial responsibilities, how does the sum compare with your current coverage?

Other Benefits

We offer a variety of other benefits that give you options beyond health care and income protection.

HEALTH ADVOCATE

Navigating the health care system can be a challenge. Health Advocate offers a unique level of personalized support you won't find anywhere else. As an independent third party, our experts will answer your questions and take on virtually any health care issue – so you and your family get the right care at the right time. Available at no cost to employees, spouses/partners, dependents, parents, and parents-in-law. This benefit is also confidential.

EXPERT HEALTH CARE HELP

Our personal Health Advocates can help you get to the right care at the right time and resolve a wide range of issues. They can:

- Support medical issues, from common to complex
- Answer questions about diagnoses and treatments
- Coordinate services related to all aspects of your care
- Find the right in-network doctors and make appointments
- Coordinate second opinions and transfer medical records
- Research and locate eldercare services
- Resolve insurance claims and medical billing issues

Download the Health Advocate mobile app for free, convenient, help on the go! Call **1-866-695-8622** or visit www.HealthAdvocate.com/members for more information.

ADOPTION AND INFERTILITY ASSISTANCE

As an enhancement to our family-friendly culture, the county provides treatment for infertility and an adoption reimbursement under our benefits package. Both health insurance plans cover treatment for infertility and artificial means of conceiving (i.e. GIFT, ZIFT, and in-vitro fertilization) up to a lifetime maximum of \$10,000.

The county will also offer a lifetime maximum of \$10,000 for the reimbursement of expenses relating to either a public or private adoption. Please contact the HR Benefits Team for more information.

FREE VIRTUAL PHYSICAL THERAPY PROGRAM

If nagging injuries, muscle aches, or joint pain have you down, we have good news. You now have access to RecoveryOne™ for Cigna®, an online physical therapy program that takes recovery straight to you — no paperwork, no travel time, and no crowded gyms. Plus, there's no added cost to you or your covered dependents (ages 18+) to use it. That's right, this physical therapy program is 100% free*, regardless of which Cigna plan you are enrolled in.

With RecoveryOne for Cigna, you get:

- Online PT you can do when you want, from the comfort and safety of home
- Customized recovery plans to meet your needs
- A multimedia app that guides you through your exercises
- Video, voice, and chat conversations with your support team
- Weekly check-ins with a certified health coach to help keep you on track

*This does not pertain to members that are already actively engaged in a physical therapy program. Those visits will still be subject to your plan copay or deductible. However, you can stop with your current program and start with RecoveryOne to get the benefit of 100% free physical therapy.

Get started at <http://www.mycigna.com/>. From the home page, scroll down and you'll see the RecoveryOne info under Latest Updates. Click on the See Details link to self-enroll in RecoveryOne!

Employee Assistance Program (EAP)

COUNSELING SESSIONS PROVIDED BY SUPPORTLINC

Just when you think you have life figured out, along comes a challenge. But whether those challenges are big or small, your Employee Assistance Program is available to help you and your family find a solution and restore your peace of mind.

SupportLinc provides a concierge scheduling service and EAP benefits are available to all employees regardless of their hours or benefit eligibility status.

SupportLinc EAP is just a phone call away whenever you need them. An advocate is ready to help assess your needs and develop a solution to help resolve your concerns. They can also direct you to an array of resources in your community and online tools, including an article library.

You have up to **eight** face-to-face sessions for you and your household members per issue. You can call SupportLinc EAP to be paired with a counselor that meets your specific needs.

It's as easy as 1-2-3 to get support from your EAP program:

1. Call **1-888-881-5462** Counselors are available around-the-clock, 365 days a year.
2. Visit www.supportlinc.com for video counseling, as well as access to thousands of searchable articles, search engines, legal forms, and financial calculators. Employer ID: bouldercounty
3. Download the SupportLinc eConnect mobile app for access to the EAP while you're on the go. Employer ID: bouldercounty

Online Enrollment Instructions

Enroll online at www.benefitsgo.com/bouldercounty. This site is available 24/7 during the enrollment period. Follow the instructions below.

INFORMATION YOU'LL NEED FOR ENROLLMENT

Be sure to have the following information available when you enroll. Rest assured, all information you provide will be kept confidential and used for benefit enrollment purposes only.

- **Dependent Information:** Full Name, Date of Birth, Social Security Number

HAVE YOU COMPLETED AN ONLINE ENROLLMENT BEFORE?

Enter the Username and Password you created the account with. Then click "Log In".

NEW USER REGISTRATION

STEP 1

Visit www.benefitsgo.com/bouldercounty. Click "Let's Go," to register and create your personal login credentials. Provide the following to confirm your identity:

- Enter your date of birth (MMDDYYYY)
- Enter home zip code
- Enter your LAN ID (this is the username you use to login to your county computer)
- Click "Continue to Registration"

STEP 2

Create your account.

- Choose and enter your username (your username MUST be between 8 and 60 characters long and cannot contain any special characters)
- Create a password (your password MUST contain at least 8 characters, 1 lowercase letter, 1 uppercase letter, 1 number, and 1 special character)
- Confirm password
- Click "Submit"

STEP 3

Login using your username and password.

STEP 4

Select "Get Started." This will start your benefit enrollment session.

1. Once in the system you will need to confirm the following information:
 - Verify dependent information if applicable
 - Only select beneficiaries if you're enrolling in a new benefit
2. Learn about your current benefits as you navigate through the enrollment pages and make your enrollment selections.
3. Once you have reviewed all plans and made selections, continue through the enrollment until you see the confirmation number. **Your enrollment is NOT complete until you see the confirmation number.**

If any of your personal information is incorrect, please visit BC Time to make those edits. From the Employee Self-Service page > Personal Information > make edits as needed.

NEED HELP?

Forgot your username?

If you forgot your username, click "Forgot Username" and follow the prompts.

1. Enter the last 4 digits of your SSN
2. Enter your date of birth (MMDDYYYY)
3. Then click "Get Username"

Forgot your password?

If you forgot your password, click "Forgot Password" and follow the prompts.

1. Enter your username
2. Then enter the email address you registered with

Forgot your email address?

If you already have an account, but forgot your email:

1. First try using your Boulder County email address
2. If that doesn't work, please send an email to askbenefits@bouldercounty.org for assistance.

Contact Information

| BENEFIT | CONTACT | PHONE NUMBER | WEBSITE |
|---|-------------------------|--|--|
| Medical | Cigna | 1-800-997-1654 | www.cigna.com |
| Rx | CVS | 1-877-906-3802 | www.caremark.com |
| Healthcare Platform | Amino | 1-800-33AMINO | www.amino.com |
| Dental | Delta Dental | 1-800-521-2651 | www.dentadental.com |
| Vision | VSP | 1-800-877-7195 | www.vsp.com |
| HSA | Cigna | 1-800-244-6224 | www.myCigna.com |
| FSA | Rocky Mountain Reserve | 1-888-722-1223 | www.rockymountainreserve.com |
| Life and Disability <i>Starting 1/1/2022</i> | Lincoln Financial Group | Disability: 1-800-291-0112 Life: 1-888-787-2129 | www.MyLincolnPortal.com |
| Critical Illness Insurance | The Hartford | 1-800-523-2233 | www.thehartford.com/ employeebenefits |
| Hospital Indemnity Insurance | The Hartford | 1-800-523-2233 | www.thehartford.com/ employeebenefits |
| Accident Insurance | The Hartford | 1-800-523-2233 | www.thehartford.com/ employeebenefits |
| Health Advocacy | Health Advocate | 1-866-695-8622 | www.HealthAdvocate.com |



ENROLL ONLINE.

Enroll online at www.benefitsgo.com/bouldercounty available 24/7.



QUESTIONS?

For more information, contact the HR Benefits Team at askbenefits@bouldercounty.org.



VIRTUAL BENEFITS COUNSELING

Appointment with an HR Benefits Team member by visiting <https://outlook.office365.com/owa/calendar/HumanResourcesOpenEnrollment@bouldercounty.onmicrosoft.com/bookings/>

Annual Notices

The Boulder County would like to provide you with information on recently updated Annual Notices. Important benefit regulatory notices are required disclosures that should be reviewed by all employees, their adult dependents (including spouses/partners) and guardians of minor children that are covered under Boulder County's Health Plans.

- HIPPA Privacy Notice
- Family Medical Leave Rights Responsibilities Notices
- HIPPA Special Enrollment Rights Notices
- Medicaid and the Children's Health Insurance Program (CHIP) Notice
- Medicare Part D Certificate of Creditable Coverage
- Newborns Act Notices
- Women's Health and Cancer Rights Act Notice
- Uniformed Services Employment and Reemployment Rights Act (USERRA)
- Marketplace Notice

To access these notices, visit the Human Resources Page on BC Net, click on Popular Resources and Documents and click on Annual Employee Notice link.

Glossary of Terms

| | |
|-----------------------|--|
| COINSURANCE | is the percentage of costs you pay after you meet your deductible. |
| COPAY | is a flat dollar amount you pay for certain services, such as in-network doctors' office visits or prescriptions. |
| DEDUCTIBLE | is the amount you pay each year before your medical plan begins paying for some health care services. Once you meet your deductible, the plan covers the majority of the cost of most services. |
| OUT-OF-POCKET MAXIMUM | is the most you will pay for covered services including your deductible, office visit copays and coinsurance, including prescription drugs. Once you pay this amount, the medical plan pays 100% of the cost of covered services for the rest of the year. |



NOTE: This statement is intended to summarize the benefits you receive from Boulder County. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.