

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



Important 2024 Enrollment Information.
Find out more on page 2.

BENEFITS ENROLLMENT GUIDE 2024

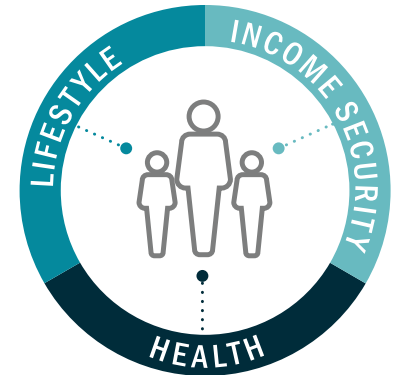




Open Enrollment Runs October 18 - November 3

Now is the time to focus on you.

You are a vital part of our success. That's the reason we invest significantly into a Benefits Plan that helps protect your health, your income, and so much more. It's 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:

- 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.

ACTION REQUIRED!

Open Enrollment ends November 3.

All benefit-eligible employees are required to complete enrollment either online or by speaking with a Benefits Enrollment Counselor to elect or waive coverage by **November 3**. If you do not participate in Open Enrollment, you will be defaulted into employee-only coverage on the Consumer Choice Plan and will not receive dental or vision coverage.

NEW THIS YEAR

THE BENEFITS ADVISORY BOARD WORKED TO ENHANCE THE BENEFITS FOR 2024 WITH A FOCUS ON COMPETITIVENESS, AFFORDABILITY, AND INCLUSION.

- ✓ Lower out-of-pocket costs for employees with reduced medical monthly premiums on all tiers of coverage.
- ✓ Plan design changes including reduced deductibles on the Consumer Choice Plan (CCP) and reduced out-of-pocket max on the Hybrid Plan.
- ✓ Increased county contribution to the Health Savings Account (HSA) for CCP participants from \$500 to \$900 for individual coverage and from \$1,000 to \$1,800 for family tiers of coverage.
- ✓ New! Family-forming benefits provided by Progyny, offering better coverage for individuals and LGBTQ+ members who do not have a diagnosis of infertility. For additional benefit information see page 4.
- ✓ New features for ease-of-use added to Amino, the healthcare financial wellness app. See page 8 for details.
- ✓ The Maintenance Choice® program will now include Costco Pharmacy and several independent pharmacies, see page 11 for details.
- ✓ New! Virtual Reality & Coaching for stress relief and resilience support through MindCo Health.
- ✓ Buy-up options for Dental and Vision for additional coverage and lower out-of-pocket costs. See pages 12 and 13 for additional details for these plan options.
- ✓ Pet Insurance offered by MetLife providing discounts for enrolling multiple pets. Coverage can be started or stopped at any time. For more details see page 22.

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, Hospital Indemnity Insurance, and Identity Theft Protection.

Health & Wellbeing

- Medical and Prescription Plans
- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Dental Insurance
- Vision Insurance
- Health Advocate
- Amino
- Employee Assistance Program (EAP)
- Adoption, Surrogacy and Fertility Assistance

Income Security

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

Retirement & Lifestyle

- 401k/457 Roth Retirement Savings Plans
- PERA Pension

WHO WE COVER

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

Your Dependents May Include:

- Your legal spouse or domestic partner (regardless of gender)
- 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



For a full list of medical terms you should know, go to
<https://mybenefits.aon.com/Terms-To-Know/Resource/Home>

Family-Friendly Benefits

Members will still be responsible for their applicable individual deductible, coinsurance and out-of-pocket maximums when accessing infertility and surrogacy benefits. See grid on page 10 for more details.

NEW! PROGYNY FERTILITY AND FAMILY-FORMING BENEFIT

We are excited to partner with Progyny, a leading fertility and family-forming benefits solution, to provide an inclusive family-forming benefit for every unique path to parenthood. This also expands coverage for individuals and LGBTQ+ couples that don't have a diagnosis of infertility.

The Progyny benefit includes comprehensive treatment coverage leveraging the latest technologies and treatments, access to high-quality care through a premier network of fertility specialists, and personalized emotional support and guidance for every path to parenthood from dedicated Patient Care Advocates (PCAs). Progyny also has a new \$100,000 lifetime reimbursement for adoption and/or surrogacy expenses.

To make your fertility benefit easier to use, Progyny bundles all the individual services, tests, and treatments into the Progyny Smart Cycle. Each treatment or service is valued as a portion of a Smart Cycle and expressed as a fraction, so you always know your benefit balance. The Smart Cycle is designed for comprehensive, customizable coverage and ensures you won't run out of coverage mid-cycle. Additionally, Progyny offers donor tissue coverage which supports those who are unable to produce their own biological tissue such as eggs or sperm. It ensures that members may use their Smart Cycle(s) in the same way they would for their own biological tissue. There isn't an incremental cost to patients for covering donor tissue.

FERTILITY TREATMENT AND PRESERVATION

As an enhancement to our family-friendly culture, the county provides treatment for fertility, adoption and surrogacy reimbursement under our benefits package. Both health insurance plans, through Progyny, cover treatment for fertility and artificial means of conceiving (i.e. GIFT, ZIFT, and in-vitro fertilization) up to a lifetime maximum of \$100,000.

ADOPTION AND SURROGACY REIMBURSEMENT

The county will also offer a lifetime maximum of \$100,000 for the reimbursement of expenses relating to either a public or private adoption and/or for the expenses of a surrogate who is not on the Boulder County plan. For more information or to initiate services contact Progyny at 866-960-3554.

FAMILY-FRIENDLY BENEFITS

• 12 weeks of fully-paid Caregiver Leave

After completing one year of full-time employment, all

benefit-eligible employees have access to 12-weeks of paid Caregiver Leave for the birth of their child, adoption of their child, placement of a child with the employee for foster care, or care of a family member. A "family member" includes immediate family members (i.e., those related by blood, marriage, civil union, or adoption), a child to whom the employee stands in loco parentis or a person who stood in loco parentis to the employee when the employee was a minor, and a person for whom the employee is responsible for providing or arranging health-or safety-related care.

• Sick Child Care subsidy program

The county has partnered with local childcare provider, Take-A-Break, to offer subsidized in-home care for sick children when they cannot go to daycare or to school. Take-A-Break provides trained employees to care for all minor illnesses. You pay the provider at the time of service based on your monthly salary:

- Less than \$4,500: \$2 per hour
- \$4,500 or more: \$4 per hour

The County pays the difference between your cost and the total charge.

Important- Parents need to complete an enrollment form for their children prior to utilizing the service. Take-A-Break is not able to accept an enrollment form and a request for child care services on the same day. Please complete and return your paperwork now, so that you are able to utilize the service if the need arises. The form is available by contacting askbenefits@bouldercounty.gov.

• Infants-at-Work Program

In an effort to support parents as they return to work following the birth/adoption of a child, our Infants-at-Work program allows parents to bring their infant to work with them until the child is mobile or reaches 12 months of age. Participants must gain prior approval from their supervisor, elected official or department head, and Human Resources. To learn more or to apply for the program, contact Steffany Hiatt at shiatt@bouldercounty.gov.

- **The Savings Center** through our EAP, SupportLinc, provides real life savings on real life needs— child care, travel, tuition, groceries, school supplies, appliances and all those little things in life that can add up. Simply click on the Savings Center tile on www.supportlinc.com or call **888-881-5462**. Use Employer ID: **bouldercounty**

Benefits You Can Take In

GENDER-AFFIRMING CARE

Since 2016, our medical and pharmacy plans have provided coverage including hormone replacement therapy (HRT) and gender-affirming surgery procedures. Cigna's new My Personal Champion team also assigns both a nurse and patient navigator to make gender-affirming care as simple and easy as possible. The team works to ensure people can avoid obstacles and get the services they need, help members find providers and support groups, assist with medical claims, and provide support for social transitioning. For more information, call **855-699-8990** Monday - Friday from 8:00 a.m. - 6:00 p.m. E.T.

COVERAGE FOR SPOUSES AND DOMESTIC PARTNERS

All of our insurances allow for coverage of spouses and domestic partners, regardless of gender or sexuality, at the same premium rates. IRS regulations require that contributions towards the domestic partner portion of premiums be counted as post-tax dollars.

GENDER-INCLUSIVE LEAVES

After completing one year of FTE employment, all benefit-eligible employees have access to 12-weeks of paid caregiver leave for the birth of their child, adoption of their child, placement of a child with the employee for foster care, or care of a family member. A "family member" includes immediate family members (i.e., those related by blood, marriage, civil union, or adoption), a child to whom the employee stands in loco parentis or a person who stood in loco parentis to the employee when the employee was a minor, and a person for whom the employee is responsible for providing or arranging health-or safety-related care.

GENEROUS VACATION BANK

Full-time FTE employees receive an 80-hour bank of vacation at the time of hire, in addition to 8 hours of both vacation and medical leave accruals each month. Vacation leave accruals increase to 12 hours per month after the first year of continuous employment as an FTE, and keep increasing based on years of employment. Part-time FTE employees begin employment with a bank of vacation leave based on the percentage of FTE, and earn vacation and medical accruals based on this percentage.

FAMILY-FORMING OPTIONS

Our benefits include \$100,000 towards infertility treatment and medication, as well as \$100,000 reimbursement programs for both adoption and surrogacy expenses. See page 4 for details.

LGBTQ+ FRIENDLY PROVIDER SEARCH TOOLS

Healthcare can seem even more challenging if you've ever been stigmatized or discriminated against for your sexual orientation, gender, race, ethnic or religious background, or any other reason. With HealthAdvocate, know that you have a team of knowledgeable and compassionate experts who will help you find a provider to meet your specific needs. If you'd like some personalized help finding a new provider, please call **866-695-8622**.

EMPLOYEE ASSISTANCE PROGRAM

All employees have up to 12 face-to-face counseling sessions for themselves and their household members per issue per year. Simply call SupportLinc EAP to be paired with a counselor who meets your specific needs. Over 26% of their providers identify as LGBTQ+, with another 60% specializing in issues unique to the LGBTQ+ community. Their concierge approach ensures individuals only receive referrals to providers who meet both their clinical needs (clinical specialty, topic and areas of expertise) as well as their cultural preferences (race, age, gender identity, language, LGBTQ+ status, and more). It's as easy as 1-2-3 to get support from your EAP program:

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

Medical Insurance

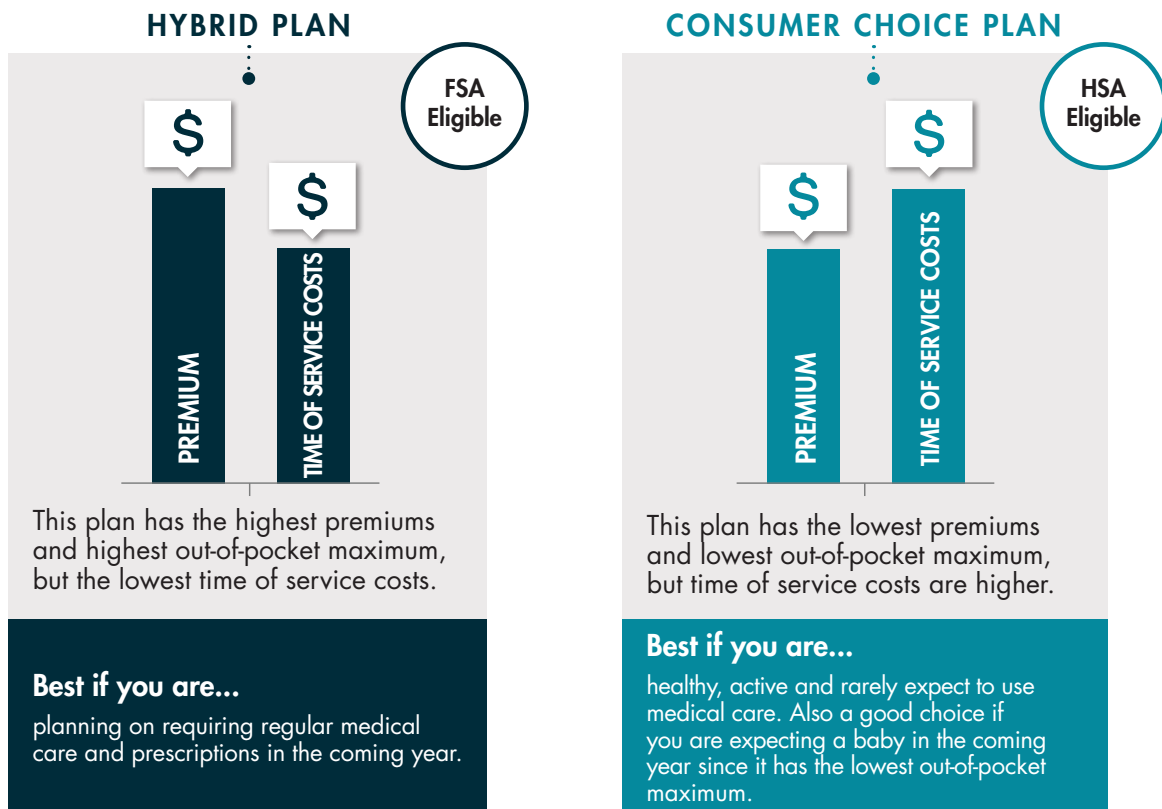
Health care needs are different for everyone. That's why our medical plans offer options so you can choose the coverage level best-suited to your needs and budget.

We offer TWO medical plans that provide comprehensive health care benefits. The **Hybrid Plan** is a PPO with a Flexible Spending Account (FSA) and the **Consumer Choice Plan** is a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).

Each plan gives you access to the same network of high quality medical providers. The difference is that each plan carries different premiums 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."



Reminder: Double-Check Provider's Network Status

Before using your benefits in 2024, 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 plus Premier network

- Vision - VSP Advantage network
- Prescriptions - CVS Advanced Control Formulary network. 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

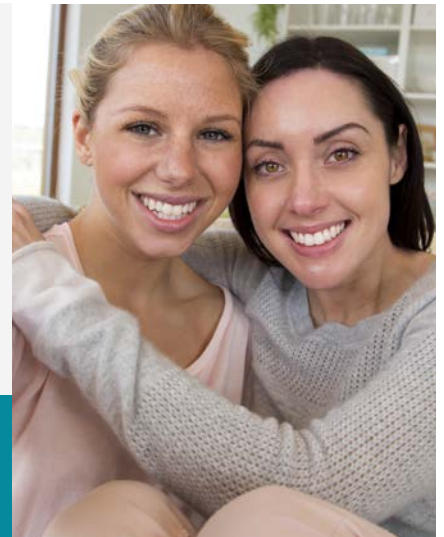
Lifestyle: Trips to the beach, jogging, binging TV shows

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 has 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.



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.

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.

New features include the ability to filter results by distance, provider type: nurse practitioner, physician assistant, radiologist and podiatrist, and expanded search-by-name results. You can now search for ancillary service providers like chiropractors and physical therapists with over a million new providers spanning more than 80 specialties in Amino's medical network.

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

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

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



Cigna LocalPlus Coverage By County

Save more on quality care. With LocalPlus in Colorado, you could save up to 8% on total medical costs.¹ 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 your 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. 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

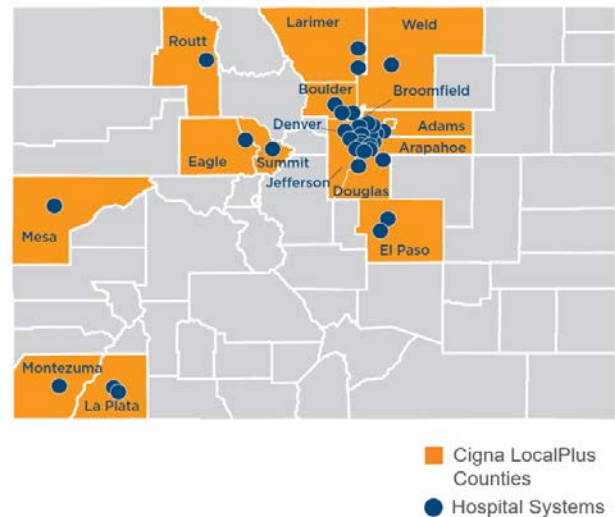
HOSPITALS AND SYSTEMS**

Front Range: Boulder Community Health, CommonSpirit Health*, Children's Hospital Colorado, Craig Hospital, Denver Health Medical Center, HealthONE, National Jewish Health, SCL Health System, UCHealth

Mountain (Eagle Routt & Summit Counties): CommonSpirit St. Anthony Summit Medical Center*, UCHealth Yampa Valley Medical Center, Vail Valley Medical Center

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

**formerly known as Centura*



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
- New West Physicians
- Optum Medical Group
- PHP Prime
- UCHealth Integrated Network

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

Review Your Cigna LocalPlus Providers

Employees can visit www.mycigna.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

1. Potential savings estimated, based on an internal Cigna Healthcare study conducted in 2022 comparing LocalPlus plans to Open Access Plus (OAP) plans in Colorado with the same benefit plan provisions. Savings are not guaranteed and will vary depending on plan design, geographic distribution and utilization patterns. Medical cost savings do not directly translate to rate or premium rates.

2024 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	\$900/\$1,800		N/A	
Annual Deductible Individual/Family*	\$2,750/ \$5,500	\$5,500/ \$11,000	\$1,500/ \$3,000	\$3,000/ \$6,000
Out-of-Pocket Maximum* Individual/Family**	\$2,750/ \$5,500	\$5,500/ \$11,000	\$4,000/ \$8,000	\$8,000/ \$16,000
Coinsurance	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Preventive Care	Plan pays 100%	Plan pays 100% after deductible	Plan pays 100%	Plan pays 60% after deductible
Primary Care Physician	Plan pays 100% after deductible	Plan pays 100% after deductible	\$30 copay	Plan pays 60% after deductible
Telemedicine with MDLIVE <small>see more details on p. 16</small>	Plan pays 100%	N/A	Plan pays 100%	N/A
Specialist	Plan pays 100% after deductible	Plan pays 100% 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 100% after deductible	\$75 copay	\$75 copay
Abortion	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Male Birth Control- Vasectomy	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100%	Plan pays 60% after deductible
Female Birth Control***	Plan pays 100%	Plan pays 100% after deductible	Plan pays 100%	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

*** Female Birth Control includes Depo-Provera, Diaphragms, IUDs, Tubal Ligation, and a variety of birth control pills

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

HELP ME CHOOSE

Need help choosing a medical plan?

Click [HELP ME CHOOSE](#) during your enrollment and answer a few simple questions. Based on your responses, a customized rating for each medical option will be provided. The rating is based on your anticipated medical needs, how much you can afford to pay out-of-pocket for medical expenses, and your tolerance for financial risk.

To get the most accurate recommendation, gather the following information before you begin:

- A list of the medications you and your covered family members use (both the name of the medication and the dose)
- Approximate household income
- Approximate savings you have to cover out-of-pocket medical expenses

Rest assured, the information you provide is completely safe and confidential. None of your responses are shared with anyone, including your employer or the medical plan, and nothing is stored in a database.

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](https://caremark.com) for a complete list of medications.

CVS is adding a new low-cost drug program, Caremark Cost Saver, to help lower out-of-pocket drug costs for patients. For more information visit <https://payorsolutions.cvshealth.com/content/caremark-cost-saver>.

There are hundreds of preventive medications that are covered at \$0 member cost under the CCP. For more details about the special program for Diabetes medications, see page 15.

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

CVS/Caremark Pharmacy Benefits				
Plan Features	Consumer Choice Plan (HDHP with HSA)		Hybrid Plan (PPO with FSA)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
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 for the cost of a 60-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, 84+ day supply, condition maintenance prescriptions. You can choose convenient home delivery or pick up your medication at CVS/Target, Costco, and select participating pharmacies. Visit [Caremark.com](https://caremark.com) to use the pharmacy locator tool or call **1-877-906-3802** with questions and more information on state specific regulations.

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.

2024 Employee Plan Premiums

Medical

Coverage Tiers	Consumer Choice Plan (HDHP with HSA)	Hybrid Plan (PPO with FSA)
Employee	\$45.22	\$80.37
Employee + Spouse/Partner	\$207.99	\$291.08
Employee + Child(ren)	\$185.83	\$261.56
Employee + Family	\$290.44	\$406.52

Dental

Coverage Tiers	Delta Dental Base Plan	Delta Dental Buy-Up Plan
Employee	\$4.13	\$12.03
Employee + Spouse/Partner	\$49.50	\$65.33
Employee + Child(ren)	\$44.54	\$58.79
Employee + Family	\$69.30	\$91.46

Vision

Coverage Tiers	VSP Plan	VSP Buy-Up Plan
Employee	\$2.31	\$10.00
Employee + Spous/Partner	\$4.60	\$19.94
Employee + Child(ren)	\$4.93	\$21.38
Employee + Family	\$7.86	\$34.09

Dental Plan- Delta Dental PPO Plus Premier Network

Boulder County offers dental coverage through Delta Dental. Both plans include 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).

NEW! The Buy-Up Plan includes enhancements in the annual maximum, the orthodontia maximum, and coinsurance for basic & major services. Employees who choose the Buy-Up Plan will pay the increased cost for that plan.

Plan Features	Base Plan	Buy-Up Plan ¹
Annual Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Annual Maximum (Excluding Orthodontia)	\$2,000 per person	\$3,000 per person
Preventive Services* Exams, Cleanings, X-rays	100%	100%
Basic Services Fillings, Extractions	Plan pays 80% after deductible	Plan pays 90% after deductible
Major Services Crowns, Bridges, Dentures	Plan pays 50% after deductible	Plan pays 60% after deductible
Orthodontia	Plan pays 50% after deductible Lifetime Maximum: \$1,500	Plan pays 50% after deductible Lifetime Maximum: \$2,000

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.

¹ Boulder County will pay the same amount towards the Base and Buy-Up plans.

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

WHAT DOES PREVENTIVE DENTAL CARE TYPICALLY COVER?

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. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.



Dental sealants go a step beyond fluoride by providing a thin coating to the 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 to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.

Vision Plan- VSP Advantage Network or Choice Network

Boulder County offers vision coverage through VSP. Both plans include: **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 **LightCare**, which allows the use of the frame and lens benefit towards non-prescription sunglasses in lieu of glasses.

NEW! The Buy-Up Plan includes enhancements in lower exam copays, increased frames allowance, increased contact lenses allowance, and no-cost anti-reflective coating and exams when seeing a Premier provider. Employees who choose the Buy-Up Plan will pay the increased cost for that plan.

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 who is out-of-network for your exam, you can still save money by filling your prescription at an in-network location.

Plan Features	Base Plan Advantage Network		Buy-Up Plan * Choice Network	
	In Network	Out-of-Network	In Network	Out-of-Network
Eye Exam - every calendar year	\$25 copay	Up to \$45	\$15 copay \$0 copay at Premier Providers	Up to \$45
Materials (frames or lens fitting fee)	\$25 copay	see below	\$25 copay	See below
Lenses - every calendar year Single Vision Bifocal (Lined & Progressive) Lined Trifocal Lenticular	Covered in full after copay	Up to \$30 Up to \$50 Up to \$60 Up to \$75	Covered in full after copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100
Frames - every other calendar year	\$150 retail allowance \$170 featured frame allowance	Up to \$50	\$200 retail allowance \$220 featured frame allowance	Up to \$70
Contact Lenses (instead of eyeglasses) - every calendar year	\$150 allowance	Up to \$100	\$200 allowance	Up to \$105

*Boulder County will pay the same amount towards the Base and Buy-Up plans. Employees are responsible for the additional expense for the Buy-Up plan.

5 TIPS FOR A LIFETIME OF HEALTHY VISION

- Schedule yearly eye exams.** Visiting your eye doctor regularly helps you see your best, protect your sight, and even detect serious health conditions such as diabetes.
- 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.
- 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.
- Quit smoking.** Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
- Practice safe wear and care of contact lenses.** Keep them clean and follow the recommendations for use and wear.

ZERO Health's ZERO Card

Get the care you need for \$0 such as orthopedic surgery, spine surgery, general surgery, labs, imaging, physical therapy, and more. No deductibles, no copays, no coinsurance!

ZERO is your own Personal Health Assistant, a real person who you can chat with, call or email. Let them know what kind of care you need and they will handle the rest. ZERO provides a network of no-cost and high-quality providers for the pre-planned services you need. Urgent and emergent services are not included in the ZERO covered services.

Hybrid Plan members pay \$0 for ZERO services and procedures right away. Consumer Choice Plan members pay \$0 after meeting the IRS minimum deductible of \$1,600 individual/\$3,200 family. If you've met this portion of your deductible on the CCP, you may reach out to ZERO for any additional services in the plan year.

For more information call **1-855-816-0001** or visit thezerocard.com.

ZERO Is Easy To Use

STEP 1

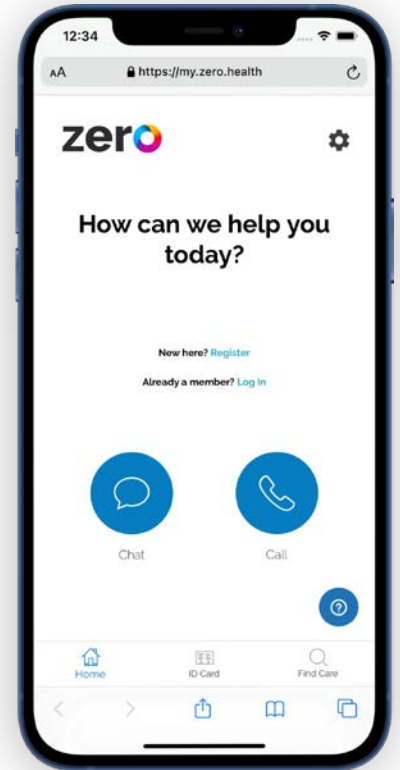
Connect with your Personal Health Assistant by calling 855-816-0001 to see if the service or procedure you need is covered.

STEP 2

ZERO will help you find the health care provider who works best for you and sends the details to the provider to get your procedure scheduled.

STEP 3

You save your hard earned money and **get the care you need for \$0.**



	Surgery without ZERO	Surgery with ZERO!
Average Geographical Cost of Knee Surgery	\$27,400	\$19,000
Deductible and Coinsurance	Hybrid: \$1,500 + 20% CCP: Up to \$2,750 out-of-pocket	Hybrid: \$0 copay CCP: \$1,600 +0%*
Member Cost (Max Out-of-Pocket)	Hybrid: \$4,000 CCP: \$2,750	\$0 Copay

*CCP members can access the ZERO program only after they have met the \$1,600 deductible required by the IRS



"I have had a difficult recovery from multiple hip surgeries and prior to entering the ZERO program I was paying \$50 per visit every week, which really added up. The ZERO program connected me with a great physical therapist at a convenient location and I have attended sessions all year with no out-of-pocket cost to me! I highly recommend this program." – Karen

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 to take the short assessment.

Diabetes Medications

In addition to the Omada program, the CVS Health pharmacy benefit includes \$0 cost diabetes medications. For more information contact CVS customer support at [1-877-906-3802](tel:1-877-906-3802), or visit www.caremark.com.

**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.*

Cigna Oncology Clinical Consult

The Oncology Clinical Consult service identifies patients with a cancer diagnosis who are likely to benefit from a second expert oncologist review of their case. It works by matching their primary oncology physician to a National Comprehensive Cancer Network (NCCN) designated, or National Cancer Institute (NCI) affiliated, oncologist who specializes in the patient's cancer type. The oncologist will review the case and diagnosis, provide testing, and therapy recommendations.

As a patient, if you have a diagnosis and/or are undergoing treatment likely to benefit from the program then you may receive a call from eviCore asking for your consent to allow your provider access to this service. This program is designed to ensure that, as the patient, you receive the correct diagnosis, best treatment, and optimal outcome.




Wellness Program

Participating in the wellness program is a great way to actively manage your health and earn up to \$620 a year in incentives. All employees can participate and enjoy the free wellness platform tools and programs available. 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, login to the desktop at www.bocowellness.com or the Virgin Pulse app with your chosen email and password.

The enrollment period runs through Nov. 30, 2023.

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

REQUIREMENT	2024 REWARD	DUE DATE
Step 1: Complete online Health Check Survey and Biometric Screening <i>It is highly recommended to complete your Biometric Screening well in advance of the due date to ensure results are uploaded to the platform and you have ample time to complete Step 3. Results can take a minimum of 7-10 business days to be uploaded.</i>	\$10/month off medical premiums starting with Jan. paycheck (medical plan-enrolled employees only) and eligibility to earn up to \$200 in gift cards	Nov. 30, 2023 Scan the QR code with a smartphone to download the app 
Step 2: Complete Nicotine-Free Agreement OR Tobacco Journey		
Step 3: Achieve 3 out of 4 Ideal or Improved Biometric Results OR Complete a total of 2 FREE Coaching Sessions	Additional \$20/month off medical premiums (medical plan-enrolled employees only)	
Spouses/Partners- Steps 1 and 2 must be completed for spouses/partners to earn the discount. <i>Spouses/partners must be enrolled in our medical plan to be eligible to participate in the wellness program. They are not eligible for prizes or gift cards.</i>	\$60 annual spouse/partner medical premium discount	

MDLIVE

Healthcare that is there for you when and where you need it, with convenient and FREE virtual care from MDLIVE. Cigna has partnered with MDLIVE to offer a suite of convenient virtual care options, available by phone or video, on a flexible schedule that works for you.

This service is free to all employees regardless of medical plan chosen. Access MDLIVE by logging into myCigna.com and clicking on "Talk to a doctor" or calling MDLIVE at **888-726-3171**. You can also download the MDLive app at www.mdlive.com/mobile-app/

Common Uses for MDLive:



PRIMARY CARE

Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost to identify conditions early
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work, and screenings at local facilities



URGENT CARE

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

Health Savings Account (HSA)

FOR MEMBERS ENROLLED IN THE CONSUMER CHOICE PLAN

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

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 current and future health care expenses.

You can contribute money to your HSA and use it any time for qualified health care expenses. The county will also help you build your HSA each year by contributing seed money in the amount of \$900 for individuals and \$1,800 for families.

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. Please review pages 19-21 for more information.
- 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	\$4,150**	\$900	\$3,250
Family Coverage	\$8,300**	\$1,800	\$6,500

**Total IRS contribution limits for 2024 include Boulder County funding. Individuals age 55 or older can make an additional \$1,000 in "catch up" contributions.

Flexible Spending Accounts (FSAs)

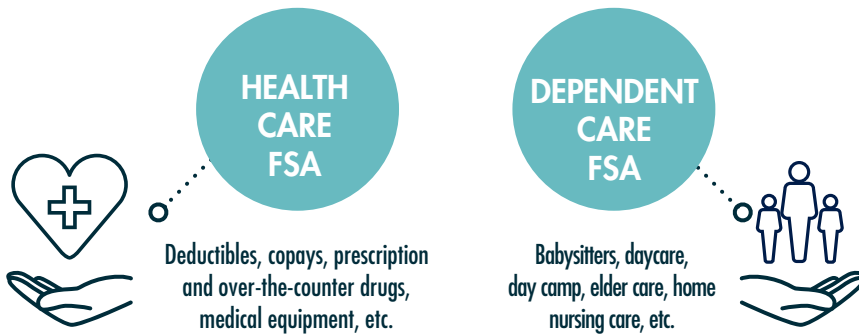
Reduce your tax bill while putting aside money for health and dependent care needs.

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. Everyone is eligible for the Dependent Care FSA but the Health Care FSA is only for the members enrolled in the Hybrid plan.



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 <https://mybenefits.aon.com/FSA/Resource/Home> 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. For a Health Care FSA, your full contribution amount will be available for use on your benefit effective date. For a Dependent Care FSA, 1/12 of your full contribution will be deposited and available each month.
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.

Use It or Lose It: Be sure to calculate your FSA contributions carefully. The grace period to incur expenses with 2024 contributions is March 15, 2025. The funds won't roll over from year-to-year, and you will forfeit any money left in either the Health Care or Dependent Care accounts after the May 15, 2025 claims submission deadline.

ANNUAL MAXIMUM CONTRIBUTIONS

Health Care Flexible Spending Account	\$3,250*
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.

* The IRS issues new FSA maximums each year in late October or November. The maximum of \$3,250 represents the projected increase for 2024. If you elect the full \$3,250 and the IRS issues a new maximum that is lower than this amount, your election will need to be edited to reflect the 2024 IRS maximum. HR will contact you before making any adjustments to your election.



Did You Know?

Americans spend an average of **\$5,000** a year on out-of-pocket health care costs.

Bureau of Labor Statistics Consumer Expenditures Survey 2020

Critical Illness Insurance- The Hartford

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 **1-866-547-4205** 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 \$8,000 for individual or \$16,000 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 - The Hartford





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 Sam's Consumer Choice Plan, this will cost him \$2,750 out-of-pocket in deductibles and coinsurance.

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

Rather than \$2,750 out of his savings, the injury only costs Sam \$1,600...much better.



HOW SAM'S ACCIDENT BENEFIT WAS CALCULATED:

MEDICAL SERVICE	BENEFIT
Emergency Room	\$100
Ligament Surgery	\$800
Physical Therapy	\$250 <i>(\$25 per visit for ten visits)</i>
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.

Coverage Tiers	Monthly Premiums
Employee	\$8.72
Employee + Spouse/Partner	\$13.68
Employee + Child(ren)	\$14.02
Employee + Family	\$22.79

Hospital Indemnity Insurance - The Hartford





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.

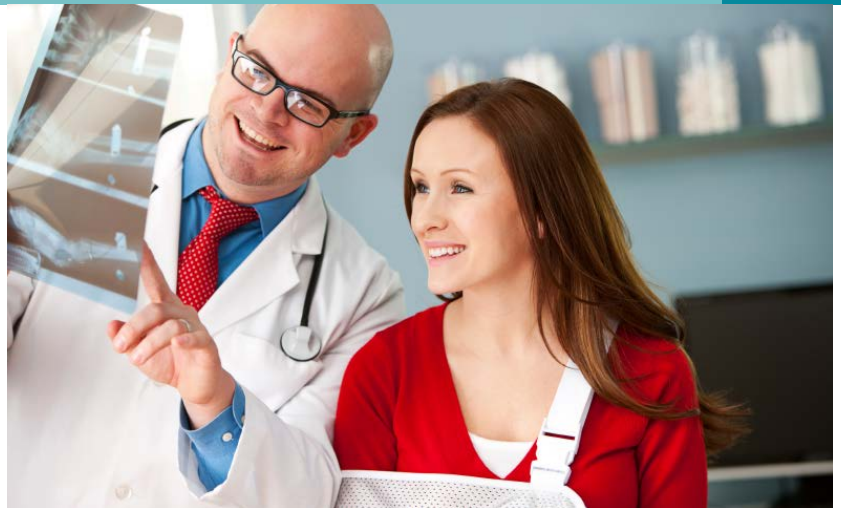
This plan will pay \$1,500 for the first full day of hospitalization (once per year). Then it will pay \$200/day up to 90 days per year for additional days in the hospital, or \$250/day up to 30 days per year for hospital stays in the ICU.

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 \$4,000 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 FOUR 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.

Coverage Tiers	Monthly Premiums
Employee	\$21.44
Employee + Spouse/Partner	\$44.40
Employee + Child(ren)	\$40.47
Employee + Family	\$66.60

Identity Theft Insurance - NortonLifeLock

Digital thieves constantly discover new ways to extract your personal information, open credit accounts in your name, sell your sensitive data on the dark web, and take over your financial accounts.

NortonLifeLock offers comprehensive Identity Theft Insurance that monitors multiple gateways into your identity and credit, and alerts you of fraudulent activity.

Protection Services Include:

- Credit Reports and Monitoring
- Court Records Monitoring
- Bank Account Takeover Monitoring
- Criminal Bookings Monitoring
- Credit Application Monitoring
- Sex Offender Monitoring
- Real Time Authorization Notifications
- Change of Address Monitoring
- Child Social Security Number Monitoring
- Full Service Identity Restoration Services
- Social Security Number Trace



Did You Know?

A child's Social Security number gives ID thieves a fraudulent "clean slate."

Monitor your child's credit report as often as your own.

Coverage Tiers	Monthly Premiums
Employee	\$9.99
Family	\$18.98

NEW BENEFIT!

Pet Insurance - MetLife

Raising a pet can be a joyous experience but care can quickly become expensive. After all, pets are family and it can be emotionally and financially stressful when veterinary expenses begin to stack up.

MetLife Pet Insurance is committed to helping pet parents experience the joys of parenthood by helping them cover the cost of care for a sick or injured pet. Pet insurance helps to reimburse pet parents for covered preventive and unexpected veterinary expenses for their furry family members by offering quality coverage that's affordable and easy to customize.

Pet insurance can be added or cancelled at any time and you are eligible for discounts when insuring more than one pet.

To get a quote, view claim status, and more call **1-800-GET-MET8** or visit www.metlife.com/getpetquote.



Life Insurance - Lincoln Financial Group

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

Basic Term Life:

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurances are offered and paid for by the county at 100% and the pay-out is 1.5 times your salary. All benefit-eligible employees are automatically enrolled in this coverage.

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. This offers an additional payout equal to the Basic Term Life coverage.

SUPPLEMENTAL LIFE INSURANCE

You have the option to purchase Supplemental Term Life Insurance up to \$300,000 for yourself and your spouse/partner and up to \$10,000 for your child(ren). Premiums will be provided at the time of enrollment and are based on your age, tobacco use, and the amount of coverage you elect.

PERA

PERA stands for Public Employees' Retirement Association and they provide retirement benefits for those working in Colorado's public sector. Just by being an employee of Boulder County, you are a PERA member.

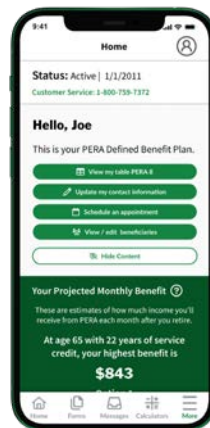
PERA has two types of retirement plans: A defined benefit (also called a pension) plan where PERA invests funds on your behalf and then provides a lifetime monthly benefit in retirement, and a defined contribution plan where you choose your investments and then draw from your account balance in retirement.

With the app, you can upload documents with your device's camera or see account information such as:

- Your projected monthly benefit
- Account balance
- Salary and service credit history
- You can update your account information such as tax withholding and beneficiary details
- You can submit forms and applications electronically (including your retirement application and service credit purchase application)
- You can update tax and beneficiary information



You can now download PERA's mobile app from the App Store (iOS) and Google Play Store (Android). The free app makes it easy to manage your PERA account on the go.



Employee Assistance Program (EAP)

COUNSELING SESSIONS PROVIDED BY SUPPORTLINC

Just when you think you have life figured out, along comes a challenge. 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. Beyond just counseling, SupportLinc offers legal consults, daycare discounts, referral resources for housing, elder care, pet care, education and more.

SupportLinc provides a concierge scheduling service and EAP benefits are available to all employees regardless of their hours or benefit eligibility status. You can utilize their counseling services virtually, in a group, in person, or via text.

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.

Simply call SupportLinc EAP to be paired with a counselor that meets your specific needs. Their concierge approach ensures individuals only receive referrals to providers who meet both their clinical needs (clinical specialty, topic and areas of expertise) as well as their cultural preferences (race, age, gender identity, language, LGBTQ+ status, and more). They also provide expert support for first responders and individuals experiencing secondary trauma.

NEW! You have up to **12** face-to-face sessions for you and your household members per issue per year.

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**

NEW BENEFIT!

MindCo Relief

MindCo Relief is a virtual reality (VR) simulated training, including customized exercises, and coaching support to teach you new habits and behaviors to cope with stress and lead a happier life. MindCo provides a VR toolkit, including a VR headset to hold your mobile device, a booklet, and stickers. Coaches will guide and motivate you through your journey, and coaching is provided in both English and Spanish.

The program is offered only to employees at this time, not dependents, and a smart phone is required to access the VR sessions.

Keep an eye out for more information and steps to enroll. This benefit takes effect January 1, 2024.

Additional 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 elder care services
- Resolve insurance claims and medical billing issues

Download the Health Advocate mobile app for free and convenient help on the go! Call **1-866-695-8622** or visit www.HealthAdvocate.com/members 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 Hinge Health, a virtual 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*, regardless of which medical plan you are enrolled in.

With Hinge Health you get:

- Virtual PT you can do anytime, anywhere
- Includes a full care team: physical therapist, wellness coach, and/or surgeon for applicable consults
- Customized recovery plans to meet your needs
- Includes women's pelvic health, not just traditional MSK joints/pains
- A free kit includes: a tablet, 2 wearable sensors that accurately measure degree of movement and provide correction for exercises in the moment
- May include Enso wearable pain relief device (in lieu of opioids for pain)
- Use the app for provider connection, exercises, education, and "computer vision" which tracks body movements during exercise
- Video, voice, and chat conversations with your support team

Get started at caremark.com or visit www.hingehealth.com/for/bouldercounty/

For member support: help@hingehealth.com or call **1-855-902-2777**

*This does not pertain to members who 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 Hinge Health to get the benefit of 100% free physical therapy.

Free Preventive Services

PREVENTATIVE/WELLNESS INSURANCE BENEFITS	
PREVENTATIVE CARE OFFICE VISITS	Such as routine physicals including well-baby, well-child, and well-person annual exams
MAMMOGRAM	Covered every 1-2 years for women ages 40 and older
COLONOSCOPY	Preventive colonoscopy covered once every 10 years
COLOGUARD®	Preventive Cologuard® covered every 1-3 years
IMMUNIZATIONS	Routine immunizations are covered under preventive care per the CDC schedule
PRESCRIPTION AND OVER-THE-COUNTER TOBACCO CESSATION PRODUCTS	Prescription is needed for tobacco cessation medications to be covered with no copay.

Recommended Exams

- Physical Exam
- Dental Exam
- Prostate Exam
- Influenza Vaccine (Flu Shot)
- Eye Exam
- Pneumonia Vaccine
- Shingles Vaccine
- Fecal Occult Blood Test
- Prostate Specific Antigen Test
- Colonoscopy
- Osteoporosis Screen
- Pap Test
- Mammogram



Did you know that all of our vendors have easy access to Spanish materials, websites, and/or customer service representatives? Don't hesitate to use their tools in your primary language!

Contact Information

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE
Medical	Cigna	1-800-244-6224	www.myCigna.com
Rx	CVS	1-877-906-3802	www.caremark.com
MDLIVE	Cigna	1-888-726-3171	www.myCigna.com
Amino	Amino	1-800-33AMINO	www.amino.com
Discounted Medical Services	ZERO Health	1-855-816-0001	www.thezerocard.com
Virtual Physical Therapy	Hinge Health	1-855-902-2777	www.hingehealth.com/for/bouldercounty/
Fertility and Family Building	Progyny	1-866-960-3554	www.progyny.com
Health Advocacy	Health Advocate	1-866-695-8622	www.HealthAdvocate.com
Employee Assistance Program (EAP)	SupportLinc	1-888-881-5462	www.supportlinc.com
Stress Relief Program	MindCo Relief	1-669-322-3596	https://links.mindco.health/boulder_county_mr_form
Dental	Delta Dental	1-800-521-2651	www.deltadentalco.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	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
Pet Insurance	MetLife	1-800-GET-MET8	www.metlife.com/getpetquote
Identity Theft Protection	NortonLifeLock	1-800-607-9174	www.LifeLock.com



ENROLL ONLINE.

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



ENROLL BY PHONE.

Monday - Friday 7 a.m. - 4 p.m. MST
 1-855-874-0121



QUESTIONS?

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

Annual Notices

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 who 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 the Annual Employee Notice link. You can also view the Annual Employee Notice on our public facing Benefits Page at <https://bouldercounty.gov/jobs/jobs-benefits/>.

Contact The Benefits Team

Boulder County Human Resources

Hours: Monday - Thursday 7 a.m. - 4:30 p.m. and Friday 7 a.m. - 11 a.m. MST

Website:

<https://bouldercounty.sharepoint.com/sites/HumanResources/SitePages/Open-Enrollment.aspx>

Benefits Email: askbenefits@bouldercounty.gov

Phone: **303-441-3860**

Boulder County Human Resources
 East Wing Courthouse 2025 14th St.
 Boulder, CO 80302

Call the enrollment center to speak with a Benefits Counselor who will explain your options, answer questions, help with benefit decisions, and take your elections over the phone. Please use the phone number and preferred call-in schedule below, although you may call at any time that is convenient for you, during Enrollment Center hours.

Monday - Friday 7 a.m. - 4 p.m. M.T. | Enrollment Center: 1-855-874-0121

Enrollment Center Schedule	
If your last name begins with:	Your call-in dates are:
A to H	Wed. 10/18, Thu. 10/19, Fri. 10/20, Mon. 10/23
I to R	Tue. 10/24, Wed. 10/25, Thu. 10/26, Fri. 10/27
S to Z	Mon. 10/30, Tue. 10/31, Wed. 11/1, Thu. 11/2, Fri. 11/3

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.

IMPORTANT NOTICES

ABOUT THIS GUIDE

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. Boulder County reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

REMINDER OF AVAILABILITY OF PRIVACY NOTICE

This is to remind plan participants and beneficiaries of the Boulder County Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and disclosed protected health information (PHI). You can obtain a copy of the Boulder County Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Boulder County, Human Resources
East Wing Courthouse
2025 14th St.
Boulder, CO 80302

If you have any questions, please contact the Boulder County Human Resources Office at 1-303-441-3860.

WOMEN'S HEALTH AND 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 this plan. Therefore, the following deductibles and coinsurance apply:

Consumer Choice Plan with HSA:
In-network Deductible: \$5,000 / \$10,000
In-network Coinsurance: 100% after deductible

Hybrid Plan with FSA:
In-network Deductible: \$1,500 / \$3,000
In-network Coinsurance: 80% after deductible

If you would like information on WHCRA benefits, call your plan administrator at 1-303-441-3860.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn

earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted and you will continue to pay the same amount as if you were not absent. If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Boulder County Human Resources Office for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service connected illnesses or injuries, as applicable.

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Your Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Boulder County 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. Boulder County has determined that the prescription drug coverage offered by the Boulder County Consumer Choice Plan and the Hybrid Plan through Cigna 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 through 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 Boulder County coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Boulder County coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Boulder County 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 19 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 Boulder County 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 for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.

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: 1-800-772-1213 (TTY: 1-800-325-0778)

Date: January 1, 2024
Name of Entity/Sender: Boulder County Contact:
Emily I. Cooper
Boulder County
Address: East Wing Courthouse
2025 14th St.
Boulder, CO 80302
Phone Number: 1-303-441-3860

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).

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage.

It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent-employee dies;

- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Boulder County Human Resources or COBRA Administrator.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. Any qualified beneficiary who does not elect COBRA within the 60-day election period specified in the election notice will lose his or her right to elect COBRA.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan

Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of the date of the Social Security Administration's disability determination; the date of the covered employee's termination of employment or reduction in hours; and the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction in hours. You must also provide this notice within 18 months after the covered employee's termination or reduction in hours in order to be entitled to this extension.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Other Coverage Options

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA

Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at <https://www.dol.gov/agencies/ebsa>. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

For further information regarding the plan and COBRA continuation, please contact:

Boulder County Benefits Manager

Emily I. Cooper
East Wing Courthouse
2025 14th St.
Boulder, CO 80302
1-303-441-3860

Notice Regarding Wellness Program

The Boulder County Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary Member Health Assessment or "MHA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a Biometric Screening, which will include a blood test for HDL and LDL cholesterol, triglycerides,

glucose, as well as body mass index (BMI) or body fat, systolic and diastolic blood pressure, and a self-reported signed Tobacco Affidavit. Individuals that are using tobacco products will be required to complete a Tobacco Journey within the Virgin Pulse platform. A Journey is a guided program that walks you through the development of healthy habits. Journeys can take anywhere between 10-28 days to complete. These clinical metrics make up the Health Metrics. You are not required to complete the MHA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$10/month premium credit for completing the MHA, Biometric Screening, and Tobacco Affidavit/Tobacco Journey if they use tobacco products. Although you are not required to complete the MHA or Tobacco Affidavit/Tobacco Journey, or participate in the Biometric Screening, only employees who do so will receive the incentive.

Additional incentives of up to \$20/month in premium credits may be available for employees who meet three out of the four Health Metrics or make an improvement in risk category from the prior screening in a missed metric. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may pursue a reasonable accommodation by completing two personalized Coaching Sessions with a credentialed health and wellness coach within the Virgin Pulse platform. You may request additional information about reasonable accommodations by contacting the Wellness Program at 1-720-233-8753 or bcwellness@healthbreakinc.com. Spouses and partners that are enrolled in our medical plan can also participate by completing the MHA, Tobacco Affidavit/Tobacco Journey if using tobacco, and Biometric Screening to earn a one time \$60 premium reduction on the employee's January paycheck.

The information from your MHA and the results from you biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as personalized coaching from Healthbreak or disease management services from Cigna. You also are encouraged to share you results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to

your supervisors, managers, or any employee of Boulder County and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Wellness Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) nurses and/or coaches from Healthbreak/Virgin Pulse in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Sensitive information is protected at multiple levels throughout the online wellness platform. All solutions are HIPAA compliant. Confidential data is available only to participants to whom it belongs. Clients (employers) only have access to aggregate data, not participant data. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Emily I. Cooper at 1-303-441-3860.

Summaries of Benefits and Coverage (SBCs)

As required by the Affordable Care Act, Summaries of Benefits and Coverage (SBCs) are available on the Boulder County Benefits Website. If you would like a paper copy of the SBCs (free of charge), you may also call 1-303-441-3860.

Boulder County is required to make SBCs available that summarize important information about health benefit plan options in a standard format, to help you compare across plans and make an informed choice. The health benefits available to you provide important protection for you and your family and choosing a health benefit option is an important decision.

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, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
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>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
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/hcpc/child-healthplan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website:
<https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra>
Phone: (678) 564-1162, Press 2

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
HIPP Phone: 1-800-766-9012

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: KIHIPPPROGRAM@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.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: (617) 886-8102

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
Email: HSHIPPProgram@mt.gov

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://www.dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: <https://www.dhhs.nh.gov/programsservices/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
<https://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

NORTH CAROLINA – Medicaid
Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: <http://www.nd.gov/dhs/services/medicallserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid
Website: <http://www.healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: <https://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid
Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid
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, 2023, 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