



Important 2025 Enrollment Information.
Find out more on Page 2.

BENEFITS ENROLLMENT GUIDE 2025

**PROTECTING
WHAT MATTERS
MOST TO YOU**





2025 Open Enrollment Runs Oct. 21 - Nov. 1

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!

All benefit-eligible employees are required to complete an annual enrollment in Dimensions to elect or waive coverage by Nov. 1. **If you do not participate in Open Enrollment, you will not receive medical, dental, or vision coverage in 2025.**

NEW THIS YEAR

THE BENEFITS ADVISORY BOARD WORKED TO ENHANCE THE BENEFITS FOR 2025 WITH A FOCUS ON COMPETITIVENESS, AFFORDABILITY, AND INCLUSION.

- ✓ All medical plan premiums are 6.2% lower than 2024 and vision premiums remain flat.
- ✓ NEW! **Menopause and perimenopause support** offered through our partnership with Progyny. Members enrolled in our medical plan will have FREE access to this benefit. Plan copays and deductibles still apply.
- ✓ NEW! **Rightway** offers a dedicated team of real, live, personal health guides to do all the doctor-finding, appointment-making, price-comparing, and bill disputing for you through a simple-to-use app. Rightway will be replacing the services provided by HealthAdvocate and Amino.
- ✓ NEW! **Voluntary Benefits** (Accident, Critical Illness, and Hospital Indemnity) will now be provided by Voya (instead of The Hartford) and will feature richer benefits and lower premiums. You can cover your child(ren) for FREE when you elect Critical Illness insurance.
- ✓ The Maintenance Choice® prescription program now includes **Costco and King Soopers Pharmacies**, and several independent pharmacies in addition to CVS/Target and CVS mail order.
- ✓ NEW! MindCo's virtual reality and coaching for stress relief, resilience, and tobacco cessation will be extended to include hourly employees starting on Jan. 1.
- ✓ CHANGE! Starting on Jan. 1, virtual telemedicine visits through **MDLIVE** are no longer allowed to be offered for free due to federal legislation. See page 12 for coverage details.

THE BENEFITS WE OFFER

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

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

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

Employee-Paid Voluntary Benefits: Additional benefits that are offered, which you can choose based on your personal needs. You pay 100% of these benefits. Examples: Critical Illness, Accident, 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
- Rightway Healthcare App
- Employee Assistance Program (EAP)
- Adoption, Surrogacy, and Fertility
- Wellness Program

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

Boulder County Benefits & Leaves Team

Emily I. Cooper- Benefits Manager | eicooper@bouldercounty.gov

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Hours: Monday-Friday 8 a.m.- 4:30 p.m.

Benefits Team Email: askbenefits@bouldercounty.gov

Leaves Fax: 303-441-3494

Open Enrollment Info & Instructions

ENROLLMENT DETAILS

Annual Open Enrollment for all benefit-eligible employees runs from Oct. 21 - Nov. 1, 2024. Elections made during this window will become effective on Jan. 1, 2025.

The 2025 Open Enrollment platform will close on Nov. 1 at 11:59 p.m. If you do not participate in Open Enrollment, you will not receive medical, dental, or vision coverage in 2025.

Benefit-eligible employees hired after Nov. 1, 2024 must complete their enrollment **within 30 days** of their date of hire. Benefits for new hires will begin on the first of the month following their date of hire.

NEED HELP?

NEW! You can sign up for a one-on-one Teams meeting with a member of the Benefits team. Appointments are available in both English and Spanish.

<https://outlook.office365.com/book/HumanResourcesOpenEnrollment@bouldercounty.onmicrosoft.com/>

NEW! You can also meet in-person with a member of the Benefits team at one of our onsite **Open Enrollment Cafés** for technical help and answers to your coverage questions. No appointment needed. If you have a laptop, please bring it with you as we will have a limited number of computers available.

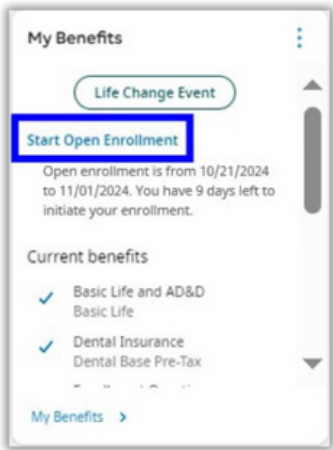
Date	Time	Location
Tuesday, Oct. 22	8 a.m.- 5 p.m.	SE Hub Blue Ribbon and View Rooms
Thursday, Oct. 24	8 a.m.- 4:30 p.m.	Longmont Hub Room 326
Monday, Oct. 28*	8 a.m.- 7 p.m.	Downtown Courthouse- HR Training Room
Tuesday, Oct. 29	7 a.m.- 4:30 p.m.	Parks and Open Space- Prairie Room
Friday, Nov. 1	8 a.m.- 4:30 p.m.	SE Hub Blue Ribbon Room

**This café will offer both English and Spanish speaking members of the Benefits team to answer your questions.*

ACCESSING THE ENROLLMENT PLATFORM

You will complete your Open Enrollment in Dimensions. From the Homepage> On the **My Benefits** tile> Click on **Start Open Enrollment**. The system will walk you step by step through the enrollment process.

You can also print your current enrollments from the **My Benefits** tile> Click the **My Benefits** link at the bottom of the tile> Select **Benefit Plans** from the top tabs> Click on the three dots on the right to **Print Benefit Plans**.



Family-Forming Benefits

Members will still be responsible for their applicable individual deductible, coinsurance and out-of-pocket maximums when accessing infertility and surrogacy benefits. See coverage grid on page 12 for more details.

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 offers a \$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](tel: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 CHILDCARE 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 childcare 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.

THE SAVINGS CENTER

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**

BEREAVEMENT LEAVE

At the discretion of the Elected Official or Department Head (EODH), FTE employees may take up to a maximum of 40 hours with pay for bereavement leave in the event of the death of a family member. The amount of bereavement leave is based on an employee's FTE percentage rather than work schedule.

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.



Baby Pablo joining his mom, Nora Sáenz, in the Infants-at-Work program.

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 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.

LGBTQIA+ 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**.

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 5 for details.

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.

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 LGBTQIA+, with another 60% specializing in issues unique to the LGBTQIA+ 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, LGBTQIA+ 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 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**

NEW! Rightway Healthcare App



We're excited to announce our new partnership with Rightway! With the Rightway app, you get access to personalized support, cost transparency, and expert guidance through your very own health guide. Rightway's dedicated team of real, live, personal health guides do all the doctor-finding, appointment-making, price-comparing, and bill disputing for you through a simple-to-use app.

The Rightway app provides you with the tools to conduct your own provider searches or you can tap into the unlimited, free access to a trusted advocate who can answer your healthcare questions and take care of actions on your behalf. Rightway's health guides have Boulder County's specific benefits information and know how to get you the highest-quality care at the best price.

Need care? The app will...

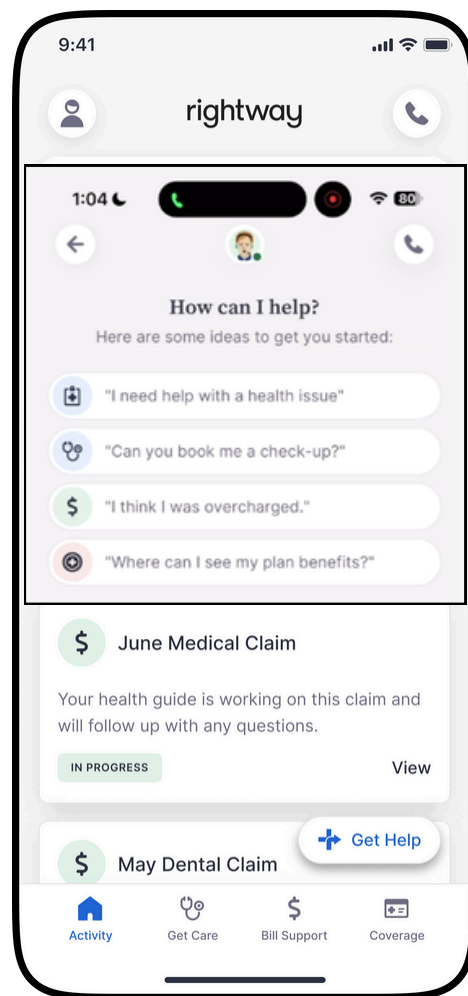
- Allow you to search for providers based on your specific needs
- Display digital insurance ID cards
- Display pricing information and quality ratings for providers
- Provide information about some of our lesser-known benefits
- Suggest appropriate resources and benefits based on your searches

Need help? Your guide can...

- Explain your benefits coverage
- Find the best doctor for your specific needs and book your appointment
- Connect you with LGBTQIA+ friendly providers or a doctor of a specific race
- Suggest some questions to ask the doctor during your visit
- Review your symptoms and figure out next steps
- Provide upfront pricing for medical and dental visits
- Create a tailored care plan for ongoing conditions

Unexpected bill?

- Simply upload a picture of your bill through the app and your health guide will explain the charges.
- If something looks wrong, they'll dispute the claim on your behalf.



START USING RIGHTWAY ON JAN. 1, 2025

Connect with your health guide through the Rightway app on your mobile phone. This service will begin on Jan. 1, 2025, and at that time we will share the QR code to download the app.

The app is also available in Spanish if the native language of your phone is set to Spanish. Their representatives are able to provide phone support in English and Spanish, and they can also utilize translation services if you need assistance in another language.

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 **Consumer Choice Plan** is a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), and the **Hybrid Plan** is a PPO with a Flexible Spending Account (FSA).

Each plan gives you access to the same LocalPlus 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.

CONSUMER CHOICE PLAN

This option is great for a wide variety of medical consumers. This plan is best if you are planning on requiring regular medical care and prescriptions, if you are expecting a baby or have a surgery planned in the coming year, or if you are healthy, active, and rarely expect to use medical care. There are also hundreds of preventive medications that are covered at \$0 member cost under the Consumer Choice Plan.

This plan has the lowest premiums and lowest out-of-pocket maximum, but time of service costs are higher. However, once you've met your deductible, your in-network care is covered at 100% for the rest of the year! You'll also receive an annual seed money contribution to your HSA in the amount of \$900 for individuals or \$1,800 for families. You can use this money to help cover the deductible.

HYBRID PLAN

This option is best if you are taking an expensive specialty medications or prefer to pay a higher monthly premium in exchange for lower costs when you use your insurance. The Hybrid Plan also features the PrudentRx Copay Program that 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®. Specialty medications that aren't on the Specialty Drug List have a maximum cost of \$200.

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

Reminder: Double-Check Provider's Network Status

Before using your benefits in 2025, 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 on the Base Plan and VSP Choice network on the Buy-Up Plan
- 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, Costco, King Soopers, or through CVS mail order.

What's Your Best Fit?



CORTEZ FAMILY

Typical family with some risk

Ages: Cyrus, 40; Rosa, 38; Devin, 7; and Benjamin, 5

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

Medical Status: Rosa has Multiple Sclerosis

Financial Risk Factors: Multiple Sclerosis requires expensive Specialty medications; Injury risk from sport activities (skateboarding is a very high risk activity)

BEST FIT: The Hybrid Plan with free specialty medications under the Prudent Rx Copay Program and lower time of service costs makes sense because of Rosa's risk factors and the chances of injury for the kids. The family can also reduce their financial risk with Hospital Indemnity 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 when the baby is born. The County's annual \$1,800 Seed Money contribution to their HSA will also help offset their expenses during the year.



JORDAN

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 injuries

BEST FIT: Jordan can expect to spend little on medical services and take advantage of the upfront premium savings of the Consumer Choice Plan. If they're worried about a skiing or biking injury, Accident Insurance can give them peace of mind about unexpected treatment and recovery bills. The County's annual \$900 Seed Money contribution to their HSA will also help offset their expenses during the year.



Cigna LocalPlus Coverage By County

Please verify that your providers 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 attending school outside of Colorado, in-network benefits will be available via the Away From Home network. Please utilize mycigna.com, the [Rightway app](#), or call Cigna at **800-244-6224** to find in-network providers for your location.

LOCAL SERVICE AREA

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

HOSPITALS AND SYSTEMS**

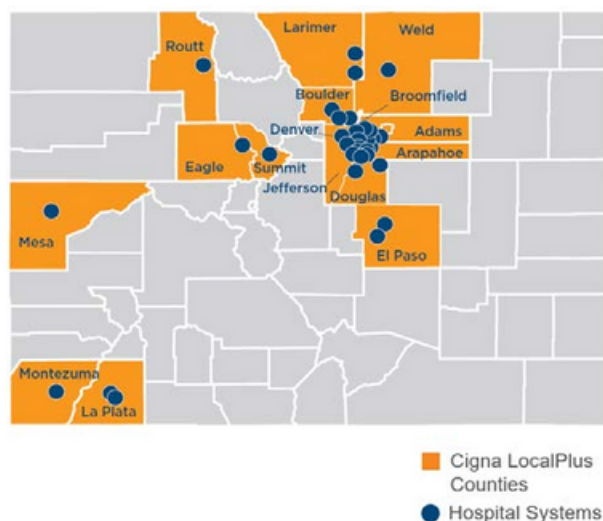
Front Range: Boulder Community Health, CommonSpirit Health*, Children's Hospital Colorado, Craig Hospital, Denver Health Medical Center, HealthONE, National Jewish Health, SCL Health System/Intermountain Healthcare, UCHealth

Mountain (Eagle, Routt, and Summit Counties):

CommonSpirit*, St. Anthony Summit Medical Center*, UCHealth Yampa Valley Medical Center, Vail Valley Medical Center

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

**Formerly known as Centura Health*



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/Intermountain Healthcare/Trinsic Clinically Integrated Network

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

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	\$900 Individual or \$1,800 Family		N/A	
Annual Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual (Employee Only)	\$2,750	\$5,500	\$1,500	\$3,000
Individual within a Family/Family	\$3,300 ¹ /\$5,500 ³	\$6,600 ¹ /\$11,000 ³	\$1,500 ² /\$3,000 ³	\$3,000 ² /\$6,000 ³
Out-of-Pocket Maximum⁴	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual (Employee Only)	\$2,750	\$5,500	\$4,000	\$8,000
Individual within a Family/Family	\$3,300 ¹ /\$5,500 ³	\$6,600 ¹ /\$11,000 ³	\$4,000 ² /\$8,000 ³	\$8,000 ² /\$16,000 ³
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	Plan pays 100% after deductible	N/A	\$30 copay	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 Control⁵	Plan pays 100%	Plan pays 100% after deductible	Plan pays 100%	Plan pays 60% after deductible

1. Individuals within a Family on the Consumer Choice Plan, are required to meet the Individual within a Family Deductible and/or Out-of-Pocket Maximum per IRS regulations.
2. Individuals within a Family on the Hybrid Plan, are only required to meet the Individual Deductible and/or Out-of-Pocket Maximum.
3. Once the Family Deductible and/or Family Out-of-Pocket Maximum has been met by two or more family members, it is considered met for the entire family.
4. Includes Deductible, Coinsurance, and Copays.
5. Female Birth Control includes Depo-Provera, Diaphragms, IUDs, Tubal Ligation, and a variety of birth control pills.

Prescription Plan- CVS Advanced Control Formulary

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

PRESCRIPTION DRUG ADVANCED CONTROL FORMULARY

Our prescription drug plan utilizes CVS/Caremark's Advanced Control Formulary list. The list represents a summary of covered 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://www.caremark.com) for a complete list of medications.

FREE PREVENTIVE MEDICATIONS ON CONSUMER CHOICE PLAN

The Consumer Choice Plan (CCP) covers hundreds of preventive medications for \$0 member cost. These include blood thinners, medicines used to treat high cholesterol and hypertension, beta-blockers, antidepressants, anti-obesity drugs, and more. Visit bouldercounty.sharepoint.com/sites/HumanResources/SitePages/Pharmacy-Insurance.aspx for a complete list. All other medications under the CCP will be covered at 100% after the plan deductible has been met. The Hybrid plan covers some preventive medications at 100% and all other medications are covered by copays.

MAINTENANCE CHOICE MUST BE USED TO FILL YOUR LONG-TERM MEDICATIONS

The Maintenance Choice network is required on long-term, 84+ day supply, condition maintenance prescriptions. You can choose convenient home delivery through CVS mail order, or pick up your medication at CVS/Target, Costco, King Soopers, and select participating pharmacies. This network ensures the best pricing for these medications. Visit [caremark.com](https://www.caremark.com) to use the pharmacy locator tool or call **877-906-3802** with questions. Visit bouldercounty.sharepoint.com/sites/HumanResources/SitePages/Pharmacy-Insurance.aspx for a complete list of medications. Members on the Hybrid Plan will receive 90-day supplies for the cost of 60-days (see chart on next page).

FREE DIABETES DRUG PROGRAM

CVS Health's diabetes drug solution enables clients to eliminate member out-of-pocket costs for generic and formulary-preferred diabetes drugs, while keeping plan costs in check. This solution for diabetes medications can effectively eliminate cost as a barrier, encouraging patients to fill their prescriptions and be more adherent, ultimately improving outcomes and reducing overall medical costs. Providing holistic clinical support to help members effectively manage their condition is critical to better outcomes. **There's no enrollment necessary- your diabetic drugs/supplies will cost \$0 when you use your CVS prescription insurance.**

Prescription Plan- Continued

PRUDENT RX SPECIALTY DRUG COPAY PROGRAM - HYBRID PLAN ONLY

As part of the Hybrid 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 **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.

Specialty medications that are not part of the PrudentRx Specialty Drug List are capped at a \$200 copay on the Hybrid Plan. Visit <https://www.prudentrx.com/prudentesf> for the most up to date PrudentRx Drug List.

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	Plan pays 100% after deductible	Not Covered	\$40 copay	Not Covered
Non-Preferred Brand	Plan pays 100% after deductible	Not Covered	\$75 copay	Not Covered
Specialty	Plan pays 100% after deductible	Not Covered	\$200 maximum if not on PrudentRx list*	Not Covered
Mail Order			Hybrid Plan only (90-day supply for the cost of a 60-day supply) if filled at Maintenance Choice pharmacy or mail order	
Generic	Plan pays 100% after deductible	Not Covered	\$20 copay	Not Covered
Preferred Brand	Plan pays 100% after deductible	Not Covered	\$80 copay	Not Covered
Non-Preferred Brand	Plan pays 100% after deductible	Not Covered	\$150 copay	Not Covered

Dental Plan- Delta Dental PPO Plus Premier Network

Boulder County offers two dental coverage plans 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).

Both plans use the Delta Dental PPO Plus Premier Network. The Buy-Up Plan includes enhancements in the annual maximum, the orthodontia maximum, and coinsurance for basic and major services. Boulder County will pay the same amount per coverage tier towards the Base and Buy-Up Plans. Employees who choose the Buy-Up Plan will pay the increased cost for that plan.

Plan Features	Base Plan	Buy-Up Plan
Annual Deductible Individual/Family	\$50 Individual/ \$150 Family	\$50 Individual/ \$150 Family
Annual Maximum (Excluding Orthodontia)	\$2,000 per person	\$3,000 per person
Preventive Services* (Exams, Cleanings, X-rays)	Covered at 100%	Covered at 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 is \$1,500 per person	Plan pays 50% after deductible. Lifetime maximum is \$2,000 per person

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

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

WHAT DOES PREVENTIVE DENTAL CARE TYPICALLY COVER?

- **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 two vision coverage plans 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.

The Buy-Up Plan includes enhancements in the expanded Choice provider network, lower exam copays, increased frames allowance, increased contact lenses allowance, and no-cost anti-reflective coating and free exams when seeing a Premier provider. Boulder County will pay the same amount per coverage tier towards the Base and Buy-Up Plans. 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	Covered in full after copay	Up to \$30	Covered in full after copay	Up to \$30
Bifocal (Lined & Progressive)		Up to \$50		Up to \$50
Lined Trifocal		Up to \$60		Up to \$65
Lenticular		Up to \$75		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

2025 Monthly Employee Premiums

Medical and Prescription

Coverage Tiers	Consumer Choice Plan (HDHP with HSA)	Hybrid Plan (PPO with FSA)
Employee	\$42.41	\$75.38
Employee + Spouse/Partner	\$195.09	\$273.03
Employee + Child(ren)	\$174.30	\$245.34
Employee + Family	\$272.43	\$381.31

Dental

Coverage Tiers	Base Plan	Buy-Up Plan
Employee	\$4.23	\$18.35
Employee + Spouse/Partner	\$50.74	\$79.01
Employee + Child(ren)	\$45.66	\$71.10
Employee + Family	\$71.03	\$110.61

Vision

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

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 \$1,650 under individual coverage or \$3,300 under a family plan. 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 **855-816-0001** or visit thezerocard.com.

ZERO is easy to use. Once you find out that you require imaging, bloodwork, physical therapy, or surgery simply follow the steps below:

STEP 1

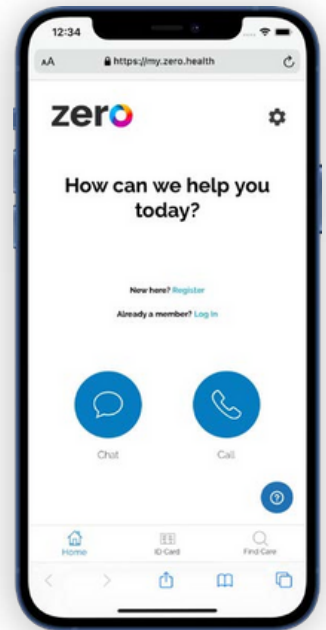
Connect with your Personal Health Assistant by calling 855-816-0001 to see if the service or procedure you need is covered.

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.**



	Consumer Choice Plan		Hybrid Plan	
	Surgery without ZERO	Surgery with ZERO	Surgery without ZERO	Surgery with ZERO
Average Geographical Cost of Knee Surgery	\$27,400	\$19,000	\$27,400	\$19,000
Deductible and Coinsurance Individual (Employee Only)/ Individual within a Family	\$2,750/ \$3,330 ²	\$1,650 ¹ / \$3,300 ²	\$1,500 + 20% coinsurance up to max out-of-pocket	\$0
Member Cost (Out-of-Pocket) Individual (Employee Only)/ Individual within a Family	\$2,750/ \$3,330 ²	\$1,650 ¹ / \$3,300 ²	\$4,000	\$0

1. Individuals within a Family on the Consumer Choice Plan, are required to meet the Individual within a Family Deductible and/or Out-of-Pocket Maximum per IRS regulations.

2. Consumer Choice Plan members can access the ZERO program only after they have already met the IRS minimum deductible of \$1,650 under Individual coverage or a total of \$3,300 in family deductibles under a Family plan.

"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

NEW- Menopause and Perimenopause Program

Most primary care providers only receive 2-hours of training in menopause care and only 2% of OB/GYNs are considered fully trained. This can make it incredibly difficult to find an in-network and in-person provider. Starting on Jan. 1, we're happy to partner with Progyny to provide a unique virtual care program addressing menopause and perimenopause.

Progyny offers a Patient Care Advocate, digital tools, access to the North American Menopause Society (NAMS) network of menopause specialists, and a personalized care plan. During the intake call with the Patient Care Advocate, members can request to speak with a provider that has experience with transgender care, prior cancer treatment, Hormone Replacement Therapy (HRT), preventive menopause treatment, and more.

Progyny puts you and your health in focus, providing virtual care for all stages of menopause and all the unique symptoms that come with it. Our expert network combines evidence-based solutions with a personalized care plan so you can feel your best- utilizing a combination of hormonal and non-hormonal treatments, nutrition and weight management, sleep support, mental health care, and more.

For more information or to initiate services, contact Progyny at [866-960-3554](tel:866-960-3554).

Here's what to expect:

- **Easy enrollment:** Contact Progyny to get started- we'll confirm your eligibility and get you connected to menopause experts in your area.
- **Convenient appointments:** Take a quick assessment to understand where you are in your menopause journey. Book your first virtual visit within just days. Meet with specialists trained in all stages of menopause and midlife care.
- **Ongoing support:** Continue your care with a team of experts who will help you through nutrition, sleep, mood changes and other impacts to your life, and grow with you as your needs evolve. Stay in touch with convenient online scheduling and messaging.
- **Clarity for this new phase of life:** Dive deeper into educational articles and content to better understand and navigate the road ahead.

Partnering with you to treat and manage your symptoms:

Weight fluctuations
Anxiety
Insomnia
Brain fog
Fatigue
Joint pain
Hot flashes

HORMONAL TREATMENT FOR MEN

Progyny also provides medical care for members experiencing male infertility, who need treatment for hormonal irregularities (including low testosterone), and who are experiencing issues around sexual health, including ejaculatory and erectile dysfunction. These evaluations can also assist with adjacent medical issues such as prostate cancer.

**This program is effective 1/1/2025 and available to employees and their covered spouse or partner enrolled in an eligible medical plan. Services are subject to your financial responsibility, which may include a deductible, coinsurance, copay, and/or out-of-pocket maximum depending on your medical plan.*

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 (CGMs).*

Do what works for you

Omada will 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 [877-906-3802](tel:877-906-3802), or visit 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- Virgin Pulse

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 and an **additional \$60 per year** if your eligible spouse/partner participates!

Complete **Steps 1 and 2** by the deadline below to be eligible for premium reductions and/or gift cards in 2025. Points will reset to zero on Jan. 1 and employees will have all of 2025 to actively participate in a variety of healthy activities to earn points for quarterly gift cards. New hires need to complete **Steps 1 and 2** within **90 days** of hire.

- 5,000 points- \$15 gift card
- 10,000 points- \$35 gift card
- 20,000 points- \$50 gift card
- 25,000 points- \$100 gift card



That's up to \$200 in gift cards!

To register, go to join.virginpulse.com/bocowellness. Once registered, login to the desktop at bocowellness.com or the Virgin Pulse app with your chosen email and password.

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

Requirement	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 (medical plan-enrolled employees only) and ability to earn up to \$200 in gift cards in 2025	Dec. 15, 2024 to earn premium incentives and/or gift cards in 2025.
Step 2: Complete Nicotine-free Agreement OR Tobacco Journey		
Step 3: Achieve 5,000 wellness points through a variety of Virgin Pulse app activities.	Additional \$20/month off medical premiums in 2025	*New Hires will have 90 days to complete their requirements.
Spouses/Partners: Steps 1 and 2 must be completed to earn the discount. <i>Spouses/partners must be enrolled in one of our medical plans 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 in 2025	

Hinge Health

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](https://www.caremark.com) or visit www.hingehealth.com/for/bouldercounty/

For member support: Email help@hingehealth.com or call 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.*

CONDITIONS TREATED:

Neck & Upper Back
Shoulders
Elbows, Forearms, Wrists, & Hands
Lower Back & Hips
Pelvic Floor
Thighs & Knees
Shins & Calves
Ankles & Feet



MDLIVE- Telemedicine

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

IMPORTANT NOTE- During the pandemic, the IRS temporarily allowed telemedicine to be covered at 100% to expedite the adoption and awareness of this virtual service in lieu of in-person doctor visits. This legislation is set to expire on 12/31/2024. If this legislation is not extended, the coverage will revert back to pre-pandemic coverages of deductible on the Consumer Choice Plan (~\$60) and a \$30 copay on the Hybrid Plan.

Access MDLIVE by logging into myCigna.com and clicking on “**Talk to a doctor**” or call MDLIVE at **888-726-3171**. You can also download the **MDLIVE app** from the App Store (iOS) and Google Play Store (Android).

COMMON USES FOR MDLIVE:



URGENT CARE

On-demand care for minor medical conditions (Wait 10 minutes or less)

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



PRIMARY CARE

Preventive care, routine care, and specialist referrals (Appointments within 2-5 days)

- 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



THERAPY

Appointments in 1-2 days

- Talk therapy
- Coping strategies
- A convenient option from the comfort and privacy of your home



PSYCHIATRY

Appointments in 2-3 days

- Assessment and support for mental health issues with medication management



DERMATOLOGY

Responses within 48 hours

- Dermatology assessments via secure messaging
- Receive a treatment plan within 48 hours

Health Savings Account (HSA)

FOR MEMBERS ENROLLED IN THE CONSUMER CHOICE PLAN ONLY

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. Through Dimensions, simply search for [My HR> HR Actions> Available> My HSA Contribution Change](#) and be sure to [Submit](#) your form by the 15th of the month.
- Consider electing [Voluntary Benefits](#) (Critical Illness, Accident, and Hospital Indemnity) to cover big ticket expenses from unexpected serious injuries or accidents, and ensure they don't wipe away the money in your HSA. Please refer to the Voluntary Benefits section on pages 26-28 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	\$4,300*	\$900	\$3,400
Family Coverage	\$8,550*	\$1,800	\$6,750

**Total IRS contribution limits for 2025 include Boulder County Seed Money funding. Individuals age 55 or older can make an additional \$1,000 in "catch up" contributions.*

Important Note: If you are currently enrolled in the Health Care FSA and will open an HSA for next year, be sure to use any remaining Health Care FSA funds by Dec. 31 in order to avoid tax consequences.

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 members enrolled in the Hybrid plan or individuals that aren't enrolled in our medical insurance.

HOW FLEXIBLE SPENDING ACCOUNTS WORK

- 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 annual contribution amount will be available for use on your benefit effective date. For a Dependent Care FSA, 1/12 of your annual contribution will be deposited into your account and available each month.
- Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year.
- You cannot increase or decrease the amount of your FSAs during the year unless you experience an IRS-defined Qualifying Life Event.
- As you incur health care or dependent care expenses throughout the year, use your FSA cards to pay for eligible expenses at the point of sale, or submit a claim form for reimbursement if necessary.
- **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.

Use It or Lose It: Be sure to calculate your FSA contributions carefully. The grace period to incur expenses with 2025 contributions is March 15, 2026. 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, 2026 claims submission deadline.

HOW CAN THE MONEY BE USED?

Health Care FSA Eligible Expenses:

Deductibles, copays, prescription and over-the-counter drugs, medical equipment, etc. Visit <https://www.irs.gov/pub/irs-pdf/p969.pdf> to view a complete list of covered expenses.

Dependent Care FSA Eligible Expenses:

Babysitters, daycare, day camp, elder care, home nursing care, etc. A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you. Care may be provided by anyone other than your spouse/partner or your children under the age of 19. Expenses for schooling, kindergarten, over-night care, and nursing homes are not reimbursable.

FSA Type	2025 Annual Maximum Contribution Amount
Health Care Flexible Spending Account	\$3,300*
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)

**The IRS issues new FSA maximums each year in late October or November. The maximum of \$3,300 represents the projected increase for 2025. If you elect the full \$3,300 and the IRS issues a new maximum that is lower than this amount, your election will need to be edited to reflect the 2025 IRS maximum. HR will contact you before making any adjustments to your election.*

Accident Insurance- New Vendor Voya





Help minimize the financial impact that can come with an accidental injury.

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date*. Get a benefit payment to spend on deductibles, groceries, gas, utilities, or anything you'd like.

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.)
- If the accident happens during an organized sporting activity, the benefit amounts will be increased

PLAN FEATURES

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

**See the product brochure, certificate of coverage and any applicable riders for a list of covered accidents, along with complete provisions, exclusions and limitations.*



HOW ACCIDENT INSURANCE WORKS

Sam dislocated his shoulder while skiing and required extensive treatment and rehab. Even with Sam's Consumer Choice Plan, his out-of-pocket expenses for his deductible and coinsurance totaled \$2,750.

Fortunately, Sam had Accident Insurance. This coverage paid Sam a total benefit of \$2,500. Rather than \$2,750 out of his savings, the injury only cost Sam \$250 after his accident claim payment...much better.

HOW SAM'S ACCIDENT BENEFIT WAS CALCULATED:

Covered Services	Benefit Amount
Emergency Room	\$200
X-Rays	\$100
Dislocated Shoulder Non-Surgical	\$2,000
Physical Therapy (\$40/visit up to 10 visits) x 5 visits	\$200
TOTAL BENEFIT PAYMENT	\$2,500

ANNUAL \$75 WELLNESS BENEFIT

This plan also includes a wellness benefit that pays \$75 once per year for each covered person who takes a covered health screening test (blood test, stress test, colonoscopy, mammogram, etc...). Simply submit a claim form through the Voya Online Claims Center.

Hospital Indemnity Insurance- New Vendor

Voya




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. These benefits can help offset expenses that primary health insurance doesn't cover (like deductibles, coinsurance amounts, or copays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.).

This plan will pay \$1,500 for the first full day of hospitalization (once per confinement, up to 8 admissions per year). Then, it will pay \$200/day up to 90 days per confinement for additional days in the hospital, or \$400/day up to 30 days per confinement for stays in a Critical Care Unit (CCU), or \$200/day up to 30 days per confinement for stays in rehabilitation facilities, or a flat \$250/year for a stay in an observation unit.

This plan has day one coverage, meaning hospital stays (including pregnancy) are covered from day one. It doesn't matter how sick an individual is prior to having this coverage, if they are enrolled on the plan, then any hospitalization can be submitted for a claim.

PLAN FEATURES

-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse/partner and child(ren).
-  **Payroll Deduction:** Premiums are paid through convenient payroll deductions.



HOW HOSPITAL INDEMNITY INSURANCE WORKS

Brian suffered a heart attack and is in the hospital for five days. His Hybrid Medical Plan carries a \$1,500 deductible and a \$4,000 out-of-pocket maximum. Even with his medical plan, Brian's deductible, copays, and coinsurance quickly added up to his out-of-pocket maximum.

Because Brian had Hospital Indemnity Insurance, he received a benefit for being admitted into the hospital, and a benefit for each day of his in-patient stay.

− × HOW BRIAN'S HOSPITAL BENEFIT WAS CALCULATED: + =

Covered Services	Benefit Amount
First Day Hospital Admission	\$1,500
Daily Hospital Confinement (Days 2+ at \$200/day) x 4 days	\$800
TOTAL BENEFIT PAYMENT	\$2,300

ANNUAL \$50 WELLNESS BENEFIT

This plan also includes a wellness benefit that pays \$50 once per year for each covered person who takes a covered health screening test (blood test, stress test, colonoscopy, mammogram, etc...). Simply submit a claim form through the Voya Online Claims Center.

Critical Illness Insurance- New Vendor Voya

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 disease or condition on or after your coverage effective date*.

You can use this money however you like. For example, you can use it to help pay for expenses not covered by your medical plan, lost wages, childcare, travel, home health care costs, or any of your regular household expenses. The benefit is not associated with your health insurance and is paid separately from any other insurance coverage you may have.

NEW! You have the option to choose your coverage amount of \$10,000, \$20,000, \$30,000, or **\$40,000**. You also have the option to **enroll your spouse/partner at 100% of the benefit level** you select. Enrolled **children are covered for FREE** at 50% of the benefit level you select.

PLAN FEATURES



Guaranteed Acceptance: There are no health questions or physical exams required.

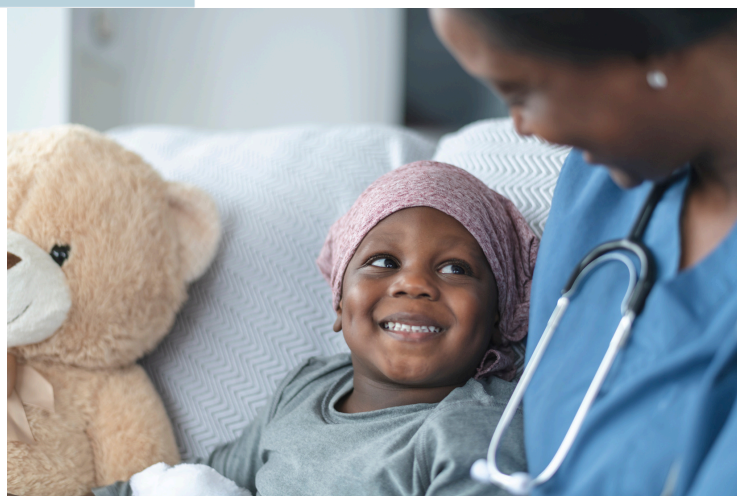


Family Coverage: You can elect to cover your spouse/partner and child(ren).



Payroll Deduction: Premiums are paid through convenient payroll deductions.

**See the product brochure, certificate of coverage and any applicable riders for a complete list of covered conditions, along with complete provisions, exclusions and limitations.*



EXAMPLES OF COVERED ILLNESSES (NOT A COMPLETE LIST):

- Heart Attack*
- Cancer
- Stroke
- Sudden Cardiac Arrest
- Major Organ Transplant*
- Coronary Artery Bypass
- Carcinoma In Situ (50%)
- Type 1 Diabetes
- Transient Ischemic Attacks (10%)
- Ruptured or Dissecting Aneurysm (25%)
- Severe Burns
- Pacemaker Placement (10%)
- Benign Brain Tumor
- Skin Cancer (10%)
- Bone Marrow and Stem Cell Transplant (25%)
- Permanent Paralysis
- Loss of Sight, Speech, or Hearing
- Coma
- Amyotrophic Lateral Sclerosis (ALS)
- Parkinson's Disease
- Advanced Dementia
- Muscular Dystrophy

COVERED CONDITIONS FOR INSURED CHILDREN:

- Cerebral Palsy
- Congenital Birth Defects
- Cystic Fibrosis
- Down Syndrome
- Gaucher Disease- Type II or III
- Infantile Tay Sachs
- Niemann-Pick Disease
- Pompe Disease
- Sickle Cell Anemia
- Type 1 Diabetes
- Type IV Glycogen Storage Disease
- Zellweger Syndrome

2025 Monthly Employee Premiums

Accident

Coverage Tiers	Monthly Rate
Employee	\$8.20
Employee + Spouse/Partner	\$12.86
Employee + Child(ren)	\$13.18
Employee + Family	\$17.84

Hospital Indemnity

Coverage Tiers	Monthly Rate
Employee	\$16.72
Employee + Spouse/Partner	\$34.63
Employee + Child(ren)	\$31.78
Employee + Family	\$49.69

Critical Illness

Rates vary based on coverage amounts of \$10,000, \$20,000, \$30,000, or \$40,000, as well as your age band and coverage tier. The table below illustrates premiums for \$10,000 in coverage for employee and spouse/partner and \$5,000 for child(ren), and the employee amounts can be multiplied by 2, 3, or 4 to account for higher levels of coverage. Dimensions will automatically display your premiums based on your age. You can cover your child(ren) for FREE when you elect Critical Illness insurance. Child(ren) coverage equals 50% of the employee's elected coverage amount. Spouses/partners are covered at the same amount the employee elects.

Attained Age Bands	Employee	Employee + Spouse/ Partner	Employee + Child(ren)	Employee + Family
Under 25	\$0.80	\$1.60	\$0.80	\$1.60
25-29	\$1.60	\$3.20	\$1.60	\$3.20
30-34	\$2.40	\$4.80	\$2.40	\$4.80
35-39	\$3.70	\$7.40	\$3.70	\$7.40
40-44	\$6.20	\$12.40	\$6.20	\$12.40
45-49	\$8.60	\$17.20	\$8.60	\$17.20
50-54	\$13.60	\$27.20	\$13.60	\$27.20
55-59	\$16.40	\$32.80	\$16.40	\$32.80
60-64	\$21.00	\$42.00	\$21.00	\$42.00
65-69	\$25.30	\$50.60	\$25.30	\$50.60
70+	\$31.00	\$62.00	\$31.00	\$62.00

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.

Reminder- A child's Social Security number gives ID thieves a fraudulent "clean slate." You should monitor your child's credit report as often as your own.

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

COVER MORE DEPENDENTS

The LifeLock ID Theft benefit is unlike any of our other benefits because it allows you to cover a wide range of dependents that aren't normally eligible, including grandparents, parents, and children age 26+.

Coverage Tiers	Monthly Rate
Employee Only	\$9.99
Employee + Family	\$18.98

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 customized quote, view claim status, and more call **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 also be eligible for a percentage of your Basic Term Life coverage amount based on your type of loss. This payout is separate from any Basic Term Life payout.

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.

Guaranteed Issue is provided if you enroll when you first become eligible. Employees may purchase up to \$300,000 of Supplemental Life Insurance in \$10,000 increments with no health questions asked. You may also elect spouse/partner coverage up to \$50,000 with no health questions asked. You do not have to elect employee coverage in order to elect spouse/partner coverage, but you must elect employee coverage if electing child(ren) coverage.

Any increase to existing coverage or request for coverage amounts above the Guaranteed Issue limits will require an Evidence of Insurability (EOI) application with Lincoln available at [MyLincolnPortal.com](https://mylincolnportal.com). The EOI will need to be approved by Lincoln before coverage starts. If you initially turned down Supplemental Life Insurance and would like to add it now, you will also need to complete an EOI.

	Employee	Spouse/Partner	Child(ren)
Minimum	\$10,000	\$10,000	\$2,000
Maximum	\$300,000	\$300,000	\$10,000
Guaranteed Issue	\$300,000	\$50,000	\$10,000

PERA

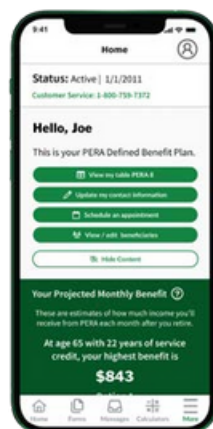
In addition to participating in Social Security, Boulder County also offers a 401(a) retirement program through the Public Employees' Retirement Association (PERA). PERA provides retirement benefits for those working in Colorado's public sector. Just by being an employee of Boulder County, you are a PERA member. Participation in PERA is mandatory and is made through payroll deductions. Each month, a percentage of your paycheck is contributed to your PERA account and the county also contributes a percentage on your behalf.

PERA has two types of retirement plans:

- **Defined Benefit** (also called a pension) plan where PERA invests funds on your behalf and then provides a lifetime monthly benefit in retirement.
- **Defined Contribution** plan where you choose your investments and then draw from your account balance in retirement.

With the PERA 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



401(k) and 457 Roth Retirement Savings

In addition to PERA, employees are also able to elect additional retirement savings accounts- 401(k) and 457 Roth. Contributions to these accounts are made 100% by the employee. Note that 457 contribution elections are made directly through PERA's website and may take up to two pay cycles to become effective.

You can increase or decrease your monthly 401(k) contributions at any time during the year. Through Dimensions, simply search for **My HR > HR Actions > Available > My 401(k) Form Update** and be sure to **Submit** your form by the 15th of the month to be effective for that month's paycheck.

For more information about PERACare and/or to make 457 contributions, visit copera.org or call PERA at **800-759-7372**.

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.

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 **888-881-5462** Counselors are available around-the-clock, 365 days a year.
2. Visit **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**

MindCo- Stress Relief and Tobacco Cessation

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. They also offer a virtual tobacco cessation program.

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.

NEW! Starting on Jan. 1, 2025, hourly employees are also eligible to participate in this offering. Simply scan the appropriate QR code to get started.



FREE Preventive Services with Cigna

Preventive Service	Coverage Details
Preventive 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



Contact Information

Benefit	Contact	Phone Number	Website
Medical	Cigna	800-244-6224	www.myCigna.com
Rx	CVS	877-906-3802	www.caremark.com
MDLive	Cigna	888-726-3171	www.myCigna.com
Provider Locator and Member Advocacy	Rightway	866-450-6054	https://member.rightwayhealthcare.com/
Discounted Medical Services	ZERO	855-816-0001	www.thezerocard.com
Virtual Physical Therapy	Hinge Health	855-902-2777	www.hingehealth.com/for/ bouldercounty/
Fertility and Family-Building	Progyny	866-960-3554	www.progyny.com
Menopause Support	Progyny	866-960-3554	www.progyny.com
Diabetes and Hypertension	Omada/Cigna	800-244-6224	omadahealth.com/bouldercounty
Employee Assistance Program (EAP)	SupportLinc	888-881-5462	www.supportlinc.com
Stress Relief and Tobacco Cessation	MindCo	669-322-3596	www.mindcohealth.com
Dental	Delta Dental	800-521-2651	www.deltadentalco.com
Vision	VSP	800-877-7195	www.vsp.com
HSA	Cigna	800-244-6224	www.myCigna.com
FSA	Rocky Mountain Reserve	888-722-1223	www.rockymountainreserve.com
Life and Disability	Lincoln Financial Group	Disability: 800-291-0112 Life: 888-787-2129	www.MyLincolnPortal.com
Voluntary Benefits (Critical Illness, Accident, Hospital Indemnity)	Voya	877-236-7564	https://presents.voya.com/EBRC/boulder
Pet Insurance	MetLife	800-GET-MET8	www.metlife.com/getpetquote

STILL HAVE QUESTIONS?

For more information, contact the HR Benefits Team at askbenefits@bouldercounty.gov or utilize the [Rightway app](#).

NOTE: This guide 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.

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.

Glossary

Affordable Care Act (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime dollar limits on medical benefits, covering preventive care in-network without cost-sharing if the plan is grandfathered, etc., among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

Employer Contribution

Each year, the company provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year,

pays interest, can be invested, and is owned by you—even if you leave the company.

Out-of-Pocket Maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan Year

The year for which the benefits you choose during enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next enrollment period.

Preventive Care

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).

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, and/or certificate of coverage for each plan. Your SPDs can be obtained at **Boulder County Benefits Website**
<https://bouldercounty.sharepoint.com/sites/HumanResources/SitePages/Medical%20Insurance.aspx?ga=1>; you may also request a copy free of charge by calling 1-303-441-3860. Enclosed are important notices about your rights under your health and welfare plan, Boulder County Health and Welfare Plan, the "Plan". The information in the accompanying guide provides updates to your existing SPDs as of **01/01/2025** and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Boulder County reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

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 discloses 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 Street Boulder, CO 80302

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

Patient Protection Notice

Boulder County Health and Welfare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

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. If you would like more 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 the 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.

Important Notice from Boulder County About Your Prescription Drug Coverage and Medicare Medicare Part D Notice of Creditable Coverage

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 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 (or are losing) 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. Your Boulder County coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

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.ssa.gov, or
- Call **1-800-772-1213**. TTY users should call **1-800-325-0778**.

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

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

General Notice of Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 and other members of your family when group health coverage would otherwise end. For more 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. 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 it would otherwise end because of a life event. This is also called 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're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the

following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- 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 of the following qualifying events:

- 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. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;

For all 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 30 days after the qualifying event occurs. You must provide this notice to: Boulder County Human Resources.

How Is COBRA Continuation 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.

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. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a 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 COBRA 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 during the 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 the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), 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>.

NOTE:

<https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

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 the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, 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 www.dol.gov/agencies/ebsa.

(Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about 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**

Summaries of Benefits and Coverage (SBCs)

Availability Notice

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at Boulder County Benefits Website; <https://bouldercounty.sharepoint.com/sites/HumanResources/SitePages/Medical%20Insurance.aspx?ga=1>. A paper copy is also available, free of charge, by calling **1-303-441-3860**.

Notice Regarding Wellness Program

Reasonable Alternative Standard Notice for Health Contingent Wellness Programs

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **1-720-233-8753**.

EEOC 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 health check survey or "HCS" 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 systolic and diastolic blood pressure, and a self-reported signed Tobacco Affidavit. You are not required to complete the HCS 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 HCS, Biometric Screening, and Tobacco Affidavit/Tobacco Journey if they use tobacco products. Although you are not required to complete the HCS 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 achieve 5,000 wellness points through a variety of wellness app activities. If you are unable to participate in any of the health-related to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Wellness Program at **1-720-233-8753**.

The information from your HCS and the results from your 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 your 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. Although the wellness program and Boulder County may use aggregate information it collects to design a program based on identified health risks in the workplace, Boulder County Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers 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/Personify Health 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 participant 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**.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse or partner) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Boulder County group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Boulder County Human Resources at **1-303-441-3860**.

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, 2024. Contact your State for more information on eligibility –

1. ALABAMA – Medicaid Website: <http://myalhipp.com/>
Phone: 1-855-692-5447
2. ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>
Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPPI.com Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>
3. ARKANSAS – Medicaid Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPPI (855-692-7447)
4. CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
5. 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://hcpf.colorado.gov/child-health-plan-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
6. FLORIDA – Medicaid Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268
7. 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-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

8. INDIANA – Medicaid Health Insurance Premium Payment Program All other Medicaid Website:
<https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584
9. IOWA – Medicaid and CHIP (Hawki) Medicaid Website:
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid> Phone: 1-800-338-8366
Hawki Website:
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki
Phone: 1-800-257-8563
HIPP Website:
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid Website:
<https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
11. 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://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website:
<https://chfs.ky.gov/agencies/dms>
12. LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
13. MAINE – Medicaid Enrollment Website:
https://www.mymaineconnection.gov/benefits/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofl/applications-forms>
Phone: 1-800-977-6740 TTY: Maine relay 711
14. MASSACHUSETTS – Medicaid and CHIP Website:
<https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com
15. MINNESOTA – Medicaid Website:
<https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672
16. MISSOURI – Medicaid Website:
<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005
17. MONTANA – Medicaid Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov
18. NEBRASKA – Medicaid Website:
<http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000 Omaha: 402-595-1178
19. NEVADA – Medicaid Website:
<http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900
20. NEW HAMPSHIRE – Medicaid Website:
<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. NEW JERSEY – Medicaid and CHIP Medicaid Website:
<http://www.state.nj.us/humanservices/dm/ahs/clients/medicaid/>
Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website:
<http://www.njfamilycare.org/index.html> CHIP Phone: 1-800-701-0710 (TTY: 711)
22. NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid Website:
<https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid Website:
<https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742
26. OREGON – Medicaid Website:
<http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP Website:
<https://www.pa.gov/en/services/dhs/application-forms/medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462 CHIP Website:
<https://www.pa.gov/en/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
29. SOUTH CAROLINA – Medicaid Website:
<https://www.scdhhs.gov>
Phone: 1-888- 549-0820
30. SOUTH DAKOTA – Medicaid Website:
<http://dss.sd.gov>
Phone: 1-888-828-0059
31. TEXAS – Medicaid Website:
<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493
32. UTAH – Medicaid and CHIP Medicaid Utah's Premium Partnership for Health Insurance (UPP) Website:
<https://medicaid.utah.gov/upp/> Email: upp@utah.gov
Phone: 1-888-222-2542 Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>
33. VERMONT – Medicaid Website:
<https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427
34. VIRGINIA – Medicaid and CHIP Website:
<https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs> Medicaid/CHIP Phone: 1-800-432-5924
35. WASHINGTON – Medicaid Website:
<https://www.hca.wa.gov/>
Phone: 1-800-562-3022
36. 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)
37. WISCONSIN – Medicaid and CHIP Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002
38. 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, 2024, 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) or
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.