



# 2024 BENEFITS GUIDE





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This Benefits Guide is an overview of the benefits provided by Mesa County Government. It is not a Summary Plan Description or Certificate of Insurance. If a question arises about the nature and extent of your benefits under the plans and policies, or if there is a conflict between the informal language of this Benefits Guide and the contracts, the Summary Plan Description and Certificates of Insurance will govern. Please note that the benefits in your Benefits Guide are subject to change at any time. The Benefits Guide does not represent a contractual obligation on the part of Mesa County Government.

# Enrollment Guidelines

Welcome to the 2024 Benefits Guide for Mesa County Government. This Guide provides a quick overview of the benefits program and helps to remove confusion that sometimes surrounds Employee benefits. The benefits program was structured to provide comprehensive coverage for you and your family. Benefit programs provide a financial safety net in the event of unexpected and potentially catastrophic events.

## Eligibility

You are eligible to enroll in the medical benefits program if you are a full-time employee working 30 or more hours per week, a part-time employee working 20 or more hours per week; a temporary, non-seasonal employee working at least 30 hours per week; an individual elected to the office of the 21<sup>st</sup> Judicial District Attorney; or an individual who is a 21<sup>st</sup> Judicial Attorney elected official. Medical, Dental, Vision, FSA, Basic Life/AD&D and LTD benefits for newly hired employees will take effect the first day of the month following 30 days of qualified employment. Voluntary life is effective the first of the month following 30 days of application if dated prior to that date. Otherwise, it's the first of the month following the date of signature (if signed within 30 days of eligibility).

Your legal spouse and your married or unmarried dependent children are eligible for medical coverage if less than 26 years of age. Your unmarried dependent children are eligible for dental and/or vision benefits if less than 26 years of age. Disabled unmarried children over age 26 may be eligible to continue benefits after approval of necessary applications.

For Dental, Vision, Life, Supplemental Life and Disability coverages; Actively at Work Provisions apply, including dependent non-confinement.

## OPEN ENROLLMENT

Open enrollment for health, dental and vision is once a year and benefit elections will take effect January 1st. Participants may add or drop coverage or make changes to their coverage at this time. Late entrants (employees or dependents who apply for coverage more than 30 days after the date of individual eligibility) are also provided an opportunity to enroll for coverage during the plan's open enrollment. The elections you make stay in effect the entire plan year, unless a qualifying life event occurs.

## Qualifying Life Events

Generally, you can only change your benefit elections during the annual Open Enrollment period. However, you may make changes during the plan year if you have a qualifying event.

Qualifying events include:

- Marriage
- Divorce
- Birth
- Adoption
- Death
- Loss of Coverage

When you have a qualifying event, you have 30 days after the event to complete and return a new enrollment/change form for health, dental, and/or vision coverage. You may be asked to provide proof of the change and/or proof of eligibility. (You have 60 days to complete and return a new enrollment/change form after coverage under Medicaid or CHIP terminates.)

## Available Benefits

- Medical/Clinic
- Flexible Spending Account (FSA)
- Dental
- Vision
- 401(a) Defined Contribution
- 457(b) Deferred Compensation
- Basic Life/Accidental Death & Dismemberment
- Supplemental Life Insurance
- Basic Voluntary Dependent Life Insurance
- Long-Term Disability (LTD)
- Accident/Critical Illness/Hospital Indemnity/Legal/Identity Theft
- Sick Leave
- Vacation
- Employee Assistance Program (EAP)
- Social Security (FICA)

# Benefit Contacts

## Primary Point Of Contact

|     |              |  |
|-----|--------------|--|
| UMR | Medical Plan | (800) 826-9781<br><a href="http://www.umar.com">www.umar.com</a> |
|-----|--------------|--|

## Other Contacts

|                        |   |  |
|------------------------|---|--|
| Magellan Rx            | Prescription Benefit Manager                                  | (800) 424-6817<br><a href="http://www.magellanrx.com">www.magellanrx.com</a>                         |
| Delta Dental           | Dental<br>Group #12141  | (800) 610-0201<br><a href="mailto:www.customer_service@ddpco.com">www.customer_service@ddpco.com</a> |
| VSP                    | Vision  | (800) 877-7195<br><a href="http://www.vsp.com">www.vsp.com</a>                                       |
| Rocky Mountain Reserve | Flexible Spending Account                                     | (888) 722-1223<br><a href="http://www.rockymountainreserve.com">www.rockymountainreserve.com</a>     |
| UNUM                   | Life/AD&D Insurance, Voluntary Life<br>& Long-Term Disability | (800) 421-0344<br><a href="http://www.unum.com">www.unum.com</a>                                     |
| Teladoc                | Video Doctor Consultation                                     | (800) Teladoc<br><a href="http://www.Teladoc.com/mobile">www.Teladoc.com/mobile</a>                  |
| Mesa County Government | Brenda Moore<br>HR Director                                   | (970) 244-1695<br><a href="mailto:Brenda.Moore@mesacounty.us">Brenda.Moore@mesacounty.us</a>         |
|                        | Shelley Vehik<br>Senior Benefits Administrator                | (970) 244-1847<br><a href="mailto:Shelley.Vehik@mesacounty.us">Shelley.Vehik@mesacounty.us</a>       |
| Novo Benefits          | Sharon Bacon<br>Lead Account Coordinator                      | (402) 802-9089<br><a href="mailto:sbacon@novoconnection.com">sbacon@novoconnection.com</a>           |
| Novo Benefits          | Tre' Bradley<br>Account Manager                               | (970) 773-9145<br><a href="mailto:tbradley@novoconnection.com">tbradley@novoconnection.com</a>       |

# Glossary Of Terms

The following terms will help you better understand your benefits.

**Co-pay:** A Copay is the portion of the Covered Expense that is your responsibility, as shown in the Medical Schedule of Benefits. A Copay is applied for each occurrence of such covered medical service and is not applied toward satisfaction of the Deductible.

**Deductible:** A Deductible is the total amount of eligible expenses as shown in the Medical Schedule of Benefits, which must be Incurred by you during any Calendar Year before Covered Expenses are payable under the Plan.

**Coinsurance:** Coinsurance is the percentage of eligible expenses the Plan and the Covered Person are required to pay.

**Out-of-Pocket Maximum (OOPM):** An Out-of-Pocket Maximum is the maximum amount you and/or all of your family members will pay for eligible expenses Incurred during a Calendar Year before the percentage payable under the Plan increases to 100%.

**PPO (Preferred Provider Organization):** This type of plan utilizes network and non-network benefits.

**In-Network:** The Plan offers a broad network of providers and provides the highest level of benefits when Covered Persons utilize “in-network” providers. These networks will be indicated on your Plan identification card.

**Out-of-Network:** Any non-contracted providers. The services from these providers are subject to balance billing, meaning members can be billed for the difference between the insurance carrier's fee schedule and the billed charges.



**UNDERSTANDING  
YOUR BENEFITS  
CAN BE EASY**

# Premiums

Employee Contributions  
Effective January 1, 2024

| PPO Medical Plan      | Premium Paid By Employee |
|-----------------------|--------------------------|
|                       | Monthly                  |
| Single                | \$38.00                  |
| Employee + Spouse     | \$337.00                 |
| Employee + Child(ren) | \$222.00                 |
| Family                | \$367.00                 |

| Delta Dental Plan     | Premium Paid By Employee |
|-----------------------|--------------------------|
|                       | Monthly                  |
| Single                | \$27.00                  |
| Employee + Spouse     | \$62.00                  |
| Employee + Child(ren) | \$55.00                  |
| Family                | \$92.00                  |

| VSP Vision Plan | Premium Paid By Employee |
|-----------------|--------------------------|
|                 | Monthly                  |
| Single          | \$9.57                   |
| Employee + One  | \$16.99                  |
| Family          | \$27.40                  |

# Medical Benefits

Mesa County Government offers medical benefits through UMR. This medical plan balances affordability with the freedom to go outside the network. You may choose a participating or a non-participating provider. Participating providers have agreed to provide services at a discounted fee. For out-of-network care, you are responsible for charges above the out-of-network allowance for services, in addition to the deductible and coinsurance. To find a participating provider, visit [www.umar.com](http://www.umar.com).

| Benefit   | PPO Plan   |  |
|---|--|--|
|   | In-network   | Out-of-network   |
| Deductible  | \$1,250/single<br>\$2,500/family                                   | \$5,000/single<br>\$10,000/family                                  |
| Out-of-Pocket Max<br>(Includes deductible and copays) | \$5,000/single<br>\$10,000/family                                  | Unlimited<br>Unlimited   |
| Preventive Care                                       | 0% (Deductible Waived)   | Not Covered  |
| Office Visit (PCP)                                    | \$10 copay; all other services<br>20% coinsurance after deductible | \$60 copay; all other services 50%<br>coinsurance after deductible |
| Teladoc (Telemedicine)                                |  |  |
| General Medicine                                      | \$0 copay  | N/A  |
| Behavioral Health                                     | \$0 copay  | N/A  |
| Dermatology   | \$10 copay   | N/A  |
| Specialist Office Visit                               | \$45 copay; all other services<br>20% coinsurance after deductible | \$60 copay; all other services 50%<br>coinsurance after deductible |
| Chiropractic Services                                 | \$40 copay; all other services<br>20% coinsurance after deductible | Not Covered  |
| Diagnostic Lab/X-ray                                  | Laboratory: \$15 copay<br>X-Ray: \$30 copay                        | 50% After Deductible   |
| Imaging (CT/PET scans: MRI's)                         | 20% After Deductible   | 50% After Deductible   |
| Inpatient Hospital                                    | 20% After Deductible   | 50% After Deductible   |
| Outpatient Hospital                                   | 20% After Deductible   | 50% After Deductible   |
| Maternity   |  |  |
| Prenatal  | 0% (Deductible Waived)   | 50% After Deductible   |
| Delivery and All Inpatient Services                   | 20% After Deductible   | 50% After Deductible   |

Family deductible and out-of-pocket amounts are embedded. This means an individual would not pay more than the individual deductible/out-of-pocket amounts.



## Medical Benefits (Continued)

| Benefit  | PPO Plan  |   |
|--|---|---|
|  | In-network  | Out-of-network  |
| Mental Health/Substance Abuse Office   | \$10 copay  | \$60 copay; all other services 50% coinsurance after deductible |
| Mental Health/Substance Abuse Inpatient/Outpatient   | 20% After Deductible  | 50% After Deductible  |
| Emergency Room<br>All Other Services   | \$150 Copay<br>20% After Deductible   |   |
| Emergency Transport/Ambulance  | 20% After Deductible  |   |
| Urgent Care  | \$30 copay; all other services 20% coinsurance after deductible   | 50% After Deductible  |
| Prescriptions – through MagellanRx Retail – 30-day supply  | Separate Prescription Deductible \$150  |   |
| Generic  | \$20 copay or 20%, AD   | Not covered   |
| Preferred  | \$45 copay or 30%, AD   | Not covered   |
| Non-Preferred  | \$60 copay or 40%, AD   | Not covered   |
| Specialty  | 25% up to \$150, AD   | Not covered   |
| Mail Order – 90-day supply   |   |   |
| Generic  | \$60 copay or 20% , AD  | Not covered   |
| Preferred  | \$135 copay or 30% , AD   | Not covered   |
| Non-Preferred  | \$180 copay or 40% , AD   | Not covered   |
| Specialty  | N/A   | Not covered   |
| <p>What you pay and what the plan pays</p> <p>The above Summary of Benefits shows how much you pay for care, and how much the plan pays. It's a brief listing of what is included in your benefits plan. For more detailed information, see your summary plan description.</p> |   |   |
| Pre-Certification Requirement:   | Some services may require Pre-Certification. Please see Summary Plan Description document for more details. |   |

Get all your answers *quick* and *easy* @ [umr.com](http://umr.com)



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## Make [umr.com](http://umr.com) your first stop

You want managing your health care to be fast and easy, right? You got it.

At [umr.com](http://umr.com), you'll find everything you want to know – and need to do – as soon as you log in.

No hassles. No waiting. Just the answers you're looking for anytime, night or day!

### Log in now to:

- View **Things to do**, your personalized benefits to-do list
- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life



**Note:** The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

## You don't need a Ph.D. to understand your benefits

We've made it easy to find the top things people want to know. Choose **Benefits & coverage** from myMenu to find out:

- What health care services are covered?
- What's the cost difference between an in-network and out-of-network service?
- What's your deductible, and are you close to reaching it?
- Is there a copayment for your office visit? If so, how much?

## Did your dog eat your ID card?

No worries. It's easy to get a replacement online.

Just click **ID card** from myMenu to see a copy of your card. With a couple more clicks you can have a new card mailed to your home.

Can't wait for the mailman? Print a temporary copy from our desktop site. Or, use your smart phone to view your ID card or fax a copy to your doctor's office.



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This content is provided for information only and is not to be considered medical advice. All decisions about medical care should be made by the doctor and patient.

Always refer to the plan document for specific benefit coverage or call the toll-free member phone number on the back of your health plan ID card. UMR operates in accordance with medical privacy standards established by applicable federal and state laws. The screen shots shown are for illustrative purposes and use fictional data only.

| Claim activity   |              |                  |               |            |          |
|--|--------------|------------------|---------------|------------|----------|
| Download Print   |              |                  |               |            |          |
| Show 4 entries Filter your results   |              |                  |               |            |          |
| CLAIMS INFORMATION   | SERVICE DATE | PROVIDER         | BILLED AMOUNT | PLAN PAYS  | YOU PAY  |
| Patient: <b>Karyn Blank</b><br>Claim # 17065123456<br><a href="#">View claim details</a><br><a href="#">View EOB</a>     | 02/17/20     | Valley Hospital  | \$1351.00     | \$1,193.00 | \$25.00  |
| Status: Completed  |              |                  |               |            |          |
| Patient: <b>Cade Blank</b><br>Claim # 17064123456<br><a href="#">View claim details</a><br><a href="#">View EOB</a>      | 02/15/20     | Hem, Gregory, Dr | \$359.20      | \$0.00     | \$0.00   |
| Status: Completed  |              |                  |               |            |          |
| Patient: <b>Elizabeth Blank</b><br>Claim # 17061123456<br><a href="#">View claim details</a><br><a href="#">View EOB</a> | 02/03/20     | Hem, Gregory, Dr | \$200.00      | \$0.00     | \$0.00   |
| Status: Denied - Accident info needed from pt. Action needed! <a href="#">Click here</a>                                 |              |                  |               |            |          |
| Patient: <b>Cade Blank</b><br>Claim # 17038123456<br><a href="#">View claim details</a><br><a href="#">View EOB</a>      | 01/12/20     | Moore, John, Dr  | \$370.00      | \$0.00     | \$215.95 |
| Status: Completed  |              |                  |               |            |          |

Fictionalized data

## Buried in paperwork?

### A single click lets you track all your claims

Check in at your convenience to see if a claim has been processed and what you might owe. To get more details on a specific claim, click **view claim details** or **view EOB**. This will tell you the type of services provided, the amount billed and the amount paid, if any, and whether there's any action that needs to be taken before the claim can be processed.

You can choose to receive a secure e-mail any time you have a new EOB. If you're not ready to give up paper completely, you can print out copies from our claims center.

## Don't be surprised by unexpected costs

- Know the price you'll pay ahead of time. Search treatments or procedures in the **Health cost estimator**.
- Get your in-network discount. Use **Find a provider** to look up doctors and facilities near you.

## Helpful apps, calculators, videos and health information all in one place

Choose **Health center** from the myMenu and select the tile shortcuts that interest you.

- Online health information: up-to-date and ad-free
- Our top picks for healthy eating and exercise
- Free tools, apps and calculators



# Understanding your EOB, as easy as 1-2-3

An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about how your recent medical service was covered by your benefits plan. You'll receive a bill from your provider for any amount you may owe.

## 1 Cost summary

The first page of your EOB is a summary of how much your provider billed, how much was covered by your plan and the total you may owe to your provider.

### Here's a summary for you.

Detailed claim and benefit information is located on the following page(s).

|                           |                 |  |
|---------------------------|-----------------|--|
| <b>Amount billed:</b>     | \$500.00        | This is the total amount that your provider billed for the services that were provided to you.   |
| <b>Your discount:</b>     | \$100.00        | Your plan negotiates discounts with providers and facilities to help save you money.   |
| <b>Your plan paid:</b>    | \$260.00        | This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.   |
| <b>You saved:</b>         | \$360.00        | 72% of your service was covered by your plan discounts and/or your employer-sponsored benefits plan.   |
| <b>TOTAL YOU MAY OWE:</b> | <b>\$140.00</b> | The portion of the amount billed that you may owe to the provider. This amount includes your deductible, co-pay, co-insurance and non-covered charges. Not allowed amounts and any amount you paid when you received care may not be reflected in this amount. |





## 2 Benefits update

On the next page, you'll find a breakdown of how much you and/or your family have applied toward your annual deductibles and out-of-pocket amounts.

**Deductible:** The amount you have to pay before your plan pays for specified services. Deductibles are usually an annual set amount.

**Out-of-pocket:** The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you reach your "to go" amount, the plan will usually pay 100% of the allowed amount.

### In-network

|                                     |  |                         |
|-------------------------------------|--|-------------------------|
| <b>INDIVIDUAL CAL YR DEDUCTIBLE</b> |  | <b>\$0.00</b> to go     |
|                                     | \$2,500.00 out of \$2,500.00   |                         |
| <b>INDIVIDUAL OUT-OF-POCKET</b>     |  | <b>\$2,126.86</b> to go |
|                                     | \$2,873.14 out of \$5,000.00   |                         |
| <b>FAMILY CAL YR DEDUCTIBLE</b>     |  | <b>\$1,156.95</b> to go |
|                                     | \$3,843.05 out of \$5,000.00   |                         |
| <b>FAMILY OUT-OF-POCKET</b>         |  | <b>\$7,126.86</b> to go |
|                                     | \$873.14 out of \$8,000.00   |                         |



PO BOX 30541 Salt Lake City, UT 84130-0541  
 [1-800-826-9781] • umr.com

Employee: Gade Blank  
 Employee address: 1234 Sunshine Blvd  
 Suite 10293  
 Best City, USA 12345-1112  
 Group number: 75-9999999  
 Member ID: 999999999  
 Employer name: ABC Companies, Inc.  
 Notice date: 03/28/2019

Patient: **Elizabeth Blank** Claim number: **999999999** Provider name: **XYZ Provider Inc.** Patient account: **1234567890**

| Service(s) you received | Reason code | Service date(s)  | Amount billed by provider | Your discount | Not allowed | Amount due to provider | PLAN PAYS |           | YOU PAY |                       |              |             |                    |
|-------------------------|-------------|------------------|---------------------------|---------------|-------------|------------------------|-----------|-----------|---------|-----------------------|--------------|-------------|--------------------|
|                         |             |                  |                           |               |             |                        | %         | Plan paid | Co-pay  | Applied to deductible | Co-insurance | Not covered | Total you may owe* |
| Emergency Care          | 908         | 03/14 - 03/19/19 | \$500.00                  | \$100.00      | \$0.00      | \$400.00               | 80        | \$260.00  | \$25.00 | \$50.00               | \$65.00      | \$0.00      | \$140.00           |
| <b>Totals</b>           |             |                  | \$500.00                  | \$100.00      | \$0.00      | \$400.00               |           | \$260.00  | \$25.00 | \$50.00               | \$65.00      | \$0.00      | <b>\$140.00</b>    |

\*This total may not reflect any payments/co-pays you made at the time of service. Please wait for a provider bill before making a payment.  
 (+) Indicates any payment you may owe. (-) Indicates any discount or plan payment that will reduce what you owe.

**Reason code explanations:**

908 Provider negotiated discount. You are not responsible for this amount.

### 3 Service and payment details

This section includes information about who received the medical service, the name of the provider and what types of care they received. It gives you a breakdown of how the claim was processed, including:

- How much your provider billed
- Your network discount
- The amount paid by your employer-sponsored plan
- The amount you may owe, including co-pays, deductibles and out-of-pocket amounts



**Sign up for digital EOBs** and you'll receive email reminders every time you have a new EOB. PLUS, we'll let you know if you need to take action on the EOB and give you more details about your claim.



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# Understanding your new ID card

Have you ever wondered what all that stuff on your ID card really means? Here's a sample of what you might see. Each plan is different.

The number assigned specifically to you to track all of your benefits and claims information.

The number assigned to identify your group health plan.

A list of the family members who are covered under your plan.

Information about your prescription drug plan. Pharmacists use this to process your claims.

Your medical provider network, also referred to as your preferred provider organization (PPO). Going to doctors, clinics and hospitals in your network will save you money.

**UMR** A UnitedHealthcare Company  
 Issuer (80840) 911-39026-02  
 Member ID: 12345685 Group Number: 76-123456  
 Member: JAMES A SAMPLE 00 MED  
 Dependents: JOANNE SAMPLE 01 MED, JOHN SAMPLE 02 MED, JOSEPH SAMPLE 03 MED  
 CO-PAYS MAY APPLY 0730  
 OPTUMRX Rx BIN: 610127, Rx PCN: 01960000, Rx GRP: 0196XXXX  
 UnitedHealthcare Choice Plus Network  
 Self-funded plan administered by UMR

## More on the back

Look for important contact information, including the customer service phone number to call for answers to claims or benefit questions. You can also go to [umr.com](http://umr.com) to check your benefits, claims status, accumulators and eligibility.

Your in-network (In-Net) and out-of-network (Out of Net) medical individual and family deductibles (Ded) and out-of-pocket maximums (OOPM) information.

Call this number only when you need medical services and your plan requires prior authorization for those services.

Call this number when you have questions about pharmacy benefits.

This card must be presented each time services are rendered.  
 Medical: In-Net: \$3,000.00 Out of Net: \$6,000.00  
 Ded: \$3,000.00 OOPM: \$6,000.00  
 Call UMR CARE at 877-233-1800 for plan related prior authorization.  
 FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.  
 For Members: www.umr.com 8XX-XXX-XXXX  
 Nurseline: 8XX-XXX-XXXX  
 For Providers: www.umr.com 877-233-1800  
 Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541  
 Regional Network Log In (if Applicable) Secondary Network Log In (if Applicable)  
 Pharmacists & Members: 877-559-2955



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# YOUR PLAN ADVISOR



Ready to connect – and guide you to the answers you seek

**Health care in the modern world calls for a sensitive, personal approach to service – one that’s built on real relationships and trust.**

Which is why Plan Advisor delivers an experience that’s beyond traditional models of member support. Our advisors partner with you so you feel more confident in the decisions you make about your health, and comforted by the steps you’re taking to get there.

Because we all need a person we can rely on.  
Let your Plan Advisor be yours.

## Connecting you to the care you need

Whether your question is common or complex, we make it easier for you to get answers by ensuring you have the information you need.

## Keeping it real

Your plan advisor is an actual person who’s focused on serving you, equipped with knowledge and options to support and anticipate your unique needs and goals.

## We’re in it with you

If you need something that’s out of our reach, we’ll connect you to the resources you need – and we’ll even stay on the call as long as you need.

## Let’s talk

Our plan advisors are available weekdays from 7 a.m. to 7 p.m. Mountain Time at 800-207-3172.





## We're ready when you are

Here are some of the ways we can help:

### Finding the right fit is important. We can help

Finding the right provider can feel daunting. We'll match you to high-quality health care providers and the highest level of benefits – right where you live – to avoid paying more than you need to. We can schedule appointments with providers, and identify possible health screenings or preventive care.

### Know your coverage – and costs

Navigating health care can be tricky, which is why no question is a bad one. Your plan advisor is ready to go over your benefit details with you, or connect you to the right person to find the answer you need, so you won't be caught by surprise.

### We'll help you:

- Look into a recent medical claim to make sure it was paid correctly
- Check to see what your out-of-pocket costs are for services
- See how much you have paid – and how much you have left – of your individual or family deductible
- Understand reward programs available to you
- Discover what services are available to you based on your plan

### Let's talk

Our plan advisors are available weekdays from 7 a.m. to 7 p.m. Mountain Time at 800-207-3172.



## VISIT US ANYTIME ONLINE AT UMR.COM

Sign up for online services and get quick and easy access to your claims and benefit information.

With **umr.com**, you can:

- ▶ Look up network providers
- ▶ Check your claims activity
- ▶ Review your financial activity
- ▶ Find tools for improving your health

You can even log in on the go with your smart phone or mobile device.



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# Find a provider

Finding a network provider on [umr.com](http://umr.com) has never been easier

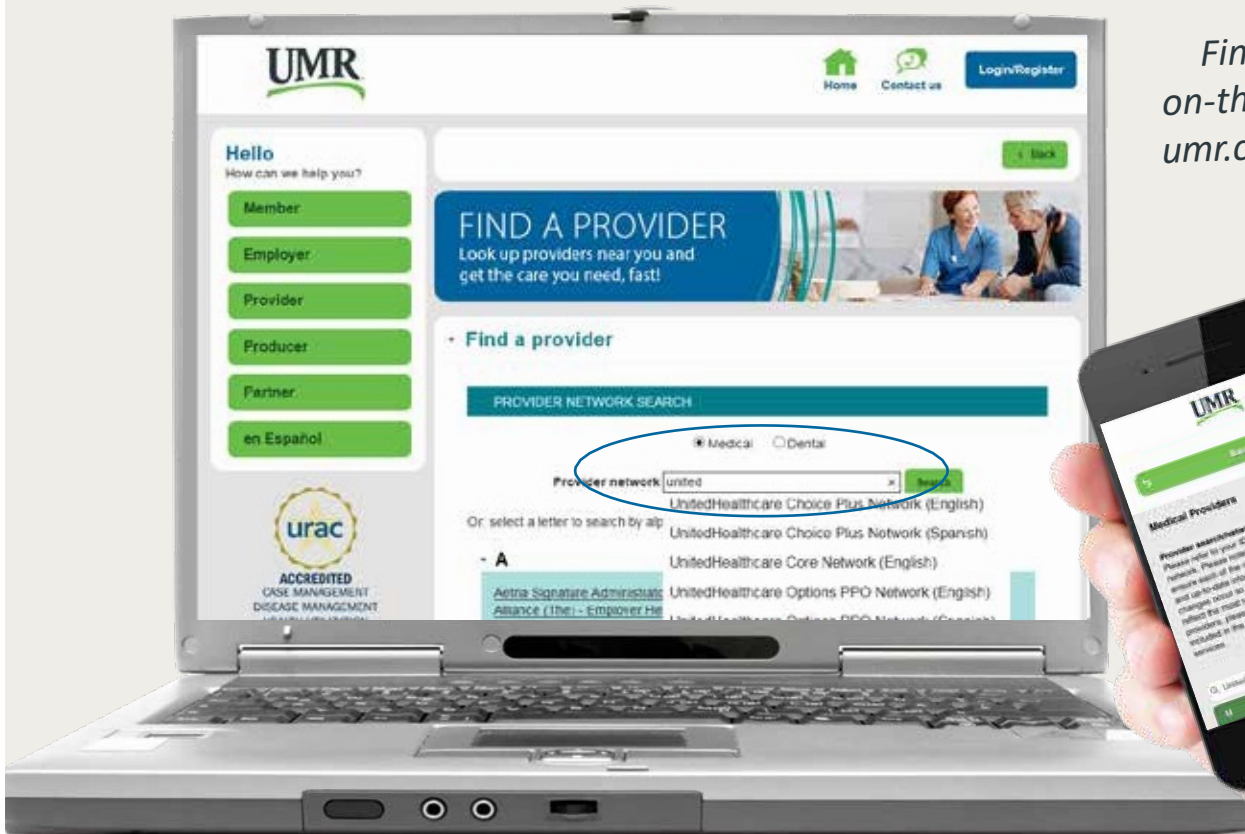
1

Go to [umr.com](http://umr.com) and select "Find a provider"



2

Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box



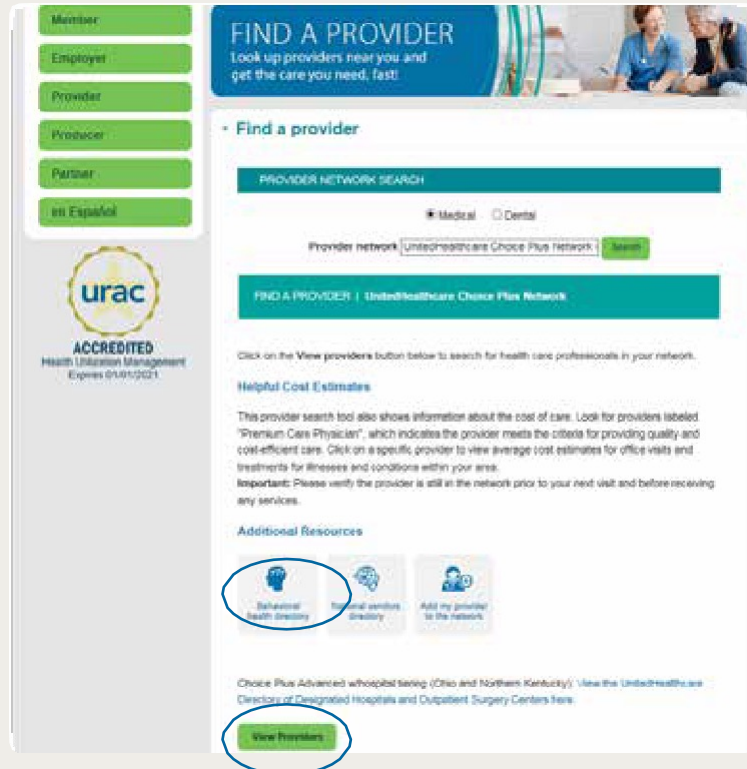
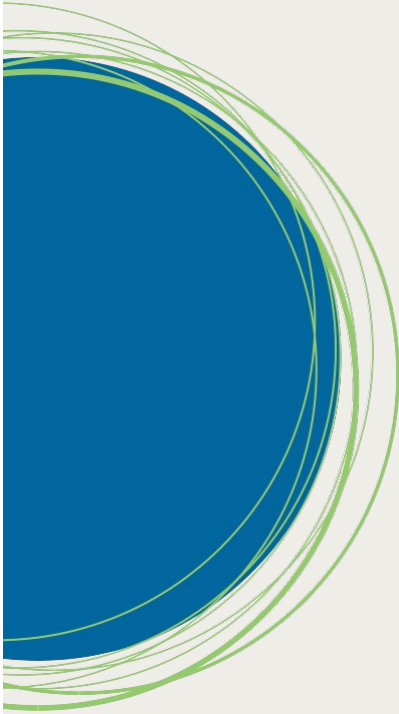
Find a provider on-the-go using our [umr.com](http://umr.com) mobile site

*continued on the back »*



A UnitedHealthcare Company

- 3** For medical providers, choose **View Providers**.  
For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**.



## UnitedHealthcare Choice Plus:

The UnitedHealthcare online provider directories include network hospitals, primary physicians and specialists. The following information is available:

- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium® Quality & Cost Efficiency designations that highlight physicians by quality of care and cost standards in their specialty
- Average costs for care in your area and how different providers compare to the local average
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office

# Looking for a health care provider?

## Compare quality and costs before you go

The next time you're in the market for a new doctor or are wondering how much you'll pay for a possible medical procedure, visit [umr.com](http://umr.com) first. Your online services make it easy to look up UnitedHealthcare network providers and health care facilities and find cost estimates for different services – all in one place.

You'll get the information you need to make the right choices for you and your family and know what to expect before making an appointment

## Stay in-network

With [umr.com](http://umr.com), you have anytime access to a searchable directory of UnitedHealthcare network providers in your area. Choosing a doctor or facility in the network ensures your benefits are paid at the highest level, so you can expect to pay less out of your own pocket. And when you go to a network provider for preventive services, there's typically no cost to you.



## START SHOPPING TODAY

Log into [umr.com](http://umr.com) and select Find a provider.

Then choose View providers to search for medical providers. Or log in and look for the health cost estimator shopping cart icon to get started.

### Find Health Care by Category



#### People

Doctors, medical groups, and other professionals by specialty



#### Places

Hospitals, clinics, labs, imaging centers, medical suppliers



#### Services and Treatments

Providers for office visits, tests, treatments, surgeries



#### Care by Condition

First care for common concerns



#### Cost Estimates

Treatment for common conditions

You can narrow your search to primary care providers or look up physicians by specialty. Then select a physician from your search results to learn more about where they went to school, where they practice and how to schedule an appointment.

## Check for quality

The two blue hearts next to a doctor's name tells you they are a Premium Care Provider who has been reviewed by UnitedHealthcare and meets quality standards for delivering cost-effective care.

You may also see star ratings for customer satisfaction based on reviews from previous patients.

## Understand the costs

Different providers may charge different amounts for the services they offer. Your search results will give you a range of the average costs for preventive care or medical procedures in your area. And the individual provider listings show whose costs are below, above, or meet the local average.

If a procedure typically includes multiple steps of treatment, you can review the total cost and your estimated out-of-pocket cost for each step. So you'll know what to expect, from start to finish.

Your estimated out-of-pocket costs are personalized to you, based on your own benefit plan's deductible, annual out-of-pocket max, co-pay, co-insurance and how much you've paid toward your deductible.

Abd, Michael A, MD  
Cardiology, Cardiovascular Disease, Interventional Cardiology  
123 Any Street  
Any City, MN 55343  
4 Miles Away · Get Directions  
(555) 555-5555  
Specialty Information

Two blue hearts  
Premium Care Physician  
Accepting All Patients  
In-Network Provider  
★★★★★ (14)  
\$835  
Meets Average Cost  
View Estimate Detail

★★★★★ 14 Reviews

Cost Estimate for MRI Scan Without and With Dye - Lumbar Spine  
Total average cost in your area: \$800 - \$2,200  
Estimated Out-of-Pocket Cost: \$746

There is 1 step for this service:

| Step | Service                                      | Estimated Cost                | Estimated Out-of-Pocket Cost |
|------|--|-------------------------------|------------------------------|
| 1    | MRI Scan Without and With Dye - Lumbar Spine | \$746<br>Total Estimated Cost | \$746                        |

PAYMENT DETAILS

ESTIMATED OUT-OF-POCKET COST: \$746

| Component                  | Amount |
|----------------------------|--------|
| Copay                      | \$0    |
| Applied to Deductible      | \$746  |
| Co-insurance               | \$0    |
| Not Covered by Health Plan | \$0    |



A UnitedHealthcare Company

**WITH TELEHEALTH, HELP  
IS JUST A CLICK AWAY**



## What Is Telemedicine & Telehealth?

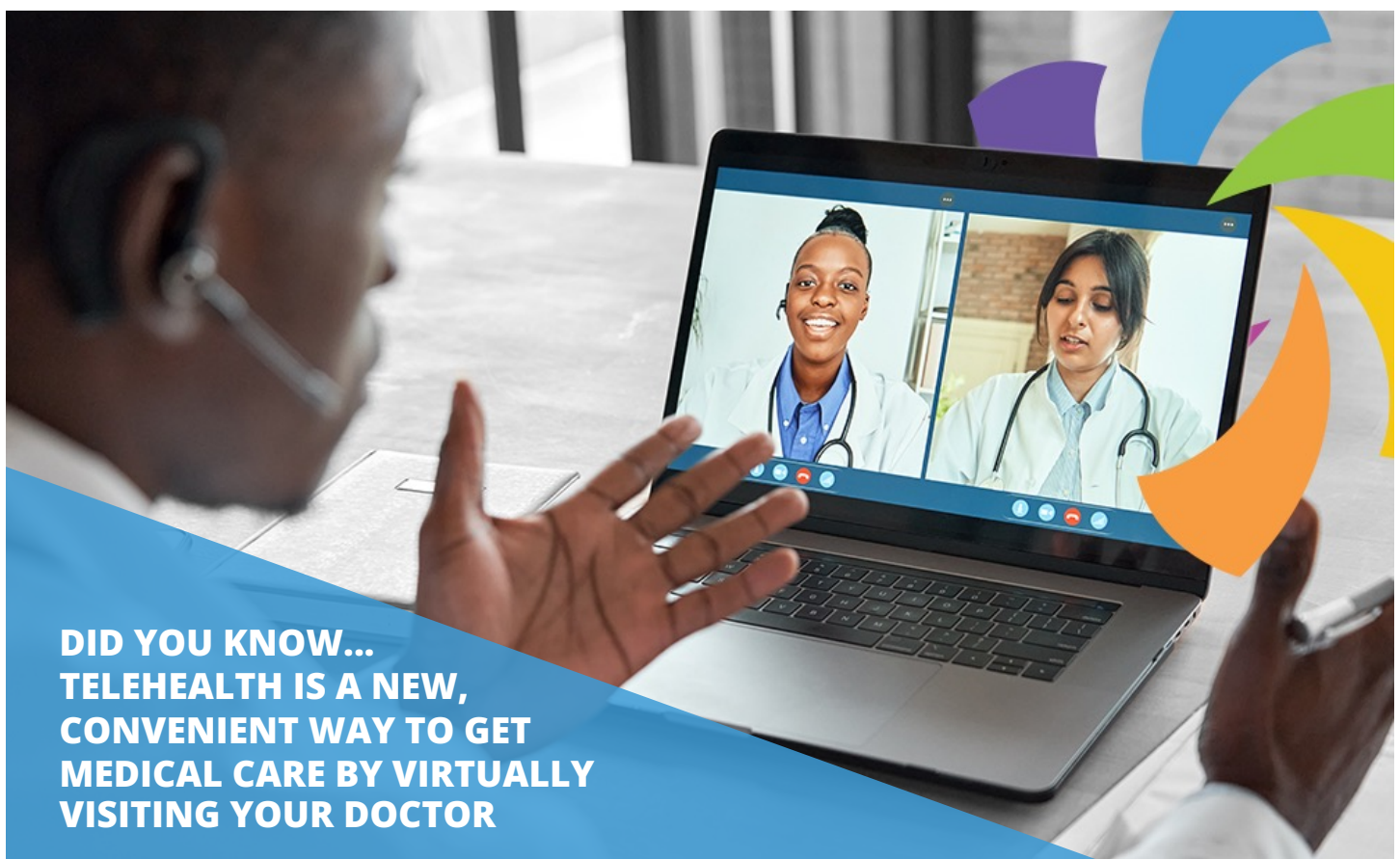
With the onset of Covid-19, telehealth has become an increasingly popular way for individuals to receive medical treatment and diagnosis without visiting a physical, clinical location such as a doctor's office or hospital.

Telemedicine and telehealth are sometimes used interchangeably to describe both clinical and non-clinical interactions with health professionals through technology. While telemedicine focuses on remote clinical assistance, telehealth also includes educational and non-clinical remote interactions through the use of various technologies such as webcams, apps, and mobile devices.

Telemedicine and telehealth provide options for meeting virtually with a healthcare provider when you are not feeling well. Using technology and apps, it is now easier than ever to meet with a physician from your home, office, or while traveling. Additionally, physicians are available outside of normal business hours and on weekends.

Meeting with a doctor through an app like Teladoc is very similar to visiting your primary care physician in an office, except your interactions with the physician are through your mobile device. The doctor can give you a diagnosis based on your symptoms and even provide a prescription that can be picked up from your local pharmacy.

You can contact a doctor at any time using this benefit and there is no need to contact your care coordinator prior to using this service. We recommend you download the app to your phone now so that you can use this option when needed. More information is available on the next page.



**DID YOU KNOW...  
TELEHEALTH IS A NEW,  
CONVENIENT WAY TO GET  
MEDICAL CARE BY VIRTUALLY  
VISITING YOUR DOCTOR**



Talk to a  anytime

## Meet With A Doctor Without Leaving Your Home Through Your Mobile Device!

Teladoc is one of the nation's most established providers of telehealth services. Our national network of U.S. board-certified doctors is standing by to provide quality healthcare for you and your family, 24/7.

From the information you provide, Teladoc can diagnose many illnesses and injuries, order prescriptions, and know immediately if you need to be referred to in-person emergency care. Teladoc medical and psychiatric visits are as follows:

### Medical Visits:

- \$0 Copay

### Behavioral Health Visits:

- \$0 Copay

### Dermatology Visits:

- \$10 Copay

### Benefits:

- Consults with U.S. Board-Certified doctors via phone or video conference 24/7
- Access to a doctor anytime, anywhere – from home, work, or on the road
- Diagnosis and treatment for many common, non-emergency medical conditions
- A way to avoid unnecessary visits to the ER and long waits for doctor appointments
- Prescriptions called-in when appropriate

## Be Prepared For The Unexpected!

Download the App on Google Play for Android, or via the App Store for iPhone/iPad



 [Teladoc.com/mobile](https://www.teladoc.com/mobile) or visit your app store.

 1-800-Teladoc



# The right care when you need it most



Teladoc gives you 24/7 access to doctors by phone, video or app for non-emergency conditions.

We treat allergies, flu and cold symptoms, pink eye, sinus infections, headaches, upset stomach and more.



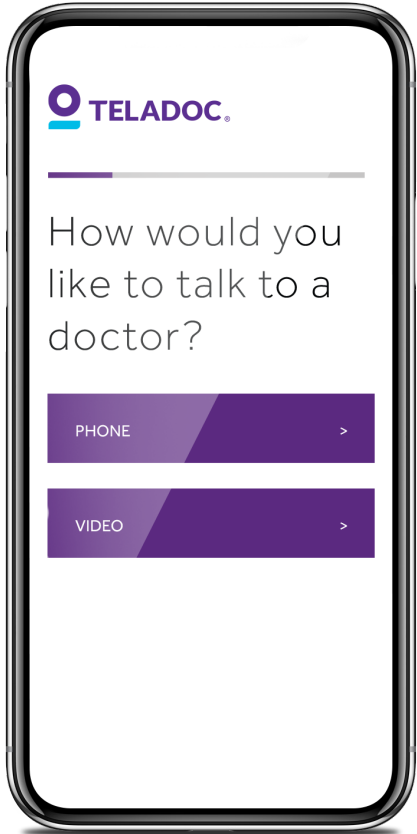
Talk to a board-certified doctor anytime, anywhere\*



Get a prescription or refill if needed



Skip the trip to the ER and save money



\*Teladoc is not available internationally.

## Feel better faster

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (835-2362) | Download the app

Refer to your employee booklet at [umar.com](https://www.umar.com) for Teladoc benefits





# Overcome whatever comes your way



Download the Teladoc app today.



If something is on your mind—big or small—talking to an expert can help. Our licensed therapists are available seven days a week. Choose your therapist, pick a time that is convenient for you and then talk to the therapist from the privacy of home or anywhere you feel comfortable.

## Teladoc therapists specialize in:

- Anxiety
- Depression
- Stress/PTSD
- Panic disorder
- Family and marriage issues
- And more

Feel like yourself again. Schedule a visit today.

Visit [Teladoc.com](https://www.teladoc.com)

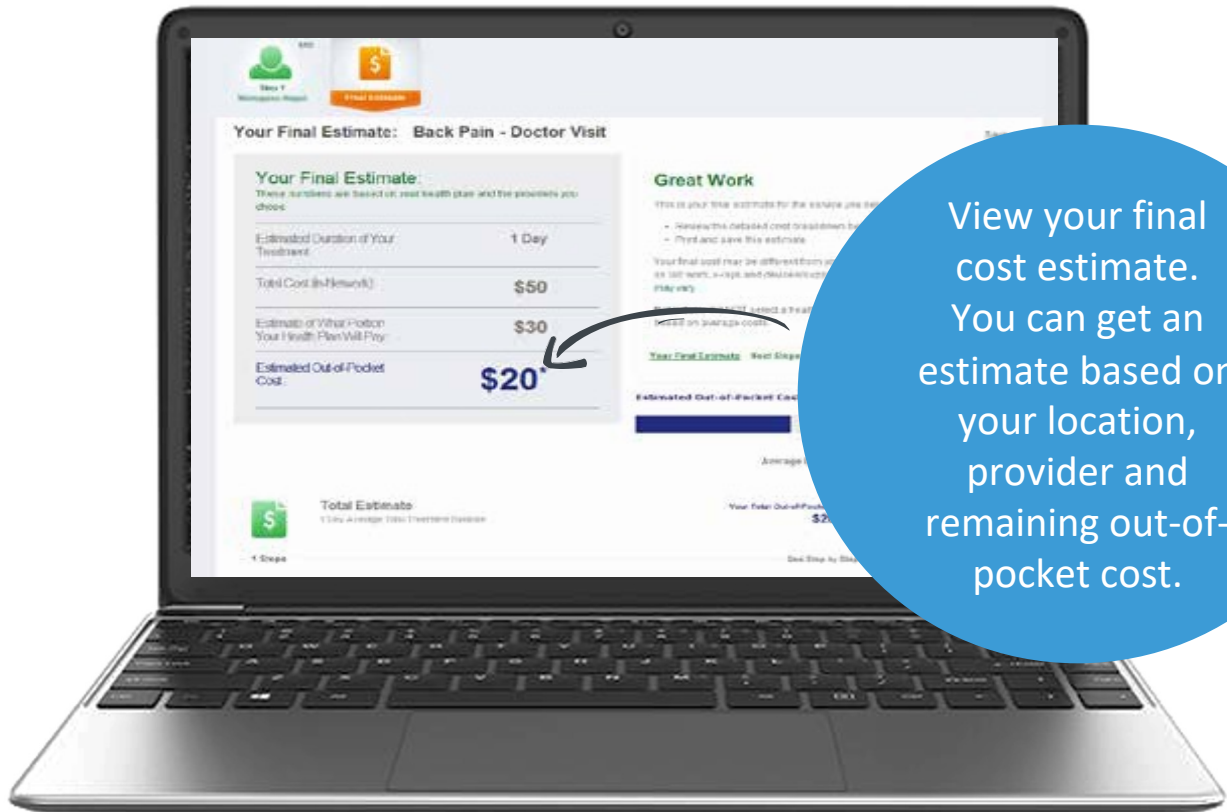
Call 1-800-TELADOC (835-2362) | Download the app

Refer to your employee booklet at [umr.com](https://www.umr.com) for Teladoc benefits



# myHealthcare Cost Estimator (myHCE)

myHCE allows you to research treatment options and learn about the recommended care and estimated costs employed with your selected treatment option. You can even access quality and efficiency measurements for participating providers.



View your final cost estimate. You can get an estimate based on your location, provider and remaining out-of-pocket cost.

## Medical Costs Can Vary A Lot From One Doctor To Another – So It Pays To Shop Around.

Your Care Coordinator can help you with the health cost estimator and can:

- Search for the type of service you need
- Compare the true costs of care using real data from real doctors
- Check which providers earned our UnitedHealth Premium rating for cost and quality
- See the total charge for your treatment, and know what to expect from beginning to end



Its easy to get started. Just look for the Health cost estimator tile on your personal home page

**Innovative Prescription  
Benefit Solutions That  
Lower Your Costs**



# Prescription Drugs For Less

Novo Benefits has partnered with industry leaders in prescription benefit management, to help lower the cost of prescription drugs.



Prescription Care Coordinators work with your healthcare provider to deliver budget-friendly alternatives to high-cost medications with the same clinical outcomes as more costly drugs, ensuring the highest quality at the best cost.

What does this mean for you? You will receive the same quality prescription with a lower out-of-pocket expense. There's no need to contact anyone. Your Prescription Care Coordinators will reach out to you if you are a good candidate for this program.

# Significant Savings On Prescriptions

## Novo Benefits has partnered with ElectRx to provide prescription drugs through a Personal Importation program.

The program offers significant discounts on certain high-cost medications without sacrificing quality.

Drugs are shipped from a pharmacy in Canada, United Kingdom, Australia or New Zealand directly to your home in the United States. The program dispenses only brand name drugs from the same manufacturers that are distributed to you in the United States.



### Program Highlights

- Significant cost savings
- Shipped from pharmacies in Canada, United Kingdom, Australia, or New Zealand to your home.
- Same brand names available in USA
- \$0 Co-pay for prescription drugs on ElectRx Formulary List

### Save Money On Certain Brand Name Prescription Drugs Through The Electrx International Mail Order Program

Also known as Personal Importation or PI, you can order your brand name drugs from Canada, New Zealand, Australia, and United Kingdom using the same “brick and mortar” pharmacies that people in these countries use for their medications. Plan Members will have a \$0 co-pay (FREE!) on all Brand drugs on the ElectRx Formulary.

1. Enroll in the program by calling (855) 353-2879. Enrollment is free and takes about 10 minutes.
2. Elect Rx offers a variety of brand name prescriptions through the Personal Importation Program (PI). Call the number above to see if the medication you are currently taking qualifies for the program. You can order up to a 90-day supply of any brand name medication that is eligible for dispensing through this program.
3. Have your Physician prepare a prescription with 3 refills and FAX it to the ElectRx Toll Free Number at (833) 353-2879. Again, you have a \$0 co-pay on your prescription and subsequent refills. You will receive an automated reminder notification of a pending renewal/refill. Shipping takes 5-15 business days from the date of completed requirements. Tip: Have a 30-day supply on hand to allow for plenty of delivery time.

# Select Drugs And Products Program

At Magellan Rx Management, we are partnering across the industry to provide a connected healthcare experience that truly leads humanity to healthy, vibrant lives. We are dedicated to giving you the best service and resources to help you and your family make better healthcare decisions.



The **Select Drugs and Products Program<sup>SM</sup>** is administered by Paydhealth and is designed to improve access to specialty drugs. This program will assist you in reducing the cost of your medication by seeking sources of alternate funding for specialty drugs on the Select Drugs and Products List.

You must specifically enroll in the Select Drugs and Products Program in order to take advantage of these benefits. All specialty drugs listed on the Select Drugs and Products List require that you seek prior review and that your case be submitted to alternate funding before your benefit will apply. If you do not participate in the program, you will have a 100% reduction in your payable benefit for specialty medication.

If you are taking a specialty drug, you will be contacted by a Program Case Coordinator. Your Case Coordinator will provide you with further information regarding the Select Drugs and Products Program and walk you through the enrollment process and requirements.

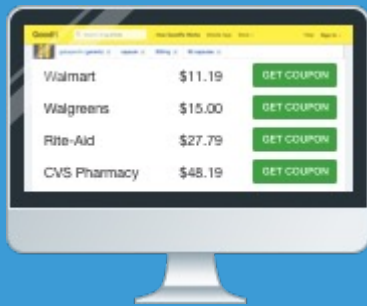
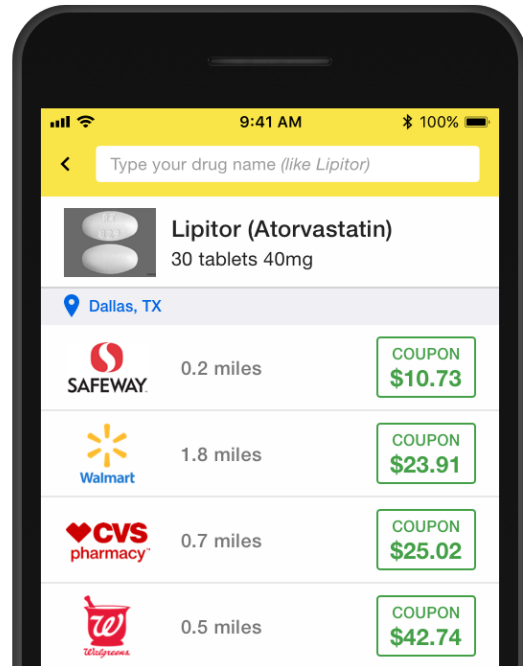
**If you have any questions regarding the Select Drugs and Products Program, please call the Specialty Contact Center at 877.869.7772 (8:00 a.m. – 8:00 p.m. EST).**

# GoodRx – The Free Rx Savings Solution

Drug prices vary widely between pharmacies.  
GoodRx finds the lowest prices and discounts.

How?

1. Collect and compare prices for every FDA-approved prescription drug at more than 70,000 U.S. pharmacies
2. Find free coupons to use at the pharmacy
3. Show the lowest price at each pharmacy near you



## Compare Prices

GoodRx collects prices and discounts from over 70,000 U.S. pharmacies



## Print Free Coupons

Or send coupons to your phone by email or text message



## Save Up To 80%

Show the coupon to your pharmacist for massive savings on your meds

# GoodRx



## Delta Dental PPO plus Premier MESA COUNTY – Group # 12141

| <b>MAXIMUM BENEFIT</b><br>Calendar Year Maximum                        |                    |                    | \$2,000 per member, per calendar year   |  |
|--|--------------------|--------------------|---|--|
| <b>CALENDAR YEAR DEDUCTIBLE</b><br>Applies to Basic and Major Services |                    |                    | Individual Deductible – \$50.00 Combination of in and out-of-network<br>Family Deductible – \$100.00 Combination of in and out-of-network |  |
| PPO<br>Dentist   | PREMIER<br>Dentist | NON-PAR<br>Dentist | COVERED SERVICES  | BENEFIT INFORMATION (subject to Delta Dental guidelines)   |
| <b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>                              |                    |                    |   |  |
| 100%   | 100%               | 100%               | Oral Exams and Cleanings  | Twice each in a calendar year. Two additional cleanings may be covered for those with a documented EBD condition.  |
|  |                    |                    | Sealants  | Once per tooth in a 36-month period for unrestored permanent molars, through age 14  |
|  |                    |                    | Bitewing X-Rays   | Once in a calendar year  |
|  |                    |                    | Full Mouth X-Rays   | Once in a 60-month period  |
|  |                    |                    | Fluoride  | Twice in a calendar year, through age 15   |
|  |                    |                    | Space Maintainers   | One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13   |
| <b>BASIC SERVICES</b>  |                    |                    |   |  |
| 80%  | 80%                | 80%                | Fillings (Composite or Amalgam)   | Once per tooth in a 12-month period  |
|  |                    |                    | Simple Extractions  |  |
|  |                    |                    | Oral Surgery  |  |
|  |                    |                    | Endodontics   |  |
| <b>MAJOR SERVICES</b>  |                    |                    |   |  |
| 50%  | 50%                | 50%                | Periodontics  |  |
|  |                    |                    | Crowns  | Once per tooth in a 60-month period. Not a benefit under age 12.   |
|  |                    |                    | Implants  | Once per tooth in a 60-month period. Not a benefit under age 16.   |
|  |                    |                    | Dentures, Bridges   | Once in a 60-month period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16. |
| <b>ORTHODONTICS \$2,000 lifetime maximum</b>                           |                    |                    |   |  |
| 50%  | 50%                | 50%                | For covered children to age 19  |  |

You and your family members may visit any licensed dentist but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

**PPO Dentist** - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

**Premier Dentist** - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

**Non-Participating Dentist** - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Open Enrollment applies. Members may add or terminate coverage once per year.



# Delta Dental PPO<sup>SM</sup> plus Premier



With the Delta Dental PPO plus Premier plan, you and your family members may visit any licensed dentist, but **you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider**. Participating providers file claims directly with Delta Dental and accept Delta Dental's reimbursement in full. You are responsible only for your deductible and coinsurance (as determined by your plan), as well as any charges for non-covered services. If you choose to see an out-of-network provider, you will incur additional out-of-pocket expenses, and you will be billed the total amount the provider charges (called balance-billing). When you see a Delta Dental PPO or Premier® provider, you are protected from balance-billing for covered services.

## Advantages of the Delta Dental PPO plus Premier plan:

- ▶ **SAVINGS:** Delta Dental PPO providers offer our members the greatest savings.
- ▶ **CHOICE:** If you choose to visit a Premier provider, you will still save money because Premier providers also accept discounted fees (however, discounts are not as great as if you see a PPO provider).
- ▶ **NETWORK:** Delta Dental's dual network has nearly 102,000 PPO providers and 152,000 Premier providers nationwide.

To find a participating provider or to see if your current provider is in the PPO network, visit our website at [deltadentalco.com](http://deltadentalco.com) and click on the Find a Dentist search tool. Or use our free mobile app for iPhone and Android. You may even be able to schedule an appointment online or on the app if your provider has Brighter Schedule.

You can also contact our customer relations department, Monday–Friday 8 a.m. to 6 p.m. Mountain Time, at 1-800-610-0201 (toll-free) or [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com).

| Looking for a dentist? Concerned about costs? PPO providers offer you the greatest savings.               |                                |                               |                                    |
|---|--------------------------------|-------------------------------|------------------------------------|
| Service: Porcelain Crown ( <i>Benefit illustration only.</i><br>Example assumes deductible has been met.) |                                |                               |                                    |
|   | Greatest Savings ←             |                               | → Least Savings                    |
|   | Protected from balance-billing |                               | Not protected from balance-billing |
| Network   | Delta Dental PPO Provider      | Delta Dental Premier Provider | Out-of-Network Provider            |
| Procedure Cost  | \$1,000                        | \$1,000                       | \$1,000                            |
| Maximum Provider Can Charge Patient   | \$710                          | \$950                         | Unlimited                          |
| Maximum Provider Can Charge Insurance (MPA)*  | \$710                          | \$950                         | \$660                              |
| Benefit Percentage  | 50%                            | 50%                           | 50%                                |
| Delta Dental Pays   | \$355                          | \$475                         | \$330                              |
| You Pay   | \$355                          | \$475                         | \$670                              |

\*The maximum a provider can charge your insurance company for covered services is called the Maximum Plan Allowance (MPA). The MPA for an out-of-network provider is always lower than in-network MPA. Delta Dental pays a portion of the MPA only, which exposes you to balance-billing from an out-of-network provider.

# A Look at Your VSP Vision Coverage

With VSP and MESA COUNTY  
GOVERNMENT, your health comes first.



As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

### Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

### Provider choices you want.



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

### Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

### Using your benefit is easy!

Create an account on [vsp.com](https://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

**vsp**  
vision care

More Ways  
to Save

Extra

\$20

to spend on  
Featured Brandst

bebe Calvin Klein  
COLE HAAN DRAGON  
FLEXON LONGCHAMP  
and more

See all brands and offers  
at [vsp.com/offers](https://vsp.com/offers).

+

Up to

40%

Savings on  
lens enhancements‡

Create an account today.

Contact us: 800.877.7195 or [vsp.com](https://vsp.com)

# Your VSP Vision Benefits Summary

MESA COUNTY GOVERNMENT and VSP provide you with an affordable vision plan.

**PROVIDER NETWORK:**

VSP Signature

**EFFECTIVE DATE:**

01/01/2024



| BENEFIT                                  | DESCRIPTION  | COPAY                               | FREQUENCY           |
|--|--|-------------------------------------|---------------------|
| <b>Your Coverage with a VSP Provider</b> |  |                                     |                     |
| <b>WELLVISION EXAM</b>                   | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>  | \$10                                | Every 12 months     |
| <b>ESSENTIAL MEDICAL EYE CARE</b>        | <ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>  | \$0 per screening<br>\$20 per exam  | Available as needed |
| <b>PRESCRIPTION GLASSES</b>              |  | <b>\$10</b>                         |                     |
| <b>FRAME*</b>                            | <ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> </ul>  | Included in Prescription Glasses    | Every 24 months     |
| <b>LENSES</b>                            | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>  | Included in Prescription Glasses    | Every 12 months     |
| <b>LENS ENHANCEMENTS</b>                 | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>  | \$0<br>\$80 - \$90<br>\$120 - \$160 | Every 12 months     |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>     | <ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>   | Up to \$60                          | Every 12 months     |
| <b>EXTRA SAVINGS</b>                     | <p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul> |                                     |                     |

**YOUR COVERAGE GOES FURTHER IN-NETWORK**

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://vsp.com) to find an in-network provider.

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.  
 ‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.  
 +Coverage with aretail chain may be different or not apply.  
 VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.  
 To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://vsp.com).  
 ©2023 Vision Service Plan. All rights reserved.  
 VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

# Save Up to 60% on Brand-Name Hearing Aids



Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than \$5,000,\* and few people have hearing aid insurance coverage.

TruHearing makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible too.

**In addition to great pricing, TruHearing provides you with:**

- One year of follow-up visits for fittings, adjustments, and cleanings
- 60-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 80 free batteries per hearing aid for non-rechargeable models

**Plus, with TruHearing you'll get:**

- Access to a national network of more than 7,000 hearing healthcare providers
- Discounted pricing on a wide selection of the latest brand name hearing aids
- High-quality, low-cost batteries delivered to your door

Best of all, if you already have a hearing aid allowance from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!

**vsp** exclusive  
member extras

**TruHearing**®

[truhearing.com/vsp](https://truhearing.com/vsp)

**Here's how it works:**

**Contact TruHearing.**

Call **877.396.7194**. You and your family members must mention VSP.

**Schedule exam.**

TruHearing will answer your questions and schedule a hearing exam with a local provider.

**Attend appointment.**

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

**Learn more about this VSP Exclusive Member Extra at  
[truhearing.com/vsp](https://truhearing.com/vsp) or call 877.396.7194 with questions.**

\*Based on a 2018 third-party survey of nationwide provider and manufacturer retail pricing.

VSP is providing information to its members but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly.

TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain healthcare groups for hearing aid sales and services; TruHearing provides fitting, programming, and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those healthcare providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

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Classification: Public

# Flexible Spending Account (FSA)

The General-Purpose Health Flexible Spending Account allows you to set aside up to \$3,050 in pre-tax dollars to pay most out-of-pocket medical, dental or vision expenses not paid by insurance; including deductibles and copayments. Please refer to the next page for a list of eligible expenses or refer to the most recent version of IRS publication 502.

You decide how much to deposit into your account. Your election amount is evenly deducted pre-tax from your paycheck throughout the plan year. When you have an expense that qualifies, you pay the bill, submit a claim, and you are reimbursed with tax-free dollars from your account.

If you participate in the Health Flexible Spending Account, you may roll over up to \$610 of unused amounts in the Health Flexible Spending Account remaining at the end of one Plan year to the immediately following Plan Year. These amounts can be used during the following Plan Year for expenses incurred in that Plan Year. Unused amounts are those remaining after expenses have been reimbursed during the runout period. Amounts in excess of \$610 will be forfeited.

## Dependent Care Account

The Dependent Care account allows you to set aside tax-free dollars to pay for qualified dependent care expenses, such as daycare, that you would normally pay with after-tax dollars. Qualified dependents include children under age 13 and/or dependents who are physically or mentally unable to care for themselves. If your spouse is unemployed or doing volunteer work, you cannot set up a dependent care account. You must meet the following criteria in order to set up this account:

- You and your spouse both work; OR
- You are the single head of household; OR
- Your spouse is disabled or a full-time student.

The IRS allows you to contribute the following amounts (each calendar year), depending on family status:

- If you are single, the lesser of your earned income or \$5,000
- If you are married, you can contribute the lesser of
  - Your (or your spouse's) earned income
  - \$5,000 if filing jointly or \$2,500 if filing separately

## Reimbursements

To claim reimbursements, fill out a claim form and attach any supporting information. For health care this will include receipts of the amount you paid and the date(s) on which you or a dependent received services. For dependent care this may include any contracts, letters, or receipts. You may send this information to Rocky Mountain Reserve via email, fax, or standard mail.

Email:  
[claims@r mrbenefits.com](mailto:claims@r mrbenefits.com)  
Fax: 866-557-0109  
Mailing Address:  
PO Box 631458,  
Littleton, CO 80163  
Website:  
[rockymountainreserve.com](http://rockymountainreserve.com)

### Plan Year

January 1, 2024 through December 31, 2024

### Once Enrolled, You May Not Change Your Election

You cannot change your annual election after the beginning of the plan year. However, there are certain limited situations when you can change your elections if you have a qualified change in status.

### Flexible Spending Account – Eligible Expenses

Your Health Care Reimbursement Flexible Spending Account lets you pay for medical care expenses not covered by your insurance plan with pre-tax dollars. The expenses must be primarily to alleviate a physical or mental defect or illness and be adequately substantiated by a medical practitioner. The products and services listed on the next page are examples of medical expenses eligible for payment under your FSA, to the extent that such services are not paid by your medical and/or dental insurance plan.

# Flexible Spending Account Eligible Expenses

## Eligible Expenses

These are only examples, and this list is not all-inclusive – it only provides some of the more common expenses. Additional information is available in IRS Publication 502.

### Common Eligible Medical Expenses:

- Eyeglasses, eye exams, sunglasses
- (prescription)
- Over-the-counter drugs
- Menstrual care products
- Eye surgery
- Fertility enhancement
- HMO expenses
- Hearing aids, batteries, and exams
- Hospital services
- Immunizations, vaccines, flu shots
- Laboratory fees
- LASIK eye surgery
- Medicines (prescribed)
- Obstetric services
- Optometrist
- Orthodontia
- Prescription drugs
- Psychiatric care
- Psychologist
- Speech therapy
- Stop smoking programs
- Surgery/operations
- Therapy
- Vasectomy
- Wheelchair
- X-rays



### Health Care Reform & Over-the-Counter Items:

Over-the-Counter Medicine and Drugs do not require a prescription to be eligible for reimbursement under the plan.



- Allergy medications
- Antacids
- Anti-diarrhea medicine
- Bug-bite medication
- Cold medicine
- Cough drops and throat lozenges
- Diaper rash ointments
- Hemorrhoid medication
- Incontinence supplies
- Laxatives
- Muscle/joint pain products/rubs
- Nicotine medications, gum, patch-es
- Pain relievers
- Sinus medications, nasal sprays, nasal strips
- Sleep aids
- Wart removal medication
- Band-aids/bandages
- Cold/hot packs for injuries
- Condoms
- Contact lens solutions
- Diabetic supplies
- First aid kits
- Medical alert bracelets/necklaces
- Pregnancy test kits
- Thermometers

### Dependent Care Eligible Expenses:

- 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. The care must be necessary for you or your spouse to be gainfully employed or to go to school. Care may be provided by anyone other than your spouse or your children under the age of 19. Expenses for schooling, kindergarten, over-night care, and nursing homes are not reimbursable. See IRS Publication 503.
- The maximum you can elect, in a calendar year, is equal to the smallest of the following:
- \$5,000 – Married and filing federal taxes jointly or a single parent
- \$2,500 – Married and filing separate federal tax return
- The amount contributed year-to-date, is available for reimbursement.



### Dual Purpose Expenses That Potentially Qualify:

The expense must be for a specific medical reason and be accompanied by a prescription.

- Vitamins
- Supplements
- Massage therapy
- Herbal supplements
- Natural medicines
- Aromatherapy
- Weight-loss program
- Health club dues



### Ineligible Expenses:

- Cosmetic surgery
- Long term care
- Hair transplant/re-growth
- Maternity clothes
- Nutritional supplements
- Personal use items: such as toiletries, cotton swabs, toothbrush, toothpaste, facial care, shampoo
- Teeth whitening
- Drunk driving classes

# Life Insurance

Mesa County provides eligible employees (at no cost to the employee) Basic Life/AD&D coverage. All regular full-time employees scheduled to work at least 20 hours each week in active employment in the U.S. will be enrolled in the group Life/AD&D plan.

|  |  |   |
|--|--|---|
| <b>Life Insurance Amount</b>   | <b>\$20,000</b>  |   |
| <b>Reduction Schedule</b>  | Benefits are reduced to 65% at age 65; to 40% of the original amount at age 70, and to 25% of the original amount at age 75.   |   |
| <b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>   | <u>Loss:</u>   | <u>Amount of Additional Benefit Paid:</u> |
| <b>Loss must occur while insured and within 365 days after the accident is sustained</b><br><br><b>The total benefit paid for all losses due to the same accident will not be more than 100%</b> | Life   | 100%                                      |
|  | One Limb   | 50%                                       |
|  | Speech & Hearing   | 100%                                      |
|  | Speech or Hearing  | 50%                                       |
|  | Thumb & Index Finger of Same Hand  | 25%                                       |
|  | Quadriplegia   | 100%                                      |
|  | Paraplegia   | 75%                                       |
|  | Hemiplegia   | 50%                                       |
|  | Sight of One Eye   | 50%                                       |
| <b>Accelerated Benefit</b>   | If you are certified as terminally ill with a life expectancy of 12 months or less, you may elect to receive a portion of your life insurance benefit up to 75% in advance. Upon death, your beneficiary will receive the balance of your benefit. |   |
| <b>Additional Benefits</b>   | Safe Driver Benefit (seatbelt & airbag)<br>Dependent Education Benefit<br>Child Care Benefit<br>Disappearance & Exposure<br>Child Education<br>Repatriation<br>Portability   |   |
| <b>Basic Employee-Paid Voluntary Dependent Life:</b>   | \$5,000 Spouse (no age reduction)<br>Child(ren) 14 days to 6 months - \$1,000 / Age 19 or 26 if a full-time student - \$2,500  |   |

# Employer Paid Life/AD&D Insurance Continued... Insured By Unum

|   |  |
|---|--|
| <p><b>Life Planning Financial &amp; Legal Resources</b></p> | <p><b>Personalized financial counseling provides expert, objective financial counseling to survivors and terminally ill employees at no cost. The financial consultants are master level consultants that will not offer to sell any product or service. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security.</b></p>  |
| <p><b>Waiver of Premium</b></p>                             | <p>If you become totally disabled for 6 months while insured, your life insurance will continue without payment to age 70 if the disability began prior to age 65. If total disability ends, you may exercise the conversion privilege.</p>  |
| <p><b>Conversion</b></p>                                    | <p>If your insurance terminates because you are no longer employed full-time, your insurance may be converted to an individual life insurance policy if you apply and include payment of the first premium within 31 days of termination. Conversion does not require proof of medical insurability.</p>   |
| <p><b>Travel Assistance Benefits</b></p>                    | <p>To complement your Group Life Insurance coverage, you and your immediate family have access to Emergency Travel Assistance administered by Assist America. Emergency Travel Assistance offers you and your dependents worldwide medical, travel, concierge and legal and financial assistance services, 24 hours a day, 365 days a year.</p> <p>If you have a medical emergency while you are more than 100 miles away from home, you don't have to face it alone. With one phone call you can be connected to Assist America's staff of medically trained, multilingual professionals who can advise you in a medical emergency, 24x7. No matter where you are in the world, they will help you access or receive:</p> <p>Pre-qualified, English-speaking professionals working in hospitals, pharmacies, and dental offices; Medical consultation, evaluation and referral; Hospital admission, critical care monitoring, emergency medical evacuation, transportation to return home or to a rehabilitation facility, lost prescription assistance, legal and interpreter services, and more.</p> <p>Assist America pays for 100% of the services it arranges for and provides.</p> <p>Your spouse and dependent children up to age 19 are also covered.</p> |



# Voluntary Life And AD&D Insurance

| <p><b>Coverage Amounts (Term Life and AD&amp;D)</b></p>   | <p><b>Employee:</b> Up to 5 times earnings in increments of \$10,000. Not to exceed \$400,000.</p> <p><b>Spouse:</b> Up to 100% of employee amount or \$200,000, in increments of \$5,000.</p> <p><b>Children:</b> \$10,000 of coverage if eligible. <i>Maximum death benefit for a child between the ages of live birth and 6 months is \$1,000.</i></p>   |              |                                |      |      |            |      |           |      |                    |      |                             |      |                             |      |                  |      |
|---|---|--------------|--------------------------------|------|------|------------|------|-----------|------|--------------------|------|-----------------------------|------|-----------------------------|------|------------------|------|
| <p><b>Reduction Schedule</b></p>  | <p>Benefits are reduced to 65% at age 70, and to 50% of the original amount at age 75</p>   |              |                                |      |      |            |      |           |      |                    |      |                             |      |                             |      |                  |      |
| <p><b>Guarantee Issue</b></p>   | <p>\$200,000 for yourself and any amount of coverage up to \$30,000 for your spouse. Any Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.</p>  |              |                                |      |      |            |      |           |      |                    |      |                             |      |                             |      |                  |      |
| <p><b>Accidental Death &amp; Dismemberment (AD&amp;D)</b></p> <p><i>The total benefit paid for all losses due to the same accident will not be more than 100%</i></p> | <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Loss:</u></th> <th style="text-align: left;"><u>Amount of Benefit Paid:</u></th> </tr> </thead> <tbody> <tr> <td>Life</td> <td>100%</td> </tr> <tr> <td>Both Hands</td> <td>100%</td> </tr> <tr> <td>Both Feet</td> <td>100%</td> </tr> <tr> <td>Sight of Both Eyes</td> <td>100%</td> </tr> <tr> <td>One Hand &amp; Sight of One Eye</td> <td>100%</td> </tr> <tr> <td>One Foot &amp; Sight of One Eye</td> <td>100%</td> </tr> <tr> <td>Speech &amp; Hearing</td> <td>100%</td> </tr> </tbody> </table> <p><i>Other losses may be covered.</i></p> | <u>Loss:</u> | <u>Amount of Benefit Paid:</u> | Life | 100% | Both Hands | 100% | Both Feet | 100% | Sight of Both Eyes | 100% | One Hand & Sight of One Eye | 100% | One Foot & Sight of One Eye | 100% | Speech & Hearing | 100% |
| <u>Loss:</u>  | <u>Amount of Benefit Paid:</u>  |              |                                |      |      |            |      |           |      |                    |      |                             |      |                             |      |                  |      |
| Life  | 100%  |              |                                |      |      |            |      |           |      |                    |      |                             |      |                             |      |                  |      |
| Both Hands  | 100%  |              |                                |      |      |            |      |           |      |                    |      |                             |      |                             |      |                  |      |
| Both Feet   | 100%  |              |                                |      |      |            |      |           |      |                    |      |                             |      |                             |      |                  |      |
| Sight of Both Eyes  | 100%  |              |                                |      |      |            |      |           |      |                    |      |                             |      |                             |      |                  |      |
| One Hand & Sight of One Eye   | 100%  |              |                                |      |      |            |      |           |      |                    |      |                             |      |                             |      |                  |      |
| One Foot & Sight of One Eye   | 100%  |              |                                |      |      |            |      |           |      |                    |      |                             |      |                             |      |                  |      |
| Speech & Hearing  | 100%  |              |                                |      |      |            |      |           |      |                    |      |                             |      |                             |      |                  |      |
| <p><b>Additional AD&amp;D Benefits</b></p>  | <p><b>Education Benefit:</b> If you or your insured spouse die within 365 days of an accident, an additional benefit is paid to your dependent child(ren). Your child(ren) must be a full-time student beyond grade 12.</p> <p><b>Seat Belt/Air Bag Benefit:</b> If you or your insured dependent(s) die in a car accident and are wearing a properly fastened seat belt and/or are in a seat with an air bag, an amount will be paid in addition to the AD&amp;D benefit.</p>  |              |                                |      |      |            |      |           |      |                    |      |                             |      |                             |      |                  |      |

# Voluntary Life And AD&D Insurance Continued... Insured By Unum

Each year you will be given the opportunity to change your Life and AD&D coverage, and may purchase additional life insurance up to the guarantee issue amounts without evidence of insurability as long as you are already enrolled in the plan (even at a minimum of \$10,000).

If you waived coverage when you were first eligible and want to apply at a later date, all amounts are subject to evidence of insurability – there is no guarantee issue available.

|   |  |
|---|--|
| <p><b>Accelerated Benefit</b></p>                           | <p>If you become terminally ill and are not expected to live beyond a certain time period as stated in your certificate booklet, you may request up to 75% of your life insurance amount up to \$250,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies).</p> |
| <p><b>Life Planning Financial &amp; Legal Resources</b></p> | <p>Personalized financial counseling provides expert, objective financial counseling to survivors and terminally ill employees at no cost. The financial consultants are master level consultants that will not offer to sell any product or service. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security.</p>   |
| <p><b>Waiver of Premium</b></p>                             | <p>If you become disabled (as defined by your plan) and are no longer able to work, your premium payments may be waived during the period of disability.</p>   |
| <p><b>Portability/Conversion</b></p>                        | <p>If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage. You may also have the option to convert your Term life coverage to an individual life insurance policy.</p>                          |
| <p><b>Suicide Exclusion</b></p>                             | <p>Life benefits will not be paid for deaths caused by suicide in the first twenty-four months after your effective date of coverage.</p>  |

# Long-term Disability Insurance

|   |   |
|---|---|
| <b>Monthly Benefit</b>                              | 60% of monthly earnings to a maximum benefit of \$6,000, reduced by other income  |
| <b>Elimination Period</b>                           | Benefits will begin after 180 days of disability  |
| <b>Benefit Duration</b>                             | Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability up to the Social Security Normal Retirement Age. If your disability occurs on or after age 62, benefits would be paid for a reduced period of time.  |
| <b>Disability Definition</b>                        | <p>You are disabled when Unum determines that:</p> <ul style="list-style-type: none"> <li>• you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and</li> <li>• you have a 20% or more loss in weekly earnings due to the same sickness or injury.</li> </ul> <p>After benefits have been paid for 24 months, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.</p> <p>You must be under the regular care of a physician in order to be considered disabled.</p>  |
| <b>Gainful Occupation</b>                           | <p>Gainful occupation means an occupation that is or can be expected to provide you with an income within 12 months of your return to work that exceeds:</p> <ul style="list-style-type: none"> <li>• 80% of your indexed monthly earnings, if you are working</li> <li>• 60% of your indexed monthly earnings, if you are not working</li> </ul>   |
| <b>Pre-Existing Conditions</b>                      | If you received treatment 3 months prior to your effective date under this plan and are disabled from that condition within the first 12 months, that disability will be excluded.  |
| <b>Rehabilitation and Return to Work Assistance</b> | <p>Unum has a vocational Rehabilitation and Return to Work Assistance program available to assist you in returning to work. We will make the final determination of your eligibility for participation in the program and will provide you with a written Rehabilitation and Return to Work Assistance plan developed specifically for you. This program may include, but is not limited to the following benefits:</p> <ul style="list-style-type: none"> <li>• coordination with your Employer to assist your return to work;</li> <li>• adaptive equipment or job accommodations to allow you to work;</li> <li>• vocational evaluation to determine how your disability may impact your employment options;</li> <li>• job placement services;</li> <li>• resume preparation;</li> <li>• job seeking skills training; or</li> <li>• education and retraining expenses for a new occupation.</li> </ul> <p>If you are participating in a Rehabilitation and Return to Work Assistance program, we will also pay an additional disability benefit of 10% of your gross disability payment to a maximum of \$1,000 per month. In addition, we will make monthly payments to you for 3 months following the date your disability ends, if we determine you are no longer disabled while:</p> <ul style="list-style-type: none"> <li>• you are participating in a Rehabilitation and Return to Work Assistance program; and</li> <li>• you are not able to find employment.</li> </ul> |
| <b>Survivor Benefit</b>                             | If you die after receiving benefits for 180 or more consecutive days, your eligible survivors will receive a lump sum benefit equal to three months of your gross disability payment.   |

# Additional Voluntary Benefits

## Aflac Group Accident Insurance

Introducing added protection for life's unexpected moments. If you're like most people, you don't budget for life's unexpected moments. But at some point, you may make an unexpected trip to your local emergency room. And that could add a set of unexpected bills into the mix. That's the benefit of the Aflac group Accident Advantage Plus plan.

In the event of a covered accident, the plan pays cash benefits fast to help with the costs associated with out-of-pocket expenses and bills—expenses major medical may not take care of, including:

- Ambulance rides.
- Wheelchairs, crutches, and other medical appliances.
- Emergency room visits.
- Surgery and anesthesia.
- Bandages, stitches, and casts.

## Aflac Group Critical Illness Insurance

You can win the battle against a critical illness, but can you handle the added costs? A group critical illness plan helps prepare you for the added costs of battling a specific critical illness. The good news is that many people with a critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up. Your recovery doesn't have to be spoiled by medical bills. With this plan, our goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness.

## Aflac Hospital Indemnity Insurance

The average cost of a hospital stay is \$10,000—and the average length of a stay is 4.8 days. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

## Legal Shield Legal Plan

Imagine having access to top-rated legal professionals, without worrying about high hourly costs.

- Protect your family
- Save money and time
- Enjoy peace of mind... for pennies a day!

Preventive Law – Unlimited phone calls, letters and phone calls on your behalf, legal contract and document review, will preparation and annual updates, access to legal forms.

Trial Defense – Defense of civil actions, pre-trial and trial assistance, coverage increases each year for the first 5 years.

Family services, motor vehicle, IRS audit services, 25% member discount for services not covered on this plan.

# Additional Voluntary Benefits (Continued)

## **LifeLock Identity Theft Protection Plan**

Secure your privacy with complete detective and restorative identity protection around the clock. We watch over your personal and financial information on public and private databases, social media and the Internet. We also share proactive measures and educational tools so you can take steps to protect yourself. Our fraud specialists are a phone call away—24 hours a day, seven days a week—to help you every step of the way.

This benefit summary was provided by Mesa County and Novo Benefits and is not responsible for any discrepancies.

# Retirement Benefits

## Retirement Plan (Defined Contribution)

- Mesa County has a 401(a) retirement plan through Colorado County Officials and Employees Retirement Association (CCOERA). As a condition of employment at initial hire, an employee is required to contribute 3% of their gross base monthly salary which Mesa County matches at 100%.
- The employee becomes 100% vested after completion of the third year of service. Should an employee leave employment prior to completion of the third year of service, the match made by Mesa County is forfeited.

## Retirement Plan (Deferred Compensation)

- The 457 plan is available at any time to employees as an additional option for retirement savings. Pre-tax contributions and after tax contributions (Roth IRA) are available as investment options.

*This benefit summary is provided by Mesa County. Novo Benefits is not responsible for any discrepancies between this document and the contracts that govern each of your benefits .*

# IMPORTANT NOTICES

## Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage, or if the employer stops contributing towards your or your dependents' other coverage. However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). To be eligible for these Special Enrollment rights you must have completed a waiver when you were first eligible stating that you were declining because of other group health insurance 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. In the case of marriage, eligible individuals must submit their enrollment forms prior to the Effective Dates of coverage in order for salary reductions to have preferred tax treatment from the date coverage begins.

## Women's Health & Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, benefits under this Plan are provided for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following Covered Charges, as you determine appropriate with your attending Physician: 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; and Prostheses and treatment of physical complications of the mastectomy, including lymphedema. The amount you must pay for such Covered Charge (including Copayments and any Deductible) are the same as are required for any other Covered Charge. Limitations on benefits are the same as for any other Covered Charge.

# NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Mesa County Government and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- (1) your past, present, or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact Human Resources at 970-244-1856.

## Effective Date

This Notice is effective September 23, 2013.

## Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by internal company email.

## How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

**For Payment.** We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For Health Care Operations.** We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

**Treatment Alternatives or Health-Related Benefits and Services.** We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.



To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

#### Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official-

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

#### Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

#### Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to Human Resources. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to Human Resources.

**Right to Amend.** If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to Brenda Moore at 544 Rood Avenue, Grand Junction, CO 81502. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
  - was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - is not part of the information that you would be permitted to inspect and copy; or
  - is already accurate and complete.
- If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Human Resources. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request to Human Resources at 970-244-1856. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request to Human Resources at 970-244-1856. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to Be Notified of a Breach.** You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact Human Resources at 970-244-1856.

**Complaints.** If you believe that your privacy rights under this Notice have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact Human Resources at 970-244-1856 or 544 Rood Avenue, Grand Junction, CO 81502. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

You may also file a written complaint directly with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F, Hubert H. Humphrey Building, Washington, D.C. 20201, or the appropriate Regional Office of the Office for Civil Rights. You may also call them at 1-877-696-6775; or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 9-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employmentbased health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources at 970-244-1856

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|   |             |   |  |
|---|-------------|---|--|
| 3. Employer name Mesa County Government   |             | 4. Employer Identification Number (EIN)<br>84-6000783 |  |
| 5. Employer address 544 Rood Avenue   |             | 6. Employer phone number<br>970-244-1695              |  |
| 7. City Grand Junction  | 8. State CO | 9. ZIP code 81502                                     |  |
| 10. Who can we contact about employee health coverage at this job? Brenda Moore |             |   |  |
| 11. Phone number (if different from above)                                      |             | 12. Email address Brenda.Moore@mesacounty.us          |  |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

A full-time employee working 30 or more hours per week; a part-time employee working 20 or more hours per week; a temporary, non-seasonal employee working at least 30 yours per week; an individual elected to the office of the 21<sup>st</sup> Judicial District Attorney; or an individual who is a 21st Judicial Attorney elected official.

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Legal Spouse; Common-Law Spouse; Partner to a civil union as recognized by law; dependent child under age 26; unmarried dependent child over the age of 26 if disabled and dependent upon parent Subscriber.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

## 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](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –**

|  |   |
|--|---|
| <b>ALABAMA – Medicaid</b>  | <b>ALASKA – Medicaid</b>  |
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447  | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> |
| <b>ARKANSAS – Medicaid</b>   | <b>CALIFORNIA – Medicaid</b>  |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)   | Health Insurance Premium Payment (HIPP) Program<br>Website:<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>   |
| <b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>  | <b>FLORIDA – Medicaid</b>   |
| Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br><a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br>HIBI Customer Service: 1-855-692-6442 | Website:<br><a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268  |

|  |   |
|--|---|
| <p align="center"><b>GEORGIA – Medicaid</b></p> <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/> Phone: 678-564-1162, Press 1<br/> GA CHIPRA Website:<br/> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/> Phone: 678-564-1162, Press 2</p>                                       | <p align="center"><b>INDIANA – Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64<br/> Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br/> Phone: 1-877-438-4479<br/> All other Medicaid<br/> Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/> Phone: 1-800-457-4584</p> |
| <p align="center"><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:<br/> <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br/> Medicaid Phone: 1-800-338-8366<br/> Hawki Website:<br/> <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br/> Hawki Phone: 1-800-257-8563<br/> HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a><br/> HIPP Phone: 1-888-346-9562</p>   | <p align="center"><b>KANSAS – Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/> Phone: 1-800-792-4884<br/> HIPP Phone: 1-800-967-4660</p>   |
| <p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/> Phone: 1-855-459-6328<br/> Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a><br/> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br/> Phone: 1-877-524-4718<br/> Kentucky Medicaid Website:<br/> <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p> | <p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/> Phone: 1-888-342-6207 (Medicaid hotline) or<br/> 1-855-618-5488 (LaHIPP)</p>  |
| <p align="center"><b>MAINE – Medicaid</b></p> <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/> Phone: 1-800-442-6003<br/> TTY: Maine relay 711<br/> Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a><br/> Phone: 1-800-977-6740<br/> TTY: Maine relay 711</p>  | <p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/> Phone: 1-800-862-4840<br/> TTY: 711<br/> Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>  |
| <p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website:<br/> <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br/> Phone: 1-800-657-3739</p>  | <p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/> Phone: 573-751-2005</p>  |
| <p align="center"><b>MONTANA – Medicaid</b></p> <p>Website:<br/> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/> Phone: 1-800-694-3084<br/> Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a></p>   | <p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/> Phone: 1-855-632-7633<br/> Lincoln: 402-473-7000<br/> Omaha: 402-595-1178</p>   |

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| <b>NEVADA – Medicaid</b>   | <b>NEW HAMPSHIRE – Medicaid</b>  |
| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900  | Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 5218  |
| <b>NEW JERSEY – Medicaid and CHIP</b>  | <b>NEW YORK – Medicaid</b>   |
| Medicaid Website:<br><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Medicaid Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710  | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831  |
| <b>NORTH CAROLINA – Medicaid</b>   | <b>NORTH DAKOTA – Medicaid</b>   |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100  | Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br>Phone: 1-844-854-4825  |
| <b>OKLAHOMA – Medicaid and CHIP</b>  | <b>OREGON – Medicaid</b>   |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742  | Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br>Phone: 1-800-699-9075  |
| <b>PENNSYLVANIA – Medicaid and CHIP</b>  | <b>RHODE ISLAND – Medicaid and CHIP</b>  |
| Website:<br><a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a><br>Phone: 1-800-692-7462<br>CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/CHIP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a><br>CHIP Phone: 1-800-986-KIDS (5437) | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line)   |
| <b>SOUTH CAROLINA – Medicaid</b>   | <b>SOUTH DAKOTA - Medicaid</b>   |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820  | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059  |
| <b>TEXAS – Medicaid</b>  | <b>UTAH – Medicaid and CHIP</b>  |
| Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br>Phone: 1-800-440-0493   | Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>Phone: 1-877-543-7669  |
| <b>VERMONT– Medicaid</b>   | <b>VIRGINIA – Medicaid and CHIP</b>  |
| Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br>Phone: 1-800-250-8427   | Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br>Medicaid/CHIP Phone: 1-800-432-5924 |
| <b>WASHINGTON – Medicaid</b>   | <b>WEST VIRGINIA – Medicaid and CHIP</b>   |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022  | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)   |



| WISCONSIN – Medicaid and CHIP  | WYOMING – Medicaid   |
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| Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002 | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

# MEDICARE PART D NOTICE

## Important Notice from Mesa County Government About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Mesa County Government 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. If neither you nor any of your dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede 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. Magellan Rx has determined that the prescription drug coverage offered by the Mesa County Government Employee Benefit Plan is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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### When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current coverage, you and your dependents will be able to get this coverage back at the next annual open enrollment period.

### 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 Mesa County Government and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Mesa County Government 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](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: October 15, 2023

Mesa County Government

Brenda Moore

544 Rood Avenue, Grand Junction, CO 81502

970-244-1856



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