

JANUARY 1—DECEMBER 31, 2022

2022 BENEFITS GUIDE



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children, where applicable by state law
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following one month after your date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2022

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the

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Medical : Anthem BCBS

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Anthem Mountain Enhanced HMO

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care. Please note that any hospital-based care on this plan will utilize Community Hospital in Grand Junction.

Anthem Pathway Gold EPO with HSA

The High-Deductible Health Plans (HDHP) use Anthem's Pathway EPO network:

- Services provided outside of the network will not be covered.
- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. *NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.*
- Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. *NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.*

The HSA

The HDHP comes with a type of savings account called a health savings account, or HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- Your contributions may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2022
Employee Only	\$3,650
Family (employee + 1 or more)	\$7,300
Catch-up (age 55+)	\$1,000

- You can withdraw HSA funds tax-free to pay for current qualified health care expenses, or save them for the future, also tax-free. Unused funds roll over from year to year and

are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.
- For a complete list of qualified health care expenses, refer to IRS Publication 502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Anthem PPO

This plan uses Anthem's traditional PPO network. The plan pays the full cost of qualified in-network preventive health care services.

- You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. You may also have to pay a fixed dollar amount (copay) for certain services.
- Once you meet the deductible, you pay a percentage of certain health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible, copays and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.

Medical: Anthem BCBS(Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Plan 1 Gold Mountain Enhanced HMO 1500/20%/6000 (67FG)	Plan 2 Silver Pathway EPO 4500/0%/4500 w/ HSA (67H7)	Plan 3 Gold Pathway EPO 2500/0%/2500 w/ HSA (67HS)	Plan 4 Gold PPO 1000/20%/7500 (67G2)
	Mountain Enhanced HMO In-Network Only	Pathway EPO In-Network Only	Pathway EPO In-Network Only	Anthem PPO In-Network Benefits ¹
Deductible (per calendar year)				
Individual / Family	\$1,500 / \$3,000	\$4,500 / \$9,000	\$2,500 / \$5,000 (aggregate) ²	\$1,000 / \$3,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$6,000 / \$12,000	\$4,500 / \$9,000	\$2,500 / \$5,000 (aggregate) ³	\$7,500 / \$15,000
Covered Services				
Office Visits (physician/specialist)	\$40 / \$80 copay	0%*	0%*	\$25 / \$50 copay
Virtual Visits from LiveHealth (physician/Specialist)	No charge / \$80 copay	0%*	0%*	No charge / \$50 copay
Routine Preventive Care	No charge	No charge	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	20%*	0%*	0%*	20%*
Complex Imaging	\$250 copay, then 20%*	0%*	0%*	20%*
Chiropractic	\$30 copay	0%*	0%*	\$25 copay
Ambulance	20%*	0%*	0%*	20%*
Emergency Room	\$300 copay, then 20%*	0%*	0%*	\$300 copay
Urgent Care Facility	\$80 copay	0%*	0%*	\$50 copay
Inpatient Hospital Stay	\$500 copay, then 20%*	0%*	0%*	20%*
Outpatient Surgery	\$500 copay, then 20%*	0%*	0%*	20%*
Prescription Drugs (Tier 1a/1b/2/3/4)				
Retail Pharmacy (30-day supply)	\$0 / \$10 / \$60 / \$125 / \$500	0%*	0%*	\$0 / \$10 / \$60 / \$125 / \$500
Mail Order (90-day supply)	\$0 / \$25 / \$180 / \$375 / \$500	0%*	0%*	\$0 / \$25 / \$180 / \$375 / \$500
Out of Network Coverage¹				
Deductible (individual/family)	Not Covered	Not Covered	Not Covered	\$3,000 / \$6,000
Coinsurance	Not Covered	Not Covered	Not Covered	50%
Out of Pocket Maximum	Not Covered	Not Covered	Not Covered	\$22,500 / \$45,000

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for a separate Out of Network deductible and out of pocket maximum. Please refer to the Summary of Benefits and Coverage for Out of Network benefits. You may be responsible for any charges above the maximum allowed amount.
2. If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
3. If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay eligible covered services at 100% for any individual.

Dental

We are proud to offer you a dental plan.

Delta Dental DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental PPO or network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental DPPO		
	PPO Network ¹	Premier Network ²	Out-of-Network ³
Deductible (per calendar year, Waived for Preventive Services)			
Individual / Family		\$50 / \$150	
Benefit Maximum (per calendar year; Basic and Major Services combined)			
Per Individual		\$1,500	
Covered Services			
Preventive Services	No charge	0%	0%
Basic Services	20%*	20%*	20%*
Major Services	50%*	50%*	50%*
Orthodontia (Child only)	Not Covered	Not Covered	Not Covered

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. Payment is based on the PPO provider's allowable fee, or the actual fee charged, whichever is less.
2. Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.
3. 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 provider (balance-billing). You will receive the best benefit by choosing a PPO provider.



Vision

We are proud to offer you a vision plan.

The **Vision Service Provider (VSP)** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Vision Service Provider (VSP)** network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$25	N/A
Lenses (once every 12 months)		
Single Vision		Up to \$30
Bifocal	No charge after materials copay	Up to \$50
Trifocal		Up to \$65
Frames (once every 24 months)	Covered up to \$130	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$105

Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Rocky Mountain Reserve.

FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2022, you may contribute up to \$2,750 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2022, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: You can incur expenses through March 31, 2023. Unused funds will NOT be returned to you or carried over to the following year.

Dependent care FSA: You can incur expenses until December 31, 2022. Unused funds will NOT be returned to you or carried over to the following year.

Life and AD&D

Life/AD&D Insurance

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Lincoln Financial Group.

Benefit Amount	\$50,000
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Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue*
Employee	\$10,000 increments; minimum of \$10,000 up to 5x annual salary or \$500,000	\$100,000
Spouse/RDP	\$5,000 increments; minimum of \$5,000 up to \$250,000 (not to exceed 2.5 times the employee's annual salary or 50% of the employee's benefit amount.)	\$10,000
Child(ren)	14 days—6 months: \$250 6 months - age 19 or age 23 if unmarried and full-time student: \$10,000	\$10,000

*During the initial eligibility period (1st time offer of coverage), you can receive coverage up to the Guaranteed Issue (GI) amounts without having to provide Evidence of Insurability (EOI), or information about your health. Going forward, any increase of more than two increments will be subject to EOI.

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability

Provided at NO COST to you through Lincoln Financial Group

Benefit Percentage	60%
Weekly Benefit Maximum	\$2,500
When Benefits Begin	Accident: 1st day Illness: 8th day
Maximum Benefit Duration	13 weeks

Long-Term Disability

Provided at NO COST to you through Lincoln Financial Group

Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Triad EAP.

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to three in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources
- Legal Assist—you can receive a 30-minute consultation with an attorney per issue.
- Financial Assist—Certified Consumer Credit Counselors provide comprehensive financial support through debt management services
- Integrated ID Recovery— This benefit provides a 30-minute consultation with an identity recovery professional who will work with you to in the event of identity theft to create an action plan and provide the tools to implement that plan effectively.

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance: AFLAC

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Critical Illness: AFLAC

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000¹? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Identity Theft: LifeLock

In today's world of online shopping, using public Wi-Fi and giving out Social Security Numbers as a form of ID, our personal information can be exposed. Unfortunately, free credit monitoring simply alerts you to credit score changes. LifeLock not only has proprietary technology to detect a variety of identity threats if you have an ID problem, but it can offer you a team of specialists to help a breach. It pays to have the comprehensive protection of LifeLock.

- LifeLock Benefit Premier includes searching over a trillion data points every day for potential threats to your identity and to financial assets—including your 401(k) and investment accounts. The LifeLock program also includes scanning for misuse of your Social Security Number, change of address and court records and use of your identity to commit crimes.
- The employee benefit from NortonLifeLock now includes Norton Secure VPA. When activated, virtual private network helps secure private information like passwords, bank details and credit card numbers when using public Wi-Fi. Bank-grade encryption protect personal information, and you can browse anonymously so your online privacy is protected against tracking from online advertisers.

Pet Insurance: Nationwide

Nationwide Pet Insurance is an employee paid benefit that is pet dental/health/life insurance combined into one product at 40% savings.