

2025

Benefit 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, 2025.

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.

Inside

Medical

Dental

Vision

Flexible Spending Accounts (FSAs)

Life and AD&D

Disability

Employee Assistance Program (EAP)

Cost of Benefits

Contact information

.....

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 IRS and will remain confidential.

.....

Medical : Cigna

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. Cigna's LocalPlus In-Network and Open Access Plus plans help deliver a cost effective solution designed to be flexible and help you control health care costs—without sacrificing the quality and convenience you expect.

If you live or work in a LocalPlus Service Area, you are required to access Cigna's LocalPlus Network. If you live or work outside of a LocalPlus Service Area, you may access Cigna's Open Access Plus Network.

Following is a brief description of each plan.

Cigna LocalPlus

This plan utilizes the LocalPlus network which provides only in-network coverage. To utilize your benefits and reduce your out-of-network exposure you must choose to seek services with providers who participate in the CIGNA LocalPlus network.

Please note that any hospital-based care on this plan will utilize St. Mary's Hospital in Grand Junction.

Cigna Open Access Plus In-Network Only with HSA

This plan utilizes the Open Access Plus network which provides only in-network coverage. To utilize your benefits and reduce your out-of-network exposure you must choose to seek services with providers who participate in the CIGNA Open Access Plus network.

This plan is considered a High Deductible Health Plan (HDHP) that has no co-pays. All covered services go towards the deductible including office visits and prescription (Rx) drugs. Office visits and Rx drugs will be charged at the carrier negotiated discounted retail price with paid amounts going towards the deductible. Because this plan is considered a HDHP members have the opportunity to setup a Health Savings Account (HSA). The HSA allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. Under the HSA plans, CIGNA pays 100% and you would pay 0%.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100% of all eligible covered services for the rest of the plan year. Health Savings Account (HSA): You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses.

- 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.

Important: Your contributions may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (employee + 1 or more)	\$8,550
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply.

² You must be enrolled in a qualified health plan to contribute to an HSA.

Cigna Open Access Plus

This plan uses Cigna's traditional Open Access Plus 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: Cigna(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 LocalPlus In-Network Only \$3,000 EPO	Plan 2 Open Access Plus Montrose In-Network Only \$3,000 EPO	Plan 3 Open Access Plus In-Network Only \$6,000 HSA	Plan 4 Open Access Plus In-Network Only \$4,000 HSA
	LocalPlus In-Network Only	OAP Montrose In-Network Only	Open Access Plus In-Network Only	Open Access Plus In-Network Only
Deductible (per calendar year)				
Individual / Family	\$3,000 / \$6,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,000 / \$8,000 (aggregate) ²
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$9,200 / \$18,400	\$9,200 / \$18,400	\$8,300 / \$16,600	\$8,300 / \$16,600 (aggregate) ³
Covered Services				
Office Visits (physician/specialist)	\$40 / \$80 copay	\$40 / \$80 copay	0%*	0%*
Virtual Visits from MDLive (physician/specialist)	No charge / \$80 copay	No charge / \$80 copay	0%*	0%*
Routine Preventive Care	No charge	No charge	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	20%*	20%*	0%*	0%*
Complex Imaging	20%*	20%*	0%*	0%*
Chiropractic	\$80 copay	\$80 copay	0%*	0%*
Ambulance	20%*	20%*	0%*	0%*
Emergency Room	\$300 copay, then 20%*	\$300 copay, then 20%*	0%*	0%*
Urgent Care Facility	\$80 copay	\$80 copay	0%*	0%*
Inpatient Hospital Stay	\$500 copay, then 20%*	\$500 copay, then 20%*	0%*	0%*
Outpatient Surgery	\$500 copay, then 20%*	\$500 copay, then 20%*	0%*	0%*
Prescription Drugs (Tier 1/2/3)				
Retail Pharmacy (30-day supply)	\$10 / \$60 / \$125	\$10 / \$60 / \$125	0%*	0%*
Mail Order (90-day supply)	\$25 / \$150 / \$313	\$25 / \$150 / \$313	0%*	0%*
Out of Network Coverage ¹				
Deductible (individual/family)	Not Covered	Not Covered	Not Covered	Not Covered
Coinsurance	Not Covered	Not Covered	Not Covered	Not Covered
Out of Pocket Maximum (individual/family)	Not Covered	Not Covered	Not Covered	Not Covered

Coinurance 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 through Cigna.

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 Cigna Dental PPO Network.

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

Key Dental Benefits	Cigna Dental	
	PPO Network ¹	Out-of-Network ²
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 Exams, Cleanings, X-Rays	No charge	0%
Basic Services Fillings, Oral Surgery, Endo/Perio/Anesthesia	20%*	20%*
Major Services Crowns, Inlays, Onlays, Implants, Dentures, Bridges,	50%	50%
Orthodontia (Child only)	Not Covered	Not Covered

Coinsurance 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 90th percentile of submitted charges. Members are responsible for the difference between the 90th percentile of submitted charges 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	No charge after materials copay	Up to \$30
Bifocal		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 2025, you may contribute up to \$3,300 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 2025, 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, 2026. 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, 2025. 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
-----------------------	----------

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

*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 Mines and Associates.

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 six 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.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Cigna	(866) 494-2111	www.mycigna.com
Dental	Cigna	(866) 494-2111	www.mycigna.com
Vision	Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Flexible Spending Accounts (FSAs) Health Savings Account (HSA)	Rocky Mountain Reserve	(888) 722-1223	www.rockymountainreserve.com
Life/AD&D	Lincoln Financial Group	(877) 275-5462	www.lfg.com
Disability	Lincoln Financial Group	(877) 275-5462	www.lfg.com
Employee Assistance Program (EAP)	Mines and Associates	(800) 873-7138	www.minesandassociates.com Code: Marillac
Accident & Critical Illness	Aflac Group Insurance	(800) 433-3036	www.Aflacgroupinsurance.com
Identity Theft Protection	LifeLock	(800) 607-9174	www.Lifelock.com

Questions?

If you have additional questions, you may also contact:

Kelle Caldwell, HR Generalist
(970) 200-1620
Kelle.Caldwell@marillachealth.org

Escalated Issues:

Kyle Nelson, Senior Account Manager
Employee Benefits, Hub International
(720) 207-2407
kyle.nelson@hubinternational.com

Brandy McGraw, Voluntary Benefits Specialist
Hub International
(720) 793-2651
brandy.mcgraw@hubinternational.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

