

# 2023 BENEFITS GUIDE



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This Benefits Guide is an overview of the benefits provided by Mesa County Valley School District 51. 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 Valley School District 51.

# Benefit Contacts

## PRIMARY POINT OF CONTACT

UMR	UMR Plan Advisor Team Group# 76-412948	(800) 207-3172 <a href="http://www.umar.com">www.umar.com</a>
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## OTHER CONTACTS

Magellan Rx	Prescription Benefit Manager (PBM)	(800) 424-0472 <a href="http://www.magellanrx.com">www.magellanrx.com</a>
Monument Health	Monument Health Provider Network	970-683-5630 or <a href="https://monumenthealth.net">https://monumenthealth.net</a>
UnitedHealthCare Options PPO Network (inside of Colorado)	PPO In-Network	<a href="http://www.umar.com">www.umar.com</a>
PHCS Extended PPO (outside of Colorado)	PPO In-Network	(800) 678-7427 <a href="http://www.multiplan.com">www.multiplan.com</a>
Employee Assistance Program (EAP)	<a href="http://www.triadeap.com">www.triadeap.com</a> Login: d51 PW: eap	(970) 242-9536 (877) 679-1100
Delta Dental	Dental Group #1727	(800) 610-0201 <a href="http://www.deltadentalco.com">www.deltadentalco.com</a>
VSP	Vision Service Plan Group #12064004	(800) 877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
Rocky Mountain Reserve	Flexible Spending Accounts	(888) 722-1223 <a href="http://www.rockymountainreserve.com">www.rockymountainreserve.com</a>
Guardian	Group #00540961 Voluntary Insurance Accident / Hospital Indemnity / Critical Illness Short Term Disability	(888) 600-1600 <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
24/7 Travel Assistance (available for MetLife participants)	All users are required to set up their Unique profile via the registration process for first time access.	(800) 454-3679 Inside the US (312) 935-3783 (Collect) Outside US <a href="http://www.metlife.com/travelassist">www.metlife.com/travelassist</a>
Mesa County Valley School District 51 Human Resources	Lynnette Siedschlaw Benefits Manager	(970) 254-5176 <a href="mailto:Lynnette.Siedschlaw@d51schools.org">Lynnette.Siedschlaw@d51schools.org</a>
Mesa County Valley School District 51 Human Resources	Michelle Wilcox Benefits Specialist	(970) 254-5121 <a href="mailto:michelle.wilcox@d51schools.org">michelle.wilcox@d51schools.org</a>

# Enrollment Guidelines

## Welcome to the 2023 Benefits Guide for Mesa County Valley School District 51!

Mesa County Valley School District is committed to providing an environment that promotes a healthy employee population able to serve our students at the highest level. We offer a comprehensive benefits package that includes health, dental, vision, as well as other programs for our eligible employees. This enrollment guide contains important information regarding these benefits, eligibility, and how to enroll. Please take time to review the information. The information contained is only a guide; the benefit decisions are yours. Full plan summaries and plan documents are available in your OnlinEnroll online enrollment portal Library. Printed documents are available upon request.

### OnlinEnroll

Please follow the steps on the following pages to access our online benefit portal through OnlinEnroll to enroll in or make changes to your existing medical, dental, vision, life insurance, and other voluntary benefits. If you are happy with your current elections, you are NOT required to re-enroll other than for your Flexible Spending Account or Dependent Care Account.

### Eligibility

You are eligible to enroll in the benefits program if you are legally employed, working **20** or more hours per week.

Your legal spouse (and civil union spouse) and your dependent children until the end of the month of their 26<sup>th</sup> birthday, are eligible for District 51 sponsored benefits.

Unmarried disabled children over age 26 may be eligible to continue benefits if approved.

For Dental, Vision, Life, Supplemental Life, and Guardian Voluntary benefits, Actively at Work Provisions apply, including dependent non-confinement.

### Open Enrollment

Open enrollment is once a year and benefit elections will take effect January 1<sup>st</sup>. The elections you make stay in effect the entire plan year, unless a qualifying life event occurs. Qualified life events are:

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

Additional qualifying events under the medical plan:

- Open Enrollment under your Spouses' plan
- Change in work status (part time to full time or full time to part time)

When you have a qualifying event, you have 30 days beginning on the date of the event to complete and return a new enrollment/change form. **This is done through Human Resources** (You have 60 days to complete and return a new enrollment/change form after coverage under Medicaid or Children's Health Insurance Program terminates). **There is no open enrollment for any of the Guardian benefits, except for Voluntary Accident and Hospital Indemnity Benefits. If you did not enroll when first eligible, you must submit Evidence of Insurability.**

### Premium Payment

When you enroll for benefits, your medical, dental and vision premiums will automatically be set up to be paid using pre-tax dollars. If you prefer your premiums to be paid with after-tax dollars you must specifically elect the after-tax option upon being newly hired or during open enrollment. If an option is not given, contact HR.

# 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.

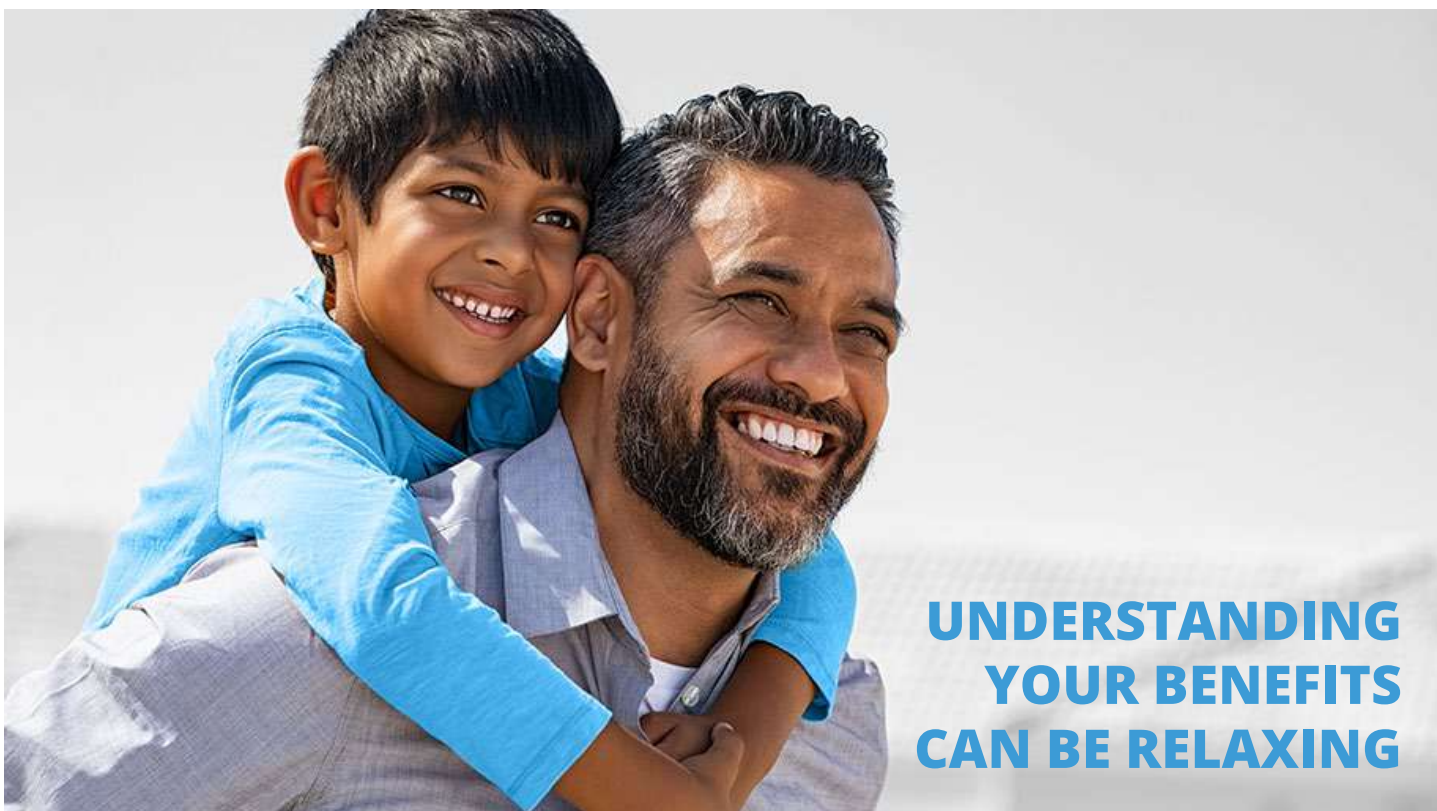
**Coinsurance:** Coinsurance is the percentage of eligible expenses the Plan and the Covered Person are required to pay.

**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. This includes Tier 1 and Tier 2 benefits.

**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. This includes Tier 3 benefits.



# Monthly Medical Premiums

Employee Contributions  
Effective January 1, 2023

Monument Health Plan Options	Monthly Premium	Full Time Employee		Part Time Employee	
		District Share	Full Time Employee Cost	District Share	Part Time Employee Cost
Employee	\$720.27	\$720.27	\$0	\$360.14	\$360.13
Employee + Child(ren)	\$1,191.72	\$834.20	\$357.52	\$417.10	\$774.62
Employee +Spouse	\$1,440.54	\$864.32	\$576.22	\$432.16	\$1,008.38
Family	\$1,872.70	\$936.35	\$936.35	\$468.18	\$1,404.52

## Premium Payment

When you enroll for benefits, your medical, dental and vision premiums will automatically be set up to be paid using pre-tax dollars. If you prefer your premiums to be paid with after-tax dollars you must specifically elect the after-tax option upon being newly hired or during open enrollment. If an option is not given, contact HR.

## Company Couples Benefit

If you and your spouse work for MCVSD51 and are enrolled in the Medical Plan, MCVSD51 will honor a District Share for both of you. Contact HR for more information.

# Medical Benefits

Mesa County Valley School District 51 offers medical benefits through UMR. This medical plan balances affordability with the freedom to go outside of the network. You may choose a participating or non-participating provider. Participating providers have agreed to provide services at a discounted fee. For out-of-network care, deductible, and coinsurance. To find a participating provider, visit [www.umar.com](http://www.umar.com).

Benefit		Tier 1 (Monument Health)	Tier 2 (United Healthcare Options PPO)	Tier 3 (Out-of-Network)
<b>Deductible</b>	Per Person	\$3,000	\$4,500	\$6,000
	Per Family	\$6,000	\$7,500	\$9,000
	Individual "Embedded" Deductible	\$3,000	\$4,500	\$6,000
<b>Out-of-Pocket Max</b>	Per Person	\$4,500	\$7,500	\$10,500
	Per Family	\$9,000	\$12,000	\$15,000
	Individual "Embedded" Deductible	\$4,500	\$7,500	\$10,500
<b>Preventive Care</b>				
<ul style="list-style-type: none"> <li>Annual Physical</li> <li>Well Woman Exam</li> <li>Well Child Check</li> <li>Annual Well Visit</li> </ul>		<p><b>100%</b> (Deductible Waived)</p> <p><b>**\$300 Deductible Credit can be earned**</b></p>	<p><b>40%</b> (Deductible Waived)</p>	
<b>Mammogram (No age restrictions)</b>				
<ul style="list-style-type: none"> <li>Collective Ultrasound</li> <li>Readings</li> </ul>		<p><b>100%</b> (Deductible Waived for Preventive &amp; Diagnostic)</p>	<p><b>40%</b> (After Deductible)</p>	
<b>Colonoscopy (No age restrictions)</b>	1 <sup>st</sup> colonoscopy in a calendar year.	<p><b>100%</b> (Deductible Waived for Preventive &amp; Diagnostic)</p>	<p><b>40%</b> (After Deductible)</p>	
	More than 1 in a calendar year.	<p><b>70%</b> (After Deductible)</p>	<p><b>40%</b> (After Deductible)</p>	
<b>Teladoc Visit</b>		<p><b>\$0 copay</b> (Deductible Waived)</p>		<p><b>N/A</b></p>
<b>Primary Care Physician Office Visit (PCP)</b>		<p><b>\$0 copay</b> (Deductible Waived)</p>	<p><b>\$30 copay</b> (Deductible Waived)</p> <p>\$30 is for 2023 only and will increase to \$50 in 2024</p>	<p><b>40%</b> (After Deductible)</p>
<b>Specialist Office Visit</b>		<p><b>\$50 copay</b> (Deductible Waived)</p>	<p><b>\$100 copay</b> (Deductible Waived)</p>	<p><b>40%</b> (After Deductible)</p>
<b>Counseling Office Visit</b>				
<ul style="list-style-type: none"> <li>Behavioral Health/Mental Health Specialist embedded within primary care office or standalone</li> </ul>		<p><b>\$0 copay</b> (Deductible Waived)</p>	<p><b>\$30 copay</b> (Deductible Waived)</p>	<p><b>40%</b> (After Deductible)</p>
<b>Therapy Services*</b>	Outpatient or Office Visit	<p><b>\$25 copay</b> (Deductible Waived)</p>	<p><b>\$50 copay</b> (Deductible Waived)</p>	<p><b>40%</b> (After Deductible)</p>
	Inpatient	<p><b>70%</b> (After Deductible)</p>	<p><b>50%</b> (After Deductible)</p>	<p><b>40%</b> (After Deductible)</p>
<p><i>*Maximum of 20 visits/year, unless Medically Necessary</i></p>				

**\*\*Each covered employee and each covered spouse who completed their annual routine preventive visit in the current calendar year receives a \$300 deductible credit for the next calendar year deductible.**

*Example: Annual exam done in 2022 will earn \$300 deductible credit towards 2023 deductible\*\**

# Medical Benefits (Continued)

Benefit		Tier 1 (Monument Health)	Tier 2 (United Healthcare Options PPO)	Tier 3 (Out-of-Network)
<b>Chiropractic Services*</b> <i>*Maximum of 20 visits/year, unless Medically Necessary</i>		<b>\$25 copay</b> (Deductible Waived)	<b>\$50 copay</b> (Deductible Waived)	<b>40%</b> (After Deductible)
<b>Labs</b>	Select preventive labs processed in physician office setting.	<b>\$0 copay</b> (Deductible Waived)	<b>\$15 copay</b> (Deductible Waived)	<b>40%</b> (After Deductible)
	All other labs processed in physician office setting.	<b>\$15 copay</b> (Deductible Waived)	<b>\$30 copay</b> (Deductible Waived)	<b>40%</b> (After Deductible)
	Hospital/Facility Setting	<b>Up to \$100 copay per day</b> (Deductible Waived)	<b>50%</b> (After Deductible)	<b>40%</b> (After Deductible)
<b>X. Ray (Imaging)</b> <ul style="list-style-type: none"> <li>• Ultrasounds</li> <li>• Bone Densitometry</li> <li>• Holter Monitors</li> <li>• Other Outpatient Radiology Tests</li> </ul>	Physician Office Processing	<b>\$40 copay</b> (Deductible Waived)	<b>\$80 copay</b> (Deductible Waived)	<b>40%</b> (After Deductible)
	Facility Processing	<b>Up to \$100 copay per day</b> (Deductible Waived)	<b>50%</b> (After Deductible)	<b>40%</b> (After Deductible)
<b>Advanced Imaging</b> <ul style="list-style-type: none"> <li>• MRI</li> <li>• MRA</li> <li>• PET</li> <li>• CT</li> </ul>	St. Mary's Outpatient Imaging Pavilion	<b>\$150 copay</b> (Deductible Waived)	<b>N/A</b>	<b>N/A</b>
	All other outpatient and inpatient hospital/facility setting	<b>70%</b> (After Deductible)	<b>50%</b> (After Deductible)	<b>40%</b> (After Deductible)
<b>Durable Medical Equipment</b> <ul style="list-style-type: none"> <li>• Insulin Pumps</li> <li>• Glucometers</li> <li>• CPAP Machines</li> </ul> <i>Continuous Glucose Monitors (CGM) are covered under the Rx Benefit).</i>		<b>70%</b> (After Deductible)		<b>40%</b> (After Deductible)
<b>Inpatient and Outpatient</b>		<b>70%</b> (After Deductible)	<b>50%</b> (After Deductible)	<b>40%</b> (After Deductible)
<b>Emergency Room Visit</b>  Copay DOES NOT include Advanced Imaging (MRI, MRA, PET, CT)	ER Room Visit	<b>\$500 copay</b> (Deductible Waived)	<b>\$750 copay</b> (Deductible Waived)	<b>\$750 copay</b> (Deductible Waived)
	If admitted to the facility from the ER.	<b>ER copay Waived and the following percentages will apply:</b>		
		<b>70%</b> (After Deductible)	<b>50%</b> (After Deductible)	<b>40%</b> (After Deductible)
<b>Ambulance</b>		<b>70%</b> (After Deductible)		
<b>Urgent Care</b>		<b>\$25 copay</b> (Deductible Waived)	<b>\$50 copay</b> (Deductible Waived)	<b>\$150 copay</b> (Deductible Waived)
<b>Maternity Care &amp; Childbirth</b>	Prenatal care (OB/GYN or Certified Nurse Midwife)	<b>\$0 copay</b> (Deductible Waived)	<b>\$0 copay</b> (Deductible Waived)	<b>40%</b> (After Deductible)
	Delivery at Birth Center <ul style="list-style-type: none"> <li>• Bloomin' Babies</li> </ul>	<b>\$1,500 copay</b> (Deductible Waived)	<b>N/A</b>	<b>N/A</b>
	Delivery at Hospital	<b>70%</b> (After Deductible)	<b>50%</b> (After Deductible)	<b>40%</b> (After Deductible)



# Prescription Benefits

Benefit	In-Network	Out-of-Network
<b>Prescriptions</b> <ul style="list-style-type: none"> <li>• Generic Rx*</li> <li>• Preferred Rx</li> <li>• Non-Preferred and HCG* Rx</li> <li>• Specialty Rx</li> <li>• Mail Order</li> </ul>	\$10 copay \$40 copay \$75 copay 20% Copay to a max of \$200 per fill 90-day supply at 2x retail copay	Not Covered

Mesa County Valley School District 51 has elected to utilize several cost saving programs offered by Magellan Rx. These prescription formulary programs are intended to provide the most clinically effective medications at the lowest cost to our members and to the District's health plan. Following is a description of each Rx formulary program.

Program Name	Program Description
Brand Wise	<u>Excludes</u> certain <i>Minimum Value Brand</i> drugs that bring low clinical value and have many generic alternatives in the class.
Generic Smart	<u>Excludes</u> certain <i>Minimum Value Generic</i> drugs that have very low clinical value and have many low cost alternatives within the class.
High Cost Generics (HCG) *	Places certain <i>High Cost Generics</i> which have many lower cost alternatives within the therapeutic class at a <b>Non-Preferred Rx Copay*</b>
Precision Formulary	<u>Excludes</u> a small number of <i>High Cost Brand and Specialty</i> medications which have lower cost, clinically equivalent alternatives.

**Please Note:** For any medications that are excluded under the new formulary management programs there are multiple alternatives that fall within the lowest cost Copay tier. If you have any questions about what Copay tier applies to your medication, please call Magellan's customer service line at 800-424-0472.

# Plan Guidelines

Monument Health Plan - Network Provider Organizations	
In-Network Inside Colorado	Monument Health Providers 970-683-5630 or <a href="https://monumenthealth.net/provider-directory/">https://monumenthealth.net/provider-directory/</a>
	UnitedHealthCare Options PPO <a href="https://umr.com">https://umr.com</a>
In-Network Outside Colorado	Private Health Care Systems PHCS Healthy Directions Network <a href="https://phcs.com">https://phcs.com</a> 1-855-428-4472

**Contact the UMR Plan Advisors Team** for assistance in determining the appropriate facility or provider for services. Certain types of services may be paid at the in-network Tier 1 benefit level when performed at another Network facility.

In order to receive benefits, you MUST use a PPO Network Provider. Under special circumstances, listed below, payment will be made for services provided by Non-PPO Network Providers. Under the following circumstances, payment will be made for certain Non-PPO Network Services:

- If a Covered Person has a Medical Emergency requiring immediate care (Hospital Emergency Room and Emergency Room Physician).
- If a Covered Person receives Physician or anesthesia services by a Non-PPO Provider at a PPO Network facility.
- If Non-PPO services are precertified as Medically Necessary because the Covered person has no choice of a PPO Provider.

**NOTE:** If Non-PPO Network services exceed the Usual & Reasonable Charge, the amount in excess of the Usual & Reasonable Charge is not covered under the Plan.

## Preventive Care Services

Includes: Standard Preventive Care, office visits, pap smear, mammogram, prostate screening, gynecological exam, routine physical examination, X-rays, lab tests, hearing tests, vision tests, immunizations/flu shots, tobacco cessation program, colonoscopies, and preventive childcare screening. Coverage also includes all recommended preventive services that have a rating of "A" or "B" from the U.S. Preventive Task Force, recommendations made by the Advisory Committee on Immunization Practices, and guidelines supported by the Health Resources and Services Administration. A current listing of required preventive care can be accessed at: [www.HealthCare.gov/center/regulations/prevention.html](http://www.HealthCare.gov/center/regulations/prevention.html) and <http://www.cdc.gov/vaccines/acip/index.html> See your plan document for additional details, limitations and exclusions.

**Mandatory Specialty Drug Program:** Specialty drugs (including specialty diabetic medications) are limited to 31 Day supply at retail and through Magellan Rx's Specialty Pharmacy. Specialty drugs must be filled through Magellan Rx's Specialty Pharmacy. Members taking qualified specialty drugs are asked to participate in the Select Drugs and Products Program. You can reach the Magellan Rx Specialty team at (866) 554-2673.

# 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).**

## Pre-certification

Before you receive certain medical services or procedures, your health plan requires a doctor to confirm that these requested services are considered medically necessary under your plan. This verification process is called "pre-certification." Even if some services or therapies are performed in your doctor's office, you may still need a pre-certification. Pre-certification requests must be submitted by your physician directly to UMR, follow the instructions on the back of your ID card.

Services Requiring Precertification			
Inpatient Hospitalizations & Skilled Nursing Facility Admissions	Home Health Care and Services	Oncology Care & Services (chemotherapy, radiation therapy, etc.)	MRI's, MRA's and PET Scans
Hospice Care	Dialysis	Transplants – Organ and Bone Marrow	Durable Medical Equipment (DME) over \$1500
Out-Patient Surgeries (includes Colonoscopies)	Genetic Counseling	Mental Health Intensive Out-patient and Partial Hospitalization	

- A \$500 penalty will be applied for all services rendered that do not have pre-certification completed.



# 8 Ways To Make Your Benefits Work For You

- 1 Call UMR Plan Advisors - 800-207-3172.** Advisors are available to help you with all your health care needs including identifying a participating provider, precertification, benefits and claims questions.
- 2 Utilize Plan-Specific Primary Care and Pediatric Providers.** Office visits with designated Monument Health primary care providers are free.  
<https://monumenthealth.net/d51/>
- 3 Local Hospitals.** SCL St. Mary's Hospital, Family Health West, and Delta Health are all Tier 1 benefits and capture additional savings for the District.
- 4 Participate in Prevention.** Each covered employee and each covered spouse that completed their annual routine preventative visit in the prior plan year receives a \$300 deductible credit for the current plan year. Visits completed in the current plan year apply to the next plan year's deductible credit.
- 5 Clinical Programs.** All Monument Health affiliated primary care providers have an assortment of services and programs available to support you in your health care journey. More info available in the medical section below.
- 6 Urgent Care.** Visits in Urgent Care facilities affiliated with St. Mary's Medical Center (Docs on Call and Redlands After Hours) are available for a \$25 copay and capture additional District savings. Family Health West will soon be adding a 24/7 Urgent Care option.
- 7 Telehealth Visits.** Telehealth services offered by your providers are covered as regular office visits.
- 8 Limited Basic Diagnostic Testing at No Cost** when ordered by an affiliated Monument Health primary care or pediatric provider and processed in an affiliated Monument Health facility. The following tests are available at no cost to you: Comprehensive Metabolic Panel, Lipid Panel, Urinalysis, A1C, PSA, TSH, CBC, Strep Culture, and Pap Test.

## DID YOU KNOW

**All mammograms and the first colonoscopy of the plan year are covered at 100%. No age restrictions apply. Applicable for Preventative or Diagnostic/Therapeutic.**

**Contact your Primary Care Provider to get yours ordered today!**



MONUMENT  
HEALTH

## HOW CAN MONUMENT HEALTH HELP YOU?

- Connect you with a primary care provider that fits your unique needs
- Follow up with you after major medical events
- Refer you to high-performing, in-network providers.
- Provide guidance to better understand your health insurance plan
- Support billing questions and advocate on your behalf
- Help you understand network options and the associated costs
- Wellness resources starting early 2023



**Call (970) 683-5630  
or Visit  
<https://monumenthealth.net/d51/>**

# Monument Health



**Have questions?**

**Call Monument Health at (970) 683-5630**

**or Visit**

**<https://monumenthealth.net/d51/>**

# Clinical Programs

- Smoking Cessation
- Total Diabetic Care Program
- Health Coaching
- Chronic Condition Management
- Behavioral Health Services
- Nutritional Coaching
- Stress Management
- Substance Use and Addiction Programs
- Chronic Pain Management
- Integrated Pharmacy Services

Services are provided through network partners

## Free Clinical Tests

### Test Name

Comprehensive Metabolic Panel  
Lipid Panel  
Urinalysis U/A  
Glycosylated Hemoglobin Test (A1C)  
Prostate Specific Antigen  
Thyroid Stimulating Hormone (TSH)  
Complete Blood Count (CBC)  
Strep Culture/Confirm  
Pap Test

### CPT Code

80053  
80061  
81000, 81001, 81002, 81003  
83036, 83037  
84153  
84443  
85025  
87075, 87081, 87880  
88142

Tests must be ordered by affiliated primary care provider and processed in a Monument Health affiliated primary care lab or SCL Health owned lab facility



# Monument Health Provider Network

## Primary Care Practices

### PRIMARY CARE PARTNERS -

- FAMILY PHYSICIANS OF WESTERN COLORADO
- RED CANYON FAMILY MEDICINE
- TABEGUACHE FAMILY AND SPORTS MEDICINE
- WESTERN COLORADO PHYSICIANS GROUP

### SCL HEALTH -

- PATTERSON PRIMARY CARE
- ST. MARY'S FAMILY MEDICINE CENTER

### FAMILY HEALTH WEST PRIMARY CARE

### JUNIPER FAMILY MEDICINE

### DR LU FAMILY MEDICINE

### DELTA HEALTH -

- WEST ELK
- FAMILY MEDICINE
- ADULT PRIMARY CARE

### SURFACE CREEK FAMILY PRACTICE

## Pediatricians

### ALTITUDE PEDIATRICS

### PRIMARY CARE PARTNERS -

- WESTERN COLORADO PEDIATRIC ASSOCIATES

### DINOSAUR JUNCTION PEDIATRICS

### DELTA HEALTH PEDIATRICS

## OB/GYN and Midwives

### SCL HEALTH -

- BLOOMIN BABIES
- SCL HEALTH OB/GYN
- WELLINGTON OB/GYN  
(Formerly Women's Healthcare of Western Colorado)

### DELTA HEALTH -

- WEST ELK
- FAMILY MEDICINE

### PRIMARY CARE PARTNERS -

- FAMILY PHYSICIANS OF WESTERN COLORADO
- WESTERN COLORADO PHYSICIANS GROUP

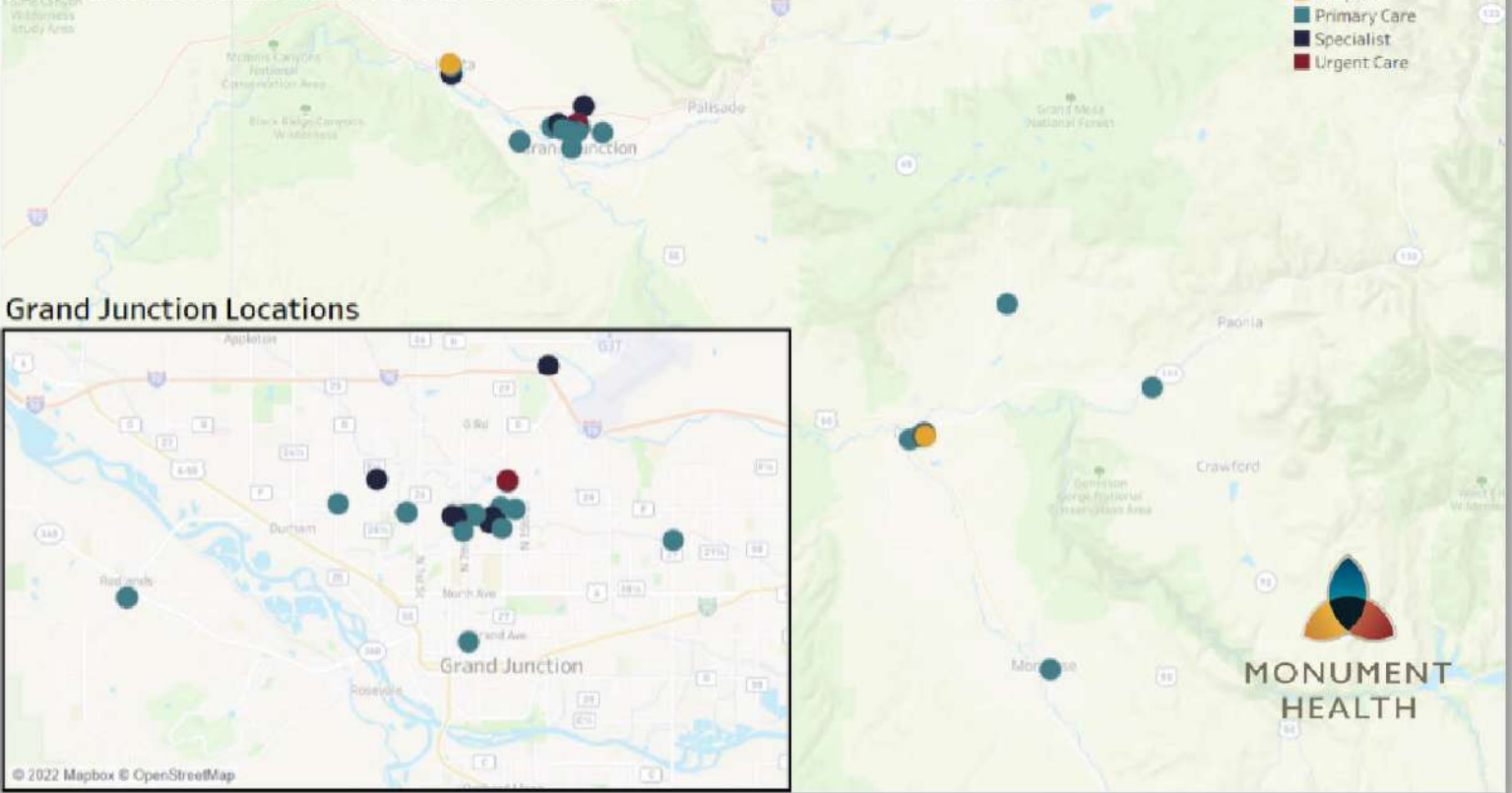
## Hospital Partners



## Specialists

For a comprehensive list of specialists please call (970) 683-5630  
or Visit  
<https://monumenthealth.net/d51/>

## Monument Health Provider Locations



UNDERSTAND  
HEALTH  
INSURANCE



CONTROL  
YOUR  
COSTS



ACCESS  
DOCTORS  
QUICKLY &  
EASILY



ENGAGE IN  
YOUR  
HEALTH

Call (970) 683-5630  
or Visit  
<https://monumenthealth.net/d51/>

**250** Primary Care  
Providers 

**3** Hospital  
Partners 

**16** Locations 

 Hundreds of  
Specialists

**2** After Hours  
Clinics 

**20** Care   
Coordinators

Get all your answers **quick** and **easy** @ **umr.com**



A UnitedHealthcare Company

## Make umr.com your first stop

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



WANT A QUICKTOUR?

Use the QR code reader on your smart phone to watch a short video

Fictionalized data

**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.

# UMR CARE

## A valuable part of your medical benefits



**Few things in life are more important than the health of you and your family. Fortunately, you have UMR CARE on your side to help you understand all your medical care options.**

UMR CARE has a staff of experienced, caring nurses (RNs) who help you get the most out of your health plan benefits. They work with you, your doctors and other medical advisors to get the services that best meet your needs.

Our expert CARE nurses can guide you before, during and after your medical care. They will listen to your concerns, answer questions and explain your options.

### Helpful support in any situation

Whether you're having a baby, have an emergency hospitalization or need non-emergency care, our CARE nurses are there for you.

For example, we can assist you during a hospital stay, after you are released and with your home care. You can concentrate on getting well knowing your CARE nurse will review your progress with your doctor.

As an added bonus, our services can save you money and prevent delays in your medical claim processing.

You will also learn about quality medical services and become a more informed health care consumer.

### IMPORTANT NOTE...

Your doctor remains solely responsible for decisions concerning your medical treatment and care.

### Here for you in times of crisis

Hopefully, you or a family member never experience a serious injury or long-term illness. But if you do, we will have UMR CARE nurses on the case at no cost to you.

In fact, we call them CARE nurse managers. They will assist with your medical care and treatment by:

- Helping negotiate treatment from the beginning of your care to recovery
- Helping you look at treatment needs and options under the direction of your doctor
- Serving as your advocate with your benefits administrator
- Providing an understanding of any complex issues to your claims payer
- Helping you better understand your health benefits

### Questions

If you have questions about your CARE benefits or upcoming health care services, call UMR CARE at the phone number provided on your member ID card.

# Welcome to **umr.com on the go**

As a UMR member you can access your benefits and claims information anytime, anywhere using your mobile device. There's no app to download. Simply log in to **umr.com**

## My Taskbar

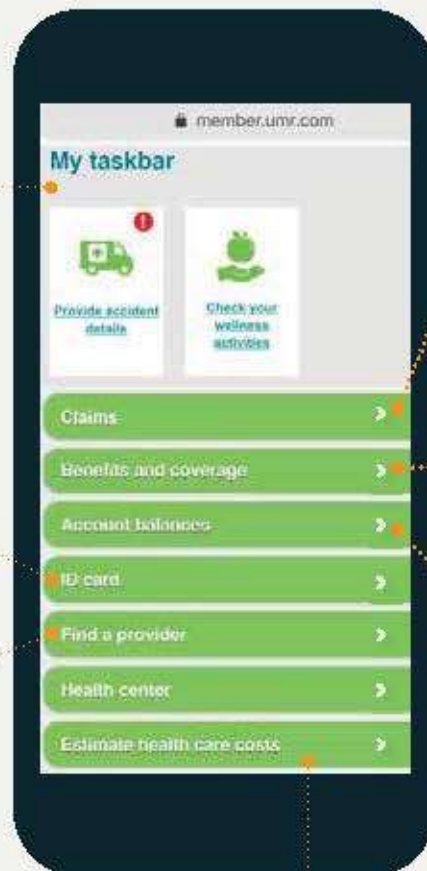
View upcoming tasks right from the homepage.

## Share your ID card with your provider

Now, there's no need to carry it with you, it's at your finger tips

## Find a provider

Find an in-network provider while you are "on the go."



## Look up claims

Look up a claim for yourself or an authorized dependent.

## Check your benefits

View medical/dental benefits. And, see who's covered under your plan.

## Access account balances

Look up balances for your special accounts including HRAs and FSAs.

## Estimate health care costs

See what you can expect to pay before receiving care with the Health Cost Estimator tool.

### Want to bookmark umr.com on your mobile device?

**iPhone:** Touch and hold the open book icon to add **umr.com**

**Android:** Tap on the menu. Then select "Add Bookmark."

Note: The images above reflect available features within our mobile site. These features may or may not be available to all users depending on your individual and company benefits. If you are having trouble accessing or logging into our mobile site, contact the 800 number on the back of your ID card for fastest service. You can click the "Contact us" link on the home screen.

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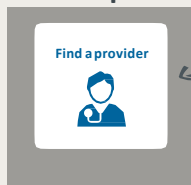
A UnitedHealthcare Company

# Find a provider

Finding a network provider on umr.com has never been easier

1

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



2

Search for **UnitedHealthcare Options PPO Network** using our alphabet navigation or type **UnitedHealthcare Options PPO** into the search box



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



continued on back »

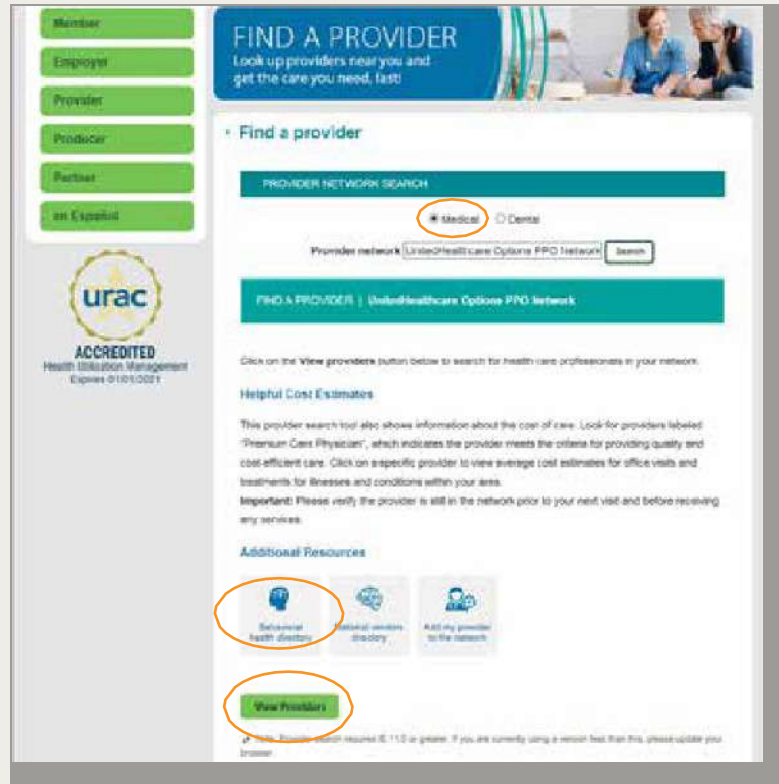
A UnitedHealthcare Company

# 3

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

## REMEMBER:

Get the most from your benefit plan – use participating network health care providers whenever possible.



## UnitedHealthcare Options PPO:

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

## What Is Telemedicine & Telehealth?

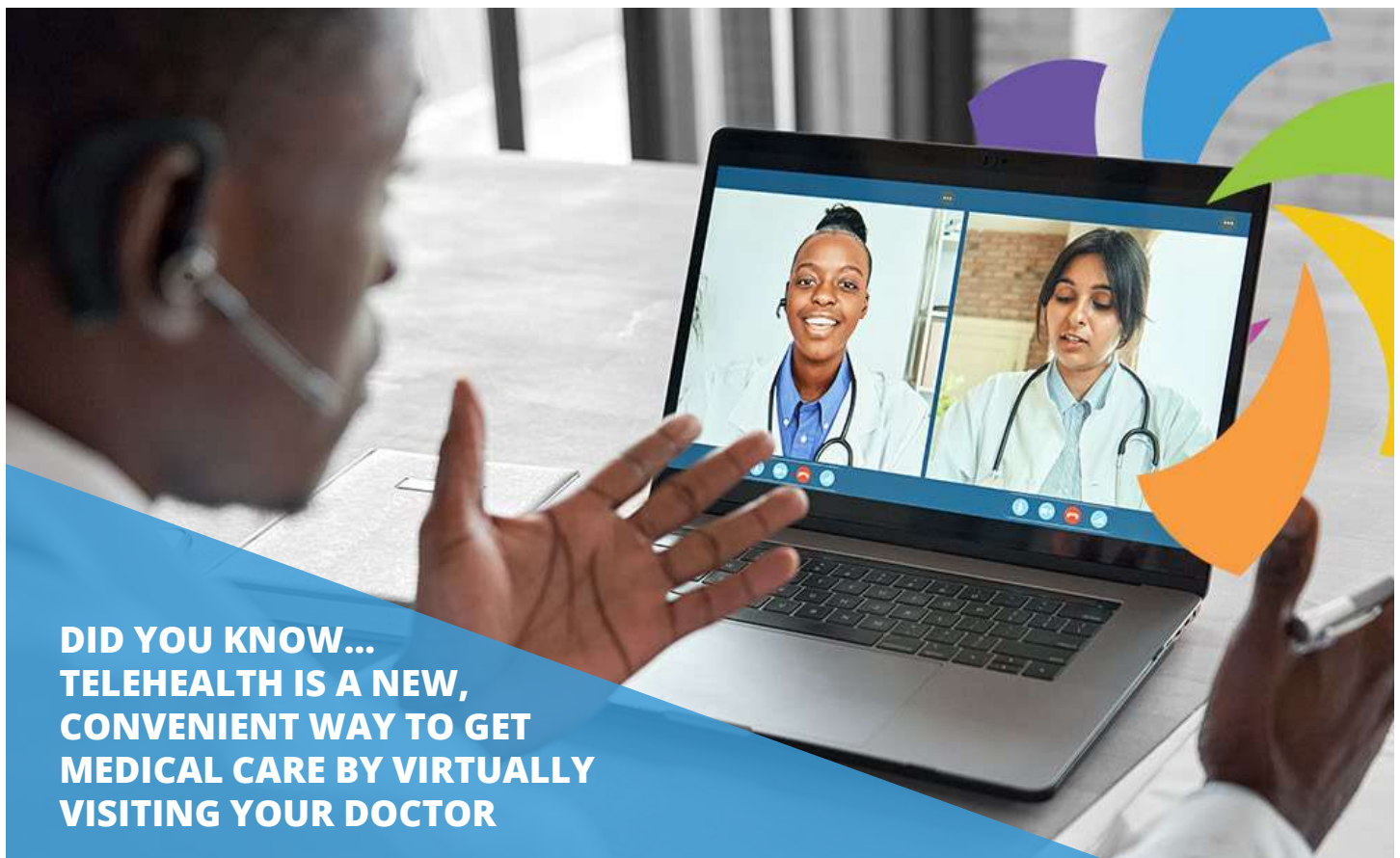
With the onset of Covid-19, telehealth has become an increasingly popular way for individuals to receive medical treatment and diagnosis without visiting a physical, clinical location such as a doctor's office or hospital.

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 or Doctor on Demand 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**





## 24/7 doctor visits via phone or mobile app

Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care



### Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



# Monthly Dental & Vision Premiums

## Delta Dental Plan

Delta Dental Plan	Employee Monthly Premium
Employee	\$35.19
Employee + 1	\$59.88
Family	\$106.05

## VSP Vision Plan

VSP Vision Plan	Employee Monthly Premium
Employee	\$9.91
Employee + Spouse	\$18.75
Employee + Children	\$17.35
Family	\$29.08

# Dental Benefits

Mesa County Valley School District 51 offers voluntary dental benefits through Delta Dental. This dental plan balances affordability with the freedom to go outside the network. You may choose a participating or a non-participating provider. This Summary of Dental Plan Benefits should be read in conjunction with your Certificate of Insurance which will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. To find a participating provider, visit [www.DeltaDentalco.com](http://www.DeltaDentalco.com).

DENTAL PLAN	In-Network	Out-of-Network
Deductible per Calendar Year	\$50/single \$100/family	
Calendar Year Maximum	\$1,500/person	
Preventive Services <ul style="list-style-type: none"> <li>• Oral exams – 2 per calendar year</li> <li>• X-rays</li> <li>• Cleanings – 2 per calendar year</li> <li>• Sealants – thru age 14</li> <li>• Fluoride Treatment – thru age 15</li> </ul>	100% deductible waived	
Basic Services <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Simple Extractions</li> <li>• Complex Oral Surgery</li> <li>• Endodontics (Root Canals)</li> <li>• Periodontics (Gum Disease Treatment)</li> </ul>	80% after deductible	
Major Services <ul style="list-style-type: none"> <li>• Denture Repair/Reline/Rebase</li> <li>• Prosthodontics (Dentures, Bridges)</li> <li>• Special Restorative (Crowns, Inlays, Onlays)</li> <li>• Implants</li> </ul>	50% after deductible	
Orthodontia (children only to Age 19) Lifetime Maximum	50% deductible waived  \$1,500	

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

## Right Start 4 Kids

Covers children up to their 13<sup>th</sup> birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier Provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics is not covered at 100%.



## Creating a Subscriber Account



When you log in to [deltadentalco.com](http://deltadentalco.com), it's easy to check your Delta Dental of Colorado benefits. 24 hours a day, seven days a week, you can go online to print member ID cards, find a provider, check the status of a claim, view your benefits, and more. Registration is simple; just follow the instructions below.

### New user

1. Go to [deltadentalco.com](http://deltadentalco.com) and select **Member Login** on the green header bar then select **New Users Register Here**.
2. Select **I am a member or adult dependent and have coverage with Delta Dental** and select **Proceed to Step 2**.
3. Enter the required information in the fields provided and click **Register**.
4. Complete the required fields.
5. Select a security question and provide the answer, then select **Register**.

### Forgot username or password?

6. Go to [deltadentalco.com](http://deltadentalco.com) and select **Member Login** on the green header bar.
7. At the bottom, select **username** or **password** depending on which one you've forgotten.
8. Select **I am a member or adult dependent and have coverage with Delta Dental** and select **Proceed to Step 2**.
9. Enter the required information in the fields provided and select **Proceed to Step 3**.
10. Answer the security question that was created when you registered and select **Proceed to Step 4**.
11. Enter your email address and select **Continue**.
12. Once your email is verified, select **Continue** and you will receive an email containing your username/password information.

# Delta Dental Mobile App



Your oral health is important to Delta Dental – and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



### Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

### Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.



SCAN TO DOWNLOAD  
DELTA DENTAL MOBILE APP

# Delta Dental Mobile App features

Sign in to access the full range of tools and resources



## Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.



## Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.



## Dental Care Cost Estimator

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.



## Save your preferred dentist for quick access

Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.



## My claims

Look up detailed claims information for your dentist visits over the last 18 months.


## Secure access to your benefits

You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

# Voluntary Vision Benefits



Mesa County Valley School District 51 offers voluntary vision benefits through VSP. The vision plan through VSP provides access through a national network including both private practice and retail chain providers. To find a participating provider, visit [www.vsp.com](http://www.vsp.com).

BENEFITS	In-Network	Out-of-Network (Reimbursement)
WellVision Exam <ul style="list-style-type: none"> <li>Once every 12 months</li> <li>Digital Retinal Exam</li> </ul>	\$15 Copay Up to \$39 additional Copay	Up to \$45 N/A
Lenses <ul style="list-style-type: none"> <li>Single Vision</li> <li>Polycarbonate Lenses (dependent children only)</li> <li>Lined Bifocal</li> <li>Lined Trifocal</li> <li>Standard Progressive</li> <li>Premium Progressive</li> <li>Custom Progressive</li> <li>Frequency</li> </ul>	\$15 copay \$15 copay \$15 copay \$15 copay Included \$95 - \$105 additional copay \$150 - \$175 additional copay Once every 12 months	Up to \$30 N/A Up to \$50 Up to \$65 Up to \$50 N/A N/A Once every 12 months
Lens Options <ul style="list-style-type: none"> <li>Tint (Solid or Gradient)</li> <li>Photochromic</li> </ul>	\$0 Copay \$0 Copay	Up to \$5 N/A
Frames <ul style="list-style-type: none"> <li>Allowance Based on Retail Pricing</li> <li>Frequency</li> </ul>	Included in Prescription Glasses Copay \$140 allowance for a wide selection of frames \$160 allowance for featured frame brands 20% savings on the amount over your allowance \$75 Costco & Walmart frame allowance Once every 12 months	Up to \$70 Once every 12 months
Contact Lenses (In Lieu of Glasses) Lens Fitting & Evaluation Medically Necessary Frequency	No Copay / \$140 allowance every 12 months Maximum \$60 Copay Covered 100% Once every 12 months	Up to \$105 N/A Up to \$210 Once every 12 months
LightCare	Members without a need for prescription eyewear can use their LightCare benefit to purchase ready-made non-prescription blue light filtering glasses or ready-made non-prescription sunglasses. When they select this option, both their frame and lens benefits will be exhausted for the year.	N/A
	Maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations (located on VSP.com)	N/A

Note: When using a non-network provider, the participant pays the full fee to the provider, and VSP reimburses the customer for services rendered up to the maximum allowance after the application of the applicable copay. All receipts must be submitted at the same time.

Coverage with a participating retail chain may be different. Visit [VSP.com](http://VSP.com) for details

# 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



# PUT YOUR EYES AT EASE WITH VSP LIGHTCARE



## WHY UV AND BLUE LIGHT COVERAGE?

Even if you don't wear prescription glasses, an annual eye exam is an easy and cost-effective way to take care of your eyes and overall health.

With VSP LightCare™, you can use your frame and lens benefit to get non-prescription eyewear from your VSP® network doctor. Sunglasses or blue light filtering glasses may be just what you're looking for.

### KEEP YOUR EYES PROTECTED OUTDOORS AND IN:

**Always wear sunglasses outdoors.** Protect your eyes from the sun's ultraviolet rays that can damage your corneas and cause eye related diseases like cataracts. 100% UVA and UVB protection is the best choice for your sunglasses.<sup>2</sup>

**Wear blue light filtering glasses indoors to combat digital eye strain.** Digital screens and fluorescent lighting emit blue light that can contribute to headaches, blurred vision and sore eyes—all possible symptoms of digital eye strain.

### PROVIDER CHOICES YOU WANT



The VSP Premier Program includes thousands of private practice doctors and over 700 Visionworks® retail locations nationwide.



#### Prefer to shop online?

At Eyeconic.com, you'll be shopping at the preferred online retailer for VSP members where you can connect and use your benefits.<sup>3</sup>



## YOUR LIGHTCARE COVERAGE WITH A VSP NETWORK DOCTOR\*

### EYE EXAM

A fully covered comprehensive WellVision Exam<sup>®1</sup>.

### EYEWEAR

Visit a VSP network doctor and choose either prescription eyewear coverage, or use your frame and lens allowance toward ready-to-wear:

- non-prescription sunglasses or
- non-prescription blue light filtering glasses

\*Register and log in to [vsp.com](http://vsp.com) to review your benefit information. Based on applicable laws; benefits may vary by location.

Questions? [vsp.com](http://vsp.com) | 800.877.7195

1. Less any applicable copay 2. American Academy of Ophthalmology 3. To find out whether your employer participates in Eyeconic, log into [vsp.com](http://vsp.com) to check your vision benefits.

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# Employer-paid Life Insurance

<p><b>Life Insurance Amount</b></p>	<p>2x Basic Yearly Earnings, rounded to the nearest \$1,000, to a maximum benefit of \$250,000          (earnings are updated August 1 each year and benefits are recalculated based on those earnings)          Under IRS Guidelines, employees are taxed on the value over \$50,000</p>
<p><b>Reduction Schedule</b></p>	<p>Benefits will reduce by 35% at age 70; and to 50% of the original amount at age 75</p>
<p><b>Conversion</b></p>	<p>If your insurance terminates because you are no longer employed full-time, all or part of your insurance may be converted to an individual policy if you apply within 31 days of termination. Conversion does not require proof of medical insurability.</p>
<p><b>Accelerated Benefits</b></p>	<p>If you become 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 80% in advance. Upon death, your beneficiary will receive the balance of your benefit.</p>
<p><b>Travel Assistance</b></p>	<p>Travel Assistance is a valuable benefit that is provided and administered by AXA Assistance USA, Inc. through an arrangement with MetLife. This service offers you and your dependents medical, travel, legal, financial and concierge services, 24 hours a day, 365 days a year, while traveling internationally or domestically. With one quick toll-free phone call to the alarm center, you will receive assistance in obtaining the help you need through more than 600,000 pre-qualified providers worldwide.</p> <p>Please visit <a href="http://www.metlife.com/travelassist">www.metlife.com/travelassist</a> to set up your unique profile via the registration process for first time access.</p>
<p><b>Grief Counseling &amp; Wills Center</b></p>	<p>You and your dependents have 24/7 access to a work/life counselor. Sessions can either take place in person, or by phone. You can have 5 face-to-face sessions per event. Additional assistance from research specialists is also available at the same toll-free number –and at no cost. These specialists can refer funeral planning services and providers as well as offer additional helpful information such as locate back-up care for children or elderly; locate cemetery options, identify monument and headstone vendors; locate funeral homes in your area; obtain cost estimates, services offered, and planning options; and identify other service providers such as florists, caterers and hotels.</p> <p><b><a href="http://www.willscenter.com">www.willscenter.com</a></b></p> <p><b>1-888-7819</b>  <b>VISIT: <a href="http://METLIFE.GC.LIFEWORCS.COM">METLIFE.GC.LIFEWORCS.COM</a></b>  <b>User Name: MetLifeAssist      Password: support</b></p>

# Voluntary Supplemental Life Insurance

Your employer provides you with Basic Term Life and Accidental Death & Dismemberment insurance coverage in the amount of 2x earnings to a maximum of \$250,000. You may purchase additional amounts as follows:

<b>For You</b>	\$10,000 increments, to the lesser of \$500,000 or 5x earnings.
<b>For Your Spouse</b>	\$5,000 increments to the lesser of 50% of employee selection or \$100,000
<b>For Your Dependent Unmarried Children</b>	Life: 15 days to age 26 – increments of \$1,000 to \$10,000 AD&D: Live Birth to age 26 equal to Life Benefit if elected

<b>*Guarantee Issue Amounts</b>	
Employee	\$150,000
Spouse	\$ 25,000
Children	\$10,000

\*You may purchase up to the guarantee issue amount when you are first eligible, without underwriting. If you waive voluntary life insurance, then any amounts you elect in the future will be subject to evidence of insurability and you might be declined coverage.

**For Employee Coverage, if you elect a minimum of one increment when you are first eligible, you will be able to increase your life amount by one increment each year, no questions asked, until you reach the guaranteed issue amount shown. (only available for employees)**

You can elect Life Insurance with AD&D or Life Insurance without AD&D. There is no age-reduction schedule on voluntary life. Includes waiver of premium, accelerated benefit, and portability.

	<b>Employee Cost per \$1,000 Benefit</b>	<b>Spouse Cost per \$1,000 Benefit</b>
< 29	.037	.031
30 - 34	.047	.035
35 - 39	.061	.045
40 - 44	.089	.062
45 - 49	.142	.097
50 - 54	.219	.152
55 - 59	.331	.292
60 - 64	.454	.547
65 - 69	.857	1.394
70 +	1.403	2.765
AD&D/\$1,000	.014	.017
Child(ren) Life / \$1,000 (includes all children)		0.134
Child(ren) AD&D/\$1,000		0.05

# Available Voluntary Benefit Options:

**Accident** – Pays a cash benefit directly to you in the event of a serious injury, including organized sports injuries for your children.

**Hospital Indemnity** – Pays a fixed cash payment to you when you are admitted to a hospital or ICU.

**Critical Illness** – Provides lump-sum cash payment for a range of conditions including Cancer, Heart Disease, and Organ Failure. In addition, it covers other conditions that are not included under the Aflac plans including Parkinson’s, Huntington’s Disease, ALS, and Alzheimer’s disease, to name a few.

**Short-Term Disability** – Provides income replacement when you cannot work full time due to a disability. You elect the amount of insurance you want, up to a maximum, and total disability is not required.

**For more information on each option, go to:**

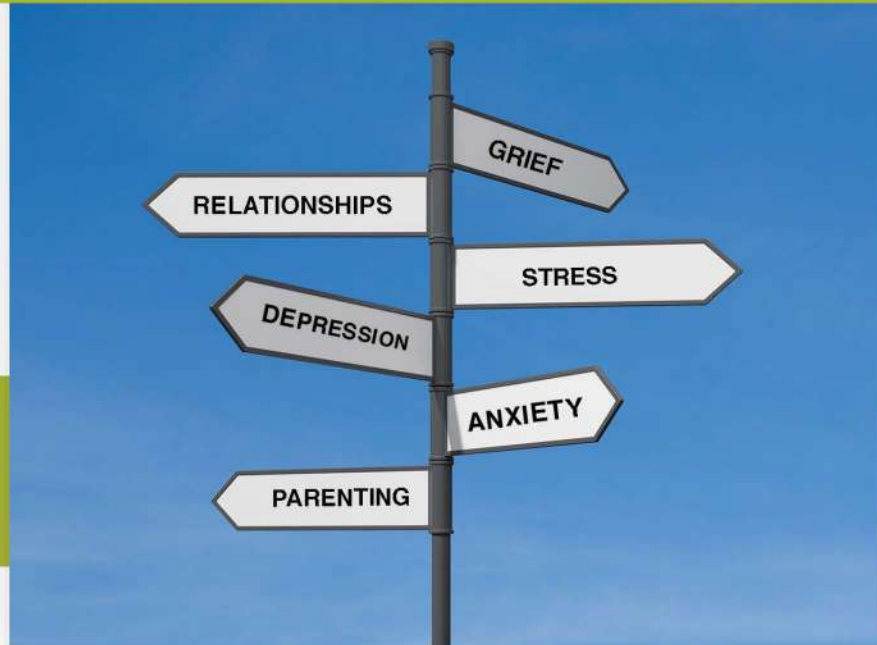
District 51 Staff site/ Departments / Human Resources / Employee Benefits / Voluntary Benefits

The screenshot shows the District 51 Staff Intranet website. The header includes the School District 51 logo and the text 'DISTRICT 51 STAFF INTRANET'. A navigation bar contains links for Home, Calendars, Forms, Departments, My Teams, Directories, Knowledge Base, Forums, D51 Website, Salute To Staff, and Staff COVID-19 Resources. A dropdown menu is open under 'Departments', listing various departments such as Assessment Team, Athletics, Attendance, Career and College Readiness, Career and Technical Education, Child Find, Early Childhood Education, Educator Effectiveness, Federal Programs, Financial Services, Gifted and Talented Education, Human Resources, Induction, Library/Media Services, Maintenance, Grounds and Operations, Migrant (MEP), Multi-Tiered Systems of Support (MTSS), and Music Department. The 'Human Resources' department is highlighted, and its dropdown menu is also open, listing items like Staff Calendars, Employee Benefits, Evaluations, Admin/Leadership HR Help Site, HR Forms, Sub Office, District Training Information, HR Policies/Procedures, Alternative Licensure - Grow Your Own Teacher Program, Covid 19 Staff Info, Organizational Charts, Benefit Document Library, Cobra Benefits, Dental Benefits, Extended Leave of Absence, Flexible Spending Account, Life Insurance, Medical Benefits, Employee Assistance Program, Vision Benefits, Voluntary Benefits, and PERA. The 'Voluntary Benefits' option is highlighted with a blue arrow. The main content area features a 'Our Vision' section with the text 'Engage, Equip, and Empower' and 'learning community today for a limitless tomorrow'. Below this is an 'Upcoming Events' section with a list of events including 'School of Education Work Session', 'Board of Directors Business Meeting', 'First Quarter', 'Schools In Session- Teacher Work Day', and 'Schools In Session - Teacher In-Service'.

# Sometimes you can feel lost or overwhelmed

WE CAN HELP YOU FIND YOUR WAY

EMPLOYEE  
ASSISTANCE  
PROGRAM



Mesa School District 51 provides you and your family with Triad's Employee Assistance Program that can help you turn it around. You now have four free, confidential counseling sessions per year per incident to help you:

- Enhance relationships
- Conquer stress & depression
- Improve anxiety
- Overcome grief, loss, trauma
- Improve workplace relations
- Balance work and home life
- Feel better; sleep better
- Trounce addictions
- Tackle legal or financial challenges

CALL toll-free to speak live with a consultant.

PHONE: **970-242-9536**

TOLL-FREE: **877-679-1100**

LOG ON to your employee support website to access articles, tips, links, and tools.

**[www.triadeap.com](http://www.triadeap.com)**

USERNAME: **d51**

PASSWORD: **eap**

E-MAIL Triad EAP to request assistance.

**[info@triadeap.com](mailto:info@triadeap.com)**

ASK your HR or benefits manager about additional programs available to you and your family.

**School District 51**  
MESA COUNTY VALLEY  
Achieving Monumental Success



**Triad**  
EMPLOYEE  
ASSISTANCE  
PROGRAM

# Flexible Spending Accounts – Jan 1 Through Dec 31, 2023

## Flexible Spending Account

The Health Flexible Spending Account allows you to set aside up to \$2,850 in pre-tax dollars to pay most out-of-pocket medical, dental or vision expenses, including deductibles and copayments, eyeglasses, dental and orthodontic work not covered by insurance.

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 don't use all the money you deposited in your account, you will forfeit any balance in the account at the end of the plan year. You have 90 days after the plan year ends to submit claims for expenses incurred during that plan year. Note: If you don't use all the money you deposited in your account, you may **roll-over up to \$550** to use in the following plan year.

## Dependent Care

The Dependent Care account allows you to set aside tax-free income to pay for qualified dependent care expenses, such as day care, 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 one of the following criteria in order to set up this account:

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

Each calendar year the IRS allows you to contribute the following amounts, depending on your family status:

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

## 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 qualified change in status.

# Accessing Your FSA Funds

## Claim Submission -

Participants may file requests for reimbursement directly to Rocky Mountain Reserve through fax, mail, e-mail, mobile application, or by uploading them directly through the participant website.

Disbursements are issued by **check** or **direct deposit**. Claim Forms and Direct Deposit Authorization Forms are online at **[www.RockyMountainReserve.com](http://www.RockyMountainReserve.com)**.

**Fax:** (866.557.0109)    **E-mail:** [claims@rmrbenefits.com](mailto:claims@rmrbenefits.com)    **Mail:** PO Box 631458 Littleton, CO 80163

# 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

### 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

### 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

### 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

### 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.



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