



Boulder Housing Partners

Benefits Guide January 1, 2023 – December 31, 2023

Overview

At Boulder Housing Partners our greatest asset is our employees. We value your hard work and want to reward your efforts. We know that benefits are a very important part of your total compensation package, and we are pleased to offer valuable employee benefits that give you and your family financial protection now and in the future.

The descriptions provided in this Benefits Guide are simple outlines of coverage. Additional benefit details can be found in the Summary of Benefits and Coverage (SBCs) and plan certificates provided by the carriers.

What's New this Year?

- New Cigna Local Plus medical plan offered with Garner Health Reimbursement Account (HRA)
 - Lower Monthly Premiums
 - Employees have access to first dollar medical coverage on this plan
 - Members MUST SEEK Garner doctors to be eligible for HRA reimbursement
- Small benefit changes to the medical plans
- Vision, Life, and Disability plans: No changes to benefits or rates.
- Fall River Employee Benefits is our new employee benefits broker! They can help answer coverage or claims questions, find providers, or anything else related to the information found in this guide.

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Eligibility

Employee Eligibility

All Full-Time and $\frac{3}{4}$ time employees working 30 hours per week are eligible to participate in benefits. The effective date of coverage will be the first of the month following your date of hire.

Dependent Eligibility

An eligible dependent is defined as:

- Your legal spouse, domestic partner
- Your children under age 26
- Your dependent children over age 26 who are physically or mentally unable to care for themselves
- Note: Dependent children will age off the plan effective the first of the month following their birthday

Enrollment

January 1, 2023 Open Enrollment

The benefits you elect during open enrollment will be effective January 1, 2023 through December 31, 2023. Open enrollment is the one time every year that you can make changes to your benefits without having a qualifying event.

New Hire Enrollment

The effective date of coverage for new hires is the first of the month following your date of hire. New hires must log in to the Paylocity portal and complete benefit elections online. Benefit elections must be made 15 days prior to your benefit start date. For example, if you were hired on November 15: your benefits will be effective on February 1, and you need to make your elections no later than January 15.) Once you have made your selections, you will not be able to change them until the next open enrollment period unless you have a qualified life event (see below).

What Is a Qualifying Event?

A qualifying event is a mid-year event that allows employees to make election changes to their pre-tax deductions when a change in a participant's status occurs. Election changes must be made within 30 days of the event date. These events include:

- Marriage or divorce
- Birth, adoption, or death
- Loss of coverage elsewhere
- Significant change in the availability, cost, or benefits of your other coverage

How to Make Changes

If you experience a qualifying life event you must notify HR within 31 days of such event via the Paylocity system. If you have NOT notified HR within 31 days of such event, you will be required to wait until the next open enrollment period to process this request.

Employer Contributions

Boulder Housing Partners provides a choice of three Medical benefits plans. The company contributes:

Medical, Dental and Vision Contributions:

- BHP covers a portion of your premiums on all plans. Please see rated in the benefit guide.

Basic life insurance is 100% paid by Boulder Housing Partners. Voluntary benefits are paid 100% by the employee.

Your costs to participate in benefits are listed in the corresponding sections of this guide.

Boulder Housing Partners sponsors a POP plan that allows you to pay your portion of Medical and Dental premiums on a pre-tax basis through payroll deductions. Your portion of the premium will be deducted from your paycheck on a pre-tax basis unless you request otherwise. *Please note that if you elect pre-tax payroll deductions, you may not discontinue or change your coverage elections during the plan year for any reason other than a qualifying event. However, you may make changes during the annual open enrollment period.

Healthcare Costs

It's no secret that health care costs continue to rise. There are several reasons for this, some of which you can't control, and others you can. Taking accountability for managing your own health and becoming a better health care consumer are some ways that you can take control. Below are some tips to get the most out of your benefits package.

Wellness Tips

Statistics show that if health problems are found early, members experience better health outcomes and lower out-of-pocket costs. There are some easy things that we can all do to take better care of ourselves (some are covered at 100% under your plans)

- Get an annual preventive exam
- Have 2 dental cleanings per year
- Get an annual eye exam, even if you do not wear corrective lenses (for those without vision coverage, this is covered once every 24 months through the medical plans: \$30

copay for those on the copay plan, or deductible + coinsurance for those on one of the HDHP plans)

- Be your own health champion: eat well, exercise, manage your stress levels, and don't smoke.
- Take advantage of the many programs and resources offered by your carriers and Boulder Housing Partners that help you optimize your health

How to Be a Wise Consumer

- Be prepared with questions prior to your doctor's appointment
- Follow doctor's orders and take medications as prescribed
- Get your care at the appropriate place (see next page)
- Use the carrier tools outlined in the Cigna Resources section of this Guide (next page)

Medical Plan Resources

Boulder Housing Partners provides employees with a choice of four plans differentiated by price and coverage.

Cigna Networks

The LocalPlus network is a regional network but employees will find in-network coverage while traveling outside of Colorado in various regions. Keep in mind that emergency care is always covered as in-network (even internationally), no matter where you are. In areas where the LocalPlus network is not available, you can use providers in Cigna's National Away from Home Care feature for coverage at the in-network cost.

Find In-Network Providers

- Go to www.mycigna.com
- Click "Find a Doctor, Dentist, or Facility"
- Select "Plans through your employer or school"
- Enter your Search Location
- Under Medical Plans select "LocalPlus" for the LocalPlus Network

***Once you receive your ID card, you can click on "Register" and log in as a member to bypass these steps on www.mycigna.com**

Get Care in the Right Place - Telemedicine

Emergency rooms are the most costly and inconvenient place to receive care and should only be used for life- or limb-threatening situations. Consider these other cost-effective, convenient ways to get care when you need it:

- Call Cigna's 24-Hour Health Information Line on the back of your medical ID card – Available 24/7 (can assess the situation and triage you to the correct place)
- Access Cigna Telehealth connection Services – MDLIVE – behavioral health appointments available too!
- Make a doctor's visit or visit a Convenience Care Clinic (CVS, Target, Walgreens, etc.)
- Visit the in-network Urgent Care centers through Cigna

Online Tools and Resources

By registering as a Member at www.cigna.com, you can view your medical and prescription claims, access your benefit summaries, locate in-network providers, research prescriptions, and access wellness information. All that is needed to register is your ID number from your health ID card and some basic personal information. Some examples of the tools available are:

- Cost estimator and doctor/facility quality tools
- Pharmacy tools and pricing information
- Healthy Rewards and Wellness information
- Mobile App available

Employee Assistance Program (EAP)

Through your life and disability benefit, Principal also provides an EAP through Principal to all eligible employees. For assistance with work/life situations such as parenting, elder care, relationships, work & career, and financial, you can call. At no cost to you, there is either unlimited telephonic counseling for each incident or members may receive an annual referral for up to 3 face-to-face visits with an in-network EAP provider. You can also communicate via their website www.MagellanAscend.com or call (800) 450-1327.

Foundation Health

As a Boulder Housing Partners employee, you are eligible to receive a Foundation Health membership.

Foundation Health is a membership-based family practice that gives you improved quality and access to primary care services. Foundation Health is a fully functioning primary care office – but better!

Foundation Health believes that there are three main things that constitute real care: access, quality of service, and affordability.

BHP Wellness 2023



Continuing in 2023, BHP will be providing Boulder Rec Center Membership to all regular employees (working 20 hours or more per week).

You can visit any Boulder Rec Center location to get your membership card, or you can create an online account by visiting their website and using your BHP email during the sign-up process.

BHP will also pay employees \$100 for completing their annual physical. Employees on a BHP Cigna plan and/or Foundation Health membership will automatically receive this benefit upon completion of an Annual Physical.

Once an annual physical has been completed, the \$300 wellness reimbursement will be unlocked. Employees may submit receipts for home exercise equipment, gym membership, exercise shoes, mindfulness Apps, Yoga, Foundation Health membership for dependents (if they are enrolled in the Cigna plan), a fitness device and more.

Not on BHP’s Cigna plan? -no problem. These wellness benefits are available to all regular employees working 20 hours or more per week.

Fitness Squad

BHP will be allocating money towards a fitness squad, now accepting members. The fitness squad will be employee led and in charge of creating healthy initiatives. Whether it is lunch and learns, hiking groups, fitness challenges, etc. This is your time to customize

Foundation Health

Foundation Health Membership will be provided to all employees at no cost that are enrolled in the Cigna plan. Employees do have the option of adding their dependents for an additional \$100 per month per dependent. If you are not enrolled in any of the Cigna plans offered by BHP, you can also add the Foundation Health membership for yourself or a dependent for \$100 per month per person.

Garner Resources

The Garner Plan is still a Cigna Local Plus medical plan you can see medical doctors as usual, but if you would like to experience the most savings you need to use Garner approved doctors.

- You can grandfather your current primary care provider (PCP), Pediatrician and OBGYN by calling Garner concierge team at (866) 761-9586
 - If you do not grandfather your doctors and continue to see them, you will not receive the Garner reimbursement for your out-of-pocket costs
 - You can find a new PCP using the information below if you do not wish to grandfather your current one
- If you need to see a specialist, you will want to use the below information to find a doctor

First Dollar Reimbursement Coverage

Garner will find the best doctors in your network and area. If you use Garner to find your doctor, you'll have access to up to \$5,000 reimbursement to help pay your deductible, \$10,000 if you have family coverage for **first dollar coverage!**

This reimbursement is only available on the Cigna Garner plan.

****please note one family member or any combination of family members can use the additional \$5,000.**

How to Find a Garner Doctor

If you have a medical plan with a Garner healthcare account, you should first look for a Garner recommended doctor in your area.

- Go to getgarner.com
- Download the Garner app for Apple or Android or call (866) 761-9586
- Search for the type of doctor you need

Medical Plan – Cigna \$250 Copay Plan

The deductibles and out-of-pocket amounts are tracked on a calendar year. They will reset on January 1, 2023.

PLAN BENEFITS (Calendar Year)	Cigna \$250 Copay Plan	
	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual / Family)	\$250 / \$500	\$6,000 / \$12,000
Coinsurance	10% after deductible	50% after deductible
Out-of-Pocket Maximum (Individual / Family)	\$6,000 / \$12,000	\$24,000/ \$48,000
PHYSICIAN SERVICES		
Office Visits (PCP / Specialist / Virtual)	\$40 / \$60 / \$0	50% after deductible Virtual: Not covered
Mental Health Visit	\$20 copay	50% after deductible
Preventative Care	No Charge	Not covered
Diagnostic Lab / X-Ray	10% after deductible	50% after deductible
Imaging (MRI / CT / PET scans)	\$500	50% after deductible
PRESCRIPTION DRUG TIERS		
Deductible	None	
Tiers 1 / 2 / 3 / 4	\$15 / \$40 / \$70 / 20% after deductible	Not covered
HOSPITAL FACILITY SERVICES		
Inpatient Hospital	\$1,250 copay per day, then 10%	50% after deductible
Outpatient Surgery	\$1,250 per admission, then 10%	
EMERGENCY SERVICES		
Emergency Room	10% after deductible	
Urgent Care	\$50	50% after deductible

Medical Rates	Full Time Employees			
	Employee Per Pay Period	Employee Monthly Cost	Employer Monthly Cost	Total Premium
Employee Only	\$86.16	\$172.31	\$488.47	\$660.78
Employee + Spouse	\$198.16	\$396.32	\$1,123.51	\$1,519.83
Employee + Child(ren)	\$172.32	\$344.63	\$976.97	\$1,321.60
Employee + Family	\$267.09	\$534.17	\$1,448.22	\$1,982.39
Medical Rates	¾ Time Employees			
	Employee Per Pay Period	Employee Monthly Cost	Employer Monthly Cost	Total Premium
Employee Only	\$143.72	\$287.44	\$373.34	\$660.78
Employee + Spouse	\$330.56	\$661.13	\$858.70	\$1,519.83
Employee + Child(ren)	\$287.45	\$574.90	\$746.70	\$1,321.60
Employee + Family	\$431.17	\$862.34	\$1,120.05	\$1,982.39



Medical Plan – Cigna \$1,000 Copay Plan

The deductibles and out-of-pocket amounts are tracked on a calendar year. They will reset on January 1, 2023.

PLAN BENEFITS (Calendar Year)	Cigna \$1,000 Copay Plan	
	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual / Family)	\$1,000 / \$2,000	\$6,000 / \$12,000
Coinsurance	20% after deductible	50% after deductible
Out-of-Pocket Maximum (Individual / Family)	\$4,000 / \$8,000	\$24,000/ \$48,000
PHYSICIAN SERVICES		
Office Visits (PCP / Specialist / Virtual)	\$35 / \$60 / \$35	50% after deductible Virtual: Not covered
Mental Health Visit	\$20 copay	50% after deductible
Preventative Care	No Charge	Not covered
Diagnostic Lab / X-Ray	No Charge	50% after deductible
Imaging (MRI / CT / PET scans)	\$500	50% after deductible
PRESCRIPTION DRUG TIERS		
Deductible	None	
Tiers 1 / 2 / 3 / 4	\$15 / \$40 / \$70 / 20% after deductible	Not covered
HOSPITAL FACILITY SERVICES		
Inpatient Hospital	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
EMERGENCY SERVICES		
Emergency Room	20% after deductible	
Urgent Care	\$50	50% after deductible

Medical Rates	Full Time Employees			
	Employee Per Pay Period	Employee Monthly Cost	Employer Monthly Cost	Total Premium
Employee Only	\$87.20	\$174.40	\$469.53	\$643.93
Employee + Spouse	\$200.57	\$401.13	\$1,079.91	\$1,481.04
Employee + Child(ren)	\$174.41	\$348.81	\$939.06	\$1,287.87
Employee + Family	\$270.33	\$540.65	\$1,391.15	\$1,931.80
Medical Rates	¼ Time Employees			
	Employee Per Pay Period	Employee Monthly Cost	Employer Monthly Cost	Total Premium
Employee Only	\$140.05	\$280.11	\$363.82	\$643.93
Employee + Spouse	\$322.13	\$644.25	\$836.79	\$1,481.04
Employee + Child(ren)	\$280.11	\$560.22	\$727.65	\$1,287.87
Employee + Family	\$420.17	\$840.33	\$1,091.47	\$1,931.80



Medical Plan – Cigna \$3,000 HDHP (HSA)

The deductibles and out-of-pocket amounts are tracked on a calendar year. They will reset on January 1, 2023.

PLAN BENEFITS (Calendar Year)	Cigna \$3,000 HDHP (HSA)	
	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual / Family)	\$3,000 / \$6,000	\$6,000 / \$12,000
Coinsurance	20% after deductible	50% after deductible
Out-of-Pocket Maximum (Individual / Family)	\$5,000 / \$10,000	\$24,000/ \$48,000
PHYSICIAN SERVICES		
Office Visits (PCP / Specialist / Virtual)	20% after deductible	50% after deductible Virtual: Not covered
Mental Health Visits	20% after deductible	50% after deductible
Preventative Care	No Charge	Not covered
Diagnostic Lab / X-Ray	20% after deductible	50% after deductible
Imaging (MRI / CT / PET scans)	20% after deductible	50% after deductible
PRESCRIPTION DRUG TIERS		
Deductible	Medical deductible applies	
Tiers 1 / 2 / 3 / 4	20% after deductible	Not covered
HOSPITAL FACILITY SERVICES		
Inpatient Hospital	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
EMERGENCY SERVICES		
Emergency Room	20% after deductible	
Urgent Care	20% after deductible	50% after deductible

Medical Rates	Full Time Employees			
	Employee Per Pay Period	Employee Monthly Cost	Employer Monthly Cost	Total Premium
Employee Only	\$69.68	\$139.36	\$342.97	\$482.33
Employee + Spouse	\$160.26	\$320.51	\$788.85	\$1,109.36
Employee + Child(ren)	\$139.36	\$278.71	\$685.94	\$964.65
Employee + Family	\$216.00	\$432.00	\$1,014.98	\$1,446.98

Medical Rates	¼ Time Employees			
	Employee Per Pay Period	Employee Monthly Cost	Employer Monthly Cost	Total Premium
Employee Only	\$109.73	\$219.46	\$262.87	\$482.33
Employee + Spouse	\$252.38	\$504.76	\$604.60	\$1,109.36
Employee + Child(ren)	\$219.46	\$438.92	\$525.73	\$964.65
Employee + Family	\$329.19	\$658.38	\$788.60	\$1,446.98



Medical Plan – Cigna Garner Plan

The deductibles and out-of-pocket amounts are tracked on a calendar year. They will reset on January 1, 2023.

PLAN BENEFITS (Calendar Year)	Cigna Garner Plan	
	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual / Family)	\$6,000 / \$12,000	\$12,000 / \$24,000
Coinsurance	0% after deductible	50% after deductible
Out-of-Pocket Maximum (Individual / Family)	\$6,000 / \$12,000	\$24,000/ \$48,000
PHYSICIAN SERVICES		
Office Visits (PCP / Specialist / Virtual)	0% after deductible	50% after deductible Virtual: Not covered
Mental Health Visits	0% after deductible	50% after deductible
Preventative Care	No Charge	Not covered
Diagnostic Lab / X-Ray	0% after deductible	50% after deductible
Imaging (MRI / CT / PET scans)	0% after deductible	50% after deductible
PRESCRIPTION DRUG TIERS		
Deductible	Medical deductible applies	
Tiers 1 / 2 / 3 / 4	0% after deductible	Not covered
HOSPITAL FACILITY SERVICES		
Inpatient Hospital	0% after Deductible	50% after deductible
Outpatient Surgery	0% after Deductible	50% after deductible
EMERGENCY SERVICES		
Emergency Room	0% after Deductible	
Urgent Care	0% after Deductible	50% after deductible

To be eligible for the Garner reimbursement you must seek Garner specific doctors. Please see page 10 for exact details on reimbursement amounts.

Medical Rates	Full Time Employees			
	Employee Per Pay Period	Employee Monthly Cost	Employer Monthly Cost	Total Premium
Employee Only	\$47.95	\$95.89	\$339.99	\$435.88
Employee + Spouse	\$137.85	\$275.70	\$726.85	\$1,002.55
Employee + Child(ren)	\$117.69	\$235.38	\$636.39	\$871.77
Employee + Family	\$192.88	\$385.76	\$921.89	\$1,307.65
Medical Rates	¾ Time Employees			
	Employee Per Pay Period	Employee Monthly Cost	Employer Monthly Cost	Total Premium
Employee Only	\$99.16	\$198.33	\$237.55	\$435.88
Employee + Spouse	\$228.08	\$456.16	\$546.39	\$1,002.55
Employee + Child(ren)	\$198.33	\$396.66	\$475.11	\$871.77
Employee + Family	\$297.49	\$594.98	\$712.67	\$1,307.65



Health Savings Account (HSA) – Elevations Credit Union

***Please Note:** You can only open the HSA if you are enrolled in a qualified High-Deductible Health Plan.

An HSA is an interest-bearing tax-free bank account that you can use to pay for out-of-pocket expenses while you are meeting your Cigna deductible. You may elect the amount you wish to contribute on a pre-tax basis from your paycheck to fund your HSA on a bi-monthly basis. You can change the amount you are contributing throughout the year.

At the end of the year, any unused funds roll over into the new year. There is no “use it or lose it” provision. If you leave employment at Boulder Housing Partners, any money left in your account goes with you.

HSA Eligibility

You can open and contribute to an HSA if you meet the following requirements:

- You are enrolled in an HDHP medical plan
- You are not covered by another health plan, including a Flexible Spending Account at your spouse’s employer (unless it is a limited FSA)
- You are not enrolled in Medicare or over 65
- You are not claimed as a dependent on someone else’s tax return

Contributions and Limitations

Boulder Housing Partners makes the following contributions towards your HSA:

	Hire Date **see Life Events	Single Employer Contribution	Family Employer Contribution
1 st Quarter	1/1 - 3/31	\$400	\$800
2 nd Quarter	4/1 - 6/30	\$300	\$600
3 rd Quarter	7/1 – 10/31	\$200	\$400
4 th Quarter	11/1 – 12/31	\$100	\$200

The total amounts that can be contributed to your HSA is (both employer and employee contributions must be under this limit):

	<u>2023</u>
Employee Only:	\$3,850
Employee and Dependent(s):	\$7,750

**If you are 55 years of age or older, you may make an additional “catch-up” contribution of \$1,000/year.*

***Note for Mid-Year Enrollment:** If you enroll in the plan mid-year (either due to a qualifying event or as a new hire), you can still contribute the entire maximum amount above. However, you must remain enrolled in the HDHP for 12 months. Consult your tax advisor for details.

**3/4 time employees qualify for 75% of the listed BHP contribution amounts.*

****Life Events:** If you enroll in the plan mid-year due to a qualifying event, your effective date of coverage determines BHP’s contribution amount, not your hire date.

How to Use Your HSA

Your HSA will be administered through Elevations Credit Union.

Elevations Credit Union will issue you a debit card for use in paying your medical bills and services. The HSA works like a regular checking account in that you can’t spend the money unless it’s in the account.

Eligible Expenses

You can use the funds in your HSA for any qualified expense after the date the HSA was established. Expenses can also be for your dependents, even if they are not covered under the HDHP. The list of qualified medical expenses can be found at

www.irs.gov under Section 213(d), Publications 502 and 503.

If you use the money in your HSA for a non-qualified expense, you will be subject to taxes and a penalty. After age 65, non-qualified distributions are subject to income tax only.

Important Note: Keep your receipts for distributions out of the HSA account. If the IRS audits you, you will need to prove that you used your HSA money for qualified expenses.



Flexible Spending Account (FSA) – Rocky Mountain Reserve

There are 2 types of FSA – Health Care and Dependent Care

Health Care FSA

**If you enroll in a copay-style plan, you are eligible to participate in the Health Care FSA. You cannot participate in both the HSA and the FSA in the same year.*

The FSA allows you to set aside money from your paycheck on a pre-tax basis to pay for eligible medical expenses. You choose how much you wish to elect, and your annual election will be divided evenly by the number of pay periods through the year. You cannot stop or change your election amount until the next open enrollment period unless you have a specific event.

Contribution Limit

The maximum amount you can elect for 2023 is \$3,050. The full amount is pre-loaded at the beginning of the year.

Grace Period Provision

At the end of the plan year, you can continue using remaining plan funds for expenses incurred before March 15th. To plan wisely, consider what you spent last year as a good estimate of what you may spend this year.

Run-Out Period Provision

After the grace period above, you have a limited amount of time to submit expenses for reimbursement. Due to COVID-19, these deadlines have been extended to March 31, **2023** or 60 days after the pandemic is deemed over to submit expenses for the 2022 FSA plan year.

Eligible Expenses

The list of qualified medical expenses can be found at www.irs.gov, under Section 213(d), Publications 502 and 503. This includes copays, deductibles, coinsurance, eyeglasses, dental work, and many other items. At times, Rocky Mountain Reserve may ask you to provide receipts for your expenses.

Dependent Care Account (DCA)

**You can participate in the Dependent Care FSA regardless of the medical plan you choose.*

The Dependent Care portion of the FSA allows you to set aside money from your paycheck on a pre-tax basis for daycare expenses while you work. Each child for whom you incur expenses must be under age 13 and must be your qualified dependent. This plan may also be used for adult day care for elderly tax dependents.

The maximum that you can elect for the DCAP is \$5,000 per year. If your spouse also has access to a Dependent Care FSA, each spouse may contribute up to \$2,500. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck. You cannot be reimbursed for amounts that have not been taken out of your paycheck yet.

When you incur an expense that is eligible for payment, you will submit a claim to Rocky Mountain Reserve. You will need to attach a receipt from the daycare provider.

Debit Card

New account holders will receive a debit card from Rocky Mountain Reserve in the mail. Take note, this card will arrive in an unmarked envelope. If you are enrolled in both the Healthcare and Dependent Care FSA, you will only receive one debit card that will link to both of your accounts. You will use your debit card for the life of your Flexible Spending Account. If you throw your debit card away, you will need to contact Rocky Mountain Reserve at 888-722-1223 to be issued a new card.

Dental Plan – Delta Dental Low Plan

If you see dentists contracted with the Delta Dental PPO Plus Premier network, you will enjoy the most savings and least out-of-pocket expenses. If you see a dentist that is not contracted, you will be balance-billed for the difference between the negotiated rate and what the dentist charges. If you need to have major dental work done, most contracted dentists will submit a pre-treatment estimate to the Dental insurance, so you will know what your out-of-pocket cost will be.

To Find a Provider, go to www.deltadentalco.com, Click “Find a Dentist”, Enter your Zip Code and select “Delta Dental PPO” Network.

PLAN BENEFITS	Delta Dental Low Plan	
	IN-NETWORK	Premier / OUT-OF-NETWORK*
Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150
Preventative Care (exam and x-rays)	No charge	20% after deductible*
Basic Services (Endo & Period) (fillings, root canals)	20% after deductible	50% after deductible*
Major Services (crowns, bridges, dentures)	50% after Deductible	50% after deductible*
ORTHODONTIA		
Coinsurance	Not Covered	Not Covered
BENEFIT MAXIMUMS		
Annual Benefit Maximum	\$1,000	\$1,000
Orthodontia Lifetime Maximum	Not Covered	Not Covered

Dental Rates (Monthly)	Full Time Employees		
	Employee Cost	Employer Cost	Total Premium
Employee Only	\$7.80	\$18.21	\$26.01
Employee + One	\$15.60	\$36.43	\$52.03
Employee + Family	\$26.79	\$62.51	\$89.30

Dental Rates (Monthly)	¾ Time Employees		
	Employee Cost	Employer Cost	Total Premium
Employee Only	\$12.35	\$13.66	\$26.01
Employee + One	\$24.71	\$27.32	\$52.03
Employee + Family	\$42.41	\$46.89	\$89.30

*Subject to Usual and Customary fees in a geographic area. Balance-billing is possible at out-of-network providers.

Dental Plan – Delta Dental High Plan

PLAN BENEFITS	Delta Dental High Plan	
	IN-NETWORK	OUT-OF-NETWORK*
Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150
Preventative Care (exam and x-rays)	No charge	No charge
Basic Services (Endo & Period) (fillings, root canals)	20% after deductible	20% after Deductible
Major Services (crowns, bridges, dentures)	50% after deductible	50% after Deductible
ORTHODONTIA		
Coinsurance	50% no deductible	50% no deductible
BENEFIT MAXIMUMS		
Annual Benefit Maximum	\$2,000	\$2,000
Orthodontia Lifetime Maximum	\$2,000	\$2,000

Dental Rates (Monthly)	Full Time Employees		
	Employee Cost	Employer Cost	Total Premium
Employee Only	\$13.27	\$30.98	\$44.25
Employee + One	\$26.87	\$62.72	\$89.59
Employee + Family	\$45.98	\$107.30	\$153.28

Dental Rates (Monthly)	¾ Time Employees		
	Employee Cost	Employer Cost	Total Premium
Employee Only	\$21.01	\$23.24	\$44.25
Employee + One	\$42.55	\$47.04	\$89.59
Employee + Family	\$72.80	\$80.48	\$153.28

*Subject to Usual and Customary fees in a geographic area. Balance-billing is possible at out-of-network providers

Vision Plan – Principal

If you see providers contracted with the VSP Network, you will enjoy the most savings and least out-of-pocket expenses. If you see a provider that is not contracted, you will have to pay at time of service and submit the claim for reimbursement. The reimbursement will not be the full cost of the services rendered.

To Find a Provider, go to www.principal/vsp.com, and select the VSP Choice Network.

PLAN BENEFITS	Principal Vision Plan
	IN-NETWORK
EXAM COPAY	\$10
LENSES	
Materials Copay	\$25
Single, Bifocal, Trifocal, Lenticular	Covered in Full after Materials Copay
FRAMES	
Frame Allowance	\$150 Allowance + 20% off Balance
CONTACTS	
Contacts Fitting and Evaluation	Up to \$60 Copay
Contacts Allowance	\$150 Allowance
BENEFIT FREQUENCY	
Service Intervals (Exam / Lenses / Frames)	12 / 12 / 12 Months

Vision Rates (Monthly)	Full Time Employees		
	Employee Cost	Employer Cost	Total Premium
Employee Only	\$2.26	\$5.28	\$7.54
Employee + Spouse	\$4.29	\$10.01	\$14.30
Employee + Child(ren)	\$4.78	\$11.17	\$15.95
Employee + Family	\$7.32	\$17.08	\$24.40

Vision Rates (Monthly)	¾ Time Employees		
	Employee Cost	Employer Cost	Total Premium
Employee Only	\$3.58	\$3.96	\$7.54
Employee + Spouse	\$6.79	\$7.51	\$14.30
Employee + Child(ren)	\$7.58	\$8.37	\$15.95
Employee + Family	\$11.59	\$12.81	\$24.40

Life and Disability Insurance – Principal

These benefits provide you and your family with valuable peace of mind and financial protection in case the unthinkable happens.

Basic Term Life Insurance and AD&D

This benefit is 100% paid by Boulder Housing Partners. The benefit provides eligible employees with 1.5x your annual salary up to \$300,000 of group Life and Accidental Death and Dismemberment (AD&D) insurance.

Long-Term Disability (LTD)

Long-Term Disability coverage is 100% paid by Boulder Housing Partners. LTD benefits are available if you become disabled from a non-work-related injury or sickness for a longer period of time. Benefit payment begins after 90 days of continuous illness or injury and can continue until your Social Security Normal Retirement Age. The coverage provides you with 50% of your base salary up to a maximum of \$8,000 per month.

Voluntary Life Insurance

You can also choose to purchase additional Life insurance beyond what Boulder Housing Partners provides you. Voluntary Life coverage is 100% paid by the employee, and premiums are based on age and the volume amount you choose. You can elect an amount in \$10,000 increments up to \$300,000 for yourself. You can also elect 50% of the employee amount for your spouse up to a max of \$100,000. You can get \$10,000 for each of your children in coverage. The Guaranteed Issue amounts are \$150,000 for the employee, and \$30,000 for their spouse. Any amounts over that will be subject to underwriting. If you do not elect when you are first eligible, you will be subject to underwriting and will need to fill out the Evidence of Insurability form. You can be declined in this case.

Please note: Voluntary plans often have a minimum participation requirement.

IMPORTANT: If you need to review or update your beneficiary information, please contact Human Resources. It's always a good idea to update when you have a change in life status.

Voluntary Short-Term Disability (STD)

You can also choose to purchase Short-Term Disability coverage. Short-Term Disability coverage is 100% paid by the employee, and premiums are based on age and weekly salary. The Short-Term Disability benefit begins on the 8th day for an illness and accident and can run the duration of 12 weeks depending on the disability. You are paid 60% of your weekly salary up to \$1,500 while on STD. 3/12 pre-existing condition limitation.

Pregnancy is treated the same as is any other illness under the Short-Term Disability program. Please see plan summary for more details. The disability waiting period or "elimination period" begins on the day you deliver. The total number of eligible weeks paid is determined by the type of delivery performed.

Voluntary Accident Insurance – Principal

Principal's Accident insurance helps cover the added costs that you may face following an injury.

Features of the Accident Insurance:

- Benefits are paid directly to you
- Any payment you receive is in addition to the benefits your health plan gives you.
- You don't have to meet a deductible to receive the money —and you can use the money any way you want.

Additional benefits are paid based on the type of accidental injury diagnosed. There are benefits paid for injuries such as:

- Lacerations
- Broken Bones
- Dislocations
- Burns
- Concussions

If you have a health plan and accident plan from Principal, a Benefit Assistant can help you get paid sooner. They may contact you and help you connect with a claims specialist to submit your accident claim quickly and easily.

Voluntary Critical Illness Insurance – Principal

Adding a Principal Critical Illness Protection Plan to your benefits helps give you more financial security in the event of a qualifying illness.

The Critical Illness Protection Plan pays a benefit directly to the member after diagnosis of a covered condition.

The money is theirs to use however they want, including paying for:

- Mortgage or rent
- Groceries
- Prescriptions
- Treatment by a specialist
- Transportation to and from treatment

Benefits are payable for:

- Cancer
- Heart Attack
- Stroke
- Major Organ Failure
- Heart Failure
- ALS
- And other adult and child conditions