



BOULDER
HOUSING
PARTNERS



JANUARY 1, 2025 - DECEMBER 31, 2025

2025

Employee Benefits Guide

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This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. This guide also serves as a Summary of Material Modifications. If there is any discrepancy in this guide, the Summary Plan Descriptions will prevail.

Eligibility and Enrollment

Welcome!

Boulder Housing Partners offers you and your family a comprehensive and valuable benefits package! To get the most out of your benefits, please review this guide and other provided resources.

YOU ARE ELIGIBLE IF YOU ARE:

- Full-time or $\frac{3}{4}$ employee (working 30 or more hours per week)
- New hire (eligible 1st of the month following the date of hire)

COVERING YOUR FAMILY MEMBERS

- You can enroll the following family members for coverage at the same time you enroll:
 - Your legal spouse
 - Your certified domestic partner
 - Your child(ren)
 - Your dependent children over age 26 who are physically or mentally unable to care for themselves
- Note: other dependent children will age off the plan effective the first of the month following their birthday

WHEN & HOW TO SIGN UP

Open enrollment is held for a limited time each year. New hires' notification of eligibility includes sign-up deadline.

To enroll: Complete enrollment/elections through Paylocity. Employees must log-in to make elections.

MOST COMMON QUALIFYING EVENTS TO CHANGE BENEFITS*

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

*If you qualify to change benefits, you must submit your request within 30 days of the qualifying event. Documentation (such as birth certificate or marriage license or proof of loss of coverage letter) may be required.

Benefits Overview

Benefits Offered

- Medical (Plan Options)
 - \$1,000 Copay Plan
 - \$3,300 HDHP (HSA)
 - Cigna Garner Plan
- Health Reimbursement Arrangement
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
 - Healthcare FSA
 - Dependent Care FSA
- Dental
- Vision
- Basic Life and AD&D
- Voluntary Life and AD&D
- Long-Term Disability
- Voluntary Short Term-Disability
- Employee Assistance Program
 - Cigna
 - Mutual of Omaha
- Optional Protection Benefits
 - Accident
 - Critical Illness Insurance
- Additional Benefits
 - Foundation Health
 - RTD EcoPass
 - Pet Insurance
 - Active & Fit Direct
 - BHP Wellness
 - Longmont Corporate Membership Program

Medical Insurance - Cigna

Go online to find an In-Network provider: www.cigna.com and search the Local Plus Network.

BENEFIT HIGHLIGHTS

In-Network amounts are shown.

See Summary of Benefits & Coverage (SBC) for out-of-network benefits and more details.

	\$1,000 Copay Plan
Deductible Calendar Year	\$1,000 Individual \$2,000 Family
Coinsurance (after deductible is reached)	20%
Out-of-Pocket Maximum Calendar Year Includes deductible, coinsurance and copays	\$4,000 Individual \$8,000 Family
Primary Care Physician Specialist	\$35 copay \$60 copay
Preventive Care	Covered at 100%
Inpatient Services Outpatient Services	20% after deductible 20% after deductible
Emergency Room Care Urgent Care Facility	20% after deductible \$50 copay
Prescription Drugs Retail: 30-day supply Tier 1 / 2 / 3 / 4	\$15 / \$40 / \$70 / 20% after deductible

FULL TIME EMPLOYEES

PER MONTH

Employee Only	\$185.30
Employee + Spouse	\$418.53
Employee + Child(ren)	\$359.78
Employee + Family	\$549.89

¾ TIME EMPLOYEES

PER MONTH

Employee Only	\$305.87
Employee + Spouse	\$703.49
Employee + Child(ren)	\$611.74
Employee + Family	\$917.61

Our offer of health insurance includes minimum value coverage and meets the affordability standards of the Affordable Care Act. This means that you would not qualify for a subsidy on the Health Insurance Marketplace. Your family members may qualify for a subsidy, depending on your total household income and the cost of coverage. Visit healthcare.gov to learn more.

Medical Insurance - Cigna

Go online to find an In-Network provider: www.cigna.com and search the Local Plus Network.

BENEFIT HIGHLIGHTS

In-Network amounts are shown.

See Summary of Benefits & Coverage (SBC) for out-of-network benefits and more details.

	\$3,300 HDHP (HSA)
Deductible Calendar Year	\$3,300 Individual \$6,000 Family
Coinsurance (after deductible is reached)	20%
Out-of-Pocket Maximum Calendar Year Includes deductible, coinsurance and copays	\$5,000 Individual \$10,000 Family
Primary Care Physician Specialist	20% after deductible 20% after deductible
Preventive Care	Covered at 100%
Inpatient Services Outpatient Services	20% after deductible 20% after deductible
Emergency Room Care Urgent Care Facility	20% after deductible 20% after deductible
Prescription Drugs Retail: 30-day supply Tier 1 / 2 / 3 / 4	Medical deductible applies 20% after deductible

FULL TIME EMPLOYEES

PER MONTH

Employee Only	\$145.00
Employee + Spouse	\$329.00
Employee + Child(ren)	\$286.71
Employee + Family	\$438.00

¾ TIME EMPLOYEES

PER MONTH

Employee Only	\$229.11
Employee + Spouse	\$526.95
Employee + Child(ren)	\$458.21
Employee + Family	\$687.32

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Medical Insurance - Cigna

Go online to find an In-Network provider: www.cigna.com and search the Local Plus Network.

BENEFIT HIGHLIGHTS

In-Network amounts are shown.

See Summary of Benefits & Coverage (SBC) for out-of-network benefits and more details.

	Cigna Garner Plan
HRA Amounts	\$5,000 Individual \$10,000 Family Please note: one family or any combination of family members can use the total reimbursement amount.
Deductible Calendar Year	\$6,000 Individual \$12,000 Family
Coinsurance (after deductible is reached)	0%
Out-of-Pocket Maximum Calendar Year Includes deductible, coinsurance and copays	\$6,000 Individual \$12,000 Family
Primary Care Physician Specialist	0% after deductible 0% after deductible
Preventive Care	Covered at 100%
Inpatient Services Outpatient Services	0% after deductible 0% after deductible
Emergency Room Care Urgent Care Facility	0% after deductible 0% after deductible
Prescription Drugs Retail: 30-day supply Tier 1 / 2 / 3 / 4	Medical deductible applies 0% after deductible

FULL TIME EMPLOYEES

PER MONTH

Employee Only	\$102.55
Employee + Spouse	\$285.67
Employee + Child(ren)	\$242.89
Employee + Family	\$398.67

¾ TIME EMPLOYEES

PER MONTH

Employee Only	\$207.04
Employee + Spouse	\$476.21
Employee + Child(ren)	\$414.09
Employee + Family	\$621.13

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Medical Insurance - Cigna

Go online to find an In-Network provider: www.cigna.com and search the Local Plus Network.

BENEFIT HIGHLIGHTS

In-Network amounts are shown. See Summary of Benefits & Coverage (SBC) for out-of-network benefits and more details.

	\$1,000 Copay Plan	\$3,300 HDHP (HSA)	Garner Plan
Deductible Calendar Year	\$1,000 Individual \$2,000 Family	\$3,300 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
Coinsurance (after deductible is reached)	20%	20%	0%
Out-of-Pocket Maximum Calendar Year Includes deductible, coinsurance and copays	\$4,000 Individual \$8,000 Family	\$5,000 Individual \$10,000 Family	\$6,000 Individual \$12,000 Family
Primary Care Physician Specialist	\$35 copay \$60 copay	20% after deductible 20% after deductible	0% after deductible 0% after deductible
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Inpatient Services Outpatient Services	20% after deductible 20% after deductible	20% after deductible 20% after deductible	0% after deductible 0% after deductible
Emergency Room Care Urgent Care Facility	20% after deductible \$50 copay	20% after deductible 20% after deductible	0% after deductible 0% after deductible
Prescription Drugs Retail: 30-day supply Tier 1 / 2 / 3 / 4	\$15 / \$40 / \$70 / 20% after deductible	Medical deductible applies then 20%	Medical deductible applies then 0%

FULL TIME EMPLOYEES PER MONTH RATES

Employee Only	\$185.30	\$145.00	\$102.55
Employee + Spouse	\$418.53	\$329.00	\$285.67
Employee + Child(ren)	\$359.78	\$286.71	\$242.89
Employee + Family	\$549.89	\$438.00	\$398.67

¾ TIME EMPLOYEES PER MONTH RATES

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Health Plan Definitions

It's important to understand how your medical insurance works. All of the following terms are about money you pay.

What is a premium?

This is the cost to be insured on a health plan. Usually, your employer pays for part of this cost, and you pay part of this cost. The amount you pay every month, or every payday is your premium; it is sometimes called your **"employee contribution."**

What is a deductible?

This is the amount you pay for your covered medical expenses each calendar year BEFORE your insurance plan begins to pay.

What does coinsurance mean?

If your plan has coinsurance, this is the percentage of the covered medical costs that you pay after your deductible until you reach your out-of-pocket maximum.

What does a copay pay for?

This is the dollar amount that you pay for doctor appointments, certain procedures or prescription drugs. Once you have paid this "copay" amount, the plan pays the rest of the cost for that service. There may be a deductible amount or coinsurance you pay before copays kick in (especially for prescription drugs).

What counts towards my out-of-pocket maximum?

Your out-of-pocket maximum includes what you pay in deductibles, coinsurance and copays. After you have paid your maximum, your plan will pay 100% of covered expenses for the rest of the calendar year.

For medical expenses that are not covered by your plan, you must pay the full cost of services. That's why it is important to ask and be sure what your plan pays, especially on higher cost services.

Your Garner Account

A higher level of health care, at a lower cost to you

With a Garner healthcare account on your plan, you can be treated by the most highly rated doctors, in every specialty, and at a lower cost to you.

Garner has analyzed over 320 million health claims and used data science to identify the doctors that get the best results for their patients. That's how they determine Garner-recommended doctors.

ELIGIBILITY: Garner is offered on the Cigna Garner Plan with Cigna (\$6,000 ded. plan). Garner is NOT HEALTH INSURANCE, but it sits on top of your Cigna Garner Plan. When you choose the Cigna Garner Plan and use a Garner-recommended provider that you have added to your account, you can receive money directly from Garner to help cover your expenses!

WHAT DOES GARNER COVER? After you have searched and selected a Garner-approved doctor either by contacting the concierge team or through the mobile app or website, the medical services prescribed or ordered by your Garner doctor will be eligible expenses and can be reimbursed up to the amount in your Garner account.

WHAT IF YOU HAVE AN EXISTING RELATIONSHIP WITH A DOCTOR? You can continue to see your existing primary care physician, gynecologist, therapist, or pediatrician but you MUST ADD your doctors to your account **before** seeking care by using the Garner app/website or messaging the Garner Concierge team. Once you have added your doctors, expenses from these doctors will be eligible for HRA reimbursement on the Garner Plan.

When you do a search in Garner, any doctors that are Garner-recommended and found in your search are linked to your Garner account.

HOW MUCH WILL GARNER COVER OF YOUR MEDICAL EXPENSES? If you enroll in the \$6,000 Cigna Garner Plan, you are eligible to get \$5,000 reimbursed if you enroll as employee only and \$10,000 if you enroll with dependents.



COVERED SERVICES INCLUDE:

- Office Visits
- Prescriptions
- Imaging and lab work
- Physical therapy
- Urgent Care
- Hospital bills
- Emergency care

TO LEARN MORE ABOUT GARNER, WATCH THIS 2-MINUTE VIDEO:



<https://vimeo.com/770812009>

How to Get Started with Garner

Step 1: Register Your Account

1. Scan the QR code to download the Garner Health app or visit getgarner.com/start.
2. Type your company name (Boulder Housing Partners).
3. Enter your name, phone, email address, and create a password.
4. Enter your date of birth and last four digits of your Social Security number.
5. Click on Settings, then Account, to set your language preference to English or Spanish.



Step 2: See a Garner-Recommended Doctor

Important Note: Always use Garner before your service/appointment in order to be eligible for reimbursement.

To be eligible for Garner reimbursement funds, you must either have found your doctor through your search on the Garner app or website, or contacted your Concierge to confirm they are a Garner-approved doctor before your visit. Your existing PCP, gynecologist, therapist or pediatrician can be reimbursed by Garner IF YOU FIRST add them in through the app, website, or Concierge team. If you are under care for a specific medical condition or prepping for surgery, your services may still be covered. You will need to contact Garner Concierge.

TO SEARCH FOR A NEW PROVIDER (DOCTOR): 1. Once logged in, click on Find providers. 2. Enter the symptom, procedure, condition, or specialty. 3. Enter your zip code, address, or city. 4. Click Find providers. All listed doctors with Top Provider badges are Garner-recommended and are eligible for reimbursement and will be linked to your account just by appearing in the search results.

Should your doctor not be Garner-approved, you may continue to see them; however, any out-of-pocket expenses would not be eligible for HRA reimbursement.

Step 3: Submit Your Explanation of Benefits (EOB) through the Garner App or Website. Garner Will Send a Check.

After your visit, submit a copy of your EOB from your insurance company through the Garner app or through the website for expenses incurred from your visit. Be sure your documentation has the patient name, date of service, Garner-recommended or approved provider, medical services performed, and amount.

Garner will reimburse you with a mailed check.

It usually takes two to four weeks for reimbursement checks to arrive.

Please note: Garner is working on a direct deposit reimbursement model but is not live yet.

If you have questions about the process, message the Concierge through the Garner Health mobile app, call **866-761-9586** Mon. – Fri. from 8 a.m. to 8 p.m. ET or email concierge@getgarner.com.

Access Garner online at getgarner.com or download the Garner Health IOS or Android mobile app.



Health Savings Account (HSA) – Elevations Credit Union

Only available for those enrolled in the **\$3,300 HDHP (HSA) plan**.

HSA is a tax advantaged savings account. You can use funds tax free for medical, dental and vision expenses. Since your HSA belongs to you, funds you don't use will remain in your account.

Funding Your HSA

- 1. Employer Contributions:** Boulder Housing Partners will contribute into your HSA account monthly according to the table below.
- 2. Employee Contributions:** You can contribute on a tax-free basis, per paycheck. You also can make deposits directly to your HSA bank up until the deadline for filing your tax return for the prior year, as long as you do not exceed the IRS limit.

2025 IRS Maximum Contribution

TOTAL CONTRIBUTION MAX

Individual: \$4,300

Family: \$8,550

Additional \$1,000 catch up contribution for anyone 55 or older.

FULL TIME EMPLOYEES

Monthly Single Employer Contribution	Monthly Family Employer Contribution
\$33.33	\$66.66

¾ TIME EMPLOYEES

Monthly Single Employer Contribution	Monthly Family Employer Contribution
\$25	\$50

Flexible Spending Accounts (FSAs) – Rocky Mountain Reserve

FSAs: Setting aside pre-tax dollars to spend on medical, dental, vision and dependent care expenses allows you to save money by reducing your taxable income. Be sure to estimate your annual expenses carefully as these accounts do include “use it or lose it” provisions.

Hold on to your receipts!

You will most likely be required to substantiate claims, meaning you will need to send in a receipt or Explanation of Benefits (EOB) to verify the expense was FSA eligible. It's important to respond to such a request quickly.

Healthcare FSA

- Annual maximum for 2025 is \$3,300.
- Funds can be used for any IRS-qualified medical, dental or vision expenses during the year.
- You have a grace period until 3/15 (an extension of the plan year) to use funds
- You also have a run out period until 3/31 to submit claims from services that took place during the plan year.
- For a list of eligible expenses for your Healthcare FSA, go to [irs.gov/publications/p502](https://www.irs.gov/publications/p502).
- Use your FSA card to pay for your purchases.
- **If you are enrolled in our HSA plan, you CANNOT elect this type of FSA.**

Dependent Care FSA

Covers qualified daycare expenses for children younger than age 13 and adult dependents who are incapable of caring for themselves.

- Annual maximum is \$5,000 if single or married and filing joint tax return (\$2,500 if married filing separately).
- There is no carryover of funds to the next year for dependent care FSA.
- **If you are enrolled in one of our medical plans or not, you CAN elect this type of FSA.**

*You CANNOT use your FSA towards medical expenses that will be reimbursed by Garner if enrolled into the Garner plan.

Telemedicine – MDLIVE

Quality medical care is available **24/7, 365 days a year** throughout the U.S., while at home, at work or traveling. Telemedicine provides fast, convenient, and economical access to non-emergency care with board certified physicians that can diagnose illness, recommend treatment, and prescribe medications **over the telephone or through video chat.**

Boulder Housing Partners provides a telemedicine benefit to you and your family members that are enrolled in the medical plan with Cigna. Download mobile app for MDLIVE.

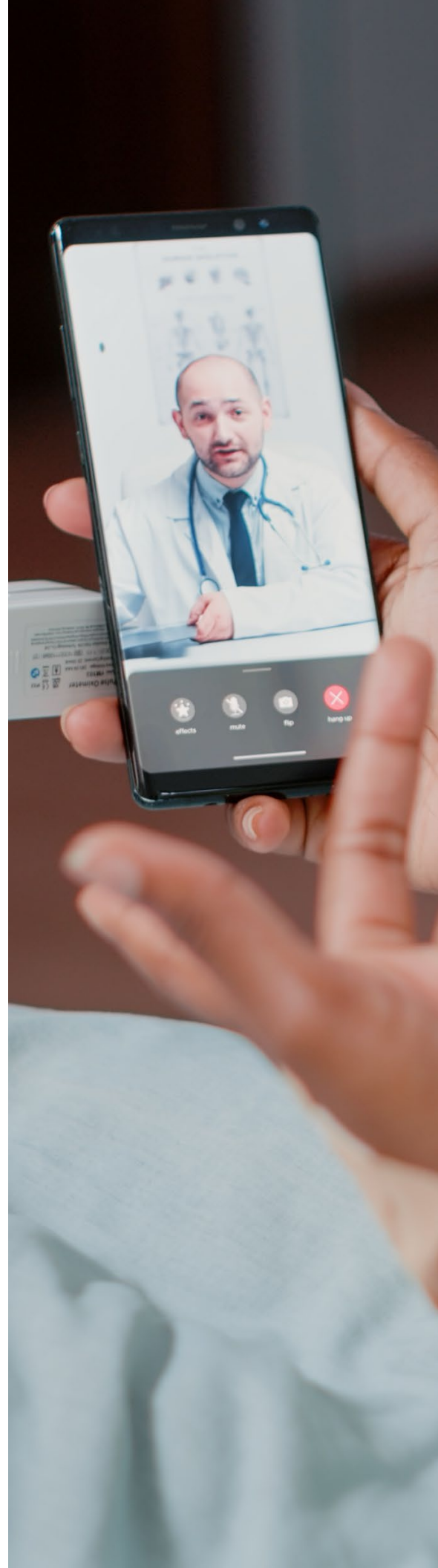
Telemedicine is not intended to replace your primary care provider, but it provides you access to healthcare when reaching your doctor is difficult or inconvenient.

IN MOST CASES, TELEMEDICINE IS PERFECT FOR TREATMENT OF:

- Moderate fever
- Colds, cough, flu, or COVID-19
- Minor cuts, scrapes, or burns
- Skin rashes, irritations, or infections
- Ear or eye infections
- Sinus infections or strep throat
- Sprains and strains
- Urinary tract infections
- Respiratory infections

Employee Assistance Program - Cigna

If you're enrolled in a Cigna medical plan, you have access to many behavioral health resources, including an Employee Assistance Program with up to three free sessions with a licensed clinician in Cigna's employee assistance program network.

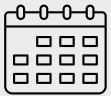


How To Save Money

Preventive Care

Did you know that if you are covered under ANY of our medical plans, your in-network preventive care is covered at 100%? That's right! \$0 cost for your annual physicals and preventive exams and screenings.

These exams and screenings help identify health risks early on, and help you keep out-of-pocket expenses in-check. When was the last time you had your total cholesterol and glucose levels checked? Knowing these critical numbers is one of the most important parts of the visit.



Test

Blood pressure, diabetes, cholesterol



Screenings

Mammograms, colonoscopies, sexually transmitted infections



Interventions

Quit smoking, lose weight, eat healthy, identify depression, reduce alcohol use



Vaccinations

Flu, pneumonia, measles, polio, meningitis, and other diseases



Regular Visits

Well-woman, well-baby, well-child



Care

For healthy pregnancies

Shopping for Healthcare

- **Use in-network providers** Use your online provider locator or call the phone number on the back of your health plan ID card.
- **Compare costs of in-network providers** Costs can vary greatly among in-network providers.
- **Use appropriate medical facilities for care needed** Use a hospital emergency room only for real emergencies/critical care. Otherwise, use urgent care, convenience care facilities or telehealth.
- **Use generic prescription medications when possible and check prices at pharmacies before you buy**
- **Check your bills & insurance explanation of benefits (EOB) Always check:**
 - You are billed for actual services received
 - No errors in type of care or amount of care received
 - In-network discounts are applied
 - Deductible and any copays or coinsurance are applied correctly

Emergency Care vs. Urgent Care

When you need medical attention in a hurry, you have choices. Of course, when it's a **life-threatening problem, you should call 911 or go straight to the nearest emergency room (ER).**

True emergencies are treated first in the ER, so unless your life is in danger, you could wait hours to be seen by a physician. The ER is also the most expensive option for care.

For non-life-threatening problems, call your doctor, use telemedicine, call your nurse line, or go to an urgent care center.

Go To Urgent Care

- High fever
- Colds, cough, flu, or COVID-19
- Minor cuts, scrapes, or burns
- Skin rashes, irritations, or infections
- Ear or eye infections
- Sinus infections or strep throat
- Sprains, strains, or fractures
- Urinary tract infections
- Respiratory infections

Go To Emergency Room Or Call 911

- Heart attack or stroke
- Chest pain or other intense pain
- Shortness of breath
- Head injury or other major trauma
- Loss of consciousness
- Major burns or severe bleeding
- One-sided weakness or numbness
- Open fractures
- Poisoning or suspected overdoses
- Difficulty swallowing, closing of throat (anaphylactic shock)



Be a Smart Healthcare Consumer

Be a consumer, not just a patient, in your healthcare. Cigna's member portal has many great tools for you to use to research providers and services in order to help you make informed decisions.

Take control and don't be afraid to **ASK QUESTIONS**.

Use In-network Providers

Use your online provider locator or call the phone number on the back of your health plan ID card to find a physician or medical facility in your network.

WHY?

- The billed amount usually will be significantly lower.
- The amount you pay in out-of-pocket costs will be significantly lower.

Use the Estimate Healthcare Cost page at www.mycigna.com to:

- Find a doctor or service
- Estimate healthcare
- Compare Rx prices and more

The myCigna Mobile App also provides access to info you can use:

- Deductible balances
- Find doctor & services
- Search claims

Confirm the Provider Is Still In-network & Accepting New Patients

Check with the provider and/or your health plan network before you make an appointment.

WHY?

- Occasionally, there are network changes; providers may move in- or out-of-network.
- There are times when a provider is part of the network, but may not be accepting new patients for services.

Use Your Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them altogether.

Use Appropriate Medical Facilities For Care

Use a hospital emergency room only for real emergencies/critical care. Otherwise, use urgent care or convenience care facilities.

WHY?

The cost differences can be tremendous.

Be a Smart Healthcare Consumer (cont'd)

Use Generic Prescription Medicines When Possible & Check Prices At Pharmacies Before You Buy

WHY?

- The cost differences can be tremendous. Many brand name drugs today have a generic available.
- Where you shop can mean savings, too. The same drug can cost less at a different pharmacy.

EXAMPLES - Generics*

CONDITION & BRAND NAME	BRAND COST	GENERIC COST	SAVINGS
Diabetes: Starlix	\$289.83	\$45.58	\$244.25
Cholesterol: Lipitor	\$138.00	\$20.00	\$118.00
High Blood Pressure: Inderal	\$665.90	\$70.59	\$595.31

**For illustrative purposes only. Costs in your area will vary.*



Be a Smart Healthcare Consumer (cont'd)

Use Cigna's home delivery pharmacy

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home.

Through Express Scripts, you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy. And because shipping is free, you'll also save on gas money!

Check your bills and insurance explanation of benefits (EOB)

WHY?

Mistakes can happen, even when you have had excellent medical care. ALWAYS check to be sure:

- You are billed for actual services received.
- No errors in type of care or amount of care received.
- In-network discounts are applied.
- Deductible and any copays or coinsurance are applied correctly.





How to Find a Provider

Finding an in-network provider is very important and can end up saving you a lot of money out-of-pocket. Outlined below are the steps to find an in-network provider for medical, dental and vision benefits.

HOW TO FIND A MEDICAL PROVIDER	HOW TO FIND A DENTAL PROVIDER	HOW TO FIND A VISION PROVIDER	HOW TO ACCESS OUR EAP
1 Go to www.mycigna.com	1 Go to www.deltadentalco.com	1 Go to www.mutualofomaha.com/vision	www.mutualofomaha.com/eap (800) 316-2796
2 Select "Find a Doctor"	2 Click "Find a Dentist"	2 Select "Locate a Provider"	This benefit is provided through your Mutual of Omaha coverages.
3 Select "Plans through your employer or school"	3 Enter your zip code	3 You can search by location or doctor	
4 Enter your search location	4 Select Delta Dental PPO Network		
5 Under Medical Plans select "Local Plus"			

If you have selected a Garner plan, please go to www.getgarner.com. See page 10 & 11 for more details.

Dental Insurance – Delta Dental

Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

How to Find a Provider- Finding an in-network provider is very important and can end up saving you a lot of money out-of-pocket. Go online to find a provider at www.deltadentalco.com.

DENTAL BENEFIT HIGHLIGHTS

(IN-NETWORK BENEFITS SHOWN)	LOW PLAN	HIGH PLAN
Annual Maximum	\$1,000	\$2,000
Calendar Year Deductible	\$50 / \$150	\$50 / \$150
Preventive Services Exams, cleanings, x-rays	No charge	No charge
Basic Services Fillings, root canals, endodontics, periodontics	20% after deductible	20% after deductible
Major Services Crowns, full and partial dentures, bridges	50% after deductible	50% after deductible
Orthodontia (adults included)	Not Covered	50%, no deductible
Orthodontia Lifetime Maximum (adults included)	Not Covered	\$2,000

FULL TIME EMPLOYEES

PER MONTH

Employee Only	\$7.80	\$13.27
Employee + Spouse	\$15.60	\$26.87
Employee + Child(ren)	\$16.01	\$27.58
Employee + Family	\$26.79	\$45.98

¾ TIME EMPLOYEES

PER MONTH

Employee Only	\$12.35	\$21.01
Employee + Spouse	\$24.71	\$42.55
Employee + Child(ren)	\$25.36	\$43.67
Employee + Family	\$42.41	\$72.80

ID cards for Dental coverage are not provided. You can download a member ID card by logging onto www.deltadental.com and creating a member account but they are not necessary. Providers can look you up by SSN.

Vision Insurance - Mutual of Omaha

Vision insurance can help you maintain your vision as well as detect various health problems

How to Find a Provider- Mutual uses the EyeMed Insight Network. Finding an in-network provider is very important and can end up saving you a lot of money out-of-pocket. Go online to find a provider at www.mutualofomaha.com/vision

VISION BENEFIT HIGHLIGHTS

(IN-NETWORK BENEFITS SHOWN)	YOU PAY
Eye Exam	\$10 copay
Contact Lens Fitting	Standard: Up to \$40 copay Premium: 10% off retail price
Materials Copay	\$25 copay
Lenses (single, bifocal, trifocal, lenticular)	Covered in full after materials copay
Frames	\$150 allowance + 20% off balance
Contacts (instead of glasses lenses)	\$150 allowance
Frequency (Exam / Lenses / Frames)	12 / 12 / 12 Months

FULL TIME EMPLOYEES

PER MONTH

Employee Only	\$1.55
Employee + Spouse	\$3.56
Employee + Child(ren)	\$3.94
Employee + Family	\$6.01

¾ TIME EMPLOYEES

PER MONTH

Employee Only	\$2.45
Employee + Spouse	\$5.63
Employee + Child(ren)	\$6.24
Employee + Family	\$9.52

ID cards will be sent to you for your EyeMed through Mutual of Omaha vision insurance.

Life and AD&D Insurance – Mutual of Omaha

How much life insurance do you need?

You can search online for a “life insurance calculator” to help you decide how much voluntary life insurance you need. Plan ahead for your financial responsibilities:

- Monthly mortgage or rent payments
- Car payment and other loans
- Daily living expenses (utilities, food, transportation)
- Education costs for children/grandchildren

BASIC LIFE AND AD&D*– COST FOR EMPLOYEE IS FULLY PAID BY Boulder Housing Partners

It’s important that our employees have some level of financial protection. That’s why we provide eligible employees with Basic Life and AD&D coverage at no cost to you. All eligible employees receive guaranteed coverage in the amount of 1.5x your annual salary up to \$300,000.

*AD&D- Accidental Death & Dismemberment

Important Note: Be sure HR has your up-to-date beneficiary information.

VOLUNTARY LIFE INSURANCE - YOU PAY THE FULL COST

You can purchase life insurance to provide more financial protection for your family. You must purchase coverage on yourself to be eligible to purchase spouse and/or child(ren) coverage.

<p>Employee Benefit (Life and AD&D)</p>	<p>\$<u>10,000</u> increments up to \$<u>300,000</u>, cannot exceed 5x salary.</p> <p>No statement of health for coverage up to \$150,000 at initial enrollment. Above that amount requires medical information and completion of evidence of insurability form.</p>
<p>Spouse Benefit (Life and AD&D):</p>	<p>\$5,000 increments up to \$<u>100,000</u>; not to exceed <u>100%</u> of Employee elected amount.</p> <p>No medical questions for coverage up to \$30,000 at initial enrollment. Above that amount requires medical information and completion of evidence of insurability form.</p>
<p>Child Benefit (Life and AD&D):</p>	<p>\$<u>10,000</u></p>

Benefit amount will begin reducing at age 65. Please refer to the Certificate of Coverage for more details.

Costs and benefit amounts depend on your age. You can find cost information in the benefits portal.

Disability Insurance - Mutual of Omaha

Disability insurance is paycheck insurance.

This ensures you will receive a portion of your income if you were out of work due to injury or illness. Short-Term Disability provides a weekly benefit, whereas Long-Term Disability will pay a monthly benefit **after** Short-Term Disability has been exhausted. See below for more information on the plans.

	SHORT-TERM DISABILITY <i>employee paid</i>	LONG-TERM DISABILITY <i>employer paid</i>
Benefit Amount	60% of your weekly earnings to a maximum benefit of \$1,500 per week	50% of monthly earnings to a maximum benefit of \$8,000 per month
When Do Benefits Begin?	Accident - After 7 days Sickness - After 7 days	After 90 Days
How Long Are Benefits Paid?	Accident - up to 12 weeks Sickness - up to 12 weeks	See schedule in plan document for details*

*Benefit duration may be different for Maternity. See plan document/policy for details.

Employee Assistance Program (EAP) - Mutual of Omaha

Our Employee Assistance Program (EAP) can provide you and your family and household members with information and assistance on a wide range of topics and issues including: work stress, debt problems, family issues, relationship worries, parenting challenges, anxiety, grief and much more.

Counselors are available for support by phone 24/7 at no cost to you (800) 316-2796. There are also three face-to-face visits included.

Online resources are also available by logging onto www.mutualofomaha.com/eap

Accident and Critical Illness – Mutual of Omaha

Accident

You can purchase voluntary Accident coverage. Accident insurance covers you and your family for a wide variety of accidental injuries, including broken bones, concussions, dislocations, and second- and third-degree burns.

This plan will provide a lump-sum payment when a covered person has medical services and treatments related to accidental injuries, such as certain doctor visits, ambulance transportation, medical testing and physical therapy. It is a valuable complement to your medical insurance. To learn more about the benefit, see details in the plan summary.

Critical Illness

You can purchase voluntary Critical Illness insurance. This plan pays a lump-sum payment upon diagnosis of a critical illness like a heart attack, stroke or cancer. To learn more about the benefit, see details in the plan summary.



Employee Contributions

Accident & Critical Illness

	ACCIDENT PLAN	CRITICAL ILLNESS
	Monthly	
Employee Only	\$4.79	
Employee + Spouse	\$7.02	Age-banded rates, see Paylocity
Employee + Child(ren)	\$9.09	
Employee + Family	\$11.87	



Foundation Health

Take Control Of Your Health

WITH A HEALTHCARE TEAM THAT HELPS YOU FEEL GOOD

Foundation Health® is a membership-based family practice that gives you improved quality and access to health care services, without deductibles, copays or coinsurance. As an academy resident, there is no cost for you or your dependents for Foundation Health membership.

Annual Wellness

If you're interested in your annual wellness exam, we offer both women' and mens' wellness in our office.

24/7 Access

Use us as your first line of defense against urgent care and emergency room visits. If you need immediate guidance, call our office day or night to reach a member of your wellness team.

Same-Day Or Next-Day Appointments

We know that the only thing that you want to do when you're sick is to get better.

Discounts With Wellness Partners

We work with health practitioners, including acupuncturists, and massage therapists to ensure you get affordable access to great services.

More Time With Your Doctors

Our appointments are never scheduled for less than 30 minutes and typically are in the 60-90 minute range.

Savings With Insurance-Free Care

Our services are covered under our monthly membership. Because we don't take insurance, you're not going to be hit with a bill that you didn't expect.

Lab, Specialist & Hospital Coordination

Being sick is hard enough as it is, without trying to keep track of everything your doctors say. As a member, we'll support your care by working with your outside specialists, hospitals, and labs.

Insurance Support

Insurance is confusing. While you'll never see an insurance bill from our office, we'll work with your insurance broker to help you navigate your bills from outside providers.

Discounts On Supplements

Your membership includes discounts on Foundation Health physician-vetted supplements.

Discounts with Wellness Partners

We work hard to negotiate affordable prices on great wellness services, including supplements, acupuncture and massage.

Unlimited Visits

Meet with a healthcare provider every day if you need to.

EXAMPLES OF SERVICES INCLUDE (BUT ARE NOT LIMITED TO):

Women's Wellness, Fracture Care, Wound Care & Basic Splinting, EKGs, Suture & Staple Removal, Mental Health Screening and Support, STI/ STD Screening, Skin Biopsy & Skin Cyst Removal, Peak Flow Testing, Nebulizer Treatment, Comprehensive Physical Exam (Including Heart Disease, Cancer, & Diabetes Exams), Basic Vision Screening, Fitness & Nutrition Coaching, Blood Pressure Screening, Chronic Disease ManagementPrenatal Counseling, Routine Pediatric Care

**Certain medical devices & vaccines cannot be covered by Foundation Health membership, but will be discussed with the patient prior to administration.*

***In addition, if you need services that extend beyond the Foundation Health office, Foundation Health physicians can provide suggestions of accomplished, well-regarded specialists who can support your needs.*

1949 Pearl Street in
Boulder
(303) 449-0517
ExperienceWell.com



Our Process

THE FOUNDATION HEALTH DIFFERENCE

Schedule A Visit At Open Enrollment

Meet with one of our patient advocates to see how Foundation Health membership could be a good fit for you.

Health Assessment

We'll send you a health assessment online so that when you come in for your first visit, our providers will have a sense for a plan of action to help you to optimal health.

Initial Visit

Our providers will have reviewed your health assessment prior to your initial visit. We schedule 90 minutes for this first visit so that our providers can review all of your health concerns and health goals with you.

Blood Tests

After your initial visit, you'll meet with one of our Wellness Assistants to draw your blood for your initial health tests. These tests will include foundational baselines so that they can best understand how to guide you in your preventive health, as well as tests related to any acute or chronic conditions you may have.

Health Analysis

Once we receive your test results, we will schedule a follow-up visit to review them with you and come up with a wellness plan to help you to optimal health.

Ongoing Care

We offer unlimited visits, so if you have a chronic condition and need some extra guidance, we're here to help. If you have an immediate health concern, we're here to help. Or if you just need a little extra guidance in your health goals, we're here to help. You can call us any time, day or night to reach our on-call provider who has access to your medical records.

RTD EcoPass

- RTD EcoPasses are available to staff and paid for by Boulder Housing Partners.
- If you would like to receive a pass, please reach out to HR. This is not an automatic enrollment.

Pet Insurance

You are eligible for discounts for pet insurance if you use the link below. Please note, this benefit is direct bill. Payroll deductions are not available.

Compare and choose a policy at the link below:

<https://www.petinsuranceshopper.com/boulderhousing>



One Membership.

Thousands of Ways to Stay Active and Save Money.

-  **12,200+ Gyms**
-  **9,700+ On-Demand Videos**
-  **Enroll Your Spouse²**

No annual fees or long-term contracts.
Switch gyms anytime.



Plus: 5,800+ Premium Gym Options at exercise studios, outdoor experiences, and others with 20% – 70% discounts at most locations³

STANDARD FITNESS MEMBERSHIP
\$28/mo¹
12,200+ FITNESS CENTERS
9,700+ WORKOUT VIDEOS
Active&Fit
DIRECT™

Get Started: <https://discoverhealthyrewards.sites.cigna.com>

¹ Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees may vary based on fitness center selection.

² Monthly fees are subject to applicable taxes.

³ Costs for premium exercise studios exceed \$28/mo. and an enrollment fee will apply for each premium location selected, plus applicable taxes. Fees vary based on premium fitness studios selected.

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Boulder Housing Wellness 2025

Boulder Rec
Center
Membership

Receive \$400
for completing
an annual
physical for
2025

- Continuing in 2025, 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 \$400 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.
- 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 health 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 those employees opting-in at no cost that are enrolled in one of the Cigna plans. Employees do have the options of adding their dependents for an additional \$105 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 \$105 per month per person.

Corporate Membership Program

The City of Longmont Recreation pass gives you access to recreation centers, drop-in fitness classes, access to outdoor pools in the summer months and the Longmont Ice Pavilion during the winter months. The passes are valid at all facilities.

To purchase a Corporate Membership Recreation pass, visit any one of the following facilities;

- Centennial Pool, 1201 Alpine St., Longmont 80504, 303-651-8406
- Longmont Recreation Center, 310 Quail Rd., Longmont 80501, 303-774-4800
- St. Vrain Memorial Building, 700 Longs Peak Ave., Longmont 80501, 303-651-8404
- Sunset Pool, 1900 Longs Peak Ave., Longmont 80501, 303-651-8300 (during the Summer)

Employees will need to provide proof of employment annually, such as a current I.D. badge, paystub, or letter from Human Resources.

20 Visit Pass

Expires 5 years from date of purchase.

Employee Only: \$94.50

3-Month Pass

Expires after 3 months.

Adult: (18-54 years) \$115.25

Senior: (55 and up) \$66.00

Couple: \$209.75

***Household: \$242.25**

30-Day Pass

Expires after 30 days.

Adult: (18-54 years) \$47.00

Senior: (55 and up) \$28.00

Couple: \$84.50

***Household: \$95.25**

Annual Pass: Monthly Payment

Monthly credit card or checking/savings account debit on the 10th of the month. Monthly auto pay will be in effect for at least one year.

Adult: (18-54 years) \$45.50

Senior: (55 and up) \$26.00

Couple: \$79.75

***Household: \$90.75**

Annual Pass: Paid in Full

Expires 1 year from date of purchase.

Adult: (18-54 years) \$400.75

Senior: (55 and up) \$228.75

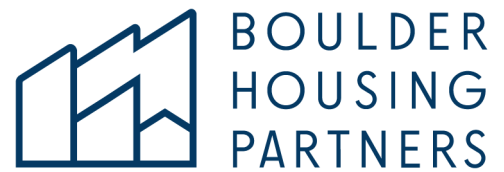
Couple: \$729.75

***Household: \$842.50**

*Household Passes include immediate family members who are claimed on your taxes.

Prices are subject to change. [Check the city website for current pricing.](#)

Contact Aurora Black at aurora.black@longmontcolorado.gov, (303) 651-8821



Contact Information

	VENDOR NAME	GROUP NUMBER	CONTACT INFORMATION
Human Resources	Julia Arencibia		arencibiaj@boulderhousing.org (720) 564-4639
	Stefanie Sumaya		sumayas@boulderhousing.org (720) 564-4643
	Michelle McGrath		mcgrathm@boulderhousing.org (720) 445-6030
Medical	Cigna	00631571	www.cigna.com (800) 997-1654
HRA Administrator	Garner		www.getgarner.com (866) 761-9586
HSA Administrator	Elevations Credit Union	N/A	www.elevationscu.com (800) 429-7626
FSA Administrator	Rocky Mountain Reserve	N/A	www.rockymountainreserve.com (888) 722-1223
Dental	Delta Dental	W2541	www.deltadentalco.com (800) 610-0201
Vision	Mutual of Omaha	CGVD	www.mutualofomaha.com/vision (800) 775-6000
Life & AD&D	Mutual of Omaha	CGVD	www.mutualofomaha.com (888) 493-6902
Disability	Mutual of Omaha	CGVD	www.mutualofomaha.com (800) 775-1000
Accident / Critical Illness	Mutual of Omaha	CGVD	www.mutualofomaha.com (800) 775-6000
Foundation Health		19T093229	www.experiencewell.com (303) 449-0517
EAP	Mutual of Omaha & Cigna	N/A	www.mutualofomaha.com/eap (800) 316-2796 www.mycigna.com (877) 231-1492
Client Manager	Fall River Employee Benefits		Ryan Volk ryan@fallriverbenefits.com (720) 574-9575
Assistant Client Manager			Kendal Hatos kendal@fallriverbenefits.com (480) 536-7003