

JANUARY 1 - DECEMBER 31, 2022



summit community
CARE CLINIC

2022

BENEFITS GUIDE



Welcome

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

Eligibility

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

- ▶ Your legally married spouse
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following date of hire or change to full time hours.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2022.

Choose Carefully!

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

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

Making Changes

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

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a federal tax penalty. This information will be securely submitted to the IRS and will remain confidential.

Inside

Medical Plans

Voluntary Benefits

Dental Plan

Vision Plan

Flexible Spending Accounts (FSAs)

Life and AD&D Insurance

Disability Insurance

Employee Assistance Program (EAP)

Cost of Benefits

Contact Information

Enrollment

Go to <https://secure.onehcm.com/ta/SCCCI>. login. There, you will find detailed information about the plans available to you and instructions for enrolling.

Medical Plans

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

Cigna EPO

The EPO plans give members the freedom to seek care from the provider of their choice within the Local Plus or Open Access Plus network. Services received outside of the network are not covered, except in the case of emergency medical care. The calendar year deductible must be met before certain services are covered.

HSA

The Cigna HDHP \$5,500 LocalPlus plan and HDHP \$5,500 Open Access Plus plan come with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE:** *if you elect family coverage, each family member is eligible for benefits once he or she satisfies his or her individual deductible. Once you collectively meet the family deductible, all family members are eligible for benefits.*
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. **NOTE:** *If you elect family coverage, the plan will pay 100 percent of all eligible covered services for each family member once he or she satisfies their out-of-pocket maximum. Once you collectively meet the family out-of-pocket maximum, the plan will be covered 100 percent for all family members.*

- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, we will contribute \$600 annually (\$50 monthly) to your HSA if you enroll in employee-only coverage and \$1,500 annually (\$125 monthly) if you enroll yourself and one or more family members. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

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

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

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

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

Medical Plans (Cont'd.)

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

Key Medical Benefits	HDHP \$5,500 LocalPlus	HDHP \$5,500 Open Access Plus	EPO \$2,500 Local Plus	EPO \$2,500 Open Access Plus
	In-Network Only	In-Network Only	In-Network Only	In-Network Only
Deductible (per calendar year)				
Individual / Family	\$5,500 / \$11,000	\$5,500 / \$11,000	\$2,500 / \$5,000	\$2,500 / \$5,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$6,200 / \$12,400	\$6,200 / \$12,400	\$5,000 / \$10,000	\$5,000 / \$10,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)				
Individual / Family	\$600 annually (\$50 monthly) / \$1,500 annually (\$125 monthly)		N/A	N/A
Covered Services				
Office Visits (physician/specialist)	0%*	0%*	\$40 / \$80 copay	\$40 / \$80 copay
Routine Preventive Care	No charge	No charge	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	0%*	0%*	20%	20%
Chiropractic	0%*	0%*	\$400 copay	\$400 copay
Complex Imaging	0%*	0%*	\$80 copay	\$80 copay
Ambulance	0%*	0%*	20%*	20%*
Emergency Room	0%*	0%*	\$500 copay then 20%	\$500 copay then 20%
Urgent Care Facility	0%*	0%*	\$65 copay	\$65 copay
Inpatient Hospital Stay	0%*	0%*	20%*	20%*
Outpatient Surgery	0%*	0%*	20%*	20%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)				
Retail Pharmacy (30-day supply)	Medical Deductible; then 10% / 10% / 10% / 10%	Medical Deductible; then 10% / 10% / 10% / 10%	\$15 / \$40 / \$80 / 20% copay	\$15 / \$40 / \$80 / 20% copay
Mail Order (90-day supply)	Medical Deductible; then 10% / 10% / 10% / 10%	Medical Deductible; then 10% / 10% / 10% / 10%	\$38 / \$100 / \$200 / 20% copay	\$38 / \$100 / \$200 / 20% copay

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

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

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

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Telehealth

Telehealth is a unique benefits package offered at no cost to all employees enrolled in medical coverage that is designed to help navigate the complex health care and insurance system. Telehealth is comprised of Teladoc (\$0 per consultation!), Health Advocate and eDocAmerica. You will receive a welcome kit in the near future if you enroll in medical coverage. Note that the welcome kit has language that states "Medical Discount Plan." Some states require that language.

If you misplace your welcome kit, you can contact 855-647-6767 to request a replacement. There is a separate registration process for all three services, and registration instructions are included in the welcome kit for each benefit.

Voluntary Benefits

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

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

Accident Insurance

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

Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000³? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Hospital Indemnity Insurance

The average cost of a hospital stay is \$10,000¹—and the average length of a stay is 4.8 days². Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

Identity Theft: LifeLock

Identity theft can be emotionally devastating and take years to resolve without help from an experienced professional. Replacing documents, cutting through red tape, and untangling fraud is daunting. But with help from LifeLock's experienced team, available 24/7, restoration takes place quickly and effectively, giving customers peace of mind. This benefit is paid entirely by you. Visit www.lifelock.com for more information.

Pet Insurance: Nationwide

You want the best for your pet. While it's hard to anticipate accidents and illnesses, Nationwide Pet Insurance makes it a little easier to be prepared for them. As an employee, you're eligible for a discount on Nationwide Pet Insurance. Premiums vary based on the age of your pet, species, size (as an adult), plan type, deductible and state of residence. To learn more and enroll, visit <https://benefits.petinsurance.com/summitclinic>.

BenefitHub

BenefitHub offers access to exclusive discounts with over 10,000 brands including deals from your favorite local businesses. There are over 20 categories to search from which allows you to earn up to 20% cash-back rewards on nearly all vendors.

For more information, visit www.sccc.benefithub.com and register using referral code: 8HYK33

1. *Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD.*
2. *National Hospital Discharge Survey: 2010*
3. *MetLife Accident and Critical Illness Impact Study, October 2013*



Dental Plan

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

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

Key Dental Benefits	DPPO	
	PPO Providers	Premier and Non-Participating Providers
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	\$1,000	
Covered Services		
Preventive Services	No charge	20%*
Basic Services	20%*	50%*
Major Services	50%*	25%*
Orthodontia (Child Only)	\$1,000 lifetime max; 50%*	

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

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

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision Plan

We are proud to offer you a vision plan.

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

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

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$25	N/A
Lenses (once every 12 months)	No charge after materials copay	Up to \$30
Single Vision		Up to \$50
Bifocal		Up to \$65
Trifocal		
Frames (once every 24 months)	Covered up to \$130 for standard frames and \$150 for featured frames then 20% off	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$105

Flexible Spending Accounts

We provide you with an opportunity to participate in up to three different flexible spending accounts (FSAs) administered through 24 Hour Flex. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2022, you may contribute up to \$2,850 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

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

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

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

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

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

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

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

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

Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through March 15, 2023, and must file claims by March 30, 2023.

Life and AD&D

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

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

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Unum.

Benefit Amount	\$50,000
-----------------------	----------

Supplemental Life/AD&D (Employee-paid)

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

	Benefit Option	Guaranteed Issue*
Employee	Increments of \$10,000 up to \$500,000 (not to exceed 5x annual salary)	\$150,000
Spouse	Increments of \$5,000 up to \$500,000 (not to exceed 100% of employee amount)	\$25,000
Child(ren)	\$2,000 increments up to \$10,000 (6 months to age 26)	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability Insurance

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

Voluntary Short-Term Disability

Provided at an affordable group rate through UNUM.

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,500
When Benefits Begin	8 th day
Maximum Benefit Duration	12 weeks

Long-Term Disability

Provided at **NO COST** to you through UNUM.

Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	91 st day
Maximum Benefit Duration	Social Security Normal Retirement Age

Employee Assistance Program (EAP)

We offer confidential guidance and resources for you or an immediate household family member.

- ▶ In-person help with short-term issues; up to six (6)* sessions per person, per issue, per year
- ▶ Toll-free phone and web access 24/7
- ▶ Unlimited phone access to legal, financial and work-life services
- ▶ A 25% discount on in-person consultations with network lawyers
- ▶ Financial consultations and referrals
- ▶ Work/life services for assistance with child care, finding movers, kennels and pet care, vacation planning, and more

To learn more about the Health Advocate EAP+ Work/Life program, visit www.HealthAdvocate.com/members or email answers@HealthAdvocate.com. Or, talk with a specialist at 866-799-2485.

Travel Assistance: UNUM

You know your UNUM Life Insurance coverage helps protect your family's financial future ... but did you know it also includes helpful services you can use right now?

Those services include a Travel Assistance program, which provides a wealth of travel, medical and safety-related services you can access while traveling. UNUM has partnered with Assist America, a worldwide leader in travel assistance, to make this valuable benefit available when traveling more than 100 miles from home for business and leisure.

Your comprehensive coverage includes:

- ▶ Medical emergency evacuation and transportation
- ▶ Dependent child transportation
- ▶ Travel treatment monitoring

Staff and resources provide 24/7 travel support. Travel assistance services are subject to specific terms, conditions and limitations. To view a list of services, download a membership card, access pre-trip information and country guides, and access Assist America's Operation Center from anywhere in the world, download and activate the Assist America Mobile App from the Apple App Store or Google Play. Reference Number 01-AA-UN-762490.



Cost of Benefits

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

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Cigna	866-494-2111	www.mycigna.com
	Telehealth New Benefits	855-847-3627 855-647-6767	www.hubtelehealth.com
Voluntary Benefits	Aflac, Lifelock- Keanu Vela	720-207-2347	keanu.vela@hubinternational.com
Dental	Delta Dental	800-610-0201	www.deltadentalco.com
Vision	VSP	800-877-7195	www.vsp.com
Health Savings Account (HSA) Flexible Spending Accounts (FSAs)	24 Hour Flex	Service: 800-651-4855 Claims: 303-369-7886	www.24hourflex.com
Life/AD&D	UNUM	866-679-3054	www.unum.com
Disability	UNUM	866-679-3054	www.unum.com
Employee Assistance Program (EAP)	Health Advocate	866-799-2485	www.HealthAdvocate.com/members Answers@HealthAdvocate.com
Travel Assistance	Unum Assist America, Inc.	Within the US: 1-800-872-1414 Outside the US: (US access code) +609-986-1234	medservices@assistamerica.com Assist America Mobile App Ref # 01-AA-UN-762490
Escalated Issues	Kyle Nelson	720-207-2407	kyle.nelson@hubinternational.com
Medicare	Dan Jones, HUB International	720-207-2365	dan.jones@hubinternational.com

Benefits Website

Our benefits website <https://secure.onehcm.com/ta/SCCCI.login> can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

Patricia Price
970-409-4690
pprice@summitclinic.org



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

