



Health Solutions

Spanish Peaks Healthcare Systems

2022

Summary of Employee Benefits

ABOUT US

Health Solutions is a comprehensive, non-profit community medical and behavioral health treatment provider with centers in Pueblo, Huerfano and Las Animas counties. Health Solutions is licensed by the State of Colorado, and governed by a citizens' board of directors.

Our Mission

Our mission is to make available a comprehensive range of affordable and quality community-based medical and behavioral health services.

Health Solutions exists to assist those in need of healthcare services who require expert care to support recovery and to successfully achieve their healthcare goals.

We are committed to offering exceptional quality services that set the standard for healthcare in Colorado. This care is provided through service excellence, innovation, compassion and promotion of self-determination.

Our Services

- Diagnostic Evaluation
- Individual Therapy
- Couples therapy
- Youth & Family Therapy
- Medications
- Recovery Treatment Services
- Emergency Crisis Services
- Acute Care
- Care Coordination
- School-based Therapy
- Early Childhood Services
- Ancillary Services

MANAGEMENT TEAM

Leadership With Heart

Health Solutions leaders work with a servants heart knowing they are stewards to our local community and a life changing resource for those we serve.

With that powerful knowledge behind what they do, our Health Solutions leaders manage resources, people and the brand of our organization with gratitude and inspiration.

Developed as life-long learners our seasoned executives are well informed, strong decision makers, that are respected leaders in our community.



Our Values

- We believe that individuals in need of our services are our highest priority. They are the reason why Health Solutions exists.
- We believe in the preservation of human dignity, self respect and individual rights in a caring environment that results in enabling individuals to live, work and contribute in their chosen community.
- We believe in the person-centered approach to care in which the total healthcare needs of the individual are addressed. We encourage families to become involved in their loved one's treatment efforts.
- We believe our employees are our most valuable asset and we promote a healthy work environment, open communications, teamwork, trust, honesty, and ethical behavior which allows us to be accountable to each other, to the individuals we serve, and to our community.
- We believe that Health Solutions should be responsive to the healthcare needs of the communities it serves and direct its resources to meet those needs.
- We believe in being a good corporate citizen of the community, maintaining communications with the various publics we serve, and participating actively in community affairs, particularly those related to healthcare.

Strategic Objectives

- Be renowned for providing an exceptional patient experience that results in unabashed patient loyalty.
- Routinely meet patient expectations for our core business services while consistently exceeding expectations for the patient experience.
- Improve the health and/or quality of life of those we serve.
- Maintain financial sustainability by increasing market share, maximizing efficiencies, and expanding into profitable lines of business while improving the quality and diversity of care we provide.
- Consistently recognize demonstrated behaviors of staff members who engage in quality excellence, human kindness and financial efficacies.

HEALTH SOLUTIONS LEADERSHIP



JASON CHIPPEAUX
MSW, LCSW
President & Chief Executive Officer



ROBERT KEPPLINGER
MA, LPC
Deputy Chief Executive Officer



HEATHER HANKINS
RN, MSN
Chief Clinical Officer



PAIGE OLDHAM
CPA, CMA
Chief Financial Officer



DANA BROWN
BS
Chief Technology Officer



CHET PHELPS
BS
Chief Information Officer



SANDY GUTIERREZ
Chief Communications Officer



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A PLAN FOR BETTER HEALTH

Your health benefit package with Health Solutions is a comprehensive collection of plans including Medical, Dental, Vision, Flexible Spending Accounts, Life Insurance, Disability Insurance, Employee Assistance Program and more.

MEDICAL — You have two plan options: Basic Network-Only Coverage (EPO) and Buy-Up with Out-of-Network Coverage (PPO). Both plans are offered through CIGNA. Your premiums will be based on whether or not you are a tobacco user. *You will be required to sign an affidavit stating that you are not a tobacco user to receive the discounted premium.*

DENTAL — Dental Insurance is offered through CIGNA. Maximum annual benefit is \$2,000 per covered individual.

VISION — You may elect Vision insurance coverage through CIGNA. Plan covers annual eye exam and purchase of glasses or elective contact lenses.

FLEXIBLE SPENDING ACCOUNTS — You may elect to participate in medical and/or daycare flex on an annual basis. This is a way to pay for these expenses with untaxed earnings.

GROUP LIFE INSURANCE AND LONG TERM DISABILITY — The company provides insurance for basic term life, accidental death, and long-term disability. You may elect to purchase additional life insurance for yourself, as well as a spouse and/or dependent children.

ELIGIBILITY and ENROLLMENT

Full-Time employees are eligible for all health benefits with no waiting period.

Effective date of coverage is:

- Immediate for employees hired on the first day of the month
- The first day of the following month for employees whose date of hire is not on the first of the month.

PRN or employees who are scheduled to work fewer than 24 hours per week may become eligible based on Affordable Care Act guidelines.

To enroll: Within the first thirty (30) days of employment:

- Log into Paylocity, click on the black tab in the upper left of the screen, then select “Enterprise Web Benefits.” Have your dependent information available if you are enrolling them for coverage.
- Use the orange button marked “Enrollment” to begin the enrollment process.
- Follow the prompts to complete all sections and make your elections. Be sure to finish and “save.”
- You will be able to go back at any time during your enrollment period to make changes to your choices.
- If you have any problems or cannot complete enrollment, contact Human Resources.

All employees, including PRN and part-time are eligible for the following benefits. Employees do not have to be enrolled in Health Solutions’ medical plan to participate ... all employees are automatically covered:

EMPLOYEE ASSISTANCE PROGRAM — Helping employees balance work, family and life.

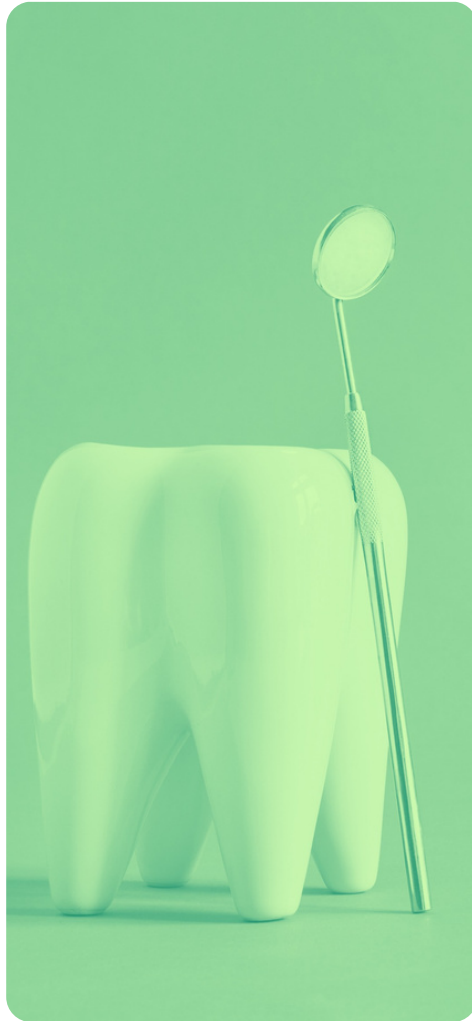
TELADOC — Provided by Health Solutions at no cost to you. Access services from licensed practitioners for medical and prescription, as well as behavioral health and dermatology via phone and/or tele-video.

HEALTH ADVOCACY — DirectPath provides you with claims advocacy, assistance with medical questions, and help finding network providers and cost effective treatments.



HEALTH SOLUTIONS MEDICAL CENTER PROGRAM — Receive services for a \$30 co-pay, regardless of insurance.

Benefit Plan



MEDICAL

DENTAL

VISION

Health Solutions Employee Benefit Plan



BENEFIT PLAN PREMIUMS 2021-2022 PLAN YEAR

MEDICAL - BASIC PPO PLAN

	Monthly	Bi-Weekly
Non-tobacco:		
Employee	180.79	83.44
Employee + Spouse	362.68	167.39
Employee + Child(ren)	413.70	190.94
Family	452.53	208.86
Tobacco user:		
Employee	236.23	109.03
Employee + Spouse	473.59	218.58
Employee + Child(ren)	541.25	249.81
Family	591.15	272.84

MEDICAL – CHOICE PPO PLAN

Buy-Up

	Monthly	Bi-Weekly
Non-tobacco:		
Employee	219.61	101.36
Employee + Spouse	438.10	202.20
Employee + Child(ren)	501.32	231.38
Family	547.91	252.88
Tobacco user:		
Employee	275.06	126.95
Employee + Spouse	549.01	253.39
Employee + Child(ren)	628.88	290.25
Family	686.55	316.87

DENTAL PLAN

	Monthly	Bi-Weekly
Employee	10.34	4.77
Employee + Spouse	21.06	9.72
Employee + Child(ren)	23.42	10.81
Family	26.11	12.05

VISION PLAN

	Monthly	Bi-Weekly
Employee	9.81	4.53
Employee + Spouse	17.77	8.20
Employee + Child(ren)	17.92	8.27
Family	27.52	12.70

INSURANCE SUMMARY

Eligibility:	Initial Enrollment Period: 30 days from hire or eligibility event;
Open Enrollment:	Every October for November 1; See attached for special enrollment provisions
Effective Date:	Coverage begins the first of the month concurrent with or following employment unless special enrollment provisions apply; November 1 for annual open enrollment

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The MEDICAL and PRESCRIPTION plan is a comprehensive, **self-funded** program administered by Cigna. The Plans offered are both PPO (better benefits for in-network providers). The choice buy-up plan has lower deductibles, co-pays and out-of-pocket maximum.

Medical: Covers medically necessary services & supplies, including hospitalization, outpatient, maternity; well-child and preventative visits. Network: Cigna Open Access Plus

Basic Plan (in-network): PCP office visit \$35 co-pay; Specialist/Urgent Care co-pay \$50; diagnostic lab/basic x-ray paid 100%; ER \$300 co-pay; hospital/surgical/other charges subject to \$1,000 individual annual deductible, then 80/20 co-insurance. Family deductible is 2x individual.

Choice Plan (in-network): PCP office visit \$25 co-pay; Specialist co-pay \$40; diagnostic lab/basic x-ray paid 100%; ER \$300 co-pay; hospital/surgical/other charges subject to \$750 individual annual deductible, then 80/20 co-insurance. Family deductible is 2x individual.

Both plans (out of network): \$4,000 individual deductible, \$8,000 family; co-insurance 60/40.

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Rx: Co-pays: \$15 for generic; \$40 for preferred brand name; \$70 non-preferred brand; specialty drugs 20%, up to \$200; 90-day mail-order service available for two co-pays

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The DENTAL plan is also **self-funded**, administered by Cigna. Cigna DPPO Network (Use network providers to avoid any excess cost billing)

Dental: Preventative (every 6 months) covered 100%
Annual deductible: \$50 individual, \$100 family
Co-insurance: 80/20 basic services; 50/50 major services; \$2000 per person maximum annual benefit
Orthodontia: \$1,500 lifetime maximum

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Cigna VISION Plan:

In-Network: Exam every 12 months, \$10 co-pay
Materials co-pay: \$25
Frames every 24 months, \$130 allowance after co-pay
Lenses every 12 months, after co-pay
Opt for contact lenses instead of glasses, \$130 allowance

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This is a brief summary of Health Solutions' Health Insurance Program. For detailed coverage and benefit information, refer to the Plan Documents available in Human Resource Office or access the Plan Booklet on Health Solutions' intranet under the "HR" tab

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SPECIAL ENROLLMENT RIGHTS

TO ALL EMPLOYEES ELIGIBLE TO PARTICIPATE IN THE HEALTH SOLUTIONS EMPLOYEE WELFARE BENEFIT PLAN

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

All questions about the Special Enrollment Provision should be directed to the Human Resources Office at 719-423-1206; or e-mail luannb@health.solutions.

IMPORTANT INFORMATION REGARDING YOUR ELECTIONS FOR HEALTH SOLUTIONS' MEDICAL/DENTAL/VISION COVERAGE AND FLEXIBLE SPENDING ACCOUNT

Because the company's Employee Welfare Plan is structured to take premiums with untaxed earnings, the plans are subject to IRS Section 125 requirements. The Flexible Spending Account contributions are also regulated by Section 125.

Any benefit election that is made cannot be changed or revoked mid-year unless the employee experiences a Change in Status as defined within IRS regulations 26 C.F.R. 1.125-4. If an employee seeks to make such a change in benefit elections, it must be consistent with the employee's status change.

Change in Status – The IRS considers the following events to be changes in status if they affect eligibility for coverage under an employer's plan:

- Change in employee's legal marital status (including marriage, death of spouse, divorce, legal separation and annulment.)
- Change in number of dependents (including birth, death, adoption, and placement for adoption.)
- Change in employment status of employee, employee's spouse or employee's dependent (including termination or commencement of employment, commencement of or return from an unpaid leave of absence, and a change in worksite.)
- Dependent's satisfying or ceasing to satisfy dependent eligibility requirements (including attainment of age or any similar circumstances.)
- Change in place of residence of the employee, spouse or dependent.
- Commencement or termination of adoption proceedings, for purposes of adoption assistance provided through a cafeteria plan.

Other events can also affect your enrollment privileges. Employees who previously waived coverage under one of these plans may experience a Special Enrollment Event that entitles them to obtain coverage from Health Solutions' Plan. **Employees must contact Human Resources within 30 days of the event if they have a change in benefit status and are requesting enrollment changes.**

Annual Open Enrollment is every October for a November 1 effective date (except Flex Spending). Employees may change or revoke their benefit elections during this period by submitting a completed enrollment form to Human Resources. Flexible Spending elections are effective January 1 of each year and automatically expire every December 31.



Additional Insurance & Health Benefits

ADDITIONAL INSURANCE

FLEXIBLE SPENDING ACCOUNTS (FSA)

Health Solutions' employees are able to participate in all three parts of their flexible spending account. Health Solutions pays all of the administration costs for this benefit.

Plan is administered by
Rocky Mountain Reserve
(888) 722-1223

FIRST ACCOUNT

Insurance Premium Deduction. Allows employees to pay their portion of the group health insurance premiums with untaxed earnings. Full-time employees are automatically enrolled in the Insurance Premium Deduction so that premiums are withheld on a pre-tax basis.

SECOND ACCOUNT

Health Care Reimbursement. Offers reimbursement for healthcare expenses that are not covered by insurance. Employees determine a fixed amount to set aside for the year, up to \$2,000, that is tax free through payroll deduction.

Some reimbursement examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescriptions, co-payments, deductible

THIRD ACCOUNT

Dependent Care Reimbursement. Allows employees to set aside up to \$5,000 per household per year, pre-tax, to cover the expenses of daycare for eligible children and adults.



ADDITIONAL INSURANCE

DISABILITY INSURANCE



If you are unable to work (perform your job) for a continuous 90 day period due to illness or injury, your Long-Term Disability (LTD) benefit will take effect. LTD benefits are subject to pre-existing condition limits, and benefit duration is shortened if the disability begins after age 60. Cigna is the carrier for Long Term Disability.

PLAN FEATURES	LONG-TERM DISABILITY
Benefits Begin	After 90 days of disability
Maximum Benefit Payable to Employee	Up to \$5,000 per month
Percentage of Income Replaced	55% of salary
Benefits End	When no longer disabled or at retirement age

If you experience an injury that keeps you from working, be sure to contact HR to begin your paperwork as soon as you are able.



ADDITIONAL INSURANCE



BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

All eligible employees (full-time employees regularly working at least 24 hours per week) will receive 1x their annual salary up to \$150,000 in Life and AD&D coverage. Employees are asked to designate a beneficiary at the time of enrollment. Health Solutions pays 100 percent of this premium. Cigna is the insurance carrier for life insurance.

VOLUNTARY EMPLOYEE LIFE/DEPENDENT LIFE INSURANCE – CIGNA

Employees may purchase additional life insurance for themselves and dependents. Employee benefits will be available in increments of \$10,000 up to \$500,000 or 5 times your annual salary (whichever is less) with medical underwriting over \$150,000*. Spouse benefits will be available in increments of \$5,000 up to \$250,000 (not to exceed 50 percent of the employee benefit amount), with medical underwriting over \$50,000*. Child benefits will be available in values of \$5,000 or \$10,000 per child. Rates are age-based and employees pay 100 percent of the premium.

MONTHLY RATES PER \$1,000 (Unless Otherwise Stated)	UNISEX RATES (Rates are based on employee age for spouse)	UNISEX-SMOKER RATES (Rates are based on employee age for spouse)
Under age 20	\$0.06	\$0.06
20 – 24	\$0.06	\$0.06
25 – 29	\$0.06	\$0.06
30 – 34	\$0.08	\$0.08
35 – 39	\$0.11	\$0.11
40 – 44	\$0.16	\$0.16
45 – 49	\$0.27	\$0.27
50 – 54	\$0.44	\$0.44
55 – 59	\$0.69	\$0.69
60 – 64	\$0.92	\$0.92
65 – 69	\$1.48	\$1.48
70 – 74	\$2.61	\$2.61
Child Life	Units of \$5,000 or \$10,000 per child \$0.143 per \$1,000	

*Guaranteed Issue life insurance amounts are applicable during the initial eligibility period - thirty days following the date of hire. Guaranteed amounts are: up to \$150,000 for employee and up to \$50,000 for spouse. Following initial eligibility, all amounts are subject to medical underwriting.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE - CIGNA

Employees may purchase additional AD&D insurance for themselves and dependents. Employee benefits will be available in increments of \$10,000 up to \$500,000 or 5 times your annual salary (whichever is less). Spouse benefits will be available in increments of \$5,000 up to \$250,000 (not to exceed 50 percent of the employee benefit amount), Child benefits are available up to \$10,000. Monthly cost is \$.026 per \$1,000 of coverage.



ADDITIONAL INSURANCE

VOLUNTARY INSURANCE BENEFITS THAT PAY YOU DIRECTLY



AND



Hospital stays, major illness diagnosis and unexpected accident treatment can be very expensive, even with medical insurance. These plans are designed to help you pay your medical bills and protect your finances.

Benefits are paid directly as cash payments to you, regardless of any other coverage, to use however you see fit. All plans can be taken with you if you leave the company for any reason. Plan highlights are below but please see your full product brochures for complete details.

Hospital Indemnity Plan

- A few days in the hospital can hit your out of pocket max on your medical plan.
- This plan is **Guarantee Issue** during initial enrollment, so no health questions to qualify.
- It pays a \$1,000 or \$2,000 initial hospital benefit for any sickness or injury related stay in the hospital.
- It also pays \$150 or \$250 for each day thereafter that you are still in the hospital.
- There is no **Pre-Ex clause** and **there is no Maternity waiting period** so if you or your spouse is pregnant or considering or if you have a potential hospital surgery you are considering then this product is a no-brainer benefit.

Critical Illness Plan

- You can elect a \$10,000 or \$20,000 benefit on yourself that will pay if you are diagnosed with a covered illness.
- Covered dependents get 50 percent of your amount.
- This product is a **Guarantee Issue for all who sign up during initial enrollment**, so no health questions to qualify.
- Covered illnesses include heart attack, stroke, invasive cancer, major organ transplant, benign brain tumor and complete loss of hearing, sight or speech plus many more.
- This plan includes a \$50 wellness benefit that you can collect on you and your covered spouse each calendar year.
- The plan is issue age meaning you **are locked in at your age banded rate for life**, unless you change your policy.

Disability Income Protection

Most of us insure our home, car, etc., but neglect to insure our **most important asset** — our ability to earn income. This plan pays you a specific dollar amount when you are sick or injured and cannot work and provides income when you need it most. (Pregnancies are covered after nine months).

- Benefits start after 14 days for a sickness or injury and can pay for a maximum three-month benefit period.
- You can choose in \$100 monthly benefit increments up to 60 percent of your salary to a max of \$5,000.

Accident Plan

- 24 Hour coverage for you or your entire family.
- \$1,000 initial hospital benefit, \$200 daily hospital benefit.
- Up to \$4,000 for fractures or dislocations.
- Up to \$40,000 for accidental death.
- Up To \$500 for ER treatment, X-rays and physician treatment plus many more benefits.
- Outpatient physician treatment benefit of two \$50 benefits for going to see a doctor outside a hospital, a dentist, a chiropractor or getting an eye exam for ANY reason. This goes to four total benefits with covered dependents.



Offered by Allstate Benefits. American Heritage Life Insurance Company underwrites policies. Coverage is provided by the following policy form numbers: Cancer/Specified Disease, CP10; Heart/Stroke, HSP2; Critical Illness, CILP1; SHOP, CHC; Disability Income, DI5; Accident Protection, AP2; Universal Life, UL20 & UL21; Term, P20RCT. Policies herein have exclusions and limitations. See your agent for details. D-4

ADDITIONAL HEALTH BENEFITS

EMPLOYEE ASSISTANCE PROGRAM

Profile EAP helps you take control of your emotional health and wellbeing. For more information, visit www.profileeap.org or call 719-634-1825 (800-645-6571 toll free).

WHAT'S IN IT FOR YOU?

When you face a problem or crisis, the Life Assistance Program offers:

- Help and support with a wide range of issues that many of us face (e.g., stress, depression, substance abuse, marital problems, grief).
- Up to eight face-to-face sessions per episode per year with a licensed mental health provider at no charge.

The program provides information, community resources and referrals on a broad range of topics.

(For all employees of Health Solutions — Full-Time, Part-Time and PRN)



ADDITIONAL HEALTH BENEFITS



Health Solutions Medical Center Program For All Employees of Health Solutions

- All employees and their eligible dependents may utilize primary care services at the Health Solutions Medical Center for a co-pay of \$30 per visit. Employees and dependents may take advantage of primary care and urgent care services at the Medical Center regardless of their participation in the Company's benefit plan (i.e. Cigna).
- The Medical Center will not bill any insurance company for services provided to employees and their eligible dependents, regardless of their insurance company. All charges will be billed to Health Solutions monthly in aggregate, in a manner that excludes all protected health information (PHI). The Medical Center uses a separate EHR system, they do not use Netsmart/Avatar.
- The cost of services provided at the Medical Center will not apply to the employee's deductible or out-of-pocket accumulations if the Medical Center does not bill the employee's insurance company. Under this program, the Medical Center will not bill an employee's insurance company unless requested by the employee.
- If a provider at the Medical Center refers an employee or covered dependent to an outside provider for additional services (e.g., for a MRI, inpatient procedures, medical specialist, laboratory services, etc.), the Medical Center staff will obtain the authorization from the employee/dependent's insurance company prior to making the referral. Costs of services provided by outside providers will be billed to the employee's or the eligible dependents insurance company by the outside provider and may be subject to copay's and deductible payments based on their insurance plan.
- Due to conflicts of interest, there is no coverage at the Medical Center for employees and their eligible dependents for services related to disability determination, treatment of injuries covered under workers compensation, or FMLA certification.
- Services at the MARC/MAT are not available to employees or eligible dependents.
- Behavioral health services at the Medical Center will be available to employees and eligible dependents. Behavioral health services are also available to all employees free of charge through the Company's EAP program and Teladoc. See Human Resources for contact information for EAP and Teladoc.
- To obtain these services at the Medical Center, employees must show their photo employee ID. Employees must enter demographic information about their eligible dependents in the Company's online payroll system the month prior to an appointment in order for the eligible dependents to obtain these services at our Medical Center.

If you have questions about the Health Solutions Medical Center Program for employees and eligible dependents, please contact Human Resources.



ADDITIONAL HEALTH BENEFITS

TELADOC



Talk to a  anytime!
1-800-835-2362

(For all employees of Health Solutions — Full-Time, Part-Time and PRN)

It's easy to set up your account:

1. Visit **teladoc.com/bsc**
2. Click "set up account"
3. Provide required info

Online: Visit www.Teladoc.com/bsc and log in to your account then complete the My Medical History section

Call 1-800-Teladoc: Teladoc can help you complete your medical history disclosure over the phone

Use TelaDoc:

- On vacation
 - After hours
 - On a business trip
 - For non-emergent medical assistance
 - For behavioral health services
 - For dermatology services



ADDITIONAL HEALTH BENEFITS

Take a direct path to someone who can help you plan, coordinate and understand your healthcare.



(For all employees of Health Solutions — Full-Time, Part-Time and PRN)



Find a great doctor

Find the best doctors, dentists and eye-care professionals in your area and network that meet your personal preferences and healthcare needs.



Understand insurance benefits

Receive guidance in understanding your benefits throughout the year.



Save money on medical care

Get price comparisons before receiving care. Depending on doctor, hospital or facility, costs can vary by hundreds or thousands of dollars — even in-network.



Get help understanding medical bills

Have your medical bills reviewed to make sure you are not overcharged.

Call DirectPath at 866-253-2273

Monday—Friday: 6 a.m. to 7 p.m.

Saturday: 7 a.m. to noon Mountain Time

www.directpathhealth.com



CONTACT INFORMATION

Refer to this list when you need to contact one of your benefit vendors or the Health Solutions Human Resources office.

MEDICAL AND DENTAL	
Provider Name:	Cigna
Provider Number:	(866) 494-2111
Provider Web Address:	www.mycigna.com
VISION	
Provider Name:	Cigna
Provider Number:	(877) 478-7557
Provider Web Address:	www.mycigna.com
FLEXIBLE SPENDING ACCOUNTS (FSA)	
Provider Name:	Rocky Mountain Reserve
Provider Number:	(888) 722-1223
Provider Web Address:	www.rockymountainreserve.com
LONG-TERM DISABILITY	
Provider Name:	Cigna
Provider Number:	(800) 362-4462
Provider Web Address:	www.cigna.com/customer-forms
LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT/VOLUNTARY LIFE AND AD&D	
Provider Name:	Cigna
Provider Number:	(800) 362-4462
Provider Web Address:	www.cigna.com/customer-forms
EMPLOYEE ASSISTANCE PROGRAM (EAP):	
Provider Name:	Profile EAP
Provider Number:	1-800-645-6571
Provider Web Address:	www.profileEAP.org
HEALTH ADVOCACY:	
Provider Name:	DirectPath
Provider Phone Number:	(866) 253-2273
Provider Web Address:	www.directpathhealth.com
TELADOC:	
Provider Phone Number:	1-800-835-2362
Provider Web Address:	www.Teladoc.com
HEALTH SOLUTIONS HUMAN RESOURCES:	
Phone Number:	719-423-1206 or 719-423-1213
E-mail Address:	luannb@health.solutions or mariet@health.solutions

A WEALTH OF WAYS TO BE WELL



Health Solutions believes its employees are its most important asset and strives to promote a healthy work environment, open communications, teamwork, trust, honesty and ethical behavioral, which facilitate accountability.

To support this value, the company is mindful of the well-being of its staff when considering the benefits it offers.

Health Solutions is pleased to offer these benefits in order to help its full-time staff members maintain a healthy work/life balance:

- Paid holidays (10) — details outlined in Health Solutions Employee Handbook
- Paid Time Off (PTO) — for general purpose, including vacation, illness, family and personal time
- Extended Illness Bank — for unforeseen and/or serious health needs
- Bereavement Leave
- Tuition reimbursement program for employees in undergrad, graduate or post-grad studies with a grade of “B” or better

And for ALL employees of Health Solutions:

- YMCA membership — basic membership at half price
- Company-sponsored activities, including yearly employee recognition events
- Company-supported participation in local events/fundraisers



PLANNING FOR THE FUTURE

403(b) Retirement Plan



- Full-time employees may begin making contributions at hire, up to IRS annual limits
- The company will match 100 percent of the employee's contributions, up to 6 percent of basic earnings
- You will "own" the company matched funds after three years of service (called vesting)
- You may contribute from pre-tax earnings, and/or after tax earnings (Roth)
- Rollovers from compatible sources, such as 401(k)s, are allowed
- Contributions will be invested in an approved Target Date Fund, managed according to your 65th birth date, unless you choose to allocate your investments among any number of funds within a full array of asset classes.



For detailed information, see the "Summary Plan" posted under the Human Resources tab on Health Solutions' Intranet; or set up your account access at www.newportgroup.com. Call Human Resources at 719-423-1206 for assistance.

Not all of the benefits offered at Health Solutions are tracked in the Company's payroll system, but many of them are. Check out the value of these benefits through your [Paylocity dashboard](#):



- Login to your Paylocity account
- Select "YTD Compensation" in the Benefits section
- If you wish to see a prior year, select the year, then "Run"
- If you have questions about any of the codes, contact HR



NOTES



This Enrollment Guide is for general educational purposes and is based on current information for the date specified on the cover. In case of any discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Health Solutions Human Resources with questions.