

Southern Colorado Community Action Agency, Inc. Benefits Summary Plan Year 2020

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This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of 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 Human Resources with questions.

# Welcome to the Southern Colorado Community Action Agency, Inc. 2020 Open Enrollment

### Our employees are our most valuable asset.

That's why at Southern Colorado Community Action Agency, Inc. (SoCo) we are committed to offering a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a healthy work/life balance.

### **Stay Healthy**

- Medical, Dental, and Vision Care
- Flexible Spending Accounts
- Health Savings Account

### **Feeling Secure**

- Disability Insurance
- 401(k)/Profit Sharing
- LegalShield

### Work/Life Balance

Annual Leave and Sick Leave

### Overview

### Who is Eligible and When

For most benefits, you are eligible to participate if you are regularly scheduled to work a minimum of 30 hours per week. Eligible dependents include your:

- Legal Spouse.
- Common Law Spouse a declaration form is required at the time of enrollment and is available from Human Resources.
- Dependents up to age 26 are eligible.
- Children who can't support themselves because of mental or physical handicaps, regardless of age.
- Dependents up to age 26 are eligible for the Optional Dependent Life Plan.
- Legally adopted children.
- Children for which you are the legal guardian.

### When Benefits Begin

Your Medical, Dental, Vision, Life, Flexible Spending Accounts, Optional Life and Long-Term Disability benefits begin the 1<sup>st</sup> of the month following 60 days of regular full-time employment.

### When Benefits End

Your Medical, Dental, and Vision coverage will end on the last day of the month in which you make your final payment for your share of the cost. Basic Life, Optional Life and Long-Term Disability coverage ceases immediately. In general, benefits end when you have:

- A change in employment status from regular full-time to part-time, working less than 30 hours per week.
- You discontinue coverage at the end of the plan year.
- Separation of employment.

You and your dependents have the option to continue coverage through COBRA for Medical, Dental, Vision and the Health Care Flexible Spending Account. You also may have conversion or portability options available on some other benefit plans. In addition, you may be able to enroll for medical coverage through the Marketplace (Exchange).

### **Qualified Status Change**

For the Healthcare Plan and the Flexible Spending Account, you may not change the benefits you elect during the year – unless you have a qualified status change as defined by federal law, which includes:

- Marriage, Legal separation, or Divorce
- Birth or adoption of a child
- Attainment of limiting age for dependents (Age 26)
- Death of your spouse or child
- Change in your employment status
- Change in your spouse's or dependent's employment status
- If your spouse or dependent has a different open enrollment period

If you have a qualified status change during the year, you must notify Human Resources within 31 days of the date of change. Depending on the type of change, you may need to provide additional supporting documents. Any changes you make to your benefits must be consistent with your qualified status change.

When employee contributions are required, the contributions are automatically deducted from each paycheck. You can save money by paying for some benefits with before-tax dollars.

### **Tax Advantages with Before-Tax Contributions**

You may make before-tax contributions for these benefits:

- Medical, Dental and Vision premium deductions
- Health Savings Account (HSA) if enrolled in the HDHP 5000 medical plan
- Health Care Flexible Spending Account (HCFSA)
- Day Care Flexible Spending Account (DCFSA)

Your contributions for these plans are deducted before you pay Social Security taxes, federal income taxes, and most state and local income taxes on the money. Before-tax deductions lower your taxable income, so you pay fewer taxes. Thus, your take-home pay is higher than if you made after-tax payments.

### What Southern Colorado Community Action Agency Pays

SoCo pays a substantial portion of the cost of the Healthcare Plans for you and your dependents. In addition, SoCo pays 100% of the cost for these benefits:

Basic Life/AD&D Plan

Long Term Disability Plan (LTD)

## **Medical Coverage**

## Cigna

The following chart provides a side-by-side look at the *in-network* amounts **you pay** when you use Cigna network providers. Both plans also allow for non-network services, but you will pay more when you use a non-network provider. See plan materials for details about benefits, limitations, and exclusions.

### **Plan Options:**

Plan Feature HSA 5000		PPO 3000		
	In-Network Benefits	In-Network Benefits		
Deductible	\$5,000 individual \$10,000 family	\$3,000 individual \$6,000 family		
Coinsurance	0%	20%		
<b>Out-of-Pocket Maximum</b> Includes deductible, coinsurance, medical & Rx copays	\$5,000 individual \$10,000 family	\$5,000 individual \$10,000 family		
Office Visit (PCP)	0% after deductible	\$35 copay		
Specialist	0% after deductible	\$50 copay		
Preventive Services	\$0, 100% covered by plan -ACA Preventive Care Services	\$0, 100% covered by plan -ACA Preventive Care Services		
Chiropractic Care	0% after deductible	\$35 copay		
Emergency Room Visit	0% after deductible	\$250 copay per visit, then 30%		
Urgent Care	0% after deductible	\$50 copay		
Diagnostic Test (outpatient x-ray, blood work)	0% after deductible	No charge, deductible does not apply		
Advanced Imaging (MRI, CT, PET)	0% after deductible	20% after deductible		
Inpatient Hospitalization	0% after deductible	20% after deductible		
Outpatient/Ambulatory Surgery	0% after deductible	20% after deductible		
Prescription Drug Coverage-	0% after deductible	Generic – \$15 copay		
Retail Pharmacy (31-day supply)	0%, no deductible for certain preventive drugs	Preferred Brand – \$40 copay Non-Preferred Brand – \$55 copay		
Prescription Drug Coverage- Retail Pharmacy or Mail Order (90-day supply)	0% after deductible	Generic-\$35 copay Preferred Brand-\$110 copay Non-Preferred Brand-\$155 copay		

### **Prescription Drug Benefits**

**At your Doctor's Office** – If your doctor prescribes medication, you can ask them to prescribe a medication on the Cigna Preferred Drug List found at <u>www.cigna.com</u>.

**Retail Pharmacy 90-day Supply** – 3 times retail pharmacy copay less \$10. Must be obtained from innetwork 90-day retail pharmacy.

**Mail Order Drug Program** – 3 times retail pharmacy copay less \$10. You can save time by using the Mail Order Drug Program for prescription maintenance drugs. You can get up to a 90-day supply and the prescription drugs are delivered to your home – so, no going to the pharmacy each month! To get started, obtain the mail order form from Human Resources or download the form at <u>www.cigna.com</u>. You can order refills online.

### **In-Network Pharmacies**

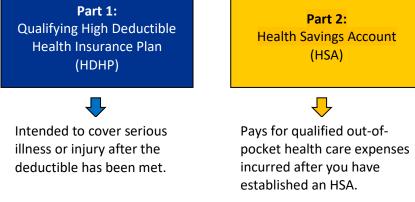
FRESH RX	CENTURA HEALTH PHARMACY @ MERCY	SAVON PHARMACY 801
565 Goddard Ave	1010 Three Springs Blvd	311 W College Dr
Ignacio, CO 81137	Durango, CO 81301	Durango, CO 81301
(970) 442-6400	(970) 764-1745	(970) 382-2228
SOUTHERN UTE HEALTH CENTER	CITY MARKET PHARMACY	RITE AID PHARMACY
123 Weeminuche	3130 Main Ave	28 Town Plz
Ignacio, CO 81137	Durango, CO 81301	Durango, CO 81301
(970) 563-4781	(970) 247-9435	(970) 247-5057
BAYFIELD PHARMACY	WALGREENS 10371	WALMART PHARMACY
871 County Rd 501	2701 Main Ave	1155 South Camino Del Rio
Bayfield, CO 81122	Durango, CO 81301	Durango, CO 81303
(970) 884-9133	(970) 385-1001	(970) 259-8788
RIVERGATE PHARMACY	CITY MARKET PHARMACY	
575 Rivergate Ln	No 6 Town Plz Shopping Ctr	*This list is subject to change, please
Durango, CO 81301	Durango, CO 81301	visit mycigna.com for the most
(970) 375-7711	(970) 247-2921	updated pharmacy list

In-Network Cigna pharmacies can be found at <u>www.mycigna.com</u>. Some of the pharmacies in-network include, but are not limited to:

#### **Important Reminders:**

- You may not change the benefits you elect during the year unless you have a qualified status change. Refer to page 3 of this Benefit Summary booklet for more on qualified status changes.
- You should become familiar with the benefits and provisions of the medical plan so you'll know what to do when you need services.





### To Be Eligible to Open an HSA Account You Must:

- Be enrolled in the qualified High Deductible Health Plan offered by SoCo; and
- Not have other health coverage such as through Medicare, TriCare or other military benefits, your spouses' medical plan, or a Health Care Flexible Spending Account (FSA) through your employer or your spouse's employer.

### **2020 HSA Contribution Limits:**

- Individual: \$3,550
- Family: \$7,100
- Age 55 and older: may add an additional \$1,000 to the above tiers as catch-up contributions
- The above limits apply to contributions from all sources, including pre-tax and post-tax contributions.

Your contributions are flexible. You can start, stop, increase, or decrease your pre-tax contributions during the plan year without experiencing a qualified status event.

### **HSA Funds:**

You can use your HSA funds to pay for qualified medical, dental, and vision expenses that are incurred by you, your spouse, and IRS tax-dependents (you must claim the dependent as a deduction on your income tax return). Your spouse and dependent do not have to be covered under the HDHP 5000 plan. The funds must be available in your account before you can use them.

If funds are used for non-qualified expenses, the amount will be taxed and a 20% penalty will be assessed. At age 65, you can use the funds for additional expenses and may be subject to taxes but not to the 20% penalty. Go to <u>www.irs.gov</u> and look up Publication 502 for a list of qualified expenses.

A Health Savings Account is a bank account that is owned by you. You do not have to spend the funds within a specific time frame. If there is a balance in your HSA at the end of the year, it rolls forward year-over-year. You can let your HSA balance grow to be used for future expenses. Go to <u>www.irs.gov</u> and look up Publication 969 for additional information about Health Savings Accounts.

## **Dental Insurance**

### **Delta Dental**

**Deductible:** \$50 individual/\$150 family, combined for in-network and out-of-network

Calendar Year Maximum: \$1,500 per person, combined for in-network and out-of-network

Orthodontia Lifetime Maximum: \$1,000 per person, combined for in-network and out-of-network

This chart gives a side-by-side look at the amounts **you pay** when you use in-network and out-of-network providers.

Type of Service	In-Network	Out-of-Network
<b>Preventive Services</b> Example: cleanings and routine exams	0%, no deductible	0% plus any amount over reasonable and customary charges, deductible waived
<b>Basic Services</b> Example: fillings, endodontic and periodontic services	20% after deductible	20% after deductible plus any amount over reasonable and customary charges
Major Services Example: crowns, bridges	50% after deductible	50% after deductible plus any amount over reasonable and customary charges
Orthodontia (Child age 8 to19)	50%, no deductible	50% plus any amount over reasonable and customary charges, deductible waived

Remember, you can set aside money on a before-tax basis (through the Health Savings Account (HSA) if you are enrolled in the HDHP 5000 medical plan or through the Health Care Flexible Spending Account (HCFSA) if you are not enrolled in a HDHP) for unreimbursed dental expenses for you and your family.

## **Vision Insurance**

### Vision Service Plan (VSP)

Type of Service	In-Network			
Eye Exam	\$20 copay			
Prescription Eyeglass Lenses	\$20 copay			
Frames	\$130 Allowance			
Contacts Exam	\$60 copay			
Contacts	\$130 Allowance			
Frequency of Services	- Exams once every 12 months			
Measured from last date	<ul> <li>Eyeglass lenses once every 12 months</li> </ul>			
of service	<ul> <li>Frames once every 24 months</li> </ul>			
	OR			
	<ul> <li>Contacts once every 12 months</li> </ul>			
Laser Vision Care Program	VSP has arranged for members to receive laser vision correction at a discounted fee. Discounts vary by location, but will average 15% off the laser center's usual and customary price or 5% off the center's promotional price. Please refer to <u>www.vsp.com</u> for more details.			
Type of Service	Non-Network			
<b>Reimbursement Amounts with</b>	You will be reimbursed up to:			
a Non-Participating Provider	<ul> <li>Exam: \$50</li> </ul>			
	Lenses:			
	– Single Vision: \$50			
	<ul> <li>Lined Bifocal: \$75</li> </ul>			
	<ul> <li>Lined Trifocal: \$100</li> </ul>			
	<ul> <li>Frames: \$70</li> </ul>			
	<ul> <li>Contact Lenses: \$105</li> </ul>			

Remember, you can set aside money on a before-tax basis (through the Health Savings Account (HSA) if you are enrolled in the HDHP 5000 medical plan or through the Health Care Flexible Spending Account (HCFSA) if you are not enrolled in a HDHP) for unreimbursed vision expenses for you and your family.

## **Employer Paid Long-Term Disability**

#### **Benefits You Receive:**

SoCo provides full-time employees with long-term disability income benefits and pays the full premium cost for this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive long-term disability benefits if you are receiving workers' compensation benefits.

#### Did you know?

- In the United States, a fatal injury occurs every 6 minutes and a disabling injury occurs every 2 seconds.
- Off the job occurrences account for 3 out of 5 disabling injuries suffered by workers in the U.S.

SoCo understands these facts and is concerned about your ability to sustain your lifestyle during a period of disability.

Type of Service	
Benefits Payable	After a 90 day elimination period
Percentage of Income Replaced	60% of your pre-disability monthly earnings Pre-disability earnings mean your gross monthly rate of earnings from SoCo
Maximum Monthly Benefit	\$5,000 per month
Minimum Monthly Benefit	\$100
Own Occupation Definition	2 years
Pre-Existing Conditions	3 month look-back or after 12 months of continuous coverage under the Plan
Partial Disability	Included

### **Lincoln Financial Group**

Maximum Period Payable				
Age on Date Disability Commences	Maximum Period Payable			
Less than 60	To age 65			
60	60 months			
61	48 months			
62	42 months			
63 36 months				
64	30 months			
65	24 months			
66	21 months			
67 18 months				
68	15 months			
69 or over	12 months			

## **Term Life and AD&D Insurance**

Life and Accidental Death & Dismemberment Plan Summary

Benefit Features			
Life and Accidental Death & Dismemberment (AD&D) Amount	Two times Annual Earnings, rounded to the next higher \$1,000, up to a maximum of \$150,000.		
Waiver of Premium for Term Life Insurance	<ul> <li>Total Disability must begin before age 60.</li> <li>Waiver of Premium will end on the earliest of the date:</li> <li>You die,</li> <li>Your total disability ends,</li> <li>You do not provide proof of total disability as required,</li> <li>You refuse to be examined by the insurance company's Physician as required,</li> <li>You reach age 65.</li> </ul>		
Term Life Insurance for Dependents	Spouse Benefit: \$5,000 Child Benefit: - Birth to 6 months: \$100 - 6 months to age 26: \$2,000		
Seat Belt Benefit	Lincoln will pay an additional benefit if, at the time of the accident, the certificate holder is wearing a factory installed seatbelt in a private passenger automobile.		

Employee & Spouse Life/AD&D benefits reduce by 35% at Employee age 65, and by an additional 20% at Employee age 70. Benefits terminate when Employee retires.

## Voluntary Term Life/AD&D Insurance

### Voluntary Life/AD&D

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through semi-monthly payroll deductions. You can purchase coverage for yourself up to a maximum of \$500,000 but not more than 7 times your annual earnings. If you enroll, you may also enroll your spouse for up to 50% of your elected amount, but not more than \$100,000. Employee coverage is purchased in \$10,000 units and Spouse coverage is purchased in \$5,000 units.

The total amount of premium depends on the amount of coverage you elect, your age, your spouse's age, and the amount of insurance you buy for your children.

### **Guarantee Issue**

If you elect voluntary life insurance when you are initially eligible and are under the age of 60, you are guaranteed coverage of up to \$100,000. Coverage over that amount will be subject to medical underwriting. If, at the time of initial eligibility, you elect coverage for your dependent spouse, your spouse will be guaranteed coverage of up to \$30,000. Coverage over that amount will be subject to medical underwriting.

If you elect coverage for your dependent child or children at the time of initial eligibility, up to \$10,000 of that amount is guarantee issue. A \$500 maximum applies for children from birth to 6 months.

### What Happens If I leave employment with SoCo?

The plan allows you to convert the life coverage if you leave employment or are no longer eligible for life insurance benefits. You must have been insured under the policy for at least five (5) years to be eligible for conversion.

If you apply for conversion within 31 days after losing the coverage, you will not be required to prove good health. You will need to make arrangements to pay your premiums directly to Lincoln Financial after you leave. Please contact Human Resources for more information.

Monthly Cost per \$1,000 of Life Insurance Coverage										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee	\$.05	\$.07	\$.09	\$.10	\$.15	\$.23	\$.43	\$.65	\$1.17	\$1.89
Spouse	\$.05	\$.07	\$.09	\$.10	\$.15	\$.23	\$.43	\$.65	\$1.17	\$1.89
Dependent Child(ren)	\$0.24 per \$1,000 in increments of \$1K, \$2K, \$4K, \$5K, and \$10K									
AD&D Rate	Employee / Spouse: \$0.017 per \$1,000 Dependent Child(ren): \$0.05 per \$1,000									

### Optional Term Life/AD&D Plan Summary

Benefit Features	
LIFE/AD&D AMOUNT	
Employee	<ul> <li>Coverage is available in increments of \$10,000 up to a maximum of \$500,000. However, in no event shall your total voluntary life insurance exceed seven (7) times your base annual salary.</li> <li>*During annual open enrollment, you can increase up to two increments without additional health information</li> </ul>
Dependent Spouse	Coverage is available in \$5,000 increments not to exceed a maximum of \$100,000. The benefit cannot exceed 50% of the employee's benefit amount.
<b>Dependent Child</b> <i>Children birth to 6 months</i>	\$500 in coverage is available.
<b>Dependent Child</b> Children 6 months to age 26	Coverage is available in flat amounts of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000.
	You must elect employee coverage in order to elect coverage for your Spouse or Child(ren)
GUARANTEE ISSUE	Only Available During Your Initial Enrollment Period
Employee Spouse Dependent Child	\$100,000 \$30,000 \$10,000 (\$500 for children under 6 months of age)
Other Features	
Waiver of Premium	<ul> <li>Total Disability must begin before age 60.</li> <li>Waiver of Premium will end on the earliest of the date:</li> <li>You die;</li> <li>Your total disability ends;</li> <li>You do not provide proof of total disability as required;</li> <li>You refuse to be examined by the insurance company's physician as required;</li> <li>You attain age 65</li> </ul>

## **Flexible Spending Accounts (FSA)**

#### **Benefits You Receive**

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

#### **Discovery Benefits**

Flexible Spending Accounts offer you two ways to save on the taxes you pay each year.

- 1. The Health Care Flexible Spending Account, for medical, dental, and vision expenses not covered by your health care plan(s); and
- 2. The Dependent Care Flexible Spending Account, for day care expenses.

Contributions to the Flexible Spending Accounts are deducted before FICA, federal income tax, and most state and local tax deductions are taken. This means you pay fewer taxes because your taxable income has been reduced.

#### **Health Care Flexible Spending Account**

This program allows plan participants to pay for certain IRS-approved health care expenses not covered by their insurance plan with pre-tax dollars. Some 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
- Prescription contraceptives

#### **Dependent Care FSA**

The Dependent Care FSA allows plan participants to use pre-tax dollars to pay for qualified dependent care such as caring for children under the age 13 or caring for elders. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your home
- Nursery schools and preschools (excluding kindergarten)

### How the Spending Accounts Work

You decide how much money to contribute to the Health Care and/or Dependent Care Flexible Spending Accounts. Your annual contribution is spread equally over 24 pay periods.

As you incur expenses for yourself or your eligible dependents, you simply submit a claim to Discovery Benefits, our Plan Administrator. You can have a check mailed to you, have your reimbursement directly deposited into your bank account or use the Discovery Benefits debit card provided with your enrollment.

#### **Annual Contribution Limit**

The Health Care Flexible Spending Account has a maximum annual contribution of **\$2,750\***. You can contribute up to **\$5,000** per calendar year in the Dependent Care Flexible Spending Account (up to \$2,500 if you are married and file separate income tax returns).

\*this is the 2019 limit, 2020 limits to be announced at a later date

### Pre-Tax Power

Your FSA dollars are FREE of	Which leads to typical savings of
Federal tax	15% to 28%
State tax	Up to 11%
FICA (Social Security/Medicare)	7.65%
	= About a 35% savings!

#### How You Save

Here's an example of how participating in the Dependent Care Flexible Spending Account can save tax dollars.

Assume you make \$36,000 a year and elect to set aside \$2,000 in your Dependent Care Flexible Spending Account to cover eligible day care expenses.

Using before-tax dollars for those expenses saves you about \$650 (depending on your tax bracket) from what you would spend without your Flexible Spending Account:

Annual Income and Expenses	Without Flex	With Flex
Your Total Pay	\$36,000	\$36,000
Annual FSA Contribution	N/A	\$2,000
Taxable Income	\$36,000	\$34,000
Social Sec. and Medicare Tax	\$2,750	\$2,600
Federal and State Income Tax	\$5,200	\$4,700
Total Taxes	\$7,950	\$7,300
After-tax Expenses	\$2,000	N/A
Net Spendable Income	\$26,050	\$26,700
Estimated Tax Savings with FSAs	N/A	\$650

## **Other Valuable Benefits**

### **Employee Assistance Program (EAP) through Lincoln Financial**

SoCo provides an Employee Assistance Program for all employees. You and your immediate family members are entitled to up to **4 counseling sessions per issue**, per contract year, at no cost to the employee. When you call in for a referral, you can choose to be scheduled for a face-to-face appointment or you may choose to access your sessions telephonically.

The use of your EAP program is strictly confidential and available 24/7. We are here to help with the everyday issues that come up in your life.

Visit <u>www.GuidanceResources.com</u> (username = LFGsupport, password = LFGsupport1) Or call a specialist for help at 1-888-628-4824

### **Supplemental Benefits**

### **Colonial Insurance**

Having choice is important. After all, your lifestyle and needs are different from the next persons. For this reason SoCo offers you the opportunity to select additional benefits coverage through Colonial Life Insurance.

- Disability Insurance provides replacement income if you are disabled from a covered accident or illness
- Life Insurance helps provide financial security for your family members.
- Accident Insurance helps offset out-of-pocket expenses that can result from accidental injury
- Cancer Insurance helps offset out-of-pocket medical and indirect non-medical expenses related to cancer. This coverage also provides benefits for specified cancer-screening tests.
- Supplemental Health Insurance provides benefits for hospital confinement and outpatient surgery for out-of-pocket expenses not covered by most medical plans.
- Critical Illness Insurance supplements your Medical coverage to help offset the high cost of treatment for critical illnesses.

To elect supplemental coverage through Colonial contact a representative at 1-800-325-4368.

### **LegalShield Services**

### Have You Ever....

- Received a Speeding Ticket?
- Been a Victim of Identity Theft?
- Signed a Contract?
- Tried to Return a Defective Product?
- Lost A Security Deposit?
- Been Audited By the IRS?
- Been Through a Divorce?
- Had To Collect Child Support?
- Purchased A Home?
- Prepared or Needed a Will?

As a member of LegalShield, legal assistance is just a phone call away. A Provider Law Firm will be available for consultation involving:

- Preventive Legal Services
- Motor Vehicle Legal Services
- IRS Audit Legal Services

Additional legal services will be available at a 25% discount.

### Identity Theft is not just about credit cards!

- Driver's License
- Social Security
- Medical
- Character/Criminal
- Financial

SEE VIDEO AT "GREATLEGALHELP.COM"

## Insurance Options if you leave SoCo:

	SURANCE OGRAM	OPTIONS UPON TERMINATION	CONTACT INFO
1.	Cigna Medical Insurance	You can elect COBRA	<ul> <li>Your COBRA election notice and instruction will be mailed to your home</li> </ul>
2.	Delta Dental Insurance	You can elect COBRA	• Your COBRA election notice and instruction will be mailed to your home
3.	VSP Vision Insurance	You can elect COBRA	• Your COBRA election notice and instruction will be mailed to your home
4.	Payflex	Payflex is our third-party administrator for Cobra benefits	• 1-800-359-3921
5.	Discovery Benefits	• Flexible Spending Account (FSA): after leaving employment with SoCo you have 90 days to submit outstanding claims. All claims must be incurred prior to termination or departure. After 90 days, all funds are forfeited.	<ul> <li>Participant services: 1-866-451- 3399</li> <li>Claims processing: curstomerservice@discoverybe nefits.com</li> </ul>
6.	Lincoln Basic Life and AD&D	<ul> <li>Basic life is convertible – can be transitioned to an individual life insurance plan, following 5 years of employment, but will be underwritten by individual based on age and health status</li> <li>Basic AD&amp;D must be forfeited</li> </ul>	<ul> <li>1-800-423-2765</li> <li>See Lincoln handouts for more information</li> </ul>
7.	Lincoln Voluntary Life and AD&D	<ul> <li>Voluntary life is portable if coverage has been in place for at least 12 months – can be transitioned to an individual life insurance plan at the same cost of coverage with \$5.00 billing fee per cycle</li> <li>Voluntary AD&amp;D must be forfeited</li> </ul>	<ul> <li>1-800-423-2765</li> <li>See Lincoln handouts for more information</li> <li>Applications for Portability and Conversion available from SOCO's HR dept.</li> </ul>
8.	Colonial Voluntary Plans	• Colonial plans can be converted to individual policies. Each policy needs to be reviewed by contacting Colonial	<ul> <li>Call 1-800-325-4368</li> <li>See Colonial handouts for more information</li> </ul>
9.	Legal Shield & ID Shield	<ul> <li>Legal Shield and ID Shield can be converted to individual policies by contacting Legal Shield</li> </ul>	<ul> <li>Call 1-800-654-7757</li> <li>Complete the Legal Shield form and Mail to address on form (available from SOCO's HR dept.) Scan or Email</li> </ul>

10. Mutual of America	<ul> <li>As a former employee in SOCO's 401(k) Plan, you have many options to consider under the plan. While we have outlined a few of your options below, we encourage you to contact Phillip Holmes or another Mutual of America representative by calling (303) 694-6102 to discuss your options. Some options are:</li> <li>Rollover your SOCO 401(k) Plan to an IRA with Mutual of America or another provider of your choice</li> <li>Keep your account balance under SOCO's 401(k) Plan</li> <li>Rollover your account to your new employer's retirement plan should that plan accept rollovers.</li> <li>Withdraw your funds as a taxable event (Should you wish to consider this option, we strongly suggest you contact Mutual of America to discuss the tax ramifications of such a withdrawal.)</li> </ul>	<ul> <li>to <u>Cheryl@TheVoluntaryBenefit.c</u> om</li> <li>Make payment changes on your LegalShield portable at <u>www.MyLegalShield.com</u></li> <li>Contact Phillip Holmes or another Mutual of America representative</li> <li>Call 1-303-694-6102</li> </ul>

# **Contact Information**

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL					
Provider Name:	Cigna				
Policy Number:	615065				
Member Services:	800-284-8346				
Provider Web Address:	www.cigna.com or www.mycigna.com once enrolled				
HSA	HSA				
Provider Name:	HealthEquity				
Member Services:	866-346-5800 (available 24/7)				
Provider Web Address:	memberservices@healthequity.com or www.healthequity.com				
FSA					
Provider Name:	Discovery Benefits				
Provider Web Address:	www.Discoverybenefits.com				
DENTAL					
Provider Name:	Delta Dental				
Policy Number:	11934				
Member Services:	800-610-0201				
Provider Web Address:	www.deltadental.com				
VISION					
Provider Name:	Vision Service Plan				
Policy Number:	30001576				
Member Services:	800-877-7195				
Provider Web Address:	www.vsp.com				
EMPLOYER PAID LONG-TERM DISABILITY					
Provider Name:	Lincoln Financial Group				
Policy Number:	10199656				
Member Services:	800-423-2765				
Provider Web Address:	www.lfg.com				

# **Contact Information, continued**

EMPLOYER PAID LIFE & ACCIDENTAL DEATH & DISMEMBERMENT				
Provider Name:	Lincoln Financial Group			
Policy Number:	10199655			
Member Services:	800-423-2765			
Provider Web Address:	www.lfg.com			
VOLUNTARY LIFE				
Provider Name:	Lincoln Financial Group			
Policy Number:	000400001000-19252			
Member Services:	800-423-2765			
Provider Web Address:	www.lfg.com			
FLEXIBLE SPENDING ACCOU	NTS (FSA)			
Provider Name:	Discovery Benefits			
Member Services:	866-451-3399			
Provider Web Address:	www.discoverybenefits.com			
COBRA ADMINISTRATION				
Provider Name:	PayFlex			
Member Services:	(800) 359-3921			
Provider Web Address:	<u>cobrapayflexservices@payflex.com</u>			
SUPPLEMENTAL INSURANCE				
Provider Name:	Colonial			
Contact Name:	Rick Tulio			
Phone Number:	970-394-0755			
Provider Web Address:	www.coloniallife.com			
LEGALSHIELD SERVICES				
Member Services:	800-654-7757			
401(k)				
Provider Name:	Mutual of America			
Contact Name:	Shane Estes			
Phone Number:	303-694-6102			