



BENEFIT HIGHLIGHTS



THE DENVER FOUNDATION

2022

Introduction

Welcome!

This booklet is an overview of the benefits offered to you. We partner with Intrepid to administer our comprehensive benefits package. We believe we are providing a program that offers not only quality and value, but one that satisfies the diverse needs of our workforce.

This booklet is just a summary of your benefit plans. Refer to your SBC, SPD and Plan Document for plan details. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

How To Enroll

Go to www.intrepid-co.com on your desktop and select Benefits Portal Login at the top.

Returning users: Login with your credentials or click “reset a forgotten password”.

New users: Set up an account by answering personal identifying data and the company identifier, which is **TDF**.

Click on the [Begin Enrollment](#) button and follow the on-screen prompts to select your 2021 Benefits.

Eligibility

Eligible Employee

Eligible employees are those who are not in a temporary status and who are regularly scheduled to work at least **thirty (30)** hours per week.

Eligible Dependent

You also have the option to enroll your eligible dependents which include:

- Your legal spouse or civil union partner who is not offered medical coverage through their employer
- Your children/stepchildren up to age 26

*If adding a civil union partner, note that benefits will be deducted on a post-tax basis and any employer spousal contribution will be considered taxable income to you, unless your partner meets the definition of a tax dependent under Section 152 of the IRS code.

Enrollment

New Employees

You become eligible for benefits the first of the month following date of hire. You must enroll yourself and your dependents within 30 days.

Open Enrollment

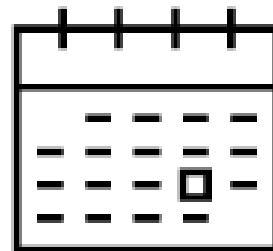
Employees who did not enroll at their initial eligibility period or who previously waived coverage for themselves and/or their dependents can take advantage of the open enrollment period. Our plan year runs January 1 through December 31. You have the once-a-year opportunity to enroll in or make changes to your benefits during open enrollment.

Changes During the Year

Choose your benefits carefully. Medical, dental, vision, and reimbursement account contributions are made on a pre-tax basis. Therefore, per IRS regulations changes to benefit elections cannot be made unless you experience a qualified life event. Qualified life events include, but are not limited to:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse, domestic partner or child
- Change in your residence that causes a change in the plans available to you
- Loss of dependent status (such as attainment of age 26)
- Involuntary loss of coverage through a spouse's health plan due to spouse's change in employment status
- Eligibility for premium assistance under Medicaid or CHIP
- Termination of Medicaid or CHIP coverage

You must contact HR within 30 days of the Qualifying Family Status Change if you wish to change your benefit elections. With eligibility for Medicaid or CHIP or termination of Medicaid or CHIP, you have 60 days to contact HR. Written documentation supporting your eligibility to make changes may be required.



Medical Plan Information

UHC Choice Plus network

With a PPO medical plan you receive a higher level of benefit when you visit providers who participate in the **United Healthcare Choice Plus** network. You may also visit providers outside the network but benefits are lower. To view a list of providers you can visit www.myuhc.com and select the **Choice Plus** network.

Both the HDHP and PPO plans utilize the Choice Plus network.

Key Terms to Remember

Plan Year

Refers to timeframe of January 1 through December 31

Calendar Year

Refers to timeframe of January 1 through December 31

Annual Deductible

Your annual deductible is the amount you have to pay each year before the plan starts paying a portion of medical expenses. Some services, such as office visits, require copays and do not apply to the deductible. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each one-person also has a limit on their own individual accumulated expenses.

Copays and Coinsurance

These expenses are your share of cost paid for covered services. Copays are a fixed dollar amount and are due at the time you receive care. Coinsurance is the percentage of covered expenses shared by you and the plan. In some cases, coinsurance is paid after the deductible has been met.

Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100% of expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the deductible.

Preventive Care Services

Preventive care services are those that are linked to routine wellness exams and screenings.

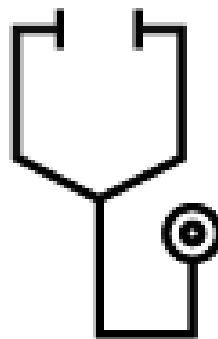
Non-preventive services are those that are considered diagnostic or treatment for an illness, injury, or other medical condition.

If you go in for a Preventive Screening and a condition is found, it is no longer Preventive and will be billed as Diagnostic (and not covered at 100%).

Preventive care is covered at 100% in-network. The US Preventive Services Task Force maintains a list of preventive services that all Health Care Reform compliant plans should cover at 100% for in-network providers. Preventive services vary based on age and codes provided by your physician. Be sure to verify coverage and benefits first.

The following is a list of common services that are included:

- Routine physical exam
- Well baby and child care
- Immunizations
- Bone density tests
- Cholesterol screenings
- Mammograms
- Pap smears/pelvic exams
- Colonoscopies
- Prostate test
- Lab procedures
- Screenings for HIV, HPV, & domestic violence
- Breastfeeding supplies
- Contraceptive drugs and devices
- Smoking cessation



Medical Plan Benefits—Option 1: HDHP Plan

United Healthcare HSA Choice Plus CBWE Rx K15Y	In Network	Out of Network*
Provider Network	United Healthcare Choice Plus www.myuhc.com	N/A
Calendar Year Deductible	\$4,000 individual \$8,000 family	\$7,500 individual \$15,000 family
Coinsurance	100% covered after deductible	You pay 50% after deductible
Out of Pocket Maximum <i>(includes deductibles, copays and coinsurance)</i>	\$5,000 individual \$10,000 family	\$15,000 individual \$30,000 family
Office Visit Copay <i>(includes a Telemedicine visit with your brick & mortar provider)</i>	100% covered after deductible	50% covered after deductible
Virtual Visit <i>(via myuhc.com or UHC app)</i>	100% covered after deductible	Not Covered
Preventive Visit Copay	100% covered	Not Covered
Inpatient Hospital	100% covered after deductible	50% covered after deductible
Outpatient Surgery	100% covered after deductible	50% covered after deductible
Outpatient Laboratory & X-ray	100% covered after deductible	50% covered after deductible
Imaging/MRI/CT/PET	100% covered after deductible	50% covered after deductible
Emergency Room	100% covered after deductible	100% covered after In Network deductible
Urgent Care	100% covered after deductible	50% covered after deductible
Prescription Drug Copays [^] Retail Pharmacy (30 day supply) Mail Order (90 day supply)	Copays apply after Medical deductible \$10/\$45/\$100/\$350 \$25/\$112.50/\$250/\$875	Copays apply after Medical deductible \$10/\$45/\$100/\$350 Mail Order not Covered
The Denver Foundation Funds	Employee Only: \$3,000 into your Health Savings Account Employee + Dependents: \$4,000 into your Health Savings Account	

[^]Specialty drug copays are higher and are based upon formulary drug tier.

*Preauthorization required for certain Out-of-Network services. Out-of-Network benefits do not cross accumulate with In-Network benefits.

- Office visits, Urgent Care and Emergency room: If procedures are performed during a visit, additional charges may apply.
- Prescription tiers are based on clinical evidence and assessed value.

Medical Plan Benefits—Option 2: PPO Plan

United Healthcare PPO Choice Plus BG53 Rx K13Y	In Network	Out of Network*
Provider Network	United Healthcare Choice Plus www.myuhc.com	N/A
Calendar Year Deductible	\$500 individual \$1,000 family	\$7,500 individual \$15,000 family
Coinsurance	You pay 20% after deductible	You pay 50% after deductible
Out of Pocket Maximum <i>(includes deductibles, copays and coinsurance)</i>	\$4,500 individual \$9,000 family	\$15,000 individual \$30,000 family
Office Visit Copay <i>(includes a Telemedicine visit with your brick & mortar provider)</i>	\$20 Primary Care Physician \$40 Specialist	You pay 50% after deductible
Virtual Visit <i>(via myuhc.com or UHC app)</i>	100% covered	Not Covered
Preventive Visit Copay	100% covered	Not Covered
Inpatient Hospital	You pay 20% after deductible	You pay 50% after deductible
Outpatient Surgery	You pay 20% after deductible	You pay 50% after deductible
Outpatient Laboratory & X-ray	100% covered	You pay 50% after deductible
Imaging/MRI/CT/PET	You pay 20% after deductible	You pay 50% after deductible
Emergency Room	You pay 20% after deductible	You pay 20% after In Network deductible
Urgent Care	\$20 copay	You pay 50% after deductible
Prescription Drug Copays [^] Retail Pharmacy (30 day supply) Mail Order (90 day supply)	\$10/\$40/\$85/\$250 \$25/\$100/\$212.50/\$625	\$10/\$40/\$85/\$250 Mail Order not Covered
The Denver Foundation Funds	\$500 into your Medical Flexible Spending Account	

[^]Specialty drug copays are higher and are based upon formulary drug tier.

*Preauthorization required for certain Out-of-Network services. Out-of-Network benefits do not cross accumulate with In-Network benefits.

- Office visits, Urgent Care and Emergency room: If procedures are performed during a visit, additional charges may apply.
- Prescription tiers are based on clinical evidence and assessed value.

Health Savings Account (HSA) Information

The most important aspect of a High Deductible Health Plan (HDHP) is the opportunity to contribute to an HSA. The HSA provides pre-tax dollars to pay for your out-of-pocket eligible expenses: your deductible, coinsurance, prescription drugs, etc.

The HSA election is for **January 1—December 31**

You can open an HSA account with **Health Savings Administrators**. Please contact HR for instructions on how to open this account. Once your HSA account is open you can elect your pre-tax contributions by notifying HR.

The Denver Foundation will fund:

\$3,000 for Employee Only

\$4,000 for Employee + Dependents

In order to receive the annual HSA contribution from The Denver Foundation, you must be enrolled in The Denver Foundation's UHC HDHP medical plan. Your HSA can also be funded by your own pre-tax contributions. The combined contributions cannot exceed the IRS maximums. If your spouse/partner is also participating in an HSA plan or HRA plan please contact your tax advisor to discuss how this impacts your HSA participation.

For **2022**, the maximum HSA contributions are:

- Single coverage contribution limit **\$3,650**
- Family coverage contribution limit **\$7,300**
- Individuals **age 55 and over** can contribute an additional \$1,000

If you open an HSA account you are ineligible for medical reimbursement through a flexible spending account (FSA), however, you can enroll in the Limited Purpose FSA for dental and vision reimbursement only.

TDF HSA Contributions

Employees that enroll in the TDF High Deductible Health Plan (HDHP) are eligible for a TDF HSA contribution. TDF will fund:

Self-Coverage (Employee Only) - \$750 quarterly (up to \$3,000 annually)

Family Coverage (Employee + Dependents) - \$1,000 quarterly (up to \$4,000 annually)

TDF's contribution is based on a set amount for each month you are eligible, starting in the first month your HDHP coverage is effective, and will not change during the year.

HSA Processing

Employee contributions to the HSA are processed to the carrier on the first business day of the following month in which the deduction was made. That is, contributions made in February are processed to the carrier on March 1st.

TDF Contributions are made quarterly (i.e. Jan 1, April 1, July 1, and October 1) for the following quarter. If the contribution date is a weekend or holiday, the contributions are made on the following business day.

*New hires that start mid quarter will receive their first contribution on the next scheduled contribution date. The employees first contribution includes any prorated amount due for the previous quarter, plus the contribution for the following quarter. For example, a new hire whose election of self-coverage in the HDHP becomes effective on August 1, will receive a prorated amount of \$1,250 on October 1. This includes the following TDF contributions: August (\$250), September (\$250), as well Oct-Dec (\$750).

TDF HSA Contribution Proration Schedule

If you enroll in the TDF High Deductible Health Plan (HDHP) with an effective date of February 1 through December 1, the TDF Health Savings Account (HSA) Contributions are prorated based on the month your enrollment begins. The proration will be:

Self-Coverage (Employee Only) - \$250 per eligible month

Family Coverage (Employee + Dependents) - \$333.33 per eligible month

TDF Contributions for Separated Employees

Employees that separate from TDF will keep any HSA contribution processed through their separation date. No additional TDF HSA contributions will be made for separated employees after their separation date. For example, an employee that separates in May will keep the full April 1 TDF contribution, but will not receive a TDF contribution on July 1 or October 1.

Flexible Spending Account (FSA)

Section 125 reimbursement accounts help you save money by allowing you to pay for certain types of expenses on a pre-tax basis. Your annual election is deducted evenly from each pay period and deposited into your account. Availability of funds will depend on the account you elect. Then, you incur an eligible expense and can be reimbursed.

The FSA plan year is **January 1—December 31**

- You cannot increase, decrease or cancel your contributions during the year without a qualifying family status change.
- If you are eligible to enroll in the Medical FSA **AND** you are enrolled in The Denver Foundation's UHC PPO medical plan, **The Denver Foundation will contribute \$500 to this account.** The contribution from The Denver Foundation does not impact your personal FSA elections - you are also eligible to contribute up to the IRS FSA max election per calendar year. For new hires, the \$500 TDF contribution will be pro-rated.

Dependent Care Reimbursement

- Used for dependent care expenses (daycare, after-school programs, or eldercare programs) so you and your spouse/domestic partner can work or go to school full-time
- **\$5,000** max election per calendar year
- The IRS requires you to forfeit any amount not spent by the end of the year

Medical Reimbursement

- Used for most health, dental and vision care expenses (copayments, deductibles, eyeglasses, etc.)
- **\$2,850** max election per calendar year
- Visit www.irs.gov for a current list of eligible expenses (Publication 502)
- The IRS requires you to forfeit any amount not spent by the end of the year
- This plan includes a grace period. You have until 3/15/23 to incur expenses and have them reimbursed through the 2022 funds.

Limited Purpose Reimbursement

- If you open an HSA account, you may participate in a Limited Purpose FSA to be used for most dental and vision care expenses (copayments, deductibles, eyeglasses, etc.)
- **\$2,850** max election per calendar year
- The IRS requires you to forfeit any amount not spent by the end of the year
- This plan includes a grace period. You have until 3/15/23 to incur expenses and have them reimbursed through the 2022 funds.

You should save all bills and receipts for eligible health care and dependent care expenses to use as proof of payment for reimbursement through the FSA. The IRS has a rule that states every expense or transaction from an FSA must be substantiated, so you may receive a request to submit documentation after you use your FSA benefits card.

Virtual Visits

With United Healthcare Virtual Visits you have 24/7 access to a doctor, 365 days/year by phone or video. Members can consult with a U.S. Board Certified physician and even get a prescription written (subject to FDA guidelines and restrictions).

24x7 Unlimited Doctor Access

The physician network can diagnose, treat, and prescribe anytime, anywhere.

The doctors are licensed and can handle an array of common ailments including allergies, earache, sore throat, pink eye, strep throat, urinary tract infection, etc.

Telehealth is great for families because your spouse and dependents can use it too and there is no limit on the number of times called or the duration of each call.

Request care:

1. Sign in at myuhc.com/virtualvisits or download the UnitedHealthcare® app.
2. You will then be directed to the AmWell or Dr+on demand or Teladoc mobile apps to explain your symptoms.

DispatchHealth

DispatchHealth provides on-demand healthcare in the convenience of your home and helps you to avoid unnecessary trips to the ER.

Request care

The DispatchHealth team provides care from 8am to 10pm, 365 days a year, including holidays. Verify your place of care is within DispatchHealth's service area. There are three ways to request care:

1. Download the App from the Apple App Store or Google Play
2. Call 303-500-1518
3. Go to the website dispatchhealth.com

Explain Symptoms

Their providers will triage symptoms over the phone to understand what's wrong and get the right care en route.

Receive Care In The Home

On average, their mobile teams arrive within an hour.

Rest Easy

They will call in prescriptions, update the family doctor, and handle billing with health insurance.

Things They Treat

They are ER trained and equipped to treat anything an Urgent Care facility can, plus more:

- Pains, strains, cuts, wounds
- Fever, flu, nausea
- Headaches, migraine
- Urinary tract infection
- Sore throat
- Sinus infection
- Nosebleed
- Ear infection
- Eye infection, pinkeye, object in the eye
- Vertigo, weakness
- Diarrhea, constipation, vomiting
- Stitches, splinting
- Blood testing
- Rashes, hives, allergic reactions
- Asthma attacks
- And more...

Clever Rx

Never overpay for prescriptions again

100% free to use.

Unlock discounts on thousands of medications.

Save up to 80% off prescription drugs.

Beat copay prices.

Accepted at most pharmacies nationwide

- CVS
- Rite Aid
- Walgreens
- Kroger
- Walmart
- Safeway
- And many more

How it works

Step 1:

Download the Clever Rx app. Choose **I'm Ready** and enter:

GroupID: 2001

Member ID: 1000

Step 2:

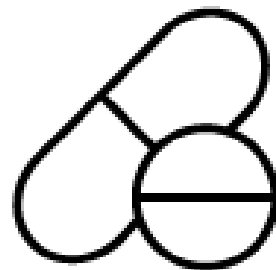
Price your medication. Clever Rx searches multiple pharmacies to find you the lowest price.

Step 3:

Click the voucher with the best price at your favorite pharmacy and either show that screen to the pharmacist when you pick up your medication or click and share to text yourself the voucher code for easy access when you're ready to pick up your medication.

Step 4:

Click "share" in the Clever Rx app to invite your friends, family or anyone to receive instant discounts on their prescription drugs.



Dental Plan Benefits

We offer you and your family a dental plan through **United Healthcare**. The level of benefits you receive depends on whether you use a provider within the UHC Dental Options PPO network. When you use a United Healthcare PPO provider, you'll receive a higher level of benefit than if you use an out-of-network provider. To view a list of providers you can visit www.myuhc.com and select the **Options PPO 30** network.

Features	PPO Dentist	Out-of-Network
Website	www.myuhc.com	
Calendar Year Deductible	\$50 individual / \$150 family	
Annual Maximum	\$1,500 per person	
Preventive Services Oral exam, cleanings, x-rays fluoride treatments & sealants for	100% covered no deductible	100% covered of UCR no deductible
Basic Services Fillings, simple extractions	You pay 20% after deductible	You pay 20% of UCR after deductible
Major Services Crowns, inlays/onlays, bridges, dentures, oral surgery, periodontics & endodontics	You pay 50% after deductible	You pay 50% of UCR after deductible
Orthodontia	Not Covered	

PPO Dentist

PPO dentists cannot bill members for amounts exceeding the PPO fee schedule. Members have lower out of pocket costs.

Out of Network Dentist

Member is responsible for the difference between the dentist's full charge and the UCR amount. Members will have the highest out of pocket costs.

UCR = Usual, Customary and Reasonable



Vision Plan Benefits

We offer you and your family a vision plan through **United Healthcare**. The level of benefits you receive depends on whether you use a provider within the United Healthcare Vision network. When you use a United Healthcare provider, you'll receive a higher level of benefit than if you use an out-of-network provider. To view a list of providers, you can visit www.myuhcvision.com.

Features	United Healthcare
Frequency:	
Exam	Once every 12 months
Lenses or Contacts	Once every 12 months
Frames	Once every 12 months
Exam Copay	\$10
Prescription Glasses Copay	\$25
Standard Lenses	Single vision: \$25 copay Lined bifocal: \$25 copay Lined trifocal: \$25 copay
Frames	\$130 allowance 30% off amount over your allowance
Contacts (in lieu of glasses)	\$105 allowance

If you see a non-network provider, you'll typically pay more out of pocket. You'll pay the provider in full and must submit a claim to United Healthcare for partial reimbursement less copays. Before seeing a non-network provider, call United Healthcare at 1-800-638-3120.



Life and AD&D Benefits

LIFE: The Life Insurance benefit is payable to the designated beneficiary upon the death of the insured.

AD&D: Accidental Death & Dismemberment (AD&D) Insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e. the loss of a hand, foot or eye). In the event that death occurs from an accident, both the Life and the AD&D benefit would be payable.

Features	Employer Sponsored Principal Life Insurance
Life Benefit	\$50,000
AD&D Benefit	\$50,000
Benefit Reduction	Benefits are reduced by 35% at age 65, and by an additional 15% at age 70
Conversion	If you terminate your employment you may convert your coverage to an individual Whole Life Policy offered by the insurance carrier

Features	Voluntary Principal Life Insurance
Employee	You may elect coverage in \$10,000 increments up to a maximum amount of \$500,000
Spouse	You may elect coverage in \$5,000 increments up to a maximum of 100% of the amount elected by the employee up to \$150,000
Child(ren) - up to age 19 or 26 if full time student	Coverage available in amounts of \$2,000, \$4,000 or \$10,000 AD&D not available for children
Guarantee Issue*	Employee: \$100,000 Spouse: \$25,000 Children: \$10,000

***Guarantee Issue:**

- Guarantee Issue amounts only apply when initially eligible. Any amounts over the Guarantee Issue are subject to underwriting.

Open Enrollment and Periodic Benefit Increase:

- Any employee or spouse that didn't elect Voluntary Life coverage when first eligible can elect two increments (\$20,000 for employees, \$10,000 for spouses) of coverage without being subject to medical underwriting.
- A child that did not elect Voluntary Life when first eligible can elect one increment of \$4,000 at open enrollment without being subject to medical underwriting.
- An enrolled employee can increase their amount by \$20,000 (two increments) without a Statement of Health (SOH).
- An enrolled spouse can increase their amount an additional \$10,000 without a Statement of Health (SOH).
- An enrolled child with \$4,000 of coverage can increase their amount to \$10,000 without a Statement of Health (SOH).
- Any elected amount that is above the allowed incremental provision will be pended and medical underwriting

Disability Benefits

If you become disabled and can't work, no benefit becomes more important to your financial security than disability income protection. As an eligible employee you are automatically covered. We provide both Short-Term Disability (STD) and Long-Term Disability (LTD) Insurance.

Features	Principal Short Term Disability
Weekly Benefit	60% of your weekly salary to a maximum weekly benefit of \$800
Benefits Begin	1st day absent due to ACCIDENT 8th day absent due to ILLNESS
Benefit Duration	Until no longer disabled or 13 weeks, whichever comes first

Features	Principal Long Term Disability
Monthly Benefit	60% of your monthly salary to a maximum monthly benefit of \$4,000
Benefits Begin	90 days (13 weeks) after you have been absent from work due to a covered accident or illness
Benefit Duration	Until no longer disabled or when you attain Social Security Normal Retirement Age

Employee Assistance Program (EAP)

With an EAP, you and your family household members have access to free, confidential resources to help handle life's challenges.

Services for you and your family

- LifeMart Discount Center, with savings on a variety of products and services
- Self-care mobile apps to help with insomnia, anxiety, depression, substance use, obsessive compulsive disorder and chronic pain
- Health and wellness articles, guides, webinars and podcasts
- Online assistance with elder care, child care and other family life resources
- Help with teen and adolescent issues, including eating disorders and relationships
- Tips on parenting and grandparenting
- 24/7 phone consultation with licensed mental health professionals and referrals to supportive resources*
- Ongoing personal coaching sessions with scheduled telephonic appointments

Help when and where you need it — day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP. Help is just a click or call away:

Online: **MagellanAscend.com**

Enter **Principal Core** for the company name

By phone: **800-450-1327**

The Employee Assistance Program is provided by Magellan Healthcare through your Long Term Disability benefits.
*You're responsible for any fees resulting from referrals outside the EAP, including those associated with medical benefits.

IDShield

Have you ever?

- Worried about being a victim of Identity Theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information online
- Feared the security of your medical information
- Been pursued by a collection agency

IDShield's membership includes:

- Social Media monitoring
- Privacy and Security Monitoring - internet monitoring of your name, date of birth, SSN, email address, phone numbers and more. Monthly credit score tracking.
- Consultation - Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection
- Full Identity Restoration - Complete identity recovery
- \$5 Million Service Guarantee - IDShield will do whatever it takes for as long as it takes to help recover and restore your identity

LegalShield

Have you ever?

- Needed your will prepared or updated
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Signed a contract
- Received a moving traffic violation
- Had concerns regarding child support

LegalShield's membership includes a Dedicated Law Firm to help with:

- Legal Advice/Consultation on unlimited personal issues
- Letters/Calls made on your behalf
- Contracts/Documents reviewed
- Residential Loan Document Assistance
- Lawyers prepare your Will/Living Will/Healthcare Power of Attorney/Financial Power of Attorney
- Speeding ticket assistance
- IRS audit assistance
- Trial defense (if named defendant/respondent in a covered civil action suit)
- Uncontested Divorce, Separation, Adoption and/or Name Change representation
- 25% Preferred Member Discount



Your Costs

Employee Medical, Dental and Vision contributions are deducted per pay period on a pre-tax basis. There are 26 pay periods per year.

For existing staff:

- Your premium tier during open enrollment, and for the entire upcoming plan year, is based on your annualized wage as of November 1st of the current year.
- E.g. your 2022 plan year premium tier will be based on your November 1st, 2021 annualized wage.
- Compensation changes after November 1st will not impact your benefit premium tier until the following plan year.
- E.g. annual compensation changes that typically occur in your first paycheck of 2022 will not impact your benefit premium tier until the 2023 plan year.
- E.g. midyear compensation changes that typically occur as a result of a change position and/or promotion will not impact your benefit premium tier until the following open enrollment.

For new hires:

- Your premium tier for the entire plan year will be based on your annualized wage as of your hire date.

Tier 1 Contributions: Employees earning less than \$60,000		
United Healthcare Medical	Per Pay Period Cost	
	Plan Option 1: HDHP	Plan Option 2: PPO
Employee Only	\$48.87	\$59.38
Employee + Spouse	\$97.75	\$118.75
Employee + Child(ren)	\$90.42	\$109.85
Employee + Family	\$139.29	\$169.22

Tier 2 Contributions: Employees earning \$60,001 to 100,000		
United Healthcare Medical	Per Pay Period Cost	
	Plan Option 1: HDHP	Plan Option 2: PPO
Employee Only	\$65.16	\$79.17
Employee + Spouse	\$130.33	\$158.34
Employee + Child(ren)	\$120.56	\$146.46
Employee + Family	\$185.72	\$225.63

Tier 3 Contributions: Employees earning more than \$100,001		
United Healthcare Medical	Per Pay Period Cost	
	Plan Option 1: HDHP	Plan Option 2: PPO
Employee Only	\$81.46	\$98.96
Employee + Spouse	\$162.91	\$197.92
Employee + Child(ren)	\$150.70	\$183.08
Employee + Family	\$232.15	\$282.04

Your Costs

Employee Medical, Dental and Vision contributions are deducted per pay period on a pre-tax basis. There are 26 pay periods per year.

United Healthcare Dental	Per Pay Period Cost
Employee Only	\$4.23
Employee + Spouse	\$8.46
Employee + Child(ren)	\$8.56
Employee + Family	\$13.37

United Healthcare Vision	Per Pay Period Cost
Employee Only	\$0.44
Employee + Spouse	\$0.92
Employee + Child(ren)	\$1.08
Employee + Family	\$1.59

LegalShield/IDShield	Employee Only	Employee + Dependent(s)
LegalShield Only	\$8.75	\$8.75
IDShield Only	\$4.13	\$8.75
LegalShield/IDShield Combined	\$12.88	\$15.65

Principal Life, STD and LTD Insurance
100% Employer Paid

Principal Voluntary Life Insurance
Rates listed in online enrollment site

Contact Reference Sheet

Refer to this list when you need to contact one of your benefit vendors. For general information contact your Human Resources Department or our Intrepid Benefit Advocate.

For questions about...	Contact...	Call...	Or Email/Visit...
Benefits and Enrollment	Intrepid Employee Benefit Advocate	303-293-6672 direct line 800-289-6467 toll free 303-295-6479 fax	advocate@intrepidbenefits.com
Medical	UnitedHealthcare Group #02G8693	800-585-6586 toll free	www.myuhc.com
Dental	UnitedHealthcare Group #02G8693	800-445-9090 toll free	www.myuhc.com
Vision	UnitedHealthcare Group #02G8693	800-638-3120 toll free	www.myuhc.com
Life/AD&D	Principal Group # 1119024	800-247-4695 toll free	www.principal.com
STD/LTD	Principal Group # 1119024	800-247-4695 toll free	www.principal.com
FSA	Rocky Mountain Reserve	888-722-1223 toll free	www.rockymountainreserve.com
HSA	Health Savings Administrators	888-354-0697	https://hsaa.ipx-sys.com/Login
EAP	Magellan Healthcare	800-450-1327 toll free	www.MagellanAscend.com
IDShield / LegalShield	Mindy Rogers	720-217-9934	mindyr@legalshieldassociate.com
Human Resources	Rob Hill	864-735-3938	rhill@denverfoundation.org
Human Resources	Jason Stoddart	303-513-7294	jstoddart@denverfoundation.org



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