



The Denver
Foundation



BENEFIT HIGHLIGHTS

EMPLOYEE BENEFITS GUIDE 1/1/2025—12/31/2025

Your Benefit Advocate

You have an insurance advocate at **Intrepid** to help you get the most from your insurance plans

Call whenever you or a member of your family:

- Need help solving a benefit related problem
- Have a question about a benefit
- Have questions regarding a bill
- Need further clarification on an insurance matter
- Believe that your claim has not been paid properly
- Need a new ID card
- Need to appeal an insurance judgement

Your dedicated Benefit Advocate, Corrinne, can be reached by phone or text at **303-293-6672** or by email at **advocate@intrepidbenefits.com**



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.

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 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.

How To Enroll

Go to www.IntrepidBenefits.com.
Click on **Employee Navigator** in the top right.
Click on **Login** underneath Employee Navigator.

If you have already registered, log in with your personal username and password. Usernames are typically your work email address, unless you changed it.

If you have forgotten your password, click on **Forgot Password**.

If you have not registered yet, select **Register as a new user**. You will need to enter the following information:

- Name: make sure you enter your legal first and last name
- Company Identifier: **TDF**
- Last four digits of your social security number
- Birth date

Create a username (or leave as your work email) and password. Password rules:

- Must be at least 6 characters
- Must contain a symbol
- Must contain a number

Select **Let's Begin**. Elect **Start Enrollment** and then **Get Started**. Review and enter any missing personal information.

To complete enrollment, you should have readily available the following important information when making your elections:

- Social security numbers for all enrolling family members and beneficiaries
- Dates of birth for all enrolling family members

The system will guide you through all coverage options after confirming personal information and entering dependent information. For each benefit offered you need to **Select** a plan or select **Don't want this benefit**. You must hit **Save & Continue**. Once you **Save & Continue**, you can stop and log back in to complete at a later point.

Once you have completed all benefit elections **Click to Sign** to finalize. Your enrollment is not complete until you **Click to Sign**. You will receive an email stating your benefit enrollment is complete.



Enrollment

New Employees

You become eligible for benefits the first of the month following your 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
- Eligibility for Medicare

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 PPO medical plan 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.

UnitedHealthcare® Mobile App & myuhc.com

Get your health info, anytime. When you want to easily access your health information anywhere you go, the UnitedHealthcare app is your go-to.

Find care

- Find network care options for doctors, clinics and hospitals in your area
- Talk to a doctor by video 24/7
- See reviews and ratings for doctors

Manage your health plan details

- Generate and share digital health plan ID cards
- View claims and account balances
- Manage prescription drugs and refills

Stay on top of costs

- Estimate the costs of common procedures
- View your copay, annual deductible and out-of-pocket expenses

Note: Not all UnitedHealthcare plans are currently supported by the app, not all features are available for every plan.

Download the UnitedHealthcare app to your mobile device or use your smartphone camera to scan the QR code.



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.

Know Before You Go

Type	Appropriate for	Conditions Treated	Access	Cost
Virtual Visits	See a doctor from anywhere, anytime. Connect with a board certified nurse or physician via video or phone.	<ul style="list-style-type: none"> Identifying symptoms Decide if immediate care is needed Home treatment options and advice Colds, flu, sore throat, fever, allergies Headaches & stomach-aches Rashes or acne 	24/7 365 Days	\$
Convenience Care	For minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies.	<ul style="list-style-type: none"> Cold, flu, allergies Headache, migraine Skin conditions, rashes Minor injuries Mental health concerns 	Office Hours Often Nights & Weekends	\$
Healthcare Provider Office Visit	Routine medical care and overall health management. Care from the provider that may know you the best. PCP's and specialists. Some providers may also offer virtual visits.	<ul style="list-style-type: none"> General health issues Preventive care Routines check-ups Vaccinations, Screenings Illnesses, injuries Managing existing conditions 	Office Hours	\$\$
Urgent Care, Walk-In Clinic	Non-life threatening conditions requiring immediate attention. Staffed by nurses and doctors and usually have extended hours.	<ul style="list-style-type: none"> Stitches Minor cuts, sprains, burns, and rashes Animal bites Ear-nose-throat infections Headaches Joint pain Minor respiratory symptoms UTI's 	Office Hours, or up to 24/7	\$\$\$
Emergency Room	Life or limb-threatening conditions requiring immediate medical expertise.	<ul style="list-style-type: none"> Suspected heart attack or stroke Major bone breaks Head injury, major trauma Excessive bleeding Severe pain Difficulty breathing Seizure or loss of consciousness 	24/7	\$\$\$\$\$

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 HP400025B	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	\$8,000 individual \$16,000 family
Coinsurance	100% covered after deductible	50% covered after deductible
Out of Pocket Maximum <i>(includes deductibles, copays and coinsurance)</i>	\$4,000 individual \$8,000 family	\$32,000 individual \$64,000 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 HealthiestYou)</i>	100% covered after deductible	Not Covered
Preventive Visit Copay	100% covered	50% covered after deductible
Mental Health/Substance Abuse -Outpatient	100% covered after deductible	50% covered after deductible
Mental Health/Substance Abuse -Inpatient	100% covered after deductible	50% covered after deductible
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)	100% covered after deductible 100% covered after deductible	100% covered after deductible 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 on applicable 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, Outpatient Mental Health, 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 P500i80LX21B	In Network	Out of Network*
Provider Network	United Healthcare Choice Plus www.myuhc.com	N/A
Calendar Year Deductible	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family
Coinsurance	You pay 20% after deductible	50% covered after deductible
Out of Pocket Maximum <i>(includes deductibles, copays and coinsurance)</i>	\$4,000 individual \$8,000 family	\$8,000 individual \$16,000 family
Office Visit Copay <i>(includes a Telemedicine visit with your brick & mortar provider)</i>	\$25 PCP/ \$75 Specialist	50% covered after deductible
Virtual Visit <i>(via HealthiestYou)</i>	100% covered	Not Covered
Preventive Visit Copay	100% covered	50% covered after deductible
Mental Health/Substance Abuse -Outpatient	\$75 Copay	50% covered after deductible
Mental Health/Substance Abuse -Inpatient	You pay 20% after deductible	50% covered after deductible
Inpatient Hospital	You pay 20% after deductible	50% covered after deductible
Outpatient Surgery	You pay 20% after deductible	50% covered after deductible
Outpatient Laboratory & X-ray	You pay 20% after deductible	50% covered after deductible
Imaging/MRI/CT/PET	You pay 20% after deductible	50% covered after deductible
Emergency Room	You pay 20% after \$300 copay & deductible	You pay 20% after \$300 copay & In Network deductible
Urgent Care	\$50 Copay	50% covered after deductible
Prescription Drug Copays^ Retail Pharmacy (30 day supply) Mail Order (90 day supply)	\$10/\$35/\$75/\$250 \$25/\$87.50/\$187.50/\$625	\$10/\$35/\$75/\$250 Mail Order not Covered
The Denver Foundation Funds	\$500 into your Medical Flexible Spending Account	

^Specialty drug copays are higher and are based on applicable 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, Outpatient Mental Health, 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.

An HSA is a personal bank account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Funds in your HSA can be used for your expenses and those of your spouse and eligible dependents, even if they are not covered by the HDHP.

- Eligible expenses include deductibles, coinsurance, copays, prescription drugs, dental and vision expenses, and more.
- Visit www.irs.gov for a current list of eligible expenses (Publication 502)

Money deposited in the account stays with you and unused balances roll over from year to year.

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

You can open an HSA account with **Health Equity**. 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 **2025**, the maximum HSA contributions are:

- Single coverage contribution limit **\$4,300**
- Family coverage contribution limit **\$8,550**
- Individuals **age 55 and over** can contribute an additional **\$1,000**

HSA Eligibility Requirements

You are eligible to participate in an HSA if you are:

1. Enrolled in a HDHP plan.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a medical spending account through an FSA, even through a spouse's plan, you cannot contribute to an HSA account unless the FSA is a "limited purpose" plan.

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)

The FSA offers you a way to save money by allowing you to pay for certain types of expenses on a pre-tax basis. There are three flexible spending accounts:

- Dependent Care Reimbursement Account
- Medical Reimbursement Account
- Limited Purpose Reimbursement Account

During Open Enrollment, you decide how much you want to contribute to either or both accounts. Your FSA contributions are deducted from your paycheck in equal amounts during the year. Because contributions are made before taxes are withheld, they are not subject to Social Security tax, federal income tax, and in most cases, state or local income taxes.

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 Account

- 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 Account

- Used for most health, dental and vision care expenses (copayments, deductibles, eyeglasses, etc.)
- **\$3,300** 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 3/15/26 to incur expenses and have them reimbursed through the 2025 funds.

Limited Purpose Reimbursement Account

- 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.)
- **\$3,300** 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 3/15/26 to incur expenses and have them reimbursed through the 2025 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.

To access your FSA information online, visit www.rockymountainreserve.com.

Telehealth through HealthiestYou

With HealthiestYou, you can connect to a doctor, get treatment, and get prescriptions, 24 hours a day, 7 days a week over the phone or via the mobile app.

Request care

There are two ways to use HealthiestYou:

1. Download the App from the Apple App Store or from Google Play
2. Call 866-703-1259

24x7 Unlimited Doctor Access

The Teladoc physician network can diagnose, treat, and prescribe with no consult fees, 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, and more!

HealthiestYou 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.

Sync your Medical Benefits

The app provides a one stop shop to view medical plan deductible information in real time

Locate Providers

Search for a doctor, dentist, or other provider. The app knows best and will easily lead you through the process

Prescription Savings

The geo-based prescription search engine can save you up to 85% on prescriptions

Shop and Price Procedures

The app puts you in the driver's seat by providing a vehicle to search and price procedures such as MRI/s and ultrasounds in the direct area.



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 7am to 10pm, 365 days a year, including holidays. Verify your place of care is within DispatchHealth’s service area. There are two ways to request care:

1. Call 303-500-1518
2. 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.

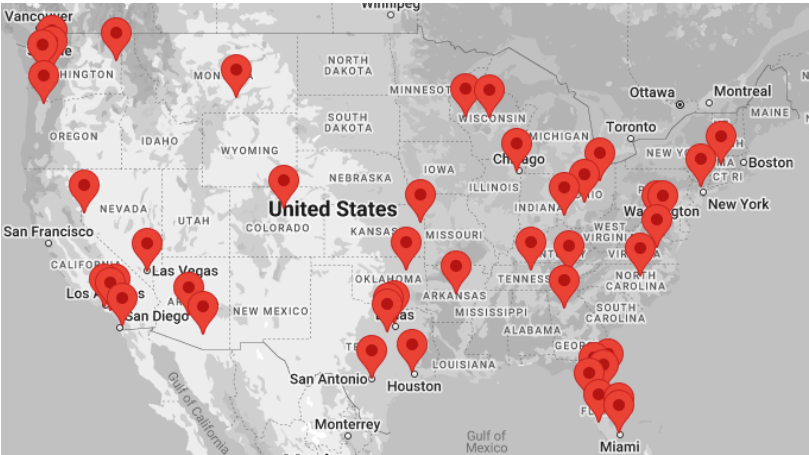
Rest Easy

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...



- Arizona
- California
- Colorado
- Connecticut
- Florida
- Georgia
- Idaho
- Illinois
- Kansas
- Kentucky
- Massachusetts
- Montana
- Nevada
- New Jersey
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Tennessee
- Texas
- Virginia
- Washington
- Wisconsin

Shift Rx

Never overpay for prescriptions again! Rx coupons made easy...

Just like booking flights through Kayak, you can use your Shift card to save on prescriptions. Shift sorts through not just GoodRx but 15 other cash card providers to show you the best cash price

- 100% free to use.
- Unlock discounts on thousands of medications.
- Save up to 80% off prescription drugs.
- Beat copay prices.

Accepted at 70,000+ pharmacies nationwide, including :

- CVS
- Rite Aid
- Walgreens
- Walmart
- Albertsons
- And many more

How it works

Step 1:

Search your medications today at theshiftcard.com

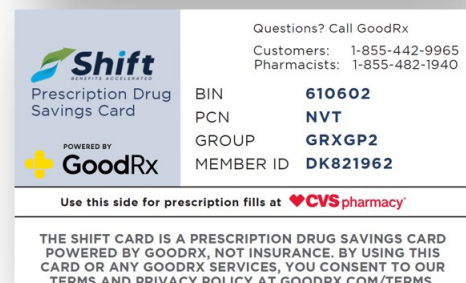
Step 2:

Present Shift Card to the pharmacist with your prescription and your insurance card.

Save up to 80% on your drug costs!

Step 3:

Call 1-855-442-9965 if you run into any issues



Dental Plan Benefits

We offer you and your family a dental plan through **Delta Dental of Colorado**. The level of benefits you receive depends on whether you use a provider within the **Delta Dental PPO** network.

When you use a Delta Dental PPO provider, you'll receive a higher level of benefit than if you use a Delta Dental Premier or an out-of-network provider. To view a list of providers you can visit www.deltadentalco.com and select the Delta Dental PPO or Delta Dental Premier network.

Features	PPO Dentist	Premier Dentist	Out-of-Network
Calendar Year Deductible	\$50 individual / \$150 family		
Annual Maximum	\$2,000 per person		
Preventive Services Oral exam, cleanings, x-rays, sealants for children, fluoride treatment	100% covered no deductible	90% of MAC covered no deductible	90% of MAC covered no deductible
Basic Services Fillings, oral surgery, periodontics, endodontics	You pay 20% after deductible	80% of MAC covered after deductible	80% of MAC covered after deductible
Major Services Crowns, bridgework, dentures	You pay 50% after deductible	50% of MAC covered after deductible	50% of MAC covered after deductible
Orthodontia (child up to age 19 only)	You pay 50%	50% of MAC covered	50% of MAC covered
Orthodontia Lifetime Maximum	\$1,000 per child		

Delta PPO Dentist

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

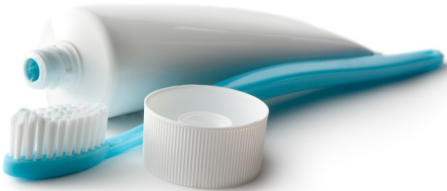
Delta Premier Dentist

Member is responsible for the difference between the Premier dentist fee and the PPO fee schedule. Members will have higher out of pocket costs.

Non Participating Dentist

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

MAC = Maximum Allowable Charge.



Vision Plan Benefits

We offer you and your family a vision plan through **EyeMed**. The level of benefits you receive depends on whether you use a provider within the **EyeMed Insight** network. When you use an EyeMed vision 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.eyemed.com.

Features	EyeMed
Frequency: Exam Lenses or Contacts Frames	Once every plan year Once every plan year Once every plan year
Exam Copay	\$10 Contact lens exam, fitting and evaluation copay may be higher than the standard exam copay
Prescription Glasses Copay	\$25
Standard Plastic Lenses	Single vision: \$25 copay Lined bifocal: \$25 copay Lined trifocal: \$25 copay Lens enhancements, such as progressive, anti scratch and anti reflective available for higher or additional copay
Frames	\$150 allowance 20% off amount over your allowance
Contacts (in lieu of glasses)	\$150 allowance Contact Lenses can be received instead of glasses and covered up to the allowance
Laser Vision Correction	15% discount off the retail price or 5% off the promotional price

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 EyeMed for partial reimbursement less copays. Non-network provider charges will only be reimbursed up to the the plan's non-network provider reimbursement rate.



SupportLinc Employee Assistance Program

The Denver Foundation is dedicated to supporting our diverse community. We know that life can sometimes present challenges or situations that are difficult to work out alone. The SupportLinc Employee Assistance Program (EAP) is a confidential resource offering in-the-moment support and expert guidance to help you resolve concerns as well as balance home and work. You can access up to three (3) sessions of face-to-face counseling for a wide variety of concerns such as: anxiety, depression, identity support, marriage and relationship problems, grief and loss, substance abuse, anger management, work related pressures, and stress.

EXPERT REFERRALS AND CONSULTATION

Whether you are a new parent, a caregiver, selling your home or looking for budgeting advice you're likely to need guidance and referrals to expert resources.

- Legal Consultation—by phone or in person with a local attorney
- Financial Expertise—planning and consultation with a licensed financial counselor
- Convenience Resources—Referrals for childcare, elder care, home repair, housing needs, education, pet care, and so much more

CONFIDENTIALITY

SupportLinc upholds strict confidentiality standards. No one, including your employer, will know you have accessed the program unless you specifically grant permission to express a concern that presents us with a legal obligation to release information.

CHOOSE HOW TO GET ASSISTANCE

In-the-Moment Support

- Reach a licensed clinician by phone 24/7/365

Web Portal

- Explore on-demand training and practical resources to boost well-being and life balance
- Use search engines, financial calculators and career resources
- Find discounted gym memberships
- Access the secure video counseling portal
- Content in English and Spanish

ECONNECT Mobile App

- Program support and resources at your fingertips
- Call or live chat with a licensed counselor
- Expert, searchable content

Text Therapy

- Use Textcoach® to exchange text messages, voice notes and resources with a licensed counselor
- Available Monday—Friday, on desktop or mobile app

Call: 1-888-881-5462

Text: Support to 51230

www.supportlinc.com

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, 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	Employee Paid 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 approval.

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 by \$10,000 (two increments) 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 will be required.

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	66.67% of your weekly salary to a maximum weekly benefit of \$1,100
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	Social Security Normal Retirement Age

Employee Assistance Program (EAP)

In addition to the full EAP through SupportLinc you and your family household members have access to a basic EAP resource. This virtual support is provided through our partnership with Principal.

Services for you and your family

- You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more.
- 24/7 phone consultation with licensed mental health professionals and referrals to supportive resources*

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: Member.MagellanHealthcare.com

Enter **Principal Core** as the program 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 & LegalShield



Have You Ever...

- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?
- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, Youtube)

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** On unlimited personal issues
- **Letters/Calls** Made on your behalf
- **Contracts/Documents Reviewed** Up to 15 pages
- **Residential Loan Document Assistance** For the purchase of your primary residence
- **Will Preparation** - Living Will, Health Care Power of Attorney
- **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm
- **IRS Audit Assistance** (Begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (If named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (Available 90 days after enrollment)
- **25% Preferred Member Discount** (Bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** For covered situations

The IDShield Membership Includes:

- **Credit Monitoring** Continuous credit monitoring through TransUnion
- **Online Privacy Management** IDShield provides consultation and guidance on ways participants can protect their privacy and personally identifiable information across the internet and on their smart devices.
- **Reputation Management & Score** Scans social media accounts for existing content that could be damaging to participants' online reputation. Ranks your online reputation risk by giving you a score based off the content found on your social media accounts.
- **Financial Account Monitoring** Accounts monitored include checking, savings, employer 401k accounts, loans and more.
- **\$3 Million Protection Policy** Coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee** Ensures that we won't give up until your identity is restored!
- **Identity Restoration** Performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **24/7 Emergency Access** In the event of an identity theft emergency



Put your law firm and identity theft protection in the palm of your hand with the LegalShield and IDShield mobile apps!

MemberPerks: Enjoy preferred member pricing on some of your favorite brands and services.



Your representative: Mindy Rogers mindy@legalshieldrep.com 720-217-9934

Intrepid Discount Marketplace

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Step 3:

Enter your email address to create an account

Questions? Call 1-866-664-4621 or email customercare@benefithub.com



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 2025 plan year premium tier will be based on your November 1st, 2024 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 2025 will not impact your benefit premium tier until the 2026 plan year.*

** E.g. mid year compensation changes that typically occur as a result of a position change 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	\$48.26	\$56.16
Employee + Spouse	\$99.05	\$115.65
Employee + Child(ren)	\$87.51	\$102.13
Employee + Family	\$140.61	\$164.32

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	\$64.34	\$74.88
Employee + Spouse	\$132.07	\$154.20
Employee + Child(ren)	\$116.68	\$136.17
Employee + Family	\$187.48	\$219.10

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	\$80.43	\$93.60
Employee + Spouse	\$165.09	\$192.75
Employee + Child(ren)	\$145.85	\$170.22
Employee + Family	\$234.36	\$273.87

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.

Delta Dental	Per Pay Period Cost
Employee Only	\$4.10
Employee + Spouse	\$7.87
Employee + Child(ren)	\$9.18
Employee + Family	\$14.42

EyeMed Vision	Per Pay Period Cost
Employee Only	\$0.61
Employee + Spouse	\$1.29
Employee + Child(ren)	\$1.51
Employee + Family	\$2.23

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 vary based on age and elected benefit. Rates are listed on the Employee Navigator 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 #1558662	866-801-4409	www.myuhc.com
Dental	Delta Dental Group #1706	800-610-0201	www.deltadentalco.com
Vision	EyeMed Group #1043336	844-873-7853	www.eyemed.com
EAP	SupportLinc	888-881-5462	www.supportlinc.com
Life/AD&D	Principal Group #1119024	800-843-1371	www.principal.com
STD/LTD	Principal Group #1119024	800-843-1371	www.principal.com
	Magellan EAP	800-450-1327	member.magellanhealthcare.com
FSA	Rocky Mountain Reserve	888-722-1223	www.rockymountainreserve.com
IDShield / LegalShield	Mindy Rogers	720-217-9934	mindy@legalshieldrep.com
Human Resources	Rob Hill	864-735-3938	rhill@denverfoundation.org



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