



TELLER COUNTY COLORADO
PROTECT THE PAST...EMBRACE THE FUTURE

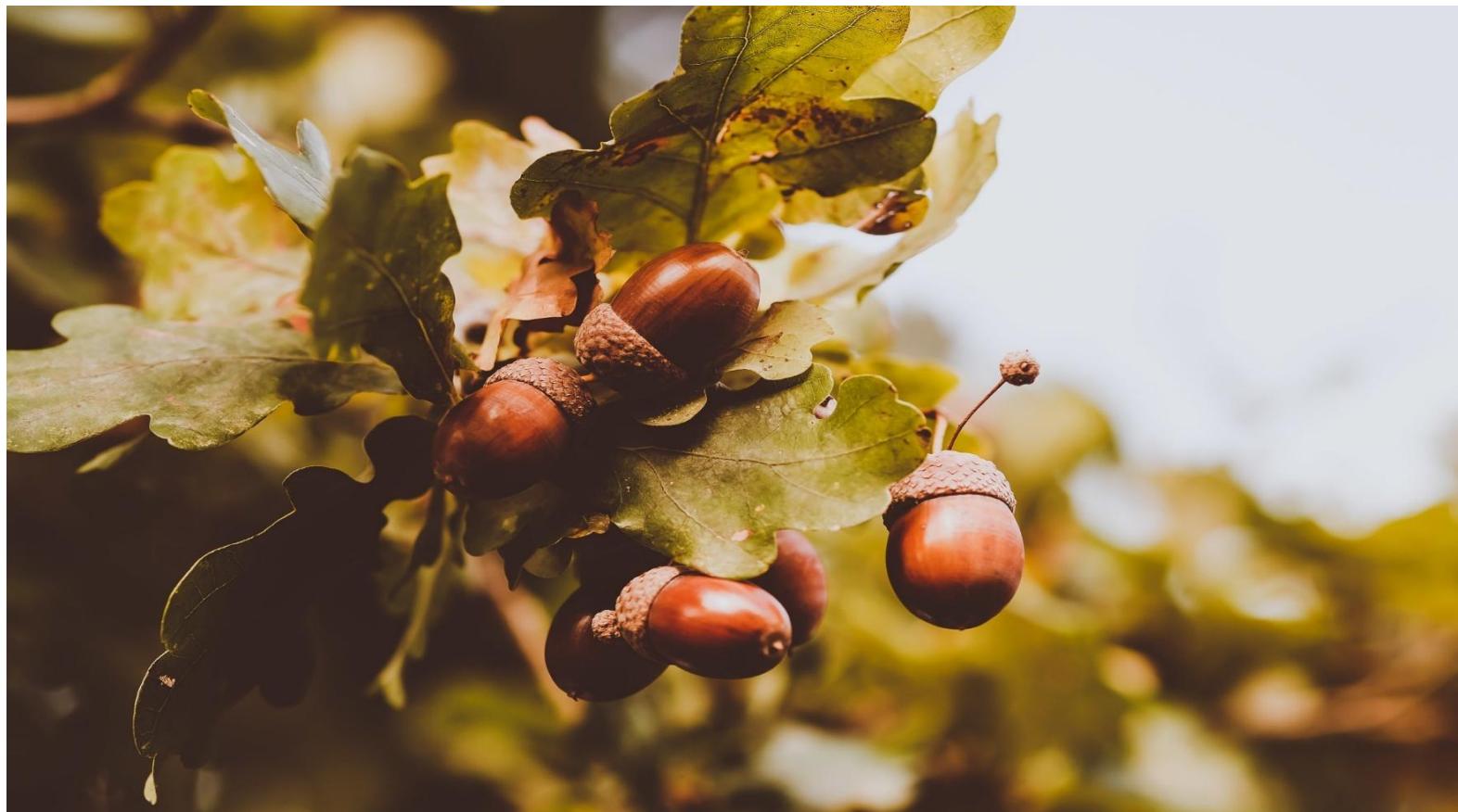
2026

A GUIDE TO YOUR HEALTH AND WELFARE BENEFITS



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PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

Teller County strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Benefit Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits Teller County offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on January 1. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Human Resources.

ELIGIBILITY & ENROLLMENT

Eligibility is determined at your date of hire. Full-time employees working 30 hours or more per week are eligible to enroll in our benefits. Benefits are effective first of the month following your date of hire, not coinciding with.

Employees hired after the plan year begins will select their coverage choices for the remainder of the plan year at the time of eligibility. All enrollments and changes will need to be done through the Ease online enrollment portal. You may enroll when you first become eligible for coverage e.g. after your new hire waiting period, at open enrollment, or when you experience a life event (see Qualifying Life Events for more details). Employees may enroll eligible dependents; see your Summary Plan Description's definition of Dependent (children less than 26 years of age).

QUALIFYING LIFE EVENTS - You may qualify for a Special Enrollment Period for 30 days from the life event.

The following are some qualified life events that allow you to change your benefits outside of open enrollment:

- Divorce or legal separation
- Marriage
- Change in number of dependents
- Change in employment status (employee, spouse or eligible dependent) that causes loss of eligibility
- Dependent ceases to satisfy eligibility requirements
- Loss of coverage from government plans/programs or educational institution
- COBRA qualifying event (termination/reduction of hours, employee death, divorce/legal separation, ceasing to be a dependent)



WAIVING COVERAGE

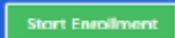
If you decide that you and/or your dependents have appropriate benefits from an alternate source, you may choose to waive your existing coverage. If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage, you may in the future be entitled to enroll yourself and/or your dependents on the plan(s), providing that you request enrollment within 30 days after your other coverage ends.

HOW TO ENROLL

Teller County uses Ease for their online enrollment platform. Just like the name says – it is Easy to Use!

1. Log in to Ease per the instructions you have received from your HR administrator or Broker. For optimal performance it is recommended that you use

Chrome  or Firefox  as your browser.

2. Click  to begin your enrollment.

3. Follow the prompts on each page to complete your benefit enrollment.

Click  to proceed to the next section.

4. Verify your personal information is correct and enter in any of your dependent information.

5. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

6. Please Select your benefit by selecting  or  for each plan.

Click  to proceed to the next benefit.

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device.



8. Before you review your forms

Create your signature
Start by typing your full name as it appears below.

type your name.

THEN

Sign your signature

Create your signature
Instructions: require an honest, sincere signature. Please draw your signature in the box below.



and follow the prompts to finish.

9. If you have questions, reach out to your HR administrator or Broker.

MEDICAL PLANS

Teller County offers the choice of two competitive medical plans through Meritain Health utilizing the Aetna CPOSII network. That is Aetna's largest network of providers! One plan option allows you and Teller County to contribute into a health savings account. The other option allows you to have first dollar copays for both office visits and prescription drugs. The below table looks at some basic benefits.

	HSA Plan		Copay Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Single Family	\$2,500 \$5,000	\$5,000 \$10,000	\$0 \$0	\$500 \$1,500
Coinsurance	0%	30%	20%	40%
Out-of-Pocket Maximum Single Family	\$2,500 \$5,000	\$10,000 \$20,000	\$2,000 \$6,000	\$6,000 \$18,000
Preventive Care	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Office Visits Primary Care Specialist	0% after Deductible 0% after Deductible	30% after Deductible 30% after Deductible	\$25 Copay \$25 Copay	40% after Deductible 40% after Deductible
Urgent Care	0% after Deductible	30% after Deductible	\$25 Copay	40% after Deductible
Emergency Room	0% after Deductible	0% after Deductible	\$100 Copay	\$100 Copay
Diagnostic Test (xray,lab)	0% after Deductible	30% after Deductible	0% after Deductible	40% after Deductible
Advanced Imaging	0% after Deductible	30% after Deductible	20% after Deductible	40% after Deductible
Durable Medical Equipment	0% after Deductible	30% after Deductible	20% after Deductible	40% after Deductible
Inpatient Hospital	0% after Deductible	30% after Deductible	20% after Deductible	40% after Deductible
Outpatient Hospital Facility Services Professional Services	0% after Deductible 0% after Deductible	30% after Deductible 30% after Deductible	\$400/Admit then 0% 20% after Deductible	40% after Deductible 40% after Deductible
Prescription Drug RX Deductible Tier 1 Tier 2 Tier 3 Tier 4	Medical Deductible 0% after Deductible 0% after Deductible 0% after Deductible 0% after Deductible	Not Covered	None \$15 Copay \$35 Copay \$55 Copay 25% - No Deductible	Not Covered
Prescription Drug OOP MAX	\$2500/\$5000		NA	NA

HSA Plan – Monthly Premiums		
Coverage Level	Paid by Employee	Paid by Teller County
Employee Only	\$0	\$961.51
Employee + Spouse	\$25	\$1,982.19
Employee + Child	\$25	\$1,835.30
Employee + Children	\$50	\$1,767.94
Employee + Family	\$50	\$2,809.47

Copay Plan – Monthly Premiums		
Coverage Level	Paid by Employee	Paid by Teller County
Employee Only	\$130	\$998.66
Employee + Spouse	\$260	\$2,098.23
Employee + Child	\$260	\$1,917.90
Employee + 2	\$290	\$1,845.54
Employee + 3	\$320	\$1,815.54
Employee + 4	\$350	\$3,010.92

PLEASE NOTE: This is a summary only and does not guarantee benefits. All benefits are subject to the terms, limitations, and exclusions set forth in the Plan document and in the Summary Plan Description (SPD)/handbook of the Plan. Any discrepancies between this summary, the SPD/handbook, and the Plan document are resolved in favor of the Plan document. For more information, including Preauthorization, refer to the SPD/ handbook or the Plan document, or contact Meritain Customer Service.

ON YOUR MARK, GET SET, GO TO MERITAIN.COM!

What you'll find on the Meritain Health® member portal

Using the Meritain Health member portal, you have 24-hour access to a number of tools and resources that can help you manage your health benefits.

Below are a few things you can do on meritain.com:

- Verify eligibility and benefits coverage
- Find the status of claims
- Access your ID card (view, print or request new cards)
- Submit a claim for reimbursement directly to you
- View your Explanation of Benefits (EOB) documents
- Review your benefit plan documents in their entirety
- View deductibles and out-of-pocket limits
- Check Flexible Spending Account (FSA) and Health Reimbursement Arrangement (HRA) balances, if applicable
- Submit Coordination of Benefits (COB) information
- Update user demographic information
- Request Letter of Coverage (LOC)
- Prescription plan coverage
- Update account settings



Access as easy as 1–2–3!

Step 1:

Open your web browser and go to www.meritain.com.

Step 2:

You'll need to register your account. Start by clicking Register and then clicking on the Member tab. Your spouse and adult dependents will need to create their own accounts.

Step 3:

You'll need to fill in your:

- Group ID (you can find this on your ID card).
- Member ID (you can find this on your ID card, as well. You should enter it with no spaces or dashes).
- Date of birth.
- Name (as it appears on your ID card).
- ZIP code.

You will be prompted to enter an email address, create a username and password, and select a security question. Review the terms and conditions, and click I agree to terms and conditions and Next, or click Cancel.

The next time you log in, just use the same username and password from Step 3.

PRESCRIPTION DRUGS

Welcome to your prescription benefit plan. We utilize CVS Caremark thru Meritain to administer the prescription benefit portion of our health plan.

Your prescription plan offers two ways to get your medications:

- For medications taken for a short time (like an antibiotic), fill anywhere in our network of more than 68,000 pharmacies nationwide, including chain pharmacies, 20,000 independent pharmacies and 9,600 CVS Pharmacy locations (including those inside Target stores).
- For medications taken regularly (such as for high blood pressure or diabetes), get them delivered to your door. To sign up for mail service, choose either option below:
 - Register at Caremark.com/startnow and follow the instructions to request a new 90-day prescription.
 - Call the Customer Care number on the back of your prescription ID card.

Check out these two programs available through CVS Caremark!

Find lower-cost Rx options with the Check Drug Cost tool from CVS Caremark®

To get started, download the app or visit the website. Then just type in a drug name and in a few seconds you can:



Find out what you'll pay out of pocket (you may pay the full cost of your Rx if you haven't yet met your deductible).



See a list of lower-cost options you can ask your doctor about.



See how much you can save by moving your Rx to a 90-day supply.



Better diabetes management with no-cost meters

This value-added program is offered as part of your prescription benefit plan and provides eligible members with a blood glucose meter at no out-of-pocket cost. To take advantage of this offer, members must:

- Be enrolled in the prescription benefit plan
- Have diabetes
- Have a valid prescription for blood glucose test strips. Members who don't already have a prescription can request one at [Caremark.com/managing diabetes](http://Caremark.com/managing-diabetes).



HEALTH SAVINGS ACCOUNT (HSA)

Health savings accounts (HSAs) are a great way to save money and efficiently pay for medical expenses. HSAs are tax-advantaged savings accounts that accompany high-deductible health plans (HDHPs). If you are enrolled in other health insurance coverage, including Medicare, Tri-Care or Champ VA, you will not be eligible to make pre-tax contributions to a health savings account.

HSA Advantages

Here are some of the advantages an HSA provides you with:

Security – Your HSA can provide a savings buffer for unexpected or high medical bills.

Affordability – In most cases, you can lower your monthly health insurance premiums when you switch to health insurance coverage with a higher deductible, and these HDHPs can be paired with an HSA.

Flexibility – You can use your HSA to pay for current medical expenses, including your deductible and expenses that your insurance may not cover, or you can save your funds for future medical expenses, such as:

- Health insurance or medical expenses if unemployed
- Medical expenses after retirement (before Medicare)
- Out-of-pocket expenses when covered by Medicare
- Long-term care expenses and insurance

Savings – You can save the money in your HSA for future medical expenses, all while your account grows through tax-deferred investment earnings.

Important facts to know about your HSA!

- For an expense to be eligible for reimbursement, the HSA must be opened prior to the expense occurring.
- You may contribute the annual maximum in a calendar year, regardless of when your coverage begins, as long as you are covered for the next 12 months.
- HSAs can be used for any tax dependent, regardless of if they are enrolled on the medical plan.
- There are no time limits for reimbursements.
- Over-the Counter- (OTC) drugs, medicines and biological can be reimbursable through your HSA plan without a prescription.
- Vision and dental services are qualified medical expenses.
- Distributions made for other than qualified medical expenses are subject to income tax on that amount and a 20% penalty.
- Anyone covered under Medicare, Champ VA or Tri-Care cannot contribute.
- Anyone covered under FSA/MERP/HRA's, a non-HDHP policy or through the Military-cannot contribute.
- Catch-up Contribution (55+ years old) \$1,000

Teller County contributes to YOUR HSA!!

When you enroll in the HSA Plan, Teller County will contribute to your Health Savings Account (HSA)! This is free money to you that you can use to pay for you or your tax dependents out-of-pocket medical, dental or vision expenses!

Tier	Teller County**	IRS Maximum	Amount you can Contribute	Catch-Up Contribution (55+ yrs)
Employee Only	\$1,250	\$4,400	\$3,150	
Employee + 1 or More	\$2,500	\$8,750*	\$6,250*	\$1,000

*IMPORTANT – this is the most you and your spouse combined can contribute! The total contribution, even if you have separate HSA accounts may not exceed the IRS Maximum.

**Teller County will deposit their contributions to your HSA semi-annually in January and July.

MY BENEFITS WORK

My Benefits Work is a program designed to provide tools and resources for your medical plan. There are three components to this program:

Health Advocate Solutions

Did you know you have access to medical experts to help you navigate healthcare and negotiate medical bills on your behalf?

Healthcare is becoming harder to understand. Personal Health Advocates help you navigate through insurance and healthcare systems.

Advocates research treatments, resolve claims and locate doctors, specialists, hospitals, dentists and pharmacies. Skilled negotiators will attempt to negotiate discounts on your behalf, no matter your benefit status. Registered nurses are on-call 24/7 to answer questions and provide medical explanations.

Doctors Online

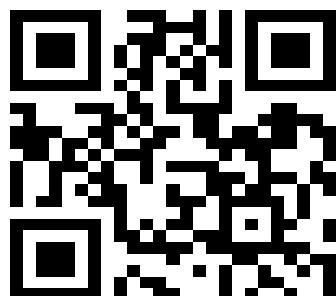
The fast, easy way to get health information from an online resource you can trust. You have 24/7 access to doctors, pharmacists, psychologists, dentists, dieticians and more by email or smartphone app. You'll get treatment options and advice you understand. With Doctors Online, the doctor's always in!

Telehealth (using Teladoc) = \$0 Visit Fee

Feel better now! 24/7 access to a doctor is only a call or click away—anytime, anywhere with no cost per visit. With Teladoc, you can talk to a doctor by phone or online video to get a diagnosis, treatment options and prescription, if medically necessary. Save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic or ER. Just use your phone, computer, smartphone or tablet to get a quick diagnosis by U.S.-licensed physicians.

ACCESS YOUR BENEFITS ON THE GO!

With the My Benefits Work™ mobile app & portal



MY BENEFITS WORK (CONTINUED)

HEALTH ADVOCATE SOLUTIONS

Health advocacy gives you an expert in your corner to educate, motivate, and empower you to more easily navigate the healthcare system and better utilize your benefits.

How it Works - Advocacy:

- ✓ Untangle medical bills and insurance claims.
- ✓ Clarify benefits and answer questions about tests, treatments and medication options.
- ✓ Coordinate care among multiple providers.
- ✓ Assist with eldercare and related healthcare issues.
- ✓ Arrange second opinions and transfer medical records.

How it Works – Medical Bill Saver:

- ✓ Skilled negotiators will attempt to negotiate discounts on medical and dental bills.
- ✓ Negotiate payment arrangements with providers and find options for non-covered services.

How it Works – NurseLine:

- ✓ Registered nurses ready to answer calls 24/7/365.
- ✓ Detailed information on a range of concerns including appropriate treatment options for minor emergencies or illnesses.



DOCTORS ONLINE

Replace 'Dr. Google' with actual healthcare professionals for more information decisions.

What they do for you:

- ✓ Enjoy 24/7 email access to doctors, pharmacists, psychologists, dentists, dieticians and more to get treatment options and advice you understand.
- ✓ Expect responses within a few hours.
- ✓ Review articles, videos, and Health Encyclopedia.
- ✓ Personal Health Record is secured.
- ✓ Unlimited, confidential services include your immediate family.
- ✓ Ask questions like:
 - My throat is sore and I'm feeling pretty warm... should I go see my doctor?
 - I was just diagnosed with diabetes and I don't know what to do next...what are my options?
 - My dentist says I need a root canal and it's going to cost me \$1,200. Does that sound reasonable?
 - The doctor told me I need to lose 30lbs. Will you help me put together a diet plan?
 - This is a picture of my son's eye. Do you think we're dealing with pink eye?

MY BENEFITS WORK (CONTINUED)

TELEHEALTH (using Teladoc)

Enjoy on-demand healthcare with 24/7 access to doctors by phone or video

General Medical:

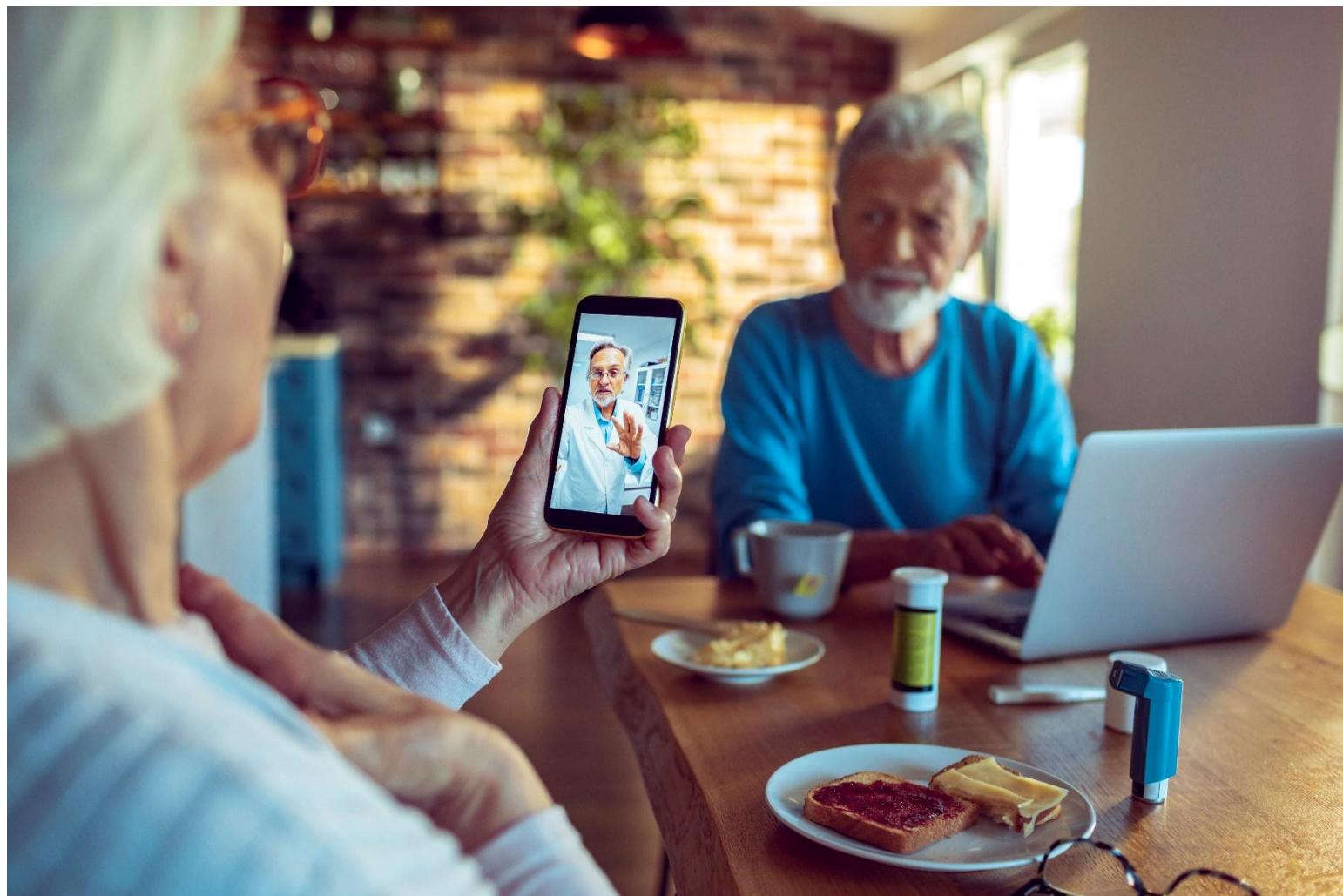
- ✓ Doctors offer a diagnosis, treatment options, and prescription, if medically necessary for a \$0 visit fee
- ✓ Treatment for common medical issues such as colds, flu, poison ivy, respiratory infections, bronchitis, pink eye, sinus problems, allergies, urinary tract infections and ear infections.
- ✓ Includes spouse and dependents — from children to seniors.
- ✓ U.S. board-certified doctors with an average 20 years practice experience.
- ✓ If you are caring for an aging parent or loved one, you can provide them access to \$49 visits.

Nutrition:

- ✓ Registered dietitians help you develop a personalized eating plan or manage health conditions like diabetes or high blood pressure.
- ✓ \$59 per consultation.

Dermatology:

- ✓ Upload images for a quick, convenient, and discreet treatment plan within 2 business days for skin conditions such as rash, acne, psoriasis, suspicious moles, and more.
- ✓ \$75 per consultation, plus one follow-up question.



DENTAL



MAXIMUM BENEFIT			\$2,000 per member, per calendar year \$1,500 for covered children to age 19		
CALENDAR YEAR DEDUCTIBLE			Individual Deductible - \$50.00 Combination of in and out-of-network Family Deductible - \$150.00 Combination of in and out-of-network		
Applies to Basic and Major Services	PPO Dentist	Premier Dentist	NON-PAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES					
100%	100%	100%	Oral Exams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented EBD condition	
			Sealants	Once per tooth in a 36-month period for unrestored permanent molars, to age 14	
			Bitewing X-Rays	Once in a calendar year	
			Full Mouth X-Rays	Once in a 60-month period	
			Fluoride	Twice in a calendar year, through age 15	
			Space Maintainers	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13	
BASIC SERVICE					
80%	80%	80%	Fillings	Once per tooth in a 12-month period; amalgam (silver) or composite (white) fillings covered on all teeth	
			Simple Extractions		
			Oral Surgery		
			Endodontics/Periodontics		
MAJOR SERVICES					
50%	50%	50%	Crowns	Once per tooth in a 60-month period. Not a benefit under age 12	
			Dentures, Bridges	Once in a 60-month period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16	
			Implants	Once per tooth in a 60-month period. Not a benefit under age 16	
ORTHODONTICS – \$1,500 LIFETIME MAXIMUM					
50%	50%	50%	For covered children to age 19		

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed provider, but you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider.

PPO Provider – Payment is based on the PPO provider's allowable fee, or the actual fee charged, whichever is less.

Premier Provider – Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee charged, whichever is less.

Non-Participating Provider – Payment is based on the non-participating Maximum Plan Allowance (MPA). Members are responsible for the difference between the non-participating MPA and the full fee charged by the provider (balance-billing). You will receive the best benefit by choosing a PPO provider.

Dental Plan Costs - Monthly	Paid by Employee	Paid by Teller County
Employee Only	\$0	\$40.12
Employee + Spouse	\$15	\$65.22
Employee + Child	\$15	\$88.13
Employee + Children	\$25	\$78.13
Employee + Family	\$25	\$132.68

VISION

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Teller County's vision insurance entitles you to specific eye care benefits including routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

No need to show an insurance card, simply tell your vision provider you have VSP. Your plan utilizes the VSP Choice Network. To find an in-network provider, go to www.vsp.com.



Benefit	Description	Copay
Well Vision Exam	Focuses on your eyes and overall wellness. Every 12 months	\$20 Copay
Prescription Glasses		\$20 Copay
Frames	\$200 allowance for a wide selection of frames. 20% savings on the amount over your allowance. Every 12 months	Included in Prescription Glasses
Lenses	Single vision, lined bifocal, lined trifocal lenses and lenticular. Polycarbonate lenses for dependent children. Every 12 months	Included in Prescription Glasses
Lens Enhancements	Tints/Photochromic adaptive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses. Average savings of 35-40% on other lens enhancements. Every 12 months	\$0 \$95 - \$105 \$150 - \$175
Contacts (in lieu of glasses)	\$150 allowance for contacts; copay does not apply Every 12 months	NA
	Contact Lens fitting and evaluation	\$60 Copay
Extra Savings	Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings from any VSP provider within 12 months of your last Well Vision Exam.	
	Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a Well Vision Exam	
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	

Vision Plan					
Employee Only	FREE!	Employee + One	FREE!	Employee + 2 or More	FREE!

LIFE AND AD&D INSURANCE



BASIC LIFE and AD&D

Life insurance can help provide for your loved ones if something were to happen to you. Beginning in 2025, Teller County increased the amount of employees group life and accidental death and dismemberment (AD&D) insurance to \$50,000.

Teller County pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

Voluntary Life and AD&D

While Teller County offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage. With voluntary life insurance, you are responsible for paying the full cost of coverage through bimonthly payroll deductions. You can purchase coverage for yourself, for your spouse, or your dependent child(ren).

Below are premium tables to help you calculate your monthly cost. Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

Employee	
Newly hired employee guarantee coverage amount	\$150,000
Open Enrollment guarantee coverage annual increase amount	Choice of \$10,000 or \$20,000
Maximum coverage amount	5 times your annual salary
Minimum coverage amount	\$10,000
AD&D coverage amount	Equal to the life insurance amount chosen
Spouse	
Newly hired employee guarantee coverage amount	\$30,000
Continuing employee guarantee coverage annual increase amount	Choice of \$5,000 or \$10,000
Maximum coverage amount	100% of the employee coverage amount (\$50,000 maximum in increments of \$5,000)
Minimum coverage amount	\$5,000
AD&D coverage amount	Equal to the life insurance amount chosen
Dependent Children	
6 Months to Age 26	\$10,000



LIFE AND AD&D INSURANCE (CONTINUED)



To select your benefit amount and calculate your premium, do the following:

1. Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
2. Find your age bracket in the far-left column.
3. Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
4. Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

Monthly Employee Premiums										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 24	\$0.95	\$1.90	\$2.85	\$3.80	\$4.75	\$5.70	\$6.65	\$7.60	\$8.55	\$9.50
25 - 29	\$1.05	\$2.10	\$3.15	\$4.20	\$5.25	\$6.30	\$7.35	\$8.40	\$9.45	\$10.50
30 - 34	\$1.35	\$2.70	\$4.05	\$5.40	\$6.75	\$8.10	\$9.45	\$10.80	\$12.15	\$13.50
35 - 39	\$1.65	\$3.30	\$4.95	\$6.60	\$8.25	\$9.90	\$11.55	\$13.20	\$14.85	\$16.50
40 - 44	\$1.75	\$3.50	\$5.25	\$7.00	\$8.75	\$10.50	\$12.25	\$14.00	\$15.75	\$17.50
45 - 49	\$2.35	\$4.70	\$7.05	\$9.40	\$11.75	\$14.10	\$16.45	\$18.80	\$21.15	\$23.50
50 - 54	\$3.65	\$7.30	\$10.95	\$14.60	\$18.25	\$21.90	\$25.55	\$29.20	\$32.85	\$36.50
55 - 59	\$6.45	\$12.90	\$19.35	\$25.80	\$32.25	\$38.70	\$45.15	\$51.60	\$58.05	\$64.50
60 - 64	\$9.85	\$19.70	\$29.55	\$39.40	\$49.25	\$59.10	\$68.95	\$78.80	\$88.65	\$98.50
65 - 69	\$18.75	\$37.50	\$56.25	\$75.00	\$93.75	\$112.50	\$131.25	\$150.00	\$168.75	\$187.50
70 - 74	\$34.85	\$69.70	\$104.55	\$139.40	\$174.25	\$209.10	\$243.95	\$278.80	\$313.65	\$348.50
75 - 79	\$57.05	\$114.10	\$171.15	\$228.20	\$285.25	\$342.30	\$399.35	\$456.40	\$513.45	\$570.50
80+	\$95.65	\$191.30	\$286.95	\$382.60	\$478.25	\$573.90	\$669.55	\$765.20	\$860.85	\$956.50

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's rate is based on your age, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

Monthly Spouse Premiums										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 24	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
25 - 29	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
30 - 34	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
35 - 39	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
40 - 44	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
45 - 49	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
50 - 54	\$1.75	\$3.50	\$5.25	\$7.00	\$8.75	\$10.50	\$12.25	\$14.00	\$15.75	\$17.50
55 - 59	\$3.15	\$6.30	\$9.45	\$12.60	\$15.75	\$18.90	\$22.05	\$25.20	\$28.35	\$31.50
60 - 64	\$4.85	\$9.70	\$14.55	\$19.40	\$24.25	\$29.10	\$33.95	\$38.80	\$43.65	\$48.50
65 - 69	\$9.30	\$18.60	\$27.90	\$37.20	\$46.50	\$55.80	\$65.10	\$74.40	\$83.70	\$93.00

All Children
\$10,000
\$2.40



VOLUNTARY LONG-TERM DISABILITY

People underestimate the risk of serious illness or injury, but it can strike anyone at any time — and take away your ability to earn a paycheck. Workers' Compensation only covers on-the-job accidents, but most disabilities come from other injuries and illnesses like cancer, depression, and multiple sclerosis. When these things keep you from working and collecting a normal paycheck, Disability Insurance replaces a portion of your income so you can pay bills and support your family.

Long Term Disability (LTD) covers you for the loss of income in the event you are unable to work due to (Non-Workers' Compensation) illness or injury after a 90-day waiting period. This is a benefit you pay for.

Long-Term Disability	
Benefit	50% of Monthly Salary
Maximum Benefit Amount	\$5,000 per Month
Minimum Benefit Amount	\$100
Elimination Period	90 Days
Maximum Benefit Period	SSNRA*

*Social Security Normal Retirement Age

AGE	PREMIUM FACTOR
< 25	0.0006000
25 - 29	0.0007000
30 - 34	0.0011000
35 - 39	0.0020000
40 - 44	0.0032000
45 - 49	0.0042000
50 - 54	0.0052000
55 - 59	0.0062000
60+	0.0068000



Monthly Premium Calculation	Example
List your Monthly Earnings: <input type="text" value="\$"/>	(42 year-old employee earning \$40,000 per year) \$3,333.33
(Maximum is \$10,000)	
Multiply by the Premium Factor: <input type="text" value="\$"/>	0.0032000
Your Estimated Monthly Premium** <input type="text" value="\$"/>	\$10.67

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Problems are a part of life.

Teller County recognizes that you or your family members can experience personal difficulties—work or non-work-related stressors that may impact your health and ability to be your best. CommonSpirit Health (formerly Centura Health) provides a confidential, free Employee Assistance Program (EAP) to help with these stressors. We provide licensed, master level counselors for stress, depression, anxiety, relationship/family, and other emotional and mental well-being issues to help you bring balance to your life.

Confidential

Profile EAP is located away from your workplace. This is intentional to maintain your privacy and to create a comfortable atmosphere to discuss difficult issues. The Laws of Confidentiality protect you by making it illegal and unethical for anyone to release information from a session unless written permission is given by you.

24/7 Crisis Service

If you need help in handling a crisis, after hours, a counselor can be reached 24 hours a day at one number.

How does the EAP work?

Getting help is simple. You can schedule an appointment by calling the office located nearest you or toll free at 1.800.645.6571. Our offices are open from 8am—5:30 pm, Monday through Thursday and 8am—4pm on Fridays. A counselor is available 24 hours per day, 7 days a week for crisis assistance. Or, visit our website www.ProfileEAP.org to access other benefits.

Counseling Benefit

Our licensed, professional counselors are here to help you with your life's problems. You may want to consider calling for help if you encounter problems such as:

- Family problems
- Relationship issues
- Grief
- Stress, depression or anxiety
- Substance Abuse
- Workplace difficulties

Almost any personal or professional problem is appropriate for seeking assistance through your EAP. The county pays for up to 8 counseling sessions per person per incident.



profileEAP.org | 800-645-6571

Company Code: TELLER

MASA – EMERGENCY TRANSPORT

MASA steps in where insurance falls short.

Teller County wants to ensure you and your family are protected from unexpected costs when you use emergency transportation. That is why we have added MASA MTS to your benefits. Teller County pays for the full cost of this benefit. MASA Emergent Premier not only includes their core critical benefits, but also offers coverage for additional expenses like returning a child or pet to a guardian, medical transport to a non-hospital facility, and pandemic quarantining.

MASA's solution is simple — with us, there is no "out-of-network." We work as a payer, not a provider. You simply call 911 when there is an emergency, and you'll never have to worry about what ambulance provider picks you up. When the ambulance bill arrives, send it to MASA. We'll advocate for you to ensure the ambulance charges are accurate and your insurance company has paid its portion; then we cover the remaining balance including your deductibles and co-pays.



DID YOU KNOW?

28M

emergency transports are
dispatched by 911 annually.*

MASA steps in where insurance falls short by helping protect families against uncovered costs for emergency transportation.

* National Association of EMS Officials, 2020

MASA steps in where insurance falls short.

Teller County wants to ensure you and your family are protected from unexpected costs when you use emergency transportation. That is why we have added MASA MTS to your benefits. Teller County pays for the full cost of this benefit. MASA Emergent Premier not only includes their core critical benefits, but also offers coverage for additional expenses like returning a child or pet to a guardian, medical transport to a non-hospital facility, and pandemic quarantining.

Want more coverage?

These core benefits are included in MASA Emergent Premiere:

- Emergency Air Ambulance Coverage
- Emergency Ground Ambulance Coverage
- Hospital to Hospital Ambulance Coverage
- Hospital to Rehab, Skilled Nursing, Long Term Care, or Home Coverage
- Minor Return Transport Coverage
- Pet Return Transportation Coverage
- Repatriation Near Home Coverage

For just \$20 per month you can choose to buy up to the MASA Platinum and get these additional benefits:

- Patient Return Transportation Coverage
- Repatriation to Hospital Near Home Transport/Facility Transfer
- Companion Transportation Coverage
- Vehicle & RV Return Coverage
- Hospital Visitor Transportation Coverage
- Organ Retrieval Transportation Coverage
- Mortal Remains Transportation Coverage

OTHER EMPLOYEE BENEFITS

EDUCATIONAL REIMBURSEMENT PROGRAM:

Teller County supports employees who desire to continue their education and may reimburse regular, full-time employees up to a maximum amount per year for continuing education through an accredited program that either offers growth in an area related to his or her current position or that may lead to promotional opportunities.

Reimbursement is based on the employee's final grade.

EMPLOYEE REFERRAL BONUS PROGRAM:

Hiring and retaining a talented workforce is essential to the County's success. The Employee Referral Bonus Program encourages and rewards employees for identifying talent like themselves, with similar work ethics, drive and commitment and referring them to our open positions.

PAID TIME OFF:

Vacation:

All regular full-time employees accrue vacation according to the chart below:

Years of Employment	Accrual Rate	Vacation Hour
At 6-month Anniversary Date	40 Hours	40 Hours
From 7 months to 3 years	6.67 hours/month	80 Hours/year
From 4 – 9 years	10.0 Hours/month	120 Hours/year
From 10 plus years	13.34 Hours/month	160 Hours/year

After six (6) months of continuous employment, eligible employees will receive 40 hours of vacation leave in their vacation bank. Vacation leave will then begin to accrue at the designated monthly rate. Vacation leave may be used as soon as it is accrued.

Medical/Bereavement/Emergency (M/B/E):

M/B/E leave accumulates for regular full-time employees on an employee's monthly anniversary date at the rate of ten (10) hours for each month of full-time employment. One hour of M/B/E leave will accumulate for every 30 hours worked for all other employees.

Holidays:

Teller County provides regular full-time employees eight (8) hours of paid time off in recognition of the following holidays: New Year's Day, Martin Luther King Day, Presidents' Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, two days at Thanksgiving, and two days at Christmas. Beginning January 1, 2024 employees who are eligible for paid holidays will receive one (1) eight (8) hour floating holiday per year to use as they choose during the calendar year.

RETIREMENT PLANS



Colorado Retirement Association, formerly Colorado County Officials and Employees Retirement Association, empowers local government employees to save for retirement. Your employer sponsored CRA retirement plan offers unique advantages such as personalized retirement counseling, flexible investment strategies, and top-notch investment funds that are professionally selected and monitored.

Your 401(A) Plan

Mandatory Participation – All employees in benefitted positions will be enrolled the first of the month following date of hire.

Matched Contributions – You contribute 4% and your employer contributes 8% of your gross income toward retirement. Your contribution is pre-tax.

5-Year Vesting – Your employer's contributions will vest pro rata monthly at 20% per year. You will be 100% vested after 5 years. Employee contributions are immediately 100% vested.

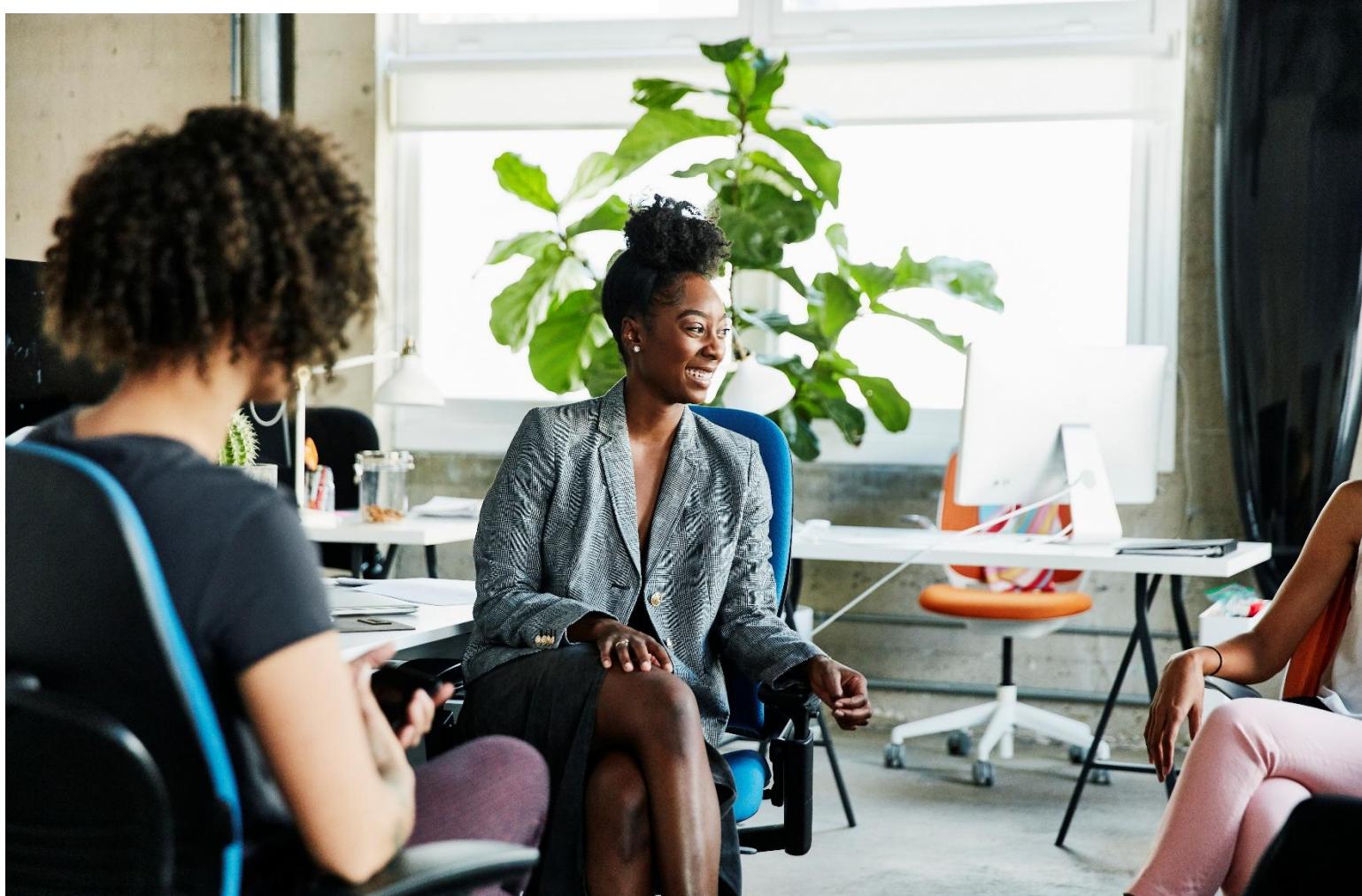
Your 457(B) Plan

Voluntary Participation – You can enroll in this plan as soon as you are hired, or at any time after that.

Your Plan – You choose how much you want to contribute on a pre-tax basis or on an after-tax Designated Roth basis. And you can change your selection at any time.

100% Vested – All contributions are immediately 100% vested.

IRS Limits – The maximum amount you can contribute is defined annually by the U.S. Internal Revenue Service.





LIFELOCK

Consider enrolling in LifeLock Identity Theft Protection

In today's world of online shopping, using public Wi-Fi and giving out Social Security Numbers as a form of ID, our personal information can be exposed.

Unfortunately, free credit monitoring simply alerts you to credit score changes. LifeLock not only has proprietary technology to detect a variety of identity threats, if you do have an ID problem, their U.S.-based team of specialists can help fix it. It pays to have the comprehensive protection of LifeLock.

HOW TO ENROLL

- Enroll through <http://teller.excelsiorenenroll.com> during benefits enrollment.
- Provide the name, Social Security number, date of birth, address, email and phone number for you and each dependent you wish to enroll.
- Your LifeLock coverage will begin upon your benefit effective date.
- You will receive a welcome email from LifeLock with instructions on how to take full advantage of your LifeLock membership.



When a threat is detected,
LifeLock notifies members
by phone, text or email.¹

CHOOSE THE LIFELOCK SERVICE THAT'S RIGHT FOR YOU.

LIFELOCK BENEFIT ELITE (only available as a payroll deducted employee benefit) includes searching over a trillion data points every day for potential threats to your identity and to financial assets – your 401(a) and investment accounts. Also includes scanning for misuse of your Social Security number, change of address and court records scanning for use of your identity to commit crimes.

LIFELOCK ULTIMATE PLUS™ service provides some peace of mind knowing you have LifeLock's most comprehensive identity theft protection available. Enhanced services include bank account application and takeover alerts, online credit reports and credit scores.

LIFELOCK JUNIOR® (if dependents under age 18 are enrolled) protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children. To learn more about LifeLock Junior® service, please visit LifeLock.com/products/lifelock-junior.

MONTHLY SERVICE PLAN OPTIONS	LifeLock Benefit Elite	LifeLock Ultimate Plus
Employee Only [18 and over]	\$8.49	\$13.99
Employee +	\$16.98	\$27.98



Group Accident Insurance

Group accident insurance covers you and your family 24 hours a day, 7 days a week. An accident policy helps policyholders cope with out-of-pocket medical expenses that add up quickly after an injury. If you have minor or major accidents, you are paid for your initial visits, follow ups, surgery, hospital stays and more. Aflac does not coordinate or offset with any other coverage you may have. After 12 months of paid premium, each covered member and dependent gets an annual wellness benefit of \$50. Qualifying exams for the \$50 reimbursement include: well visits, annual physicals, blood work, immunizations including the flu shot, and eye exams.

Critical Illness

A critical illness policy can make a big difference by providing lump-sum cash benefits that allow policyholders to concentrate on healing. Protection includes coverage for cancer, heart attack, stroke, kidney failure, major organ transplant, coronary artery bypass surgery, and carcinoma in situ. It also includes a wellness benefit of \$50 for covered members and their spouses. These plans are guaranteed issue and are extremely affordable. The policies are guaranteed issue for only the initial enrollment, which means that even if you have a pre-existing condition, you can get coverage when you are first eligible. The opportunity will not be available in subsequent years without medical underwriting approval. You can purchase coverage amounts of \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000, not to exceed 50% of the employee amount. Children are covered at 50% of the employee amount with no additional cost. Premiums are based on your age at enrollment and are based on if you're a smoker or non-smoker.

Short-Term Disability (Paycheck Protection)

Help protect your most important asset from an unexpected accident or illness that can keep you from work. You've seen it happen and maybe it has even happened to you! A short-term disability policy helps pay a weekly benefit to you in the event you are unable to work because of a covered illness or injury. This benefit replaces a portion of your income, helping you meet the financial commitments during a time of need. You choose the policy you need by deciding the monthly benefit amount (subject to income requirements), the elimination period and the benefit period. You can also include optional riders, such as Aflac Value Rider which pays \$1,000 every 5 years while the policy is in force (up to 5x) less any disability claims paid or \$100, whichever is greater. The Disability benefit for on-the-job injury rider which provides benefits if a disability is caused by a covered on the job injury while coverage is in force. Available even with Workers' Compensation. Benefits payable up to the total disability benefit period selected. Benefit subject to elimination period shown on the policy schedule and income requirements. And lastly the additional units of disability benefit rider which allows you to purchase additional units of disability coverage to add to your existing short term disability policy. Subject to income requirements. Premiums are based on your annual income, and age plus any additional value rider you select.

Hospital Indemnity

Aflac Group Hospital Indemnity provides financial assistance to enhance your current medical coverage. The plan includes hospital confinement benefits, hospital admission, intensive care, and emergency room / physician benefit. Benefits are paid directly to you and coverage is available for you, your spouse and dependent children.

Find your specific premiums for the coverages you choose by connecting with Jennifer Foss directly.
Her contact information is located in the back of this benefits guide.



CONTACT INFORMATION

Coverage	Carrier	Phone #	Website/Email
Medical	Meritain	800-925-2272	www.mymeritain.com
Dental	Delta Dental of CO	800-610-0201	www.deltadentalco.com
Vision	VSP	800-877-7195	www.vsp.com
Group & Voluntary Life/AD&D	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Voluntary Long-Term Disability	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Employee Assistance Program	Profile EAP	800-645-6571	www.ProfileEAP.org
Retirement Plans	CRA	800-352-0313	cra-online.org
MASA	MASA	800-643-9023	https://www.masamts.com/member
Lifelock	Lifelock	800-607-9174	www.lifelock.com Member Portal https://memberportal.lifelock.com/support
AFLAC	Jennifer Foss	303-906-2973	jennifer_foss@us.aflac.com
Teller County	Human Resources	719-689-2988	hr@tellercounty.gov

