

EMPLOYEE BENEFIT PROGRAM



FOR PLANS EFFECTIVE DECEMBER 1, 2017 - NOVEMBER 30, 2018

EMPLOYEE BENEFIT PROGRAM

The benefits offered are designed to provide comprehensive coverage for you and your eligible dependents. This benefit guide highlights many of the options available to you as an eligible employee. We encourage you to evaluate and elect the benefits that best suit your personal needs.

BENEFITS INCLUDE



- Medical Insurance
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Dental Insurance
- Vision Insurance
- Basic Life and AD&D Insurance
- Voluntary Life and AD&D Insurance
- Short Term Disability Insurance
- Long Term Disability Insurance
- Employee Assistance Program (EAP)
- Voluntary Supplemental Benefits

ELIGIBILITY

To be eligible for benefits, an employee must average at least 30 hours of services per week, or 130 hours of service per month.

Due to IRS regulations, once you have made your benefit elections for this plan year, you may not change your elections until the next Open Enrollment period.

The only exception to this is if you have a qualified status change in your family or employment. Any such changes must be reported within 30 days of the event.

Eligible dependents may include:

- Your legally married spouse
- Your same or opposite gender domestic partner
- Dependent child up to age 26 (contracts may vary)

Some qualified status changes are:

- Marriage or divorce
- Birth/Adoption of a child
- Loss of other coverage
- Change in work status

CONTACT INFORMATION

BUSINESS OPERATIONS MANAGER: Sarah Buck

COBIZ ACCOUNT EXECUTIVE : Aaron Salas

MEDICAL: Cigna - Policy # 620262

HEALTH SAVINGS ACCOUNT: Rocky Mountain Reserve

FLEXIBLE SPENDING ACCOUNT: Rocky Mountain Reserve

DENTAL: Unum - Policy # 418717

VISION: Superior Vision - Policy # 36747

LIFE AD&D: Unum - Policy # 418717 001

VOLUNTARY LIFE AD&D: Unum - Policy # 418718 001

SHORT-TERM DISABILITY: Unum - Policy # 418717 002

LONG-TERM DISABILITY: Unum - Policy # 418717 002

EMPLOYEE ASSISTANCE PROGRAM: Unum

GAP INSURANCE : Beazley

PET INSURANCE: Figo

(303) 937-4475 - sarah.buck@thedenovo.com

(720) 264-5311 - asalas@cobizinsurance.com

(866) 494-2111 - www.mycigna.com

(888) 722-1223 - www.rockymountainreserve.com

(888) 722-1223 - www.rockymountainreserve.com

(800) 421-0344 - www.unum.com

(800) 507-3800 - www.superiorvision.com

(800) 421-0344 - www.unum.com

(800) 421-0344 - www.unum.com

(800) 421-0344 - www.unum.com

(800) 421-0344 - www.unum.com

(800) 854-1446 - www.lifebalance.net

(877) 503-7064 - www.beazleybenefits.com

(844) 738-3446 - www.figopetinsurance.com

ENROLL ONLINE

CoBizConnect



To enroll in benefits, go to: www.DeNOVO.MaestroEdge.com Your username is your company email address and you will be prompted to create a password the first time you login in.

MEDICAL BENEFITS

Cigna

PPO \$500
OPEN ACCESS PLUS
PREMIER 500B

HDHP \$3,000
OPEN ACCESS PLUS HSA 3000

Network Name	Open Access Plus	Open Access Plus
Benefits	In-Network*	In-Network*
Calendar Year Deductible	Per Person	Per Person
Individual / Family	\$500 / \$1,000	\$3,000 / \$6,000
Coinsurance	Plan Pays 80% You Pay 20%	Plan Pays 90% You Pay 10%
Calendar Year Out-of-Pocket Max	Deductible, Coinsurance, Medical/Rx Copays	Deductible, Coinsurance, Rx Copays
Individual / Family	\$2,500 / \$5,000	\$4,000 / \$8,000
Preventive Care	No Cost	No Cost
Office Visits (PCP/Specialist)	\$20 / \$40 Copay	Deductible then 10%
Office Lab/X-ray Procedures	No Cost after Office Visit Copay	Deductible then 10%
High Tech Radiology Services	Deductible then 20%	Deductible then 10%
Urgent Care	\$50 Copay	Deductible then 10%
Emergency Room	\$150 Copay	Deductible then 10%
Inpatient Hospital	\$250 Per Admit Deductible then Annual Deductible then 20%	Deductible then 10%
Outpatient Surgery	\$150 Facility Deductible then Annual Deductible then 20%	Deductible then 10%
Prescription Drug		
Tier I / II / III / IV (30 Day Supply)	\$15 / \$40 / \$70 Copay	Deductible then 10%
Mail Order (90 Day Supply)	2.5x Copay	

*Out-of-Network benefits are available but are not illustrated; please refer to your plan documents. Also, reimbursement is at the in-network contracted rate; you are responsible for any cost above that amount, plus any applicable cost sharing.

DENTAL BENEFITS

Unum

The dental plan offered provides members with in-network and out-of-network benefits. Members will incur the least amount of out-of-pocket expense by using a network dentist because of their discounted fee arrangement. When using providers out-of-network you will be responsible and balanced billed for charges above the carriers reimbursement allowance.

DENTAL PPO		
Benefits	In-Network	Out-of-Network
Calendar Year Benefit Maximum	\$5,000 per Enrolled Member	
Calendar Year Deductible	\$25 per Individual to a maximum of \$75 for a Family	
Type I: Preventive Care (limits/frequency may apply)	No Cost (Deductible Waived)	No Cost (Deductible Waived)
Type II: Basic Care	Deductible then 0%	Deductible then 20%
Type III: Major Care (Includes Endodontics/Periodontics)	Deductible then 40%	Deductible then 50%
Orthodontia (child(ren) to age 19)	50% to a lifetime maximum of \$2,500 per individual	
Benefit Enrollment Provision	New Hire: None	

VISION BENEFITS

Superior Vision

Your out-of-pocket expense will be lower if you utilize an in-network provider.

VISION			
Benefits	Frequency	In-Network	Out-of-Network
Exam	12 months	\$10 Copay	Out-of-Network benefits are available; you must submit a claim for reimbursement.
Lenses: Single/Bifocal/Trifocal	12 months	\$25 Copay	
Frames	12 months	\$150 Allowance	
Contact Lenses (in lieu of lenses)	12 months	\$130 Allowance	

FLEXIBLE SPENDING ACCOUNT (FSA)

Rocky Mountain Reserve

DEPENDENT CARE FSA—EMPLOYEE FUNDED

The dependent care FSA allows you to set aside money from your paycheck on a pre-tax basis for eligible dependent daycare or elder care expenses. Eligible dependents include any child under age 13 or a dependent who is age 13 or older and residing in your home who is physically or mentally unable to care for themselves.

The dependent care FSA plans are subject to the **“use it or lose it”** rule which means unused funds at the end of the plan year do not roll forward and are forfeited. You may not change your election during the plan year without a qualifying event.

DEPENDENT CARE FSA	
Plan Year Maximum Election (December 1 - November 30)	\$5,000 per household (\$2,500 if married, filing separately)

HEALTH SAVINGS ACCOUNT (HSA)

Rocky Mountain Reserve

The HSA is a tax-advantaged bank account which can be opened if you are enrolled in a qualified HDHP and meet all other IRS-regulated eligibility criteria. Deposits can be made on a tax-free basis and the money you deposit has a tax-advantaged growth opportunity (triple federal tax benefits). HSA funds can be used to pay for qualified out-of-pocket medical expenses and qualified dental and vision expenses. You can even pay some insurance premiums, such as long-term care and COBRA premiums with HSA funds. If you do not use the funds in your HSA, the money is yours to keep and rolls forward from year to year. HSA's are not subject to the 'use it or lose it' rule.



TAX BENEFITS & FLEXIBILITY

- HSA contributions are tax-free
- Interest and investment earnings accrued in your HSA are not taxable
- Amounts withdrawn from your HSA for qualified expenses are tax-free
- Open the HSA account at any time
- Start or stop contributions at anytime
- Increase or decrease the amount you contribute

ELIGIBILITY REQUIREMENTS

- Be enrolled in a qualified HDHP
- Not be enrolled in any other medical insurance, except what's permitted by the IRS
- Not be enrolled in Medicare or Tricare
- Not be claimed as a dependent on another individual's tax return
- Not be enrolled in a Standard Flexible Spending Account (FSA); and your spouse may not be enrolled in a Standard FSA

IRS HSA CONTRIBUTION LIMIT

Each year the IRS releases maximum amounts that can be contributed to an HSA. The HSA employee maximum limits includes both employee and any applicable employer contributions. Employees 55 and older may contribute an additional \$1,000.

	INDIVIDUAL	FAMILY
2018 Calendar Year Maximum HSA Contribution	\$3,450	\$6,900
Catch-up Contribution (age 55+)	\$1,000	\$1,000
Employer Contribution	\$1,200 (\$100 per Month)	\$2,400 (\$200 Per month)

HDHP	HSA
Health Insurance protects you against catastrophic claims	Bank account in your name
Lower premiums reduce employee payroll contributions and allow for savings in their HSA	Triple Tax Savings: Contributions, Interest, Reimbursements are tax-free
Promotes consumerism	Use for qualified Medical, Dental, and Vision expenses

LIFE AND AD&D

Unum

All eligible employees are provided basic life and accidental death and dismemberment (AD&D) insurance and your employer pays the full cost of the premium. Please see Human Resources to update your beneficiary designation.

LIFE AND AD&D

Employee Benefit	1x Annual Salary to \$250,000
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VOLUNTARY LIFE AND AD&D

Unum

Eligible employees may purchase additional life and AD&D insurance on a voluntary and payroll deduct basis. Employees must purchase voluntary life and AD&D for themselves in order to purchase for their spouse or child(ren).

VOLUNTARY LIFE AND AD&D—EMPLOYEE FUNDED

Employee Benefit	Increments of \$10,000 up to 5x annual salary to a maximum of \$500,000 Guarantee Issue: \$80,000
Spouse Benefit	Increments of \$5,000 up to \$500,000 or 50% of employee amount Guarantee Issue: \$25,000
Child(ren) Benefit	Increments of \$2,000 up to \$10,000 age 6 months to 19 (to age 26 if full-time student) Live birth to 6 months \$1,000

Evidence of Insurability (EOI) Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's original eligibility effective date is subject to EOI. Coverage is subject to approval from the insurance carrier before benefits are effective.

SHORT-TERM DISABILITY

Unum

All eligible employees are provided with the opportunity to enroll in short term disability benefits and your employer pays the full cost of the premium.

SHORT-TERM DISABILITY

Benefit	60% of salary to a maximum of \$2,500 per week
Benefit Begins	1st day for Accident / 7th day for Illness
Benefit Duration	Up to 13 weeks

LONG-TERM DISABILITY

Unum

All eligible employees are provided with the opportunity to enroll in long term disability benefits and your employer pays the full cost of the premium.

LONG-TERM DISABILITY

Benefit	60% of salary to maximum of \$10,000 per month
Benefit Begins	After 90 days
Benefit Duration	Up to Social Security Normal Retirement Age



This guide is provided for informational purposes only and does not reflect a comprehensive description of your benefit plans. For more information, please refer to your Summary Plan Documents. In the event of discrepancy, your Summary Plan Document and Contracts take precedence.



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