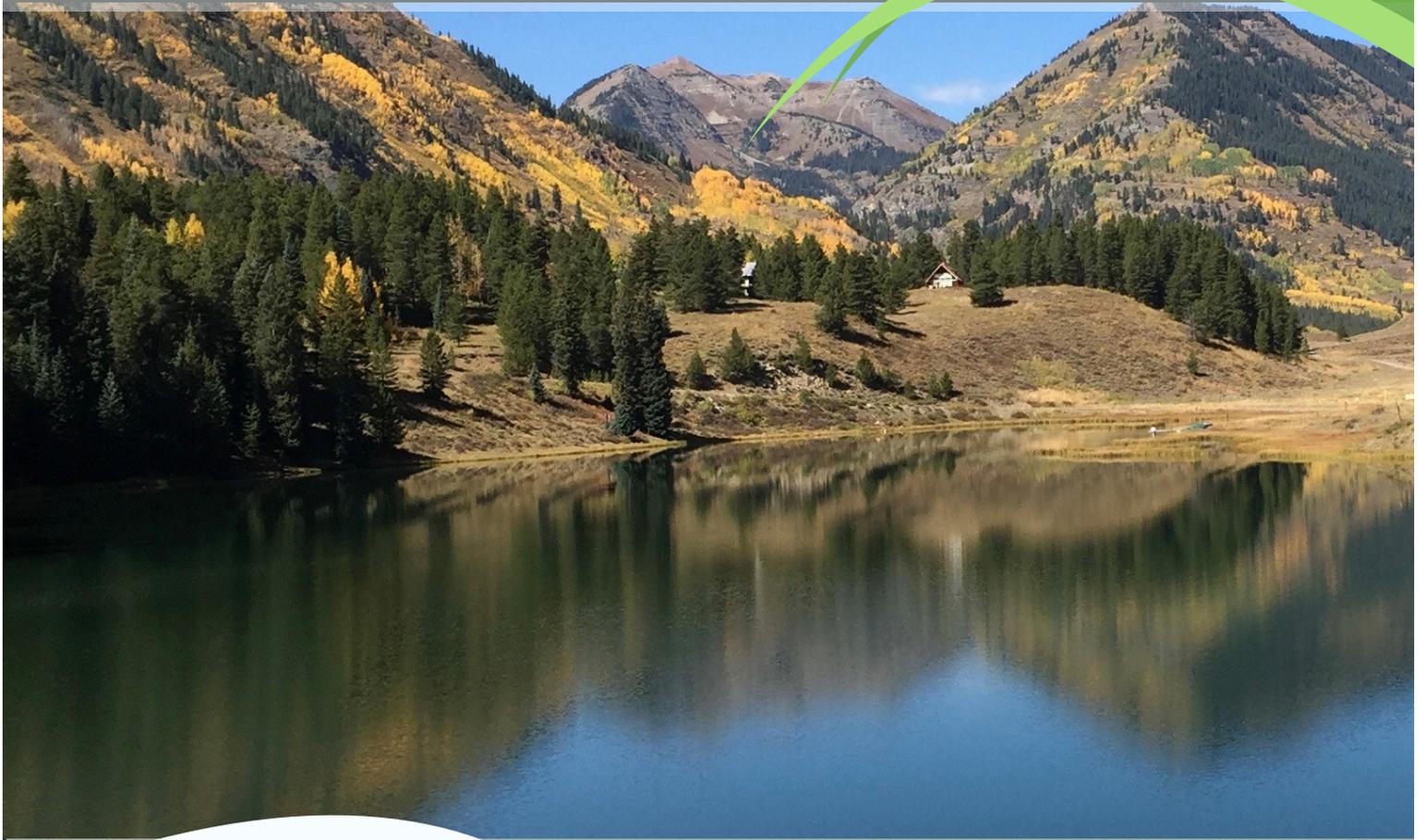


Gunnison County



Benefits Guide

2017 Plan Year

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This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.

Welcome to your 2017 Benefits Open Enrollment

WHO IS ELIGIBLE?

All full-time employees who work at least 30 or more hours per week or are a salaried elected official. Employees who meet this criteria are eligible for medical benefits on the first day of the month following the date of employment.

WHEN IS MY COVERAGE EFFECTIVE?

If you enroll during the annual enrollment period, the coverage you select will be effective January 1, 2017 provided you have met the eligibility requirements. Upon enrollment, participants must commit to remaining on medical insurance until the following January unless there is a change in family status.

WHAT IF I CHOOSE NOT TO ENROLL NOW OR MISS THE OPEN ENROLLMENT PERIOD?

If you choose not to enroll during open enrollment or your eligibility period, you will be required to wait until the next annual open enrollment unless you have a qualifying change of status, listed below.

Change of Status for Which You May Make Changes to Your Elections

You may only enroll, add family members, or cancel your elections during the annual enrollment period, or within 31 days of experiencing a qualifying life status change, including:

- Marriage, death of spouse, divorce or legal separation.
- Birth, adoption, placement for adoption or death of a dependent.
- Termination or commencement of employment for you, spouse, or dependent.
- Relocation or increase in hours of employment by you or your spouse.
- Your dependent child satisfies or ceases to satisfy the requirements for coverage because of age.
- A change in the place of residence or work for you, your spouse, or dependent.
- You or your spouse experiences an open enrollment event.

It is your responsibility to notify Gunnison County in writing when a change in eligibility has occurred, such as legal separation, divorce, or a dependent child's reaching the limiting age. Failure to notify Human Resources in writing of a change in eligibility could result in the loss of COBRA continuation coverage rights.

Medical Insurance

Medical Plan Administrator: CoreSource

- Network providers can be found at:
- Cofinity – <https://www.cofinity.net/cofinity/Index.aspx> or 1-800-831-1166
- PHCS Healthy Directions – <http://www.multiplan.com/search/search-2.cfm?originator=84454> or 1-800-678-7427
- CVS Caremark – <https://www.caremark.com/portal/asset/PreferredChoiceNetwork.pdf> or 1-866-818-6911.

Plan Feature	PPO PLAN	
	In-Network	Out-of-Network
Annual Deductible	\$800 Individual \$1,600 Family	\$800 Individual \$1,600 Family
Coinsurance	Plan pays 80%	Plan pays 60%
Annual Medical Out-of-Pocket Maximum (includes deductible)	\$3,200 Individual \$6,400 Family	Unlimited Individual/ Unlimited Family
Annual Prescription Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	Unlimited Individual/ Unlimited Family
Office Visit	\$20 copay for Gunnison County Family Physicians \$40 copay for Physicians \$60 copay for Specialists	Plan pays 60% after deductible
Preventive Care – Adults Physical exams, including physical exams by a Naturopathic physician and related lab testing and x-rays, immunizations as recommended by your physician.	100% covered, no deductible	Not Covered
Bone Density Testing	100% covered, no deductible	60% after deductible
Colonoscopy	100% covered, no deductible	60% after deductible
Well Baby/Well Child Care Birth up to age 1 (5 visits per calendar year) Age 1 up to age 2 (3 visits per calendar year) Age 2 and older (1 visit per calendar year)	100% covered, no deductible	Not Covered
Emergency Services	80% after deductible	
Urgent Care	80% after deductible	60% after deductible
Inpatient / Outpatient Hospital	80% after deductible	60% after deductible
X-Ray / Laboratory Services, Outpatient facility, Independent X-Ray and/or Lab facility	80% after deductible	60% after deductible

Plan Feature	PPO PLAN	
	In-Network	Out-of-Network
MRI, MRA, CAT Scan, PET Scan, etc. Inpatient facility and Outpatient facility	80% after deductible	60% after deductible
Prescription Drug Coverage-Retail (30 Day Supply)		
Preventive as required by PPACA	\$0 Co-Pay, No Deductible	
Rx Deductible	\$100 per individual	
Generic (30 Day Supply)	\$5 Copay	
Brand Preferred	25% – \$35 minimum up to \$150 maximum	
Brand Non-Preferred	25% – \$70 minimum up to \$150 maximum	
Prescription Drug Coverage-Mail Order (90 Day Supply)		
Preventive as required by PPACA	\$0 Co-Pay, No Deductible	
Rx Deductible	\$100 per individual	
Generic	\$10 Copay	
Brand Preferred	25%, Minimum of \$80 Copay	
Brand Non-Preferred	25%, Minimum of \$80 Copay	
Generic prescription Incentive	When a generic is available but the pharmacy dispenses the brand per the member's request, the member will pay the difference between the brand discount and the generic discount when available. If the drug pricing discount is not available there will not be a generic incentive charged and the member will be charged the brand copay.	
Specialty Drugs – (30 day supply)	15% to \$150 max CVS Specialty Pharmacy	

MONTHLY CONTRIBUTIONS TO PREMIUMS:

Medical Plan	Employee Premium	County Premium
Employee Only	\$ 173.22	\$ 505.26
Employee + Spouse	\$ 519.62	\$ 837.33
Employee + Child(ren)	\$ 508.31	\$ 780.79
Employee + Family	\$ 761.40	\$ 1,206.18

Medical Insurance

For January 1, 2017, Gunnison County will be offering a High Deductible Health Plan (HDHP) with a Health Savings Account component to be offered alongside the PPO plan option.

MEDICAL PLAN ADMINISTRATOR: CORESOURCE

- Network providers can be found at:
- Cofinity – <https://www.cofinity.net/cofinity/Index.aspx> or 1-800-831-1166
- PHCS Healthy Directions – <http://www.multiplan.com/search/search-2.cfm?originator=84454> or 1-800-678-7427
- CVS Caremark – <https://www.caremark.com/portal/asset/PreferredChoiceNetwork.pdf> or 1-866-818-6911.

Plan Feature	HDHP Plan w/HSA	
	In-Network	Out-of-Network
Annual Deductible	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family
Coinsurance	Plan pays 100%	Plan pays 60%
Annual Out-of-Pocket Maximum (includes deductible)	\$4,000 Individual \$8,000 Family	\$10,000 Individual \$20,000 Family
Office Visits	100% after deductible	60% after deductible
Preventive Care – Adults Physical exams, including physical exams by a Naturopathic physician and related lab testing and x-rays, immunizations as recommended by your physician.	100% covered, no deductible	Not Covered
Bone Density Testing	100% covered, no deductible	60% after deductible
Colonoscopy	100% covered, no deductible	60% after deductible
Well Baby/Well Child Care Birth up to age 1 (5 visits per calendar year) Age 1 up to age 2 (3 visits per calendar year) Age 2 and older (1 visit per calendar year)	100% covered, no deductible	Not Covered
Emergency Services	100% after deductible	
Urgent Care	100% after deductible	60% after deductible
Inpatient/Outpatient Hospital	100% after deductible	60% after deductible

Plan Feature	HDHP Plan w/HSA	
	In-Network	Out-of-Network
X-Ray/Laboratory Services: Outpatient facility, Independent X-Ray and/or Lab facility	100% after deductible	60% after deductible
MRI, MRA, CAT Scan, PET Scan: Inpatient facility and Outpatient facility	100% after deductible	60% after deductible
Prescription Drug Coverage-Retail (30 Day Supply)	100% after deductible	
Preventive as required by PPACA	100% after deductible	
Rx Deductible	N/A	
Generic (30 Day Supply)	100% after deductible	60% after deductible
Brand Preferred	100% after deductible	60% after deductible
Brand Non-Preferred	100% after deductible	60% after deductible
Prescription Drug Coverage-Mail Order (90 Day Supply)	100% after deductible	
Preventive as required by PPACA	100% after deductible	
Rx Deductible	N/A	
Generic	100% after deductible	60% after deductible
Brand Preferred	100% after deductible	60% after deductible
Brand Non-Preferred	100% after deductible	60% after deductible
Generic prescription Incentive	When a generic is available but the pharmacy dispenses the brand per the member's request, the member will pay the difference between the brand discount and the generic discount when available. If the drug pricing discount is not available there will not be a generic incentive charged and the member will be charged the brand copay.	
Specialty Drugs – (30 day supply)	100% after deductible CVS Specialty Pharmacy	

MONTHLY CONTRIBUTIONS TO PREMIUMS:

Medical Plan	Employee Premium	County Premium
Employee Only	\$ 111.45	\$ 505.92
Employee + Spouse	\$ 421.01	\$ 813.73
Employee + Child(ren)	\$ 377.39	\$ 795.61
Employee + Family	\$ 613.61	\$ 1,176.76

Health Savings Account Q&A

Gunnison County will be offering a Health Savings Account (HSA) to employees who enroll in the High Deductible Health Plan. Gunnison County will also deposit a contribution into this account, depending on the level of coverage elected for the plan year.

Q: What is a Health Savings Account?

A: An HSA is a tax-exempt account that you put money into to help pay for certain qualified medical expenses you incur. Gunnison County contributes a portion of funds into your HSA Account, and you have the option to contribute additional amounts up to the annual maximum. Once you have established an HSA, you will be able to request a tax-free distribution from your HSA trustee for these qualified medical expenses that were not reimbursed by your High Deductible Health Plan (HDHP).

Q: Who is eligible for an HSA?

A: Any adult who has coverage under an HSA-qualified “High Deductible Health Plan” (HDHP) and is not covered by another medical plan that is not an HDHP; except other types of health insurance that are “permitted.” For example:

- Your spouse has a Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) through their employer. You cannot have an HSA if your spouse’s FSA or HRA can pay for any of your medical expenses before your HDHP deductible is met.
- You are not enrolled in Medicare.
- You can’t be claimed as a dependent on someone else’s tax return

There are no income limits that affect HSA eligibility. However, if you do not file a federal income tax return, you may not receive all the tax benefits HSAs offer.

Q: How much can I contribute to my HSA each year?

A: Your maximum annual HSA contribution is based on the statutory limit for your type of coverage, no matter what your deductible is in the Gunnison County HDHP. If you are age 55 or older, you can also make an additional “catch-up” contributions (see below). The IRS 2017 annual HSA limits (adjusted annually for inflation) are as follows:

- \$3,400 – Self-only coverage; \$6,750– Family coverage
- Individuals age 55 and older can also make additional “catch-up” contribution of \$1,000 annually.

HEALTH SAVINGS ACCOUNT Q&A

Q: What expenses are qualified for reimbursement?

A: When you pay medical expenses during the year that are not reimbursed by your HDHP (deductibles, coinsurance, etc.), you can ask the trustee of your HSA to send you a distribution from your account.

Qualified medical expenses include most medical care and services, dental and vision care, and also over-the-counter drugs. A list of qualified medical expenses can be found in the IRS Publication 502. In summary, expenses have to be primarily for the prevention or alleviation of a physical or mental defect or illness.

If you decide to enroll in the Gunnison County HSA/HDHP, you will need to consider the out of pocket expense for the total cost (after discounts) of prescriptions you may need early in the year. You may not have sufficient funds in your HSA to draw upon to cover those expenses.

Q: What expenses are NOT eligible for reimbursement?

A: The following expenses may not be reimbursed from an HSA:

- Expenses covered by another insurance plan
- Expenses incurred prior to the date the HSA was established

Q: Can I use my HSA dollars for non-qualified medical expenses?

A: Money withdrawn from an HSA to reimburse non-qualified medical expenses is includable in gross income; therefore, is taxable income to the account holder and is subject to a 20% tax penalty, unless over age 65, disabled, or upon death.

Q: When can I start using my HSA dollars?

A: You can use your HSA dollars immediately following your HSA account activation. Expenses incurred before you established your HSA are not qualified medical expenses.

Q: Can I change my pre-tax HSA contribution election mid-year?

A: Employees may start, stop, or otherwise change pre-tax HSA elections on a monthly basis. These changes will be effective the first of the month following receipt of the change form to the Human Resources department.

Q: Can I overdraw my HSA account?

A: No. You may not overdraw the HSA account. You may only use those funds that have been deposited to your account.

Q: Why should I keep good records?

A: As the owner of an HSA, it's YOUR RESPONSIBILITY to determine what medical expenses are eligible for a qualified distribution from your HSA. Keep good records of your health care expenses in case the IRS asks to review your use of HSA funds. You may need to defend your expenditures or decisions during an audit. Gunnison County is not involved in determining eligible expenses and qualified distributions.

Q: Will I receive a Debit Card for HSA purchase?

A: Yes. The BenefitWallet Card provides instant access to the money in your Health Savings Account by automatically deducting funds from the available balance in your account when you make a purchase.

Q: Where can I submit receipts if I paid out of pocket?

A: Participants may file requests for reimbursement directly to Xerox HR Solutions via BenefitWallet through fax, mail, e-mail, or by uploading them directly through the participant website. Disbursements are issued by check or direct deposit. Claim Forms and Direct Deposit Authorization Forms are on-line at www.mybenefitwallet.com.

HSA CONTRIBUTIONS

HSA (Health Savings Account) helps offset the cost of the HDHP plan. Gunnison County will place a dollar amount into an account for each eligible enrolled employee. These funds can be used for qualified medical expenses, such as; eyeglasses, payment to a facility for services, prescriptions, etc. Funds roll over if they are not used during the plan year and will continue to accumulate until used.

COVERAGE LEVELS	EMPLOYER CONTRIBUTION**	
Employee Only	\$300 For Re-Enrolling Members	\$600 For New Members
Family	\$600 For Re-Enrolling Members	\$1200 For New Members

**Funds are contributed in quarterly installments: January 1, April 1, July 1, and October 1. Gunnison County does not guarantee that the employer HSA contributions will continue in future years. Employer contributions are subject to future budget restrictions.

In addition to the above, employees also have the ability to contribute a portion of their own money into the HSA. The funds withdrawn from the employees pay is “pre-tax” and will be deposited directly into their health savings account. Persons over age 55 can contribute an additional \$1,000 per year.

COVERAGE LEVELS	2017 MAXIMUM ANNUAL EMPLOYEE CONTRIBUTION	
Employee Only	\$3,100 For Re-Enrolling Members	\$2,800 For New Members
Family	\$6,150 For Re-Enrolling Members	\$5,550 For New Members

Flexible Spending Accounts (FSA)

HEALTH CARE REIMBURSEMENT FSA

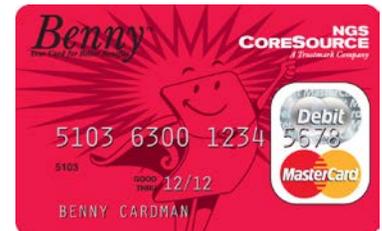
Gunnison County provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts. You must enroll/re-enroll in the plan each year to participate. You can save approximately 25% of each dollar spent on these expenses when you participate in an FSA.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the period of January 1, 2017 – December 31, 2017.

The maximum amount you may contribute is \$2,600 per calendar year. The Plan provides a carryover benefit immediately following the plan year, allowing an employee to rollover up to \$500 of any unused balances to the next following plan year. Those **employees enrolling into the HSA** are eligible for a **limited reimbursement under the FSA**.

Some examples of approved expenses include:

- Prescription Drugs
- Hearing services, including hearing aids and batteries
- Vision services (i.e. contact lenses, eye examinations, and eyeglasses)
- Dental services and orthodontia (braces)
- Chiropractic services
- Acupuncture
- Over the counter medications if you have a prescription from your physician



DEPENDENT CARE FSA

The Dependent Care FSA lets Gunnison County Employees use pre-tax dollars to reimburse themselves for qualified dependent care for children under the age of 13, or for dependent elders. The maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care, in or out of your home
- Nursery schools and preschools (excluding kindergarten)

BENEFITS YOU RECEIVE

- FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.
- Online at <http://www.gunnisoncounty.org/267/Employee-Forms#FlexCompensation> you will find, "How Flex Accounts Work", "Eligible Expenses in a Flexible Spending Account", and a "Flexible Benefit Planning Worksheet" along with other information to answer your questions regarding this benefit.
- In addition to the ability to use your flex debit card, fax and mail flex claim submissions; you have the ability to submit requests for reimbursement via email to CSKCCoreflex@coresource.com.
- Employees can view your flex claims by going to the CoreSource website at: <https://myCoreSource.com>.

FLEXIBLE SPENDING ACCOUNT (FSA) AND YOUR HSA

Q: What is a Limited Purpose Health FSA (LPFSA)?

A: HSA regulations limit the use of an FSA for medical expenses, making an employee ineligible to enroll in a General Purpose FSA (GPFSA) if enrolled in a High Deductible Health Plan. A Limited Purpose Flexible Spending Account (LPFSA) allows an employee to set aside contributions tax-free to be used for non-medical services such as vision and dental expenses (i.e. dentist or eye doctor appointments, glasses, braces, etc).

Q: What will the annual limit be on the LPFSA?

A: The annual limit will be \$2,600, the same as for the General Purpose FSA (GPFSA).

Q: What Dental or Vision expenses can a LPFSA cover?

A: The vast majority of dental expenses (such as fillings, dental or vision exams, or orthodontia) will fall within any definition of dental care. But some expenses involving the teeth or mouth potentially go beyond dental care and cross over into the territory of medical care coverage (such as temporomandibular joint (TMJ) treatment or treating a dental injury caused by an accident). You should be cautious about claiming dental or vision expenses that may also be medical in nature.

Q: How do I make claims for reimbursement to my LPFSA?

A: You ask for reimbursement in the same manner and form as you do today for the GPFSA through CoreSource.

Dental Insurance

CoreSource Dental

Comprehensive and affordable coverage is available through CoreSource for all full time eligible employees. The Dental Plan provides the following coverage. Upon enrollment, an employee must commit to two years of coverage unless there is a change in family status.

Type of Service	Core PPO	Non-PPO
Annual Deductible (Individual/Family)	\$50/\$150	
Calendar Year Maximum Benefit	\$2,000 per member	
Orthodontia Lifetime Maximum Available to all participants	\$2,000 per individual	
Preventive and Diagnostic Benefits	Plan pays 100% No deductible	Plan pays 100% No deductible
Basic Services	Plan pays 80%	Plan pays 80%
Major Services	Plan pays 50%	Plan pays 50%
Orthodontics	Plan pays 50%	Plan pays 50%

MONTHLY CONTRIBUTIONS TO PREMIUMS:

Dental Plan	Employee Premium	County Premium
Employee Only	\$ 26.12	\$ 26.12
Employee + 1	\$ 52.23	\$ 52.23
Employee + Family	\$ 78.34	\$ 78.34

Vision Insurance

CoreSource Vision

Affordable coverage is available through CoreSource for all full time eligible employees. The Vision Plan provides discounts and reimbursements for exams and materials. Upon enrollment, an employee must commit to two years of coverage unless there is a change in family status.

Services	Benefits and Maximums
Eye Examinations	1 exam every 12 months up to a maximum of \$50
Eyeglass Frames	1 set of frames every 24 months, up to a maximum of \$100
Eyeglass Lens Benefit	1 set (2 lenses) every 12 months
Single Vision	Up to a maximum of \$50
Bifocal	Up to maximum of \$75
Trifocals	Up to a maximum of \$100
Lenticular	Up to a maximum of \$150
Contact Lenses	Up to a maximum of \$150
Note	<p>Your benefit maximum will depend on your choice of glasses or contacts. Your benefit covers:</p> <ul style="list-style-type: none"> ▪ A routine eye exam every 12 months, and a set of frames every 24 months and one pair of lenses every 12 months, or ▪ A routine eye exam every 12 months , and contact lenses up to \$150

MONTHLY CONTRIBUTIONS TO PREMIUMS:

Vision Plan	Employee Premium	County Premium
Employee Only	\$ 4.56	\$ 4.56
Employee + 1	\$ 9.32	\$ 9.32
Employee + Family	\$ 13.54	\$ 13.54

Health Advocacy Services

As a valued employee of Gunnison County, we are pleased to continue offering you a member advocacy service through Patient Care Services.

WHAT IS PATIENT CARE?

Patient Care Advocates will help the employees of Gunnison County navigate through the health care system and become better, more informed consumers of health care. The focus of each Advocate is to help members understand their benefits and make informed health care decisions.

Advocates assist members by answering questions about their medical, dental, and vision benefits as well as FSA and HSA issues. Members can connect with an Advocate via phone, email, or by using Patient Care's mobile app. There are no voice response systems at Patient Care – all incoming calls are answered by a person. Advocates provide their name, extension and email address for easy interaction.

HOW TRANSPARENCY AT PATIENT CARE WORKS:

1. Member initiates request
2. Patient Care Advocate contacts physician for information
3. Advocate researches alternate facilities and providers
4. Advocate develops cost and quality reporting from research
5. Report delivered and explained to member

HOW TO CONTACT PATIENT CARE:

- Call: 1-866-253-2273
- Customer Service is available:
 - Monday – Friday: 6:00 a.m. to 7:00 p.m. MST, and
 - Saturday: 7:00 a.m. to 12:00 p.m. MST
- Email: assistance@patientcare4u.com
- Online: www.patientcare4u.com/help

Group and Supplemental Life and AD&D Insurance

Lincoln Financial Group

Gunnison County offers group term life insurance to all full time eligible employees and their dependents at a 50% cost share. This policy also provides additional coverage for Accidental Death and Dismemberment (AD&D).

Type of Service	Benefit
Employee Life Benefit Amount	\$10,000
Spouse Life Benefit Amount	\$5,000
Dependent (14 days – 6 months) Life Benefit Amount	\$200
Dependent (6 months – 23 years if full time student) Life Benefit Amount	\$2,000
Reduction of Benefits	65% of the Life Benefit at age 65 50% of the Life Benefit at age 70+

SUPPLEMENTAL LIFE

Supplemental Life insurance is available to Full Time Employees, their spouse and children.

Employee Life Coverage

- Elect benefit amount from \$10,000 to \$500,000, not to exceed 5x base annual earnings.
- The Employee guaranteed issue amount is \$100,000 for Employees who enroll when first eligible.
- Elections made above the guaranteed issue amount or after the initial eligibility period require Medical Evidence of Insurability (EOI).

Spouse Life Coverage

- In order to elect benefits for a spouse, the Employee must enroll in supplemental life.
- Elect benefit amount from \$5,000 to \$150,000, not to exceed 50% of the Employee's elected amount, to a maximum of \$150,000.
- The Spouse guaranteed issue amount is \$30,000 for Employees who enroll when first eligible.
- Elections made above the guaranteed issue amount or after the initial eligibility period require Medical Evidence of Insurability (EOI).

Child(ren) Life Coverage

- In order to elect benefits for a child, the Employee must enroll in supplemental life.
- Benefits are based on the child's age. From 14 days to 6 months, \$250 of benefit is available. From 6 months through age 25 (if full-time student), benefits can be elected in amounts of \$2,500, \$5,000, \$7,500 or \$10,000.
- Elections made after the initial eligibility period require Medical Evidence of Insurability (EOI).

Monthly Employee Premium Cost:

Employee Age	Employee & Spouse per \$1,000
<24	\$0.050
25-29	\$0.050
30-34	\$0.050
35-39	\$0.080
40-44	\$0.130
45-49	\$0.200
50-54	\$0.380
55-59	\$0.600
60-64	\$0.670
65-69	\$1.190
Emp. Only 70-74	\$2.990
Emp. Only 75-99	\$11.810

Child Life Coverage: \$0.500 per \$2,500, \$1.00 per \$5,000, \$1.50 per \$7,500, and \$2.00 per \$10,000. Premium covers all dependent children regardless of the number of children.

Supplemental life insurance premium for current participants will be adjusted according to age brackets (if your current age has moved into a different bracket, your premiums will increase slightly). Supplemental Life premiums are calculated according to age and coverage amounts and will be entirely the employee's responsibility.

VOLUNTARY SUPPLEMENTAL AD&D (ACCIDENTAL DEATH AND DISMEMBERMENT) – EMPLOYEES MUST MAKE A SEPARATE ELECTION

Employees can enroll in the Voluntary AD&D plan at any time for amounts up to \$500,000. The AD&D plan has no requirement for Evidence of Insurability. Rates are as follows:

- Applicant: \$0.50 per \$10,000 of coverage
- Applicant & Family: \$0.80 per \$10,000 of coverage

All Life Insurance coverage does not go into effect until the participant is accepted by the Life Insurance Company and the first premium is deducted from payroll.

Further coverage information, as well as enrollment forms and Evidence of Insurability forms, are available online at <http://www.gunnisoncounty.org/267/Employee-Forms#LifeInsurance>.

Retirement Programs

Eligibility

Eligibility requirements to participate:

- Work at least 1040 hours per year.

If eligible for the 401(a) Plan, 3% contributions and 3% County match will begin the 1st day of the month following the date of employment.

County 401(a) Retirement Program

This is a mandatory Retirement Plan for employees regularly scheduled to work more than 20 hours per week. The mandatory contribution amount is 3% of your gross salary, which the County defers and matches. The employee becomes vested in the employer's share of contributions to their retirement account at a rate of 20% per year.

457 Deferred Compensation Plan Match Program

This is an optional contribution from the employee. It is matched by the County up to 2% of gross wages. You may elect to:

- Contribute a percent of your compensation as before tax
- Contribute a percent of your compensation after-tax as a designated Roth deferral

457 Deferred Compensation Additional Retirement Contributions

The employee can contribute additional amounts to retirement in addition to the amounts matched by the employer. Total 457 Plan contributions cannot exceed the annual maximum limits. In 2016 you may elect to contribute up to \$18,000 to the 457 Deferred Compensation Plan. If you are 50 years old or older, that amount can be increased to \$24,000 or \$36,000 if you are within three years of retirement and meet several other criteria. Please look for 2017 457 Deferred Compensation Plan changes after November 2016.

FICA tax is payable on employee and employer 457 Deferred Compensation Plan contributions.

Voluntary After-Tax Contributions

If you wish to contribute after-tax dollars to your 401(a) retirement account, you can choose to withhold a maximum of 10% of your gross salary in the 401(a) Retirement Plan.

Go online to <http://www.gunnisoncounty.org/267/Employee-Forms#COERARetirement> to find the appropriate CCOERA forms to enroll in or adjust your contributions for any of the above retirement options. Print and complete the forms and return them to HR.

Loans on your Retirement Account(s)

It is possible to obtain a loan from your 401(a) and 457 retirement account(s) after you have accrued at least a \$5,000 balance. Great West Retirement Services offers both General Purpose Loans and Principal Residence Loans. If you are interested, call 1-800-352-0313 for more information or stop by the HR department for an application

Employee Assistance Program (EAP)

Triad EAP

The Employee Assistance Program is employer paid and is offered to all employees and immediate family members of Gunnison County through Triad EAP.

The EAP is a completely confidential counseling program that provides up to three (3) free sessions for non-acute health-related problems such as physical or mental illness or substance abuse; job related problems; financial/legal problems and relationship issues.

The Employee Assistance Program offers support for:

Financial	Legal	Life Issues
Debt Reduction	Access to a toll-free information line	Relationship Difficulties
Home Buying	Free 30-minute sessions with an attorney in Colorado	Depression or Anxiety
Budgeting	Referral to a local attorney for free ½ hour consultation	Drug/Alcohol Misuse
Foreclosure Prevention	If required, clients are entitled to discounted fees off the local attorney’s normal fees	Parenting Issues Eldercare
Bankruptcy Prevention	Advise on Identity Theft Recovery	Job Related Problems Workplace Conflicts

EAP Access Information

Toll-Free Telephone Number – Monday through Friday; 8:00 am to 6:00 pm (MST)
 (With 24/7 Emergency Access): 1.877.679.1100 Website: www.triadeap.com
 (User Name: gunnison; Password: county)

Vacation, Sick & Holiday Leave

Vacation

Vacation is calculated for 40 hr./wk. employees based on the initial eligibility date per the following table. Other eligible employees working regularly scheduled hours between 1040 hrs./yr. and 2079 hrs./yr. receive vacation benefits on a prorated basis.

Years of service	Monthly Accrual	Annual Accrual	Maximum Limit
0 through the end of 4 years	6 2/3 hours	80 hours or 10 days	160 hours
5 through the end of 8 years	8 hours	96 hours or 12 days	196 hours
9 through the end of 15 years	10 hours	120 hours or 15 days	240 hours
16 through the end of 20 years	12 hours	144 hours or 18 days	288 hours
21 plus years	14 hours	168 hours or 21 days	336 hours

Sick Leave

Credit Employees in full-time positions working a 40-hour workweek are credited sick leave with pay at the rate of 8 hours for each full month of service. Eligible employees working less than a 40-hour workweek shall accumulate sick leave on a prorated basis according to the number of hours worked per year.

Use An employee may use sick leave with pay for absences necessitated by non-job related; injury, illness or disability and for dental, medical or optical care of the employee. Sick leave with pay may also be used for the birth of the employee's child, in order to care for the new baby and for placement of a child with the employee for adoption/foster care or any other reason that qualifies for FMLA leave in accordance with the Family and Medical Leave Act. An employee may use sick leave with pay for absences necessitated by injury, illness, disability, dental, medical or optical care of a member of their immediate family or any other reason that qualifies for FMLA leave in accordance with the Family and Medical Leave Act. At the discretion of the appropriate Department Head or Elected Official, sick leave may also be used to attend funerals. With approval by the appropriate Department Head or Elected Official an employee may use up to 16 hours (or equivalent proration) per year of sick leave as personal leave. Examples of personal leave range from: leave for financial or legal appointments, to leave for the employee's birthday off or may include various other personal reasons.

Holidays

Gunnison County observes the following Holidays.

2017 Holiday Schedule

Monday	January 2, 2017	New Year's Day (observed)
Monday	January 16, 2017	Martin Luther King Jr.'s Birthday
Monday	February 20, 2017	Washington's Birthday
Monday	May 29, 2017	Memorial Day
Monday	July 3, 2017	Day Before Independence Day
Tuesday	July 4, 2017	Independence Day
Monday	September 4, 2017	Labor Day
Friday	November 10, 2017	Veterans' Day (observed)
Thursday	November 23, 2017	Thanksgiving Day
Friday	November 24, 2017	Day after Thanksgiving
Monday	December 25, 2017	Christmas
Tuesday	December 26, 2017	Day after Christmas



Additional Benefits

AFLAC Policy Options

An AFLAC agent will contact you to discuss the available coverage. In addition to offering group policies at a much reduced rate, they will also be offering free prescription cards and an edoc.com service. If you elect to purchase an AFLAC policy, the premiums will typically be deducted from your paycheck on a pre-tax basis; this requires a one-year commitment, unless you have a change in family status.

Health Club Membership Options

Gunnison County is offering employees in full-time or regularly scheduled part-time positions the opportunity to become members of Colorado Fitness, 24/7 Gym and/or Gunnison Community and Aquatics Center. Each club offers a different fee schedule. Go on-line to <http://www.gunnisoncounty.org/267/Employee-Forms#HealthClubMemberships> for further information. The plan year runs from January 1st to December 31st of each year. Note: Upon enrollment, employees are required to commit to membership until December 31st of the year of enrollment. The membership fees will be paid through payroll deduction.

Box Canyon Lodge Discount

Gunnison County has entered into an agreement with the Box Canyon Lodge, 45 Third Avenue, Ouray, Colorado. This agreement allows Gunnison County employees and guests to stay at the Lodge for reduced rates during their off season. Call 1-800-327-5080 for details and reservations, or visit their website at: <https://www.boxcanyonouray.com/>.

Five Wishes Booklets

If you do not have a living will or another legal document that states specifically what you would like to happen to you in the event you are in a life threatening situation and can't make decisions for yourself, the Five Wishes booklet is a free way to get that document in place. The Administration – Human Resources Department has purchased the Five Wishes living will booklets and Betsy Holena, Senior Resources Program Manager, will answer any questions you have regarding how to complete the document. Contact Administration – Human Resources with any questions or requests regarding Gunnison County fringe benefits.

Cell Phone Discounts

As a Gunnison County employee, you may be eligible for discounts through Verizon Wireless and AT&T on cell phone services and products including monthly calling or data plans, phones, and accessories. Visit these links for more information and to sign up for the discounts.

AT&T Discount Information:
<https://www.wireless.att.com/businesscenter/>

Verizon Discount Information:
<http://www.verizonwireless.com/b2c/employee/eleuLanding.jsp>

Contact Information

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

HEALTH ADVOCACY SERVICES	
Provider Name:	Patient Care
Provider Phone Number:	1-866-253-2273
Provider Email:	assistance@patientcare4u.com
MEDICAL PLANS	
Provider Name:	CoreSource
Provider Phone Number:	1-800-521-1555
Provider Web Address:	https://myCoreSource.com http://www.gunnisoncounty.org/290/Medical-Insurance (links to medical networks)
Provider Name:	CVS Caremark
Provider Phone Number:	1-866-818-6911
Provider Web Address:	www.caremark.com
FLEXIBLE SPENDING ACCOUNTS (FSA)	
Provider Name:	CoreSource
Provider Phone Number:	1-800-521-1555
Provider Web Address:	https://myCoreSource.com
HEALTH SAVINGS ACCOUNT (HSA)	
Provider Name:	Xerox HR Solutions via Benefit Wallet
Provider Phone Number:	1-877-472-4200
Provider Web Address:	www.mybenefitwallet.com
DENTAL	
Provider Name:	CoreSource
Provider Phone Number:	1-800-521-1555
Provider Web Address:	https://myCoreSource.com
VISION	
Provider Name:	CoreSource
Provider Phone Number:	1-800-521-1555
Provider Web Address:	https://myCoreSource.com
GROUP AND SUPPLEMENTAL LIFE AND AD&D INSURANCE	
Provider Name:	Lincoln Financial Group
Provider Phone Number:	1-800-487-1485
Provider Web Address:	www.lfg.com
RETIREMENT PROGRAMS	
Provider Name:	CCOERA
Provider Phone Number:	1-800-352-0313
Provider Web Address:	www.ccoera.org

Insurance Basics

Copayment – An arrangement where an individual pays a specified amount for various health care services and the health plan or insurance company pays the remainder. The individual must usually pay his or her share when services are rendered. The concept is similar to coinsurance, except that copayments are usually a set dollar amount (such as \$20 per office visit), rather than a percentage of the charges.

Deductible – A set dollar amount that a person must pay before insurance coverage for medical expenses can begin. They are usually charged on an annual basis.

Coinsurance – The money that an individual is required to pay for services, after a deductible has been paid. It is often a specified percentage of the charges. For example, the employee pays 20 percent of the charges while the health plan pays 80 percent.

Out-of-Pocket Maximum – The total amount paid each year by the member for copayments, deductible and coinsurance. After reaching the out-of-pocket maximum, the plan pays 100 percent of the allowable charges for covered services the rest of that calendar year.

In-Network – Typically refers to physicians, hospitals or other health care providers who contract with the insurance plan (usually an HMO or PPO) to provide services to its members. Coverage for services received from in-network providers will typically be greater than for services received from out-of-network providers, depending on the plan.

Out-of-Network – Typically refers to physicians, hospitals or other health care providers who do not contract with the insurance plan (usually an HMO or PPO) to provide services to its members. Depending upon the insurance plan, expenses incurred for services provided by out-of-network providers might not be covered, or coverage may be less than for in-network providers.

Pre-Admission Certification – Also called “precertification” or “pre-admission review.” Approval granted by a case manager or insurance company representative (usually a nurse) for a person to be admitted to a hospital or inpatient facility before admittance. The goal is to ensure that individuals are not exposed to inappropriate health care services, or services that are not medically necessary.

Self-Insured – A health benefits plan in which the employer is responsible for the cost of its employees’ health care. Typically, a third party provides administrative services for the plan to the employer group.



Benefits Enrollment Guide