

2026

GUNNISON COUNTY

**BENEFITS
GUIDE**



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Benefits

Benefits Eligibility

- 30–40 hours/week: Eligible for all benefits.
- 20–29 hours /week: Health, life, retirement, EAP, Norton LifeLock.
- 1–19 hours /week: Only 457(b) contributions (no match), EAP, Norton LifeLock.

Coverage is effective the first of the month after hire date.

Must enroll during open enrollment or after a qualifying life event (marriage, birth, job change, etc.) within 30 days.

How To Enroll in Benefits

1. Login to Paylocity.
2. Go to Benefits via the menu (≡) or Self-Service Portal → Manage My Benefits.
3. Click Start on the Open Enrollment event.
4. Read the Welcome Message → Click Start Enrollment.
5. Add family members you want covered → Click Continue.

Qualifying Special Enrollment Events

1. Loss of Other Coverage

You may enroll if you lose eligibility for other coverage (not due to nonpayment or voluntary drop) because of:

- Divorce or legal separation
- Death of the covered person
- Termination of employment or reduction in hours
- Loss of dependent status (e.g., child turns 26)
- The other plan stops offering benefits to your group/class
- Moving out of an HMO service area with no other coverage available
- Termination of a benefit package option (and no substitute option offered)
- Employer contributions toward your other coverage end
- Exhaustion of COBRA continuation

Must enroll within 30 days of losing coverage.

Coverage begins the day after your other coverage ends.

2. Marriage

A newly married employee, their new spouse, and any new dependents may enroll.

Coverage effective date: Date of marriage (unless plan specifies otherwise).

3. Birth, Adoption, or Placement for Adoption

When a child is born, adopted, or placed for adoption, the employee, spouse, and the new child can enroll.

Coverage effective date: Date of birth, adoption, or placement.

4. Child Becomes a Dependent

If an employee previously declined coverage but stays eligible, they (and their spouse) gain enrollment rights if a child becomes their dependent through birth, adoption, or placement for adoption.

Leave Programs

Vacation Leave

- Accrual (Full-Time):
 - Years 0–4 | 8 hours per month (max 160 hrs)
 - Years 5–8 | 9 hours per month (max 196 hrs)
 - Years 9–15 | 10 hours per month (max 240 hrs)
 - Years 16–20 | 12 hours per month (max 288 hrs)
 - 21+ years | 14 hours per month (max 336 hrs)
- Part-Time: Pro-rated based on hours worked. (accrual rate x (hours worked per week divided by 40))
- Must be earned before use; requires supervisor approval.

Sick Leave

- Full-Time: 8 hours per month (no max accumulation)
- Part-Time/Temporary: 1 hour per every 30 hours worked (max 48 hours)
- Uses: Employee or family illness, preventive care, bereavement, public health emergencies, or care needs.
- May request documentation for absences more than 4 consecutive days.
- Sick Leave Bank transfers are available for serious medical emergencies.

Holidays

- Full-time: 8 hours per holiday; part-time: pro-rated. (accrual rate x (hours worked per week divided by 40))
- 12 paid holidays annually:
 - New Year's Day
 - Martin Luther King, Jr. Day
 - Washington's Birthday (Presidents' Day)
 - Memorial Day
 - Juneteenth
 - Independence Day
 - Labor Day
 - Veterans Day
 - Thanksgiving Day
 - Business Day After Thanksgiving
 - Christmas Day
 - Day After Christmas

*The specific dates of observance are determined and approved annually by the Board of County Commissioners.

Leave Programs Continued

Family & Medical Leave Act (FMLA)

- Eligibility: 12 months of service and 1,250 hrs worked in prior year.
- Entitlement: Up to 12 weeks unpaid, job-protected leave in a 12-month period.
- Reasons: Birth/adoption/foster care, employee or family serious health condition, military exigency.
- Military Caregiver Leave: Up to 26 weeks for service member care.
- Benefits continue during leave; accrued paid leave must be used first.

Short-Term Disability

- County-paid benefit.
- Replaces 60% of weekly wages (up to \$1,500/week).
- Begins day 15 of illness/injury; max 11 weeks coverage.

FAMLI (Family & Medical Leave Insurance – State Program)

- Gunnison County opted out; employees may participate individually.
- Please visit <https://famli.colorado.gov/> for more information
- Provides partial wage replacement for up to 12 weeks (16 in some pregnancy-related cases).
- Covers: bonding with new child, care for a family member, employee's serious health condition, military needs, or domestic violence recovery.

Workers' Compensation

- Covers medical expenses and lost wages for job-related injury/illness.
- Employees must report injuries immediately & within 10 days.
- Care or follow-up care must be from a County-designated provider.
- FMLA may run concurrently if eligible.

Which Medical Plan is Right for Me?

Step 1: Look at Your Health Needs

- Mostly preventive care, rarely go to the doctor → HDHP may save you money
- Ongoing care, prescriptions, or specialist visits → Traditional Plan may provide peace of mind

Step 2: Compare Your Budget Priorities

- Lower paycheck deductions, but higher costs when you need care → HDHP
- Higher paycheck deductions, but lower out-of-pocket when you get care → Traditional

Step 3: Do You Want to Save for the Future?

- HDHP → Eligible for a Health Savings Account (HSA)
 - County contributes \$600 (single) / \$1,200 (family)
 - Your contributions are tax-free and roll over year to year
 - Great for long-term savings
- Traditional Plan → No HSA (but you can use an FSA instead)

Step 4: Think About How You Like to Pay

- HDHP: Pay full discounted cost until deductible (\$4,000 single / \$8,000 family), then plan pays 100%.
- Traditional: Pay copays (\$20–\$60) at the time of visit, plus lower deductible (\$800 single / \$1,600 family).

	HDHP	Traditional
Monthly Premiums	Lower	Higher
Deductible	Higher (\$4,000/\$8,000)	Lower (\$800/\$1,600)
Copays	None (you pay full cost until deductible)	Predictable copays (\$20–\$60)
County HSA Contribution	Yes (\$600 / \$1,200)	No
Best For	Healthy employees, future savers	Families or frequent care needs

High Deductible Health Plan (HDHP)

DEDUCTIBLE AND ANNUAL OUT-OF-POCKET MAXIMUM	FACILITY, PPO AND NON-PPO PHYSICIANS
Calendar Year Deductible ((includes Rx expenses) - Per Individual - Family Limit (embedded)	\$4,000 \$8,000
Calendar Year Out-of-Pocket Maximum (includes Deductible and Rx expenses) - Per Individual - Family Limit (embedded)	\$4,000 \$8,000

Level I Facility Benefits:

This section applies to covered expenses for services rendered by Hospitals and other types of facilities which are not included in the Preferred Provider Organization (PPO) network.

BENEFIT PERCENTAGE	FACILITY BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Inpatient Hospital Services	100% after Deductible	UR Notification is required.
Maternity Inpatient Hospital Services	100% after Deductible	UR Notification is required.
Routine Newborn Care Inpatient Hospital Services	100% after Deductible	
Skilled Nursing Facility	100% after Deductible	UR Notification is required. Limited to 120 days per Calendar Year.
Rehabilitation Facility	100% after Deductible	
Hospital Services for Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse. Inpatient/Residential Treatment Facilities	100% after Deductible	
Hospital Emergency Room (all related charges)	100% after Deductible	Contact UR Company for coordination of care.
Outpatient Surgical Facility	100% after Deductible	
Outpatient Therapy/Other Services: Physical/Occupational/Speech Therapy/ Cardiac Rehabilitation	100% after Deductible	Limited to 60 visits per therapy per Calendar Year.
Select Diagnostic Procedures Select Diagnostic Procedures (CT Scans, MRIs, PET Scans, etc.)	100% after Deductible	
All Other Diagnostic Lab/X-ray	100% after Deductible	
Preventive and Wellness Lab and X-ray	100%; Deductible waived	

There is no PPO Hospital Network on this Plan. The PPO Network is a Physician Only PPO Network. Allowable Claim Limits apply to Hospital/Facility charges.

High Deductible Health Plan (HDHP)

Level II Facility Benefits:

This section applies to Physicians and all other Providers of service not included as Facility Providers. Benefits shown are available based upon the Provider's participation in the PPO network.

BENEFIT PERCENTAGE	FACILITY BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Physician Hospital Visits/Surgeon/Anesthesia	100% after Deductible	
Physician Hospital Visit for Mental & Nervous Disorders/Chemical Dependency, Drug and Substance Abuse	100% after Deductible	
Maternity (Including Prenatal delivery and Postnatal care)	100% after Deductible	Contact UR Company for coordination of care. Prenatal visits are covered at 100%; Deductible waived.
Routine Newborn Care	100% after Deductible	
Office Visit (includes Exam, treatment, surgery, allergy injections/testing/serum, Lab/x-ray)	100% after Deductible	
Mental/Nervous Disorders and Substance Abuse Office Visits	100% after Deductible	
Urgent Care Facility Physician Medical Care	100% after Deductible	
Select Diagnostic Procedures CT Scans, MRIs, PET Scans, etc. (Physician's Office or Freestanding Facility)	100% after Deductible	
Diagnostic Lab/X-ray (Freestanding Facility, Independent Lab)	100% after Deductible	
Chiropractic Services	100% after Deductible	Limited to \$500 per Calendar Year.
Complementary/Alternative Therapy (Acupuncture/Acupressure, Therapeutic Massage, Nutrition Therapy, Rolfing and Naturopathy Care)	100% after Deductible	Limited to \$1,000 per Calendar Year.
Outpatient Therapy/Other Services Physical/Occupational/Speech Therapy/ Cardiac Rehabilitation	100% after Deductible	Limited to 60 visits per therapy per Calendar Year.
Hearing Aids	100% after Deductible	Limited to \$4,500 every 5 years.
Home Health Services	100% after Deductible	UR Notification is required. Limited to 120 visits per Calendar Year.
Inpatient Hospice/Home Hospice	100% after Deductible	UR Notification is required.
Durable Medical Equipment	100% after Deductible	
Prosthetic Devices and Orthotics	100% after Deductible	
Ambulance Services	100% after Deductible	Contact UR Company for coordination of care.
All Other Provider Covered Physician Services	100% after Deductible	

This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO and Non-PPO provider services.

Plan limits apply collectively/combined for PPO and Non-PPO services.

High Deductible Health Plan (HDHP)

Preventive and Wellness Care Benefits:

This benefit is payable for Covered Procedures incurred as part of a Preventive and Wellness Care Program and is not payable for treatment of a diagnosed illness or injury. Services must be identified and billed as routine or part of a routine physical exam/or as specified below.

BENEFIT PERCENTAGE	LEVEL II PPO & NON-PPO BENEFIT	LIMITS & PROVISIONS
All Covered Wellness Benefits	100%; Deductible waived	See age and frequency limits and other special provisions below.
<p>Examples of Covered Wellness Procedures to include but are not limited to:</p> <ul style="list-style-type: none"> • Routine Physical Exam • Annual Well Woman Exam • *Annual Pap smear and other routine lab • *Annual Routine Mammogram • *Bone Density test • Annual PSA test (routine) • Well Baby Care Exam/Well Child Care Exam • Vision Screenings (to age 19) • Hearing Screenings for newborns • Routine Immunizations • Flu vaccine/pneumonia vaccine • *Routine lab, x-ray, diagnostic testing and other medical screenings • Smoking/Tobacco Use Cessation • *All FDA-approved Women's Contraceptive methods/Sterilization procedures • *Routine Colonoscopy (includes polyp removal) – age 50 and older or family history of colon cancer 		

This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO and Non-PPO provider services.

Plan limits apply collectively/combined for PPO and Non-PPO services.

* If these services are rendered by providers billing as a Facility, please refer to the appropriate category under Level I for the benefit.

PRESCRIPTION DRUGS

The Plan requires the member to pay the entire cost of Prescription Drug expenses until the Deductible has been met.

Retail (30 day supply)	100% after Deductible
Mail Order (90 day supply)	100% after Deductible
Specialty Drugs (30 day supply)	100% after Deductible

NOTE: This Summary of Benefits only represents an overview of your medical benefits and are subject to change.

Traditional Health Plan

DEDUCTIBLE AND ANNUAL OUT-OF-POCKET MAXIMUM	FACILITY, PPO AND NON-PPO PHYSICIANS
Calendar Year Deductible (includes Rx expenses) - Per Individual - Family Limit (embedded)	\$800 \$1,600
Calendar Year Out-of-Pocket Maximum (includes Deductible and Medical Copays) -Per Individual -Family Limit (embedded)	\$3,200 \$6,400

Level I Facility Benefits:

This section applies to covered expenses for services rendered by Hospitals and other types of facilities which are not included in the Preferred Provider Organization (PPO) network.

BENEFIT PERCENTAGE	FACILITY BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Inpatient Hospital Services	80% after Deductible	UR Notification is required.
Maternity Inpatient Hospital Services	80% after Deductible	UR Notification is required.
Routine Newborn Care Inpatient Hospital Services	80% after Deductible	
Skilled Nursing Facility	80% after Deductible	UR Notification is required. Limited to 120 days per Calendar Year.
Rehabilitation Facility	80% after Deductible	
Hospital Services for Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse. Inpatient/Residential Treatment Facilities	80% after Deductible	
Hospital Emergency Room (all related charges)	80% after Deductible	Contact UR Company for coordination of care.
Outpatient Surgical Facility	80% after Deductible	
Outpatient Therapy/Other Services: Physical/Occupational/Speech Therapy/ Cardiac Rehabilitation	80% after Deductible	Limited to 60 visits per therapy per Calendar Year.
Select Diagnostic Procedures Select Diagnostic Procedures (CT Scans, MRIs, PET Scans, etc.)	80% after Deductible	
All Other Diagnostic Lab/X-ray	80% after Deductible	
Preventive and Wellness Lab and X-ray	100%; Deductible waived	

There is no PPO Hospital Network on this Plan. The PPO Network is a Physician Only Network. Allowable Claim Limits apply to Hospital/Facility charges.

Traditional Health Plan

Level II Facility Benefits:

This section applies to Physicians and all other Providers of service not included as Facility Providers. Benefits shown are available based upon the Provider's participation in the PPO network. This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO and Non-PPO provider services.

Plan limits apply collectively/combined for PPO and Non-PPO services.

BENEFIT PERCENTAGE	FACILITY BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Physician Hospital Visits/Surgeon/Anesthesia Mental & Nervous Disorders/Chemical Dependency, Drug and Substance Abuse	80% after Deductible	
Maternity (Including Prenatal delivery and Postnatal care)	80% after Deductible	Contact UR Company for coordination of care. Prenatal visits are covered at 80%; Deductible waived.
Routine Newborn Care	80% after Deductible	
Office Visit (includes Exam, treatment, surgery, allergy injections/testing/serum, Lab/x-ray)	100% after \$20 Copay– Gunnison Valley Family Physicians 100% after \$40 Copay (PCP) \$60 Copay (Specialist)	
Mental/Nervous Disorders and Substance Abuse Office Visits	80% after Deductible	
Urgent Care Facility Physician Medical Care	80% after Deductible	
Select Diagnostic Procedures CT Scans, MRIs, PET Scans, etc. (Physician's Office or Freestanding Facility). Diagnostic Lab/X-ray (Freestanding Facility, Independent Lab)	80% after Deductible	
Chiropractic Services	80% after Deductible	Limited to \$500 per Calendar Year.
Complementary/Alternative Therapy (Acupuncture/Acupressure, Therapeutic Massage, Nutrition Therapy, Rolfing and Naturopathy Care)	100% after \$40 Copay	Limited to \$1,000 per Calendar Year.
Outpatient Therapy/Other Services Physical/Occupational/Speech Therapy/ Cardiac Rehabilitation	80% after Deductible	Limited to 60 visits per therapy per Calendar Year.
Hearing Aids	80% after Deductible	Limited to \$4,500 every 5 years.
Home Health Services	80% after Deductible	UR Notification is required. Limited to 120 visits per Calendar Year.
Inpatient Hospice/Home Hospice	80% after Deductible	UR Notification is required.
Durable Medical Equipment & Prosthetic Devices and Orthotics	80% after Deductible	
Ambulance Services	80% after Deductible	Contact UR Company for coordination of care.
All Other Provider Covered Physician Services	80% after Deductible	

Traditional Health Plan

Preventive and Wellness Care Benefits:

This benefit is payable for Covered Procedures incurred as part of a Preventive and Wellness Care Program and is not payable for treatment of a diagnosed illness or injury. Services must be identified and billed as routine or part of a routine physical exam/or as specified below.

BENEFIT PERCENTAGE	LEVEL II PPO & NON-PPO BENEFIT	LIMITS & PROVISIONS
All Covered Wellness Benefits	100%; Deductible waived	See age and frequency limits and other special provisions below.

Examples of Covered Wellness Procedures to include but are not limited to:

- Routine Physical Exam
- Annual Well Woman Exam
- *Annual Pap smear and other routine lab
- *Annual Routine Mammogram
- *Bone Density test
- Annual PSA test (routine)
- Well Baby Care Exam/Well Child Care Exam
- Vision Screenings (to age 19)
- Hearing Screenings for newborns
- Routine Immunizations
- Flu vaccine/pneumonia vaccine
- *Routine lab, x-ray, diagnostic testing and other medical screenings
- Smoking/Tobacco Use Cessation
- *All FDA-approved Women's Contraceptive methods/Sterilization procedures
- *Routine Colonoscopy (includes polyp removal) – age 50 and older or family history of colon cancer

This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO and Non-PPO provider services.

Plan limits apply collectively/combined for PPO and Non-PPO services.

* If these services are rendered by providers billing as a Facility, please refer to the appropriate category under Level I for the benefit.

PRESCRIPTION DRUGS	
Rx Calendar Year Deductible per Individual	\$100
Rx Calendar Year Out-of-Pocket Maximum - Individual - Family Limit (embedded)	\$3,000 \$6,000
Retail (30 day supply)	Generic: \$5 Copay Formulary Brand: 75% after Deductible (\$35 Copay Min/\$150 Copay Max) Non-Formulary Brand: 75% after Deductible (\$70 Copay Min/\$150 Copay Max)
Mail Order (90 day supply)	Generic: \$10 Copay Formulary Brand: 75% after Deductible (\$80 Copay Min) Non-Formulary Brand: 75% after Deductible (\$80 Copay Min)
Specialty Drugs (30 day supply)	Generic: 85% after Deductible (\$150 Copay Max) Formulary Brand: 85% after Deductible (\$150 Copay Max) Non-Formulary Brand: 85% after Deductible (\$150 Copay Max)

NOTE: This Summary of Benefits only represents an overview of your medical benefits and are subject to change.

Prescription Coverage

Pharmacy Network

TrueRx

- Enrollment in the County’s medical plan automatically provides access to the TrueRx pharmacy benefit and network.

Members can:

- Find a pharmacy: call 1-866-921-4047 or visit truerox.com/forms.
- Register online via Edison Health Solutions website or app for claims and eligibility info.
- Tip: Refill prescriptions under the old plan before the new plan year begins to avoid gaps.

ID Card

Present your plan ID card at the pharmacy—it contains instructions for claims processing.

Mail Order Options

WB Rx Express

- Medications shipped directly to your home.
- Personalized, family-run service.
- Easy 3-step enrollment at wbrxexpress.com (fill form, submit, pharmacy will contact you).
- Support line: 833-391-0126.

Mark Cuban Cost Plus Drugs (in-network mail order)

- Another option for low-cost prescriptions.
- Access via costplusdrugs.com or the TrueRx member portal truerox.myrxplan.com.
- Medications ordered count toward your deductible and out-of-pocket max.
- Copays applied per your plan’s benefit guidelines.
- The TrueRx Patient Care Team is available for support.

Coverage & Copays

- Rx Calendar Year Deductible: \$100 per individual.
- Rx Out-of-Pocket Maximum: \$3,000 individual / \$6,000 family.
- Retail (30-day supply):
 - Generic: \$5 copay
 - Formulary brand: 75% after deductible (\$35–\$150 copay range)
 - Non-formulary brand: 75% after deductible (\$70–\$150 copay range)
- Mail order (90-day supply):
 - Generic: \$10 copay
 - Specialty: 85% after deductible (up to \$150 copay)

Prescription Coverage

TrueRx

How to Create Your TrueRx Account

To view your prescription benefits, you'll need to create a TrueRx member account.

1. Go to: www.truerx.com
2. Select: Member Login → Create an Account
3. Enter the following information:
 - Cardholder ID: Reflected on your Imagine360 insurance card
 - Group Number (GRP): TRUE5748
 - First Name & Last Name: As shown on your insurance card
 - Date of Birth: MM/DD/YYYY format
4. Additional Information (if prompted):
 - BIN: Reflected on your Imagine360 insurance card
 - PCN: Reflected on your Imagine360 insurance card
5. Click "Save & Continue" to complete registration.

Once your account is created, you can:

**View Prescription
benefits and plan
details**

**Locate in-network
pharmacies**

**Track medication
history and costs**

Concierge Nurse Navigators

A no-pressure, patient-advocacy service that helps you navigate care decisions, provider selection, second opinions, and high-cost medications—often at little-to-no cost to you.

When to use it

- New diagnosis or need a second opinion.
- Help finding a primary care doctor or specialist using quality data.
- Want to reduce out-of-pocket costs or better understand your benefits and options.
- Struggling to access high-cost medications/infusions or need lower-cost pathways.

What you get

- Personalized guidance to find high-quality providers (uses national data to match to your needs).
- Coordination help for second opinions and treatment next steps.
- Support securing medications or infusions conveniently and at lower cost.

How to start

- Call or text Nurse Danielle: 440-991-1181.
- Email: danielle@mynursenavigators.com.

Why it helps

- Steers you to high-quality care and helps lower your costs.
- Clear, human support when you're making complex health decisions.

Medical Billing

Understanding Your Explanation of Benefits (EOB)

What is an EOB?

- An EOB is not a bill. It's a summary from your insurance administrator (Imagine360/TPA) that shows:
 - Amount billed by the provider.
 - Allowed amount (the amount Gunnison County's plan will pay, based on Reference-Based Pricing).
 - What the plan paid.
 - Reflects your financial responsibility

Gunnison County

- Gunnison County funds the medical plan directly — meaning their premium contributions and claims are paid by the County, not an outside insurance carrier.
- This approach saves money long-term and gives the County more control over plan design.

Imagine360 – Third Party Administrator (TPA)

- Imagine360 handles the day-to-day administration of the health plan:
 - Processes claims when your provider submits bills.
 - Sends you Explanations of Benefits (EOBs).
 - Provides member services, ID cards, and customer support.
- Think of Imagine360 as the “operations team” that keeps the plan running smoothly.

ELAP – Reference-Based Pricing Partner & Legal Advocates

- ELAP is the legal and negotiation arm of your health plan.
- Their role is to review provider bills and ensure the County and employees are not overcharged.
- When providers bill more than the fair price (called a “balance bill”):
 - ELAP attorneys step in to negotiate directly with the provider.
 - They argue for fair, transparent pricing based on actual costs and industry benchmarks.
- This protects both you and the County from inflated medical charges.

How It Works for You

1. You visit a provider and give your Imagine360 insurance card.
2. If the provider sends the bill to Imagine360 (if willing), otherwise complete a claim form.
3. Imagine360/ELAP applies Reference-Based Pricing and pays the fair amount.
4. If the provider disagrees and sends you a balance bill:
 - Do not pay it.
 - Send the bill to the County/ELAP support email, balancebills@imagine360.com.
 - ELAP attorneys take over negotiations with the provider.

Medical Billing

Understanding Your Explanation of Benefits (EOB)

What to Expect with RBP (Reference-Based Pricing)

- Because the plan pays based on fair market pricing, providers may “balance bill” you for the difference.
- This is where ELAP (our legal partner) steps in:
 - Attorneys negotiate directly with providers on your behalf.
 - Their job is to protect you and the County from inflated charges.
 - Most cases are resolved without employees paying anything beyond your normal plan cost-sharing.

What You Should Do

1. Review your EOB carefully.
 - Make sure the **provider bill matches the EOB.**
2. If you receive a bill from the provider that does not match your EOB:
 - Do not pay it.
 - Send it immediately to:
 - balancebills@imagine360.com
 - Keep a copy for your records.
3. If contacted by a provider about payment:
 - Let them know your plan uses ELAP for billing review.
 - Provide the ELAP/Imagine360 contact info found on your insurance card.

Key Takeaways

- Always compare the EOB and bill before paying.
- Turn in any mismatched bills to balancebills@imagine360.com
- ELAP protects you by negotiating provider charges.
- Your responsibility is usually limited to your deductible, copays, and coinsurance — not the inflated amounts.

Care Options for Gunnison County Employees

Start with Virtual Care (Recuro Health)

- 24/7 phone or video visits for common, non-emergency issues. Download the app for ease of use.
- Covers urgent needs (cold/flu, sinus infections, rashes, UTIs), primary care visits, counseling, and psychiatry.
- Costs:
 - Traditional Plan: Free urgent care, \$20 copay for other visits.
 - HDHP: \$10 per visit.
- Fast, affordable, convenient — use this as your first step when care can be handled remotely.

Ongoing Care with a PCP (Example: Gunnison Valley Family Physicians)

- Now part of Gunnison Valley Health.
- Best for preventive and long-term care:
 - Annual check-ups & screenings
 - Chronic condition management (diabetes, high blood pressure, asthma, etc.)
 - Referrals to specialists if needed
- Builds a consistent relationship with a provider who knows your health history.

GVH Urgent Care (Same-Day, In-Person Care)

- Use when you need in-person attention quickly but it's not life-threatening:
 - Sprains, minor fractures
 - Cuts requiring stitches
 - Ear infections, sore throats, minor illnesses
 - UTIs, rashes
- Faster and lower-cost than ER visits.
- Direct contract = no balance billing.

Located next to the hospital in the Family Medicine

Clinic building at 707 North Iowa Street

Seven days a week, 9 a.m. to 7 p.m.

Phone: 970-648-7105

GVH Hospital (24/7 Emergency & Specialty Care)

- Always go to the Emergency Room immediately for:
 - Chest pain or breathing difficulties
 - Major injuries or heavy bleeding
 - Severe illness or hospitalization needs
- Also used for surgery, childbirth, imaging, and therapy.
- Direct contract with GVH ensures streamlined billing.

Care Options for Gunnison County Employees

Preventive Care: GVH Annual Blood Fair

- Annual low-cost lab screenings available to employees and the community.
- Panels may include: cholesterol, thyroid, glucose, kidney & liver function, CBC, vitamins, and more.
- A simple, affordable way to catch potential health issues early.
- Great complement to your PCP annual exam.

Quality of Care Support

- For non-emergency decisions, contact the Concierge Nurse Navigator (Nurse Danielle) for help evaluating treatment options and provider quality.
- Emergencies should always go directly to the ER.

Key Reminders

- Always carry your Imagine360 insurance card.
- Think in steps:
 - Preventative → Virtual Care → PCP → Urgent Care → ER (if emergency).
- Take advantage of the GVH Blood Fair as a preventive measure each year.
- Use GVH facilities whenever possible for streamlined billing and no balance billing.
- Reach out to the Concierge Nurse Navigator for quality guidance.

Health Savings Account (HSA)

For Employees Enrolled in the High Deductible Health Plan (HDHP) Only

Who Can Have an HSA?

- You must be enrolled in the High Deductible Health Plan (HDHP) to open and contribute.
- Not available with the Traditional Medical Plan.

How It Works

- Contributions are made pre-tax through payroll deduction.
- You can use HSA funds to pay for qualified medical, dental, and vision expenses for yourself and your dependents.
- Funds roll over year to year — they never expire.
- Your HSA is yours to keep, even if you leave County employment.

Employer Contributions (County Match)

- Gunnison County contributes on a quarterly basis:
 - \$150 quarterly/\$600 annually for individual coverage
 - \$300 quarterly/\$1,200 annually for family coverage
- This is free money toward your healthcare costs — don't leave it on the table!

Contribution Limits (2026 IRS Maximums)

- Individual: \$4,400
- Family: \$8,750
- Catch-up: Additional \$1,000 allowed if age 55 or older.
- Includes both your contributions and the County's.

Important Reminders

- Keep receipts for all HSA spending. The IRS can audit to ensure funds were used for qualified expenses.
- If used for non-qualified expenses:
 - Subject to taxes + penalties (if under age 65).
- HSA funds can also be used tax-free for premiums in retirement (Medicare, long-term care).

Why an HSA?

- Triple tax benefit:
 - Contributions are pre-tax
 - Growth is tax-free
 - Withdrawals are tax-free (for qualified expenses)
- Builds a long-term healthcare savings cushion.
- Flexible for both current expenses and future retirement needs.

Flexible Spending Accounts (FSA)

Available to Employees Enrolled in the Traditional Plan or Limited Purpose FSA with HDHP

Who Can Have an FSA?

- Available to employees enrolled in the Traditional Health Plan.
- Employees enrolled in the HDHP may only use a Limited Purpose FSA (for dental and vision expenses only).
- Not available if you are contributing to a Health Savings Account for general medical expenses.

How It Works

- Contributions are made pre-tax through payroll deduction.
- You can use FSA funds to pay for eligible healthcare expenses (medical, dental, vision, prescriptions, dependent care).
- FSAs operate on a “use it or lose it” rule — unused funds generally don’t roll over, but:
 - Health FSA allows a rollover up to \$680 into the next plan year.
- Money is available up front (you can spend the annual election amount right away).

Contribution Limits (2026 IRS Maximums)

- Health Care FSA
 - Annual Contribution Limit: \$3,400
 - Carryover Limit: \$680
- Dependent Care FSA:
 - Single Individuals and Married Couples Filing Jointly: \$7,500
 - Married Couples Filing Separately: \$3,750

Important Reminders

- Save receipts — you may be required to show proof that expenses are eligible, even years later.
- Funds used for non-qualified expenses are taxable.
- Unlike an HSA, FSAs do not belong to you if you leave County employment.

Why an FSA?

- Lowers your taxable income.
- Provides upfront access to the full elected amount at the start of the plan year.
- Great for predictable expenses:
 - Braces, glasses, contacts, copays, prescriptions, daycare costs.

Dental Plan

Dental Benefits	Coverage
Calendar Year Maximum Benefit Preventive, Basic and Major Dental Services Combined	\$2,000
Calendar Year Deductible -Individual -Family Limit	\$50 \$150
Covered Dental Services - Preventive Services - Basic Services - Major Services	Reasonable & Customary fees apply 100%; Deductible waived 80% after Deductible 50% after Deductible
Orthodontia Lifetime Maximum Benefit Orthodontia Services	\$2,000 50% after Deductible
Preventive & Diagnostic Services	Basic Restorative Services
<ul style="list-style-type: none"> • Routine Oral Exam and/or Consultations (including prophylaxis - 2 per Calendar Year) • Fluoride Application (once per Calendar Year to age 18) • Emergency Care to relieve pain • Bitewing X-rays • Sealants (not more than one per tooth per lifetime to age 18) • Full mouth X-rays 	<ul style="list-style-type: none"> • Fillings (sedative) • Replacement bridges, crowns and inlays • Crown Repairs • Amalgam Restorations • Periodontics • Endodontics • Anesthesia • Oral Pathology/Laboratory • Simple Extractions • Occlusal Adjustment • Periodontal Root scaling/planning • Space Maintainers
Major Restorative Services	Orthodontic Services
<ul style="list-style-type: none"> • Dentures & Repair • Bridges • Inlays/Onlays Restorations • Stainless Steel Crowns • Prosthodontics • Implants 	<ul style="list-style-type: none"> • Diagnostic Treatment (oral exams/consults, x-rays and study models) • Oral Surgery • Extractions • Fixed/Cemented appliances

Vision Plan

Vision Benefits	Coverage
Vision Exam (includes exam, dilation and refraction)	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
Contact Lens Exam	Up to a maximum of \$150
Eyeglass Lenses (limited to one set of lenses every 12 months) - Single Vision - Bifocal - Trifocal - Lenticular	Up to a maximum of \$50 Up to a maximum of \$75 Up to a maximum of \$100 Up to a maximum of \$150
<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. 	

If you pay out-of-pocket for eligible vision expenses, you can request reimbursement by completing the Vision Manual Claim Form.

How to Submit Your Vision Reimbursement

1. Complete the Claim Form

- Fill out the Employee Information section at the top of the form.
- Under Type of Claim, check Vision.
- List the date of service, provider name, type of service (e.g., exam, lenses, frames), and amount paid.

2. Attach Your Receipts

- Include itemized receipts showing the date of service, provider name, and amount paid.
- If you used insurance at the time of service, also attach the Explanation of Benefits (EOB) from your vision provider, if available.

3. Submit Your Claim

- Email your completed form and receipts to claims@imagine360.com
- or
- Fax to (610) 397-8791
- You may also mail your claim to:
- Imagine360
- P.O. Box 53027
- Philadelphia, PA 19105-3027

4. Keep a Copy for Your Records

- Processing typically takes 2–4 weeks. You'll be reimbursed directly by Imagine360 once approved.

Life & AD&D Insurance

County-Paid + Voluntary Coverage Options

Basic Life Insurance & AD&D (County Paid)

- Gunnison County provides employees with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance at no cost to you.
- Coverage = 1x your annual salary (rounded to the nearest \$1,000).
 - Premiums for coverage over \$50,000 are taxable per IRS rules.
- This benefit helps protect your family financially in the event of your death or a covered accidental injury.

Voluntary Life Insurance (Employee Paid)

- Employees can purchase additional life insurance beyond the County-paid amount.
- Options available for:
 - Employee: Up to \$500,000
 - Spouse: Up to \$150,000
 - Children: Up to \$10,000 each
- Premiums are employee-paid via payroll deduction.
- Coverage amounts may be subject to evidence of insurability (health questionnaire) if you elect more than the guaranteed issue amount.

Why Consider Voluntary Life Insurance?

- Provides extra financial protection for your family.
- Helps cover:
 - Mortgage or rent
 - Education costs
 - Everyday living expenses
- Allows you to customize your protection based on your family's needs.

Key Reminders

- The County's 1x salary coverage is automatic — no action required.
- Voluntary life insurance is optional and requires enrollment if desired.
- Premiums for voluntary coverage are based on age and coverage amount.

Colorado Retirement Association- Empower

Retirement Plans: Two Plans Working Together

401(a) Retirement Plan (Mandatory)

- Per HB-19-1299, all employees must contribute 3% of pay into their 401(a).
- The County automatically matches this 3% into your 401(a).
- Both your contributions and the County's matching contributions are made pre-tax.

457(b) Deferred Compensation Plan (Voluntary)

- You may choose to contribute additional funds on a pre-tax or Roth (after-tax) basis.
- Your 457(b) contributions are always yours, 100% vested at the time of contribution.
- This plan gives you flexibility to save more toward retirement and you decide how much (if any) to contribute, up to IRS annual limits.
- Additionally, the County matches your 457(b) contribution up to 3%.
 - This matching contribution is made pre-tax into your 401(a) account.

County Match Structure

- Mandatory: County contributes 3% of pay to match your required 3% into the 401(a).
- Voluntary: If you contribute to the 457(b) as well, the County will also match up to 3% of pay on those contributions.
- Result:
 - Minimum County match = 3% (on your required 401(a) contribution).
 - Maximum County match = 6% (3% on your 401(a) + *up to* 3% on your 457(b)).
- All County matching contributions are deposited into your 401(a) account.
- County matching contributions vest over 5 years of service, at 20% per year. You become 100% vested after 5 years. If you leave before completing 5 years of service, you will forfeit the unvested portion of the County's matching contributions. You also become 100% vested at age 55 regardless of service time.

Why the 457(b) Match Goes into Your 401(a)

- Under federal tax law:
 - 401(a) employer contributions are not subject to FICA/Medicare taxes.
 - 457(b) employer contributions are subject to FICA/Medicare taxes.
- By placing all matching contributions in your 401(a), the County ensures:
 - Correct tax treatment.
 - Lower FICA/Medicare withholding for you.
 - More of your money working for retirement.

Employee Assistance Program (EAP)

Free • Confidential • Available 24/7

The Employee Assistance Program (EAP) is here for you and your household members to provide support for life's challenges.

What's Included:

Counseling

- Up to 6 free sessions per incident, per year
- Virtual or face-to-face with a master's-level counselor

Life Coaching

- Up to 6 free sessions per year
- Goal setting, personal growth, stress management

Legal & Financial

- Legal: One free consultation per issue (estate planning, divorce, custody, etc.), plus referrals and discounted ongoing services
- Financial: One free 30-minute consultation per issue with a Certified Financial Professional; additional guidance may be available depending on the issue

Identity Theft

- One free 60-minute session per issue, per year with a Fraud Resolution Specialist

Work-Life Resources

- Referrals for childcare, eldercare, adoption, relocation, pet care, and more
- Online wellness tools, articles, podcasts, and webinars

How to Access Support

1. Website: www.triadeap.com
2. Password: gunnisonco
3. Phone (24/7): 877-679-1100
4. Download the AllOne Health App

Norton LifeLock Identity Protection

Provided at No Cost to You – 100% Paid by Gunnison County

Your personal information is everywhere. Norton LifeLock helps protect your identity, devices, and online privacy — and gives you peace of mind with dedicated restoration support if you become a victim of identity theft.

Step 1: Understand Your Coverage Level

Feature	Premier
Credit Monitoring	3 Bureaus + monthly score + annual report
Dark Web Monitoring	✓
Bank / Credit Alerts	Expanded: Checking/Savings & account takeover alerts
Court Record Monitoring	✓
Home Title Monitoring	✓
Device Protection	5 Devices, 50 GB Backup
VPN / SafeCam / Password Manager	✓
Restoration & Reimbursement	✓ Up to \$1M

Step 2: Choose Who's Covered

- Employee Only – You (age 18+) are covered.
- Employee + Family – You, your spouse/domestic partner, and dependents are covered.
 - Adult dependents (18+) receive their own welcome email and set up their own accounts.
 - Minors (<18) are automatically protected under the LifeLock Junior Plan (no setup required).

Getting Started is Easy

1. Watch for your Welcome Email from member.services@lifelock.com.
2. Go to www.norton.com/ebsetup and verify your identity.
3. Create your account or sign in with an existing Norton/LifeLock account.
4. Download the Norton + LifeLock apps to activate full protection.

Need help? Call 800-607-9174 (M–F, 9am–7pm EST, plus 24/7 urgent ID theft cases).

AFLAC Voluntary Insurance

Optional Coverage – 100% Employee Paid

Cash benefits paid directly to you to help cover costs that health insurance may not.

What's Available

- Dental Insurance
 - Preventive Care Covered 100% – Includes routine cleanings, exams, and x-rays.
 - Basic and Major Services – Coverage for fillings, extractions, crowns, dentures, and more.
 - Orthodontia Benefits – Included for children and adults (subject to plan limits).
 - Large PPO Network – Choose any licensed dentist, with the highest benefits when using in-network providers.
 - No Deductible for Preventive Care – Immediate coverage for exams and cleanings.
- Accident Insurance – Cash benefits if you're injured in an accident (covers ER visits, fractures, hospital stays, follow-ups).
- Critical Illness Insurance – Lump-sum cash payment for covered serious conditions (heart attack, stroke, cancer, etc.).
- Hospital Indemnity Insurance – Pays set cash amounts for covered hospital stays to offset deductibles and out-of-pocket expenses.

Why AFLAC?

- Cash paid directly to you (not to hospitals).
- Flexible use – pay medical bills, household costs, or anything else.
- Portable – take coverage with you if you leave employment.
- Easy payroll deduction – premiums deducted directly from your paycheck.

How to Get Started & Request a Quote

Contact our AFLAC representative:

Jeffrey K. Hawkins

Aflac – AG4H7

2300 Major Lane, Montrose, CO 81401

Cell: 1-816-289-4800

Claims/Status Line: 1-970-314-7073

Email: j_hawkins@us.aflac.com

Tip: Have ready – your DOB, ZIP code, tobacco status, desired coverage type(s), and who you'd like to cover (employee only, or family).

Filing a Claim

- Call 1-970-314-7073 to file or check status.
- Keep documentation handy (itemized bills, EOB, or diagnosis paperwork).
- Jeff is also available to walk you through the process.

SPOT Pet Insurance

Optional Coverage – Employee Paid

Protect your furry family members and save on veterinary costs.

What's Covered

- Accidents & Illnesses – diagnostic tests, medications, treatments, surgeries.
- Preventive Care (Optional Add-On) – annual exams, vaccines, flea/heartworm prevention, dental cleaning.
- Chronic Conditions – coverage for ongoing illnesses (diabetes, allergies, arthritis).
- Emergency Care – ER visits, hospitalization, and specialty care.

Why Enroll?

- Helps offset unexpected vet bills.
- Choose any licensed veterinarian in the U.S.
- Customize coverage with annual limit, deductible, and reimbursement % options.
- Multi-pet discounts available.

How to Get Started

1. Visit www.spotpetins.com or call 1-800-905-1595.
2. Get a personalized quote based on your pet's age, breed, and health.
3. Enroll directly online or by phone.

Filing a Claim

- Pay your vet bill at the time of service.
- Submit your claim through the SPOT app or website.
- Get reimbursed quickly via direct deposit or check.

SPOT Pet Insurance Coverage Options

Feature	Accident-Only Plan	Accident + Illness Plan	Preventive Care Add-On
Accidents (broken bones, swallowed objects, toxic ingestions, etc.)	✓	✓	
Illnesses (cancer, diabetes, arthritis, infections, etc.)		✓	
Chronic Conditions		✓	
Hereditary & Congenital Conditions		✓	
Emergency & Specialist Care	✓	✓	
Hospitalization & Surgery	✓	✓	
Diagnostics (X-ray, MRI, blood work, etc.)	✓	✓	
Prescription Medications	✓	✓	
Behavioral Conditions		✓	
Alternative Therapies (acupuncture, chiropractic)		✓	
Preventive Exams & Vaccines			✓
Dental Cleaning (routine)			✓
Flea, Tick, Heartworm Prevention			✓
Wellness Screening Tests			✓

CollegelInvest 529 Savings Plan

Tax-Advantaged Education Savings for Colorado Families

What It Is

- A 529 College Savings Plan managed by CollegelInvest, a not-for-profit state agency within the Colorado Department of Higher Education.
- Helps families save for future education costs for children, grandchildren, or even yourself.
- Funds can be used nationwide for college, university, community college, trade/vocational schools, K–12 tuition, and certain apprenticeships.

Why Use CollegelInvest?

- Colorado State Tax Deduction: Contributions are deductible for Colorado taxpayers.
- Tax-Free Growth: Earnings grow tax-free when used for qualified education expenses.
- Flexible: Beneficiaries can be changed; anyone can contribute.
- High Cap: Save up to \$500,000 per beneficiary.
- You Stay in Control: The account owner decides how and when funds are used.

Special Benefits for Colorado Families

- First Step Program: \$118 starter contribution for every child born or adopted in Colorado on or after January 1, 2020.
- Matching Grant Program: Dollar-for-dollar match up to \$500 per year for 5 years (maximum \$1,500) for eligible families.
- Scholarships: Limited \$2,000/year scholarships, up to \$8,000 total, available for CollegelInvest account owners.

Contribution Details

- No minimum required — contribute what fits your budget.
- Direct deposit option available.
- Four plan options, including FDIC-insured and guaranteed principal choices.

Important Reminders

- Non-qualified withdrawals are subject to taxes and penalties.
- Always keep track of contributions and withdrawals.
- Investment returns are not guaranteed; accounts may lose value.

Cell Phone Reimbursement

Gunnison County may reimburse employees for the business use of their personal cell phones when job duties require reliable communication outside the office (on call, fieldwork, or mobile access to County systems).

Who Qualifies

- Employees whose job duties require regular, work-related communication outside of normal office hours.
- Available to both non-exempt and exempt employees.

Reimbursement Levels

- Monthly allowance tiers: \$25–\$75, based on extent of business use.
- Reimbursement cannot exceed your actual monthly cell phone bill, which must be provided for eligibility.

How It Works

- Employees must complete the Cell Phone Reimbursement Authorization Form with their Manager/Department Head to get started.
- Department Heads certify business necessity, review eligibility annually, and ensure reimbursement does not exceed actual billing.
- Employees are responsible for their own plan, personal use, and any overage charges.
- Non-Exempt employees must record any time spent on calls or messages outside scheduled hours.
- Reimbursement may be discontinued if business needs change or eligibility is no longer met.

Employee Housing Opportunities

What You Should Know

- Gunnison County maintains a workforce housing program to help provide safe, stable, and affordable rental housing options for employees.
- Employees may also access education, resources, and guidance for purchasing affordable housing through the Gunnison County Housing Authority.
- Employees may receive priority consideration for certain housing opportunities when they become available.
- Rent levels are generally based on household income, ensuring affordability for a range of employees and families.

How to Apply

- When housing opportunities open, employees will be notified with details on application forms, eligibility requirements, and deadlines.
- Completed applications should be submitted to the County's Housing Department at housing@gunnisoncounty.org.
- Employees may need to provide:
 - Proof of income for all household members aged 18+
 - Photo identification
 - Other documentation specific to the program

Key Reminders

- Priority access does not guarantee housing—availability depends on the number of units and applicant eligibility.
- Housing opportunities and eligibility criteria are reviewed regularly and may vary by project.
- Employees are encouraged to watch for announcements from Housing regarding both rental opportunities and affordable homeownership resources, or reach out to housing@gunnisoncounty.org for more information.

Employee Perks

Monarch Mountain

Each fall, Monarch Mountain visits Gunnison County to offer employees a discounted 4-pack of lift tickets (usually sold during the annual Benefits Fair).

- Tickets are valid for the upcoming ski season.
- Quantities are limited, and sales are time-sensitive.
- Details on pricing and sale dates are shared by HR each fall.

City of Gunnison Recreation Center

Gunnison County employees enjoy a 10% discount on memberships at the City of Gunnison Recreation Center. The Rec Center offers a variety of recreational opportunities to support your wellness and active lifestyle, which includes access to:

- Aquatics (pool facilities)
- Fitness Center
- Jorgensen Ice & Event Center
- Parks & Recreation programs

Mountaineer Field House

Gunnison County employees and their family members are eligible to receive a 25% discount off community membership rates at the Mountaineer Field House on the Western Colorado University campus, which includes access to:

- Fitness Center & group classes
- Indoor track
- Aquatic Center
- Climbing wall
- Courts (basketball, volleyball, multi-purpose)
- Equipment rentals

24/7 Gym

Gunnison County employees qualify for the business rate membership at Gunnison 24/7 Gym, the community's only 24-hour fitness facility.

What's Included:

- Full access to the gym 24 hours a day, 7 days a week.

Employee Discount

- \$45/month (Business Rate – standard rate is \$50/month).
- Applies to both new and ongoing memberships.

Employee Perks

Wellness Resource: Massage by Eva Paul

Gunnison County often partners with Eva Paul, Licensed Massage Therapist (LMT), to provide chair massage at employee events. Outside of work, employees may also choose to connect with Eva personally for massage services.

Contact & Booking Info

- Visit Eva's [website](#) or call/text 970-596-5996.
- Location: Imeva Bodywork Studio, 304 W. Tomichi Rd., Unit 29, Gunnison, CO 81230

Cell Phone Service Discounts

Gunnison County employees can take advantage of exclusive discounts with major wireless carriers.

Available Discounts & Enrollment Instructions:

- AT&T Wireless – 15% off monthly service plans, 25% off eligible accessories
 - Enroll at att.com/wireless/gunnisoncounty using your County email to verify eligibility.
- Verizon Wireless – 18% off monthly service charges, 25% off accessories
 - Enroll at verizonwireless.com/discounts and verify with your County email.
- T-Mobile – Special employee rate plans and accessory discounts
 - Access via T-Mobile's Advantage Program: t-mobile.com/Perks.

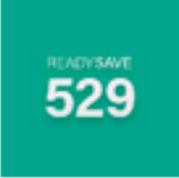
Provider Contact Information

Benefit	Provider / Contact	Phone / Email	Website / Portal	Notes
Medical (HDHP & Traditional), Dental, and Vision	Imagine360 (TPA)	1-800-716-2852	imagine360.com	Group #: H880141 Send balance bills to balancebills@imagine360.com
Reference-Based Pricing (RBP)	ELAP Services	1-800-977-7381	elapservices.com	Legal advocate for provider billing negotiations
Pharmacy	TrueRx	1-866-921-4047	truerox.com/forms	Group # TRUE5748 Bin/PCN on ID card
Virtual Care	Recuro Health	—	Via app / member portal	24/7 telehealth, mental health, and urgent care
Concierge Nurse Navigator	Nurse Danielle	(440) 991-1181	danielle@mynursesnavigators.com	Help finding quality providers or second opinions
Supplemental Insurance	Aflac; Jeff Hawkins	(816) 289-4800	j_hawkins@us.aflac.com	Sign up for policies directly with Jeff Hawkins
Life & AD&D	Principal Financial Group	1-800-986-3343	principal.com	County-paid 1× salary + optional voluntary life
Short-Term Disability	Principal Financial Group	1-800-986-3343	principal.com	Begins day 15; 60% wages up to \$1,500/week

Provider Contact Information Cont.

Benefit	Provider / Contact	Phone / Email	Website / Portal	Notes
Retirement Plans	Colorado Retirement Association (CRA) via Empower	1-800-352-0313	www.cra-online.org	401(a) + 457(b) plans with County match up to 6%
Employee Assistance Program (EAP)	AllOne Health EAP	1-877-679-1100	triadeap.com Password: gunnisonco	6 free sessions per issue; counseling & life coaching
Identity Protection	Norton LifeLock	1-800-607-9174	norton.com/ebsetup	Employee or Family coverage; restore support 24/7
Pet Insurance	SPOT Pet Insurance	1-800-905-1595	spotpetins.com	Accident & Illness plans; preventive add-on optional
College Savings	CollegeInvest 529 Plan	1-800-448-2424	collegeinvest.org	CO tax deduction + matching grant programs
Wellness Perks	Rec Center, WCU Field House, 24/7 Gym	—	—	Discounts on memberships & fitness programs
General HR Questions	Gunnison County HR Team	970-641-7623	hr@gunnisoncounty.org	Benefits support & forms available on Paylocity Self-Service

Quick Access to All Your Benefits Apps

<p>AFLAC</p> 	<p>AllOne Health</p> 	<p>TrueRx – Pharmacy</p> 
<p>College Invest</p> 	<p>Duo</p> 	<p>UMB</p> 
<p>Empower</p> 	<p>Principal</p> 	<p>Zoom</p> 
<p>miBenefits</p> 	<p>Microsoft Teams</p> 	<p>Spot Pet Insurance</p> 
<p>Norton LifeLock</p> 	<p>Paylocity</p> 	<p>Unifi Protect</p> 
<p>Optum Bank</p> 	<p>Outlook</p> 	<p>Recuro Care – Telehealth</p> 
<p>OneNote</p> 	<p>GVH MyChart</p> 	

Key Terms and Definitions

AD&D (Accidental Death & Dismemberment) – Insurance that pays a benefit if you die or lose a limb, sight, or other function in a covered accident.

Balance Bill – A bill from a provider for charges above what the County’s plan (via ELAP) considers fair. Do not pay; send to balancebills@imagine360.com.

Coinsurance – The percentage of costs you pay after meeting your deductible. (Example: 20% coinsurance = you pay 20%, plan pays 80%.)

Copay – A flat dollar amount you pay at the time of service (for example, \$20 for a doctor visit).

Deductible – The amount you must pay each year before your plan starts sharing costs.

Dependent – A spouse, domestic partner, or eligible child covered under your plan.

EAP (Employee Assistance Program) – Free, confidential counseling, coaching, and referral services for employees and their household members.

EOB (Explanation of Benefits) – A summary showing what your provider billed, what the plan paid, and what you may owe. It is not a bill.

ELAP (Reference-Based Pricing Partner) – Legal team that reviews and negotiates provider bills to ensure fair pricing for the County and employees.

FAMLI (Family & Medical Leave Insurance) – Colorado’s paid family leave program providing partial wage replacement for certain family or medical events. Gunnison County opted out, but employees may participate individually.

FMLA (Family and Medical Leave Act) – Federal law providing up to 12 weeks of unpaid, job-protected leave for family or medical reasons.

HSA (Health Savings Account) – A personal savings account for employees enrolled in the High Deductible Health Plan (HDHP). Funds are tax-free when used for qualified medical expenses and roll over year to year.

FSA (Flexible Spending Account) – A pre-tax account for predictable healthcare or dependent care expenses. “Use it or lose it” each plan year.

HDHP (High Deductible Health Plan) – A medical plan with lower premiums and a higher deductible; eligible for an HSA.

In-Network Provider – A doctor, hospital, or facility that has an agreement with the plan for discounted rates. (GVH is always preferred for direct billing.)

Out-of-Pocket Maximum – The most you’ll pay in a year for covered services. Once reached, the plan pays 100%.

Open Enrollment – The annual period when you can make changes to your benefit elections without a qualifying event.

Qualifying Life Event (QLE) – A major life change—such as marriage, birth, or loss of other coverage—that allows you to update your benefits mid-year. Must be reported within 30 days.

Reference-Based Pricing (RBP) – The County’s cost-control model that pays providers based on fair market rates rather than billed charges.

Short-Term Disability (STD) – County-paid income protection replacing 60% of your pay for up to 11 weeks if you’re unable to work due to illness or injury.

TPA (Third-Party Administrator) – Imagine360, the company that processes claims and manages your health plan.

TrueRx – The County’s pharmacy benefit manager that handles prescription coverage and drug pricing.

Vesting – The portion of the County’s retirement contributions that belong to you. After you are fully vested, you keep those funds even if you leave employment.