

IMPORTANT NOTICE—PLEASE READ CAREFULLY

THE PLANS IN THIS BOOKLET ARE EFFECTIVE JANUARY 1, 2023 THROUGH DECEMBER 31, 2023, HOWEVER, DISTRICT 49 MAY CHANGE OR TERMINATE PLANS AND COVERAGE AT ANY TIME WITH A 60-DAY NOTICE. THE DESCRIPTION OF CURRENT BENEFITS DOES NOT GUARANTEE THAT BENEFIT LEVELS WILL CONTINUE INTO THE FUTURE.

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NOTICE OF AVAILABILITY DISTRICT 49 NOTICE OF PRIVACY PRACTICES

UMR (the "Plan") provides health benefits to eligible employees of District 49 (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses PHI (Personal Health Information).

To receive a copy of the Plan's Notice of Privacy Practices, you should contact the District 49 Plan Administrator, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights. You can reach this contact person at:

10850 East Woodmen Road, Peyton, CO 80831—719-495-1100

QUALIFYING EVENTS AND ELIGIBILITY

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits. Your before tax benefit elections must remain in effect throughout the plan year unless you have a qualified family status change that necessitates a coverage change. The change in your benefits coverage must be due to and consistent with the qualified family status change. If you make a change to your benefit elections, your payroll deductions may change.

It is important for you to remember that you have 30 days from the qualifying event date to make a change to your benefit plan elections. Failure to do so will result in you having to wait for the annual open enrollment period. All enrollments and changes made during the annual open enrollment period are effective January 1st following the Open Enrollment period.

For example: If your baby is born on April 24th you must enroll the baby in the health insurance plans by May 24th.

Failure to do so will result in you having to wait to enroll the baby during the annual open enrollment period. The baby's coverage will then be effective on January 1st.

Life and Disability Insurance

As a full-time employee of D49, you are eligible for life insurance and long-tern disability coverage on the 1st of the month following your first annualized paycheck. This benefit is paid 100% by D49.

Employee Assistance Program (EAP)

As a full-time employee of D49, you are automatically enrolled in the EAP.

Health Insurance

As a full time employee of D49, you are eligible for health insurance on the 1st of the month following your first annualized paycheck. If you have waived coverage before, you can only enroll during open enrollment, or if you experience a HIPAA qualifying event. D49 offers two medical options, but both utilize the same network of providers through UMR (A United Healthcare Company). Please review the plan carefully to determine which plan is best for you and/or your dependents.

Dental Plans

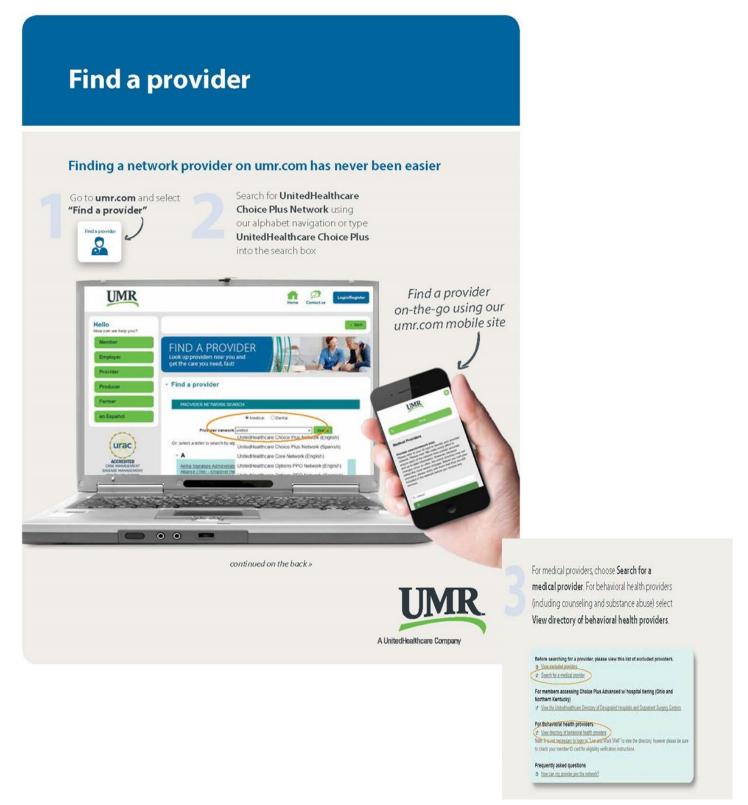
All full-time employees are eligible for coverage under the dental plan effective on the 1st of the month following your first annualized paycheck. The plan is offered through Delta and has an extensive network of participating providers.

Vision Plan

All full-time employees are eligible for coverage under the D49 sponsored vision plan effective on the 1st of the month following your first annualized paycheck

UMR ~ A United Healthcare Company

Both Plans Network Name: United Healthcare Choice Plus PPO



Personalized care and support

on demand, anytime, anywhere



With the CARE app, powered by Vivify Health, you'll experience an integrated health care solution that blends technology with personal connections.

We will personalize your CARE experience to support and encourage self-management and advocacy. Some of the robust features include:

- Access to educational articles and videos about general wellness or a specific condition.
- Allows you to send and receive text messages securely when working with a CARE nurse.
- Ability for you to track blood pressure, blood sugar, oxygen level and weight. This information is then shared with your CARE nurse to help manage your condition (when appropriate).
- Ability for your CARE nurse to initiate a virtual visit with you if needed.

With the CARE app, there is something for everyone

For all members: We help maintain your health with ongoing wellness and health tips and provide access to educational materials and tools to help address any health concerns.

With our CARE programs, our CARE nurses are able to extend their communication with members via the CARE app to provide support.

When working with a CARE nurse: We provide a clinical, hands-on, heightened level of oversight with optional device integration and virtual visits.



Getting started is easy

Enroll today! We'll need some basic information along with an email address, mobile phone number and your UMR member ID and group ID numbers. Simply scan the **QR code** or access the enrollment page at **go.umr.com/get-care-app**





Talk to a Doctor in 10 minutes anytime, anywhere for General Health Issues

Cost by Plan:

PPO: \$25 Copay

HDHP: \$55 towards deductible



A virtual office visit for non-emergency care



Connect by phone, video or mobile app



24/7 assistance in 10 minutes



A network of qualified family physicians



Prescriptions sent to your pharmacy



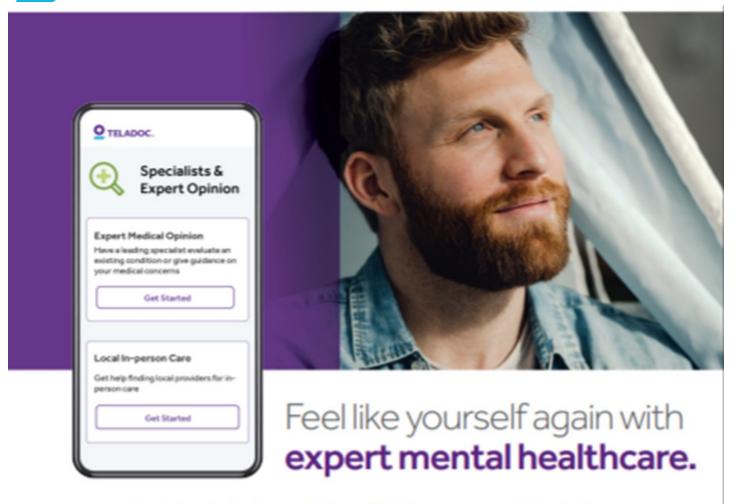
Low-cost alternative to ER or urgent care







TELADOC Mental Healthcare: for members 18 years and older



Not all pain is physical. If you feel like your condition isn't improving or your treatment isn't working, our Medical Experts can help you get the support you need to feel better.



Reach out

by calling us or using our mobile app



Talk to us

about your mental health history and what's not working



Get personalized advice

and help choosing the best treatment or to get matched with the right mental health professional

Cost by Plan:

HDHP: applies to Deductible

- ~ \$90 for a licensed therapist
- ~ \$220 for an initial visit / psychiatrist
- ~ \$100 for ongoing visits / psychiatrist

Cost by Plan:

PPO: \$25 Copay

Teladoc makes it easy to get the



dermatology care you need

Patients receive convenient, quality care from experienced dermatologists, saving them considerable cost.

	0	Fully credentialed network of experienced dermatologists
	0	Dermatology protocols, guidelines and QA tailored to telehealth
CLINICAL QUALITY	0	Custom branching intake questions for dermatology – specific patient information
QUALITY	0	Prevent misdiagnoses often driven by primary care physician
	0	Image capture allows tracking of progression, thus enhancing quality of care
	0	Ability to share information with other providers (permission-based)
	0	'Asynchronous' image/text upload ("Store and Forward") is user friendly, discreet and convenient
ENHANCED ACCESS	0	Written dermatologist response within two business days through Teladoc's secure online message center (vs. average 28.8 days for office-based care)
	0	Includes one follow up if the condition is not improved within seven days
	0	Targeted communications to drive awareness and utilization
Ž	0	Lower cost than in person for initial visit (plus free follow-up within seven days)
COST	0	Many dermatology conditions require ongoing care—follow-up is easier, more accessible and lower cost
SAVINGS	0	ER / Urgent Care / PCP triage avoidance \rightarrow Improves ROI and outcomes
	0	Employee productivity benefit for employers (reduces absenteeism)
	0	Screenings and timely assessments prevent more costly visits later

Please note: Dermatology is a buy-up option and only available in addition to the Teladoc general medicine program. Dermatology may be added at no additional charge.

TWO medical plans to choose from: United Healthcare Choice Plus PPO

You are not eligible for the HSA if you are enrolled in Tricare, Medicare	UMR		UMR	
or Another Health Plan	A United Healthcare Company		A United Healthcare Company	
HDHP: If you have any family members on the plan, the	If you choose the HSA Option, District 49 will contribute \$100 per month (single) or \$125 per month (family) to your HSA. HDHP ~ PPO with an HSA			
overall family deductible must be met before the plan			PPO Copay	Plan
begins to pay.	In Network	Non Network	In Network	Non Network
Calendar Year Deductible:	\$2,250 Individual \$4,500 Family	\$6,000 Individual \$12,000 Family	\$2,250 Individual \$4,500 Family	\$8,000 Individual \$16,000 Family
Coinsurance:	20%	50%	20%	40%
Out-of-Pocket Max:	\$4,000 Individual \$7,000 Family	\$ 12,000 Individual \$24,000 Family	\$4,500 Individual \$9,000 Family	\$16,000 Individual \$32,000 Family
Lifetime Maximum:	Unlimited	Unlimited	Unlimited	Unlimited
Physician Office Visit:	Deductible, then 20%	Deductible, then 50%	\$25 copay	Deductible, then 40%
Specialist Office Visit:	Deductible, then 20% Deductible, then 50%		\$50 copay	Deductible, then 40%
Inpatient Hospital:	Deductible, then 20%	Deductible, then 50%	Deductible, then 20%	Deductible, then 40%
Outpatient Hospital:	Deductible, then 50% Deductible, then 50%		Deductible, then 40	
Emergency Room:	Deductible,	then 20%	Deductible, then 20%	
Urgent Care:	Deductible, then 20%	Deductible, then 50%	\$75 copay	Deductible, then 40%
Walk In Retail Clinic:	Deductible, then 20% Deductible, then 50%		\$25 Copay	Not Covered
TeleDoc: Medical	(\$55 cost) applies to D	Deductible, then 20%	\$25 copay	
Preventive Care	Covered at 100%	Not Covered	Covered at 100%	Not Covered
PRESCRIPTION DRUGS	Retail - 30 day supply		Retail - 30 day supply	
Generic / Formulary / Non- Formulary	I Dealictinie then 70%	Not covered	\$10 / \$50 / \$70	Not covered
Specialty Drugs:	Deductible, then 20%		20% to \$250 Copay max	
Mail Order	Deductible, then 20%		90-day supply for 2 x's copay	
CONTRIBUTIONS:	Per Month		Per Month	
Employee Only:	\$50.00		\$150.00	
Employee + Spouse:	\$375.00		\$525.00	
Employee + Child(ren):	\$300.00		\$450.00	
Family:	\$550.00		\$700.00	

PRESCRIPTION DRUGS



D49's pharmacy management is **Express Scripts, Inc.**, administered through RxBenefits, Inc.

There are more than 64,000 pharmacies participating in your pharmacy network.

Important Information concerning the Prescription Benefits Administrator

ID cards: You will receive an ID card which will should be utilized for both medical coverage through UMR and pharmacy coverage through Express Scripts Inc.

<u>Welcome Letter and Summary of Benefits (New Hires):</u> Once your enrollment information is sent to the carriers, you will receive a welcome kit from Rx Benefits including a welcome letter, summary of benefits, and mail order form.

<u>Maintenance Medication Coverage</u>: In addition to local retail access, your employer offers the additional benefit of Mail Order. Mail order is available for maintenance medications that you and your eligible dependents use on a regular basis.

Mail Order allows you to enjoy benefits such as:

Home delivery with free standard shipping for up to a 90-day supply of medication

Confidential, tamper-resistant and temperature-controlled packaging of your prescriptions

Conveniently order prescription refills by Internet or phone anytime

A registered pharmacist is available 24/7 to answer any questions or concerns you may have if you use mail order for your prescriptions today:

Please contact your physician for a new prescription written up to 90 days

If you are a new hire, your welcome kit will include a mail order form to send your prescription to your mail order facility with Express Scripts, Inc.

Please be sure you have 2 weeks of medication on hand when you send in the new prescription

RxHelp@rxbenefits.com - A secure, convenient, easy-to-use, private internet website. To set up your own personal account with a password, visit RxHelp@rxbenefits.com . The website allows you to find a nearby pharmacy, refill mail order prescriptions, view your claims, print temporary ID cards, research your medications, and much more!

For additional information, you can contact RX Benefits at (800)334-8134.









The District is partnering with Express Scripts program SaveonSP, to help you save money on certain specialty medications. You will receive a letter from Express Scripts if any medications you are currently taking is eligible for the program.

- If you participate in this program, select specialty medications will be free of charge (\$0).
- Your prescriptions will still be filled through Accredo, your current specialty pharmacy.
- To participate, simply call SaveonSP at 1-800-683-1074 prior to DATE to avoid delays in obtaining your prescription(s) after the program starts.
- Participation is voluntary; if you choose not to participate, you will be responsible for the copay provided on the attached list.
- Whether you participate in the program or not, the copays for these medications will not count towards your deductible or out-of-pocket maximums.**

Patient Savings Example***



Sue ENROLLS in SaveonSP to save on her specialty medications.

Current copay \$100 New Copay \$1,000 Sue's Final Cost \$0

SaveonSP will monitor Sue's account to make sure she incurs no cost (\$0).



Sue DOES NOT enroll in SaveonSP to save on her specialty medications.

Current copay \$100 New Copay \$1,000 Sue's Final Cost \$1,000

SaveonSP cannot monitor Sue's account. She is responsible for the copay amount on the attached list.

If you have any questions or need more information, please call SaveonSP at 1-800-683-1074 Monday – Thursday 8 a.m. to 8 p.m. Eastern and Friday 8 a.m. to 6 p.m. Eastern.



HSA Features



HSAs Fund Health Care Needs

The HSA fund can be used for future medical needs and toward the plan's annual deductible and out-of-pocket maximum.



HSAs are Flexible

You decide when to use your HSA funds to pay for qualified health related expenses. The HSA moves with you when you change medical plans, change employers or retire.



HSAs Can Cover You in Retirement

Your HSA funds can be used in retirement for eligible health related expenses, including Medicare expenses.



No "use it or lose it!"

That's right, unused funds roll over each year. Unused funds can also grow through interest and investment earnings and can be "banked" for future health related expenses.



Triple Tax-Advantaged (for federal & most state taxes)

No tax on contributions
 No tax on interest

 No tax when you withdraw money





HSA Contribution Regulations			
Coverage Type	2023 Annual Limit		
Employee Only	\$3,850		
Employee + Dependent(s)	\$7,750		
Catch-Up Plan (must be 55-65 years old)	extra \$1,000		

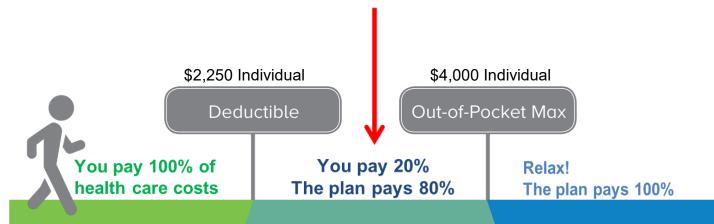


HSA Contributions

D49 contributions to your HSA help offset your deductible!

\$100 per month / employee only coverage \$125 per month / employee plus any other tier

You can use the money in your HSA for your share of expenses at any time



Preventive care is free!

One log in for Medical and HSA Account







DENTAL

Staying healthy includes obtaining quality dental care for you and your family. D49's dental plan allows you to use an extensive network of providers and offers flexibility based upon where you choose to access care.

	Delta Dental PPO	
	In Network	Non Network
Calendar Year Deductible:	\$50 Individual \$150 Family	
Calendar Year Maximum Benefit:	\$1,200 per member Preventive & Diagnostic services do not count against the maximum benefit amount	
Preventive Care: Type 1	Covered at 100%; not subject to deductible	Covered at 100% of the non-par max plan allowance; not subject to deductible
Basic Services: Type 2	Deductible, then 20%	Deductible, 20%
Major Services: Type 3	Deductible, then 50%	Deductible, then 50%
Orthodontic Treatment:	Deductible, then 50%	Deductible, then 50%
Orthodontic Lifetime Maximum:	\$1,500	
Employee Cost:	Per Month	
Employee Only:	\$0.00	
Employee + Spouse:	\$34.84	
Employee + Child(ren):	\$40.05	
Employee + Family:	\$95.67	



Using Your Dental Benefits

It's so important to use your dental benefits because your oral health is connected to your overall health. Your dentist can spot the early signs of systemic diseases and can help you avoid more painful and costly dental procedures in the future. So make dental care a priority.

GO TO DELTADENTALCO.COM AND FIND A DENTIST NEAR YOU Choose either a Delta Dental PPO or a Delta Dental Premier provider based on the plan you have.

MAKE AN APPOINTMENT. A Delta Dental PPO provider will always cost you less out of pocket, so search for one near you to get the greatest savings.

CREATE A SUBSCRIBER ACCOUNT ON OURWEBSITE You can check the specifics of your plan, the status of claims, and much more.

NOW, SMILE! You're taking steps to protect your oral health *and* your overall health! Plus, preventive services — like cleanings and exams — are usually free, so there's no reason to wait.

△ DELTA DENTAL

Access Your Benefits Anytime: Create a Subscriber Account

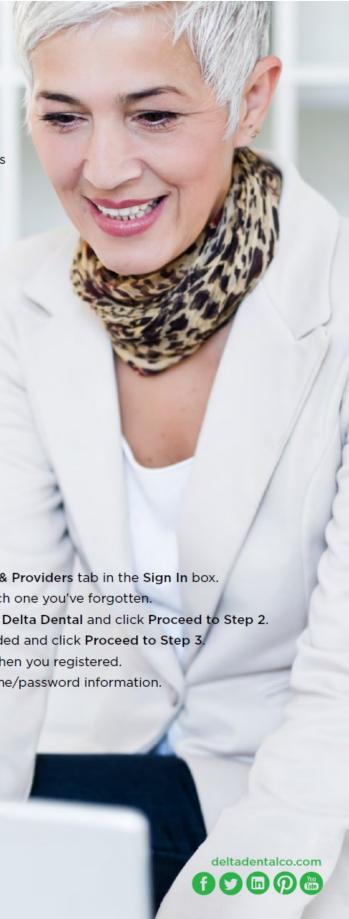
When you log in to deltadentalco.com, it's easy to check your Delta Dental of Colorado benefits. 24 hours a day, seven days a week, you can go online to print member ID cards, find a provider, check the status of a claim, view your benefits, and more. Registration is simple — just follow the instructions below.

NEW USER

- Go to deltadentalco.com and click New Users Register Here on the Member/Provider Login on the green header bar.
- You can also click the gray New Users Register button under Member/Provider Sign In.
- 3. Select I am a subscriber and have coverage with Delta Dental and click Proceed to Step 2.
- 4. Enter the required information in the fields provided and click **Register User**.
- 5. Complete the required fields.
- Select a security question and provide the answer, then click Register User.

FORGOT USERNAME OR PASSWORD?

- 1. Go to deltadentalco.com and click the Members & Providers tab in the Sign In box.
- 2. Select username or password depending on which one you've forgotten.
- 3. Select I am a subscriber and have coverage with Delta Dental and click Proceed to Step 2.
- 4. Enter the required information in the fields provided and click Proceed to Step 3.
- 5. Answer the security question that was created when you registered.
- 6. You will receive an email containing your username/password information.

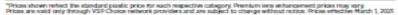


VISION ~ VSP Choice Plan

Frequencies	Choice Plan B \$10 Exam/\$20 Materials	vsp
Examination	Every 12 Months	PREMIER
Lenses	Every 12 Months	PROGRAM
Frame	Every 24 Months	
Benefits with a VSP® Network Provider		Visionworks
Comprehensive Eye Examination	Covered in Full After Copay	
Contact Lens Examination	Up to \$60 Copay on Contact Lens Fitting & Evaluation	
Essential Medical Eye Care	\$20 Copay	eyeconic
Retinal Exam	Up to \$39 Copay	8
Lenses	30% Discount on all other Lens Enhancements	Walmant
Single Vision, Bifocal, Trifocal, Lenticular	Covered in Full After Copay	Walmart 💢
Standard Progressives	Covered in Full	_
Polycarbonate Lenses	Covered in Full for Dependent Children	COSTCO
Allowances		
Retail Frame Allowance	\$180	PEARLE OOVISION
Featured Frame Brand Allowance	\$200	
Costco/Walmart Equivalent Frame	\$100	COLIENIC
Elective Contact Lenses	\$180	COHEN'S Fashion Optical
Necessary Contact Lenses	Covered in Full	
Additional Pairs	Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor. 50% Discount on additional pair at Visionworks	_
Laser Vision Program	Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase	_
Non-VSP Provider Allowances		
Examination	\$45	_
Single Vision, Bifocal, Trifocal, Lenticular	\$30/\$50/\$65/\$100	_
Frame	\$70	_
Elective Contact Lenses	\$105	_
Necessary Contact Lenses	\$210	_

VSP Choice Plan* Lens Enhancements	Single Vision*	Multifocal*
Solid Tints and Dyes (Pink I and II)	Covered	Covered
Solid Tints and Dyes (except Pink I and II)	\$ 15	\$15
Plastic Gradient Dye	\$17	\$17
UV Protection	\$10	\$10
Scratch-resistant Coating	\$17	\$17
Polycarbonate Lenses—Adult	\$31	\$35
Polycarbonate Lenses—Children	Covered	Covered
Standard Anti-reflective Coating	\$41	\$41
Premium Anti-reflective Coating	\$58 - \$69	\$58 - \$69
Custom Anti-reflective Coating	\$85	\$85
High-Index Lenses	\$56	\$60
Photochromic Lenses	\$75	\$75
Standard Progressive	N/A	Covered
Premium Progressive	N/A	\$95 - \$105
Custom Progressive	N/A	\$150 - \$175

Employee Cost:	Per Month
Employee Only:	\$0
Employee + Spouse:	\$6.96
Employee + Child(ren):	\$7.94
Family:	\$16.84





BASIC LIFE AND LONG TERM DISABILITY

BASIC LIFE AND AD&D

District 49 provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance through The Standard. The amount to your beneficiary is equal to one times your annual salary - with a minimum of \$20,000 and maximum of \$300,000. Additionally, if death is a result of an accident, the beneficiary will receive an additional amount equal to one times your annual salary. This coverage is paid for by District 49.

	The Standard	
Life Benefit Amount:	1 x annual earnings to a maximum of \$300,000 ; minimum of \$20,000	
Accidental Death & Dismemberment Benefit Amount:	For a covered accidental loss of life, your AD&D coverage amount is equal to your Life coverage amount. For other covered losses, a percentage of this benefit will be payable	
Age Reductions:		
Age 65:	Reduces by 40%	
Age 70:	Reduces by 65%	
Age 75:	Reduces by 75%	
Age 80:	Reduces by 80%	

LONG TERM DISABILITY

LTD benefits may be paid to you if you meet the plan's definition of disability and a loss of income requirements for the required time period. This benefit is paid for by District 49.

DEFINITION OF DISABILITY

You are disabled when the Insurance Carrier determines that:

You are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury.

For disabilities related to Mental Health, Alcohol/Drug Use and Musculoskeletal Disorder, the benefits are payable for a maximum of 24 months.

For complete information, please refer to the Long-Term Disability Certificate

	The Standard		
LTD Benefit Amount:	60%		
LTD Maximum Benefit:	\$8,333		
LTD Benefit Waiting Period:	90 Days		
LTD Benefit Duration:	Social Security Normal Retirement A		

DISABILITY BENEFITS END WHEN:

- You recover
- Cease to be under the regular and appropriate care of a physician
- Fail to provide any required proof of disability
- Fail to submit to a required medical examination
- Fail to report income from other sources or any other required earnings information
- Fail to pursue Social Security Disability benefits or Workers' Compensation benefits, or die.

Travel Assistance

Security That Travels With You

Travel Assistance helps you cope with emergencies when you travel more than 100 miles from home or internationally for trips of up to 180 days. It can also help you with non-emergencies, such as planning your trip.

You do not have to enroll. As a participant in your employer's group insurance from The Standard, you are automatically covered – and so is your family. All services are available 24 hours a day, every day.

Travel Assistance Offers The Following Services:

- Pre-trip Assistance including passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements
- Trip Assistance including emergency ticket, credit card and passport replacement assistance, funds transfer assistance and missing baggage assistance
- Medical Assistance including locating medical care providers and interpreter services
- Legal Assistance including locating a local attorney, consular officer or bail bond services
- 24-Hour Health Information including 24/7/365 access to registered nurses who can provide health and medication information, symptom decision support, and help understanding treatment options
- Emergency Transportation Services including arranging and paying for emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains. Must be arranged by UnitedHealthcare Global. Related medical services, medical supplies and a medical escort are covered where applicable and necessary.
- Personal Security Services including logistical arrangements for ground transportation, housing and/or evacuation in the event of political unrest and social instability. In more complex situations, assists in making arrangements with providers of specialized security services.
- The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Ore. In all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, N.Y. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit Insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance to New York.

Travel Assistance is provided through an arrangement with UnitedHealthcare Global, which is not affiliated with The Standard, and is subject to the terms and conditions, including exclusions and limitations, of the Emergency Travel Assistance Program Employee Description. Travel Assistance is not an insurance product, except in Oregon. UnitedHealthcare Global is the marketing name for FrontierMEDEX, inc.

Travel Assistance 1468 4 (2/15) SI/SNY EE





In the U.S., Canada, Puerto Rico, U.S. Virgin Islands, and Bermuda, call 800.527.0218. In other locations worldwide, call collect +1.410.453.6330.

You can also email assistance@uhcglobal.com.

Below is a handy reference card for your wallet.

Standard Insurance Company

The Standard Life Insurance Company of New York

www.standard.com



Global Intelligence Center

https://members.uhcglobal.com/Standard/standard1.aspx

Group #9061

2

UnitedHealthcare

Travel Assistance is available when traveling at least 100 miles from home or in a foreign country.

UnitedHealthcare Global Travel Assistance can also be reached at Assistance@uhoglobal.com.

UnitedHealthcare Global is not responsible for the availability or results of any medical, legal, or transportation services. You are responsible for obtaining all services not directly provided by UnitedHealthcare Global and for the expenses associated with them. All services must be arranged by UnitedHealthcare Global. No claims for reimbursement will be accepted.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

100% paid by D49

Counseling on Personal Issues, such as:

Stress, anxiety, depression

Relationships

Problems with your children

Substance Abuse Issues

EAP Services

- ⇒ Assistance for you or household family member
- ⇒ Up to (3) in person sessions (per issue) with a counselor
 Can be done in person, on the phone, by video or text
- ⇒ Unlimited toll-free phone access 24/7
- ⇒ Online resources 24/7
- ⇒ Work/Life services for assistance with child care, elder care, financial issues plus much more

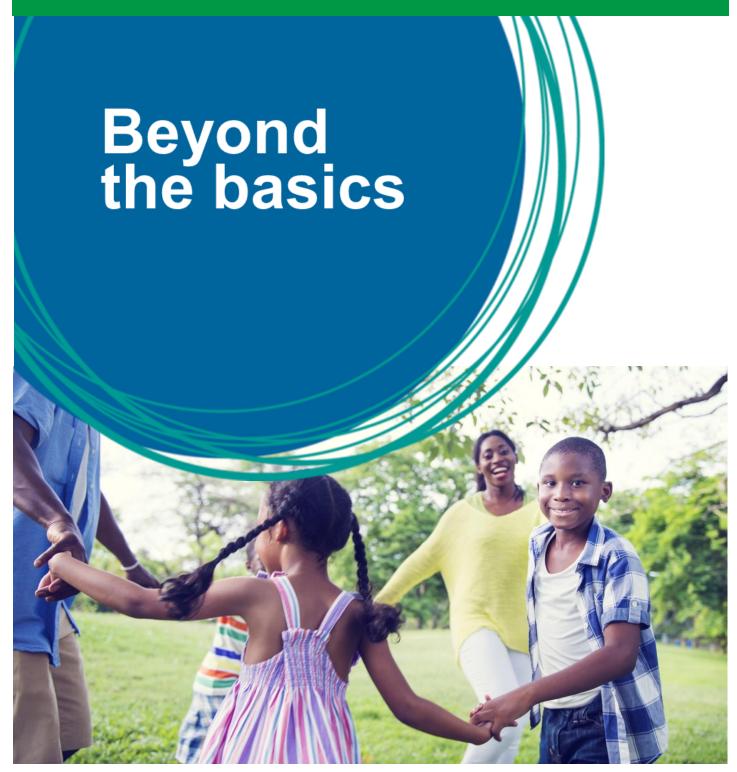


Contact EAP

888.293.6948 (TTY Services: 711) 24 hours a day / seven days a week healthadvocate.com/standard3

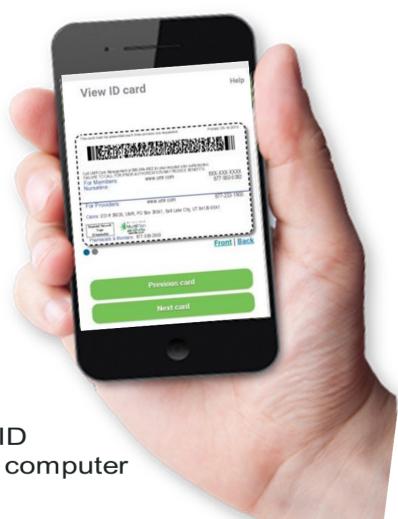


UMR ~ A United Healthcare Company Two Medical Plans Same Tools



A digital ID card on umr.com





- View your member ID information on your computer or mobile device
- Have your doctor scan the on-screen bar code for your benefits information
- Print a temporary replacement card
- Fax a copy of your card to your doctor's office







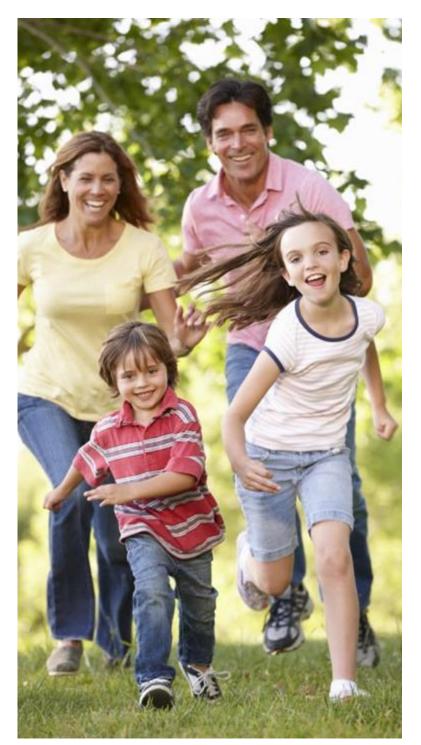
- 1 Visit **umr.com** on your desktop computer or tablet device
- 2 Click Login/Register to sign up

With umr.com you can:

- View My taskbar, your personalized to-do list
- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options

Helpful hints

- Have your UMR member ID card handy
- Spouses and adult children must create their own online account
- · You must provide a valid email address
- Select a username and password you can remember





Talk to someone who speaks your language



UMR's customer service and language lines are available 24 hours a day, 365 days a year.

- Get help in Spanish from a UMR customer first representative
- Or get interpretation service assistance for more than 200 other languages



Everything You Need to Create Healthy Habits

Real Appeal[®] is a program on Rally Coach[™] available to you and eligible family members at no additional cost as part of your health plan benefits.

Get Started Today enroll.realappeal.com

Please have your health insurance ID card handy when enrolling



Access fitness videos and digital trackers

Stream expert-led workouts, and track all of your activity metrics from the Real Appeal app.



Dedicated coach support

Connect with an online coach to create fitness and nutrition plans that best support your goals, and receive additional support through group sessions.



Healthy tools — delivered to you

Receive a Success Kit with tools to get you started, including a resistance band, fitness and nutrition guides, a weight scale, and more.

RALLY/COACH"





Now hear this



With EPIC Hearing Health Care you get:

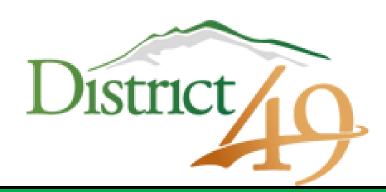
- Discounts on hearing products and services
- A national network of physicians and audiologists
- 40-50% savings on hearing aides





Call toll-free at 866-956-5400





Directory		
For Questions About	WEB ADDRESS	PHONE #
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Shannon Hathaway	shathaway@d49.org	Direct: (719) 495-1158
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MEDICAL ~ UMR (United Healthcare)	www.umr.com	(800) 826-9781
PRESCRIPTIONS ~ Express Scripts	RxHelp@rxbenefits.com	(800) 334-8134
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