



2024



District 49



BENEFITS GUIDE

IMPORTANT NOTICE—PLEASE READ CAREFULLY

THE PLANS IN THIS BOOKLET ARE EFFECTIVE JANUARY 1, 2024 THROUGH DECEMBER 31, 2024, 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 or licensed staff member working at least .5 FTE, you are eligible for life insurance and long-term 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 an employee or licensed staff member, you are automatically enrolled in the EAP.

Health Insurance

As a full-time employee or licensed staff member working at least .5 FTE, 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

As a full-time employee or licensed staff member working at least .5 FTE, you 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

As a full-time employee or licensed staff member working at least .5 FTE, you 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

Find a provider

Finding a network provider on umr.com has never been easier

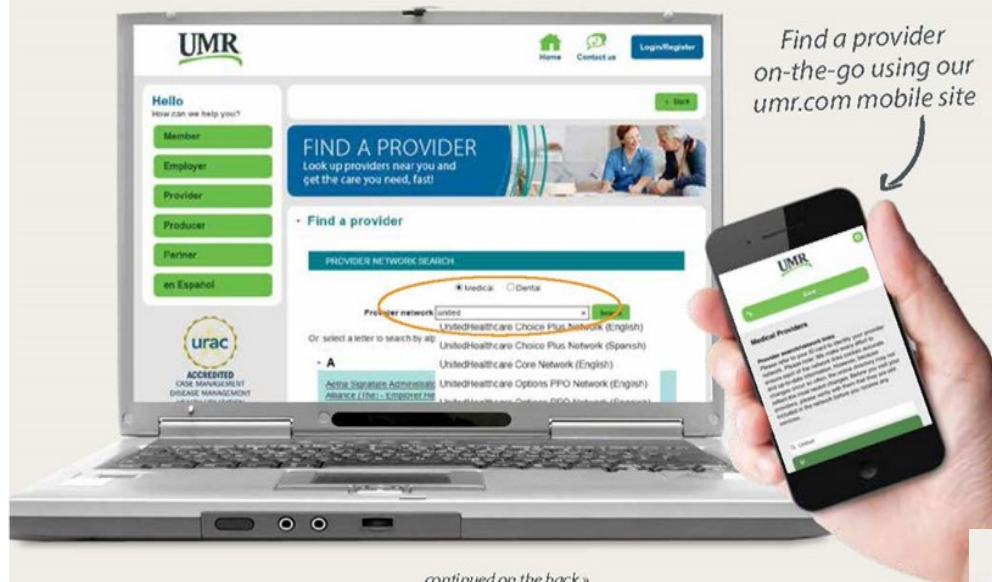
1

Go to **umr.com** and select
"Find a provider"



2

Search for **UnitedHealthcare
Choice Plus Network** using
our alphabet navigation or type
UnitedHealthcare Choice Plus
into the search box



Find a provider
on-the-go using our
umr.com mobile site

continued on the back >

UMR

A UnitedHealthcare Company

3

For medical providers, choose **Search for a medical provider**. For behavioral health providers (including counseling and substance abuse) select **View directory of behavioral health providers**

Before searching for a provider, please view this list of excluded providers.

[View excluded providers](#)

[Search for a medical provider](#)

For members accessing Choice Plus Advanced w/ hospital tiering (Ohio and Northern Kentucky)

[View the UnitedHealthcare Directory of Designated Hospitals and Outpatient Surgery Centers](#)

For Behavioral health providers

[View directory of behavioral health providers](#)

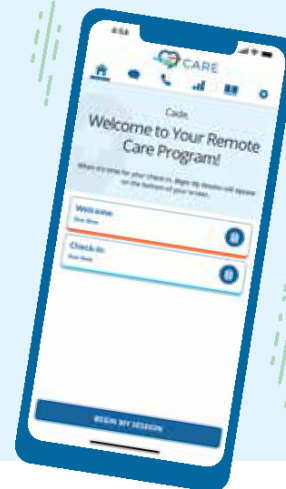
Note: It is not necessary to login to "Live and Work Well" to view the directory, however please be sure to check your member ID card for eligibility verification instructions.

Frequently asked questions

[How can my provider join the network?](#)

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:

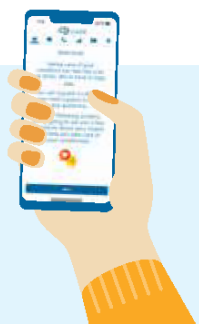
- Access to educational articles and videos about general wellness or a specific condition.
- Allows you to send and receive text messages securely when working with a CARE nurse.
- Ability for you to track blood pressure, blood sugar, oxygen level and weight. This information is then shared with your 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.umar.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

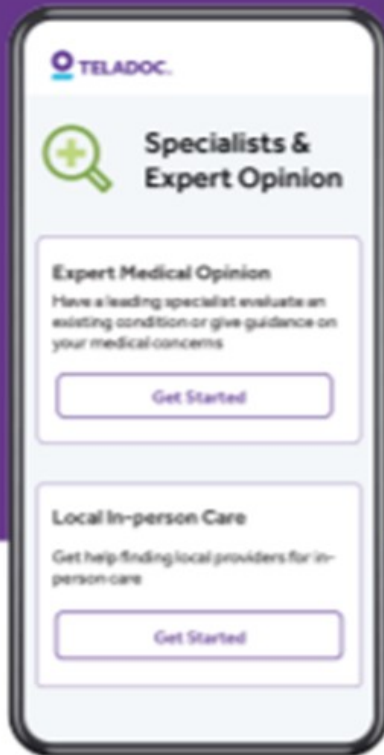


Low-cost alternative
to ER or urgent care





Mental Healthcare: for members 18 years and older



Feel like yourself again with
expert mental healthcare.

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.

1
Reach out
by calling us or using
our mobile app

2
Talk to us
about your mental health
history and what's not working

3
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.



- Fully credentialed network of experienced dermatologists
- Dermatology protocols, guidelines and QA tailored to telehealth
- Custom branching intake questions for dermatology – specific patient information
- Prevent misdiagnoses often driven by primary care physician
- Image capture allows tracking of progression, thus enhancing quality of care
- Ability to share information with other providers (permission-based)



- 'Asynchronous' image/text upload ("Store and Forward") is user friendly, discreet and convenient
- Written dermatologist response within two business days through Teladoc's secure online message center (vs. average 28.8 days for office-based care)
- Includes one follow up if the condition is not improved within seven days
- Targeted communications to drive awareness and utilization



- Lower cost than in person for initial visit (plus free follow-up within seven days)
- Many dermatology conditions require ongoing care—follow-up is easier, more accessible and lower cost
- ER / Urgent Care / PCP triage avoidance → Improves ROI and outcomes
- Employee productivity benefit for employers (reduces absenteeism)
- 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

<div>You are not eligible for the HSA if you are enrolled in Tricare, Medicare or Another Health Plan</div> <div>HDHP: If you have any family members on the plan, the overall family deductible must be met before the plan begins to pay.</div>	<div>UMR</div> <div>A United Healthcare Company</div> <div>If you choose the HSA Option, District 49 will contribute \$100 per month (single) or \$125 per month (family) to your HSA.</div> <div>HDHP ~ PPO with an HSA</div> <div>In NetworkNon Network</div>		<div>UMR</div> <div>A United Healthcare Company</div> <div>PPO Copay Plan</div> <div>In NetworkNon Network</div>	
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 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 Deductible, then 20%		\$25 copay	
Preventive Care	Covered at 100%	Not Covered	Covered at 100%	Not Covered
PRESCRIPTION DRUGS	Retail - 30 day supply	Not covered	Retail - 30 day supply	Not covered
Generic / Formulary / Non-Formulary	Deductible, then 20%		\$10 / \$50 / \$70	
Specialty Drugs:	Deductible, then 20%		20% to \$250 Copay max	
Mail Order	Deductible, then 20%		90-day supply for 2 x's copay	
Employee Cost:	Per Month		Per Month	
Employee Only:	55.00		155.00	
Employee + Spouse:	385.00		535.00	
Employee + Child(ren):	310.00		460.00	
Family:	565.00		715.00	



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 should be utilized for both medical coverage through UMR and pharmacy coverage through Express Scripts Inc.

Welcome Letter and Summary of Benefits (New Hires): 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.

Maintenance Medication Coverage: 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.		Sue DOES NOT enroll in SaveonSP to save on her specialty medications.
Current copay	\$100	Current copay	\$100
New Copay	\$1,000	New Copay	\$1,000
Sue's Final Cost	\$0	Sue's Final Cost	\$1,000
SaveonSP will monitor Sue's account to make sure she incurs no cost (\$0).		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

Internal
Revenue
Service

RULES

HSA Contribution Regulations

Coverage Type	2024 Annual Limit
Employee Only	\$4,150
Employee + Dependent(s)	\$8,300
Catch-Up Plan (must be 55-65 years old)	extra \$1,000

HSA Contributions

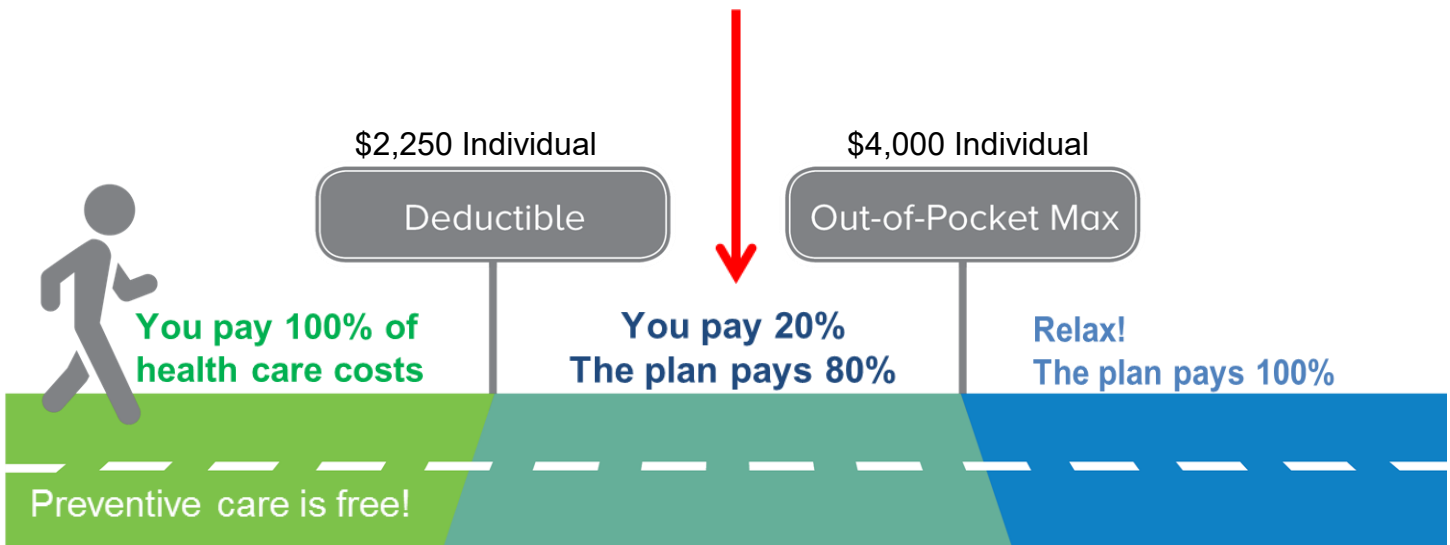
Check this out!
↘

D49 contributions to your HSA help offset your deductible!

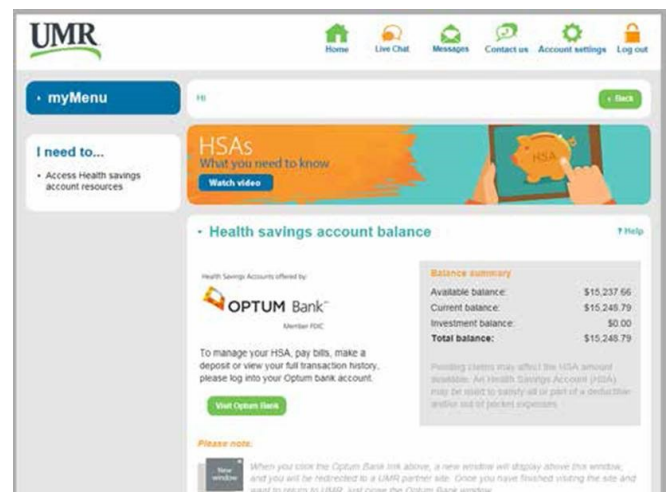
\$100 per month / employee only coverage

\$125 per month / employee plus any other tier

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



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:	\$1,500 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% 12 month waiting period	Deductible, then 50% 12 month waiting period
Orthodontic Lifetime Maximum:	\$1,500	
Employee Cost:	Per Month	
Employee Only:	\$0.00	
Employee + Spouse:	\$37.99	
Employee + Child(ren):	\$43.67	
Employee + Family:	\$104.30	

Increased from \$1,200!



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 OUR WEBSITE 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.



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

1. Go to deltadentalco.com and click **New Users Register Here** on the **Member/Provider Login** on the green header bar.
2. 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.
6. 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.

deltadentalco.com



VISION ~ VSP Choice Plan

Frequencies	Choice Plan B \$10 Exam/\$20 Materials
Examination	Every 12 Months
Lenses	Every 12 Months
Frame	Every 24 Months
Benefits with a VSP® Network Provider	
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
Retinal Exam	Up to \$39 Copay
Lenses	30% Discount on all other Lens Enhancements
Single Vision, Bifocal, Trifocal, Lenticular	Covered in Full After Copay
Standard Progressives	Covered in Full
Polycarbonate Lenses	Covered in Full for Dependent Children
Allowances	
Retail Frame Allowance	\$180
Featured Frame Brand Allowance	\$200
Costco/Walmart Equivalent Frame	\$100
Elective Contact Lenses	\$180
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



Visionworks



Walmart



PEARLE VISION

COHEN'S
Fashion Optical

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

*Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices are valid only through VSP Choice network providers and are subject to change without notice. Prices effective March 1, 2021.

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 Age

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.



CO FAMLI

As a reminder, D49 as a local government employer opted out of Colorado's Family and Medical Leave Insurance Program (FAMLI). Although D49 opted out, employees still have the option to opt-in on an individual basis and can start receiving the benefit on January 1, 2024. The FAMLI program does not impact eligibility for the federally mandated Family and Medical Leave Act (FMLA). For more information on FAMLI and how you can register, please see this link for the slide deck provided by the Colorado Department of Labor and Employment: <https://famli.colorado.gov/sites/famli/files/Self-Employed-Webinar-September-2023.pdf>

If you have any questions about the FAMLI program or how to enroll, please contact the FAMLI offices at 1-866-263-2654.

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

Contact EAP

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

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



TRAVEL ASSISTANCE

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com

Get the App

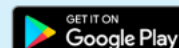
Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201





ENROLL ON-LINE:
www.LegalShield.com/info/d49

Have you ever...

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?

The LegalShield Membership Includes:

Dedicated Law Firm Direct access, no call center

Legal Advice/Consultation on unlimited personal issues

Letters/Calls made on your behalf

Contracts/Documents Reviewed up to 15 pages each

Residential Loan Document Assistance for the purchase of your primary residence

Will Preparation - Living Will, Health Care Power of Attorney, Financial Power of Attorney

Speeding Ticket Assistance Upload your speeding ticket from the mobile app directly to law firm

IRS Audit Assistance (begins with the tax return due April 15th of the year you enroll)

Trial Defense (if named defendant/respondent in a covered civil action suit)

Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)

25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.)

24/7 Emergency Access for covered situations

Plan	Family Price PER MONTH	Individual Price PER MONTH
LegalShield	\$18.95	\$18.95
IDShield	\$18.95	\$8.95
Combined	\$33.90	\$27.90

The IDShield Membership Includes:

Continuous Credit Monitoring IDShield continuously monitors your credit report. If changes occur, you'll receive an instant alert.

High Risk Application and Transaction Monitoring We monitor the largest proprietary database of new account application data to detect potentially fraudulent new accounts when an application is submitted.

Dark Web Monitoring Monitors your Personally Identifiable Information (PII) across the dark web, where criminals purchase personal data.

Username/Password (Credential) Monitoring This powerful feature helps protect against takeovers of your social, financial and other online accounts.

Identity Threat and Credit Threat Alerts You'll receive a threat alert if your PII is found.

Unlimited Consultation On any cyber security issue.

Full-Service Restoration Our Licensed Private Investigators will work tirelessly to restore your identity to its pre-theft status.

24/7 Emergency Access We're here in the event of an identity theft emergency.



Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield mobile apps!



LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. IDShield plans are available at individual or family rates. A family rate covers the named member, named member's spouse and up to 10 dependent children under the age of 18. It also provides consultation and restoration services for dependent children ages 18 to 26. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million protection policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. Dependent children of the named member or named member's spouse under the age of 23 who permanently live in the same residence as the named member at the time of the stolen identity event are eligible for the protection policy coverage. For a summary description of benefits for the personal identity coverage see <https://idshield.cloud/summary-of-benefits>.

FOR MORE INFORMATION PLEASE CONTACT:

Cheryl Garcia 720-371-1736 info@CherylGarcia.com
www.LegalShield.com/info/d49

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Two Medical Plans Same Tools

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A digital ID card on umr.com



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- 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



A UnitedHealthcare Company

Signing up for umr.com

- 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



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District 49

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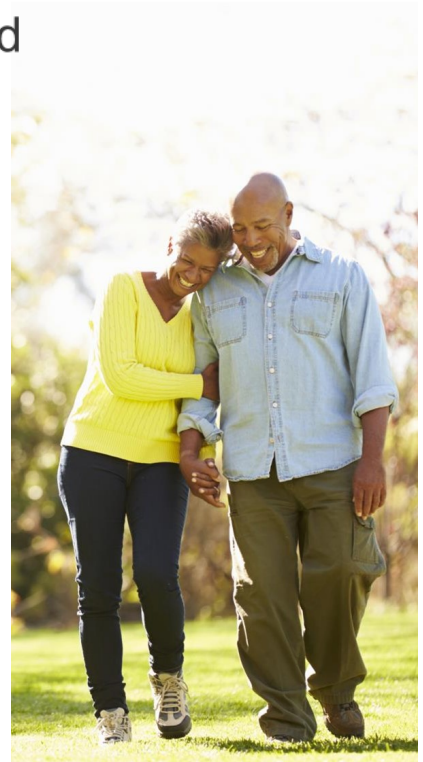


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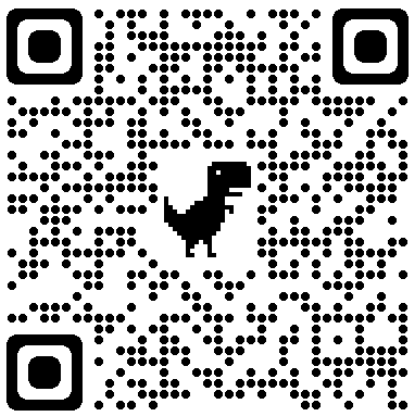
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For Questions About...	WEB ADDRESS	PHONE #
District 49		
Shannon Hathaway	shannon.hathaway@d49.org	Direct: (719) 495-1158
INSURANCE CARRIERS		
MEDICAL ~ UMR (United Healthcare)	www.umar.com	(800) 826-9781
PRESCRIPTIONS ~ Express Scripts	RxHelp@rxbenefits.com	(800) 334-8134
DENTAL ~ Delta Dental	www.deltadentalco.com	(800) 610-0201
VISION ~ VSP	www.vsp.com	(800) 877-7195
LIFE & AD&D ~ The Standard	www.standard.com	(888) 937-4783
LONG TERM DISABILITY ~ The Standard	www.standard.com	(888) 937-4783
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EAP ~ WorkHealthLife EAP	http://www.healthadvocate.com/standard3	(888) 293-6948
HUB International ~ We are here to answer your benefits questions!		
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Your HUB Team		
Angie Stott	angie.stott@hubinternational.com	(719) 884-0715
CLAIMS ISSUES:		
Gail Patrick	gail.patrick@hubinternational.com	(719) 884-0722

