



Plan Year 2020-2021

EMPLOYEE BENEFITS GUIDE

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MANDATORY NOTICES

Hilltop Community Resources Employee Benefit Summary Plan Descriptions (SPD)

Please Note:

Receipt of this notice is not a guarantee of coverage. You must be enrolled in order to have coverage under Medical, Dental, and/or Vision Plans.

You have a right to request and obtain a paper copy of these documents if you are unable to access the information on UltiPro or if you would prefer a hard copy version.

The Summary Plan Description provides complete details about the PPO plan, including plan exclusions, covered benefits, deductible and co-pay amounts, etc. As the plan sponsor we are required to provide this information to you. If you have questions about your coverage you can reference UltiPro, call the customer service number on the back of your Medical ID card, or you can contact your Human Resources department at (970) 242-4400. In case of any discrepancy between this booklet and the legal plan document, the legal plan document will govern in all cases.

EMPLOYEE MEDICAL BENEFIT SUMMARY OF BENEFITS & COVERAGE (SBDS)

Summary of Benefits and Coverage - PPO & HSA Medical Plan

EMPLOYEE BENEFIT SUMMARY PLAN DESCRIPTIONS (SPDS)

Medical Summary Plan Description
Delta Dental Summary Plan Description
VSP Vision Summary Plan Description
Unum Life Insurance Summary Plan Description
401K Annual Notices and Plan Document

OTHER NOTICES

Health Insurance Portability and Accountability Act (HIPPA) Privacy Notice
Newborns' and Mothers' Health Protection Act (NMHPA) & Women's Health and Cancer
Children's Health Insurance Program Reauthorization Act (CHIPRA) Notice
Summary Annual Report - Medical, dental, vision

CONTACT SUSAN VOLKMANN, BENEFITS COORDINATOR, AT (970) 244-0446 IF YOU HAVE QUESTIONS.

TO VIEW THESE DOCUMENTS, LOG INTO ULTI PRO BY VISITING [HTTPS://EW33.ULTIPRO.COM](https://ew33.ultipro.com) UNDER THE: MY COMPANY/COMPANY INFO TAB.

ELIGIBILITY



A Benefits Eligible Employee is...

An employee who is considered either Full-Time (FT) or Part-Time (RPT).

- FT is 30-40 hrs per workweek
- RPT is 0-29 hrs per workweek



Eligible New Hires...

A newly hired, eligible employee must make their benefit elections within **30 days of their hire date.**

Benefits elected in this window will be active the first day of the month, following the initial 30 days of employment.



Eligible Dependents are defined as...

Eligible Dependents include employee's spouse, eligible domestic partner, dependent children, common law spouse or eligible dependents of the domestic partner.



Changing Benefit Elections...

In general, the option to elect a benefit is available only at new hire or open enrollment unless there is a qualifying life event such as: marriage, divorce, birth, adoption, death or loss of other coverage.

Premium Payment:

When you elect benefits, your medical, dental and vision premiums will automatically be set up as pre-tax deductions.

Additional qualifying events under the medical plan:

Open Enrollment under your Spouse's plan AND/ OR Change in work status (RPT to FT or FT to RPT)

When you have a qualifying event, you have 30 days to elect benefits in Ultipro

ELIGIBLE BENEFITS		
<u>Benefit</u>	<u>Full-Time</u>	<u>Part-Time</u>
PTO: Paid Time Off	✓	✓
EIB: Extended Wellness Bank	✓	✓
Health Top Wellness Program	✓	✓
Dental Insurance	✓	✓
Vision Insurance	✓	✓
401K/Roth Retirement	✓	✓
Dependents Care FSA	✓	✓
Life Insurance & Additional Life	✓	✓
Supplemental Insurance	✓	✓
Employee Assistance Program	✓	✓
Sabbatical Leave	✓	✓
Tuition Reimbursement	✓	✓
1st Time Home Buyer	✓	✓
Medical/RX & Teladocs	✓	
Medical Flexible Spending Accounts	✓	

HILLTOP'S MEDICAL PLAN

Hilltop's Medical Insurance is Self-Funded, which means medical claims are paid by Hilltop and members.



**MONUMENT
HEALTH**

What is Monument Health?

Monument Health is a patient-centered network of providers, practices, and hospitals who work with you to deliver better health outcomes, lower costs, and a healthier community.

In addition to our network of providers, you have access to our team of care coordinators who work with you to ensure you are connected to the right resources and providers to ensure your healthcare needs are being met.

Call Monument Health (970) 683-5630

Medical Claims Administrator

Claims are processed by United Medical Resources (UMR). UMR provides an Explanation of Benefits (EOB) that explains the cost of services.

Telemedicine is available through Hilltop's Medical Insurance. Claims will be processed as a regular office visit.

To order additional medical insurance cards, sign into www.UMR.com

How to find a Provider

Log onto www.rmhp.com or call 1-877-321-4412

- Select **Find a Provider**
- Type in your **location**
- Choose a **network filter**
 - Monument Health Network is [Monument Tier 1](#)
 - Rock Mountain Health Plans ASO Select Network is [Monument Teir 2](#)
 - All IN-network is [CNIC Self Insured](#)
- View providers

As a BENEFIT of our medical plan, you have guaranteed access to a Monument Health Network Primary Care Provider.

RxBenefits - Your Pharmacy Benefit Manager

RxBenefits is your main point of contact for questions or concerns regarding your pharmacy benefit and prescription claims.

RxBenefits has partnered with Caremark to bring Hilltop members greater discounts, better access, and improved member services. For access to Caremark's online prescription management tools, mail service and specialty pharmacy service, login at www.caremark.com.

HILLTOP'S MEDICAL PLAN

PPO PLAN

BENEFIT FEATURES	Monument Health (Tier 1)	Rocky Mountain (Tier 2)	Non-Network (Tier 3)
Deductible (single/family)	\$2,500/\$5,000	\$3,500/\$7,000**	\$5,000/\$10,000
Coinsurance	90%	80%	50%
Total Out-of-Pocket (single/family)	\$4,550/ \$9,100	\$6,350/ \$12,700	\$20,000/\$40,000
Routine Services			
Physician Office Visit	\$10 Copay	\$40 Copay	50% after Deductible
Specialist Office Visit	\$10 Copay with referral; \$60 Copay without referral	\$10 Copay w/ referral; \$60 Copay w/o referral	50% after Deductible
Preventative Services	100%	100%	50% after Deductible
Diagnostic Lab	90% after Deductible	80% after Deductible	50% after Deductible
Diagnostic X-Ray	90% after Deductible	80% after Deductible	50% after Deductible
Advanced Imaging (CT, PET, MRI)	80% after Deductible	80% after Deductible	50% after Deductible
Prescription Drugs			
Generic / Formulary Brand/ Non-Formulary	\$10 / \$30 / \$85		
Deductible	\$0		
Retail 90 day supply	2x Copay		
Hospital Services			
Emergency Room	\$300 (waived if admitted)		
Inpatient Hospital	90% after Deductible	80% after Deductible	50% after Deductible
Outpatient Facility	90% after Deductible	80% after Deductible	50% after Deductible
Urgent Care	\$25 Copay	\$50 Copay	50% after Deductible
Other Services			
Inpatient Behavioral Health	90% after Deductible	80% after Deductible	50% after Deductible
Outpatient Behavioral Health	\$10 Copay	\$10 Copay	50% after Deductible
Physical Therapy	\$40 Copay	\$40 Copay	50% after Deductible
Chiropractic Care	\$40 Copay	\$40 Copay	50% after Deductible
Durable Medical Equipment	90% after Deductible	80% after Deductible	50% after Deductible
Teladoc	\$0 Copay	\$0 Copay	\$0 Copay

** Delta and Montrose Deductible (Tier 2) = \$2,500/ \$5,000

ANNUAL PREMIUMS

Medical Premiums

Medical Per Paycheck			
	<u>Hilltop Premium Regular</u>	<u>Full-time Regular</u>	<u>Full-time Wellness</u>
Employee ONLY	\$309.62	\$45.10	\$30.10
Employee+ Spouse	\$398.28	\$311.14	\$296.14
Employee + Child(ren)	\$476.17	\$162.32	\$147.32
Family	\$564.83	\$428.36	\$413.36

Dental Premiums

Dental per Paycheck		
	<u>Full-time</u>	<u>Part-time</u>
Employee ONLY	\$11.65	\$15.54
Employee+ Spouse	\$22.02	\$29.36
Employee + Child(ren)	\$25.01	\$33.35
Family	\$40.29	\$53.72

Vision Premiums

Vision per Paycheck	
	<u>Full & Part Time</u>
Employee ONLY	\$5.36
Employee+ Spouse	\$8.57
Employee + Child(ren)	\$8.75
Family	\$14.11

DENTAL INSURANCE

Hilltop offers dental insurance through Delta Dental of Colorado for in-network and out-of-network providers. Coverage includes preventative, basic, major, and orthodontia services. Your plan number is your social security number.



Plan Summary

Deductible (applies to basic and major services)

Single \$50

Family \$150

Maximum benefit per person is **\$1500**

(applies to all services under preventative, basic, major, and orthodontics).

Preventative Services

100% covered by plan

Services include but are not limited to:

- **Oral Evaluation** Limited to 1 evaluation in a 6 mo. period
- **Routine Cleaning** Limited to 1 cleaning in a 6 mo. period
- **X-Rays** Bitewings 1/12 months, full-mouth/panoramic- 1/60 months, single periapical - 4/12
- **Fluoride Treatments** Limited to 1 treatment in a 12 mo period to age 16
- **Space Maintainers** For premature loss of baby teeth up to age 14
- **Sealants** 1 per tooth in 36 mos. to age 15 on unrestored 1st/2nd permanent molars

Basic Services (Deductible applies)

80% covered by plan

Services include, but are not limited to:

- **Simple Extractions**
- **Amalgam (silver) Fillings** Benefits on the same surface limited to 1 in 24 months
- **Resin, Composite (white) Fillings** Benefit for anterior teeth only- allowance for amalgam on posterior teeth
- **Endodontics and Periodontics (including root canals)**

Major Services (Deductible applies)

*There is a one year waiting period for major and orthodontia services

60% covered by plan

Services include, but are not limited to:

- **Surgical Extractions** and other oral surgery
- **General Anesthesia** and IV sedation benefit with oral surgery only
- **Special Restorative**
- **Crowns** (including stainless steel and resin) Benefit 1 in 84 months for same tooth not a benefit under age 12
- **Complete & Partial dentures** Benefit 1 in 60 months. Not a benefit under age 16
- **Fixed Bridgework** Benefit 1 in 84 months not a benefit under age 16

Orthodontics (Deductible applies)

*There is a one year waiting period for major and orthodontia services

50% covered by plan

Services include, but are not limited to:

- Complete Orthodontic Evaluation
- Active Orthodontic Treatment

Orthodontic benefits provided to age 19

This benefit is for dependent children only (age 18 and under).

VISION INSURANCE



Vision insurance covers annual eye exams, prescription lenses, and contacts. Your plan number is your social security number.

Exam Copay	\$10
Exam Frequency	12 months
Materials Copay	\$25
Lens Frequency	12 months
Frame Frequency	24 months
Contacts Frequency	12 months
Contact Lenses	\$130 Allowance
Contact Lens Fitting	\$60 Copay
Standard Frames	\$130 Allowance
Single Vision Lenses	100% after Copay
Bifocal Lenses	100% after Copay
Trifocal Lenses	100% after Copay
Progressive Lenses	\$75 Allowance

Extra Savings & Discounts

Glasses and Sunglasses

- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your Well Vision Exam. Or get 20% off from any VSP doctor within 12 months of your last Well Vision Exam.

Retinal Screening

- Guaranteed pricing on retinal screening as an enhancement to your Well Vision Exam.

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.



Hilltop's Health Access wants to help you and your family choose the health care coverage you need at an affordable price. They have many options to choose from, including Medicaid and CHP+.

Call Hilltop's Health Access if you have questions and to learn about all of your options.

Hilltop Health Access is located in the Hilltop Family Resource Center at
 1129 Colorado Ave.
 Call 970-244-0850 for an appointment.

ENHANCED MATERNITY/ PRE-NATAL CARE

The prescribed routine pre-natal care and maternity care services listed below are covered 100% by the plan. They include:



Pre-Natal Care Visits

Before Week 33	1 visit every 4 weeks
Week 34 until delivery	1 visit every week

Ultrasounds

Before 13 weeks	1 Ultrasound
Between 16 to 22 weeks	1 Ultrasound

Screenings

Gestational screening during 26-28 weeks of pregnancy.	1 screening
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Labs

All Routine Labs

Extended Illness Bank (EIB) available for paternity leave (limitations apply).

CHRONIC DISEASE MANAGEMENT

Certain prescribed types of care for the chronic diseases listed below are covered at 100% if delivered by a Monument Health Care Network Primary Care Provider.

	Office Visits	Prescriptions & Supplies	Imaging & Lab
Asthma	2 visits per year up to 6 visits total for all conditions listed	At least 1 inhaler corticosteroid controller, short acting and long acting bronchodilator	Spiromy twice per year
Coronary Artery Disease (CAD)	2 visits per year up to 6 visits total for all conditions listed	Generic beta-blocker, ADEI, diuretic, statin	FLP, lyes, creat once per year
Chronic Heart Failure (CHF)	2 visits per year up to 6 visits total for all conditions listed	Generic beta-blocker, ACEI, diuretic, aldosterone	Echo for LVEF
Clinical Depression	2 visits per year up to 6 visits total for all conditions listed	Generic SSRI, SNRI, tricyclics	LDL-C Q year, electrolytes, creatine
Diabetes	2 visits per year up to 6 visits total for all conditions listed	Generic sulfonylureas	A1c Q 6 mo, FLP, microlad, Cr Q yr
Hypertension	2 visits per year up to 6 visits total for all conditions listed	Generic diuretic, ACEI, ARB, CCB	Lytes, creat, UA, EKG

All benefits subject to plan maximums listed within the plan document. Once maximums are met, benefits for conditions listed return to standard benefit levels as listed in the plan document. Please see plan document for complete list of benefits.



You've got **Teladoc.**
 24/7 access to doctors
 by phone or video

***If covered by Hilltop's Health Insurance,
 your Teladoc copay is \$0.***

You already have Teladoc as part of your benefits. Our U.S. board-certified doctors can diagnose, treat, and even prescribe medicine, if needed, for a wide range of medical needs, including the flu, allergies, rash, upset stomach and much more.

Set up your account, it's easy!

1



Create account

Use your phone, the app, or our website to create an account and quickly complete your medical history.

2



Request a visit

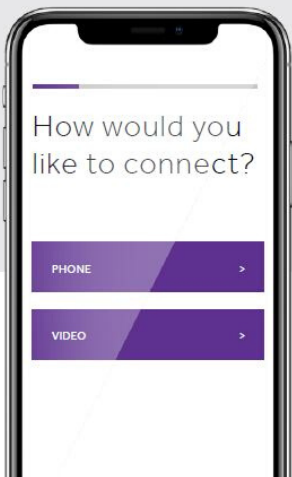
Use your device to request a visit and a Teladoc doctor will contact you at the requested time.

3



Feel better

Your doctor will diagnose your symptoms and even prescribe medicine, if needed.



Download the app and talk to a doctor for free

Teladoc.com 1-800-TELADOC (835-2362)



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Ready for a Healthy Fresh Start?

Hilltop values you and your wellbeing. Whether you need to quit smoking, get fit, or manage stress, the Health Top Wellness Program provides you with the tools and resources to help. As you participate, you'll qualify for prizes and rewards along the way. And good health is the best reward of all!



Step 1: Log onto healthtopwellnessprogram.com



Step 2: Click the Sign Up button and complete your profile form. Use Wellness Code: [hilltop](#)



Step 3: Complete wellness activities: doctors visits, company challenges, personal goals and more! Earn 10 or more points each quarter to qualify for:

- [A \\$30/month discount](#) on your Hilltop Health Insurance OR a [\\$50 quarterly bonus](#)
- [Chances to win cash prizes!](#)

The more points you earn, the more chances you'll have to win!

- 10 points = 1 chance
- 20 points = 2 chances
- 30 points = 3 chances, etc.

Contact Morgaan Walters-Schaler for more information
(970) 244 - 0614 | morgaanw@htop.org



Let's work together to create a healthy, happy workplace.





Triad EAP provides solutions for today's employee.

Whether you are facing challenging life problems or you want to take your personal or professional life to the next level, Triad has the resources to help.

HOW WE CAN HELP:

- Balance work & home life
- Enhance relationships and communication
- Conquer stress
- Work through grief, loss and trauma
- Feel & sleep better
- Calm Anxiety
- Defeat depression
- Trounce addictions
- Improve workplace relations
- Sharpen parenting skills
- Legal/financial services

Hilltop employees, spouses and dependent family up to 26 years old can access:

- Up to 5 FREE counseling sessions per calendar year
- Financial experts for advice on a range of financial issues
- Legal help by phone or with a local attorney; includes a free 1/2 hour consult and discounted rates if further help is needed for many issues
- On-line counselor profiles and thousands of legal/financial articles & tools:
 - triadeap.com
 - Username: hill
 - Password: top

Please call Triad EAP at **(970) 242-9536** before contacting a counselor

What is an EAP?

We are all human. We all experience personal problems that profoundly impact us and our families from time to time. Divorce, the death of a loved one, parenting dilemmas, and attempts to overcome an addiction are just a few of the issues that can bring us to our knees. And the problems don't need to be situational: what about stress, anxiety, or depression? These problems follow us to work and affect how we perform our job and get along with coworkers.

Who can use the EAP?

Services are available to you, your spouse or significant other, and dependents age 26 and under.

Counselors

Triad EAP's network counselors are highly-qualified, credentialed professionals with expertise in various areas. Our counselors have master's level degrees in psychology, counseling and/or social work; current liability insurance coverage; and active licensure.

Confidentiality

Triad is bound by strict privacy standards. The only information your employer sees is statistical and demographic information -no names or identifying information are given. Confidentiality does not extend to cases of child or elder abuse; if you are a threat to yourself or others; or if you are under a court order. (For more information, see Section 12-43-218 of the Colorado Regulatory Statute.)

FLEXIBLE SPENDING ACCOUNTS (FSA)

Medical FSA (Full-time Employees Only)

The medical flexible spending account (FSA) allows you to use pre-tax dollars to pay for eligible health care expenses for you, your spouse, and your eligible dependents.

Medical expenses may include:

- Copays, coinsurance and deductibles
- Dental expenses like orthodontia, crowns and bridges
- Vision expenses like LASIK laser eye surgery, glasses and contacts
- Prescription drugs and over-the-counter (OTC) items. (Prescription required)

You are able to roll over up to \$500 in unused Medical FSA dollars to the next plan year. Any other funds fall under the “use it or lose it” rule.

Dependent FSA (all employees)

The dependent care flexible spending account (FSA) lets you use pre-tax dollars to pay for eligible child and adult care expenses.

Hilltop will share your annual election 50/50! e.g. If you want a total of \$1000 put in for the plan year, you will put in \$500 and Hilltop will put in \$500.

All funds fall under the “use it or lose it” rule. You must be working to use. If you are married, your spouse must be working, looking for work, a full-time student or incapable of self-care.

Dependent Care expenses may include:

- Day Care
- Before & after school care
- Nursery school
- Preschool
- Summer day camp



HOW IT WORKS

Contribute

Estimate the amount you expect to spend on eligible expense in the upcoming plan year,

- **For Medical:** Internal Revenue Service maximum \$2,750.
- **For Dependent Care:** IRS maximum of \$5,000 per family (if married), \$2,500 per family (if single or married but file separate taxes). Hilltop will pay for 50% of your elected Dependent Care amount!

Each payroll, a portion of the full amount you selected will be deducted from your paycheck before taxes and placed in your Medical and/or Dependent Care FSA account.

Spend

- When you need to pay for eligible expenses, you can use your PayFlex Debit Card® or submit a claim via fax, online, or on the mobile app to be reimbursed.
- Eligible expenses must be incurred during the plan year.
- Your full annual election for Medical FSA is available at the start of the plan year, regardless of the amount paid in during the plan year.

Save

Your FSA contributions are tax-free. This means you could save approximately 30 cents on every dollar you spend on eligible expenses.

For a complete list of eligible expenses visit:

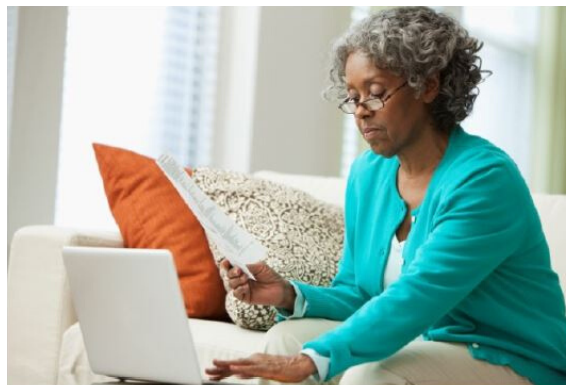
<https://www.payflex.com/individuals/common-eligible-expenses/dependent-care>

Help keep your PayFlex Card® active

The Internal Revenue Service (IRS) requires PayFlex to verify that all card purchases are eligible. There may be times during a plan year when PayFlex will ask you to send documentation for a card purchase. If you receive a request, make sure to respond promptly. Your card may be suspended, and the unverified amount may be reported as taxable income.

Common scenarios when PayFlex may need documentation

1. The amount doesn't match the established co-pay under your health care plan.
2. The description from the merchant doesn't list a type of expense.
3. The card was used for an amount that was "estimated" or "pending".



How will I know if PayFlex needs documentation?

If we need documentation from you for a card purchase, we'll post an alert message on the PayFlex member website. Or we'll send you a Request for Documentation notice by e-mail, or mail, based on your account settings.

Sign up for PayFlex debit card alerts

You can sign up to receive e-mail notifications to let you know when we need documentation from you. Log in to your PayFlex member website and click **Account Settings** at the top of your screen. Then select **Account notifications**.

Important notes to keep in mind

- Save all your Explanations of Benefits (EOBs) From your insurance carrier as well as your itemized statements and detailed receipts for your card purchases.
- If you don't respond to our requests, your card may be suspended until you send in the requested documentation or payment.
- After PayFlex receives/processes your documentation, your card will be active again.
- **If your card is suspended**, you can still get reimbursed for eligible expenses. Pay for an eligible expense with another form of payment and submit a claim.

Quick Tip!

To help prevent requests for additional documentation, don't use the debit card at the time of your visit, unless you're paying a copay. Wait until your health care provider sends you a statement or EOB showing the amount you owe, after it's been processed through your insurance.

Responding to a Request for Documentation

What type of documentation can I submit?

The best type of documentation to send us is the Explanation of Benefits (EOB). Be sure you send an EOB for each expense. Also, make sure it shows the "final" amount you owe. We can't accept an "estimated" or "pending" amount due.

If you don't have your EOB, you:

- May be able to download it from your health plan's website
- Can send us a detailed receipt. Your receipt must show:
 - Name of the provider or facility that treated you
 - Your name or the name of the patient
 - Date of service
 - Type of service
 - "Final" amount you owe

How do I submit my documentation?

Once you have it ready, you have four options to choose from:

1. **PayFlex website:** You can log in to your PayFlex member website. Select your account. Then click Verify card purchases. Next, select the Unverified Card Purchases tab.
2. **PayFlex Mobile app:** Log in to the PayFlex Mobile app. To get started, view your alerts.
3. **Fax:** Fax your documentation to PayFlex. Don't mark up the document with a highlighter. It makes the fax hard to read.
4. **Mail:** Mail your documentation to PayFlex.

What if I don't have documentation or used my card in error?

You have two ways to correct your account. You can:

1. **Send us an EOB or detailed receipt for a different eligible expense to offset the expense(s) in question.**
 - a. The eligible expense has to be from the same plan year
 - b. We must receive the EOB for detailed receipt by the claim filing deadline of that plan year
 - c. You can't have already been reimbursed for this expense
 - d. You can't seek reimbursement for this expense elsewhere
 - e. You, your spouse or eligible dependent must have incurred the eligible expense
2. **Pay back your account**
 - a. Send us a check or money order for the exact amount in question. Make payable to PayFlex.
 - b. Mail to PayFlex.

Questions?

Log in to your PayFlex member website and click **Help & Support**.

This material is for informational and educational purposes only. It does not contain legal or tax advice. You should contact your legal counsel or your tax advisor if you have any questions or if you need additional information. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions. For more information about PayFlex, go to **payflex.com**.

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HILLTOP'S 401(K) PLAN



What is a 401(k)?

A savings and investing plan offered by employers that gives employees a tax break on money they set aside for retirement. It is an easy way to save because contributions are automatically withdrawn from employee's paychecks and invested in funds chosen by the employee.

How much can I contribute to 401K?

Through payroll deduction, you can elect up to 50% of gross wages. There is no minimum amount required to contribute to the plan.

The maximum contribution is \$19,500 under age 50 and \$26,500 for age 50 and over in a calendar year. This applies to employee contributions only, not the employer match.

Pre-tax or Roth – which is best?

- **Traditional 401(k):** contributions are made pre-tax and are not counted as income. Pre-tax dollars allow assets to grow tax-deferred which means you won't be required to pay taxes until withdrawals are made from the plan.
- **Roth 401(k):** contributions are made after-tax. All future growth and qualified withdrawals are tax-free.
- **Both :** Contributions can be made to both Traditional & Roth 401 (k) at the same time

When can I take my money out of 401K?

- Upon Termination of Employment (tax penalties will apply).
- Upon reaching age 59 ½.
- While Employed due to a qualified hardship (tax penalties will apply).

Hardship reasons can be found by visiting www.voyretirementplans.com

Loans are **not** allowed under this plan.

Why sign up for 401(k)?

- Company Match up to 4% = Free Money!
- Employees are immediately 100% vested
- Pre-tax & Roth contribution options
- Wide range of investment options to choose from

Previously Registered Users

Log into voyaretirementplans.com

Need assistance?

Call 1-800-584-6001

Available 24 hours a day, 7 days a week.

New User?

Please wait until after you receive your first paycheck to register.

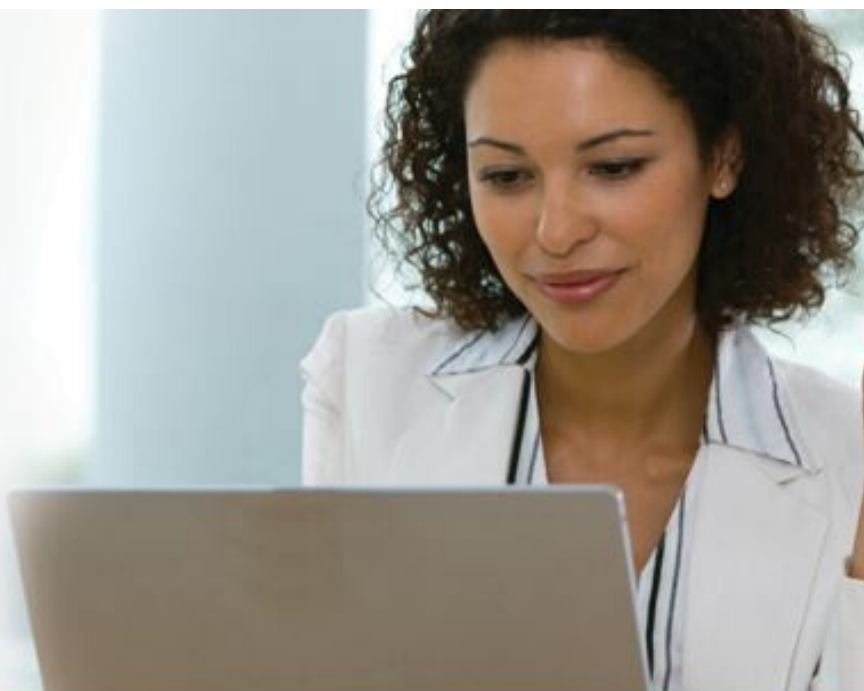
1. Go to enroll.voya.com
2. Click Register Now
3. To access your account, register using:
 - a. Birthdate and SS#
 - b. 4 digit PIN number sent in mail
4. Set up a unique username and password to access your account.

What if I want to change my election?

Elections can be changed anytime via the Voya website at www.voyaretirementplans.com

Voya Learn

Live and
on demand



Voya Learn's live and on-demand sessions are designed to help you achieve the financial future you envision...but it all begins with you! Sign up today for one of our upcoming live sessions or watch one of our on-demand videos. Get to know our team of Education Champions and let them motivate you on your journey to financial wellness.

With Voya Learn, you'll have 24/7 access to videos that can:



Teach you the basics of a retirement account, and explore reasons you might contribute to one



Help you understand your overall Financial Wellness and how to take meaningful actions



Walk you through how to enroll and register your account online

Visit [Voya.com/VoyaLearn](https://www.voya.com/VoyaLearn) today to sign up for upcoming live session, or to explore our on-demand library.

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Voya.com





LIFE INSURANCE

Evidence of Insurability (EOI) may be requested upon election of benefits.

Free Life Insurance

Hilltop provides employees, their spouse and children, with FREE life insurance coverage.

Eligibility: Full Time & Part Time Employees (17.5 average hours weekly.)

Coverage Amounts:

- **Life and AD&D for Employee** = \$20,000 (reduced to 65% at age 65, at age 70 reduced to 50%)
- **Life for Spouse** = \$10,000 (same benefit reduction as employee)
- **Life for Child(ren)** = \$1,000 for 0-6 months and \$10,000 from 6 months to 19 year

Elected supplemental AD&D

	Coverage Amount	Monthly Rate
Employee	per \$10,000	\$0.25
Spouse	per \$5,000	\$0.13
Child(ren)	per \$2,000	\$0.05

AD&D Insurance is available for purchase and pays a benefit if you survive an accident but have certain serious injuries or if you die from a covered accident. Maximum of 5 times your annual salary.

Additional Life Insurance Premiums

	Term Life monthly rate for employee	Spouse monthly rate	Child(ren) monthly rate
Age	Per \$10,000 of coverage	Per \$5,000 of coverage	\$0.62 per \$2,000 of coverage
	<u>Cost</u>	<u>Cost</u>	
15-24	\$0.50	\$0.38	
25-29	\$0.67	\$0.38	
30-34	\$0.80	\$0.42	
35-39	\$0.90	\$0.50	
40-44	\$1.26	\$0.67	
45-49	\$1.91	\$0.93	
50-54	\$2.91	\$1.40	
55-59	\$4.70	\$2.30	
60-64	\$6.60	\$3.59	
65-69	\$12.70	\$6.33	
70-74	\$20.60	\$11.11	
75+	\$52.06	\$19.84	

LIFE Coverage available for you:

Any amount between \$10,000 and \$500,000 in \$10,000 increments to a maximum of 5 times your annual salary.

LIFE Coverage available for your spouse:

Any amount between \$5,000 and \$500,000 in \$5,000 increments to a maximum of 5 times your annual salary. Your spouse cannot have higher coverage than you.

LIFE Coverage available for your children:

Up to \$10,000 of coverage in \$2,000 increments. One life premium cover all children.

Work-life Balance Employee Assistance Program

Toll-free, 24-hour access

- 1-800-854-1446: English
- 1-877-858-2147: Spanish
- 1-800-999-3004: TTY/TDD



Online access

www.lifebalance.net; user ID and password: lifebalance

SUPPLEMENTAL INSURANCE

Hilltop offers additional supplemental insurance to employees through AFLAC.

Aflac may update benefit offerings from time to time. If you are interested in learning about new policy offerings available from Aflac, please contact your Aflac representative.



Aflac plans are not an employer-sponsored benefit. Therefore, all Aflac policies are an agreement directly between you and Aflac. Because the employee is the owner and administrator of Aflac policies, it is the employee's responsibility to make any changes to their own Aflac policy.

This includes adding/removing family members in the case of a qualifying event, updating policy beneficiaries and changing disability benefit amounts as appropriate.

Accident

- Emergency Treatment Benefit/ X-ray/Major Diagnostic Scan Benefit
- Specific-sum Injuries Benefit Accidental-Death Benefit
- Hospital Confinement Benefit
- Wellness Benefit
- Travel Benefit



Critical Illness

Pays a Lump Sum Benefit for heart attack, stroke, sudden cardiac arrest, coronary artery bypass surgery, end-stage renal failure, major human organ transplant, coma, paralysis.

Short Term Disability

In the case of illness or injury, it helps you maintain your standard of living and helps you pay your bills. Based on your Annual Salary you qualify for up to 60% of your monthly income and is customized for each individual.

*****NEW Value Added Rider which gives you \$1000 back every 5 years for staying healthy.**

Cancer/Specified Disease

- Initial Diagnosis Benefit
- Hospital Confinement Benefit
- Radiation & Chemotherapy Benefits
- Surgical/Anesthesia Benefit
- Ambulance, Transportation, and Lodging Benefits
- Annual Cancer Wellness Benefit (Mammogram, PSA and Colonoscopy)
- Travel Benefits

Hospital Advantage

- Emergency Room Benefit - Hospital Confinement Benefit limit 3/year 6/family
- \$45 per physician visit benefit - Surgical/Ambulance/Major Diagnostic Benefit

HILLTOP HOMEBUYER ASSISTANCE PROGRAM

EMPLOYER-ASSISTED HOMEOWNERSHIP PLAN PROVIDED BY HILLTOP COMMUNITY RESOURCES IN CONJUNCTION WITH THE GRAND JUNCTION HOUSING AUTHORITY

At Hilltop, we understand just how difficult it can be to purchase your first home and how hard it is to save enough money to afford a down payment and/or closing costs. We want to see you successfully achieve your dreams of becoming a new homeowner. Hilltop is proud to offer Employer-Assisted Homeownership benefit that includes a \$500 down payment match.

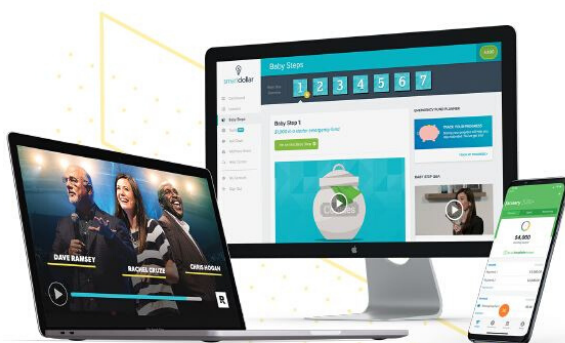


For more information and application go to Hilltop UltiPro/Electronic Forms



Take control of your money with SmartDollar's proven, step-by-step plan.

Get on the plan that has helped millions of people reach their money goals. The average user pays off **more than \$10,000** in debt and saves **\$6,200** in the first year—you could too!



Top Names in Money Step-by-Step Plan Tools

With SmartDollar, you'll get:

- 1** Life-changing content and videos.
- 2** A **step-by-step plan** that shows you what to do next.
- 3** **Tools** to tackle each step of the plan faster.

Hilltop covers the cost! Sign up now!

<https://www.smartdollar.com/enroll/hhs8819>

PAID TIME OFF (PTO)

PTO is an employee-owned benefit that is used when you are away from your normal work schedule.



PTO Defined

- Accrued based on Regular hours, used PTO, and EIB for that pay period. There is no “use it or lose it” policy for accrued time.
- For new employees, after six consecutive months of PTO accrual, up to 40 hours of PTO is added to the employee’s bank. After twelve months of consecutive PTO accrual, up to another 40 hours of PTO is added to the employee’s bank. (These one-time distributions happen during the employee's first year of employment based upon the average regular hours worked during the preceding six- month period).
- A PTO cash Out is allowed up to 40 hours per year. 100 hours must remain in bank after cash out.

	<u>Hours Worked</u>	<u>PTO Accrual Rate</u>	<u>PTO Hours/ Year Earned</u>	<u>PTO Weeks/Earned</u>	
Hire to 1 year	2080	0.0462/hr	96.096 hrs	2.4024 weeks	
At 6 months	↓	↓	40 hrs	1 week	
At 1 year			40 hrs	1 week	
Total after 1 year			176.096 hrs	4.4024 weeks	
1-4 year			0.0847/hr	176.176 hrs	4.044 weeks
4+ year			0.1038/hr	215.904 hrs	5.3976 weeks

EXTENDED ILLNESS BANK (EIB)

EIB exists to provide an employer owned paid leave program to use in the event of an employee's own extended illness, injury, or surgery.



EIB Defined

EIB hours may be used after 5 days of PTO, (non-work related) for an employee's injury, illness, and/or medical procedure that renders the employee unable to perform the essential functions of their position.

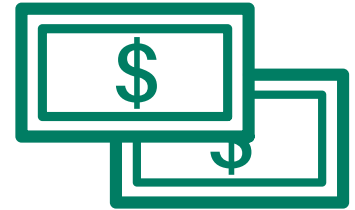
EIB Accrual & Cap

- The accrual rate for all employees is .02692 per hour worked.
- Maximum accrual is 560 hours. An employee who has more than 500 hours may transfer to his/her PTO bank at a rate of two EIB hours for one PTO hour a maximum of 48 hours EIB (24 PTO) each year.

ADDITIONAL LEAVE

Paid Leave:

- **Jury Duty** - Regular rate of pay for up to 3 consecutive days of jury duty. PTO must be used for remaining service days, otherwise, leave is unpaid.
- **Worker's Compensation Leave** - Medical costs and compensation loss may be covered by the worker's compensation provider in accordance with Colorado Worker's Compensation Law.
- **Domestic Violence Leave** - Eligible employees involved in a domestic violence situation may take up to 3 days of leave. PTO must be used, otherwise, leave is unpaid.



Unpaid Leave:



- **Family Medical Leave (FMLA)** - Up to 12 weeks of leave to care for an ill family member, newborn, or for an employee's own serious health condition. Leave will be paid using PTO and EIB when available, otherwise leave is unpaid.
- **Military Leave** - Unpaid time off for active or inactive duty training in accordance with Federal Uniformed Services Employment and Reemployment Rights Act (USERRA).

Sabbatical Leave Plan:

- Full-Time & Regular-Part time employees are eligible
- Eligible on 10 year anniversary and 10 years after last sabbatical.
- 4 weeks paid leave (must be consecutive)
- PTO/EIB hours are not used.
- PTO/EIB continue to accrue while on leave.
- Requires 90 day notice to supervisor.



HOW TO... ELECTING BENEFITS IN ULTIPRO

To begin:

1. Go to <https://ew33.ultipro.com/login.aspx>
2. Log into UltiPro (for password reset or username, contact HR at 242-4400). Go to [Menu/Myself](#) and select [Open Enrollment](#) or [Life Events/I am a new hire](#) (For new hires only).



3. Select the 2020 Open Enrollment Session, or Life Events/ I am a new hire.

- Review the Welcome message, then use the Next button (top right hand corner) to continue.
- Verify Beneficiary and Dependent information. This page needs to be completed before you continue to enroll in benefits. Failure to do this will result in you having to go back and update the "beneficiary and Dependent Page" before you can enroll any dependents in benefits or elect any beneficiaries.
 - To add or update a beneficiary or dependent, select the Add button (+) on the "Beneficiary and Dependent Information Page" The Add/Change Contact page appears. Enter contact information as needed. Required fields are indicated by a red dot. If you plan to enroll your dependents in medical, dental, vision or life coverage, remember to check the Dependent Box. Select Save.
 - To edit information about a beneficiary or dependent, select the individual's name. The Add/Change Contact page appears. Edit the information as needed. Select Next.

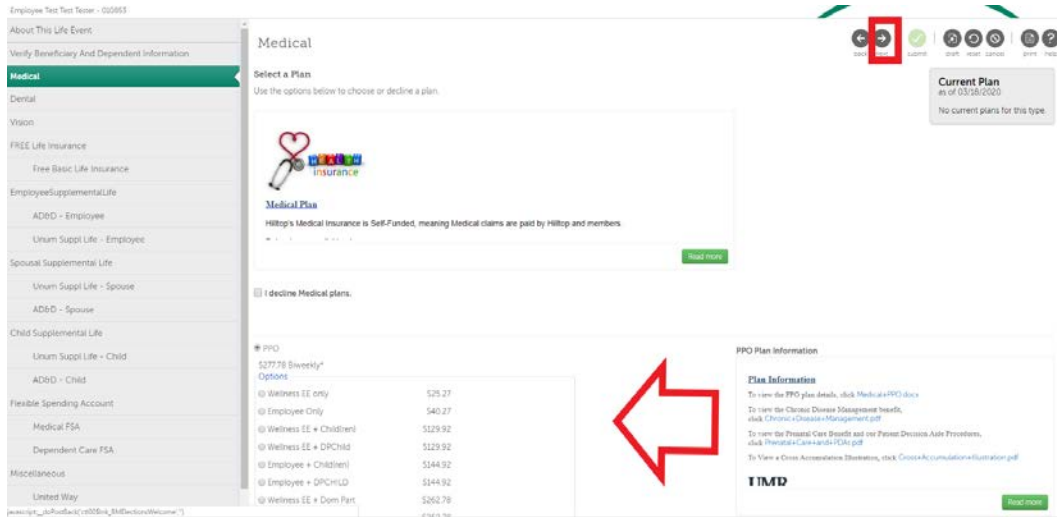
4. Now you are ready to enroll in benefits!

NOTE: If you exit Open Enrollment, any benefit elections you have made are saved. In order to complete Open Enrollment, you will need to SUBMIT your elections on the last page. If you select Submit, you can't make any changes without the assistance from HR.

To Elect Benefits: For each benefit category, [select](#) the benefit you wish to enroll in or select [decline](#).

NOTE: Your current benefit is shown on the upper right side of page titled "Current Plan". If you wish to keep your benefit the same, you will need to elect the same benefit reflected under the "Current Plan" section.

Life Insurance benefit options, you are required to provide beneficiary information as well as percentages for primary and secondary beneficiaries. Primary beneficiaries must total 100%; secondary beneficiaries must total 100%.



For Flexible Spending Accounts:

- Based on 24 pay periods for the plan year. You may indicate an annual or per pay check amount.
- *Dependent Care: The 50% Hilltopmatch will automatically be applied, so your election needs to be only your 50% portion.*

For Supplemental Life Insurance:

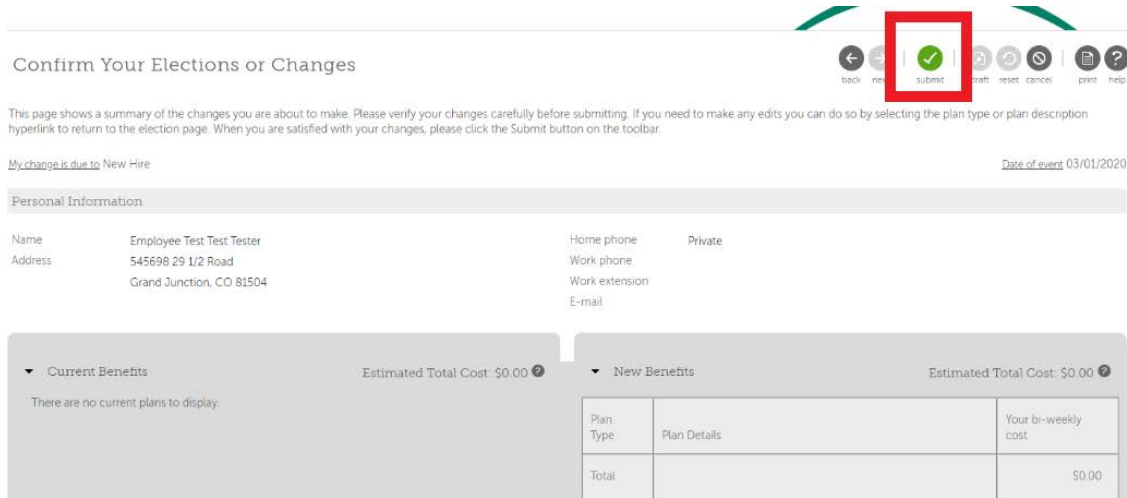
- Evidence of Insurability may be required. Call Susan Volkmann, Benefits Coordinator at 244-0446, for more information.

For Group Term Life Insurance: This is a FREE benefit!

- Make Beneficiary Elections

To Review and Submit Benefit Elections:

1. On the last page, "[Confirm your Elections or Changes](#)", scroll down to view your benefit elections. Review the selected and declined benefit type and plan details including covered family members, plan beneficiaries, and cost information.
2. Select [Back](#) to return to the applicable page to make any changes, if needed.
3. Select [Draft](#) to continue at a later time. All elections are temporarily saved.
4. Select [Submit](#) to complete your elections. If you select Submit, you cannot make any changes without the assistance from HR. If you select [OK](#), the confirmation page appears.
5. [Close](#) the page when done.



BENEFIT CONTACT LIST

Aflac Supplemental Insurance

Nikki Meredith
nikki@ipagj.com
315 N. 7th St.
Claims: 970-986-0876
Phone: 970-242-7526

Caremark: Prescription

www.caremark.com
rxhelp@rxbenefits.com
1-800-334-8134

Delta Dental of Colorado

www.deltadentalco.com
1-800-610-0201
Group #: 9336

VSP Vision

www.vsp.com
1-800-877-7195
Group #: 30014175

Monument Health Network

www.monumenthealth.net
970-683-5630

Rocky Mountain Health Plans

Medical Provider Directory
www.rmhp.org
1-877-321-4412

UMR - Medical Claims Admin

www.umar.com
1-800-826-9781

Triad EAP

www.triadeap.com
970-242-9536

Payflex - Flexible Spending Account

www.payflex.com
Claims Address:
Payflex Systems USA, Inc. Flex Dept.
P.O. Box 3039
Omaha, NE 68103-3039
Phone: 844-729-3539

Teladoc

www.teladoc.com
1-800-835-2362

Voya

voyaretirement.com
1-800-584-6001

Insight Financial Solutions

investindependently.com
2793 Skyline Court, Suite D
Office 970-986-4503
Fax: 1-866-779-7925

Kevin Price

kevin.price@lpl.com

Cary Eidsness

cary.eidsness@lpl.com

Jason Stanfield

jason.stanfield@lpl.com

Hilltop Community Resources

Employee portal: <http://hilltoppers.htop.org>
1331 Hermosa Ave.
Grand Junction, CO 81506
(970) 242-4400

Susan Volkmann - Benefits Coordinator

(970) 244-0446
susanv@htop.org

Natalie Cotela - HRIS/HRMS Benefits Administrator

(970) 244-0417
nataliec@htop.org

Morgan Walters-Schaler - Wellness Coordinator & Tobacco Treatment Specialist

morganw@htop.org
(970) 244-0614



Benefit Guide

Hilltop Community Services

Human Resources Department