

EMPLOYEE BENEFITS GUIDE

Plan Year 2021 - 2022



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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 UKG (UltiPro).

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 UKG (UltiPro), call the customer service number on the back of your Medical ID card, or you can contact your PeopleOps 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 (SBCS)

Summary of Benefits and Coverage - PPO 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 ADMINISTRATOR, AT (970) 244-0446 IF YOU HAVE QUESTIONS.

TO VIEW THESE DOCUMENTS, LOG INTO UKG (ULTIPRO) BY VISITING 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/week
- RPT is 0-29 hrs/week



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.



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...

The option to elect Hilltop benefits is available at new hire, open enrollment, or during a qualifying life event.

See below.

Qualifying Life Events: marriage, divorce, birth, adoption, death, loss of other coverage, your spouse's Open Enrollment 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 UKG (UltiPro)

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

ELIGIBL	E BENEFITS	
<u>Benefit</u>	<u>Full-Time</u>	<u>Part-Time</u>
PTO: Paid Time Off	✓	✓
EIB: Extended Illness Bank	✓	✓
Health Top Wellbeing Program	✓	✓
401K/Roth Retirement	✓	✓
Dependent Care FSA	✓	✓
Life Insurance & Additional Life	✓	✓
Supplemental Insurance	✓	✓
Triad EAP - Employee Assistance Program	✓	✓
Sabbatical Leave	✓	✓
Tuition Reimbursement	✓	✓
1st Time Home Buyer	✓	✓
Dental Insurance	✓	
Vision Insurance	✓	
Medical/RX & Teladoc	✓	
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.



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 Monument's network of providers, you have access to their team of care coordinators who work with you to ensure you are connected to the right resources and providers to meet your healthcare needs.

Call Monument Health (970) 683-5630

How to find a Provider

Log onto www.rmhp.org or call 800-843-0719

- Select Find a Provider
- Type in your **location**
- For a **Monument Tier 1 Doctor**:
 - Choose Monument Health PPO
- Tier 2 and out-of-network doctors will also be listed.

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

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

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 CVS/Caremark to give Hilltop members greater discounts, better access, and improved member services. For access to CVS/Caremark's online prescription management tools, mail service and specialty pharmacy service, login at www.caremark.com.

ANNUAL PREMIUMS

PPO Medical Premiums

(Preferred Provider Organization)

Medical Insurance Per Paycheck

	<u>Employee</u> <u>Premium</u>	After Wellbeing Discount*	<u>Hilltop's</u> <u>Contribution</u>
Employee ONLY	\$45.10	\$30.10	\$309.62
Employee + Spouse	\$311.14	\$296.14	\$398.28
Employee + Child(ren)	\$162.32	\$147.32	\$476.17
Family	\$428.36	\$413.36	\$564.83

^{*}Earn an additional \$10/month discount per spouse and/or child(ren) through the Health Top Wellbeing Program. Up to a \$50/month discount for Family Plans.

Dental Premiums

Premiums per Paycheck		
Employee ONLY	\$12.44	
Employee+ Spouse	\$23.52	
Employee + Child(ren)	\$26.71	
Family	\$43.03	

Vision Premiums

Premiums per Paycheck		
Employee ONLY	\$5.36	
Employee+ Spouse	\$8.57	
Employee + Child(ren)	\$8.75	
Family	\$14.11	

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	Covered at 90%	Covered at 80%	Covered at 50%
Total Out-of-Pocket (single/family)	\$4,550/ \$9,100	\$6,350/ \$12,700	\$20,000/\$40,000
Delta/Montrose	\$2,500/\$5,000	\$2,500/\$5,000	\$5,000/\$10,000
Routine Services			
Physician Office Visit	\$10 Copay	\$40 Copay Delta/Montrose = \$25	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
Preventive Services/ Annual Exam	\$0 Copay, 100% covered	\$0 Copay, 100% covered	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	
Tier 4 Specialty Drugs	\$0 Copay through Prud	entRX (Enrollment Required). Exclusions may apply.
Retail 90 day supply	2x (Copay (A 30-day supply savir	ngs)
Hospital Services			
Emergency Room	\$300 (v	vaived if admitted to the hos	spital)
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: General Medicine, Behavioral Health and Dermatology	\$0 Copay	\$0 Copay	\$0 Copay

MEDICAL COVERAGE EXAMPLES

The examples below reflect numbers based on Hilltop's Tier 1 Medical Plan.



Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$2,500
■ Specialist coinsurance	10%
■ Hospital (facility) coinsurance	10%
■ Other <u>coinsurance</u>	10%

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,800
In this example, Peg would pay:	
Cost Sharing	
Deductibles	\$2,500
Copayments	\$10
Coinsurance	\$1000
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,570



Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2,500
■ Specialist coinsurance	10%
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)

Prescription drugs

Durable medical equipment (glucose meter)

Total Example Cost	\$7,400	
In this example, Joe would pay:		
Cost Sharing		
Deductibles*	\$900	
Copayments	\$600	
Coinsurance	\$0	
What isn't covered		
Limits or exclusions	\$20	
The total Joe would pay is	\$1,520	



Mia's Simple Fracture (in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2,500
■ Specialist coinsurance	10%
Hospital (facility) coinsurance	10%
Other coinsurance	10%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic tests (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$1,900
In this example, Mia would pay:	
Cost Sharing	
Deductibles*	\$1,700
Copayments	\$400
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,100

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.





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	1 screening
26-28 weeks of pregnancy.	Ü
Labs	All Routine Labs

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



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 & Labs
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 Repeat for change in clinical status
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 and/or beta-blocker, home BP cuff	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.





Talk to a doctor anytime

Teladoc® gives you 24/7/365 access to U.S. board-certified

doctors through the convenience of phone, video or mobile app visits. It's an affordable alternative to costly urgent care and ER visits when you need care now.

If you have Hilltop's Health Insurance, your Teladoc copay is \$0.



MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 20 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- **Allergies**
- Sinus problems
- Sore Throat
- Respiratory infection
- Skin problems
- And more!

WHEN CAN I USE TELADOC?

Teladoc does not replace your primary physician it is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short term prescription refills

NEW SERVICES THIS YEAR: Behavioral Health Counseling and Dermatology

Talk to a doctor anytime for free!



Teladoc.com



1-800-TELADOC (835-2362)





Register using your UMR Member ID#, located on your insurance card.

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 basic, major, and orthodontics.

Preventative Services

100% covered by plan. Preventative services will not count towards your annual maximum.

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 or 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
- Fillings (amalgam or composite) Benefits on the same surface limited to 1 in 24 months
- Endodontics and Periodontics (including root canals)

Major Services (Deductible applies)

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

50% covered by plan.

Services include, but are not limited to: Complete Orthodontic Evaluation & Active Orthodontic Treatment

This benefit is for dependent children under the age of 19.

Right Start 4 Kids - NEW THIS YEAR!

Covers children up to their 13th birthday at 100% with no deductible.

*For the basic and major services listed above, up to the annual maximum, and subject to limitations and exclusions.

Delta Dental PPO or Premier providers only, to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics is not covered under the Right Start 4 Kids program, but at the plan's listed coinsurance.

VISION INSURANCE



Vision insurance covers annual eye exams, prescription lenses, contacts and frames. 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.









Better Health through Better Living.

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

The program runs from July 1st - June 30th each year.

How to Participate:

Monthly Prize Drawings



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 points every MONTH, to qualify for prize drawings:

- Tier 1 Prizes requires 15+ pts/month
- Tier 2 Prizes requires 10-15 pts/month
- Tier 3 Prizes requires 5-10 pts/month

The more points you earn each month, increases your chances for higher value prizes.

Yearly Medical Premium Discount

Go to healthtopwellnessprogram.com and complete the 5 steps to earn a \$30/month medical premium discount for the ENTIRE program year! Additional discounts available for spouse & family plans.

Steps include:

- Designate a Doctor
- Annual Physical
- Medical Plan Quiz
- **≪** Get Your Discount!

OR •••••

Annual Wellbeing Incentive

Go to <u>healthtopwellnessprogram.com</u> and complete the form to earn a \$75 Annual Wellbeing Incentive.

Steps Include:

Designate a Doctor

Annual Physical

Elective Activity





Get Started Now!

Questions?

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

Scan Me 12



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
- 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 benefit 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.)

Download the "Your Benefits" App Today!





Highlighted Features:



Specific Plan Details

Medical, dental, & vision plan information in one place with contact information



Open Enrollment Info

Access important documents, key dates, & information regarding Open Enrollment



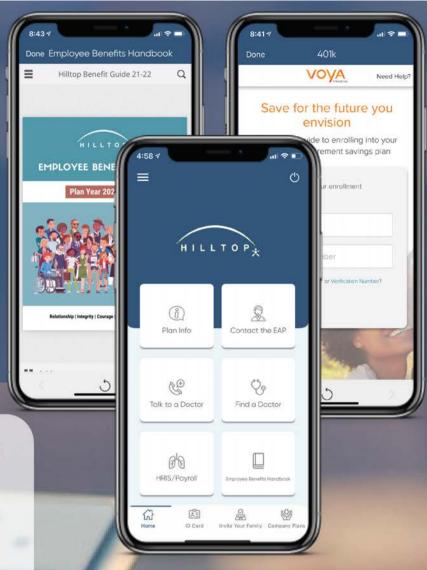
Rx Integration

Shop around to ensure the cheapest prescription prices.
Savings can be in the hundreds



Message Hub

Receive important company messages or announcements directly in the app



How To Download:

- Search for "Your Benefits by IMA Health" or scan the QR code below
- 2. Enter your email address where prompted
- 3. Check your email for the One-Time Pin (OTP)
- 4. Enter the OTP in the app
- Set your own 6-digit code and enjoy!



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.

You are allowed to roll over up to \$750 of your unused Medical FSA balance to the next plan year.

For a complete list of eligible medical expenses visit: www.payflex.com/en/individuals/products-programs-health-care-fsa.html

Dependent Care 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 match up to 50% of your elected Dependent Care amount up to \$2,500 annually.

You are allowed to roll over your remaining balance in unused Dependent Care FSA dollars to the next plan year.

You must be working to utilize the Dependent Care FSA. 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 expenses in the upcoming plan year,

- **For Medical:** Internal Revenue Service maximum \$2.750
- For Dependent Care: IRS maximum of \$10,500 per family (if single or married). If married, but file separate, your maximum is \$5,250 per family. Hilltop will match up to 50% of your elected Dependent Care amount up to \$2,500.

Your elected amount for both Medical and Dependent Care FSA will be divided into 24 pay periods during the benefit year.

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 PayFlex 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. Your total contribution amount is spread out over 24 pay periods in the benefit year.
- It is unknown at this point if COVID relief will continue past 2021. Normally, these accounts are use it or lose it.

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 dependent expenses visit:

www.payflex.com/en/individuals/products-programs-dependent-care-fsa.html

PAYFLEX®

Help us help you keep your PayFlex Card® active

Let's work together

There may be times when PayFlex® will ask you to send documentation for a card purchase. That's because the Internal Revenue Service (IRS) requires us to verify that all card purchases are eligible. So if you get a request, make sure to respond. Keeping us in the loop helps ensure that you can continue to use the PayFlex Card, your account debit card.

PayFlex may need documentation if:

- 1. The amount doesn't match the established copay 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?

You can find out if we need documentation from you on your PayFlex member website. Or we'll send you a Request for Documentation notice by email or mail, depending on your account settings.

Sign up for PayFlex debit card alerts

If you sign up to receive email notifications, we can let you know right away when we need documentation from you. Just log in to your PayFlex member website and click **Account Settings** at the top of your screen. Then select **Account notifications**.

Things to keep in mind

- Save all your Explanations of Benefits (EOB) statements from your insurance carrier. And keep your itemized statements and detailed receipts for your card purchases handy.
- If you don't respond to our requests, your card may be suspended. So be sure to send in the requested documentation or payment.
- After PayFlex receives and processes your documentation, your card will be active again.
- If your card is suspended, no worries. You can still get reimbursed for eligible expenses. Just pay for an eligible expense with another form of payment. Then submit a claim.

Quick tip

Don't use your 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. That way, you can avoid requests for more documentation.

Responding to a Request for Documentation

What type of documentation can I submit?

The best type of documentation to send us is the EOB — one 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:
- The name of the provider or facility that treated you
- Your name or the name of the patient
- The date of service
- The type of service
- The "final" amount you owe

How do I submit my documentation?

Once your documentation is good to go, you have a few ways to submit it to us.

- PayFlex website: You can log in and submit your documentation right from 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, check out your alerts.
- 3. **Fax**: Fax your documentation to PayFlex. Just don't mark up the document with a highlighter. It makes the fax hard for us 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
 - The eligible expense has to be from the same plan year.
 - We must receive the EOB or detailed receipt by the claim filing deadline of that plan year.
 - You can't have already been reimbursed for this expense.
 - You can't seek reimbursement for this expense elsewhere.
 - You, your spouse or eligible dependent must have incurred the eligible expense.

2. Pay back your account

- Send us a check or money order for the exact amount in question. Make payable to PayFlex.
- Mail to PayFlex.

We're here to help

Questions? Just log in to your PayFlex member website and click **Help & Support**.

PayFlex Systems USA, Inc.

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 adviser 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 (U.S.) economic or trade sanctions. For more information about PayFlex, go to **payflex.com**.

Note: Standard text messaging and other rates from your wireless carrier still apply.

PayFlex Mobile® is a registered trademark of PayFlex Systems USA, Inc.

PayFlex Card® is a registered trademark of PayFlex Systems USA, Inc.

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?

You may contribute 0-100% of your annual pay, not to exceed \$19,500 annually. The tax laws may also let you contribute an additional amount over the regular annual limit if you are at least 50 years old.

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 1/2.
- While Employed due to a qualified hardship (tax penalties will apply as defined by the IRS).

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

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

Why sign up for 401(k)?

- Hilltop matches up to 4% = Free Money!
- Employees are immediately 100% vested.
- Pre-tax & Roth contribution options
- You can choose from a wide range of investment options.

Previously Registered Users

Log into voyaretirementplans.com

Need assistance?

Call 1-800-584-6001 Availble 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
 - a. Plan # 551341
 - b. Verification # 55134199
- 2. Click Register Now
- 3. To access your account, register using:
 - a. Birthdate and SS#
 - b. 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

Insight Financial Solutions

2793 Skyline Court, Suite D - Grand Junction, CO 81506 - (970) 986-4503 www.ifsgj.com

MEET THE TEAM

Insight Financial Solutions is a local, independent financial services firm with over 50 years of combined experience. We are a trusted resource for all your financial needs — whether it is retirement plan consulting, wealth management, estate or business planning, or insurance questions, our team has you covered. Our experience allows us to help you navigate an increasingly complex financial world with the tools and know-how to help make the complex, simple.



KEVIN L. PRICE, LUTCF, PPC, CPFA

Kevin has been a Financial Advisor since 2002 and specializes in Retirement Plan Consulting and Private Wealth Management. Kevin is personally committed to your retirement plan's success and is dedicated to partnering with you to design and carry out a customized program to manage fiduciary responsibilities, reduced costs, ease administrative challenges, and most importantly, help your employees prepare for and transition into retirement. Retirement Plan Consulting Program advisory services offered through LPL Financial, a registered investment advisor.



JASON STANFIELD, ChFC

Jason has a bachelor's degree in Finance from the University of Sothern California. He has been a Financial Advisor since 2000 and specializes in Private Wealth Management. Jason focuses on working with individuals and families managing their investments and providing comprehensive financial planning. His objective to help clients achieve their goals and simplify the complexities of the investment and financial planning process, sets him apart.



CARY EIDSNESS, LUTCF

Cary has been a Financial Advisor since 2001 and specializes in Estate Planning and Business Planning. Cary's own experience in the business world makes him able to assist businesses with their long-term planning along with recruiting and retaining key employees. The clients who have worked with Cary are familiar with his willingness to provide assistance and advice in helping them develop long term strategies.



JENNETTE PRICE, Independent Insurance Specialist

Jennette can assist with Medicare insurance and life insurance. Jennette is a valuable resource when it comes to Medicare and all its intricacies. Jennette takes the time to understand your needs and concerns before making any recommendations. By remaining an independent Insurance Specialist, she works for YOU not the insurance company ultimately allowing the ability to promote a variety of plans. Her number one priority is focusing on the needs of the firm's clients.

Securities offered through LPL Financial. Member FINRA/SIPC. Investment advice offered through Cornerstone Wealth Management, a registered investment advisor. Cornerstone Wealth Management and Insight Financial Solutions are separate from LPL Financial.



LIFE INSURANCE

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 years or 26 if a full-time student.

Elected supplemental AD&D

	<u>Monthly</u> <u>Rate</u>	
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 serious injuries or if you die from a covered accident. Maximum of 5 times your annual salary. No EOI required for supplemental AD&D.

Elected Additional Life Insurance Premiums

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

	ife monthly or 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	\$1.46	
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	

NOTE: You may make changes to your life insurance coverage by applying for additional benefit units at anytime during the benefit year. Evidence of Insurability (EOI) will be required.

LIFE Coverage available for you:

Any amount between \$10,000 and \$500,000 in \$10,000 increments, up 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, up 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.

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.

Hilltop Group Plans

Accident

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



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.

Individual Aflac Plans

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

Contact Aflac's representative Jo Anne Allen at joanne allen@us.aflac.com or (970) 201-0481

HILLTOP FIRST TIME 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 a Employer-Assisted Homeownership benefit that includes a \$500 down payment match.





For more information and application go to Hilltop UKG/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!



With SmartDollar, you'll get:

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

Hilltop covers the cost! Sign up now! https://www.smartdollar.com/enroll/hhs8819

TUITION REIMBURSEMENT

- Education must be job related.
- Formal request submitted by your supervisor.
- Maximum of \$750 per employee, per year.





PAID TIME OFF (PTO)

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



PTO Defined

- PTO is 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.
- A PTO cash out is allowed up to 40 hours per calendar year. 100 hours must remain in your bank after cash out.

Years of Service	Accrual Rate Per Hour Worked	Pay Period Accrual (80 hours worked)	Annual Accrual (2080 hours worked)	Max PTO Bank
Less than 4	.0847	6.776	176.176	240
Greater than 4	.1038	8.304	215.904	240

PTO Breakdown	Annual Accrual (2080 Hrs Worked)	HF&W/ Vacation	Vacation	Holiday
Less than 4	176.176	48	80	48
Greater than 4	215.904	48	120	48

^{**}Values are rounded to the nearest whole hour

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 3 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.

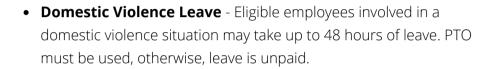
EIB Accural & Cap

- 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 their 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 is paid to the employee. 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.







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. Benefits will continue when an employee is on an approved leave. m
- 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.



BENEFIT CONTACT LIST

UMR - Plan Advisors

www.umr.com 1-800-207-3172

Monument Health Network

www.monumenthealth.net 970-683-5630

CVS/Caremark: Prescription

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

Rocky Mountain Health Plans

Medical Provider Directory www.rmhp.org 1-800-843-0719

Delta Dental of Colorado

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

VSP Vision

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

Teladoc

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

Benefits App

www.strivebenefits.com clientsuccess@strivebenefits.com

Triad EAP

www.triadeap.com 970-242-9536

UNUM Life Insurance

www.unum.com 866-679-3054

Hilltop Community Resources

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

Payflex - Flexible Spending Account

www.payflex.com 844-729-3539

Claims Address

PayFlex Systems USA, Inc. P.O. Box 4000 Richmond, KY 40476-4000

Voya

www. voyaretirementplans.com (Existing Users) www.enroll.voya.com (New Enrollees) Plan #:551341 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

Aflac Supplemental Insurance

Jo Anne Allen joanne_allen@us.aflac.com Phone: 970-201-0481 2755 North Ave. Suite 206 Claims: Marie Schmalz, 970-986-0876

Susan Volkmann - Benefits Administrator

(970) 244-0446 susanv@htop.org

Morgaan Walters-Schaler - Employee Wellbeing & Engagement Administrator

morgaanw@htop.org (970) 244-0614

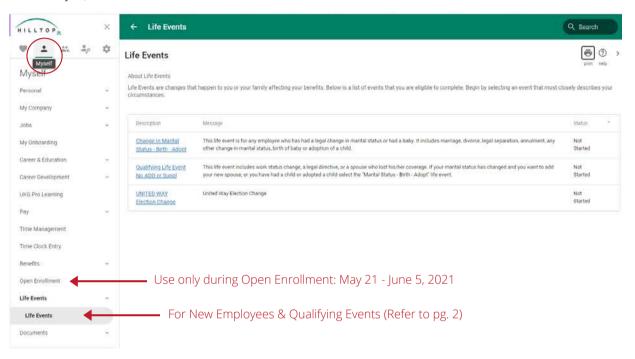
Rebecca Weitzel - Director, PeopleOps

(970) 244-0404 rebeccaw@htop.org

HOW TO ... ELECTING BENEFITS IN UKG (ULTIPRO)

To begin:

- 1. Go to https://ew33.ultipro.com/login.aspx
- 2. Log into UKG (UltiPro) (for password reset or username, contact PeopleOps at 242-4400). Go to Menu/Myself and select Open Enrollment (Only during 5/21/21 6/5/21) or Life Events/I am a new hire (For new hires only, during their first 30 days.).

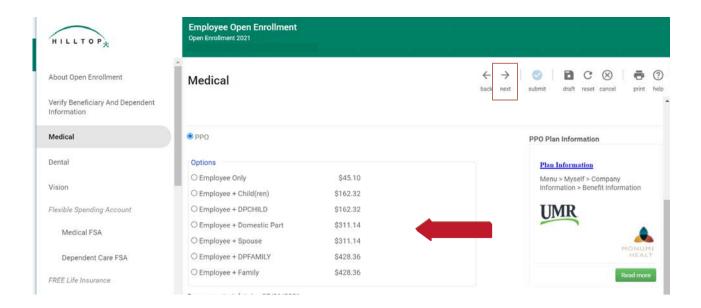


- 3. Select the 2021 Open Enrollment Session, or Life Events/ I am a new hire.
- Review the Welcome message, then use the Next button (top right hand corner) to continue.
- Verify Beneficiary and Dependent information. This page needs to be completed before you continue to enroll in benefits.
 - To add 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 any Hilltop benefit, remember to check the Dependent Box and include their birthdate and social security number. 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 PeopleOps.

To Elect Benefits: For each benefit category, <u>select</u> the benefit you wish to enroll in or select <u>decline</u>.

NOTE: Your current benefit is shown in the grey box 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.



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: Hilltop matches up to \$2,500 annually.

For Supplemental Life Insurance:

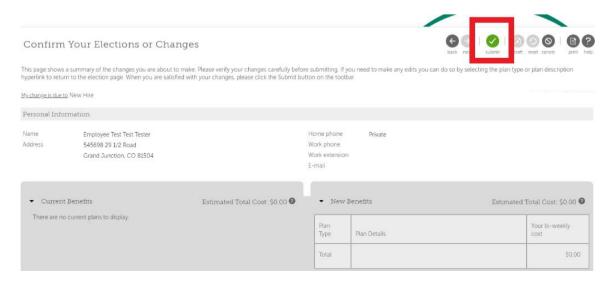
• Evidence of Insurability may be required. Call Susan Volkmann, Benefits Administrator at 244-0446, for more information.

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 <u>Draft</u> to continue at a later time. All elections are temporarily saved.
- 4. Select <u>Submit</u> to complete your elections. If you select Submit, you cannot make any changes without the assistance from HR. If you select <u>OK</u>, the confirmation page appears.
- 5. Close the page when done.





Benefit Guide

2021 - 2022

Hilltop Community Services