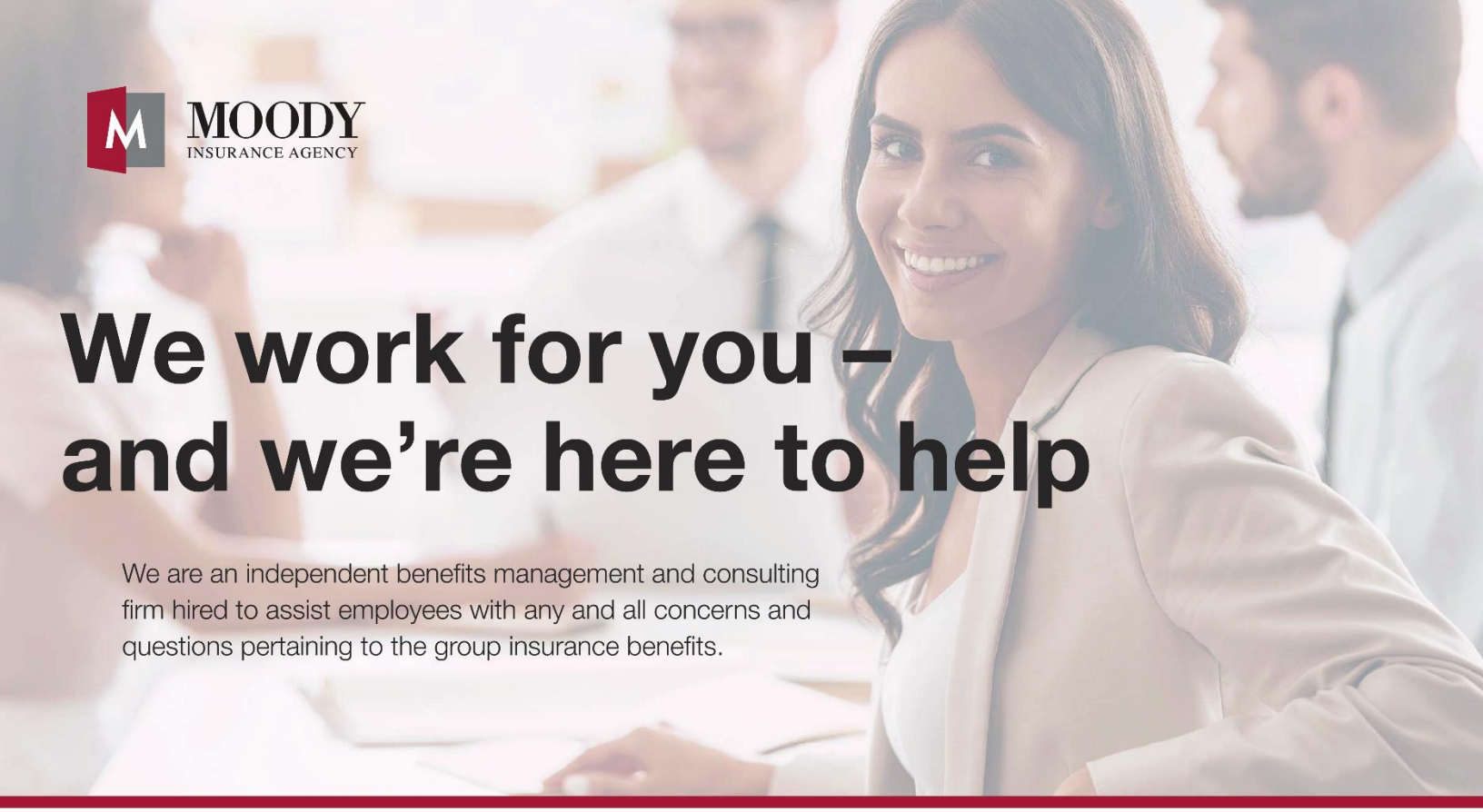
2025 Employee Benefit Guide

AN OVERVIEW OF THE WIDE ARRAY OF BENEFITS PROVIDED BY ELLICOTT SCHOOL DISTRICT 22 TO HELP YOU ENJOY INCREASED WELL-BEING AND FINANCIAL SECURITY



PREPARED BY MOODY INSURANCE AGENCY FOR ELLICOTT SCHOOL DISTRICT 22

MOODY
INSURANCE AGENCY



We work for you – and we're here to help

We are an independent benefits management and consulting firm hired to assist employees with any and all concerns and questions pertaining to the group insurance benefits.

Benefits Inquiries

POLICY QUESTIONS

Our Account Managers can answer questions about renewals, compliance and healthcare reform, escalated service issues, employee meetings, and wellness discussions.

CLAIMS

Come to our Account Specialist with your benefit inquiries, claim issues, carrier questions, billing issues, and provider searches.

ADMINISTRATION CONCERNS

Your Account Admin can help with enrollment issues, questions about qualifying events, employees address changes, and ID card requests.

Benefits Contact

Molly Artes
Account Manager
(719) 533-3104
molly.artes@moodyins.com

Shawn Alexander
Benefits Account & Marketing Specialist
(719) 533-3107
shawn.alexander@moodyins.com

Angel Patterson
Account Administrator
(719) 533-3103
angel.patterson@moodyins.com

Benefits for 2025

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This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.



IMPORTANT INFORMATION YOU SHOULD KNOW

- We suggest that you hang on to this reference guide for any questions you may have along the way.
- All benefits are effective the first of the month following your date of hire or date of transfer into a benefited position.
- All paperwork/enrollment forms MUST be turned in within 31 days of employment date. After **31 days**, employee is not eligible for benefits and will have to wait until the next open enrollment period to enroll.
- If you do not elect coverage at date of hire, you will have another opportunity during open enrollment each year. Open Enrollment typically falls at the end of Oct/beginning of Nov for an effective date of Jan 1st.
- You will receive ID cards in the mail for medical/prescription (combined card), dental and vision.
- Your dependents can be covered under ALL lines of coverage until the age of 26. Your dependent will be unenrolled at the end of the month in which they turn 26 years of age.
- You have **31 days** from the date of a qualifying event to make changes to your coverage. Proof of such event is required (i.e. birth certificate, marriage license, divorce decree, etc.)
- Once you receive your insurance cards in the mail, we suggest that you register on all benefit websites and the apps to stay up-to-date.

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MEMBERSHIP GUIDELINES

ELIGIBILITY

All full-time employees working at least 30 hours per week are eligible on the first of the month following date of hire. All bus drivers with full routes are eligible on the first of the month following date of hire.

Employee's eligible dependents are:

- An Eligible Employee's spouse (unless legally separated) including common law spouse;
- An Eligible Employee's current partner in a civil union; or
- An Eligible Employee's dependent child from birth to the end of the calendar month in which the child attains age twenty six (26).

NOTE: Proof will be required when adding a dependent child, spouse, common law spouse, or domestic partner to the plan prior to plan effective date. Please contact the HR office for the documentation requirements.

MAKING ENROLLMENT CHANGES DURING THE YEAR

In most cases, your benefit elections will remain in effect for the entire plan year (Jan 1-Dec 31). During each open enrollment period, you will have the opportunity to review your benefit elections and make changes for the coming year.

Certain coverages allow limited changes to elections during the year. These benefits include the medical, dental and vision plans. Under these benefits, you may only make changes to your elections during the year if you have a change in family status.
Family status changes include:

- Marriage, divorce, or legal separation
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage, or reaching the dependent age limit
- Changes in your spouse's benefit coverage with another employer that affects benefit eligibility
- Retirement
- Change in civil union status
- Changes in your spouse's employment affecting benefit eligibility
- Reduction of hours of service
- Enrollment in a Qualified Health Plan through the Health Insurance Marketplace

The change to your benefit elections must be consistent with the change in family status. To change your benefits, you must notify the HR office in writing by completing a Benefits Change Form and providing documentation of the qualifying event within 31 days of the event. Otherwise, you must wait until the next open enrollment period to make a change to your elections.

PRE-TAX PAYROLL DEDUCTIONS: MEDICAL, DENTAL & VISION

To help offset your contributions for medical, dental, and vision plans, we process these benefits on a pre-tax basis through the Section 125 (or "cafeteria") plan. By making your contributions for these benefits on a pre-tax basis, premium is withheld from your pay before federal, state and FICA taxes are calculated. This can reduce the amount of taxes you pay per paycheck. If you would like your benefits to be taken on an after-tax basis, you must make that request at time of enrollment or during open enrollment.

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Benefits for 2025

Overview of Benefits Program

Ellicott School District 22 provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

Benefits At-A-Glance

COVERAGE	CARRIER
MEDICAL	Kaiser Permanente
DENTAL	Beta Health Delta Dental
VISION	EyeMed
ENROLLMENT SYSTEM	Ease

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Benefits for 2025
Eligibility, Changes & Qualifying Events

Who Is Eligible?

- Full-time Employees working 30 or **more** hours per week, their spouses, and their dependents to age 26.
- **Benefits eligibility begins first of the month following 30 days after your date of hire.**

How to Enroll?

- The first step is to login to Ease and review your current benefit elections.
- Verify your personal information and make any changes if necessary.
- Make your benefit elections in Ease. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

When to Enroll?

- The open enrollment period runs from **November 15, 2024 – December 2, 2024.**
- The benefits you elect during open enrollment will be effective January 1, 2025 – December 31, 2025.
- New Hires must enroll in or waive benefits within 30 days of becoming eligible.
- All Open Enrollment elections must be completed in Ease.

QUALIFYING EVENTS

- Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event". These may include, but are not limited to:
    - Changes in employment status
    - Changes in legal marital status
    - Changes in number of dependents
    - Taking an unpaid leave of absence
    - Dependent satisfies or ceases to satisfy eligibility requirement
    - Family Medical Leave Act (FMLA) leave.
    - A COBRA-qualifying event
    - Entitlement to Medicare or Medicaid
    - A change in the place of residence of the employee, resulting in the current carrier not being available

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Benefits for 2025

ENROLLMENT SYSTEM - EASE

ease

Enrollment Guide at a Glance

1. Log in to Ease per the instructions you have received from your HR administrator or Broker. For optimal performance it is recommended that you use Chrome or Firefox as your browser.

2. Click Start Enrollment to begin your enrollment.

3. Follow the prompts on each page to complete your benefit enrollment. Click Continue to proceed to the next section.

4. Verify your personal information is correct and enter in any of your dependent information.

5. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

6. Please Select your benefit by selecting Enrolled or Waived for each plan.

Click Continue to proceed to the next benefit.

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. Sign Forms

8. Before you review your forms



type your name.

THEN

Sign your signature



and follow the prompts to finish.

9. If you have questions, reach out to your HR administrator or Broker.

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Benefits for 2025
INSURANCE PLANS AND RATES

ELLICOTT SCHOOL DISTRICT 22

Home of the Thunderhawks

Ellicott School District 22 will be covering the Peak Med costs for all employees and dependents enrolled in the health plan.

2025 INSURANCE PLAN RATES

HEALTH INSURANCE: Kaiser

Kaiser DHMO Plan G 2000/70 Plus

	DISTRICT	EMPLOYEE	TOTAL
Employee	$647.00	$49.49	$696.49
Employee + Spouse	$647.00	$808.67	$1,455.67
Employee + Children	$647.00	$690.26	$1,337.26
Employee + Family	$647.00	$1,149.95	$1,796.95

Kaiser DHMO Plan A 500/90 Plus

	DISTRICT	EMPLOYEE	TOTAL
Employee	$647.00	$114.54	$761.54
Employee + Spouse	$647.00	$944.61	$1,591.61
Employee + Children	$647.00	$815.15	$1,462.15
Employee + Family	$647.00	$1,317.77	$1,964.77

Kaiser PPO Plan E 2000/70

	DISTRICT	EMPLOYEE	TOTAL
Employee	$647.00	$239.26	$886.26
Employee + Spouse	$647.00	$1,205.28	$1,852.28
Employee + Children	$647.00	$1,054.62	$1,701.62
Employee + Family	$647.00	$1,639.55	$2,286.55

Voluntary VISION: Eyemed

Employee	$8.55	Employee + Children	$17.10
Employee + Spouse	$16.25	Employee + Family	$25.14

Voluntary DENTAL:

Beta Health Alpha US

Employee	$9.50	Employee + Children	$17.50
Employee + Spouse	$16.50	Employee + Family	$18.50

Delta Dental

Employee	$48.91	Employee + Children	$99.59
Employee + Spouse	$92.60	Employee + Family	$160.74

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Benefits for 2025

MEDICAL

Summary of Coverage

KAISER PERMANENTE®

Plan Features	DHMO 2000/30/70% (Base)	DHMO 500/30/90% (Mid)	PPO 2000/30/30% (Buy-Up)
IN NETWORK			
Calendar Year Deductibles (Indiv / Family)	$2,000 / $4,000	$500 / $1,000	$2,000 / $4,000
Referral? / Network	Yes / HMO	Yes / HMO	No / Choice PPO
Preventive Care	$0	$0	$0
Primary Care Visit	$30	$30	$30
Specialist Visit	$60 30% for other covered services	$50 10% for other covered services	$60 30% for other covered services
Virtual Care	$0	$0	$0
Labs	$30	$30	$30
X-Rays	20% after deductible	Provider Office: 5% after deductible Freestanding Clinic / Outpatient Hospital: 10% after deductible	30% after deductible
Complex Images	30% after deductible	10% after deductible	30% after deductible
Outpatient Procedure	Ambulatory surgical center: 20% after deductible Outpatient hospital: 30% after deductible	Ambulatory surgical center: 5% after deductible Outpatient hospital: 10% after deductible	30% after deductible
Inpatient Visit	30% after deductible	10% after deductible	30% after deductible
Emergency Room	$500	$500	$500
Urgent Care	$75	$50	$50
Pharmacy / RX (30 Day Supply)	$15 / $50 / $75 / 30% up to $300	$15 / $50 / $75 / 30% up to $300	$15 / $50 / $75 / 30% up to $300
Pharmacy / RX (90 Day Mail Order Supply)	$30 / $100 / $150	$30 / $100 / $150	$30 / $100 / $150
Calendar Year Out-of-Pocket Max (Indiv / Family)	$6,000 / $12,000	$4,500 / $9,000	$5,000 / $10,000
OUT OF NETWORK			
Calendar Year Deductibles (Indiv / Family)	Not covered	Not covered	$8,000 / $16,000
Coinsurance			50%
Calendar Year Out-of-Pocket Max (Indiv / Family)			$20,000 / $40,000
WEBSITE / NETWORK / PHONE NUMBER			
	www.kp.org / HMO / 855-249-5005	www.kp.org / HMO / 855-249-5005	https://choiceproducts-colorado.kaiserpermanente.org / Choice PPO / 855-364-3184

* Member may be responsible for any amount over the allowed amount

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Benefits for 2025
MEDICAL

KAISER PERMANENTE®

Online/mobile care options

Online chat[2]
Chat live online with a clinician for answers to routine or urgent medical questions. Available 7 days a week on **kp.org**.

Scheduled phone or video visits[2,3]
Schedule time to talk with a clinician by phone or video. With most plans, there's no cost.

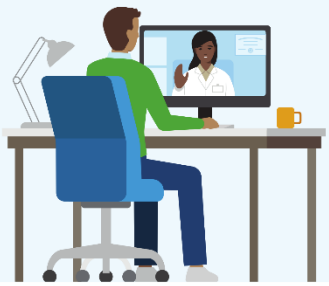
24/7 nurse advice
Speak to a registered nurse anytime, day or night, for routine or urgent medical or mental health advice. Call **303-338-4545** or **1-800-218-1059** (TTY **711**).

24/7 virtual care[2,4]
Fast, personalized support around the clock—no appointment needed. Get 24/7 care by phone or video from a Kaiser Permanente clinician across the U.S.

E-mail[3]
Message your Kaiser Permanente doctor's office with nonurgent questions and get a reply, usually within 2-3 business days.

E-visit
Answer a few questions on **kp.org** or our app for 24/7 self-care advice. In some cases, a Kaiser Permanente clinician will get back to you with a care plan—usually within 4 hours.

To access these care options and more visit **kp.org/getcare.**



With the Kaiser Permanente app and kp.org you can:

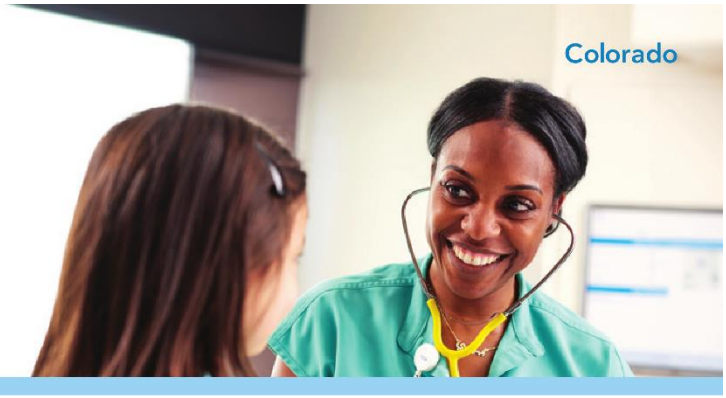
- Schedule or cancel appointments[3]
- Refill prescriptions
- View lab results[3]
- Pay medical bills
- And more!

Set up your account at **kp.org/register**, then download our app onto your mobile device.

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Benefits for 2025
MEDICAL

KAISER PERMANENTE®



Choice PPO plan

With the Kaiser Permanente Choice PPO plan, you have the flexibility to choose the care that's right for you.[1] Access a wide range of care across the nation – including Kaiser Permanente doctors and specialists.[2]

Whether you need primary care, specialty care, urgent or emergency care, you'll have lots of choices.

- In Colorado, you'll have in-network access to **Kaiser Permanente** providers, plus an extended open network of providers affiliated with Colorado's top hospitals and health systems.
- You also have access to **First Health providers**[3] in California, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington state, and the District of Columbia. Outside of those states and the District of Columbia, you have access to the **Cigna Healthcare℠ PPO Network.**[4]
- When using these providers, you don't have to select a personal doctor, and you don't need a referral. Some services require precertification.[5]

In-network providers have agreements with your health plan to offer services at discounted rates, lowering costs for you. For many in-network services, you might only have to pay a fixed amount known as a copay – usually a small fee for each visit. In some cases, instead of a copay, you might need to pay a percentage of the total cost of the services. This is called coinsurance.[6] For example, if your coinsurance is 20%, you'd pay 20% of the bill, and the insurance would cover the rest.

The Choice PPO plan may be the best health plan for you if you:

- Already have a provider you love and want to keep seeing
- Travel outside the state often
- Have kids in college in another state
- Live outside of a Kaiser Permanente service area

To find network locations and providers near you, visit **kp.org/choiceppo-colorado** or call Customer Service at **1-855-364-3184** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m.

Learn more at **kp.org/choiceppo-colorado**

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Benefits for 2025
MEDICAL

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Out-of-network providers

- You can also go out of network, and see any licensed provider you choose. However, where you go may affect your out-of-pocket costs.
- Some services may require precertification.[5]
- You pay more at the time of service, and you'll need to file a claim for reimbursement.
- For questions or help filing a claim, just call Customer Service at **1-855-364-3184** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m

Out-of-network providers don't have agreements with your health plan, so their rates might be higher. Before your plan starts to cover costs for out-of-network care, you might need to meet a higher deductible. The deductible is the amount you pay out of pocket before your health plan starts paying.

Pharmacy

Prescription medicine coverage is part of your Choice PPO plan. Where you choose to have your prescriptions filled will determine how much you pay for your medications.[7]

- Kaiser Permanente pharmacies are considered in-network.[8]
- You can fill prescriptions written by any provider at Kaiser Permanente pharmacies and in-network MedImpact retail pharmacies nationwide, including Walgreens, CVS, Rite-Aid, Safeway, and Costco.
- Not all locations in a chain are in-network; some are independently contracted. To check on a specific pharmacy or for more information, call Pharmacy Help Desk at **1-800-788-2949** (TTY **711**) at any time or check the MedImpact In-Network Pharmacy Directory.
- Order prescriptions online in the Kaiser Permanente app and have them sent right to your home at no extra cost.[9]
- If you have an existing prescription, call Customer Service at **1-855-364-3184** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m, and we'll help you transition to Kaiser Permanente.
- At most locations you can pick up new prescriptions in the same building as your doctor visit, often on the same day.
- To choose the Kaiser Permanente pharmacy where you'd like to pick up your prescriptions, visit **kp.org/facilities**.

Out-of-network pharmacies

- You can get prescriptions filled at any pharmacy you choose. Any pharmacy that is not a Kaiser Permanente licensed pharmacy or not in the MedImpact retail network is considered out-of-network.[8]
- When filling your prescriptions at out-of-network pharmacies, you'll be asked to pay full price for the medication and submit a claim form for reimbursement.
- For a list of covered drugs, visit **kp.org/choiceppo-colorado**, click on "For Members," then click "Pharmacy."

For more details about your plan, see the *Disclosure Form Part One* and *Disclosure Form Part Two* or ask your benefits manager for your *Certificate of Insurance*.

1. Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Permanente Health Plan, Inc., underwrites the in-network and out-of-network Tiers of the PPO plan. **2.** Colorado state law requires that a Network Access Plan be available that describes Kaiser Permanente Insurance Company's network of provider services. The Network Acess Plan will be available starting on October 1, 2023. To obtain a copy, please call Customer Service at 1-855-364-3184 (TTY 711) or visit kp.org/choiceppo-colorado. **3.** Kaiser Permanente Insurance Company is contracted with First Health. First Health is a brand name of First Health Group Corp. **4.** The Cigna Healthcare℠ PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration. Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property, Inc. **5.** Some services require precertification. For additional details regarding precertification, please see your *Certificate of Insurance* or call Customer Service at 1-855-364-3184 (TTY 711). **6.** Services may or may not be subject to a deductible. The deductible may count toward the satisfaction of your out-of-pocket maximum. **7.** Coverage and refills of maintenance medications depend on your specific plan provisions. **8.** Some covered drugs may have additional requirements or limits on coverage, including quantity limits, age restrictions, prior authorization, or step therapy. For more information visit kp.org/choiceppo-colorado or call the Pharmacy Help Desk at 1-800-788-2949 (TTY 711). **9.** Some prescriptions are not eligible to be mailed, and we are not able to mail to the following states at this time: Arkansas, Kansas, Louisiana, Nebraska, North Carolina, Oklahoma, South Carolina, and South Dakota.

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Benefits for 2025
MEDICAL

KAISER PERMANENTE®

Growing with southern Colorado to keep you thriving

Kaiser Permanente, the state's No. 1 health plan*, is proud to care for and grow with southern Colorado

As part of our commitment to southern Colorado, Kaiser Permanente is making it even easier for members to get care they need by adding more specialists, care options, and locations:

Opened 3 new medical offices, including our 25,000-square-foot, multispecialty Premier Medical Offices. We now have 3 facilities in Colorado Springs and 2 in Pueblo.

Added more doctors, medical specialties, and staff to our locations. And we continue to offer an extensive network of affiliated providers.

Grew our suite of virtual care options with new services like 24-7, on-demand phone and video visits, online chat and video visits with a mental health clinician, and more.

Expanded our online appointment options. Schedule or cancel routine and most specialty appointments, as well as many medical imaging services.

Kaiser Permanente medical offices offer care under one roof, so members can see a doctor, fill a prescription, and have labs and X-rays completed all in one stop. It's health care that's simple. Easy. Convenient.

Learn more or schedule an appointment at **kp.org**.

Southern Colorado medical offices



Briargate
4105 Briargate Parkway,
Suite 125
Colorado Springs, CO
80920



Parkside
215 Parkside Drive
Colorado Springs, CO
80910



Premier
3920 North Union Blvd.
Colorado Springs, CO
80907



Acero
2625 W. Pueblo Blvd.
Pueblo, CO
81004



Pueblo North
3670 Parker Blvd.,
Suite 200
Pueblo, CO 81008

*NCQA is a third-party organization that receives both clinical quality information (HEDIS) and member survey (CAHPS) feedback to rate health plans nationwide. Kaiser Permanente was Colorado's highest-rated plan in 2021.

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Benefits for 2025
MEDICAL

one medical

Experience the doctor's office designed around you



PeakMed Direct Primary Care is now One Medical. You'll continue to get the exceptional primary care you know with all the great benefits of One Medical. One Medical is the primary care practice that makes it fast, easy, and enjoyable to get care for your body and mind — in our offices and 24/7 in our app.

A few reasons why people love One Medical



On-demand, 24/7 virtual care

Use Video Chat or Treat Me Now to get care for common concerns like the flu, allergies, UTIs, skin care, and headaches — at no extra cost.



Fast access to care at our offices

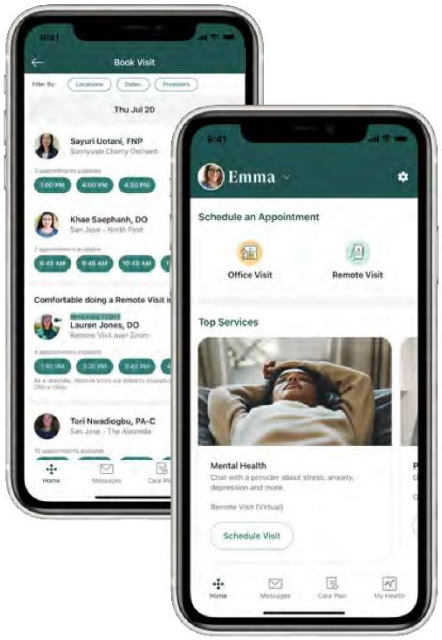
Get care designed around your life, with appointments that start on time, plus onsite lab work and a dispensary for prescriptions so you don't have to run all over town.



An easy-to-use app

Get 24/7 virtual care, message with providers, view your health history, request prescription renewals, and easily book appointments — all from our app.

In-Office/Remote Visits, and services that are not provided at the designated direct primary care offices in Denver/Colorado Springs are not covered by the direct primary care service fees that you pay (or which are paid for on your behalf by an employer) and may generate claims billed to insurance, or for self-pay, as applicable.



Download the One Medical app in the App Store, Google Play Store, or at **onemedical.com/mobile**.

Sign up now at **onemedical.com/peakmed**

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Benefits for 2025
MEDICAL

DIRECT PRIMARY CARE (DPC)

Direct primary care (DPC) is an innovative alternative payment model that aims to make it fast, easy, enjoyable and affordable to get care.

On behalf of Ellicott School District, Kaiser Permanente provides access to One Medical Direct Primary Care (DPC) membership services for employees and dependents enrolled in the health plan.

With direct primary care you can enjoy:

- Primary care services with zero claims and copays
- Convenient on-site **medication dispensing** and **lab services**
- Adult and pediatric care
- Chronic disease management
- Proactive care
- 24/7 virtual care, including Video Chats, via the One Medical app
- More time with top-rated providers who listen
- Same/next-day appointments that start on time
- Online appointment booking and prescription renewal requests via the app or web

Get Started with Direct Primary Care Today!

Step 1 - Call One Medical's Membership Service team at **(844) 673-2563** to select your location.

Step 2 - Meet your doctor and establish care (virtually or in-person). Don't wait till you're sick, we want to get to know you when you are well!

Step 3 - Enjoy the direct primary care difference!

One Medical Direct Primary Care services are not covered under your health plan benefits and are not subject to the terms set forth in your Evidence of Coverage. The One Medical Direct Primary Care (DPC) services are provided by and the responsibility of One Medical.

Kaiser Permanente member is not responsible for Direct Primary Care membership fees, but is responsible for payment of any fees associated with services provided as part of the Direct Primary Care membership. If a member's health plan coverage terminates, then the member will no longer be eligible to participate.

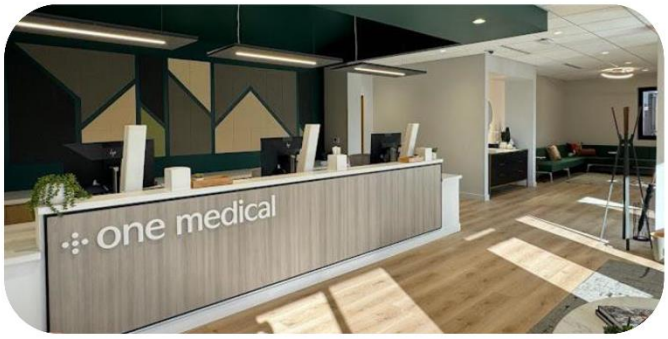
Direct primary care (DPC) service availability and billing may vary by location, local legal requirements, your employer's policies and your insurance plan type. Third-party services and products, including external lab processing fees, medications, and immunizations, as well as primary care services provided at any office outside of Colorado, are generally not included in your DPC services. Check your DPC agreement, One Medical at pm-membermgt@onemedical.com or call (844) 673-2563 or with your employer to confirm whether any third-party services or products or pediatric and family services provided in Colorado are included in your DPC services.

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Benefits for 2025
MEDICAL

DIRECT PRIMARY CARE (DPC)

Direct Primary Care Offices in Colorado



At One Medical, the care experience is designed around your needs and comfort — from appointments with compassionate providers to warm, calming spaces that put you at ease. Check out the list of One Medical locations in Colorado below and call 844-673-2563 to become a member of One Medical today!

Colorado Springs Locations

One Medical: Northgate
13271 Bass Pro Dr. Suite 140
Colorado Springs, CO 80921

One Medical: Tutt
6945 Tutt Blvd.
Colorado Springs, CO 80923

One Medical: Downtown Colorado Springs
321 S. Tejon St. Suite 100
Colorado Springs, CO 80903

Denver Locations

One Medical: Inverness
195 Inverness Dr W, Suite 100
Englewood, CO 80112

One Medical: Belleview
2600 W Belleview Ave Suite 200
Littleton, CO 80123

One Medical Direct Primary Care services are not covered under your health plan benefits and are not subject to the terms set forth in your Evidence of Coverage. The One Medical Direct Primary Care (DPC) services are provided by and the responsibility of One Medical.

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Benefits for 2025
MEDICAL

Virtual care at your fingertips

	DESCRIPTION AND TYPES OF CARE	RESPONSE TIME
Urgent Video Chat	Request a Video Chat with our virtual medical team at any time (24/7 on-demand) for non-life threatening but urgent concerns and potentially avoid costly trips to the ER. **Types of care:** Minor injuries (sprains, strains, burns, cuts), fevers over 103°, sudden back pain	Varies based on demand, but typically ~15-20 minutes
Treat Me Now	Get help with common issues by message. Simply answer a few questions about your symptoms and a provider will message you with next steps. **Types of care:** Colds/flu, seasonal allergies, skin issues (rashes, moles, acne), cold sores, STI screening	Within ~4 hours
Prescription Requests	Request a renewal right from the app and we'll send your prescription to the pharmacy you enter. **Types of care:** All prescription renewals (note: controlled substances may require a consultation)	48 hours for most meds, 72 hours for controlled substances
Messages	Send and receive secure messages with your PCP, our virtual medical team, admin team, or tech support. **Types of care:** Simple follow-up questions after a visit, or insurance/billing questions for the admin team	Typically between 24-72 hours
Remote Visits	Schedule an appointment with your PCP or another provider of your choice for things that don't require an in-person exam. You'll receive a link to dial into your visit once you book it. **Types of care:** Mental health, sleep issues, hair loss, follow-ups for chronic conditions like diabetes	Schedule your appointment for your preferred day and time

Not a One Medical member yet?

Visit **onemedical.com/peakmed**

The cost of membership is covered for you.

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Benefits for 2025
DENTAL



AlphaUS Dental Plan

Customer Service
(800) 807-0706
support@betadental.com

AlphaUS Dental Plan Summary of Benefits

- **Savings of 20 - 50% on all dental services**
- **No waiting on ANY services, including major/ortho**
- **Unlimited services – use as much as you like**
- **Very low out-of-pocket cost – significant savings!**
- **No deductibles or claim forms**
- **Cosmetic dentistry included**
- **Orthodontics for children and adults**

PLUS!

- **Vision discounts through VSP Savings Pass**
- **Hearing discounts through Amplifon**
- **Teledentistry availability through Teledentistry.com**
- **Interest-free financing up to 36 months on $1,000 of dental, vision, and hearing costs**

How does the AlphaUS Dental plan work?

The AlphaUS Dental Plan is a national network dental plan. All discounted fees on this plan are pre-negotiated with the General Dentist, so there are no hidden costs or expenses. Specialty care is also available at a greatly reduced cost on this plan as well.

You must see an AlphaUS dental provider in order to receive the discounted savings. There are no out-of-network services available on this plan. Below is a list of the most common dental procedures and what you will pay.

This plan uses the Careington CarePOS network. When calling to make an appointment with a network dental office, mention the CarePOS dental savings plan.

AlphaUS Dental Plan Savings (what you pay)

Fees vary by location across the US. Fees listed are illustrative of 1 fee schedule.

ADA Code	Dental Procedure Description	Normal fee	AlphaUS Fee	Savings
0150	Comprehensive Exam	$126	$46	63%
0274	Bitewings x-ray (four films)	$89	$36	60%
1110	Prophylaxis-adult	$108	$54	50%
0120	Periodic oral exam-established patient	$72	$27	58%
0210	Intraoral- complete series	$221	$81	63%
2330	Resin based composite (one surface)	$215	$83	61%
2790*	Crown-full cast high noble metal	$1,580	$657	58%
3330	Molar (excluding final restoration)	$1,425	$661	54%
4341	Periodontal Scaling/Root Planning	$348	$140	60%
5110*	Complete denture-maxillary	$2,433	$905	63%
7140	Extraction erupted tooth	$261	$92	65%
9230	Nitrous Oxide	$113	$32	72%

AlphaUS Dental Plan Provider Lookup and Full Fee Schedule
https://alphadentalplan.com/alpha-plus-dental-plan/

brought to you by Beta Health

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Benefits for 2025

DENTAL

DELTA DENTAL®

Delta Dental PPO™
Beta Plan 4
Summary of Benefits

Calendar-year Deductible	$50 – Individual $150 – Family	Applies to Basic and Major services only
Calendar-year Maximum	$2,000	Per Individual
Orthodontic Lifetime Maximum	Not included	
Prevention First	Included	Deductibles do not apply to Diagnostic & Preventive Services, and these services do not count against calendar-year maximum **when using a PPO or Premier provider for all services.**
Right Start 4 Kids®	Included	For children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services up to the calendar-year maximum **when using a PPO or Premier provider for all services***

Network	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist	Benefit Limitations
Diagnostic & Preventive Services				
Oral Exams & Cleanings	100%	90%	90%	2 per calendar year; up to 2 additional cleanings with any Evidence-Based Dentistry (EBD) condition (Periodontal Disease with: Diabetes, Pregnancy, or Cardiovascular) or Immune System Suppression, Kidney Failure/Dialysis
Limited Oral Evaluation – Problem Focused	100%	90%	90%	2 per calendar year (in addition to Oral Exam)
Screenings	100%	90%	90%	2 per calendar year (in addition to Oral Exam)
Sealants	100%	90%	80%	1 per tooth in any 3 year period through age 19
Bitewing X-Rays	100%	90%	90%	1 set (any number of films) per calendar year (includes vertical Bitewing X-ray)
Full-mouth X-rays	100%	90%	90%	1 per 5 years unless documentation of special need
Fluoride	100%	90%	90%	2 per calendar year, no age limitation
Space Maintainers	100%	90%	90%	1 per quadrant per lifetime (to include unilateral or bilateral) to maintain space for eruption of permanent posterior teeth through age 19
Basic Services				
Fillings	80%	80%	80%	Amalgam (Silver) or Composite Fillings: 1 per tooth and surface per 5 years
Simple Extractions	80%	80%	80%	
Anesthesia Services	80%	80%	80%	General, IV Sedation or Analgesia (nitrous oxide) – Up to 1 hour covered with Endodontics, Periodontal Surgery, Surgical Implant Placement and Oral Surgery.
Oral Surgery	80%	80%	80%	
Endodontics/Periodontics	80%	80%	80%	Periodontal Cleanings: 4 maintenance cleanings per year (not to exceed 4 cleanings per year)
Major Services				
Denture Repair/Reline	50%	50%	50%	1 per 3 years per appliance
Crowns/Implants	50%	50%	50%	Crowns: 1 per 7 years; not a benefit under age 12 Implants: 1 per 7 years, not a benefit under age 16
Dentures/Bridges	50%	50%	50%	1 per 7 years; not a benefit under age 16
Occlusal Guards	50%	50%	50%	1 per 5 years, adjustments covered 1 per year following 6 months of initial placement
Orthodontic Services	Not included	Not included	Not included	

RIGHT START 4 KIDS (RS4K) FROM DELTA DENTAL OF COLORADO is a unique plan design enhancement that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible, when in-network providers are seen.* If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are available but are not eligible for the RS4K 100% coverage level. Right Start 4 Kids is subject to limitations, exclusions, and annual maximum. Check your benefits booklet for specific plan coverage as it varies from group to group.

You are enrolled in a MAC PPO plan. The Maximum Allowable Charge (MAC) plan is a feature of Delta Dental PPO that will help you save on out-of-pocket costs. You may visit any licensed provider, but you will receive the greatest savings when you choose a PPO provider.

If you do not see a PPO provider, and your provider charges more than the PPO provider's Allowable Fee, you will be responsible for the excess charges. If you see a Premier provider, you will be responsible for the difference between the PPO provider's Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA). If you see a non-participating provider, you will be responsible for the difference between the PPO provider's Allowable Fee and the full charges you are billed.

Open enrollment applies. Members may add coverage once per year.

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Benefits for 2025

DENTAL

DELTA DENTAL®

DELTA DENTAL®

Right Start 4 Kids®
from Delta Dental of Colorado



Did you know that cavities are the most chronic childhood disease? Cavities are five times more common than asthma. Children with pain from tooth decay typically miss more school and have lower grades than their peers, not to mention the lost work hours for parents. But cavities are nearly 100% preventable, and it's easy to protect your child's oral health and ensure better overall health.

RIGHT START 4 KIDS (RS4K) FROM DELTA DENTAL OF COLORADO is a unique plan feature that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for covered diagnostic & preventive, basic, and major services, with no deductible, when in-network providers are seen.* If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are not eligible for the RS4K 100% coverage level.

Want to learn more about your child's oral health and why it's so important to take care of it from an early age? Go to the Oral Health & Wellness page on our website at deltadentalco.com/wellness.aspx.



THE RIGHT START FOR A BRIGHT FUTURE

100% COVERAGE*

NO DEDUCTIBLE

IN-NETWORK PROVIDERS

HEALTHY SMILES & BRIGHT FUTURES

* Right Start 4 Kids is subject to limitations, exclusions, and annual maximum. Check your benefits booklet for specific plan coverage as it varies from group to group.

deltadentalco.com

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Benefits for 2025

VISION



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor

(Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up

You may have additional benefits. Log into **eyemed.com/member** to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	$20 copay	Up to $40
Retinal Imaging	Up to $39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to $40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	$0 copay; 20% off balance over $180 allowance	Up to $126
LENSES		
Single Vision	$20 copay	Up to $30
Bifocal	$20 copay	Up to $50
Trifocal	$20 copay	Up to $70
Lenticular	$20 copay	Up to $70
Progressive - Standard	$75 copay	Up to $50
Progressive - Premium	$105 - 195 copay	Up to $50
LENS OPTIONS		
Anti Reflective Coating - Standard	$45 copay	Up to $5
Anti Reflective Coating - Premium Tier 1 - 3	$57 - 85 copay	Up to $5
Photochromic - Non-Glass	$75	Not covered
Polycarbonate - Standard	$40	Not covered
Polycarbonate - Standard < 19 years of age	$0 copay	Up to $32
Scratch Coating - Standard Plastic	$0 copay	Up to $12
Tint - Solid and Gradient	$0 copay	Up to $12
UV Treatment	$0 copay	Up to $12
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	$0 copay; 15% off balance over $180 allowance	Up to $180
Contacts - Disposable	$0 copay; 100% of balance over $180 allowance	Up to $180
Contacts - Medically Necessary	$0 copay	Up to $210
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered

FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every 12 months from the date of service	Once every 12 months from the date of service
Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
Frame	Once every 24 months from the date of service	Once every 24 months from the date of service
Contact Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service

(Plan allows the member to receive either contacts and frame, or frame and lens services.)

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28.

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Benefits for 2025
VISION

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.



Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,[1] but our long list of special offers takes benefits even further.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

[1] Based on weighted average of sample transactions; EyeMed Insight network/$10 exam copay/$10 materials copay/$120 frame or contact lens allowance.

Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL

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2025 Employee Benefit Guide

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