

A GUIDE TO YOUR **BENEFITS**

Benefit Plans Effective
September 1, 2025 – December 31, 2025




















Welcome!

At **Summit School District**, we care about you. That’s why we offer a comprehensive suite of benefits that support physical, emotional, and financial health. This guide will help you understand your benefits, know how to use them, and be equipped to access them when necessary.

Review this guide regarding your benefits for the **2025** plan year and make informed decisions about what is best for you. If you are viewing this guide electronically, you can click within the Table of Contents to navigate to the corresponding section.

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Who Is Eligible?

As a **Summit School District** employee, you are eligible for benefits if you work at least 30+ hours per week. Benefits are effective on the **first day of the month following your date of hire**. You may enroll your eligible dependents for coverage once you are eligible, which could include your legal spouse, civil union partner, and children up to age 26.



Changing Your Benefits

New Employees

As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll.

Qualifying Events and Dropping Dependents

Generally, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period. However, you may drop a dependent at any time and they will be covered through the end of the month, or you can change your benefit elections during the year if you experience one of the following qualifying life events:

- **Change in marital status**
 - Marriage
 - Death of spouse
 - Divorce or Legal Separation
- **Change in number of dependents**
 - Marriage
 - Birth
 - Death
 - Adoption of child or placement of a child for adoption
- **Change in coverage status**
 - Loss or gain of other coverage by the employee or dependent
- **Change in individual coverage status due to aging out**
 - If an employee loses eligibility on their parent's plan (i.e. aging out at 26)

You have 30 days from the qualified life event to make changes to your coverage. Depending on the type of event, you may need to provide proof of the event (e.g. marriage license, birth certificate, etc.). You do not need to provide documentation if your only change is to drop a dependent(s) off your current plan, but documentation will always be required if you are adding dependents outside of open enrollment.

Annual Open Enrollment

Employees working 30+ hours per week are eligible for benefits. Open enrollment will occur **July 21 - August 8**. Open enrollment will be processed through the Employee Access Portal. ALL benefits eligible employees will need to go into the Employee Access Portal to review your plan options and make your benefit elections for September 1, 2025 – December 31, 2025. Open enrollment examples include: enroll in or waive each benefit, add or remove dependents, update your beneficiaries for the \$25k District Paid Life Insurance benefit.

**An additional Open Enrollment will be held in November, with additional information to come.*



Key Benefit Terms

Deductible: The amount you owe for health care services before your health insurance or plan begins to pay. *(For example: John has a health plan with a \$1,500 annual deductible. He falls off his roof and needs three knee surgeries; the first is \$800. Because John hasn't paid anything toward his deductible this year, he is responsible for 100% of his first surgery. \$800 is applied to his deductible.)*

Non-Embedded Deductible: A type of health insurance deductible where all family members share a single deductible amount. This means that all medical expenses incurred by family members contribute towards meeting this deductible.

Embedded Deductible: A type of health insurance deductible where each family member has their own individual deductible. When an embedded deductible is in place, a family member must meet their own deductible before the insurance company starts covering their medical expenses.

Copay: A fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service. The copay does not apply towards meeting the deductible but does count towards the out-of-pocket maximum.

Co-Insurance: Your share of the costs of a covered health service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance after you have met any deductible you owe. *(For example: John's second surgery costs \$3,200. Because he's paid \$800 of his \$1,500 annual deductible, John is responsible for the first \$700 to meet his deductible. His plan will then cover 80% of the remaining cost, for a total of \$2,000 [$\$2,500 \times 80\%$].)*

Out-Of-Pocket Maximum (OOPM): The most you pay in a calendar year before your health plan begins to pay 100% of the allowed amount.

Items that count towards the out-of-pocket maximum:

- Copays
- Deductibles
- Co-insurance payments

Items that DO NOT count towards the out-of-pocket maximum:

- Your premium
- Balance-billed charges
- Charges your plan does not cover (e.g. plastic surgery, excluded services, etc.)

Example: *John's third surgery costs \$12,000; his plan has a \$4,000 OOPM. Because John already paid \$2,000 toward his OOPM for his first two surgeries, he only needs to spend \$2,000 before he hits his OOPM (\$4,000 - \$2,000). The plan pays the remaining \$10,000 (\$8,000 - \$2,000).*

In-Network: Doctors, clinics, hospitals, and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

Out-Of-Network: A health plan will cover treatment for doctors, clinics, hospitals, and other providers who are out-of-network, but members will pay more out-of-pocket to use out-of-network providers than for in-network providers.

Primary Care Physician (PCP): A physician who provides the first contact for a person with a health concern as well as continuing care for varied medical conditions, not limited by cause, organ system, or diagnosis.

Health Saving Account (HSA): A tax-advantaged medical savings account available to those who are enrolled in a High Deductible Health Plan (HDHP). The funds contributed are not subject to federal income tax. These funds may be used for a variety of medical, dental, and vision expenses. For a full list, visit www.irs.gov in IRS Publication 502.

Flexible Spending Account (FSA): An account employees put money into that they can then use to pay for certain out-of-pocket health care costs. You don't pay taxes on this money, which means you'll save an amount equal to the taxes you would have paid on the money you set aside. These funds must be used within the plan year.

Explanation of Benefits (EOB): A statement sent by a health insurance company to covered individuals, which explains the medical treatments and/or services that were paid on their behalf.

Formulary: A list of prescription drugs covered by the health plan.

U&C – Usual and Customary: The amount that the plan allows for a specific procedure or service. Also known as R&C (Reasonable and Customary). The member can be billed for these charges.

Balance Billing: When a provider bills you for the difference between the provider's charge and what your health plan pays. A participating provider contractually cannot balance bill you for covered services. Balance billed amounts do not apply toward your deductible or OOPM.



Medical

Employees of **Summit School District** have the option to choose from two different medical plan options **HDHP/HSA** and **Health Measures PPO**. Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs. These plans use the **United Healthcare Choice Plus** network. This is the network of doctors you will want to stay within to access your in-network benefits.

Before you enroll in medical coverage, take some time to fully understand how each plan works. The tables below summarize the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Before You Choose a Plan, Consider This:

- Do you prefer to pay more for medical out of your paycheck but less when you need care?
- What planned medical services do you expect to need in the upcoming year?
- Do you or your covered dependents take any prescription medications regularly?



Medical Base Plan	HDHP/HSA Plan	Healthy Measures PPO
Network	United Healthcare Choice Plus	United Healthcare Choice Plus
Office Visit (Primary Specialty)	20% After Deductible	\$35 Copay
Deductible Single (Single Family)	\$2,500 \$5,000 Non-Embedded	\$2,500 \$5,000 Embedded
Coinsurance (In Out)	You pay 20% / Plan pays 80%	You pay 20% / Plan pays 80%
Out of Pocket (Single Family)	\$5,600 \$11,200 Embedded	\$5,000 \$10,000 Embedded
Inpatient Hospital	20% After Deductible	20% After Deductible
Outpatient Hospital	20% After Deductible	20% After Deductible
Rx Retail	Generic: 20% after Deductible Preferred: 20% after Deductible Non-Preferred: 20% after Deductible Specialty: 20% after Deductible	Generic: \$10 Copay Preferred: You pay 30% Non-Preferred: You pay 50% Specialty: You pay 30% to \$250 Maximum per RX
Rx Mail-Order	Generic: 20% after Deductible Preferred: 20% after Deductible Non-Preferred: 20% after Deductible Specialty: 20% after Deductible	Generic: \$25 Copay Preferred: You pay 25% Non-Preferred: You pay 45% Specialty: You pay 30% to \$250 Maximum per Rx
Preventative Visit	Covered 100%	Covered 100%
Telehealth	20% After Deductible	\$35 Copay
Telemedicine (CirrusMD)	Covered 100%	Covered 100%
Advanced Imaging	20% After Deductible	20% After Deductible
X-ray	20% After Deductible	\$35 Copay
Lab	20% After Deductible	\$35 Copay
Urgent Care	20% After Deductible	\$50 Copay
Emergency Care	20% After In-Network Deductible	20% After In-Network Deductible



Prescription

OptumRx

OptumRx is the vendor for prescriptions on the HDHP and Healthy Measures PPO plans. OptumRx contracts with pharmacies across the county to lower your medication costs. Getting your prescription drugs from an in-network pharmacy can save you time and money. If a pharmacy does not contract with OptumRx, it is considered out of network. You can still fill your prescription at an out-of-network pharmacy, but you may pay more for the same medication.

For a 90-day mail-order supply of maintenance medications (blood pressure, cholesterol, etc.), log in or register for a new account with Optum Home Delivery. Then you can have your prescriber transfer or send in a new prescription. Once your prescription is processed, your delivery should arrive in 3-5 business days. Your provider can send an electronic prescription (e-prescription) directly to Optum Home Delivery through their e-prescribe system or they can also call in your prescription directly to the pharmacy.

HDHP/HSA Plan

Prescription Drugs Retail: 30-Day Supply	Prescription Drugs Mail-Order: 90-Day Supply
20% After Deductible (Generic)	20% After Deductible (Generic)
20% After Deductible (Preferred)	20% After Deductible (Preferred)
20% After Deductible (Non-Preferred Brand/Specialty)	20% After Deductible (Non-Preferred Brand/Specialty)

Healthy Measures PPO Plan

Prescription Drugs Retail: 30-Day Supply	Prescription Drugs Mail-Order: 90-Day Supply
\$10 Copay (Generic Brand)	\$25 Copay (Generic Brand)
You Pay 30% (Preferred Brand)	You Pay 25% (Preferred Brand)
You Pay 50% (Non-Preferred Brand)	You Pay 45% (Non-Preferred Brand)
You pay 30% to \$250 Maximum per Rx (Specialty)	You pay 30% to \$250 Maximum per Rx (Specialty)



Dental Benefits

Administered by UMR

Good oral care enhances overall physical health, appearance and mental well-being. Problem with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the District dental benefit plans. Your benefit dollars go further when using an in-network dental provider.

Description	Base Plan	Buy-Up Plan
Annual Max	\$1,500	\$1,500
Deductible (Single Family)	\$50 \$150	\$50 \$150
Deductible Applies To	Basic and Major Services Only	Basic and Major Services Only
Preventative Services (Cleanings, Exams, X-Rays)	Plan Pays 100%	Plan Pays 100%
Basic Services (Fillings, Extractions, Periodontics, Endodontics, Oral Surgery)	Plan Pays 80%	Plan Pays 80%
Major Services (Crowns, Bridges, Dentures, Implants)	Plan Pays 50%	Plan Pays 50%
Orthodontia Services (Dependent Children to age 19)	Not Covered	Plan Pays 50% to Maximum Lifetime Benefit of \$1,500



Voluntary Vision Benefits

Insured by United Healthcare

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. To take advantage of your UHC vision benefit, simply contact a UHC provider and let them know you have UHC Vision coverage.

Carrier

Carrier Network	UMR United Healthcare
Benefit Frequency	Eye exam eligible once every 12 months Lenses eligible once every 12 months Frames eligible once every 24 months Contact lenses eligible once every 12 months (in lieu of lenses/frames)
Routine Exam	\$10 Copay

Lenses

Lenses	Per Pair
Single	\$25 Copay
Bifocal	\$25 Copay
Trifocal	\$25 Copay
Lenticular	\$25 Copay
Progressive	\$25 Copay
Frames	\$150 Allowance
Contacts	\$130 Allowance

ExpressExam

As a United Healthcare Vision member, you can now renew your eyewear prescription virtually with ExpressExam. This is available at no additional cost and is a quick, simple way to ensure you're prioritizing your vision care.

How it works:

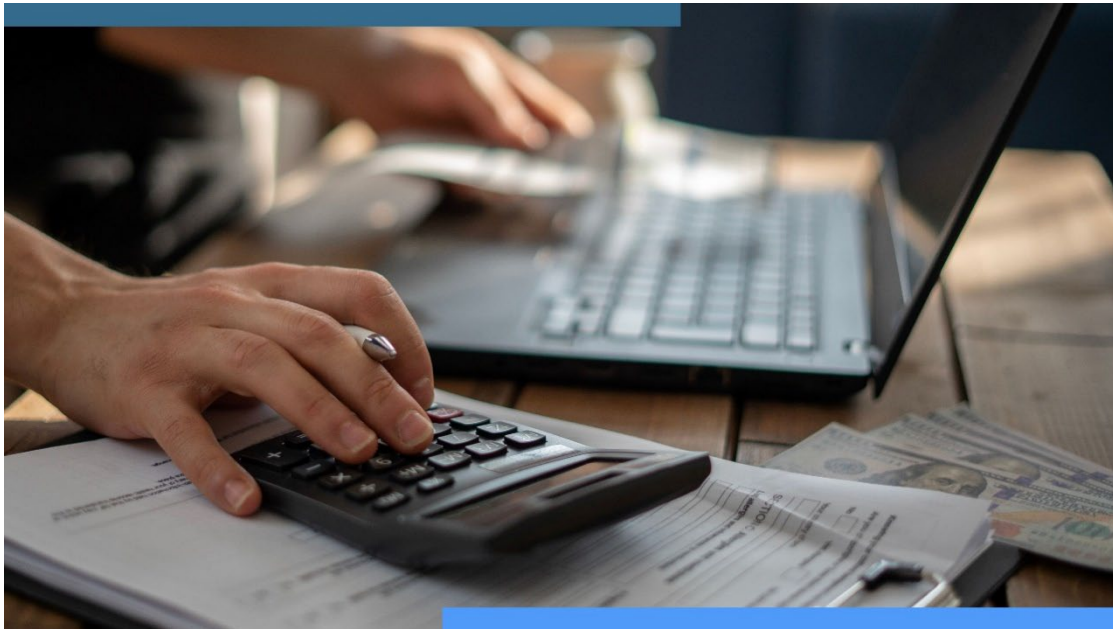
- Take the exam: Use your phone or computer to take an online vision exam. It only takes about 10 minutes.
- Doctor review: A certified ophthalmologist in your state reviews your exam results.
- Get your prescription: If approved, your renewed prescription will be ready to use within a few hours.



The Cost of Your Benefits

Below, you will find the monthly costs for medical, dental, and vision insurance.

Coverage Level	UHC PPO	UHC HDHP	Dental Base	Dental Buy-Up	Vision
Employee Only	\$286.00	\$112.00	\$5.50	\$5.50	\$6.63
Employee + Spouse	\$964.00	\$597.00	\$42.90	\$42.90	\$13.26
EE + EE	\$572.00	\$224.00	\$8.80	\$8.80	-
Employee + Child(ren)	\$765.00	\$441.00	\$38.50	\$49.50	\$13.38
Employee + Family	\$1,415.00	\$898.00	\$73.70	\$84.70	\$21.37
EE+EE+Family	\$1,051.00	\$553.00	\$39.60	\$50.60	-





Health Savings Account (HSA)

Administered by Health Equity

A Health Savings Account (HSA) is an individually-owned, tax-advantaged account that you can use to pay for current or future IRS-qualified medical, dental and vision expenses. With an HSA, you'll have the potential to build more savings for healthcare expenses or additional retirement savings through self-directed investment options.

Advantages of the High Deductible Health Plan (HDHP) with an HSA

The HDHP option is designed to encourage you to be more conscientious of your healthcare expenditures. It also offers a number of special features, for example:

- It has a lower monthly payroll contribution
- You have access to a Health Savings Account (HSA) that allows you to put aside money, tax-free, to pay for eligible medical expenses. You choose when to use the money in your HSA account. It rolls over from year to year, allowing the balance to increase.

Setting Up an HSA Account

Your HSA is administered through Health Equity. You can open and contribute to an HSA if you:

1. Are covered by an HSA-qualified health plan (HDHP);
2. Are not covered by other health insurance (with some exceptions);
3. Are not enrolled in Medicare. **If you are enrolled in any Medicare, including Medicare Part A, you are not eligible to open and contribute to an HSA.**
4. Are not eligible to be claimed as a dependent on another person's tax return;
5. Have not received health benefits from the Veterans Administration with the exception of services for a "service related disability" or an Indian Health Services facility within the last three months; and
6. Are not covered by your own or your spouse's Healthcare FSA.

Contributing to your HSA

Health Savings Accounts have a triple tax advantage:

- Contribute tax-free
- Invest tax-free
- Make withdrawals for eligible medical expenses, or for any use after age 65 tax-free

Using Your HSA Funds

Money you use from your HSA to pay for qualified medical expenses is federally tax-free. If you use money for reasons other than qualified medical expenses before age 65, that money is taxable and subject to a 20% penalty. This isn't a complete list of rules and requirements for HSAs. More info can be found in the publication 969 of the IRS, at www.irs.gov.

The annual 2025 HSA contribution limits are **\$4,300** for single coverage and **\$8,550** for family coverage. If you are age 55 or older you may contribute an additional \$1,000.

You cannot use HSA dollars on Domestic Partners unless they are your legal tax dependent. Your adult children 19-26 must be a tax dependent to be eligible to use your HSA dollars for their expenses. If they are not tax dependent, and still covered under your Summit School District HDHP plan, they may open their own HSA and contribute up to the family maximum.



Flexible Spending Accounts (FSA)

Administered by Rocky Mountain Reserve (RMR)

Summit School District provides you the opportunity to fund out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You must enroll/re-enroll in the plan to participate for the plan year September 1, 2025 through June 30, 2026. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA.

A health care FSA is used to reimburse out-of-pocket medical, dental and vision expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

IMPORTANT: If you are enrolled in the District's HDHP plan with HSA (or another High Deductible Health Plan with HSA), you are ONLY eligible to enroll in the limited purpose FSA (dental and vision expenses ONLY). If you are not enrolled in our PPO medical plan or are enrolled in your spouses or another PPO plan (non-HDHP), then you are able to enroll in the full FSA plan at the District.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed, with the exception of \$640 which can be rolled over to the new plan year, it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

The maximum that you can contribute to the Health Care Flexible Spending Account for the shorter plan year 9/1/2025 – 6/30/2026 is **\$2,750**.

The maximum that you can contribute to the Dependent Care Flexible Spending Account for the shorter plan year 9/1/2025 – 6/30/2026 is \$4,166 if you are a single employee or married filing jointly.



Telemedicine Services

Get a jump-start on good health habits this year by chatting with a CirrusMD doctor today. CirrusMD can help by answering any medical questions you may have on your health and wellness journey. CirrusMD is here to keep you healthy all year long.

Just send a message with the CirrusMD app and get a response from a doctor in less than a minute. It's that easy!

Chat with a doctor about any of the following: COVID-19, Getting asthma under control, how to lose weight, managing high blood pressure, clearing up acne, general questions about overall wellness, help with quitting smoking.

CirrusMD is available to ALL employees regardless of eligibility for other benefits (includes part-time employees)

24/7/365 access to medical and behavioral health consultations – access to board certified, U.S. Physicians, Licensed Counselors and Psychiatrists by phone, email, or live online chat.



Additional Benefits

Regenexx

Regenexx uses your body's natural healing agents to replace the need for up to 70% of elective orthopedic surgeries. Your stem cells and blood platelets are concentrated in our on-site orthobiologics lab and injected under image guidance into the precise area of your injury. With Regenexx, you can get back to doing what you love without invasive surgery and lengthy recovery.

For an in-depth overview, Regenexx hosts weekly information sessions where you can learn about Regenexx and how procedures may be able to help treat your orthopedic pain. You'll also have the opportunity to ask questions about your benefits. Visit www.regenexxbenefits.com for more information.

Real Appeal

Real Appeal helps people make small changes necessary for larger, long-term health results, based on weight-loss research studies commissioned by the National Institutes of Health. Real Appeal uses a highly interactive weekly internet show, videos and live online coaching to drive small behavior changes week-by-week, over a full year. Members receive small, actionable changes ongoing coach support, engaging, inspiring content, and customized plans.



Life and AD&D Insurance

Insured by United Healthcare

District Paid Life and AD&D Insurance

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Summit School District. The District provides benefits eligible employees basic life insurance of \$25,000 at no cost to you regardless of whether or not you participate in the medical plans offered by Summit School District.

Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to benefit eligible employees or your beneficiaries if you lose a limb or die in an accident. Summit School District provides AD&D coverage of \$25,000 at no cost to you. This coverage is in addition to your district-paid life insurance described above.

Voluntary Life with AD&D Insurance

You may purchase voluntary life and AD&D insurance in addition to the company provided coverage. You May also purchase voluntary Life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage without answering medical questions if you enroll when you are **first eligible**.

- **Employee** - \$10,000 increments up to a maximum of five times your salary or not to exceed \$500,000.
 - **Guarantee Issue** - \$80,000
- **Spouse** - \$5,000 increments up to a maximum of \$250,000, not to exceed 50% of employees benefit amount (Spouse rate based on spouse's age)
 - **Guarantee Issue** - \$25,000
- **Children (until age 26)** - \$1,000 increments up to \$10,000, not to exceed 50% of employees benefit amount
 - **Guarantee Issue** - \$10,000

If you enrolled in benefits when you were first eligible and want to increase your benefit above the Guaranteed Issue limit, you will be required to submit an Evidence of Insurability (EOI).

If you enrolled in benefits when you were first eligible and want to increase your coverage during subsequent Open Enrollment, you may do so by up to 1 increment up to the Guaranteed Issue Amount without providing Evidence of Insurability (EOI).



Voluntary Benefits

Accident Injury Insurance

Insured by United Healthcare

An accident can happen to anyone at any time. Even with medical coverage, out-of-pocket expenses can quickly add up. That's why having UHC Accidental Injury Insurance is important. UHC Accidental Injury Insurance pays you (or whoever you designate) for treatments or injuries resulting from a covered accident. It can help you pay for expenses such as rehabilitation, transportation, childcare, travel or other out-of-pocket expenses. What you do with the money is all up to you. Coverage continues after your first covered accident and can help provide protection for future covered accidents. Choose coverage that works best for you and your family. Your monthly costs will depend on the level of coverage you choose.

Critical Care Illness Insurance

Insured by United Healthcare

Being diagnosed with a critical illness can happen to anyone at any time. Even with medical coverage, out-of-pocket expenses can quickly add up. That's why UHC Critical Illness Insurance is important. UHC's Critical Illness Insurance can help provide you and your family with the additional financial protection you may need for expenses associated with an unexpected coverage critical illness – so you can focus on getting better. UHC Critical Illness insurance pays you (or whoever you designate) a lump-sum benefit for diagnosis of a covered critical illness or specified even like a heart attack or stroke. It can help pay for out-of-pocket deductibles and copays along with expenses such as travel, room and board, transportation, childcare or treatment options not covered by traditional insurance. Choose the coverage that works best for you and your family. Your monthly cost will depend on the level of coverage you choose.

Hospital Care Coverage

Insured by United Healthcare

A hospital stay can happen at any time, and it can be costly. UHC Hospital Care can help you and your loved ones have additional financial protection. We can help cover these unexpected events – so you can focus on getting better, With UHC Hospital Care, you receive a check after a qualified hospitalization resulting from a covered injury or illness. You can use the money however you like. There are no copays, deductibles, coinsurance or network requirements. And benefits aren't reduced because you receive a payment from any other coverage you have such as medical, accidental injury or critical insurance. Your monthly cost will depend on the level of coverage you choose.

Short Term Disability

Insured by UHC

When trouble arises, Short-Term Disability insurance can provide employees with the peace of mind that a protected paycheck brings. UHC's Voluntary Short-Term Disability plan provides income if you become disabled due to an injury or illness after satisfying the elimination period (7 days). Once enrolled in the plan, you can receive up to 60% of your weekly earnings or a maximum of \$1,500 per week for up to 12 weeks. Visit your employee portal for further plan details.

Long Term Care Benefits

Insured by Trustmark Universal Life Insurance

At any point in your life, you may need long term care services, which could cost hundreds of dollars per day. Universal Life includes a long-term care benefit that can pay for these services at any age. These long-term care benefits can include services such as, facilities care, home care, assisted living, and adult day care. Visit www.trustmarksolutions.com for more information.

Identity Theft

Identity Guard combines the best of traditional identity theft monitoring solutions, with the powerful processing of IBM Watson technology. The personal cybersecurity is there to alert you to personal habits that put you at greater risk than the average person, inform you of threats due to companies getting hacks and losing your personal information, phishing scams, as well as your personal information being used to open new access or access existing accounts. To learn more, go to www.identityguard.com, pricing will depend on your plan selection,

Pet Insurance

There are many reasons why more pet parents today are covering their pets with ASPCA Pet Health Insurance. Most of all, they want to make sure they'll have financial support if their pet is sick or hurt. That way, they can give their pets the best care possible without worrying about the costs. With the insurance you can customize your annual limit, reimbursement percentage and deductible. Additionally, you will be able to add a preventive care reimbursement option or select accident-only coverage. To get customized quote and enroll, visit www.aspcapetinsurance.com or call (877) 343-5314.



Member Assistance Program (MAP)

Medical issues can take a toll on your work and home life. To help you through difficult times, the United healthcare Member Assistance Program (MAP) provides you and your family personal and confidential support, 24 hours a day, 7 days a week.

The help you need, at no extra costs will provide: unlimited phone access to master's-level specialists, up to 5 referrals for face-to-face counseling sessions, help dial down possible symptoms of stress, anxiety and depression, one legal consultation for 30 minutes, a 30-60 minute financial consultation, and access to www.liveandworkwell.com

*There is no charge for referrals or for seeing a clinician with the UHC network for up to 5 visits per issue.



Benefit Assist

Benefit Assist helps ensure supplemental health plan claims are proactively identified, processed, and paid.

Proactively Searching for Claims

Benefit Assist supports employees who have a United Healthcare Accident, Critical Illness or Hospital Indemnity plan. Using integrated medical claims data and artificial intelligence, it proactively looks for supplemental health claims that may qualify for a benefit payment. Once an eligible claim is identified, a Benefit Assistance reaches out to the employee to initiate a claim.

The Convenience of Automatic Payment

Some claims, such as those for Wellness and Hospital Indemnity, may be paid automatically. The eligible medical event is identified and a check is mailed to you without the need to file a claim or be contacted by a Benefit Assistant.



Contact Information

For questions about your benefits or the material in this guide, please contact Human Resources:

Monica Williams - HR Benefits Specialist

monica.williams@summitk12.org

Medical, Dental, Prescription Optum Rx - UMR Policy #76-416233

Member Services	(866) 922-8266
Website	www.member.umar.com

Vision - UMR Policy #931830

Mail-Order	(866) 801-4409
Website	member.uhc.com/myuhc

District Paid Life and AD&D - UHC of Colorado Policy #371168

Member Services	(866) 801-4409
Website	member.uhc.com/myuhc

Voluntary Life and AD&D - UHC of Colorado Policy #371168

Member Services	(866) 801-4409
Website	member.uhc.com/myuhc

Accident - UHC of Colorado Policy #371168

Member Services	(866) 801-4409
Website	member.uhc.com/myuhc

Critical Illness - UHC of Colorado Policy #371168

Member Services	(866) 801-4409
Website	member.uhc.com/myuhc

Hospital Indemnity – UHC of Colorado Policy #371168

Member Services	(866) 801-4409
Website	member.uhc.com/myuhc

Short-Term Disability – UHC of Colorado Policy #371168

Member Services	(866) 801-4409
Website	member.uhc.com/myuhc

Member Assistance Program

Member Services	1 (866) 811-3629
Website	www.liveandworkwell.com

Telemedicine Services - CirrusMD

Member Services	(818) 222- 4840
Website	my.cirrusmd.com/sign_in

Life with Long Term Care - Trustmark

Member Services	(800) 918-8877
Website	www.trustmarkcolutions.com

Pet Insurance - ASPCA

Member Services	(877) 343-5314
Website	www.aspcapetinsurance.com/summit

ID Theft – Identity Guard

Member Services	(855) 443-7748
Website	www.identityguard.com

Regenexx

Member Services	(970) 401-7523
Website	regenexxbenefits.com/summitk12

COBRA Information – Rocky Mountain Reserve

Member Services	(888) 722-1223
Website	www.rockymountainreserve.com

Flexible Spending Account (FSA) – Rocky Mountain Reserve

Member Services	(888) 722-1223
Website	www.rockymountainreserve.com

Health Savings Account (HSA) – Health Equity

Member Services	(866) 346-5800
Website	www.healthequity.com



This benefit summary provides selected highlights of the Summit School District employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Summit School District. All benefit plans are governed by master policies, contracts, and plan documents. Any discrepancies between information provided in this summary and the actual terms of the policies, contracts, and plan documents are governed by the terms of these policies, contracts, and plan documents. Summit School District reserves the right to amend, suspend, or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.