

2026-2027

A GUIDE TO YOUR

Benefits

JULY 1, 2026 - JUNE 30, 2027



WELCOME

We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 20 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children, where applicable by state law
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Coverage Begins

- **New Hires:** You must complete enrollment within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of employment. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- **Open Enrollment:** Changes made during Open Enrollment are effective July 1, 2026 – June 30, 2027.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP or child
- Lost coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 30 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

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ENROLLMENT

Go to www.employeenavigator.com

There you will find detailed information about the plans available to you and instructions for enrolling.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

OPEN ENROLLMENT DETAILS

Remember, Open Enrollment is an opportunity to make changes to your benefits without a qualifying life event. During this time, you can:

- Add, cancel or change your coverage
- Add or remove eligible family members
- Elect your 2026 HSA contributions

MARK YOUR CALENDARS

Open Enrollment Begins:

Monday May 11th, 2026

Deadline to Enroll:

Friday May 22nd, 2026

Benefits in Effect:

July 1, 2026 – June 30, 2027

Online benefits information sessions:

Tuesday May 12th 3:30pm & Friday 15th 7:00am



[Click here](#) to watch a video about Open Enrollment.

Important Changes

Each year Manitou Springs School District 14 reviews our benefits program to ensure our partners provide comprehensive and affordable coverage. This year, we're pleased to announce new offerings for our employees to help you better manage your health and well-being in the new year.

2026-2027 Updates At-a-Glance

- Unless you take action, your current benefit elections will NOT roll over!
- Enrollment for the health care and/or dependent care FSAs will happen in November 2026. (**Note:** The IRS requires you to re-enroll in the FSAs each year)
- There will be a modest increase in how much some of you pay out of your paycheck for health insurance, also known as your premiums.





HEALTH



FINDING A MEDICAL PROVIDER



Pathway PPO/EPO

Anthem's Find Care tool was created to make it easy to find care that you need. Use this quick step-by-step guide to help find care.

Step 1

Go to anthem.com/find-care.

- For guest – Choose **Basic search as a guest**.
- For members – You may either select **Log in for Personalized Search** on the left or you can search without logging in by selecting **Use Member ID for Basic Search** on the right.

Step 2

Scroll down and complete the following fields:

- Select the type of plan or network – use the drop-down menu to choose **Medical Plan or Network**.
- Select the state – Use drop-down menu to choose Colorado
- Select how you get health insurance – Use the drop-down menu to choose Medical (Employer-Sponsored).
- Select a plan or network – Use drop-down menu to choose Pathway PPO/EPO
- Select the **Continue** button.

Step 3

Enter the city, county, or ZIP code on the top left. You now have two options to narrow your search:

- **Option 1** – Enter a care provider or hospital by name or specialty in the search box. The results will appear below the search box, where you can select the name for more details about the care provider or hospital.
- **Option 2 – Search by Care Provider**. Select the icon of the type of care provider you're looking for. The results will appear on a new screen, and you can select the care provider or hospital name for additional details.

Step 4

View your search results:

- Choose the printer icon to print the results of your search or select the email icon to email the search results.
- Select a care provider name to see more details.
- Choose **Back to Find Care** on the upper left or **Back** button at the bottom of the screen to return to your results.

FINDING A MEDICAL PROVIDER



National PPO

Anthem's Find Care tool was created to make it easy to find care that you need. Use this quick step-by-step guide to help find care.

Step 1

Go to [anthem.com/find-care](https://www.anthem.com/find-care).

- For guest – Choose **Basic search as a guest**.
- For members – You may either select **Log in for Personalized Search** on the left or you can search without logging in by selecting **Use Member ID for Basic Search** on the right.

Step 2

Scroll down and complete the following fields:

- Select the type of plan or network – use the drop-down menu to choose **Medical Plan or Network**.
- Select the state – Use drop-down menu to choose Colorado
- Select how you get health insurance – Use the drop-down menu to choose Medical (Employer-Sponsored).
- Select a plan or network – Use drop-down menu to choose National PPO (BlueCard PPO)
- Select the **Continue** button.

Step 3

Enter the city, county, or ZIP code on the top left. You now have two options to narrow your search:

- **Option 1** – Enter a care provider or hospital by name or specialty in the search box. The results will appear below the search box, where you can select the name for more details about the care provider or hospital.
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MEDICAL COVERAGE

HDHP + HSA

The HDHP + HSA (High-Deductible Health Plan + Health Savings Account), provided through Anthem, is an insurance plan that typically offers lower premiums and higher deductibles. The highlight of this plan is that it allows you to open an HSA, which is a tax-advantaged personal savings account that lets you save pre-tax dollars to pay for any qualified health-related expenses (state taxation rules may apply). This includes most medical care and services, prescriptions, dental, vision and expenses related to meeting the plan's deductible. For a complete list of qualified health-related expenses, visit [Publication 502](#).

For more information on the HSA, see pages 15 & 16 in this benefit guide.

Individuals with HDHPs normally pay a lower amount each month but pay more on their yearly medical expenses before their insurance policy begins paying. You can visit any doctor, hospital or other health care provider you want, with greater cost savings in-network.

How You Pay for Services

- You pay the full cost of non-preventive health care services and prescription drugs until you meet the annual deductible. The deductible is waived for in-network routine preventive care services and medications on the preventive drug list.
- The HDHP includes copays for prescription drugs only. You must meet the annual deductible before prescription copays apply.
- Once you meet the annual deductible, you pay a percentage of your health care expenses (coinsurance), and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, this plan pays the full cost of all qualified health care services for the rest of the year.



MEDICAL COVERAGE



Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and out-of-pocket maximums are per calendar year.

Key Benefits	Anthem Pathway EPO II	Anthem Pathway EPO HSA	Anthem Blue Classic PPO
	In-Network Only	In-Network Only	In-Network
Deductible¹ (Individual/Family)	\$1,500 / \$3,000	\$3,500 / \$7,000	\$1,500 / \$4,500
Out-of-Pocket Max² (Individual/Family)	\$5,500 / \$11,000	\$6,000 / \$12,000	\$4,000 / \$8,000
Office Visits (physician/specialist)	\$0 / \$100 copay	20%*	\$30 / \$50 copay
Virtual Visits	\$0 copay	20%*	\$30 copay
Routine Preventive Care	No Charge	No Charge	No Charge
Diagnostics (lab/X-ray)	20%*	20%*	No Charge
Complex Imaging	20%*	20%*	30%*
Chiropractic (20 visits per year)	\$0 copay	20%*	\$30 copay
Ambulance	20%*	20%*	30%*
Emergency Room	20%*	20%*	\$250 copay, then 30%
Urgent Care Facility	\$0 copay	20%*	\$50 copay
Inpatient Hospital Stay	20%*	20%*	30%*
Outpatient Surgery	20%*	20%*	30%*

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. The deductible is embedded. This means that once a family member meets their individual deductible, the plan will begin to pay coinsurance for that family member.
2. The out-of-pocket maximum is embedded. This means that, once an individual family member meets their out-of-pocket maximum, that individual's expenses are covered at 100%.



PRESCRIPTION COVERAGE



[Click here](#) to watch a video about prescription drug coverage.

Prescriptions Made Easier

Your prescription drug coverage is important to your health. With pharmacy benefits with Anthem, powered by CarelonRx, you can track and manage all of your prescriptions, find a pharmacy, and check the cost of medications. To get started, log in to www.anthem.com, go to MyPlans, and then go to Pharmacy.

Save Money on Medications

- **All your prescription information in one place**
 - Provides real-time information about your prescriptions, including dosage, days' supply, and the last fill date.
- **No-hassle refills and renewals**
 - You can turn automatic refills and renewals, check order status, get notices when your order ships or if something needs your attention, and manage your payments and account balance.
- **Find ways to save**
 - See if a generic drug will save you money or if home delivery makes more sense than getting prescriptions at your retail pharmacy.
- **Choose how to stay in touch**
 - When it's time for a refill or when you're due for a health screening, you decide if you'd like us to reach you through call, email, or text.



Key Benefits	Pathway EPO II	Pathway EPO HSA	Blue Classic PPO
	In-Network Only	In-Network Only	In-Network Only
Retail Pharmacy (30-day supply)			
Tier 1	\$5	\$10*	\$10
Tier 2	\$40	\$50*	\$35
Tier 3	\$105	\$120*	\$70
Tier 4	30% up to \$250	30% up to \$250*	N/A
Mail Order Pharmacy (90-day supply)			
Tier 1	\$12.50	\$25*	\$25
Tier 2	\$100.00	\$125*	\$87.50
Tier 3	\$262.50	\$300*	\$175
Tier 4	30% up to \$600.00	30% up to \$600*	N/A

PREVENTIVE CARE

What is Preventive Care?

Regular preventive care can help you stay well, catch problems early on and may be potentially lifesaving. The ACA requires that certain preventive care services are provided for no cost, copayment or coinsurance. All medical plans cover preventive care services like screenings, immunizations and exams. When you visit in-network providers, you don't have to worry about any out-of-pocket costs for preventive care services. If you use an out-of-network provider, a deductible and out-of-network expenses may apply.

Preventive vs. Diagnostic Care

Preventive care is generally precautionary. For example, if your doctor recommends having a colonoscopy because of your age or family history, this would be considered preventive care. But if your doctor recommends a colonoscopy to investigate symptoms you're having, this would be considered diagnostic care, and your plan cost share will apply.



[Click here](#) to watch a video about preventive care.



VIRTUAL VISITS

LiveHealth Online

LiveHealth Online Virtual Primary Care blends physical and mental health by embedding primary care doctors and behavioral health professionals into one medical group and carefully coordinating care through connected data to create an informed, holistic experience while also enabling easier access and simpler referrals for employees.

You can see the same primary care doctor on an ongoing basis through scheduled video visits on your computer or mobile device. It's like an office visit with a primary care provider (PCP) but without the office!

With LiveHealth Online Virtual Care you can get :

- Care for diabetes, the flu and other health issues.
- Referrals for X-rays, blood work and specialists.
- Prescriptions sent to your local pharmacy.
- Appointments 8:00 a.m. – 6:00 p.m.

Virtual primary care visits are available through the Sydney Health and LiveHealth Online apps! Scan the QR code below to easily find them in your app store!



LiveHealth Online



Sydney Health

Sydney Health Mobile App

Use the Sydney Health App to keep track of your health and benefits all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead – Moving your health forward by building a world of wellness around you.

- Find Care
 - Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you. You'll be matched with the best results based on your personal needs.
- Virtual Care
 - Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.
- Community Resources
 - This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and childcare.
- Chat
 - If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.



DENTAL COVERAGE

PPO

The dental Preferred Provider Organization (PPO) plans, provided through Anthem, offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Anthem Blue Cross and Blue Shield Dental Complete Network.

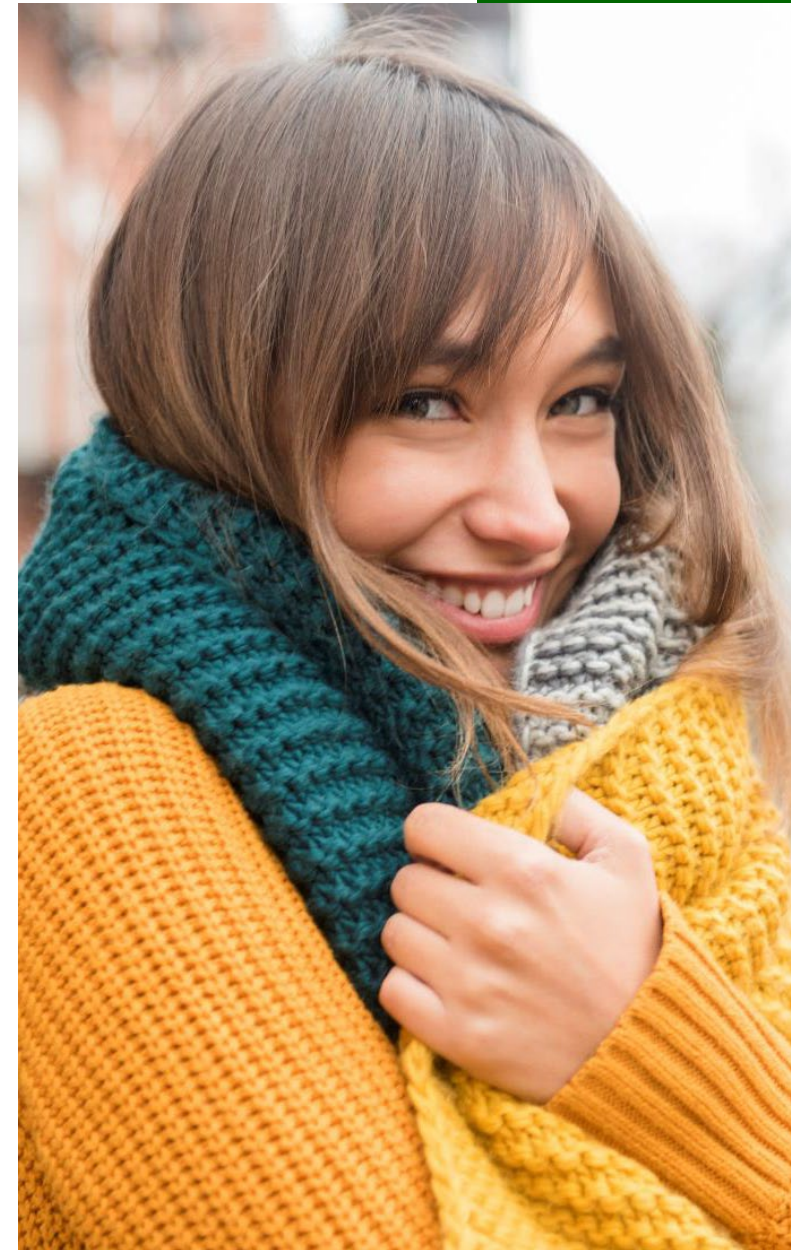
Following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). Note: The deductibles and annual benefit maximums are per calendar year.

Key Benefits	PPO Low Plan		PPO High Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (Individual/Family)	\$0	\$0	\$50 / \$150	\$50 / \$150
Annual Benefit Maximum (per person)	\$750	\$750	\$1,500	\$1,500
Preventive Services	100%	100%	100%	100%
Basic Services	Not Covered	Not Covered	90%	90%
Major Services	Not Covered	Not Covered	60%	60%
Orthodontic Services (Child Only through age 18)	Not Covered	Not Covered	50% up to \$1,000	50% up to \$1,000

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.





VISION COVERAGE



Vision Plan

Your eyesight is an integral part of your overall health and a key component of safety. This plan, provided through Anthem, gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the Anthem BlueView Vision network. If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Receiving benefits from a network provider is as easy as making an appointment with the provider of your choice from the list of providers. The provider will coordinate all necessary authorizations you supply in your membership information.

Special discounts are offered on non-covered services, such as an additional pair of glasses, special lens options and LASIK.

Following is a high-level overview of your vision plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	Vision	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$42
Materials Copay	\$10 copay	
Frames (once every 24 months)	\$150 Allowance + 20% off remaining balance	Up to \$45
Lenses (once every 12 months)		
Single Vision	\$10 copay	Up to \$40
Bifocal		Up to \$60
Trifocal		Up to \$80
Contact Lenses (in lieu of glasses; once every 12 months)		
Medically Necessary	Covered in Full	Up to \$210
Elective	\$150 Allowance + 15% off remaining balance	Up to \$105





WEALTH



HEALTH SAVINGS ACCOUNT (HSA)

The Anthem Pathway EPO features an HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

How the HSA Works

- You contribute pre-tax dollars through automatic payroll deductions or make after-tax contributions that are deductible when you file your taxes.
- You may change your contributions at any time throughout the year.
- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.
- Your contributions may not exceed the annual IRS limits.

Contribution Limits

Coverage Tier	2026
Individual	\$4,400
Family	\$8,750
Catch-up Contributions	\$1,000



[Click here](#) to watch a video about HSA limits.



HEALTH SAVINGS ACCOUNT (HSA)



[Click here](#) to watch a video about how an HSA works.

Key Features of the HSA

Triple-Tax Advantage

- You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.
- HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
- If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

Control

You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

Savings Potential

Your HSA is like a “health care 401(k).” There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Portability

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans,¹ retire or leave the organization.

1. You must be enrolled in an IRS-qualified high-deductible health plan to contribute to an HSA.

Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in [Publication 502](#)
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)
- Medigap insurance premiums

Important Notes

- You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS [Publication 969](#).
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

How to Open Your HSA

- Go to <https://myhsa.umb.com/HSAEnrollment/>
 1. Enter the following enrollment verification number for MSSD14: UMB0002-00130524.
 2. Follow the prompts on the screen to finish setting up your account.
 3. Access your UMB HSA Visa debit card from your mobile to easily pay for eligible healthcare expenses in-person, online or in-app with just a tap



FLEXIBLE SPENDING ACCOUNTS (FSAs)



The flexible spending accounts (FSAs), provided through Rocky Mountain Reserve, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. Each account works in much the same way but has different eligibility requirements, list of qualified expenses and contribution limits. You may choose to enroll in the following accounts.

	Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)
Eligibility Requirements	You must be benefits eligible; enrollment in an HCFSA disqualifies you from making or receiving HSA contributions	Available to all eligible employees
Examples of Qualified Expenses	<ul style="list-style-type: none">• Coinsurance• Copayments• Deductibles• Dental treatment• Eye exams/eyeglasses• LASIK eye surgery• Orthodontia• Prescriptions	<ul style="list-style-type: none">• Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers• Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent
Annual Contribution Limit	\$2,000	\$5,000 per family (or \$2,500 each if you are married and file separate tax returns)

Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **You must enroll each year to participate.**
- **HCFSA:** Unused funds of up to \$570 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$570 will **NOT** be returned to you or carried over to the following year.
- **DCFSA:** Unused funds will NOT be returned to you or carried over to the following year.

NOTE: The FSA has a separate Open Enrollment that will take place in November.



[Click here](#) to watch a video about how an FSA works.



[Click here](#) to watch a video comparing an HSA and an FSA.



LIFE INSURANCE



Life insurance, provided through Mutual of Omaha, provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

Basic Life and AD&D (employer-paid)

Coverage Tier	Benefit Amount
Superintendents & FT Admin Staff	1 x your pay up to a maximum of \$150,000
All Other Staff	\$20,000

Supplemental Life and AD&D (employee-paid)

If you determine you need more than the basic coverage, you may purchase additional insurance for yourself and your eligible family members.

Coverage Tier	Benefit Amount	Guaranteed Issue Amount
Employee	\$10,000 increments up to \$500,000	\$150,000
Spouse	\$5,000 increments up to \$250,000	\$30,000
Child(ren)	\$1,000 increments up to \$10,000	\$10,000

Note: During your initial eligibility period, you can secure coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI, or information about your health). Please note that coverage amounts requiring EOI will only go into effect once the insurance carrier approves them.

IMPUTED INCOME

Imputed income is the value of non-monetary compensation or benefits provided to you by the company, such as health insurance premiums and life insurance coverage. Even though these benefits are not received in cash form, they are considered part of your overall compensation package and are subject to taxation.

Under federal tax law, if the total coverage of your company-paid basic life insurance is more than \$50,000 the premium paid for the coverage above that is considered imputed income and will be added to your W-2 earnings. You must pay federal, state and Social Security taxes on this amount.



[Click here](#) to watch a video about how life insurance works.



DISABILITY INSURANCE



Short-Term Disability insurance, provided through Mutual of Omaha, provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury.

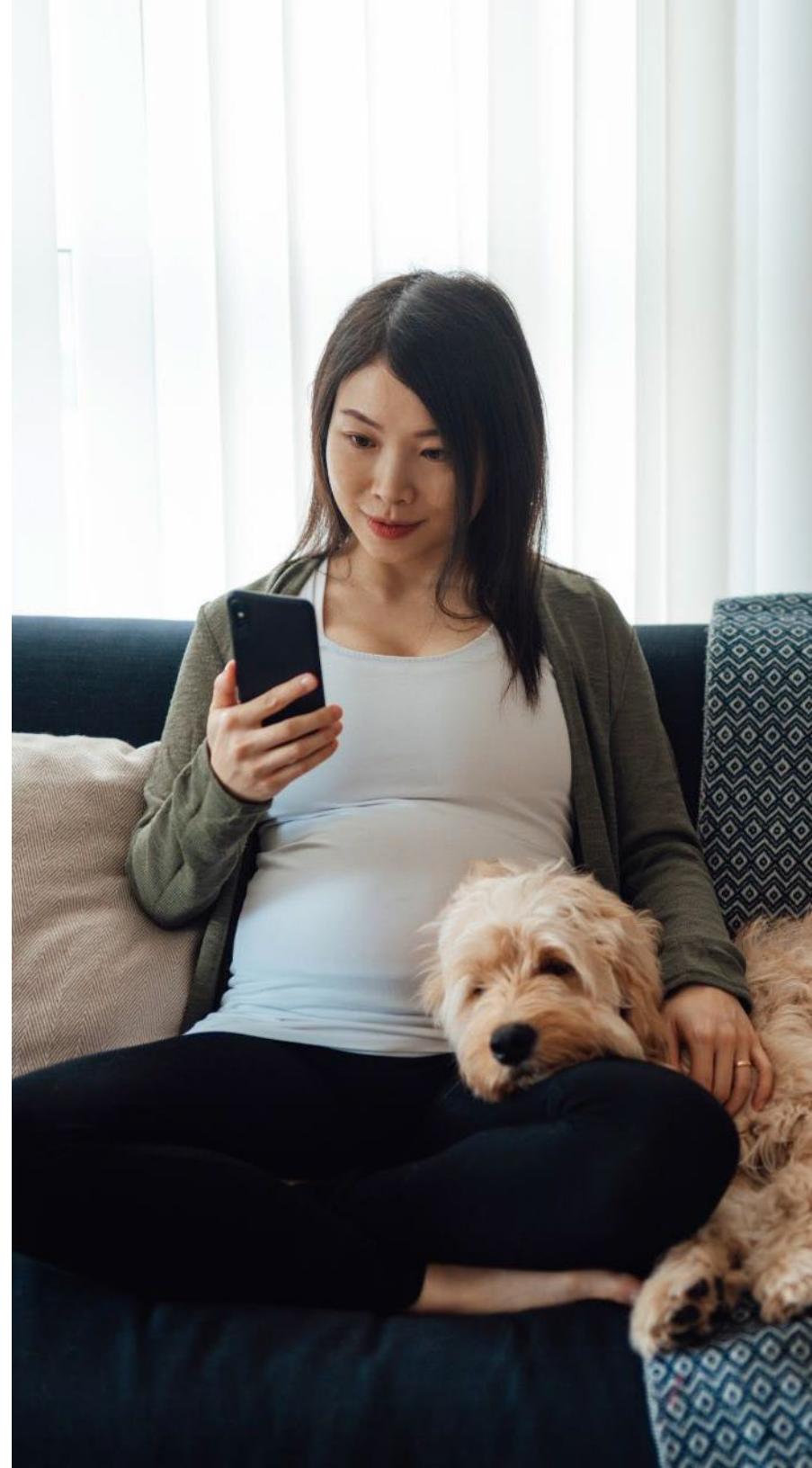
Short-Term Disability

Provided at **NO COST** to you.

Benefit	60% of base salary
Maximum weekly benefit	\$1,000
When benefit begins	After 7 days of disability
When benefit ends	12 weeks



[Click here](#) to watch a video about how disability insurance works.





VOLUNTARY BENEFITS

Accident Insurance

Accident insurance, provided through Aflac, can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: you visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But treating a broken leg can cost thousands of dollars. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture. Examples of covered expenses include:

- Doctor's office visits
- Diagnostic exams
- Broken leg rehab treatment
- Physical therapy sessions



Accident Insurance in Practice

Situation	Abed broke his leg in a bike accident.
Covered Benefits	<ul style="list-style-type: none">• Doctor's office visits• Diagnostic exams• Broken leg rehab treatment• Physical therapy sessions
Total Benefit Paid Directly to Employee	\$4,250



[Click here](#) to watch a video about how an accident plan works.



VOLUNTARY BENEFITS



Critical Illness Insurance

About half of U.S. adults report being unable to pay an unexpected medical bill of \$500 without going into debt.¹ With critical illness insurance provided through Aflac, you won't have to. This benefit provides a fixed, lump-sum cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for:

- Increased living expenses
- Prescriptions
- Travel expenses
- Treatments

Critical Illness Insurance in Practice

Situation	Britta had a heart attack while raking leaves.
Covered Benefits	Heart attack diagnosis
Total Benefit Paid Directly to Employee	\$15,000



[Click here](#) to watch a video about how a critical illness plan works.





WELLBEING





EMPLOYEE ASSISTANCE PROGRAM (EAP)



Life is full of challenges and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through Mutual of Omaha.

The EAP can help with the following issues, among many others:

- Mental health
- Relationships
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to Three (3) in-person or virtual sessions with a counselor per event, per year, per individual
- Unlimited toll-free phone access and online resources

QUESTIONS?

To learn more, visit mutualofomaha.com/eap
Or call: 1-800-316-2796.



[Click here](#) to watch a video about how an EAP works.





PERKS



PERKS THROUGH MUTUAL OF OMAHA

Travel Assistance

Take comfort in knowing that Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

Enjoy your trip

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

Emergency Travel Support Services

- **Telephonic translation and interpreter services** – 24/7 access to telephone translation services.
- **Locating legal services** – referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- **Baggage** – assistance with lost, stolen or delayed baggage while traveling on a common carrier.
- **Emergency payment and cash** – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources or credit; including arrangement for emergency cash from a friend, family member, business or credit card.
- **Emergency messages** – assistance with recording and retrieving messages between you, your family and/or business associates at any time.

Will Prep Services

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

Here's how it works:

- Log on to www.willprepservices.com and to register use the code: MUTUALWILLS
- Answer the simple questions from any device and watch the customization of your documents happen in real time.
- Download, print and share any documents instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce and birth of a child.
- Make the documents legally binding – check with your state for requirements.

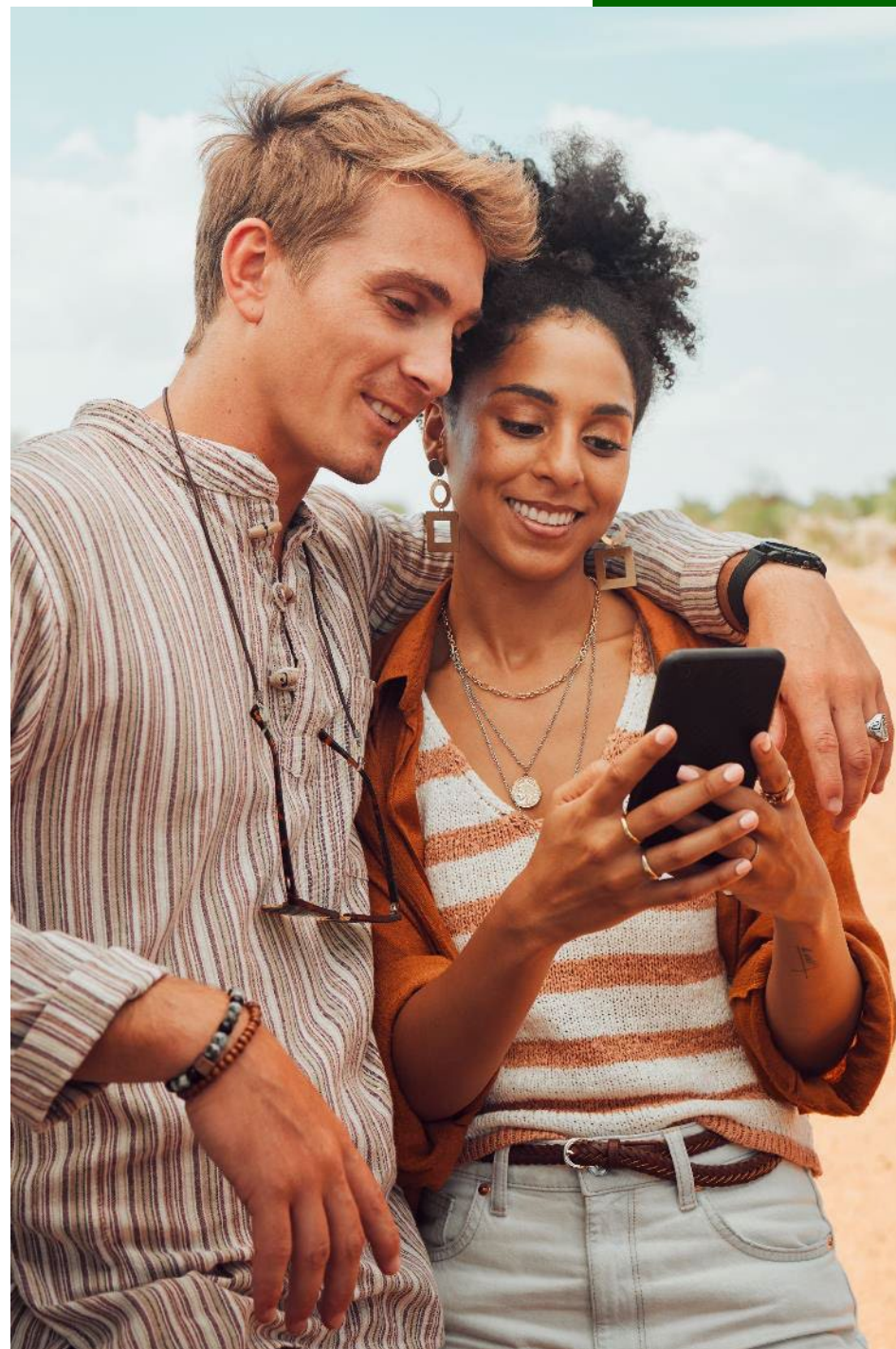


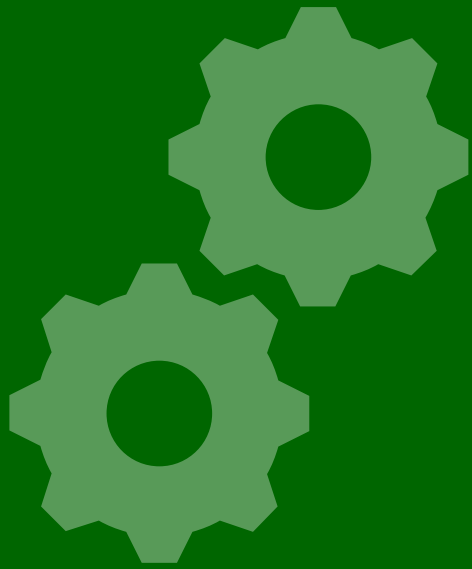
EMPLOYEE DISCOUNTS

BenefitHub

BenefitHub is an exclusive employee discount program that can help you save big on thousands of items daily such as travel, apparel, tickets, auto, electronics, insurance, education, restaurants and so much more! To get started:

- Go to <https://mypathperks.benefithub.com/welcome/register>
- Enter referral code: **K7WEWL**
- Complete the Sign-Up Form
- Enjoy thousands of discounts





RESOURCES



PLAN CONTRIBUTIONS

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members.

Medical

Coverage	Per Pay Period/Monthly Contributions					
	Pathway EPO II		Pathway EPO HSA Plan		Classic PPO	
	EE Contribution	ER Contribution	EE Contribution	ER Contribution	EE Contribution	ER Contribution
Employee Only	\$94.34	\$556.72	\$36.24	\$447.01	\$168.23	\$644.43
Employee + Family	\$737.82	\$987.49	\$504.92	\$775.70	\$945.41	\$1,208.15

Dental

Coverage	Per Pay Period/Monthly Contributions	
	High Plan	Low Plan
Employee Only	\$47.03	\$15.54
Employee + Spouse	\$108.96	\$27.72
Employee + Child(ren)	\$102.81	\$37.47
Employee + Family	\$163.76	\$44.79

Vision

Coverage	Per Pay Period/Monthly Contributions
	Vision
Employee Only	\$7.60
Employee + Spouse	\$14.44
Employee + Child(ren)	\$15.20
Employee + Family	\$22.35

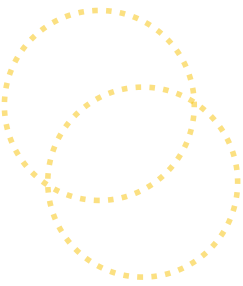


PLAN CONTRIBUTIONS

Your contributions toward the cost of voluntary benefits are automatically deducted from your paycheck after taxes. The amounts will depend upon the plan you select, your age (in some cases) and if you choose to cover eligible family members.

Other Benefits

Benefit	Employee Contributions	Employer Contributions
HSA	Varies based on employee election	0%
Basic Life and AD&D	0%	100%
Voluntary Life	See rates in Employee Navigator; Varies based on age and election	0%
Short-Term Disability	0%	100%



IMPORTANT CONTACTS

Benefit	Carrier	Phone Number	Website/Email
Medical	Anthem	877-811-3106	www.anthem.com
Dental	Anthem	800-331-1476	www.anthem.com
Vision	Anthem	866-723-0515	www.anthem.com
Health Savings Account (HSA)	UMB Bank	866-293-9605	www.umb.com/hsa
Flexible Spending Accounts (FSAs)	Rocky Mountain Reserve	888-234-8913	www.rockymountainreserve.com
Life and AD&D	Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Short-Term Disability	Mutual of Omaha	800-877-5178	www.mutualofomaha.com
Employee Assistance Program (EAP)	Mutual of Omaha	800-316-2796	www.mutualofomaha.com/eap
Travel Assistance	Mutual of Omaha	Within U.S: 800-856-9947 Outside the U.S.: 312-935-3658	N/A
Will Prep Services	Mutual of Omaha	N/A	www.willprepservices.com
Voluntary Benefits	Aflac	720-793-2651	Brandy.mcgraw@hubinternational.com

QUESTIONS?

If you have additional questions, you may also contact:

HUB International:

Chelsea Hamblin

chelsea.hamblin@hubinternational.com

MSSD 14:

Kolt Woofter -719-685-2027

kwoofte@mssd14.org

