THE ACADEMY OF CHARTER SCHOOLS



2026 Employee Benefit Guide

An overview of the wide array of benefits provided by The Academy of Charter Schools to help you enjoy increased well-being and financial security.

MOODY INSURANCE AGENCY

Prepared by Moody Insurance Agency
for The Academy of Charter Schools

We work for you—we're here to help.

We're an independent benefits management and consulting firm hired to assist employees with any and all concerns and questions pertaining to the group insurance benefits. Should you have benefits related questions, please contact your Moody Insurance service team.

Benefits Inquiries

Policy Questions
Our Moody team can answer questions about renewals, compliance and healthcare reform, escalated services issues, employee meetings, and wellness discussions.

Claims
Come to us with your benefit inquiries, claim issues, carrier questions, billing issues, and provider searches.

Administration Concerns
The Moody Service Team can help with enrollment issues, questions about coverage or qualifying events, employee address changes, and ID card requests.

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CARRIER	WEBSITE	CONTACT
United Healthcare	www.MyUhc.com	1-866-801-4409 / TTY 711
Equitable	www.Equitable.com	1-866-444-6001
Guardian Life	www.GuardianLife.com	1 (888) 482-7342
Nationwide	www.PetInsurance.com	1-888-899-4874
Optum Bank	www.OptumBank.com	1-866-234-8913
EyeMed	www.EyeMed.com	866-804-0982

Compare the cost of insurance for your dependents!

BRET PADILLA
Medicare & Individual Health Insurance Advocate

Email: **Bretpadilla@me.com**

Or, call: **303-818-4893**

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.



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Introduction

As an employee of The Academy of Charter Schools enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2026 plan year, The Academy of Charter Schools has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and The Academy of Charter Schools is offering an overall benefits package that can be shaped and molded by you to fit your needs.

The employee share of the premiums for Medical, Dental, and Vision benefits will be automatically paid with pre-tax dollars. By electing coverage, you approve and authorize the corresponding premiums to be taken from your paychecks.

This benefits booklet is a summary description of your The Academy of Charter Schools benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

2026 Legal Notices

Scan the code or visit: q-r.to/2026-legal



Update on Health Care Reform

Effective January 1, 2019 the Tax Cuts and Jobs Act (TCJA) repealed the individual mandate to maintain health insurance or be responsible for a "shared responsibility payment". We hope to keep offering these benefits as a valuable part of your total compensation in the future.

However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the "marketplace")

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Overview of Benefit Programs

The Academy of Charter Schools 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 following table 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	United Healthcare
Dental	Equitable
Vision	EyeMed
Life and AD&D	Guardian Life
Disability (STD/LTD)	Guardian Life
FAMLI (PFML)	Guardian Life
Supplemental Benefits	Guardian Life
Pet Insurance	Nationwide
HSA	Optum Bank
FSA	Paylocity



Eligibility

Employees scheduled to work a minimum of 30 hours per week are eligible for benefits the first day of the month following date of hire. All coverage ends on the last day of the month in which you leave employment.

Eligible Dependents:

- Your legal spouse, civil union partner, or same-sex domestic partner.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally adopted child, a child placed for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

Enrollment and Changing Benefits During the Year

Medical is moving to United Healthcare with a new HSA option! You can sign up for benefits or change your benefit elections at the following times:

- **Upon Hire**
  During your initial eligibility date (as a newly-hired employee)
- **Enrollment Period**
  During the annual benefits open enrollment period
- **Qualifying Life Event**
  Within 30 days of experiencing a qualifying life event

Qualifying Life Events

Mid-year changes are updated online through Paylocity. 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

How to Enroll

Review
Review this Benefits Guide to understand the plans offered to you.

Enroll
Enroll or waive coverage on Paylocity. Please contact HR for assistance.

Confirm
Direct questions pertaining to any of our plans to your Moody Service Team.

Our Commitment

The Academy of Charter Schools remains committed to providing a valuable health insurance option at no cost to employees. For 2026, we're pleased to announce that we will now offer two medical plans fully covered by the Academy — and we plan to continue doing so for as long as possible.



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Medical Plans

The Academy of Charter Schools is proud to offer you a choice between different medical plans that provide comprehensive medical and prescription drug coverage.

Health insurance is an important part of your finances and medical care. Your plans provide many low-cost options to receive care.

Please familiarize yourself with Virtual Care options, utilize Urgent Care for more serious situations, and Emergency Room only for life or limb threatening situations. Staying on-track with important no-cost preventative screenings and exams is important for your health!

UNITED HEALTHCARE CHOICE PLUS NETWORK		UHC HSA PLAN	UHC SUREST PLAN	UHC BUY UP
Calendar Year Deductibles *(Individual / Family)*		$3,500 / *$7,000 **Family Deductible and Out-of-Pocket apply if covering dependents*	N/A	$500 / $1,500
Calendar Year Out-of-Pocket Max *(Individual / Family)*		$3,500 / $7,000	$5,000 / $10,000	$3,000 / $6,000
Preventive Care		No Charge/Visit	No Charge/Visit	No Charge/Visit
Primary Care Visit/Specialist		0% after Deductible	$20 - $105	$30 / $50
Urgent Care		0% after Deductible	$60 Copay	$75
Emergency Room		0% after Deductible	$600 Copay	$500
Outpatient Procedure		0% after Deductible	$35-$3,000	10% after Deductible
Inpatient Hospitalization/Surgery		0% after Deductible	$200 - $3,000	10% after Deductible
CT Scan, PT Scan, MRI		0% after Deductible	$125-$850/Visit	10% after Deductible
Prescription Drugs	Generic (Tier 1)	0% after Deductible	$20 copay (retail 30 days)	$10 copay (retail 30 days)
	Brand Name (Tier 2)	0% after Deductible	$90 copay (retail 30 days)	$35 copay (retail 30 days)
	Non-Preferred (Tier 3)	0% after Deductible	$150 copay (retail 30 days)	$70 copay (retail 30 days)

RATES PER PAYCHECK	UHC HSA PLAN	UHC SUREST PLAN	UHC BUY UP
Employee Only	$0.00	$0.00	$134.24
Employee + Spouse	$805.52	$813.95	$1,095.85
Employee + Child(ren)	$659.06	$665.95	$921.01
Employee + Family	$1,464.54	$1,479.86	$1,882.59

How to Register

There are three medical plan options from United Healthcare available to employees. Please carefully review the respective sections below to ensure you understand how to enroll and which materials apply to your selected plan.



UHC Surest Medical Plan

You'll receive a physical ID card for your wallet, but you can also access your digital ID card and details about your Surest medical and pharmacy coverage on your phone. To get started, download the Surest app or visit mysurest.com to create your member account.

To create your account, you'll need:

- Username/email and password
- Last name
- Date of birth
- ZIP code (shared on the enrollment file)
- Social Security number (you don't need to wait for your member ID)

Once registered, you can:

- View your benefits and coverage details
- Access your digital ID card anytime
- Find in-network providers and care options
- Review claims and plan information

UHC Surest Group Number: 1761026

Search by symptom to find care.

Scan the code to download the Surest app or visit: www.benefits.surest.com

HSA or Buy Up UHC Medical Plans

You'll receive a physical ID card for your wallet, but you can also access your digital ID card and plan details through the UnitedHealthcare® app or myuhc.com. To get started, download the app or visit the website to create your member account.

To set up your account, you'll need:

- Username/email and password
- Last name
- Date of birth
- ZIP code (shared on the enrollment file)
- Member ID number (available once your plan is active)

Once registered, you can:

- View your benefits and coverage details
- Access your digital ID card anytime
- Find in-network providers and facilities
- Review claims and cost estimates

UHC HSA or Buy Up Group Number : 943043

View plan details and find care.

Scan the code to download UnitedHealthcare app or visit: myuhc.com

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Health Savings Account (HSA)

Enrollment in the UHC HSA plan makes you eligible for an HSA through Optum Bank. An HSA allows you to save pre-tax dollars to offset the cost of a qualifying high deductible health plan (HDHP) and pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses.

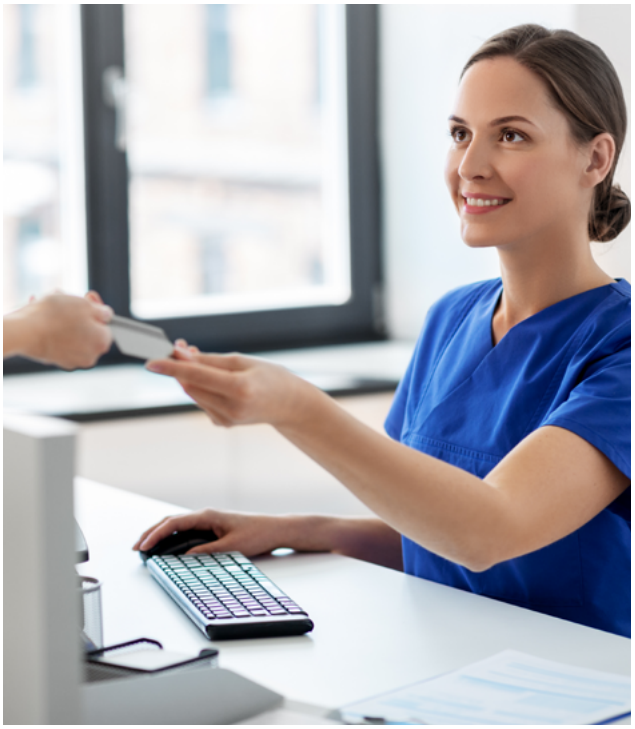
For a complete list of qualified expenses, visit: **www.irs.gov/pub/irs-pdf/p502.pdf**

Key Advantages

- Lower premiums combined with tax-free savings.
- Triple tax benefits: contributions, growth and withdrawals for eligible expenses are all tax-free.
- Funds belong to the participant from day one and roll over year to year, even if you retire or your employment changes.

Your contributions may not exceed these annual IRS contribution limits.

HSA CONTRIBUTION LIMIT	2026
Employee Only	$4,400
Family (employee + 1 or more)	$8,750
Catch-up (age 55+)	$1,000



How It Works:

Once your HSA is established, your elected contributions will be automatically added through payroll deductions as pre-tax deductions. This is a "portable" account. You own your HSA! It's included in your employee benefits package, but after you set up your account, it's yours to keep, even if you change jobs or retire. There is no "use it or lose it" rule. HSA funds roll over from year to year and accumulate in your account.

Contribution Eligibility

- Must be enrolled in an HSA-qualified plan through The Academy of Charter Schools.
- Cannot be covered by another non-HDHP medical plan, Medicare, TRICARE, or a General Purpose FSA.
- Cannot have used VA benefits in the last three months.
- Cannot be claimed as a dependent on another person's tax return.

Learn more or access your account online: **optumbank.com**



Flexible Spending Account (FSA)

The Academy of Charter Schools is offering a Flexible Spending Account (FSA) for 2026. The annual maximum amount you can elect is $3,400 a Health Care FSA and $7,500 for a Dependent Care Account.

The is a 'use it or lose it' benefit. Any funds not used at the end of the plan year will be forfeited. Please review your FSA documentation for more details.

How an FSA Works

- **Set Aside**
  You set aside money for your FSA from your paycheck before taxes are taken out.
- **Pay for Expenses**
  Use your pre-tax FSA funds throughout the plan year to pay for eligible health or dependent care.
- **Save Money**
  Save money on expenses you're already paying for.

Health Care FSA

Some qualified expenses include:

- **Medical expenses:** co-pays, co-insurance, and deductibles
- **Dental expenses:** exams, cleanings, X-rays, and braces
- **Vision expenses:** exams, contact lenses and supplies, eyeglasses, and laser eye surgery
- **Professional services:** physical therapy, chiropractor, and acupuncture
- **Prescription drugs and insulin**
- **Over-the-counter health care items:** bandages, pregnancy test kits, blood pressure monitors, etc.

Dependent Care FSA

The annual contribution limit for 2026 will increase to $7,500. Some qualified expenses include:

- Care for your child who is under age 13
- Before and after-school care
- Baby sitting and nanny expenses
- Day care, nursery school, and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home

The IRS does not allow you to have an active HSA Account and a medical FSA. If HDHP is elected, you can elect the Limited Purpose FSA (LPFSA) option for dental & vision expenses only.

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How To Get The Most Out Of Your Medical Plan

Know Before You Go

When you need care, call your primary care physician or family doctor first. Your physician has easy access to your records, knows the bigger picture of your health and may even offer same-day or virtual appointments. When seeing your physician is not possible, it is important to know your care options so you can find the place that's right for you and to help avoid financial surprises.

Lower Cost Care → **Higher Cost Care** → **Highest Cost Care**



Virtual Visits
Anywhere, anytime online doctor visits.

- Cold/Flu
- Fever
- Pinkeye
- Sinus problems

Estimated: $40-55

To get virtual care, visit:
member.uhc.com/myuhc



Convenience Care Clinics
Treatment that's nearby.

- Skin rash
- Flu shot
- Minor injuries
- Earache

Estimated: $40-50



Urgent Care Center
Quicker after-hours care.

- Low back pain
- Respiratory issues
- Infections
- Stomach issues
- Minor injuries

Estimated: $60-200



Dispatch Health
(If included in plan)
Treatment in the comfort of your home.

- Common ailments
- Illness
- Sprains/fractures
- Stomach issues

Estimated: $60-200

To get in-home care, visit:
www.DispatchHealth.com



Emergency Room
For serious immediate needs.

- Chest pain
- Shortness of breath
- Severe Asthma attack
- Severe injuries

Estimated: $500-1700



Be Aware of Free-standing ER (FSER) Clinics

FSER's typically bill at a higher rate and are neither located in, nor attached to, a hospital. FSER's are able to treat similar conditions as ER's but do not have the ability to admit patients.

If you are unsure, ask if the facility is in-network with your health insurance carrier.

Preventive Care Checklist

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers.

Below is a list of common services that are included in the plans offered this year:

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations.

Through the plans offered by The Academy of Charter Schools, all covered individuals and family members are eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.



Recommended Vaccines For Adults (CDC 2025)

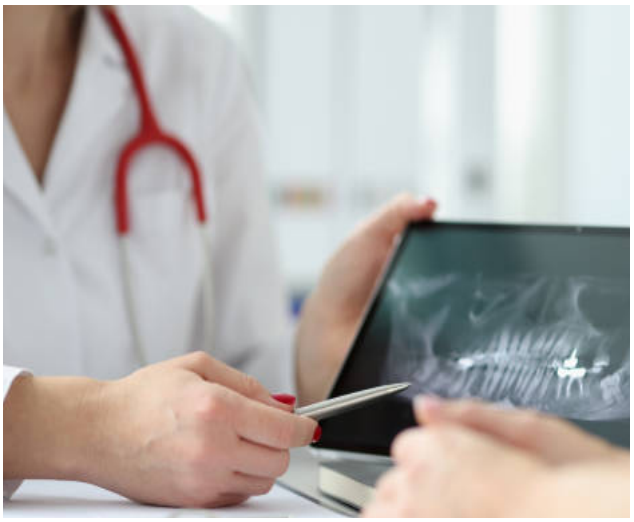
Scan the code or visit:
www.cdc.gov/vaccines/imz-schedules/adult-easyread.html

What is not considered preventive care? Once you have a symptom or your health care provider diagnoses a health issue, additional tests are not considered preventive care. You will be charged for health care services related to a diagnosis. These are not free under any plan option.

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Dental Plans

In addition to protecting your smile, dental insurance helps pay for dental care like regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart.



Find in-network providers online at:
www.equitable.com/finddentist

Retrieve your Instant Dental ID Card
Text #myID to 32360

Scan to view the full summary

PLAN FEATURES	EQUITABLE PPO
Annual Deductible (Individual / Family)	$50/150
Preventive Care (Exams, cleanings, etc.)	100% No Deductible
Basic Procedures (Extractions, fillings, etc.)	80% After Deductible
Major Procedures (Crowns, dentures, etc.)	50% After Deductible
Orthodontia (Up to age 26)	50% No Deductible; $1,000 Lifetime Max
Calendar Year Maximum Benefit	$2,000

The Academy has switched dental carriers to Equitable. This PPO network offers the highest level of dental care within Equitable's large provider network.

If you seek services from a non-network dentist, you will be charged the difference between what is billed and what the plan considers usual and customary. Ask your dental provider for a pre-treatment determination prior to services in excess of $200. Dependents are eligible for coverage until the age of 26.

PAYROLL DEDUCTIONS	EMPLOYEE CONTRIBUTION
Employee Only	$0.00
Employee + Spouse	$31.46
Employee + Child(ren)	$46.60
Employee + Family	$101.96

Vision Plans

With the offered vision plan, you and your covered family members have access to quality vision care. Plans usually provide coverage for routine eye exams and includes glasses or contact lenses.

The Academy provides excellent protection for your eyes through EyeMed. You will save the most money when you use an in-network EyeMed provider.



Scan to view the full summary

PLAN FEATURES	EYEMED SELECT VISION PLAN
Eye Exam	$10 copay; every 12 months
Single Vision Lens	$10 copay; every 12 months
Spectacle Lens Upgrades	Varies from $12 - $140
Frame Allowance	$140 plus a 20% discount on any overage; once every 24 months
Contact Lenses	$155 plus a 15% discount on any overage; once every 12 months

Find in-network providers online at: **www.EyeMed.com**

As an EyeMed member, you have access to discounts for LASIK, hearing exams and hearing aids. Visit the EyeMed website to learn more.

PAYROLL DEDUCTIONS	EMPLOYEE CONTRIBUTION
Employee Only	$0.00
Employee + Spouse	$6.02
Employee + Child(ren)	$6.69
Employee + Family	$12.98

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Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) Insurance is an important element of your income protection planning, especially for those who depend on you for financial security.

For your peace of mind, The Academy of Charter Schools provides Basic Life and AD&D Insurance through Guardian Life to all benefits-eligible employees at no cost. You have the option to purchase Supplemental Life and AD&D Insurance at affordable group rates.



Basic Life/AD&D (Company-paid)

We are proud to offer $50,000 of employer-paid Group Life/AD&D insurance as part of our comprehensive benefits package. This invaluable benefit provides financial security for employees and their families, ensuring peace of mind in the event of unforeseen circumstances.

BENEFIT	AMOUNT
Employee Life Benefit	$50,000
Employee AD&D Benefit	$50,000

Supplemental Life/AD&D (Employee-paid)

For additional peace of mind, we provide Optional Life/AD&D for you, your spouse, and dependents at affordable group rates with Guardian Life.

New Hires can elect up to Guarantee Issue limits without providing medical history information. Please review Paylocity for more information and rates.

BENEFIT OPTION		GUARANTEED ISSUE
Employee	$10,000 increments up to $500,000	$150,000
Spouse	$5,000 increments to a maximum of $250,000	$30,000
Child(ren)	Day 1 to 14 days: $1,000 $2,500 increments to a max of $20,000 for your dependent child(ren) age 6 months to 26 years	$20,000

Disability Insurance

Your most valuable asset isn't your home, car, or savings — it's your ability to earn a living. A disability can have a major financial impact, but Short-Term and Long-Term Disability (STD and LTD) insurance help protect your income if you're unable to work due to illness or injury.

The Academy of Charter Schools provides STD and LTD coverage through Guardian Life to all benefit-eligible employees at no cost to you.

Short-Term Disability

Short-Term Disability coverage begins on the 8th day of disability and replaces 60% of your income, up to $1,500 per week. Maternity claims carry a 0 day elimination period. If you are on leave for Maternity reasons, benefits start day 1. Please speak with HR for more information.

Long-Term Disability

If your disability prevents you from working long-term, Long-Term Disability coverage continues benefits until your Social Security Retirement Age. Benefits may be reduced by other income sources, including state-mandated disability plans.



If you're approved for both Colorado's FAMLI leave and Short- Term Disability (STD), FAMLI benefits pay first. See details on the next page.

PLAN FEATURES	SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Employee Benefit Amount	60% of covered weekly pre-disability earnings	60% of covered weekly pre-disability earnings
Maximum Benefit Amount	$1,500 per week	Max up to $6,000 monthly
Elimination Period	Benefits begin on the 8th day	91 days
Benefit Duration	13 weeks	Normal Social Security Retirement age
Guaranteed Insurability	You are automatically enrolled in this coverage once you meet your eligibility waiting period.	You are automatically enrolled in this coverage once you meet your eligibility waiting period.
Maternity Benefits	0 day elimination period for Maternity Benefits	N/A

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Colorado Paid Family and Medical Leave (FAMLI)

As a Colorado employee, you're covered by the Colorado Paid Family and Medical Leave Insurance (FAMLI) Program, which provides paid time off for major life events—like welcoming a new child, caring for a loved one with a serious health condition, or dealing with your own serious health issue.

FAMLI Leave is a benefit that The Academy has added to our benefits package to support employees' health, family responsibilities, and overall well-being. This program provides valuable paid leave at no cost to our employees." Your FAMLI benefit is administered by Guardian Life, making it easier to coordinate leave and payments alongside your other benefits.

You can use FAMLI benefits for:

- Your own serious health condition
- Bonding with a new child
- Caring for a family member with a serious health condition
- Qualifying military family needs
- Safe leave (e.g., domestic violence, stalking)

Eligible employees can take up to 12 weeks of paid leave in a 12-month period with an extra 4 weeks if you're experiencing pregnancy or childbirth complications. Beginning January 1, 2026, FAMLI will allow for an additional 12 weeks of leave for employees with a child receiving care in the Neonatal Intensive Care Unit (NICU).

How Are Benefits Paid?

Your FAMLI benefits are paid by the Guardian Life through payroll deductions and employer contributions. Payments are based on your average weekly wages and cannot exceed a certain amount. Guardian Life administers the leave process by handling claims, tracking leave duration, and helping coordinate with other benefits (like short-term disability).



Using FAMLI and Short-Term Disability Together

If you're approved for both FAMLI leave and Short-Term Disability (STD), FAMLI benefits pay first.

This Means:

- You'll receive your FAMLI benefit directly.
- If you're eligible for STD, Guardian Life will offset the STD benefit by the amount paid under FAMLI.
- Your combined benefit cannot exceed your pre-disability income, and Guardian Life will ensure the correct coordination.
- This prevents overpayment and ensures fair distribution across both programs.

How To Submit a Claim

Obtain the required claim forms from your employer. Log into your Guardian Anytime account to submit a claim online. You can upload documents by:

1. Accessing your secure portal online at: www.guardiananytime.com/securechannel/contactus
2. Emailing them to: Paid_Leave_Claims@glic.com.
3. Sending them to the address or fax number listed on the claim form.

Reminder: Always report any leave as soon as possible to avoid delays in benefit payments or job protection issues.

Questions?

If you're unsure whether your situation qualifies, or how your leave and pay will work, contact:
Guardian Life: 1-888-482-7342
Colorado FAMLI Program: https://famli.colorado.gov

Supplemental Insurance

The purpose of supplemental benefits is not to replace any coverage offered by The Academy, but to enhance your income protection.

Health insurance does not cover all expenses when an injury or illness occurs. Layering of supplemental benefits is one way to fill in the gaps in case of potential loss of income.



All plans are portable if you change jobs.

Your Guardian Group ID: 00026702

Accident Insurance

Even when you live well, accidents happen and when you least expect it. Treatment can be vital to recovery, but it can also be expensive—and if an accident happens, the financial worries that come along with it can grow quickly.

Accident insurance 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. If elected, coverage for yourself, spouse, and child keeps your family protected on and off the job. Accident claims can be filed for reason including, but not limited to, fractures, surgery, dislocations, loss of life, lacerations, burns, and more.

You can elect this benefit coverage on yourself and your dependents all with affordable premiums that are payroll deducted. You pay 100% of the premium for this voluntary benefit. See full benefit summaries and costs in Paylocity.

AD&D	AMOUNT
Employee	$50,000
Spouse	$25,000
Child(ren)	$5,000
Rainy Day Fund	$500.0
Yearly Wellness Benefit	Provides a $50 per year benefit for completing certain routine wellness screenings or procedures (Refer to your Policy Rider for example procedures)

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

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.

Hospital Indemnity

Hospital Indemnity insurance provides you with a benefit when you have an Inpatient or Outpatient surgery, have a major diagnostic scan performed, or even when you need to need to be transported in an ambulance.

This coverage will not be effective until approved by a Guardian underwriter. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage. You pay 100% of the premium for this voluntary benefit. See full benefit summaries and costs in Paylocity.

HOSPITAL INDEMNITY INSURANCE	
Hospital Admission	$1,000 per admission to a max of 1 admission(s) per year, per insured, max of 3 admission(s) per year, per covered family
Hospital Confinement	$250 per day to a max of 15 day(s) per year, per insured
Pre-Existing Condition Limitation	6 month look back period, 6 month exclusion period, Continuity of Coverage

Critical Illness

Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses Critical Illness Insurance can help give you the power to take control of your health when faced with a covered illness; including a Heart Attack, Stroke, Major Organ Transplant and Invasive Cancer.

This insurance pays lump-sum benefits that can be used for medical expenses, or for non-medical expenses that health insurance might not cover—like time off work, travel to treatment centers, home modifications—that may quickly deplete your savings.

Critical Illness Insurance pays benefits directly to you, regardless of other coverage, and may pay multiple times for covered conditions. Coverage is effective after you satisfy any waiting period required by your employer. You pay 100% of the premium for this voluntary benefit. See full benefit summaries and costs in Paylocity.

COVERAGE INFO	VOLUME AMOUNT	GUARANTEED ISSUE
Employee	Increments of $5,000 to a maximum of $20,000	Ages 15-69: $20,000
Spouse	Up to 50% of Member's benefit in lump sum increments of $2,500 to a maximum of $10,000	Member's Age 15-69: $10,000
Child	25% of Member's benefit to a maximum of $5,000	All amounts guaranteed.

Ages 70 and up: Medical Questions are required for all amounts.

Employee Assistance Program (EAP)

Employee productivity is important for any business' success, but sometimes employees are too overwhelmed by personal or behavioral problems to perform at their highest level.

High stress, psychological problems, substance abuse, legal troubles and other personal issues can lead to lower productivity and focus during work, increased absenteeism and higher health care costs. An EAP can address these issues and help you tend to your personal needs—confidentially and 24/7.



To access these services, register online at: **worklife.uprisehealth.com**

Or, call: **1-800-386-7055**
Access Code: worklife

24-hour crisis help available. Regular office hours: Monday–Friday, 6am–5pm PST.

Emotional Support

Receive up to three confidential face-to-face or virtual sessions per issue, per year with professional clinicians who can help with a range of concerns, including:

- Anxiety, depression, and stress
- Grief, loss, and life adjustments
- Relationship or family conflicts

Work/Life Solutions

Access unlimited 24/7 assistance from work-life specialists who provide support and referrals for:

- Finding child, elder, or pet care
- Locating movers or home repair contractors
- Health, wellness, and lifestyle needs

Identity Theft Services

Get expert support from trained Fraud Resolution Specialists who can help you restore your credit and protect your personal information. Services include:

- Guidance on recovery and resolution steps
- Educational resources and tools for prevention

Legal Guidance

Consult with licensed attorneys for practical assistance on personal legal matters, including:

- Divorce, adoption, and family law
- Wills (including will preparation), trusts, and estate planning
- Real estate or landlord/tenant issues

Receive a free 30-minute consultation and 25% discount on additional services.

Financial Resources

Access unlimited telephonic consultations to assist with a wide range of topics, such as:

- Retirement planning, taxes, and budgeting
- Debt management and financial coaching
- Relocation, mortgages, and insurance

You'll also have access to an online library of tools, calculators, and resources to help you make informed decisions about your money.

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Travel Assistance

As a member of the TravelAid Emergency Assistance Program, you and your family have 24/7 access to worldwide travel, medical, and security support when you're 100 miles or more from home or outside your home country.

Wherever you are, one simple phone call to our response center will connect you to a global network of providers who can support you while you are away from home.

To access these services, email:
assistance@uhcglobal.com

Or, call: **+1 410-453-6330**
UHCG ID: 329111

24-hour crisis help available. Regular office hours: Monday–Friday, 6am–5pm PST.

Travel Assistance Services
- Lost or stolen document replacement
- Emergency travel arrangements
- Funds transfer and coordination
- General travel information

Identity Theft
You also have access to identity theft assistance while at home or traveling. This service provides:
- Guidance in taking the necessary steps if your identity is compromised
- Awareness and education resources to help prevent identity theft

Concierge Services
Concierge services are designed to fulfill various travel and entertainment requests, including:
- Restaurant and entertainment recommendations
- Locating available business services
- Airfare and car rental assistance
- Event planning and coordination

Emergency Medical Transportation
- Emergency medical evacuation[1]
- Medical repatriation
- Dispatch of physicians and specialists
- Transportation for family or dependents

Medical Assistance
- Medical and dental referrals
- Coordination of care and hospital admissions
- Facilitation of hospital payments

Online Will Preparation

WillPrep Services are available to eligible members with voluntary term life coverage. Resources include online estate planning document, a legal and financial resource library, and access to estate planners for telephonic consultations. Members can prepare documents such as wills, healthcare and financial power of attorney, and living wills, with attorney-assisted options available for a modest charge.

To access these services, register for an account online at:
willprep.uprisehealth.com/willprep-services

Then, click "No Cost Will Maker."

Or, call: **877-433-6789**

Pet Insurance

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

Nationwide offers two plans for you to choose from: **My Pet Protection** and **My Pet Protection with Wellness500**.

My Pet Protection
A medical plan that offers an annual benefit of $7,500 for eligible veterinary bills related to accidents, injuries and illnesses, including emergency clinics and specialists.

My Pet Protection with Wellness500
This coverage offers the same protection as our medical plan but includes coverage for preventive care. With this plan, up to $500 of the annual $7,500 benefit can be used for wellness, including checkups, flea and heartworm preventatives, vaccinations, spay and neuter and more.

Both plans are guaranteed issuance, have a $250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.

Scan to get access

Get a quote and compare plans online at: **petsnationwide.com**

Or, call: **877.738.7874**



COVERAGE	MY PET PROTECTION	MPP WITH WELLNESS500
Accidents	✓	✓
Injuries	✓	✓
Illnesses	✓	✓
Hereditary and congenital conditions	✓	✓
Procedures and surgeries	✓	✓
Wellness exams		✓
Vaccinations		✓
Flea prevention		✓
Spay or neuter		✓
And more!	✓	✓

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.

Key Terms to Remember

Allowed Amount
The maximum amount a plan will pay for a covered service. May also be called "eligible expense," "payment allowance," or "negotiated rate." If your provider charges more than the plan's allowed amount, you may have to pay the difference.

Appeal
A request for your health insurance company to review a decision that denies a benefit or payment. If your health plan refuses to pay a claim or ends your coverage, you have the right to appeal the decision and have it reviewed by a third party.

Balance Billing
When a provider bills you for the difference between their charge and the allowed amount. For example, if a service costs $100 and the allowed amount is $70, the provider may bill you for the remaining $30. In-network providers cannot balance bill for covered services; out-of-network providers may bill the full amount.

Buy-Up Medical Plan
A medical plan option that offers enhanced coverage compared to the standard plan. Typically includes lower out-of-pocket costs, broader networks, or additional benefits, but may have a higher premium.

Coinsurance
The percentage you pay for a covered service after meeting your deductible (e.g., 20%). For example, if an office visit costs $100 and your coinsurance is 20%, you pay $20 and your insurance pays $80. For higher costs, you first pay your deductible, then your coinsurance, until you reach your out-of-pocket maximum—after that, your plan pays 100%.

Copayment
A fixed amount you pay for a covered health care service. Copayments (sometimes called "copays") can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible
The amount you pay out-of-pocket during the plan year before your insurance begins to pay. For example, if you have a deductible of $1,300, you are required to pay that amount before the insurance begins to pay coinsurance, or the majority (80% to 90%) of health care costs. All deductibles count towards your out-of-pocket maximum.

Formulary
A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. This helps you know which medications are covered, what your cost may be, and whether you need prior authorization or step therapy for certain drugs.

Health Savings Account (HSA)
A tax-advantaged account paired with a high-deductible health plan that allows you to save money for qualified medical expenses. Contributions are pre-tax, grow tax-free, and withdrawals for eligible expenses are tax-free.

Network
The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services. An in-network provider is a medical professional who is contracted with your health insurer.

Out-of-pocket Maximum
The most you'll pay for covered services each year. For a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum. After you reach your out-of-pocket maximum, your health plan will provide most covered services at no cost to you for the rest of the year.

Preauthorization
Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost. Sometimes called prior authorization, prior approval or precertification.

Premium
The monthly cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck.

MOODY
INSURANCE AGENCY

Denver
8055 E. Tufts Ave., Ste. 1000
Denver, CO 80237

Grand Junction
760 Horizon Dr., Ste. 302
Grand Junction, CO 81506

CO Springs
1755 Telstar Dr., Ste 112
Colorado Springs, CO 80920

We encourage you to compare the cost of insurance for your dependents by reaching out to Bretpadilla@me.com or 303-818-4893.

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