BENEFIT GUIDE EFFECTIVE 5/1/2020

School District 51
MESA COUNTY VALLEY

novo benefits

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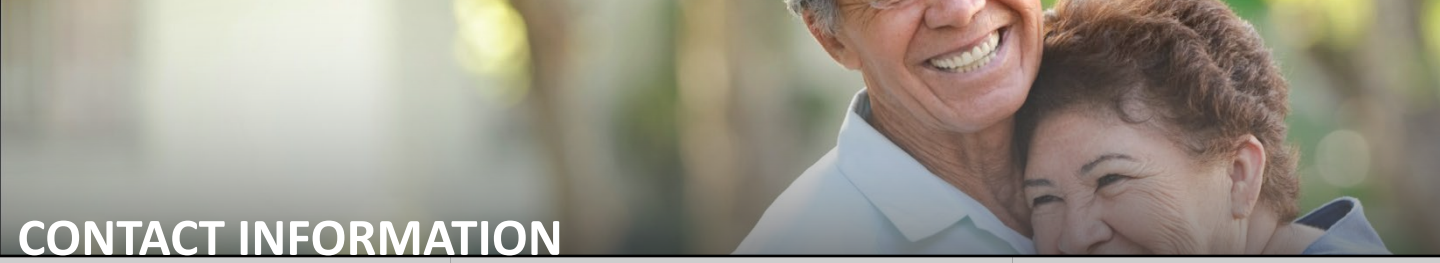
This Benefits Decision Guide is an overview of the benefits provided by Mesa County Valley School District 51. It is not a Summary Plan Description or a Certificate of Insurance. If a question arises about the nature and extent of your benefits under the plans and policies, or if there is a conflict between the informal language of this Benefits Decision Guide and the contracts, the Summary Plan Description and Certificates of Insurance will govern. Please note that the benefits in your Benefits Decision Guide are subject to change at any time. The Benefits Decision Guide does not represent a contractual obligation on the part of Mesa County Valley School District 51.



CONTACT INFORMATION

Care Coordinators powered by Quantum/MyQHealth	Medical Management	(855) 428-4472 https://MyD51benefits.com
Magellan Rx	Prescription Benefit Manager (PBM)	(800) 424-6817 www.magellanrx.com
CHP – Community Health Partnership	Community Hospital Provider Network	970-644-4000 or https://yourcommunityhospital.com/CHP_Participating_Providers.com
Monument Health	Monument Health Provider Network	970-683-5630 or https://monumenthealthnet/provider-directory/
PHCS Extended PPO (outside of Colorado)	PPO In-Network	(800) 678-7427 www.multiplan.com
Employee Assistance Program (EAP)	www.triadeap.com Login: d51 PW: eap	(970) 242-9536 (877) 679-1100
Delta Dental	Dental Group #1727	(800) 610-0201 www.deltadentalco.com
VSP	Vision Service Plan Group #12064004	(800) 877-7195 www.vsp.com
Rocky Mountain Reserve	Flexible Spending Accounts	(888) 722-1223 www.rockymountainreserve.com
Guardian	Group #00540961 Voluntary Insurance Accident/Hospital Indemnity/Critical Illness/Short Term Disability	(888) 600-1600 www.guardiananytime.com
24/7 Travel Assistance (available for MetLife participants)	All users are required to set up their Unique profile via the registration process For first time access.	(800) 454-3679 www.metlife.com/travelassist
Mesa County Valley School District 51 2115 Grand Avenue Grand Junction, CO 81501	Laura Abeloe Benefit Manager	(970) 254-5176 Laura.Abeloe@d51schools.org
Mesa County Valley School District 51 Human Resources	Michelle Wilcox Benefit Specialist	(970) 254-5121 michelle.wilcox@d51schools.org

ENROLLMENT GUIDELINES

Welcome to the 2020 Benefits Guide for Mesa County Valley School District 51!

Mesa County Valley School District is committed to providing an environment that promotes a healthy employee population able to serve our students at the highest level. We offer a comprehensive benefits package that includes health, dental, vision, as well as other programs for our eligible employees. This enrollment guide contains important information regarding these benefits, eligibility, and how to enroll. Please take time to review the information. The information contained is only a guide; the benefit decisions are yours. Full plan summaries and plan documents are available in your PlanSource online enrollment portal Library. Printed documents are available upon request.

PlanSource

Please follow the steps on the following pages to access our online benefit portal through PlanSource to enroll in or make changes to your existing medical, dental, vision, life insurance, and other voluntary benefits. If you are happy with your current elections, you are NOT required to re-enroll other than for your Flexible Spending Account or Dependent Day Care Account.

Eligibility

You are eligible to enroll in the benefits program if you are legally employed, working **20** or more hours per week.

Your legal spouse (and civil union spouse) and your dependent children are eligible for medical coverage until the end of the month of their 26th birthday. Your unmarried dependent children are eligible for dental and/or vision benefits until the end of the month of their 26th birthday as long as they qualify as dependents under IRS Code, which states they rely on you for 50% or more support. Unmarried disabled children over age 26 may be eligible to continue benefits if approved.

For Dental, Vision, Life, Supplemental Life, and Guardian Voluntary benefits, Actively at Work Provisions apply, including dependent non-confinement.

Open Enrollment

Open enrollment is once a year and benefit elections will take effect January 1st. The elections you make stay in effect the entire plan year, unless a qualifying life event occurs. Qualified life events are:

- Marriage
- Divorce
- Birth
- Adoption
- Death
- Loss of Coverage

Additional qualifying events under the medical plan:

- Open Enrollment under your Spouses' plan
- Change in work status (part time to full time or full time to part time)

When you have a qualifying event, you have **31** days to complete and return a new enrollment/change form. **This will still be done through Human Resources**. (You have 60 days to complete and return a new enrollment/change form after coverage under Medicaid or Children's Health Insurance Program terminates.) **There is no open enrollment for any of the Guardian benefits, except for Voluntary Accident Benefits. If you did not enroll when first eligible, you have to submit Evidence of Insurability.**

Premium Payment

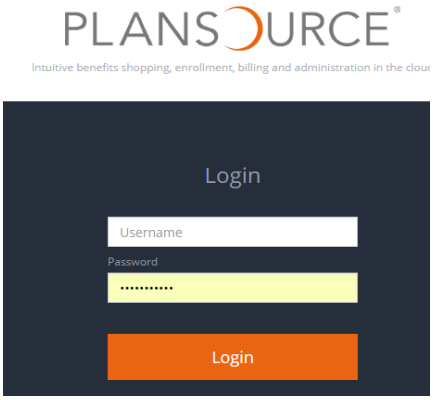
When you enroll for benefits, your medical, dental and vision premiums will automatically be set up to be paid using pre-tax dollars. If you prefer your premiums to be paid with after-tax dollars you must specifically elect the after-tax option upon being newly hired or during open enrollment.

ONLINE ENROLLMENT INSTRUCTIONS

1. Login

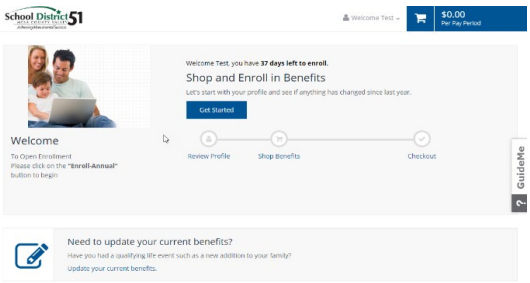
   Enrollment URL: https://benefits.plansource.com

   - USERNAME: Your username is the following: the first six characters of your last name, and the last four of your SSN. For example: If your name is Jane Anderson and the last four of your SSN is 1234, your username would be janders1234
   - PASSWORD: Your birthdate in YYYYMMDD format. For example: If your birthdate is August 14, 1962, your password would be 19620814. At initial login, you will be prompted to change your password.



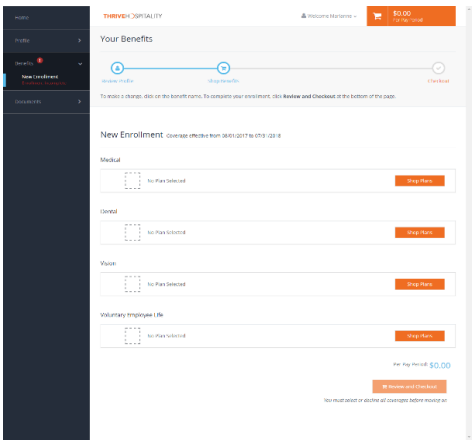
2. Launch Enrollment

   - Click on “Get Started” button to begin your Enrollment process.



3. Enroll

   - Follow the enrollment through each step of the enrollment process from top to bottom.
   - In making your elections, choose the plan option of choice or select the “Decline Coverage” button. If this is the right plan for you, simply click “Update Cart” on the medical card at the right-hand side of the page. Once you update your cart, you will be moved to the next benefit type page. When you have completed your elections you must click **“Review & Checkout”**



4. Confirm Enrollment Selections

   - Once you complete all coverage elections, you Will land on the Confirmation Statement. Click the “Confirm Enrollment” button at the bottom of the page to complete the enrollment process.

PLANSOURCE®

MONTHLY MEDICAL PREMIUMS

Community Health Partnership Plan	MONTHLY PREMIUM	FULL TIME EMPLOYEE		PART TIME EMPLOYEE	
		DISTRICT SHARE	FULL TIME EMPLOYEE COST	DISTRICT SHARE	PART TIME EMPLOYEE COST
Employee	$530	$530	$0	$265	$265
Employee + Child(ren)	$742	$530	$212	$265	$477
Employee + Spouse	$1007	$530	$477	$265	$742
Family	$1166	$530	$636	$265	$901

Monument Health Plan	MONTHLY PREMIUM	FULL TIME EMPLOYEE		PART TIME EMPLOYEE	
		DISTRICT SHARE	FULL TIME EMPLOYEE COST	DISTRICT SHARE	PART TIME EMPLOYEE COST
Employee	$530	$530	$0	$265	$265
Employee + Child(ren)	$742	$530	$212	$265	$477
Employee + Spouse	$1007	$530	$477	$265	$742
Family	$1166	$530	$636	$265	$901

Premium Payment

When you enroll for benefits, your premiums will automatically be set up to be paid using pre-tax dollars. If you prefer your premiums to be paid with after-tax dollars you must specifically elect the after-tax option upon being newly hired or during open enrollment.

8 WAYS TO MAKE YOUR BENEFITS WORK FOR YOU

1 **Call the Quantum Health Care Coordinators – 855-428-4472**
Your Care Coordinator is available to help you with all your health care needs, such as utilizing a CHP or other participating provider, precertification, benefits and claim questions.

2 **Utilize Clinic Benefits for Primary Care and Pediatrics.** There is no charge for office visits at Grand Valley Primary Care and Grand Valley Pediatrics if you are covered by a School District 51 insurance plan. Immunizations are now available!

3 **Fill Your Prescriptions at Canyon View Pharmacy.** There are over 60 common formulary prescriptions available to you at NO COST if it is written by a clinic provider and filled at Canyon View Pharmacy.

4 **Participate in the Wellness Plan.** Each covered employee and each covered spouse that completes both the District annual Health Assessment and Screening will get a $600 deductible credit on the PPO plan and a $600 deductible credit on the CHP plan.

5 **Take Advantage of FREE Health Coaching.** You can receive up to 12 free coaching visits each year! Your Health Coach can help you with lifestyle modification through nutrition and exercise counselling, chronic disease management, and tobacco cessation. They can also help you find providers in the community and schedule appointments.

School District 51
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6 **CHP Urgent Care and Surgery Centers.** Community Care of Grand Valley Urgent Care is open to serve you. If you are covered by a School District 51 insurance plan you can access these facilities for a $25 copay. Community Hospital has also recently opened a new surgery facility- Canyon View Surgery Center.

7 **Health Cost Estimator.** This tool allows you to research treatment options and learn about the recommended care and estimated costs associated with your selected treatment option. See more details on the following page.

8 **Basic Diagnostic Testing at No Cost to You.** When you use one of the Community Hospital owned locations the following tests are included with your primary or urgent care visit at no additional charge: Comprehensive Metabolic Panel, Lipid Panel, Urinalysis, A1C, PSA, TSH, CBC, Strep Culture, and Pap Test.

DID YOU KNOW

All preventive and diagnostic mammograms are covered at 100% for those on a School District 51 insurance plan (when performed at Community Hospital).

Call (970) 256-6212 to schedule your mammogram with Community Hospital today.

MEET YOUR QUANTUM HEALTH CARE COORDINATORS

Care Coordinators are an expert team of nurses, patient services representatives and benefits specialists who are ready to help you before, during and after any health event. Think of Care Coordinators as your personal healthcare team. They fight hard to help you save money and make sure you get the best possible care for you and your family.

Starting January 1st, turn to your Quantum Health Care Coordinators for help with:

- ID Cards
- Claims, billing and benefit questions
- Finding in-network providers
- Nurse coaching to help you stay or get healthy
- Reducing out-of-pocket costs
- Anything that can make the healthcare process easier for you

MyQHealth™
by QUANTUM HEALTH

https://MyD51benefits.com
1-855-428-4472

QUANTUM HEALTH CARE COORDINATORS ARE MOBILE

Download the ***MyQHealth*** mobile app that lets you:

- Find in-network providers
- Access your ID card
- Check claims information
- Schedule a call with a Quantum Health Care Coordinator
- And so much more

Available on the App Store

ANDROID APP ON Google Play

REFERRAL PROCESS FOR A SPECIALIST

COORDINATE YOUR CARE THROUGH YOUR PRIMARY CARE PHYSICIAN

Obtain a referral from your PCP before seeing a specialist:

- Saves money on member out-of-pocket costs
- Helps avoid visits to the wrong specialist
- Helps avoid referrals to an out-of-network specialist
- Get in to see specialist faster
- Get alerts for benefits not fully covered
- All referrals obtained are valid for 12 months

61% OF THE TIME MEMBERS SELF-REFER TO THE WRONG SPECIALIST

PRE-CERTIFICATION

Before you receive certain medical services or procedures, your health plan requires a doctor to confirm that these requested services are considered medically necessary under your plan. This verification process is called "pre-certification." Even if some services or therapies are performed in your doctor's office, you may still need a pre-certification. Pre-certification requests must be submitted by your physician directly to the Quantum Health Care Coordinators.

SERVICES REQUIRING PRE-CERTIFICATION

Inpatient Hospitalizations & Skilled Nursing Facility Admissions	Home Health Care and Services	Oncology Care & Services (chemotherapy, radiation therapy, etc.)	MRI's, MRA's and PET Scans
Hospice Care	Dialysis	Genetic Counseling	Transplants – Organ and Bone Marrow
Out-Patient Surgeries (**includes Colonoscopies**)	Durable Medical Equipment (DME) over $500	Therapy – Occupational, Physical, Speech, etc.	

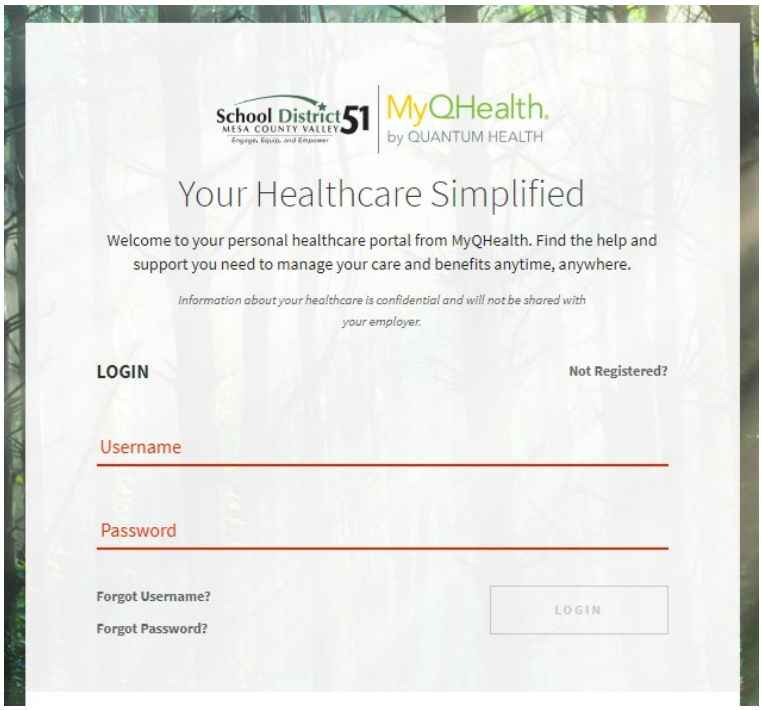
A $500 penalty will be applied for all services rendered that do not have pre-certification completed.

MyQHealth™
by QUANTUM HEALTH

ACCESS YOUR PLAN INFORMATION

Website: https://MyD51benefits.com

Call your Care Coordinators: 1-855-428-4472



- Find in-network providers
- Access your ID card
- Check claims information
- Access plan documents
- Schedule a call with a Care Coordinator
- Links to other carriers

…And so much more

The "MyQHealth -*Your Care Coordinators*" mobile app

Download on the App Store

ANDROID APP ON Google play

FAQ's

Who are the Quantum Health Care Coordinators?
Care Coordinators are a team of nurses, patient services representatives and benefits experts who are ready to help you before, during and after any health event. Think of the Care Coordinators as your healthcare champions. They fight hard to help you save money and make sure you get quality care.

What can Quantum Health Care Coordinators help with?
Care Coordinators can help you with anything related to your healthcare and health benefits. Whether you have a question about your claims or bills, need help knowing what's covered under you plan, want to prepare for an upcoming doctor visit, or just need a new ID card, the Care Coordinators are here for you. No question is too big or too small.

Do I need to inform my doctors about the Quantum Health Care Coordinators?
Next time you visit a doctor or other healthcare provider, be sure to show them your ID card and ask that they review it carefully. It has all the information the office needs to have your claims processed and contact your Care Coordinators. If applicable, you may also wish to point out that your provider network may be different from your claims payer. This will help make sure that your claims are sent to the right place.

Am I required to designate a Primary Care Doctor for myself and each family member?
While not required, we strongly encourage you to designate a Primary Care Doctor. Think of your Primary Care Doctor as the physician whose job it is to get to know you and your health over time. When you begin all healthcare events with your Primary Care Doctor, you're building a relationship that will help him or her be ready for you when you need care. Whether it's treating you when you get sick, providing a referral to a specialist, or administering a preventative screening such as an annual physical, your Primary Care Doctor will make sure you get the best care throughout your life.

What is a Primary Care Doctor?
A Primary Care Doctor can be a family doctor, a general practitioner, a doctor of internal medicine or a pediatrician (for children). A Primary Care Doctor is sometimes called a Family Doctor or a Primary Care Physician (PCP). During pregnancy, your OB/GYN may serve as your Primary Care Doctor for the purpose of giving referrals.

2020 MEDICAL PLAN SUMMARY COMPARISON: CLINIC BENEFIT

Benefit Year: 05/01/2020 - 12/31/2020	RMHP In-Network Community Health Partnership Plan	RMHP In-Network Monument Health Plan
Primary Care Physician Office Visit	$0 copay for Community Health Primary Care Physician $50 copay for non Community Health Primary Care Physician	$0 copay for Monument Health Primary Care Physician $50 copay for non Monument Health Primary Care Physician
Primary Care Physician List	Grand Valley Primary Care Grand Valley Pediatrics Internal Medicine Associated of the Grand Valley Western Medical Associated Juniper Family Medicine Grand Junction Family Medicine Fruita Family Medicine	Western Colorado Physicians Group, part of Primary Care Partners Western Colorado Pediatric Associates, part of Primary Care Partners Tabeguache Family and Sports Medicine, part of Primary Care Partners Family Physicians of Western Colorado, part of Primary Care Partners Red Canyon Family Medicine, part of Primary Care Partners St. Mary's Family Medicine Center Dr Lu Family Medicine Internal Medicine Associated (Delta) Surface Creek Medical Clinic West Elk Hotchkiss Clinic Delta Family Medicine
	*These Primary Care Practices are available under both medical plans. See **Additional Programs** and **Additional Services** for differences in plab options.* Western Valley Family Practice Foresight Family Physicians Dino-Peds	
Clinic Labs	No cost with referral from Community Health Primary Care Provider and processed at Community Hospital Lab • Comprehensive Metabolic Panel • Lipid Panel • Urinalysis • Glycosylated Hemoglobin Test (A1C) • Prostate Specific Antigen (PSA) • Thyroid Stimulating Hormone (TSH) • Complete Blood Count (CBC) w/ auto diff • Strep Culture / Confirm • Pap Test	No cost with referral from Monument Health Primary Care Physician and processed at Primary Care Partners Lab, St. Mary's Lab, or Family Health West Lab • Comprehensive Metabolic Panel • Lipid Panel • Urinalysis • Glycosylated Hemoglobin Test (A1C) • Prostate Specific Antigen (PSA) • Thyroid Stimulating Hormone (TSH) • Complete Blood Count (CBC) w/ auto diff • Strep Culture / Confirm • Pap Test
Additional Programs	• Outpatient Behavioral Health • Nutritional Educations Services • Diabetes Medication Incentive Program • Diabetes Education Services • Lifestyle Medicine Program • Health Coach	• Smoking Cessation Programs • Family centered OB programs • Chronic condition management programs (diabetes, asthma, etc.) • Behavioral health programs & services • Nutritional coaching • Stress management • Substance use & addiction programs & services • Chronic pain management services • Integrated pharmacy services (i.e. a pharmacist in the primary care practice)
Additional Services	• Daily Acute Care slots reserved for D51 at all Community Health Primary Care Provider locations • If Urgent Care is closed, Community Hospital ER is available for Urgent Care level services at a $25 copay • $0 copay for virtual visits through University of Utah (844) 424-2172	•Guaranteed access & $0 co-pay at top-performing primary care practices •Access to high-quality specialists at St. Mary's & Family Health West with shorter wait times to be seen •Personalized follow-up after all ER visits and hospitalizations •Prioritized access at in-network urgent care clinics

2020 MEDICAL PLAN SUMMARY COMPARISON: MEDICAL BENEFIT

Benefit Year: 05/01/2020 - 12/31/2020	RMHP In-Network Community Health Partnership Plan	RMHP In-Network Monument Health Plan
Health Screen **Deductible/OOPM Credit**	$300 Credit - Participation $300 Credit - Share Results	$300 Credit - Participation $300 Credit - Share Results
Annual Deductible:	$3,000/Single $6,000/Family	$3,000/Single $6,000/Family
Coinsurance	70% paid by Plan, 30% paid by member	70% paid by Plan, 30% paid by member
Annual Maximum Out-of-Pocket *(includes Copays, Deductible, Coinsurance, and Rx)*	$4,500/Single $9,000/Family	$4,500/Single $9,000/Family
Preventive: *Annual Checkup and Immunizations*	FREE for Adult & Dependents	FREE for Adult & Dependents
Mammogram	FREE for Preventative and Diagnostic; no age restrictions; includes collective ultrasound and readings	FREE for Preventative and Diagnostic; no age restrictions; includes collective ultrasound and readings
Colonoscopy *1st of calendar year* *More than one in a calendar year*	FREE for Preventative and Diagnostic; no age restrictions; includes collective readings and anastegia 30% after deductible	FREE for Preventative and Diagnostic; no age restrictions; includes collective readings and anastegia 30% after deductible
Primary Care Physician Office Visit	$0 copay for Community Health Primary Care Physician $50 copay for non Community Health Primary Care Physician	$0 copay for Monument Health Primary Care Physician $50 copay for non Monument Health Primary Care Physician
Specialist Office Visit	$40 copay with Primary Care Physician referral $80 copay without Primary Care Physician referral	$40 copay with Primary Care Physician referral $80 copay without Primary Care Physician referral
Counseling Office Visit: *Not part of Clinic*	$30 copay	$30 copay
Therapy Services *Outpatient or Office Visit* *Inpatient*	Maximum 20 visits per year, unless medically necessary $30 co-pay Deductible then 70/30 Coinsurance	Maximum 20 visits per year, unless medically necessary $30 co-pay Deductible then 70/30 Coinsurance
Chiropractic Services	$30 copay Maximum 20 visits per year, unless medically necessary	$30 copay Maximum 20 visits per year, unless medically necessary
Labs: *Not part of Clinic*	$15 copay Physician Office processing up to $100 copay per day for Facility processing	$15 copay Physician Office processing up to $100 copay per day for Facility processing
X-ray	$40 copay Physician Office processing up to $100 copay per day for Facility processing	$40 copay Physician Office processing up to $100 copay per day for Facility processing
Durable Medical Equipment	Deductible then 70/30 Coinsurance	Deductible then 70/30 Coinsurance
Major Diagnostic Scans *(MRI, MRA, PET, CT)*	Deductible then 70/30 Coinsurance	Deductible then 70/30 Coinsurance
Inpatient & Outpatient	Deductible then 70/30 Coinsurance	Deductible then 70/30 Coinsurance
Emergency Room	$500 copay If admitted to Facility, copay waved; then Deductible then 70/30 Coinsurance does not include Major Diagnostic (MRI, MRA, PET, CT)	$500 copay If admitted to Facility, copay waved; then Deductible then 70/30 Coinsurance does not include Major Diagnostic (MRI, MRA, PET, CT)
Ambulance	Deductible then 70/30 Coinsurance	Deductible then 70/30 Coinsurance
Urgent Care	$25 copay	$25 copay
Prescriptions		
Clinical Rx	$0 copay when filled at Canyon View Pharmacy. See guide for list of Rx	$0 copay when filled at Canyon View Pharmacy. See guide for list of Rx
Generic Rx	$10 copay	$10 copay
Preferred Rx	$40 copay	$40 copay
Non-Preferred Rx	$75 copay	$75 copay
Specialty Rx	20% of cost up to maximum of $200 per fill	20% of cost up to maximum of $200 per fill
Mail Order	90 day supply at 2x retail copay	90 day supply at 2x retail copay

MEDICAL PLAN RESOURCES

Quantum Health: Care Coordinators	Emial: www.myd51benefits.com Phone: 1-855-428-4472
In-Network Provider Lists	Rocky Mountain Health Plans www.rmhp.org - Find a Provider - All Plans: UMR Self Funded
Out of State In-Network Provider List	PHCS Network www.multiplan.com
Monument Health	Web: https://monumenthealth.net/ Email: support@monumenthealth.net Phone: 970.683.5630 Provider List: https://monumenthealth.net/provider-directory/
Community Health Partnership	Web: https://yourcommunityhospital.com/CHP_Wellness_Portal.cfm Email: chp@gjhosp.org Phone: (970) 644-4000 Provider List: https://monumenthealth.net/provider-directory/

PRECERTIFICATION LIST

Services that fall into these categories require precertification prior to services received. Failure to obtain precertification will result in a $500 penalty charge
Your provider can assist with this process. All precertifications must go through Quantum Health.

Outpatient surgeries	Inpatient and Skilled Nursing Facility admissions	Hospice care
Home Health Care services	DME purchases over $1,500 and all rentals	Genetic Testing
MRI, MRA & PET scans	Oncology care and services (chemotherapy, radiation therapy etc.)	Mental Health Intensive Outpatient and Partial Hospitalization
Organ, Tissue and Bone Marrow Transplants	Dialysis	

PLAN GUIDELINES

CHP and Monument Health Plan - Network Provider Organizations	
In-Network Inside Colorado	CHP - Community Health Partnership Providers 970-644-4000 or https://yourcommunityhospital.com/CHP_Participating_Providers.com
	Monument Health Providers 970-683-5630 or https://monumenthealth.net/provider-directory/
	RMHP ASO Select – Access to Rocky Mountain Health Plans Statewide Network 1-855-428-4472 or https://MyD51benefits.com
In-Network Outside Colorado	Private Health Care Systems PHCS Healthy Directions Network 1-855-428-4472 or https://MyD51benefits.com
University of Utah Health Care providers 1-855-428-4472 or https://MyD51benefits.com	

Contact Quantum Health Care Coordinators at 855-428-4472 for assistance in determining the appropriate facility or provider for services. Certain types of services may be paid at the in network Tier 1 benefit level when performed at another RMHP ASO Network facility.

In order to receive benefits you MUST use a PPO Network Provider. Under special circumstances, listed below, payment will be made for services provided by Non-PPO Network Providers. Under the following circumstances, payment will be made for certain Non-PPO Network Services:

- If a Covered Person has a Medical Emergency requiring immediate care (Hospital Emergency Room and Emergency Room Physician).
- If a Covered Person receives Physician or anesthesia services by a Non-PPO Provider at a PPO Network facility.
- If Non-PPO services are precertified as Medically Necessary because the Covered person has no choice of a PPO Provider.

NOTE: If Non-PPO Network services exceed the Usual & Reasonable Charge, the amount in excess of the Usual & Reasonable Charge is not covered under the Plan.

Preventive Care Services

Includes: Standard Preventive Care, office visits, pap smear, mammogram, prostate screening, gynecological exam, routine physical examination, X-rays, lab tests, hearing tests, vision tests, immunizations/flu shots, tobacco cessation program, colonoscopies, and preventive child care screening. Coverage also includes all recommended preventive services that have a rating of "A" or "B" from the U.S. Preventive Task Force, recommendations made by the Advisory Committee on Immunization Practices, and guidelines supported by the Health Resources and Services Administration. A current listing of required preventive care can be accessed at: www.HealthCare.gov/center/regulations/prevention.html and http://www.cdc.gov/vaccines/acip/index.html See your plan document for additional details, limitations and exclusions.

Mandatory Specialty Drug Program: Specialty drugs (including specialty diabetic medications are limited to 31 Day supply at retail and through Magellan's Specialty program. Specialty drugs must be filled through Magellan Rx's Specialty Pharmacy after 1 retail fill. Specialty Drugs are delivered via expedited shipping at no cost to the member. You can reach the Magellan Rx Specialty team at (866) 554-2673.

TRAVEL REIMBURSEMENT BENEFIT

- Call your Quantum Health Care Coordinator for pre-authorization of services/treatment by calling 855-428-4472
- Travel Reimbursement related to travel to University of Utah for medical care.
    - Annual maximum benefit is $1,000
    - Eligible expenses are transportation, parking fees and tolls, payable to the standard mileage rate per the IRS;
    - Lodging up to $104 per night
    - Inform SD51 Benefits department that you are using this benefit and retain all receipts

Retain itemized travel receipts and send to SD51 Benefits department:
benefits@sd51schools.org

*This is a separate benefit from the Transplant Travel benefits provide under the SunExcel Transplant Program as explained in your medical plan Summary Plan Description.

VIRTUAL VISITS

Introducing **Virtual Visits**

Online care from the expert providers at University of Utah from your phone, tablet or computer. **You don't need an appointment, just a connection.**
Available 9 a.m. to 9 p.m. — 7 days a week.

HEALTH
UNIVERSITY OF UTAH

What Are Virtual Visits?

Virtual Visits are a new way to give patients greater control over how they access care. Best for conditions that don't need emergency attention and treatment, Virtual Visits give you quick access to a University of Utah Health Care provider who will help you understand your symptoms and develop a plan of care and treatment.

What Are the Most Common Conditions You Treat?

Virtual Visits are a great option if you have any of these symptoms:

* allergies,
* cough, cold, & flu,
* eye infections,
* sore throat (adult symptoms only),
* minor muscle or joint pain (adult symptoms only),
* nausea, vomiting, & diarrhea,
* sinus problems,
* skin issues,
* stomach & digestive issues,
* and urinary issues (adult symptoms only).

To start a virtual visit, call

Toll Free: 844-424-2172
801-213-8669 (UNOW)

$0 Copay!

MONTHLY DENTAL & VISION PREMIUMS

Delta Dental Plan

Delta Dental Plan	Employee Monthly Premium
Employee	$37.04
Employee + 1	$63.03
Family	$111.63

VSP Vision Plan

VSP Vision Plan	Employee Monthly Premium
Employee	$9.91
Employee + Child(ren)	$17.35
Employee + Spouse	$18.75
Family	$29.08

Premium Payment

When you enroll for benefits, your premiums will automatically be set up to be paid using pre-tax dollars. If you prefer your premiums to be paid with after-tax dollars you must specifically elect the after-tax option upon being newly hired or during open enrollment.

DENTAL BENEFITS

DELTA DENTAL

Summary of Dental Plan Benefits For Group #1727
MESA COUNTY VALLEY SCHOOL DISTRICT #51

This Summary of Dental Plan Benefits should be read in conjunction with your Certificate of Insurance which will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations.

Calendar Year Deductible Applies to Basic & Major Services Only	Individual Deductible - $50.00 Combination of in and out-of-network Family Deductible - $100.00 Combination of in and out-of-network

Maximum Benefit	$1,500 per member, per calendar year
Orthodontia Maximum Benefit	$1,500 per member under age 19, per lifetime

Covered Services	**Plan Pays**
Diagnostic & Preventive Services	
Sealants	100% thru age 14
Oral Exams and Cleanings	100% twice / calendar year
X-Rays	100%
Fluoride Treatment	100% thru age 15
Basic Services	80%
Simple Extractions, Complex Oral Surgery, Basic Restorative (Fillings), Endodontics (Root Canal Therapy), Periodontics (Gum Disease Treatment)	
Major Services	50%
Denture Repair/Relines/Rebases. Prosthodontics (Dentures, Bridges), Special Restorative (Crowns, Inlays, Onlays), Implants	
Orthodontic Services : (child to age 19)	50%

There are three levels of dentists to choose from:

PPO Dentist:	Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.
Premier Dentist:	Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.
Non-Participating Dentist:	Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist

Right Start 4 Kids Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier Provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics is not covered at 100%.

DELTA DENTAL

The Right Start for a Bright Future
Right Start 4 Kids℠ from Delta Dental of Colorado

100% COVERAGE*

NO DEDUCTIBLE

IN-NETWORK PROVIDERS

HEALTHY SMILES & BRIGHT FUTURES

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

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

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

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

deltadentalco.com

VISION BENEFITS

Using your VSP Benefit is easy. Once you enroll, create an account at VSP.com

Benefit	Description	Copay & Frequency
WellVision Exam	Focuses on your eyes and overall wellness	$15 Every 12 months
Prescription Glasses		$15 Every 12 months
Frame	$140 allowance for a wide selection of frames $160 allowance for featured frame brands 20% savings on the amount over your allowance $75 Costco frame allowance	Included in Prescription Glasses
Lenses	Single Vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses
Lens Enhancements	Standard Progressive Lenses Tints/Photochromic Adaptive Lenses Premium Progressive lenses Custom Progressive Lenses Average savings of 20-25% on other lens enhancements	$0 $0 $95 - $105 $150 - $175
Contacts (instead of glasses)	$140 allowance for contacts; copay does not apply Contact lens exam (fitting & evaluation)	$0 $60 maximum Every 12 months
Diabetic Eyecare Plus Program	Services related to diabetic eye disease, glaucoma and age related macular degeneration. Retinal screening for eligible members with diabetes.	$20 As needed
Extra Savings	Glasses and Sunglasses Extra $20 to spend on featured frames. Go to vsp.com/specialoffers for details 20% savings on additional glasses and sunglasses, including lens enhancements Retinal Screening No more than a $39 copay on routine retinal screening Laser Vision Correction Average 15% off the regular price or 5% off the promotional price	

Out of Network Providers (Benefits after Copay)		
Exam up to $45 Frame up to $70 Single Vision Lenses up to $30	Lined Bifocal Lenses up to $50 Lined Trifocal Lenses up to $65 Progressive Lenses up to $50	Contacts up to $105 Tints up to $5

Coverage with a participating retail chain may be different. Visit VSP.com for details

VSP DISCOUNTS: EYE CARE & HEARING AIDS

VSP Diabetic Eyecare Plus ®

Available to Covered Persons who have been diagnosed with type 1 or type 2 diabetes and specific ophthalmological conditions .The Program is intended to be a supplement to Covered Persons group medical plan. Providers will first submit a claim to Covered Persons group medical insurance plan, and then to VSP. Any amounts not paid by the medical plan will be considered for payment by VSP. Examples of symptoms which may result in a Covered Person seeking services under DEP Plus may include, but are not limited to: blurry vision, trouble focusing, transient loss of vision, "floating" spots. Examples of conditions which may require management under DEP Plus may include, but are not limited to: diabetic retinopathy, rubeosis, and diabetic macular edema.

TruHearing® is making hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to $2,400 on a pair of hearing aids with TruHearing pricing. What's more, your dependents and even extended family members are eligible, too.

In addition to great pricing, TruHearing provides :

- Three provider visits for fitting, adjustments, and cleanings
- 45-day money back guarantee
- Three-year manufacturer's warranty for repairs and one-time loss and damage
- 48 free batteries per hearing aid

Plus, with TruHearing you'll get:

- Access to a national network of more than 4,500 licensed hearing aid professionals
- Straightforward, nationally fixed pricing on a selection of more than 90 digital hearing aids in 400 styles
- Deep discounts on replacement batteries shipped directly to your door

Best of all, if you already have a hearing aid benefit from your health plan or employer, you can combine it with this program to maximize the benefit and reduce your out-of-pocket expense.

How it works

Call TruHearing. Call 877.396.7194. You and your family members must mention VSP.

Schedule exam. TruHearing will answer your questions and schedule a hearing exam with a local provider.
Attend appointment. The provider will make a recommendation, order the hearing aids through TruHearing and fit them for you.

Learn more about this VSP Exclusive Member Extra at vsp.truhearing.com or, call 877.396.7194 with questions.

EMPLOYER-PAID LIFE INSURANCE

Life Insurance Amount	2x Basic Yearly Earnings, rounded to the nearest $1,000, to a maximum benefit of $250,000
Reduction Schedule	Benefits will reduce by 35% at age 70; and to 50% of the original amount at age 75
Conversion	If your insurance terminates because you are no longer employed full-time, all or part of your insurance may be converted to an individual policy if you apply within 31 days of termination. Conversion does not require proof of medical insurability.
Accelerated Benefits	If you become terminally ill with a life expectancy of 12 months or less, you may elect to receive a portion of your life insurance benefit up to 80% in advance. Upon death, your beneficiary will receive the balance of your benefit.
Travel Assistance	Travel Assistance is a valuable benefit that is provided and administered by AXA Assistance USA, Inc. through an arrangement with MetLife. This service offers you and your dependents medical, travel, legal, financial and concierge services, 24 hours a day, 365 days a year, while traveling internationally or domestically. With one quick toll-free phone call to the alarm center, you will receive assistance in obtaining the help you need through more than 600,000 pre-qualified providers worldwide. Please visit www.metlife.com/travelassist to set up your unique profile via the registration process for first time access.
GRIEF COUNSELING & WILLS CENTER	You and your dependents have 24/7 access to a work/life counselor. Sessions can either take place in person, or by phone. You can have 5 face-to-face sessions per event. Additional assistance from research specialists is also available at the same toll-free number –and at no cost. These specialists can refer funeral planning services and providers as well as offer additional helpful information such as locate back-up care for children or elderly; locate cemetery options, identify monument and headstone vendors; locate funeral homes in your area; obtain cost estimates, services offered, and planning options; and identify other service providers such as florists, caterers and hotels. **Call: 1-888-319-7819 or** **VISIT: METLIFEGC.LIFEWORKS.COM** **User Name: MetLifeAssist Password: support**

See your Certificate of Insurance for additional benefit details, limitations, and exclusions.

VOLUNTARY SUPPLEMENTAL LIFE INSURANCE

Your employer provides you with Basic Term Life and Accidental Death & Dismemberment insurance coverage in the amount of 2x earnings to a maximum of $250,000. You may purchase additional amounts as follows:

For You	$10,000 increments, to the lesser of $500,000 or 5x earnings.
For Your Spouse	$5,000 increments to the lesser of 50% of employee selection or $100,000
For Your Dependent Children	15 days to age 26 – increments of $1,000 to $10,000

*Guarantee Issue Amounts	
Employee	$150,000
Spouse	$ 25,000
Children	$10,000

*You may purchase up to the guarantee issue amount when you are first eligible, without underwriting. If you waive voluntary life insurance then any amounts you elect in the future will be subject to evidence of insurability and you might be declined coverage.

For Employee Coverage, if you elect a minimum of one increment when you are first eligible, you will be able to increase your life amount by one increment each year, no questions asked, until you reach the guaranteed issue amount shown. (only available for employees)

You can elect Life Insurance with AD&D or Life Insurance without AD&D. There is no age-reduction schedule on voluntary life. Includes waiver of premium, accelerated benefit, and portability.

	Employee Cost per $1,000 Benefit	Spouse Cost per $1,000 Benefit
< 29	.037	.031
30 - 34	.047	.035
35 - 39	.061	.045
40 - 44	.089	.062
45 - 49	.142	.097
50 - 54	.219	.152
55 - 59	.331	.292
60 - 64	.454	.547
65 - 69	.857	1.394
70 +	1.403	2.765
AD&D/$1,000	.014	.017
Child(ren) Life / $1,000 (includes all children)		0.122
Child(ren) AD&D/$1,000		0.05

See your Certificate of Insurance for additional benefit details, limitations, and exclusions.

Available to ALL EMPLOYEES, regardless of plan participation!

TRIAD

Employee Assistance Program

EAP

Stressed, Distracted, Worried? Relief is available. As an employee, you and your family have access to free, confidential, professional, short-term, solution-focused consultation, resources, and information.

EAP BENEFITS INCLUDE:

- Short-term counseling;
- Referrals to community resources;
- Easy-to-use website

WHO CAN USE THE EAP?

The services are available for you, your spouse, and qualified dependents.

CALL IF YOU WANT TO:

- Balance work and home life
- Enhance relationships and communication
- Conquer stress
- Overcome grief, trauma, loss
- Feel and sleep better
- Calm anxiety
- Defeat depression
- Trounce addictions
- Improve workplace relations
- Sharpen your parenting skills
- Fortify your elder or child care resources
- Tackle legal or financial challenges

Get back on the road to peace and joy.

TRIAD WORKS WITH HIGHLY TRAINED AND QUALIFIED PROFESSIONALS

who are experts in fields such as well-being, family matters, relationships, debt management, consumer rights, and much more. You can be confident that the information you receive is accurate, up-to-date, and useful.

CONFIDENTIALITY.

TRIAD is bound by strict privacy standards. The only information your employer sees is statistical and demographic information – no names are given. Confidentiality does not extend to cases of child or elder abuse; if you are a threat to yourself or others; or if you are under a court order. (for more information see Section 12-43-218 of the Colorado Regulatory Statute).

"I did the best I knew...
And when I knew better, I did better."

Maya Angelou

contactus@triadeap.com
www.triadeap.com

TRIAD

Employee Assistance Program

EAP

"Just as despair can come to one only from other human beings, hope, too, can be given to one only by other human beings."

Elie Wiesel
(Author, 1986 Nobel Peace Prize, concentration camp survivor)

LEGAL AND FINANCIAL SUPPORT:

- Free consultation with attorneys on civil or criminal matters with discounted fees for ongoing legal services
- Free consultation with financial specialists regarding budgeting, credit, financial planning; help with ID theft and recovery

RESOURCE & REFERRAL TO LOCAL CARE PROVIDERS & RESOURCES:

Child Care: family child care, day care, nannies, babysitters, camps, schools, tutors, and more

Elder Care: housing options, in-home care, respite care, meal programs, transportation, caregiver support groups

Daily Living: home maintenance, pet care, travel, volunteer opportunities, much more

ONLINE LIBRARY: articles and tip sheets on raising kids, elder care-giving, home repair, disaster preparedness, travel, holiday planning; legal and financial articles, downloadable legal forms, and a variety of financial calculators. Live and archived webinars on work-life topics.

COST:

TRIAD is a FREE prepaid service offered by your employer. For additional help, your counselor may suggest another resource. You are responsible for any fees for resources used outside the EAP.

HOW DO I GET STARTED?

Call us from 8 am – 6 pm, Monday – Friday. In case of a clinical emergency, call anytime, 24 hours a day, seven days a week — from wherever you are — and talk to an on call therapist.

Mesa County Valley School District 51 benefit eligible employees who work > 20 hours per week, spouses, and dependent family up to 26 years old can access:

- Up to 3 free counseling sessions per year per incident, *face-to-face or by phone*
- Financial experts for advice on a range of financial issues
- Legal help by phone or with a local attorney; includes a free ½ hour consult and discounted rates if further help is requested for many issues.
- Child and elder care referrals and resources.
- On-line counselor profiles, thousands of work-life, legal, and financial articles & tools:

Go to: www.triadeap.com
Username: **d51**
Password: **eap**

Call TRIAD before contacting a counselor:
Phone: 970-242-9536; Toll free: 1-877-679-1100

contactus@triadeap.com
www.triadeap.com

FLEXIBLE SPENDING ACCOUNTS – JAN 1 THROUGH DEC 31, 2020

Flexible Spending Account
The Health Flexible Spending Account allows you to set aside up to $2,700 in pre-tax dollars to pay most out-of-pocket medical, dental or vision expenses, including deductibles and copayments, eye glasses, dental and orthodontic work not covered by insurance.

You decide how much to deposit into your account. Your election amount is evenly deducted pre-tax from your paycheck throughout the plan year. When you have an expense that qualifies, you pay the bill, submit a claim, and you are reimbursed with tax-free dollars from your account.

If you don't use all the money you deposited in your account, you will forfeit any balance in the account at the end of the plan year. You have 90 days after the plan year ends to submit claims for expenses incurred during that plan year. Note: If you don't use all the money you deposited in your account, you may **roll-over up to $500** to use in the following plan year.

Dependent Care
The Dependent Care account allows you to set aside tax-free income to pay for qualified dependent care expenses, such as day care, that you would normally pay with after-tax dollars. Qualified dependents include children under age 13 and/or dependents who are physically or mentally unable to care for themselves. If your spouse is unemployed or doing volunteer work, you cannot set up a dependent care account. You must meet one of the following criteria in order to set up this account:

- *You and your spouse both work;*
- *You are the single head of household;*
- *Your spouse is disabled or a full-time student.*

Each calendar year the IRS allows you to contribute the following amounts, depending on your family status:

- *If you are single, the lesser of your earned income or $2,500*
- *If you are married, you can contribute the lowest of*
    - *Your (or your spouse's) earned income*
    - *$5,000 if filing jointly or $2,500 if filing separately*

Once Enrolled, You May Not Change Your Election
You cannot change your annual election after the beginning of the plan year. However, there are certain limited situations when you can change your elections if you have qualified change in status.

Accessing Your FSA Funds

Claim Submission -

Participants may file requests for reimbursement directly to Rocky Mountain Reserve through fax, mail, e-mail, mobile application, or by uploading them directly through the participant website. Disbursements are issued by **check** or **direct deposit**. Claim Forms and Direct Deposit Authorization Forms are online at **www.RockyMountainReserve.com**.

Fax: (866.557.0109) **E-mail:** claims@rmrbenefits.com **Mail:** PO Box 631458 Littleton, CO 80163

AVAILABLE VOLUNTARY BENEFIT OPTIONS:

Accident – Pays a cash benefit directly to you in the event of a serious injury, including organized sports injuries for your children.

Hospital Indemnity – Pays a fixed cash payment to you when you are admitted to a hospital or ICU.

Critical Illness – Provides lump-sum cash payment for a range of conditions including Cancer, Heart Disease, and Organ Failure. In addition, it covers other conditions that are not included under the Aflac plans including Parkinson's, Huntington's Disease, ALS, and Alzheimer's disease, to name a few.

Short-term Disability – Provides income replacement when you cannot work full time due to a disability. You elect the amount of insurance you want, up to a maximum, and total disability is not required.

For more information on each option, go to:
District 51 Staff / Departments / Human Resources / Employee Benefits / Voluntary Benefits

GUARDIAN®

IMPORTANT NOTICES

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage, or if the employer stops contributing towards your or your dependents' other coverage. However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). To be eligible for these Special Enrollment rights you must have completed a waiver when you were first eligible stating that you were declining because of other group health insurance coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. In the case of marriage, eligible individuals must submit their enrollment forms prior to the Effective Dates of coverage in order for salary reductions to have preferred tax treatment from the date coverage begins.

Women's Health & Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, benefits under this Plan are provided for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following Covered Charges, as you determine appropriate with your attending Physician: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; and Prostheses and treatment of physical complications of the mastectomy, including lymphedema. The amount you must pay for such Covered Charge (including Copayments and any Deductible) are the same as are required for any other Covered Charge. Limitations on benefits are the same as for any other Covered Charge.

Wellness Program & Reasonable Alternative Standard

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically unadvisable for you to attempt to achieve the standards for the reward under this program, call Human Resources and we will work with you to develop another way to qualify for the reward.

Patient Protection Notice

Mesa County Valley School District 51 generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Quantum Health Care Coordinators at 855-428-4472.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Mesa County Valley School District 51 or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Quantum Health Care Coordinators at 855-428-4472.

Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Mesa County Valley School District 51 and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:
(1) your past, present, or future physical or mental health or condition;
(2) the provision of health care to you; or
(3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact Human Resources at (970) 254-5121.

Effective Date
This Notice is effective September 23, 2013.

Our Responsibilities
We are required by law to:
- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by internal company email.

How We May Use and Disclose Your Protected Health Information
Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage;

submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.
To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations
In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:
- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.
National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Research. We may disclose your protected health information to researchers when:
(1) the individual identifiers have been removed; or
(2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures
The following is a description of disclosures of your protected health information we are required to make.
Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures
Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:
(1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
(2) treating such person as your personal representative could endanger you; and
(3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights
You have the following rights with respect to your protected health information:
Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to Human Resources. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to Human Resources.
Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to:

Mesa County Valley School District 51
Human Resources
2115 Grand Avenue, Grand Junction, CO 81501
(970) 254-5121

In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.
- If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Human Resources. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.
Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing to Human Resources at (970) 254-5121. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply-for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
To request confidential communications, you must make your request in writing to Human Resources at (970) 254-5121. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact Human Resources at (970) 254-5121.

Complaints
If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact Human Resources at (970) 254-5121. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	**NEBRASKA – Medicaid**
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	**NEVADA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"] Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	**VERMONT– Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

School District 51
MESA COUNTY VALLEY

novo benefits