

Clear Creek County 2026 Benefits Guide



Benefit Plans Effective
January 1 – December 31, 2026

CONTENTS

GETTING STARTED

- 4. WHO'S ELIGIBLE FOR BENEFITS?
- 5. CHANGING YOUR BENEFITS
- 6. ENROLLING FOR BENEFITS
- 7. QUESTIONS? CONTACT A BENEFIT ADVOCATE

MEDICAL

- 9. WHICH PLAN IS RIGHT FOR YOU?
- 10. MEDICAL PLANS SUMMARY
- 11. HDHP WORKING WITH AN HSA EXAMPLE
- 12. TELEHEALTH WITH AMAZE HEALTH
- 13. VIRTUAL VISITS WITH TELADOC HEALTH
- 14. CLEAR CREEK COUNTY WELLNESS BENEFITS

SPENDING ACCOUNTS

- 15. HEALTH SAVINGS ACCOUNT
- 16. HEALTHCARE FLEXIBLE SPENDING ACCOUNT
- 17. DEPENDENT CARE SPENDING ACCOUNT

DENTAL

- 19. BASE DENTAL PLAN
- 20. BUY-UP DENTAL PLAN

VISION

- 22. BASE VISION PLAN
- 22. BUY-UP VISION PLAN

ENGAGE IN YOUR HEALTH

- 24. KNOW WHERE TO GO
- 25. PREVENTIVE CARE
- 26. UMR CARE

- 27. UMR ACCOUNT ACCESS
- 28. OPTUMRX PRESCRIPTION DRUG TIPS

LIFE & DISABILITY

- 30. BASIC LIFE & AD&D
- 31. SHORT-TERM DISABILITY
- 32. LONG-TERM DISABILITY

VOLUNTARY BENEFITS

- 34. VOLUNTARY LIFE & AD&D
- 35. VOLUNTARY HEALTH RELATED PLANS
- 36. LEGAL AND ID PROTECTION
- 37. PET INSURANCE

FINANCIAL WELLNESS

- 39. MEDICARE EDUCATION SERVICES
- 40. RETIREMENT PLANS
- 40. 529 EDUCATION SAVINGS PLAN

WELLBEING & BALANCE

- 42. MENTAL HEALTH AND WELL-BEING
- 43. EMPLOYEE ASSISTANCE PROGRAM (EAP)
- 44. VIRTUAL MENTAL HEALTH SUPPORT
- 45. GUARDIAN TRAVEL ASSISTANCE
- 46. FREE REC MEMBERSHIP INFORMATION

IMPORTANT PLAN INFORMATION

- 47. YOUR BENEFIT COSTS
- 52. PLAN CONTACTS
- 53. BENEFIT TERMS GLOSSARY
- 55. ANNUAL NOTICES

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.



GETTING STARTED

2026 Benefits

January 1, 2026 through
December 31, 2026

MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the *Important Notices* section for more details.

No matter where you are in your career, Clear Creek County supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, as well as life, disability, retirement, and more benefits.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Take a look at what's available to make the most of your benefits package.

WHO'S ELIGIBLE FOR BENEFITS?



Employees

You are eligible if you are a full time employee working at least 30 hours per week.

Eligible dependents

- Legally married spouse, civil union partner, or domestic partner
- Natural, adopted or stepchildren up to age 26 and Children over age 26 who are disabled and depend on you for support
- Children named in a qualified medical child support order (QMCSO)

For additional coverage information, please refer to the benefit booklets for each benefit.

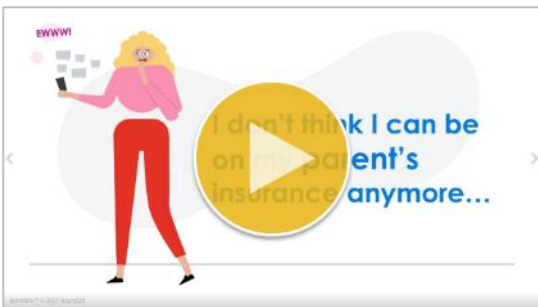
When you can enroll

New employees must enroll within 30 days from their date of hire. Existing employees can enroll during the annual open enrollment period and within 30 days of a qualifying life event.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment.

CHANGING YOUR BENEFITS

Click to play video



LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in your or a dependent's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

To request a benefits change, notify Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the event, such as a marriage license or birth certificate.

ENROLLING FOR BENEFITS



EMPLOYEE NAVIGATOR

Employee Navigator is an online system that enables you to make all your benefit decisions in one place.

Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

Getting started

- LOG IN to Employee Navigator:
www.employeenavigator.com

First time users: Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account and create your own username and password.

Returning users: Log in with the username and password you selected. Click **Reset a forgotten password** if you do not remember your password.

- **REVIEW/ADD** your personal and dependent information.
- **SELECT** your benefit plans for the coming year.
- **REVIEW** your choices and costs before finalizing.

DO YOU HAVE QUESTIONS ABOUT YOUR BENEFITS?

Click to play video



CONTACT YOUR ALLIANT BENEFIT ADVOCATE

Email

benefitsupport@alliant.com

Phone

(800) 489-1390

Hours

**6:00 a.m. - 6:00 p.m. MST
Monday - Friday**

Get help from a Benefit Advocate

Are you getting married and you're not sure how or when to add your new spouse to your plan? Is your stepchild eligible for your healthcare plan? Do you need help understanding the difference between an HSA and an FSA? A Benefit Advocate can help answer these questions and more.

Benefit Advocates are trained benefit experts who can help you understand and use your healthcare benefits and other coverage. Contact your Benefit Advocate for issues such as:

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Problems with health care claims or billing, when warranted
- Coverage changes due to life events (such as marriage, a new child, or divorce)

Claims assistance

If you need claims assistance, you'll need to complete a HIPAA authorization form to grant your Benefit Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited-duration basis, and only to the individuals listed on the form. You can end the permissions granted by the form at any time. Your Benefit Advocate will provide the form to you when needed.



MEDICAL

OUR PLANS

UMR Choice Plus High Deductible Health Plan

UMR Choice Plus Copay Plan

Which Plan Is Right For You?

That depends on your healthcare needs, favorite doctors, and budget. Think about these factors when choosing your medical plan:

What are your healthcare needs?

Compare how each plan covers the services you need most often, such as office visits, specialists, or prescriptions.

What's your budget?

What will you pay for coverage? Is there a deductible? What is your share of the cost for office visits and prescriptions? All of these factors together affect your total cost for healthcare.

WHICH PLAN IS RIGHT FOR YOU?



Consider a high deductible health plan (HDHP) if:

- You want to be able to see any provider, even a specialist, without a referral.
- You are happy with the selection of network providers.
- You don't see any doctors that are out-of-network.
- You want tax-free savings on your healthcare costs .
- You want to build a savings account for future healthcare costs for you and your eligible family members.
- You want an extra way to add to your retirement savings.

Plans To Consider

- **UMR Choice Plus High Deductible Health Plan (HDHP)**

Consider an EPO (Exclusive Provider Organization) if:

- You want to be able to see any provider, even a specialist, without a referral.
- You want lower, predictable out-of-pocket costs.
- You are happy with the selection of network providers.
- You don't see any doctors that are out-of-network.

Plans To Consider

- **UMR Choice Plus Copay Plan**

Choice Plus HDHP

Choice Plus Copay Plan

Premiums	\$	\$\$
Out-of-Pocket Costs	Pay from HSA savings account; All associated costs to deductible then 100% covered expenses	Pay copay then coinsurance after deductible
Related Accounts	HSA	FSA
Ideal if You Want ...	<ul style="list-style-type: none"> • Lower premium costs • County contribution to Health Savings Account • Tax savings opportunity 	<ul style="list-style-type: none"> • Predictable costs – copays

MEDICAL PLANS

Clear Creek County offers two medical plans options through UMR. Both plans utilize the UnitedHealthcare Choice Plus Network.

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

Choice Plus	HDHP Plan In-Network Only	Copay Plan In-Network Only
Plan Year Deductible <i>Individual/Family</i>	\$5,000/\$10,000	\$1,500/\$3,000
The amount that Clear Creek County contributes to help you pay for out-of-pocket expenses	EE Only: \$50 semi-monthly EE + SP: \$95 semi-monthly EE + CH(ren) \$95 semi-monthly EE+ Fam: \$110 semi-monthly	N/A
Out-of-Pocket Maximum <i>Individual/Family</i>	<i>Includes deductible, copays, and coinsurance</i> \$5,000/\$10,000	<i>Includes deductible, copays, and coinsurance</i> \$6,000/\$12,000
Preventive Care	Plan pays 100%	Plan pays 100%
Physician Services		
Primary Care Physician	0% after deductible	\$40 copay
Specialist	0% after deductible	\$55 copay
Urgent Care	0% after deductible	\$55 copay
Virtual Services (Including Teladoc)		
General and Dermatology Specialist	\$40 copay \$55 copay	\$40 copay \$55 copay
Lab/X-Ray		
Diagnostic Lab/X-Ray	0% after deductible	Plan pays 100%
High-Tech Services (MRI, CT, PET)	0% after deductible	25% after deductible
Hospital Services		
Inpatient	0% after deductible	25% after deductible
Outpatient	0% after deductible	25% after deductible
Emergency Room	0% after deductible	25% after deductible
Prescription Drugs (Up to a 30-day supply)		
Tier 1	0% after deductible	\$15 copay
Tier 2	0% after deductible	\$40 copay
Tier 3	0% after deductible	\$60 copay
Tier 4	0% after deductible	20% up to \$150
Mail Order (Up to a 90-day supply)	0% after deductible	2.5x retail copay (Tier 4 not covered)



Finding a network provider on umr.com or the UMR app has never been easier

1 Go to umr.com and select **Find a provider**



2 Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box

Example – John Smith, Individual

HSA Plan comparison:

At Clear Creek County, John Smith contributes \$50 semi-monthly to his HSA account. He also receives \$50 semi-monthly toward his HSA from Clear Creek County beginning January 2026. His balance will adjust in his account based on the healthcare examples to the right:

- Annual well-visit
- Doctor visit for an illness
- Emergency visit for injury

John's total healthcare costs for the year are \$900. He pays nothing out of pocket by using his HSA savings.

Month	Cost of service	Choice Plus HDHP Balance (\$50 HSA contribution from CCC)
January	Preventive care (annual well visit) – 100% covered	\$200
February		\$400
March		\$600
April		\$800
May	Doctor visit for illness – \$150	\$850
June		\$1,050
July		\$1,250
August		\$1,450
September	Emergency Room: injury – \$750	\$900
October		\$1,100
November		\$1,300
December		\$1,500

If John were enrolled in the UMR Choice Plus copay plan, he would have a \$40 copay for his doctor visit and would be charged \$750 for his ER visit as that is subject to the deductible before cost share will kick in.

Please note that Clear Creek County contributes \$50 semi-monthly toward your Health Savings Account (HSA) if you are enrolled in employee-only coverage on the HDHP. Clear Creek County contributes \$95 semi-monthly if you are enrolled in employee + dependent coverage and \$110 semi-monthly if you are enrolled in family coverage.

TELEMEDICINE



Clear Creek County offers you this benefit at no cost.

Amaze offers:

- Urgent care
- Chronic Medical Condition Management
- Mental Health Support
- Health Education Center
- Prescriptions
- Imaging, Testing & Specialist Referrals
- Billing Support
- Care for the Whole Family

The Amaze Difference:

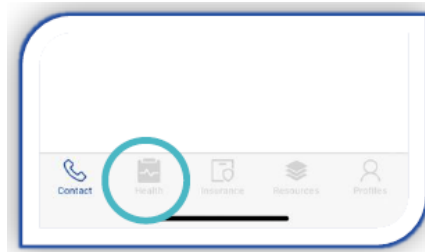
- They don't bill you or your insurance
- They stay with you until your problem is resolved
- They follow-up
- They are always there when you need them

You'll soon learn how Amazing it is to have a provider at the touch of button whenever you need one. But before you can make that first call or send your first message, you need to complete your account set up:

1. Check your email for your username and password. If you can't find your welcome email, please call 720-577-5251.
2. Once you've set your password, download the app on your smartphone and log in. Search for "Amaze Health" in the app store.
3. Click on the 3 lines in the upper right-hand corner and select add family members to add your spouse and children under age 26 to your account.



4. At the bottom of the screen, you have several options. Please go through the health summary tab and enter your information.



5. At the bottom of the screen, click on resources to view your personal notes, research tools, and our Education Center.



6. Take a tour of our Education Center, Learn [dot] Amaze, where you can learn how to better manage your health & wellness.

TELEMEDICINE



Talk to a doctor anytime

Teladoc gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone or mobile app.

Visit [Teladochealth.com](https://www.teladochealth.com) or call 1-800-Teladoc



GET THE CARE YOU NEED

Virtual Visits can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Sinus problems
- Urinary tract infection
- Respiratory infection
- Skin problems
- Pink eye
- And more!



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care

If you are enrolled in the HDHP plan, beginning January 1, 2026, when you use Teladoc services, you'll pay a low copay per visit (deductible waived).

CLEAR CREEK COUNTY WELLNESS BENEFITS

Wellness Credit

Clear Creek County believes in supporting you and your family's total health and wellbeing, which is why we are rewarding you with wellness credit for receiving a wellness exam.

Clear Creek County will contribute \$15 per pay period toward your medical insurance premiums when you receive a wellness exam and an additional \$5 per pay period when your spouse receives their wellness exam.*

The benefits of an in-person or virtual wellness exam with your doctor include the following:

- You will be able to get a baseline screening with your doctor.
- Your doctor will become better acquainted with your physical wellbeing.
- Should something show up during the wellness exam, you can start working on a solution right away.

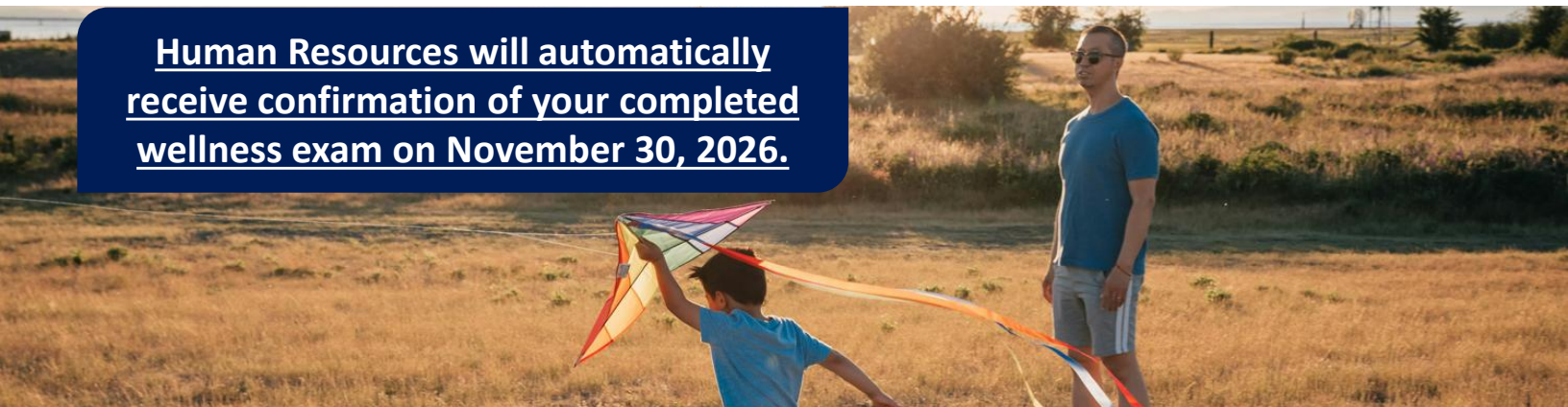
How To Receive Wellness Credit For 2026

- You and/or your spouse must have received a wellness exam between December 1, 2024 and November 30, 2025 to be eligible for wellness credit for 2026.

How To Receive Wellness Credit For 2027

- You and/or your spouse must receive a wellness exam before November 30, 2026 to receive wellness credit for 2027.

*Human Resources must receive confirmation. Your spouse must be enrolled in a Clear Creek County medical plan.

A photograph of a man and a child flying a kite in a field. The man is wearing a blue t-shirt and sunglasses, and the child is wearing a blue t-shirt. They are standing in a field of tall grass, and the kite is flying in the air. The background shows a landscape with trees and a clear sky.

Human Resources will automatically receive confirmation of your completed wellness exam on November 30, 2026.

HEALTH SAVINGS ACCOUNT (HSA)

Click to play video



ARE YOU ELIGIBLE?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the Choice Plus HDHP.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.

A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future.

How the Rocky Mountain Reserve HSA works

- Your HSA account is set up automatically after you enroll.
- To help you get started, Clear Creek County makes a contribution semi-monthly to your HSA:

Employee Only:	\$50
Employee + 1:	\$95
Employee + Child(ren):	\$95
Employee + Family:	\$110

- You can contribute up to the limit set by the IRS

Individual:	\$4,400 per year
Family:	\$8,750 per year

Are you age 55? You can contribute an additional \$1,000 per year

- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Five reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save the money to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free. You can also use it for regular living expenses, which will be taxable but without penalties.
5. **Update or change** your employee pre-tax contributions anytime during the year.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Click to play video



ARE YOU ELIGIBLE?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA.

Find out more

- rockymountainreserve.com/

Estimate carefully!

You can not make a mid-year election change; estimate carefully. If you don't spend all the money in your account in 2026, you can roll over up to \$680 to use the following year. Any additional remaining balance will be forfeited.

FSA TAX SAVINGS EXAMPLE

\$60,000 Annual Pay, with \$1,500 FSA Contribution

\$330	\$115	\$445
22% Federal income tax	7.65% FICA tax	Annual FSA tax savings

\$120,000 Annual Pay, with \$2,850 FSA Contribution

\$684	\$219	\$903
24% Federal income tax	7.65% FICA tax	Annual FSA tax savings

Your tax savings may vary depending on tax filing status and other variables

Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year.

How the Rocky Mountain Reserve FSA plan works

- You estimate what you and your dependents' out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, and even eligible drugstore items.
- You can contribute up to \$3,400, the annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.

PAYING FOR DAYCARE? MAKE IT TAX-FREE!

Click to play video



EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

Dependent Care FSA—up to \$5,000 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by Rocky Mountain Reserve.

Here's how the Dependent Care FSA Plan works:

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children younger than 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$5,000 per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.



Estimate carefully! You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.



DENTAL

OUR PLANS

Delta Dental PPO Base Plan

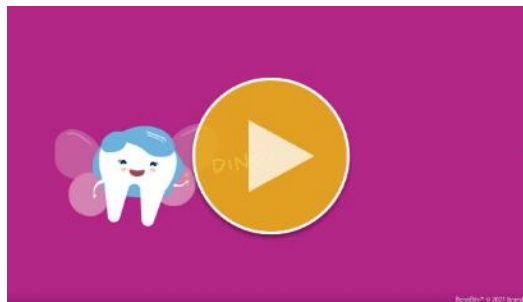
Delta Dental PPO Buy-Up Plan

Why sign up for dental coverage?

Brushing and flossing are great, but regular exams catch dental issues early. If there's a problem, our dental plan makes it easier and less expensive to get the care you need to maintain your smile.

Find out how it works!

Click to play video



DENTAL BENEFITS – BASE PLAN

Administered by Delta Dental of Colorado

The Delta Dental PPO plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Delta Dental provider.

- **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. You will pay less out-of-pocket if you utilize a PPO or Premier Dentist Providers. To find a PPO or a Premier Dentist Provider, please visit www.deltadentalco.com.

DELTA DENTAL BASE PLAN	PPO PROVIDER	PREMIER PROVIDER	NON-PARTICIPATING PROVIDER*
You Pay			
ANNUAL DEDUCTIBLE You pay all dental expenses (except preventive care visits) until your total costs reach the deductible. Then the plan starts to pay a share of the cost.		\$25 individual / \$75 family (combined for PPO, Premier, and non-par)	
ANNUAL PLAN MAXIMUM The most money the dental plan will pay for dental care for each covered family member within a plan year.		\$2,000 per person per year (combined for PPO, Premier, and non-par)	
DIAGNOSTIC & PREVENTIVE Services to maintain dental health and prevent disease, such as oral evaluations, routine cleanings, and X-rays.	0%	20%	20%*
BASIC SERVICES Basic care includes dental issues like extractions and fillings.	20% AD	20% AD	20% AD*
MAJOR SERVICES Major services include crowns, bridges, and dentures—work that replaces missing or damaged teeth.	50% AD	50% AD	50% AD*
ORTHODONTIA Treatment for abnormalities of the teeth and jaw. Orthodontic care can straighten teeth, correct problems with bite, and close gaps between teeth.	50%	50%	50%
ORTHODONTIA LIFETIME MAXIMUM The total amount of money the dental plan will pay for orthodontia services for each covered family member.		\$1,000 Children: covered to age 19 Adults: not covered	

AD=After Deductible

*When you see a non-participating provider, you will be billed the total amount the provider charges (called balance-billing). When you see a Delta Dental PPO or Premier provider, you are protected from balance-billing.

DENTAL BENEFITS – BUY-UP PLAN

Administered by Delta Dental of Colorado

The Delta Dental PPO plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Delta Dental provider.

- **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. You will pay less out-of-pocket if you utilize a PPO or Premier Dentist Providers. To find a PPO or a Premier Dentist Provider, please visit www.deltadentalco.com.

DELTA DENTAL BUY-UP PLAN	PPO PROVIDER	PREMIER PROVIDER	NON-PARTICIPATING PROVIDER*
You Pay			
ANNUAL DEDUCTIBLE You pay all dental expenses (except preventive care visits) until your total costs reach the deductible. Then the plan starts to pay a share of the cost.		\$25 individual / \$75 family (combined for PPO, Premier, and non-par)	
ANNUAL PLAN MAXIMUM The most money the dental plan will pay for dental care for each covered family member within a plan year.		\$5,000 per person per year (combined for PPO, Premier, and non-par)	
DIAGNOSTIC & PREVENTIVE Services to maintain dental health and prevent disease, such as oral evaluations, routine cleanings, and X-rays.	0%	0%	0%*
BASIC SERVICES Basic care includes dental issues like extractions and fillings.	30% AD	30% AD	30% AD*
MAJOR SERVICES Major services include crowns, bridges, and dentures—work that replaces missing or damaged teeth.	50% AD	50% AD	50% AD*
ORTHODONTIA Treatment for abnormalities of the teeth and jaw. Orthodontic care can straighten teeth, correct problems with bite, and close gaps between teeth.	50%	50%	50%
ORTHODONTIA LIFETIME MAXIMUM The total amount of money the dental plan will pay for orthodontia services for each covered family member.		\$1,500 Children: covered to age 19 Adults: not covered	

AD = After Deductible

*When you see a non-participating provider, you will be billed the total amount the provider charges (called balance-billing). When you see a Delta Dental PPO or Premier provider, you are protected from balance-billing.



VISION

OUR PLANS

VSP Choice Base Plan

VSP Choice Buy-Up Plan

Click to play video



Why sign up for vision coverage?

Keeping up with yearly eye exams is one of the easiest ways to protect your health. Not only do they make sure your vision is clear and your prescription is up to date, but they can also catch eye conditions—and even health issues like diabetes or high blood pressure—before you notice any symptoms. A quick visit once a year can help keep your eyes (and you) healthy for the long run! Vision coverage helps with the cost of eyeglasses or contacts and covers annual checkups, at a low copayment.

VISION PLANS

Administered by VSP

Your vision checkup is fully covered after your exam copay. After any materials copay, the plan covers frames, lenses, and contacts as described below. Visit vsp.com to find an in-network provider.

	Base Plan	Buy-Up Plan
VSP Choice Network	In-Network	In-Network
COPAY	Exam: \$20 copay Materials: \$20 copay	Exam: \$20 copay Materials: \$20 copay
FRAMES	\$150 allowance, 20% off remaining balance	\$200 allowance, 20% off remaining balance
LENSES	Single Vision: \$20 copay Bifocal: \$20 copay Trifocal: \$20 copay Standard progress lens: \$0 copay Premium progressive lens: \$95 - \$105 copay Custom progressive lens: \$150 - \$175 copay	Single Vision: \$20 copay Bifocal: \$20 copay Trifocal: \$20 copay Standard progress lens: \$0 copay Premium progressive lens: \$95 - \$105 copay Custom progressive lens: \$150 - \$175 copay
CONTACTS (elective)	\$130 allowance	\$180 allowance
CONTACTS (medically necessary)	Covered at 100%	Covered at 100%
FREQUENCY	Exam: Once every 12 months Frames: Once every 24 months Lenses: Once every 12 months Contacts (Elective): Once every 12 months	Exam: Once every 12 months Frames: Once every 12 months Lenses: Once every 12 months Contacts (Elective): Once every 12 months
VSP LIGHTCARE™	Not Covered	In lieu of prescription glasses or contacts, use the frame allowance to purchase blue light filtering glasses or non-prescription sunglasses

Enhance your vision benefit when you visit a VSP Premier Edge Provider:

At no extra cost, members get:

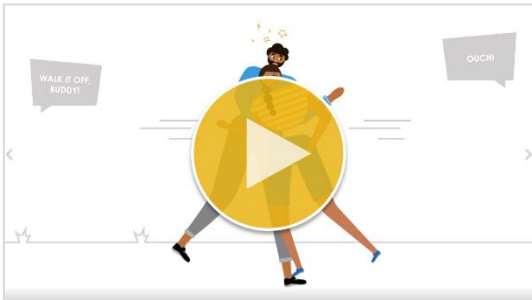
- Advanced exam technology, including digital retinal imaging
- A wide selection of frame brands and styles
- 12-month worry free eyewear guarantee
 - Broken or damaged glasses, free replacement
 - Prescription change, another exam and new lenses
 - Love your look guaranteed!
- Flexible appointment scheduling, and
- Exclusive savings and rebates



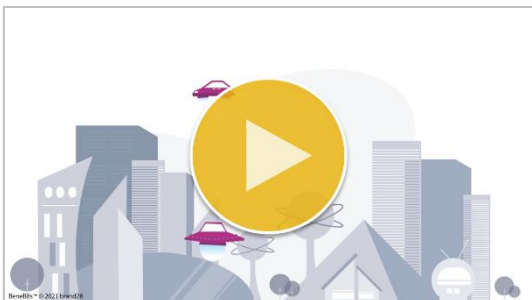


ENGAGE

Click to play video



Urgent Care vs ER



Virtual Healthcare

Maximize Your Healthcare

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Understanding preventive care benefits
- Saving money on prescription drugs

Tools and Resources

In addition to medical coverage, you have the following resources and services to help you access care when and how you need it and address special health concerns:

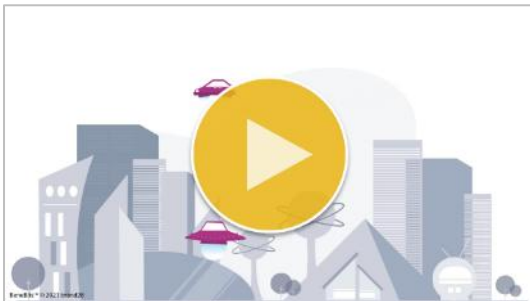
- Mental Health and Well-being Resources
- UMR Mobile App
- Virtual Care through Amaze or Teladoc
- Not sure where to go; contact Alliant Benefit Advocates

KNOW WHERE TO GO

Where you get medical care can significantly influence the cost. Here’s a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Examples
Nurse line (24/7—\$0) Quick answers from a trained nurse	Identifying if immediate care is needed Home treatment options and advice
Online visit through Amaze, Teladoc, or your provider (24/7—\$) Many nonemergency health issues	Cold, flu, allergies, headache, migraine Skin conditions, rashes Minor injuries Mental health concerns
Office visit (\$\$) Routine medical care and management	Preventive care Illnesses, injuries Managing existing conditions
Urgent care (\$\$\$) Non-life-threatening conditions requiring prompt attention	Stitches, sprains Animal bites High fever, respiratory infections
Emergency room (24/7—\$\$\$\$) Life-threatening conditions needing immediate care	Suspected heart attack or stroke Major bone breaks Excessive bleeding Severe pain Difficulty breathing

Click to play videos



Virtual Healthcare



Urgent Care vs ER

PREVENTIVE CARE



You take your car in for maintenance; why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

Health plans are required to cover a set of preventive services at no cost to you, even if you haven't met your deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Preventive care is covered in full only when obtained from an IN-NETWORK provider.

TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

Be aware: Not all exams and tests are considered preventive care

Certain screenings may be considered diagnostic, rather than preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

In addition, exams performed by specialists are generally not considered preventive care and may not be covered at 100%.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

Scan the QR code and visit the My Checkups site for additional screening and exam recommendations



UMR CARE PROGRAM



UMR CARE is a valuable part of your medical benefits. When you use the CARE app, powered by Vivify Health, you'll experience an integrated health care solution that blends technology with personal connections.

With the CARE app you have another way for you to interact with your CARE team to improve your health. The app gives you a simple way to contact CARE's clinical staff to learn about and help manage your condition, chat with CARE, and set up daily push notifications to keep you on track with positive changes.

All from your mobile device!

UMR CARE programs offer health support for all eligible members. When you enroll in a CARE program, you will be connected with a CARE nurse or coach who will partner with you to improve your overall well-being.

If you or a covered dependent is living with one or more of these chronic conditions, you may be eligible for help:

- ALS
- multiple sclerosis
- myasthenia gravis or rheumatoid arthritis
- Hypertension
- heart failure or coronary artery disease
- Asthma or COPD
- Depression or anxiety*
- HIV/AIDS, hepatitis C or sickle cell anemia
- Ulcerative colitis or Crohn's disease
- Breast, prostate, colorectal or lung cancers
- Diabetes (types 1 or 2)
- Chronic kidney disease

**Only when identified as a co-morbidity*



Getting started is easy

Enroll today! We'll need some basic information along with an email address, mobile phone number and your UMR member ID and group ID numbers. Simply scan the **QR code** or access the enrollment page at go.umar.com/get-care-app



GET ON-THE-GO ACCESS WITH THE UMR APP

Make [umar.com](https://www.umar.com) your first stop

You want managing your health care to be fast and easy, right? You got it. At [umar.com](https://www.umar.com), you'll find everything you want to know – and need to do – as soon as you sign in.

No hassles. No waiting. Just the answers you're looking for anytime, night or day!

Sign in now to:

- View **Things to do**, your personalized benefits to-do list
- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life



3 easy ways to find a network provider

- Look for the **Find a Provider** button on [umar.com](https://www.umar.com)
- Log in to the UMR app and select **Find Care**
 - For medical providers, choose **View providers**. For behavioral health providers, select **Behavioral health directory**
- Call the number on your health plan ID card
- Reminder: both of your plan options utilize the **UnitedHealthcare Choice Plus Network**

PRESCRIPTIONS ENGAGEMENT **Optum Rx**[®]

THE FORMULARY DRUG TIERS DETERMINE YOUR COST

Click to play video



Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to be as effective as brand-name drug equivalents.

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.

Optum Rx will manage your prescription drug plan. Here are some helpful things to know.

Identification Cards

Your health plan will send new ID cards with Optum Rx pharmacy information. Keep your new ID cards in a safe place. Begin using your new ID cards once your plan is effective.

Medication Home Delivery

Set up Optum Home Delivery. Enroll online at optumrx.com or call 1-800-356-3477.

Retail Pharmacies

Your plans retail pharmacy network includes national chains and most independent pharmacies. Finding a network pharmacy is easy with your online account or the Optum Rx app.

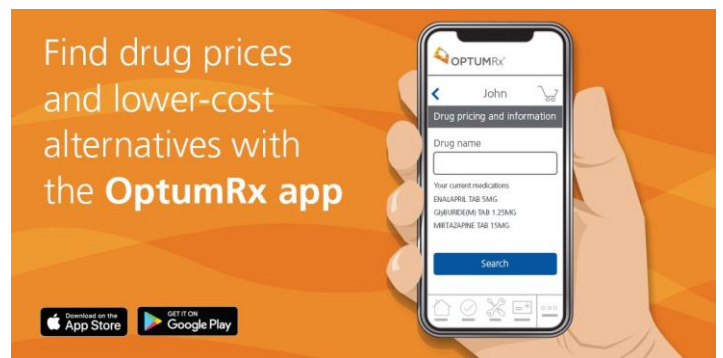
Specialty Pharmacy

Our network of specialty pharmacies, including Optum Specialty Pharmacy, provides specialty medications and clinical support for complex conditions like cancer and MS.

To learn more, call: 1-855-427-4682.

Digital Tools

Use our website and mobile app to set up home delivery, price medications, find network pharmacies and more. You will even be able to access a copy of your member ID card on the Optum Rx app.



For additional general information, visit <https://welcome.optumrx.com/standard/getstarted>



LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D and disability insurance can fill financial gaps due to a loss of income. Consider your day-to-day costs and bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (housing, education, loans, credit cards, etc.) after the death of a spouse or partner.

If you need more

In addition to company-provided coverage, we offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the Voluntary Plans section for details.

COMPANY- PROVIDED LIFE AND AD&D INSURANCE



Imputed Income

Under current tax laws, imputed income is the value of your basic life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

Basic Life and AD&D

Basic life insurance pays your beneficiary a lump sum if you die. AD&D (accidental death & dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. The cost of coverage is paid in full by Clear Creek County.

Guardian Employee Basic Life Insurance

100% of salary up to \$100,000. Guaranteed issue of \$100,000.

Guardian Employee AD&D Insurance

100% of salary up to \$100,000. Guaranteed issue of \$100,000.

The benefit amounts above will be reduced if you are age 65 or older. Refer to the plan document for details.



SHORT-TERM DISABILITY INSURANCE



EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

STD Benefits

Short-term disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. Clear Creek County pays the cost of this coverage.

Guardian Short-Term Disability

Weekly benefit amount	60% of weekly earnings up to a maximum of \$2,400
Benefits begin	After 8 th day of disability due to accident or 8 th day due to sickness
Maximum payment period	12 weeks (based on first day you are disabled, not when benefits begin)

Submit your Short-Term Disability claim with TeleGuard

It's easy to submit an STD claim with Guardian's TeleGuard claims submission process. TeleGuard allows you to submit your disability over the phone rather than filling out any paperwork, letting you focus on your recovery and getting back to work.

Call Guardian's in-house TeleGuard to initiate your claim at **1-888-262-5670**, Monday through Friday, between the hours of 8AM-8PM (EST). A TeleGuard representative will collect all of your information over the phone.

LONG-TERM DISABILITY INSURANCE



3 THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.

LTD benefits cushion the financial impact of a disability

Long-term disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. Clear Creek County pays the cost of this coverage.

Guardian Long-Term Disability Insurance

Monthly benefit amount	60% of monthly earnings up to a maximum of \$6,000
Benefits begin	After 90 days of disability
Maximum payment period	To age 65 or SSNRA



VOLUNTARY PLANS

OUR VOLUNTARY PLANS

- Voluntary Life and AD&D
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Identity Theft Protection
- Legal Program
- Pet Insurance

You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. You can also choose not to sign up for voluntary benefits at all—it's up to you.

VOLUNTARY LIFE AND AD&D INSURANCE



THINGS TO CONSIDER

According to the CDC, accidental death is the single greatest risk between the ages of 25-42. However, AD&D coverage pays a benefit only if a death was accidental and not related to an illness. Also, certain risks, such as extreme sports, may not be covered.

In the event of a covered serious injury, AD&D coverage pays a percentage of the death benefit, depending on the type of injury.

GUARANTEED ISSUE

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit Evidence of Insurability with additional information about your health in order for the insurance company to approve the amount of coverage.

Protecting those you leave behind

Voluntary life insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.

Guardian Voluntary Life Insurance

Employee	Increments of \$10,000 up to a maximum of \$300,000. Guaranteed issue of \$200,000
Spouse	Increments of \$5,000 up to a maximum of \$250,000, not to exceed 100% of employee's amount. Guaranteed issue of \$25,000
Child(ren)	\$5,000 up to \$10,000, not to exceed 100% of employee amount. Guaranteed issue of \$10,000

In the event of a serious or fatal accident

Voluntary AD&D insurance allows you to purchase accidental death and dismemberment coverage that pays your beneficiary if you have a fatal accident. If you experience a serious injury such as a loss of a limb, speech, sight or hearing, the plan pays a benefit to you.

Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.

Guardian Voluntary AD&D Insurance

Employee	100% of life benefit to \$300,000
Spouse	100% of life benefit
Child(ren)	100% of life benefit

VOLUNTARY HEALTH-RELATED PLANS



THINGS TO CONSIDER

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

Accident Insurance

Accident insurance from Guardian helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, as well as physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose.

You can also receive a \$75 benefit if you receive a covered wellness screening such as blood tests, stress tests, chest x-ray, immunizations, and routine/annual physicals.

To file a claim go to

- guardianlife.com and select “Log in” to register or access your account.
- Under "Your tasks," click “Start a Claim,” select Wellness and “Submit your Wellness claim online.”
- Complete or verify member's information.
- Enter date of service, doctor's information and select "Screenings.”
- Review a summary of the information entered and confirm accuracy.
- Submit the claim.

If you need further assistance call: 800-541-7846

Critical Illness Insurance

Critical illness insurance from Guardian can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed.

Hospital Indemnity Insurance

Hospital indemnity insurance from Guardian can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

PLANS TO KEEP YOU AND YOUR FAMILY SECURE

CONTACT INFORMATION

Please our LegalShield representative for additional information:

Mindy Rogers
720-217-9934
mindyr@legalshieldassociate.com

Legal Program

Do you have an attorney on retainer? Most people don't, so our legal program offers you access to legal advice and even representation for an affordable monthly premium. Whether you need assistance reviewing a rental agreement, fighting a traffic ticket, creating a will, buying a house or navigating an IRS audit, legal coverage from LegalShield offers reputable attorney assistance for you and your family. You can enroll in this program during open enrollment.

Identity Theft Protection and Restoration

Identity theft is serious. Victims can spend hundreds, even thousands of dollars, and weeks of their own time to repair the damage done to their good names and credit records. The longer identity fraud goes undetected, the more expensive and difficult it becomes to resolve. For an affordable monthly premium, identity theft protection from LegalShield helps protect your personal information through proactive monitoring, identity restoration, and resolution. You can enroll in this program during open enrollment.

Enhanced Legal Program Benefits for 2026 include:

- **Revocable Living Trust Preparation**
\$250 per person. Comprehensive Will, Living Will, and Powers of Attorney are still free
- **Contested Divorce**
Up to 10 hours of attorney representation
- **Child Custody**
10 hours of attorney representation for custody matters
- **Support Order/Modification**
10 hours of representation for child or spousal support changes
- **Pre/Post-Nuptial Agreements**
Legal advice, document review, and drafting of agreements
- **Elder Law Advice**
Support for employees and spouses with aging parents
- **E-Notary Services**
Convenient digital notarization included

Enhanced Identity Theft Protection Benefits for 2026 include:

- **VPN (Virtual Private Network)**
Stay safe and secure while using public WiFi
- **Anti-virus and Anti-Malware Protection**
Defend multiple devices from viruses, malware, and online threats protection
- **Password Manager**
Securely store and manage bank-grade, randomized passwords in an encrypted vault—never forget a password again
- **Parental Internet Controls**
Filter content, set time limits, and block inappropriate websites for safer internet use at home
- **Additional Monitoring Services**
Includes social media monitoring, reputation management, and removal of personal information from public sites

Pet Insurance

Pet Insurance

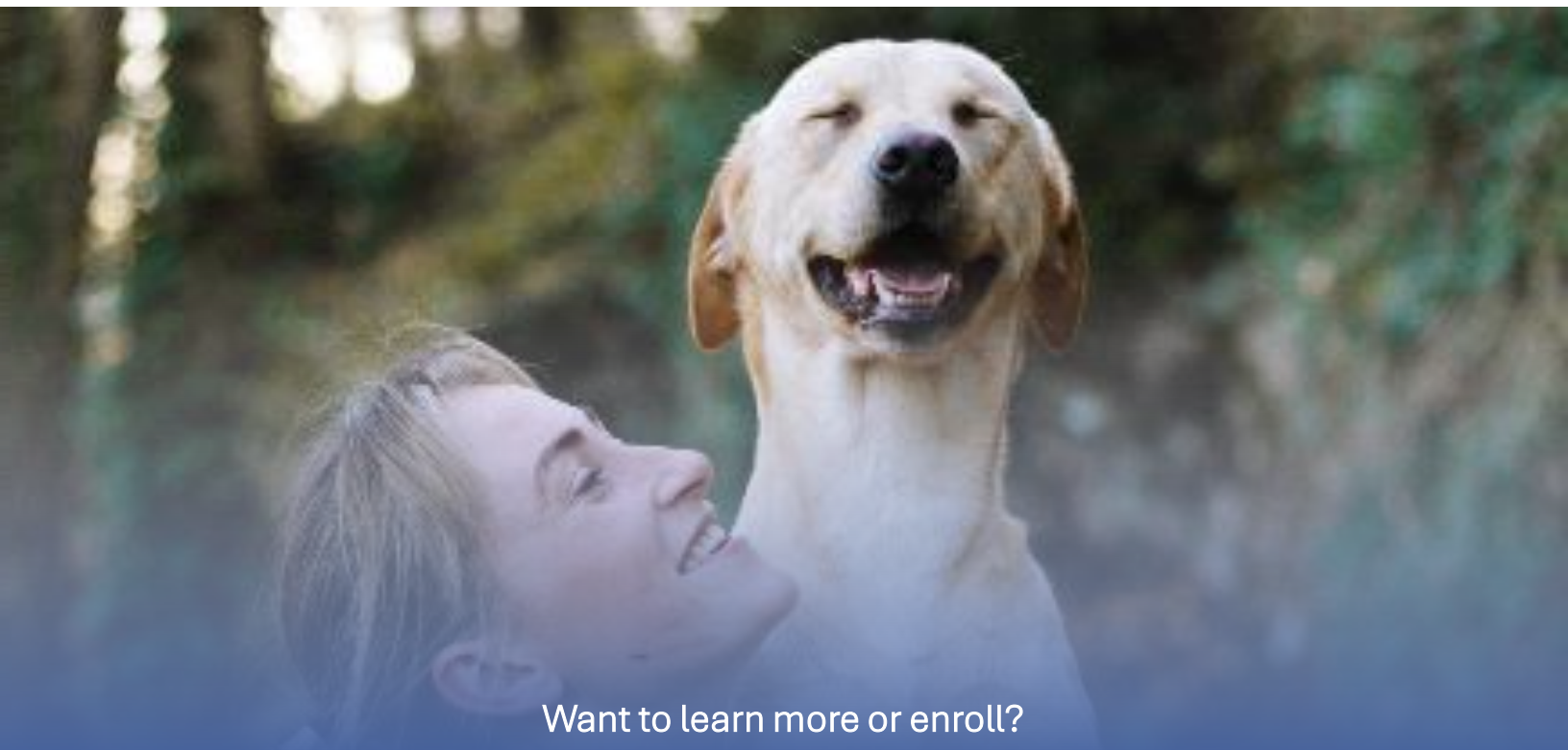
Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. Spot provides coverage for this program. You can enroll in this program anytime and payments will be set up on a direct bill basis for employees. Additionally, you can purchase optional preventative care and wellness coverage.

If you purchase coverage through Spot pet insurance, you'll have access to 24 7 vet telehealth helpline through VetAccess. As a policy holder you will receive additional savings through our Spot Perks Program.

Enrolling with Spot

Employees can choose the level of coverage that best fits their needs and can also include a routine wellness care rider with their coverage for an additional cost.

- No network
- Easy claims process
- Get Cash back



Want to learn more or enroll?

Call (800) 905-1595 and mention you are an employee of Clear Creek County

go to <https://spotpet.link/clearcreekcounty> and select Clear Creek County as your employer.



FINANCIAL WELLNESS

PLANS TO HELP YOU SAVE

- Alliant Medicare Solutions
- 401(a) and 457(b) Retirement Savings Plans
- 529 College Savings Plan

Is it time for a “financial wellness” checkup?

Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? What about retirement?

Ignoring your financial health can take a toll on your quality of life today and in the future. And worrying about money can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money. You can reduce your tax burden and work toward your retirement goals.

TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS



Alliant Medicare Solutions is a no-cost service available to you, your family members, and friends nearing age 65.

alliantmedicareolutions.com

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

Most people become eligible for Medicare at age 65. When that happens, you'll probably have some time-sensitive decisions to make, based on your individual situation.

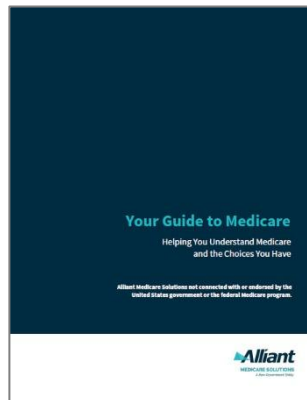
Introducing Alliant Medicare Solutions

Medicare can be complicated. Figuring out the rules—not to mention how Medicare works with or compares to your employer-provided medical coverage—can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

1. Call Alliant Medicare Solutions at **(877) 888-0165** to speak to a licensed insurance agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

Find Out More



[Your Guide to Medicare](#)



[Medicare 101 Video](#)



[Social Security Planning Video](#)

SAVE NOW, ENJOY LATER



Empower

Retirement

Clear Creek County offers two retirement savings plan—the 401(a) Plan and the 457(b) Plan with Empower.

401(a) Plan

The 401(a) is mandatory on the first paycheck after hire for regular part time and regular full-time employees. The County and you will both contribute 4% of your earnings.

457(b) Plan

Clear Creek County offers both a Traditional and Roth 457(b) option.

The maximum salary deferral in 2026* may not exceed \$24,500. If you are or will be 50 years of age or older in 2026*, you may defer an additional \$8,000. Age 60-63 “super catch-up” contributions allow you to contribute up to \$12,000 per year.

Roth 457(b) option:

- After-tax contributions (taxes prepaid)
- Tax-free investment earnings
- Future withdrawals are 100% tax-free upon separation from employment, if withdraw occurs before the five-year holding period and/or before age 59 ½, certain taxes and/or penalties may apply.

Traditional 457(b) option:

- Before-tax contributions (taxes postponed)
- Tax-deferred investment earnings
- Future withdrawals are fully taxable upon separation from employment

CollegInvest

529 Education Savings Plan

Education is expensive, and many parents who save for a child’s education don’t have enough set aside at college time. A 529 plan can help you save for it. You can set aside money for qualified K–12 or college education costs and let it grow tax-free. CollegInvest will provide personalized guidance on selecting the best 529 plan for you, based on where you live and your investment preferences. This tool will inform you about the CollegInvest 529 plan and other plans in your state that may be better for you due to tax benefits. To find out more, go to collegeinvest.org or contact Human Resources.

**2026 Proposed Limits. IRS has not released actual annual limits*



WELLBEING & BALANCE

“The key to keeping your balance is knowing when you've lost it.”

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

Taking care of yourself helps you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

We offer programs to help you:

- Manage stress, chemical dependency, mental health and family issues
- Maximize your physical well-being
- Take time to spend with family and friends, take care of personal business, or just have a little extra “me time”.

Taking care of yourself will help you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best

MENTAL HEALTH AND WELL-BEING RESOURCES

We understand that you or people close to you may also be faced with additional work and family stresses. Feelings of isolation, depression or despair should never be taken lightly. Under these conditions, everyday task can feel more difficult. This is a reminder that our medical plans include coverage for mental health care. You can get connected with behavioral health providers both in-person or virtually.

Type	Types of Support
Nurse line Call the number on the back of your ID card	Not sure what health setting is right for you or where to get started? Managing a chronic condition New condition diagnosis
Online visit through Amaze Download the “Amaze Health” app and register today	Urgent care Mental health support Health education Weight management Prescriptions
Online dedicated 1:1 ^ Register at talkspace.com/connect	Anxiety Depression PTSD Substance abuse Compulsive disorders And other conditions
Office visit ^ Go to UMR.com , find a provider, Choice Plus network, select Behavior health directory	An array of support for your mental and behavioral health with credentialed a quality providers
EAP Online: Guardianresources.com App: GuidanceNowSM Web ID: Guardian	Emotional Support Work and Lifestyle support Legal Guidance Financial Resources Digital support Wellness support
Emergency Situations Dial 988 Suicide and Crisis Lifeline Or 911 https://www.988colorado.com	Emotional crisis support Mental health support Substance abuse Thoughts of suicide

[^] Medical plan coverage applies. Visit plan documents for more information.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



CONTACT THE EAP

**ComPsych
GuidanceResources Program
through Guardian
Phone**

(855) 239-0743

Website

[guidanceresources.com](https://www.guidanceresources.com)

App

GuidanceNow

Web ID

Guardian

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through ComPsych can help you handle a wide variety of personal issue such as emotional health and substance abuse; parenting and childcare needs; financial resources; legal guidance; online will preparation; and pet and elder care resources.

Best of all, contacting an EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

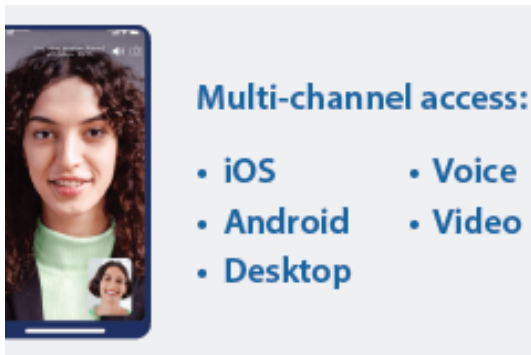
The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues
- Unlimited web access to helpful articles, resources, and self-assessment tools.

Counseling Benefits

- Difficulty with relationship
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death
- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

Virtual Mental Health Support



Talkspace is one of many network providers in the UnitedHealthcare behavioral health network.

Please refer to the network directory for access to other providers.

Talk to a dedicated therapist at home or on the go

With Talkspace online therapy, you can regularly communicate with a therapist, safely and securely from your phone or desktop. No in-person office visit required. Therapy is available for individuals age 13 or older. Psychiatry services are provided for those age 18 and above.

Here's how Talkspace can fit your life

With Talkspace, you can talk to a therapist no matter where you are.

- Support for anxiety, depression, PTSD, substance use disorders, eating disorders, compulsive disorders and other conditions
- Specialized clinicians deliver services across all 50 states and are matched to members based on location, needs and preferences
- Find a therapist with an online matching tool
- Start therapy within hours of choosing your therapist
- Choose real-time, face-to-face video visits by appointment
- Those age 18 and older can also access Talkspace Psychiatry to schedule live video sessions with a psychiatrist who can help create a tailored treatment plan

Talkspace is convenient, safe and secure

Simply register (first visit only) at talkspace.com/connect. After you register, download the Talkspace app on your mobile device. Talkspace is also supported by Chrome, FireFox, Safari or Edge browsers on your desktop computer.

GLOBAL EMERGENCY ASSISTANCE SERVICES

Worldwide Travel Assistance

We'll Be There If You Need Us — 24/7

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 90 days in length, more than 100 miles from home.

Medical Emergency Assistance

- Medical consultation, evaluation, and referrals
- Medical monitoring
- Emergency medical evacuation
- And more

Additional Emergency Assistance Services

- Lost Luggage
- Document assistance
- Legal and interpreter referrals
- And more

Travel Emergency Assistance

- Care of minor children
- Compassionate visit
- Return of travel companion
- And more



Worldwide Travel Assistance

Reference number: 01-AA-GLI-10231

For inquiries within the
U.S. call toll free:

800-856-9947

For inquiries outside of
the U.S. call collect:

312-935-3658

Email: medservices@assistamerica.com

Identity Theft Protection Services

Your Emergency Assistance benefit automatically includes Identity Theft Services, coordinated at no additional cost. Whether at home or traveling, this benefit provides prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. Services include:

- 24/7 access to identity protection specialists
- Credit card and document registration
- Lost and stolen credit and debit card assistance
- 24/7 identity fraud support

For ID Theft assistance use access code: **18327**

Case managers are available 24 hours a day, seven days a week and can be reached by calling:
877-409-9597 within the U.S.
816-396-9192 outside the U.S.

FREE REC CENTER MEMBERSHIP

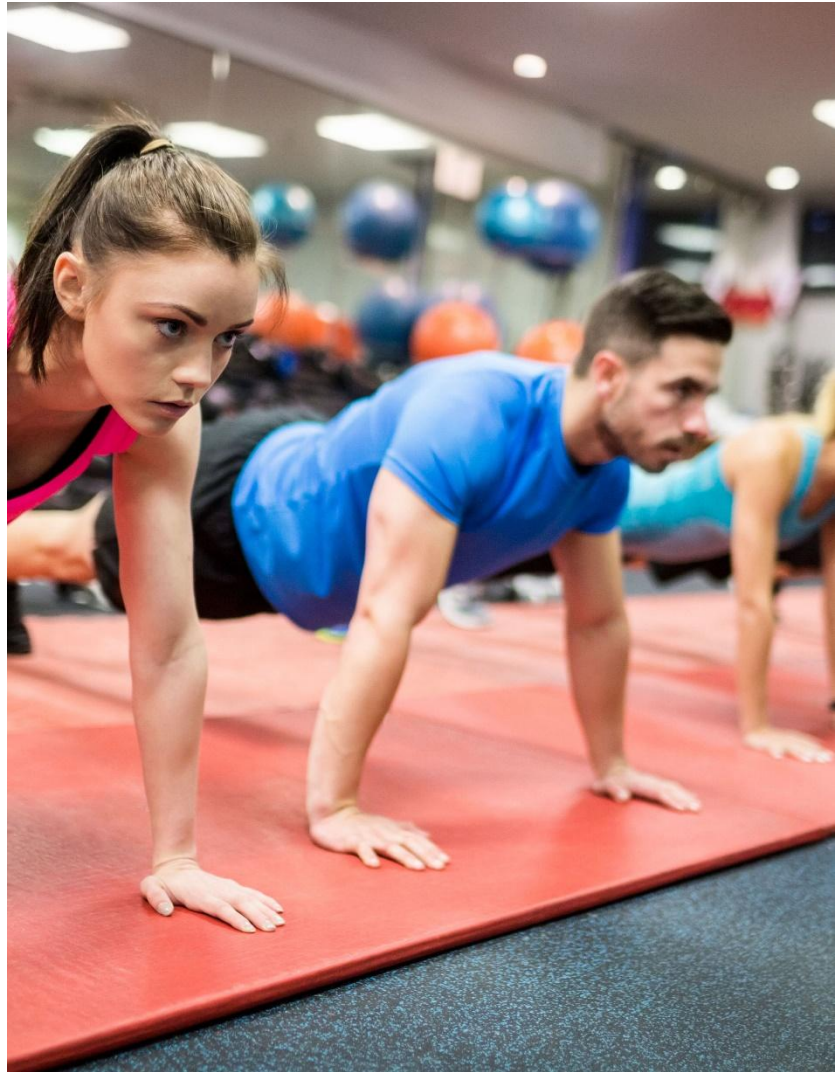
At Clear Creek County, we want you to prioritize your wellness journey, you're the only you we have! Therefore, we have partnered with Clear Creek Metropolitan Recreation District (CCMRD) to provide health and recreation programs for you and your family with a **free family membership**.

CCMRD offers a 25-yard pool, vortex pool, two slides, water features/fountains, hot tub, dry sauna, family shower rooms, free weight room, Selectorized equipment, running/walking track, half court gym, spin bikes, and more.

Memberships include access to classes such as yoga, strength and toning, water aerobics, personal training (additional fee), adult drop-in roller skating, pickleball, running club, drop-in volleyball and soccer.

Visit clearcreekrecreation.com for a full list of current events and classes.

To sign up for your free family membership, please contact Human Resources.





IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Your medical, dental and vision benefit contributions for 2026
- Contact information for our benefit carriers and vendors
- A Benefits Glossary to help you understand important insurance terms.
- Annual Notices

MEDICAL – UMR

Medical Costs Per Paycheck

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis—before federal, state, and social security taxes are calculated—so you pay less in taxes.

UMR Choice Plus HDHP Plan	You Pay Per paycheck	Clear Creek County Pays Per paycheck
Employee Only	\$56.83	\$349.09
Employee + Spouse	\$125.02	\$768.00
Employee + Children	\$102.29	\$628.36
Employee + Family	\$176.17	\$1,082.18

UMR Choice Plus Copay Plan	You Pay Per paycheck	Clear Creek County Pays Per paycheck
Employee Only	\$106.28	\$425.13
Employee + Spouse	\$233.82	\$935.27
Employee + Children	\$191.31	\$765.23
Employee + Family	\$329.47	\$1,317.89

DENTAL – DELTA DENTAL

Dental Costs Per Paycheck

Your healthcare costs are deducted from your pay on a pre-tax basis—before federal, state, and social security taxes are calculated—so you pay less in taxes.

Base Plan	You Pay Per paycheck	Clear Creek County Pays Per paycheck
Employee Only	\$1.90	\$18.74
Employee + 1	\$19.92	\$28.29
Employee + Family	\$19.92	\$28.29

Buy-up Plan	You Pay Per paycheck	Clear Creek County Pays Per paycheck
Employee Only	\$4.36	\$18.74
Employee + 1	\$25.55	\$28.29
Employee + Family	\$25.55	\$28.29

VISION – VSP

Vision Costs Per Paycheck

Base Plan	You Pay Per paycheck	Clear Creek County Pays Per paycheck
Employee Only	\$0.71	\$2.81
Employee + 1	\$1.33	\$3.77
Employee + Family	\$3.21	\$5.94

Buy-up Plan	You Pay Per paycheck	Clear Creek County Pays Per paycheck
Employee Only	\$2.33	\$2.81
Employee + 1	\$3.69	\$3.78
Employee + Family	\$7.43	\$5.94

VOLUNTARY LIFE & AD&D INSURANCE COSTS

If you elect voluntary coverage, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

Voluntary Life Insurance – Monthly Rate Per \$1,000 Of Coverage		
Age	Employee	Spouse Based On Employee Age
15-24	\$0.082	\$0.082
25-29	\$0.082	\$0.082
30-34	\$0.087	\$0.087
35-39	\$0.115	\$0.115
40-44	\$0.172	\$0.172
45-49	\$0.274	\$0.274
50-54	\$0.450	\$0.450
55-59	\$0.728	\$0.728
60-64	\$1.143	\$1.143
65-69	\$2.269	\$2.269
70-74	\$4.312	\$4.312
75+	\$4.312	\$4.312

Voluntary AD&D – Monthly Rate Per \$1,000 Of Coverage	
Employee & Spouse	\$0.027
Child(ren)	\$0.027

To calculate your per paycheck AD&D cost, follow the same steps as the table above.

CALCULATE YOUR LIFE INSURANCE COST

1. Desired Coverage (\$1,000 Increments)

You:	Spouse:
------	---------

2. Divide Step 1 by 1,000 =

You:	Spouse:
------	---------

3. Multiply Step 2 by Rate from Table =

You:	Spouse:
------	---------

4. Multiply Step 3 by 12 and divide by 24 =

You:	Spouse:
------	---------

5. Add You + Spouse from Step 4:

TOTAL COST PER PAYCHECK:

CHILD LIFE INSURANCE

COVERAGE AMOUNT	Monthly Rate per \$1,000 of coverage	Total Cost Per Paycheck
\$5,000	\$0.142	\$0.71
\$10,000	\$0.142	\$1.42

Premium includes all eligible children. Eligible children include dependent children under age 19 (or 25 if they are full-time students) as long as you apply for and are approved for coverage for yourself.

VOLUNTARY PLANS

You pay the entire cost if you elect coverage in any of the following plans.

Voluntary Accident	You Pay Per paycheck
Employee Only	\$6.39
Employee & Spouse	\$10.95
Employee & Child	\$11.34
Employee + Family	\$15.89

Critical Illness	You Pay Per paycheck					
	Employee Age:	<30	30-39	40-49	50-59	60-69
\$5,000	\$0.45	\$1.03	\$2.25	\$4.73	\$8.20	\$13.13
\$10,000	\$0.90	\$2.05	\$4.50	\$9.45	\$16.40	\$26.25
\$15,000	\$1.35	\$3.08	\$6.75	\$14.18	\$24.60	\$39.38
\$20,000	\$1.80	\$4.10	\$9.00	\$18.90	\$32.80	\$52.50

Spouse Age:	<30	30-39	40-49	50-59	60-69	70+
\$2,500	\$0.23	\$0.51	\$1.13	\$2.36	\$4.10	\$6.57
\$5,000	\$0.45	\$1.03	\$2.25	\$4.73	\$8.20	\$13.13
\$7,500	\$0.68	\$1.54	\$3.38	\$7.09	\$12.30	\$19.69
\$10,000	\$0.90	\$2.05	\$4.50	\$9.45	\$16.40	\$26.25

Spouse Benefit Amount Up To 50% of Employee Amount to a Maximum of \$10,000
Child Benefit included in employee's premium for 25% of employee's benefit

Hospital Indemnity	You Pay Per paycheck
Employee Only	\$5.26
Employee & Spouse	\$10.97
Employee & Child	\$8.65
Employee + Family	\$14.36

Legal and ID Protection	Employee Only Per paycheck	Family Per paycheck
LegalShield		\$11.48
IDShield	\$4.98	\$9.48
Combined	\$16.45	\$19.45

PLAN CONTACTS

<p>Enrollment Website Employee Navigator https://www.employeenavigator.com/</p>	<p>Telehealth Amaze Health Amazehealth.com Amaze Health Mobile App (720) 577-5257</p>	<p>Telehealth Teladoc Health teladochealth.com Teladoc Health Mobile App (800) teladoc</p>
<p>Member Advocacy Benefit Advocate Email: benefitsupport@alliant.com (800) 489-1390</p>	<p>HSA, FSA, DCAP Rocky Mountain Reserve rockymountainreserve.com RMR Benefits Mobile App (888) 722-1223 info@r mrbenefits.com</p>	<p>Online Therapy Talkspace Talkspace.com Talkspace Mobile App</p>
<p>Medical UMR Policy # 76-416563 umr.com UMR Health Mobile App (800) 826-9781</p>	<p>EAP GuidanceResources® guidanceresources.com GuidanceNow Mobile App Web ID: Guardian (855) 239-0743</p>	<p>Legal and ID Protection IDShield LegalShield legalshield.com (800) 654-7757 Mindy Rogers 720-217-9934 mindyr@legalshieldassociate.com</p>
<p>Prescription Drugs OptumRx Policy # AT1CCCO24 optumrx.com OptumRx Mobile App (800) 356-3477 Specialty Rx (855) 427-4682</p>	<p>Vision Vision Service Plan (VSP) Policy # 30078554 vsp.com VSP Mobile App Find a Provider (800) 877-7195</p>	<p>Online Will Preparation EstateGuide® estateguideance.com GuardianNow Mobile App Use promo code: Guardian (855) 239-0743</p>
<p>Dental Delta Dental Policy # 7785 deltadental.com Delta Dental Mobile App Find a Provider (800) 233-0860</p>	<p>Life & AD&D, Vol Life/AD&D, STD, LTD, Vol Accident, Vol Critical Illness, Vol Hospital Indemnity Guardian Life Policy # 00057136 guardianlife.com (888) 600-1600</p>	<p>Global Emergency Travel Assistance Assist America <i>(more than 100 miles from home)</i> Email: medservices@assistamerica.com Assist America Mobile App (800) 872-1414 in U.S. (609) 986-1234 outside of U.S. Reference #: 01-AA0GLI-10231</p> <p>ID Theft Protection (877) 409-9597 in U.S. (816) 396-9192 outside of U.S. Access code: 18327</p>
<p>Pet Insurance SPOT spotpet.link.com/clearcreekcounty (800) 905-1595</p>	<p>401(a) and 457(b) Retirement Colorado Retirement Association cra-online.org Member Services (800) 352-0313</p>	<p>529 College Savings Plan ColoradoInvest collegeinvest.org</p>

GLOSSARY

-A-

AD&D Insurance

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount

The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

Note: Beginning January 1, 2022 the "No Surprises Act" provides protections against surprise billing for emergency services, air ambulance services, and certain services provided by a non-participating provider at a participating facility. For these services, the member's cost are generally limited to what the charge would have been if received in-network, leaving any balance to be settled between the insurer and the out-of-network provider. Consult your health plan documents for details.

Beneficiary

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services

Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive Generally includes routine cleanings, oral exams, X-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service

A service that your health plan doesn't pay for or cover.

-F-

Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug

A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA)

An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

GLOSSARY

High Deductible Health Plan (HDHP)

A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

-I-

In-Network

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more, or may not be covered.

-L-

Life Insurance

An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

Out-of-Pocket Cost

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care

Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP, and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine / Teledoc

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

2026

Annual Notices

Table of Contents

Medicare Part D Notice.....	2
Women’s Health and Cancer Rights Act.....	4
Newborns’ and Mothers’ Health Protection Act	4
HIPAA Notice of Special Enrollment Rights.....	4
Availability of Privacy Practices Notice.....	5
Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP).....	6
ACA Disclaimer	9
The ‘No Surprises’ Rules	9



Medicare Part D Notice

Important Notice from Clear Creek County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Clear Creek County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Clear Creek County has determined that the prescription drug coverage offered by the OptumRx plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Clear Creek County coverage **will not** be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under OptumRx is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Clear Creek County prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Clear Creek County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Clear Creek County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 09/26/2025
Name of Entity/Sender: Clear Creek County
Contact-Position/Office: Clear Creek County Human Resources
Address: 405 Argentine St, Georgetown, CO 80444
Phone Number: 303-679-2306 / hr@clearcreekcounty.us

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- 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;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: HDHP: \$5,000/\$10,000/0%; EPO: \$1,500/\$3,000/25%. If you would like more information on WHCRA benefits, call your plan administrator 303-679-2306.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 303-679-2306.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Clear Creek County's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Clear Creek County's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Clear Creek County's health plan if you become eligible for a state premium assistance program under

Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Clear Creek County describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Clear Creek County Human Resources.

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 July 31, 2025. Contact your State for more information on eligibility—

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442
FLORIDA – Medicaid Website: https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra> | Phone: 678-564-1162, press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program All other Medicaid Website: <https://www.in.gov/medicaid/> | <http://www.in.gov/fssa/dfr/> | Family and Social Services Administration Phone: (800) 403-0864 | Member Services Phone: (800) 457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: [Iowa Medicaid | Health & Human Services](#) | Medicaid Phone: 1-800-338-8366

Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](#) | Hawki Phone: 1-800-257-8563

HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](#)

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/> | Phone: 1-800-792-4884 | HIPP Phone: 1-800-967-4660

KENTUCKY – 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: KIHIPPROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov> | Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 | TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 800-977-6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa> | Phone: 1-800-862-4840 | TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/> | Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> | Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084 | email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov> | Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218 | Toll-free number for the HIPP program: 1-800-852-3345, ext. 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> | Phone: 800-356-1561

CHIP Premium Assistance Phone: 609-631-2392 | CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/> | Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare> | Phone: 1-866-614-6005

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org> | Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx> | Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html> | Phone: 1-800-692-7462

CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](#) | CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/> | Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov> | Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov> | Phone: 1-888-828-0059

TEXAS – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](#)

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>

Email: upp@utah.gov | Phone: 1-888-222-2542 |

Adult Expansion Website: <https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>

CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](#)

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select> or

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/> | Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhr.wv.gov/bms/> or <http://mywvhipp.com/>

Medicaid Phone: 304-558-1700 | CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm> | Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/> | Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.02% in 2025 (9.96% in 2026) of your modified adjusted household income

The ‘No Surprises’ Rules

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an

estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

