



Employee Benefits Guide

January 1, 2021 - December 31, 2021



GRAND COUNTY

This guide provides highlights of our benefits program. A complete description of your benefit plans can be found in the plan documents, Summary Plan Descriptions (SPD) and contracts. While every effort has been made to provide an accurate summary of the plans, the information contained in this guide does not replace or change the meaning of our employer-sponsored benefit(s) plan documents; SPDs and contracts; the plan documents and contracts are controlling in the event of any discrepancy. We reserve the right to terminate or amend these employer-sponsored plans at any time, in whole or in part, for any reason. Any such amendment or termination may apply to current and future participants, covered spouses, beneficiaries, and dependents.

Contacts

Medical

Cigna
(800) 224-6224
mycigna.com

Life & AD&D

Lincoln Financial
(800) 423-2765
lfg.com

Health Savings Account

National Benefit Services
(800) 274-0503
nbsbenefits.com

Disability

Lincoln Financial
(800) 423-2765
lfg.com

Dental

Cigna
(800) 224-6224
mycigna.com

Worksite Voluntary Benefits

Allstate
The Standard
Lacey Smith, GBS Benefits
(801) 819-7744
vbcustomerservice@gbsbenefits.com

Vision

Cigna
(800) 224-6224
mycigna.com

Employee Assistance Program

Blomquist Hale
(800) 926-9619
blomquisthale.com

Flexible Spending Account

National Benefit Services
(800) 274-0503
nbsbenefits.com

General Benefits Information

Human Resources Department
(435) 259-1323
gchr@grandcountyutah.net



Grand County

January 1, 2021 - December 31, 2021

This Guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. Use this guide as your go-to-resource when you're enrolling for benefits and throughout the plan year. The choices you make will remain in effect during the plan year, unless you have a qualifying major life event.

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits guide carefully to help you make the benefit elections that are the best fit for you and your family.

Table of Contents

6	Important Information
11	Medical Cigna
14	Health Savings Account National Benefit Services
16	Dental Cigna
18	Vision Cigna
20	Flexible Spending Account National Benefit Services
22	Life and AD&D Lincoln Financial
26	Disability Lincoln Financial
28	Employee Assistance Program Blomquist Hale
30	Worksite Voluntary Benefits Allstate, The Standard
34	Premiums



Important Information

Grand County

Benefits Overview

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is “shop” for benefits carefully, using the same type of decision-making process you use for other major purchases.

1. **Take advantage of the tools available to you.** That includes this guide, access to plan information, provider directories, and enrollment materials.
2. **Be a smart shopper.** If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits because the wrong decision could be costly.
3. **Don't miss the deadline and keep record of your enrollment!** Pay attention to the enrollment deadline and be sure to provide Human Resources with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify HR immediately if there are any discrepancies.

Who Is Eligible?

You are eligible to enroll in Grand County's complete benefits package if you are a full-time employee averaging 40+ hours per week. If you are an employee averaging 30+ hours per week, you are eligible to enroll in Grand County's medical plan only.

You can also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse
- Your natural, adopted or step-child(ren) to age 26

How We Define Medical Benefits Eligibility

We are a large employer according to the Employer Shared Responsibility provisions of the ACA. The enrollment guidelines listed in this guide may vary if you are hired to work less than 30 hours per week (130 hours per month) or your hours worked drop below the threshold. Please contact us for our complete policy on Measurement Methods to determine full-time benefits eligibility status under the Employer Shared Responsibility.

When Do I Enroll?

You can enroll for coverage within 30 days of your date of hire, or during the annual open enrollment period. Outside of your open enrollment period, the only time you can change your coverage is within 30 days after you experience a qualifying event.

Benefits Overview

Making Changes During The Year

The IRS provides strict regulations about the changes to pre-tax elections during the plan year. Once you enroll in benefits, you will not be able to make any changes to your elections until the next annual open enrollment period, unless you experience a qualified life event.

Qualified life events include, but are not limited to:

- Change in your legal marital status
- Change in number of dependents
- A dependent no longer meets the eligibility requirements
- You and/or your dependent becomes eligible or loses eligibility for Medicare, Medicaid or the Children’s Health Insurance Program (CHIP)
- Employee or dependents change in employment status resulting in loss or gain of eligibility for employer sponsored benefits
- A court or administrative order

It is your responsibility to notify Human Resources within 30 days after a qualified life event. Any benefit changes must be directly related to the qualified life event.

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which:

- Your regular work schedule is reduced to fewer than 30 hours per week
- Your employment with Grand County ends

Your dependent(s) coverage ends:

- When your coverage ends, or
- The last day of the month in which the dependent is no longer eligible



Important Information

GoodRx Comparison Tool

Stop paying too much for your prescriptions! With the GoodRx Comparison Tool, you can compare drug prices at over 70,000 pharmacies, and discover free coupons and savings tips.

Isn't health insurance all I need? Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings? The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

1. On the web: Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies. <https://www.goodrx.com/>

2. On your phone: Available in the App Store or on Google Play. Or, simply visit m.goodrx.com from your phone.

Please Note:

- Prescription drug pricing displayed on the GoodRx Comparison Tool may be more or less than your insurance drug card.
- Please be sure to compare all discount pricing options before you purchase.
- Check your insurance carrier's pharmacy benefit before purchasing a 90-day supply.

Health Care Reform And You

For the most up-to-date information regarding the ACA, please visit www.healthcare.gov.

Summary of Benefits and Coverage (SBC) and Uniform Glossary

In addition to the plan information in this Benefits Guide, you can also review a Summary of Benefits and Coverage for each medical plan. This requirement of the ACA standardizes health plan information so that you can better understand and compare plan features. We will automatically provide you a copy of the SBC and Uniform Glossary annually during open enrollment. Please contact HR should you need an additional copy.

Online Benefits Enrollment

Employee Navigator

Information Needed When Adding Dependents

- Name
- Social Security Number(s)
- Dates of Birth
- Home Address (if separate from yours)

Step 1: Getting Started

- In your web browser type <https://www.employeenavigator.com/benefits/Account/Login> in the address bar.
- Username - If you have misplaced your credentials, reach out to HR.
- Reset Password - Employees can reset passwords on login screen.
- Click **“New User Registration”** (first time user)
- Create Your Account:
 - a) First Name
 - b) Last Name
 - c) Company Identifier: **“GrandCounty”**
 - d) Last 4 Digits of SSN
 - e) Birth Date
- On the home screen (once logged in) look for **“Start Enrollment”**.

Step 2: Verify Your Personal and Dependent Information

- Personal Information - Validate all information is accurate.
- Dependent Information:
 - a) To update information click **“Edit”**, upon completion click **“Save”**.
 - b) Select **“Add Dependent”** if you currently do not see them listed.
- Once all of your dependents have been added/updated, click **“Save & Continue”**.
- **Please Note:** If your company offers supplemental life insurance you need to add your spouse and children as dependents in this screen.

Step 3: Making Your Open Enrollment Elections

- Complete all benefits through each step of the enrollment process (enroll or waive).
- Click **“Save & Continue”** at the end of each benefit screen.

Step 4: Confirm Your Elections

- Upon completion, please verify everything in the “Enrollment Summary Screen”.
- Click **“Click To Sign”** to complete your open enrollment elections.



Medical

Cigna

Medical

Cigna

Plan Features	Traditional Plan		High Deductible Health Plan	
	In-Network You Pay	Out-of- Network You Pay	In-Network You Pay	Out-of- Network You Pay
Deductible <i>Calendar Year</i>	\$1,000/person \$2,000/family	\$4,000/person \$8,000/family	\$2,000/person \$4,000/family	\$4,000/person \$8,000/family
Out-of-Pocket Maximum <i>Calendar Year</i>	\$4,000/person \$8,000/family	\$12,000/person \$24,000/family	\$4,000/person \$6,550/family	\$8,000/person \$13,100/family
Preventive Care	Covered in Full	Not Covered	Covered in Full	Not Covered
Office Visits				
<i>Primary Care</i>	\$25	50% AD	20% AD	50% AD
<i>Specialist</i>	\$35	50% AD	20% AD	50% AD
<i>Urgent Care</i>	\$45	50% AD	20% AD	50% AD
<i>Telehealth</i>	\$25	Not Covered	20% AD	Not Covered
Hospital Services				
<i>Inpatient</i>	20% AD	50% AD	20% AD	50% AD
<i>Outpatient</i>	20% AD	50% AD	20% AD	50% AD
Emergency Room <i>Copay waived if admitted</i>	\$150	\$150	20% AD	20% AD
Mental Health Services				
<i>Office Visit</i>	\$35 20% AD	50% AD 50% AD	20% AD 20% AD	50% AD 50% AD
<i>Inpatient</i>	20% AD	50% AD	20% AD	50% AD
<i>Outpatient</i>				
Pharmacy	Retail 30-day Supply	Mail Order 90-day Supply	Retail 30-day Supply	Mail Order 90-day Supply
<i>Generic</i>	\$5	\$13	\$10 AD	\$25 AD
<i>Preferred Brand</i>	\$25	\$63	\$40 AD	\$100 AD
<i>Non-Preferred Brand</i>	\$50	\$125	\$70 AD	\$175 AD
<i>Specialty</i>	20% up to \$150 max	20% up to \$150 max	20% AD	N/A

AD = After Deductible

Cigna Telehealth

Choice is good. More choice is better.

Now Cigna provides access to two telehealth services as part of your medical plan - **AmWell** and **MDLIVE**.

Cigna Telehealth Connection lets you get the care you need - including most prescriptions - for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: AmWell or MDLIVE doctors

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both AmWell and MDLIVE, you can speak with a doctor for help with:

- Sore throat
- Headache
- Stomachache
- Fever
- Cold and flu
- Allergies
- Rash
- Acne
- UTIs and more

The Cost Savings are Clear

Televisits with AmWell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

AmWell and MDLIVE are only available for medical visits. For covered services related to mental health and substance abuse, you have access to the **Cigna Behavioral Health** network of providers.

- Go to **Cignabehavioral.com** to search for a video telehealth specialist
- Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.

Choose With Confidence

AmWell and MDLIVE are both quality national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you. Register for one or both today so you'll be ready to use a telehealth service when and where you need it. Signing up is easy! Just set up and create your account with one or both providers, complete a medical history using their "virtual clipboard", and download the vendor apps to your smartphone/mobile device.

AmWell for Cigna.com, or 855-667-9722

MDLiveforCigna.com, or 888-726-3171



Health Savings Account

National Benefit Services

Health Savings Account

National Benefit Services

A Health Savings Account (HSA) paired with our qualified high deductible health plan helps you and your family plan, save and pay for qualified health care expenses. An HSA empowers you to build savings for health care expenses in a tax advantaged account.

About Health Savings Accounts

A Health Savings Account (HSA) is a tax advantaged savings account that you own and control. HSAs are similar to retirement accounts in that they rollover year-to-year, they are portable when you move jobs or retire, the balance can be invested in mutual funds, and there are survivor benefits.

Who Is Eligible?

You must be enrolled in our qualified high deductible health plan and meet the following requirements:

- Have no other health insurance coverage except what's permitted by the IRS
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

What Is A Qualified Health Care Expense?

You can use money in your HSA to pay for any qualified health care expenses for you, your spouse and your tax dependents, even if they are not covered on your plan. Examples of qualified health care expenses include: your insurance plan deductibles, copayments, and coinsurance; doctor's office visits; prescriptions; dental treatments and x-rays; and eyeglasses and vision exams.

How Much Can I Contribute To An HSA?

Each year the IRS establishes the maximum contribution limit. The chart below represents the limits for 2021. These limits are for the total funds contributed, including company contributions, your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year.

HSA Contribution Amounts and Limits

Grand County Contributions IRS HSA Contribution Limits for 2021

Single	\$100 per month	\$3,600
Two-Party	\$200 per month	\$7,200
Family	\$200 per month	\$7,200

At age 55, an additional \$1,000 contribution is allowed annually



Dental

Cigna

Dental

Cigna

Plan Features	In-Network You Pay	Out-of-Network You Pay
Deductible	No deductible	
Annual Maximum	\$1,500 per person (for all Class I, II, and III expenses)	
Class I - Preventive Services <i>Oral exams, cleanings, routine x-rays, fluoride, sealants, space maintainers, non-routine x-rays, emergency care to relieve pain</i>	Covered in Full	Covered in Full up to U&C
Class II - Basic Services <i>Fillings, oral surgery, surgical extraction of impacted teeth, anesthetics, periodontics, endodontics, repairs to bridges, crowns, inlays, and dentures</i>	20%	20% of U&C
Class III - Major Services <i>Crowns, inlays, onlays, stainless steel and resin crowns, dentures, bridges</i>	50%	50% of U&C
Class IV - Orthodontics <i>(for dependent children)</i>	50%	50%
Orthodontic Lifetime Maximum	\$1,500 per person	

U&C = Usual and Customary
U&C = 90th percentile



Vision

Cigna



Vision Cigna

Plan Features	In-Network You Pay	Out-of-Network Plan Reimburses You
Exam <i>Once per calendar year</i>	\$10	Up to \$45
Frames <i>Once per calendar year</i>	\$130 allowance + 20% off remaining balance	Up to \$71
Materials Copay	\$20	N/A
Lenses <i>Once per calendar year</i>		
Single Vision	Covered 100% after copay	Up to \$32
Bifocal	Covered 100% after copay	Up to \$55
Trifocal	Covered 100% after copay	Up to \$65
Lenticular	Covered 100% after copay	Up to \$80
Contact Lenses <i>Once per calendar year</i> <i>In lieu of frames and lenses</i>		
Elective	\$130 allowance	Up to \$105
Medically Necessary	Covered in Full	Up to \$210



Flexible Spending Account

National Benefit Services

Flexible Spending Account

National Benefit Services

A Flexible Spending Account (FSA) provides you the opportunity to pay for health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

How It Works

Each plan year you designate an annual election to be deposited into your health care and/or dependent care accounts. Your annual election will be divided by the number of pay periods in the plan year and deducted equally from each paycheck on a pre-tax basis. For health care expenses, you have immediate access to the total amount you elected to contribute for the plan year. With the dependent care, you have access to the amount of the current contributions in your account at the time you request reimbursement.

Things To Consider

- Be conservative when estimating your annual election amount. The IRS has a strict “use it or lose it” rule. You can roll over up to \$500 of unused funds. You will forfeit any funds left in your account that exceed \$500 after the end of the plan year.
- Your 2021 contributions must be used for expenses you incur January 1, 2021-December 31, 2021
- The health care and dependent care FSA's are two separate accounts and funds cannot be transferred between accounts.
- You cannot stop or change your FSA contribution amount during the year unless you have a qualified change in family status.
- Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.

FSA Reimbursement Options

To receive reimbursement from your FSA, you can submit a claim online, complete a paper claim form or use your FSA debit card. It is important to save your receipts. National Benefit Services may ask you to provide a copy to substantiate a claim.

FSA Reimbursement Options

	Health Care FSA	Dependent Care FSA
Maximum Plan Year Contribution Amount	Up to \$2,750	Up to \$5,000 (\$2,500 if married and filing separate income tax returns)
Examples of Eligible Expenses	Medical, Rx, Dental, & Vision Deductibles, Coinsurance, and Copays	Cost of child care for children under age 13 so you and your spouse can go to work or look for work



Life and AD&D

Lincoln Financial

Life and AD&D

Lincoln Financial

Life Insurance and Accidental Death & Dismemberment (AD&D) benefits provide you and your loved ones financial protection in the event of an illness, accident, or death.

Basic Life Insurance and Accidental Death and Dismemberment (AD&D)

Grand County provides all eligible employees with a basic group life insurance and accidental death and dismemberment coverage at no cost to you.

Optional Life Insurance and AD&D

You also have the option to purchase additional life insurance coverage for yourself, your spouse / domestic partner and your dependent children to age 26. However, you may only elect coverage for your dependents if you elected additional coverage for yourself. You pay for the cost of additional coverage through payroll deductions on a post-tax basis.

Beneficiary Designation

We recommend you designate a beneficiary for your life insurance policy(ies). A beneficiary is the person (or people, estate, trust, etc.) to whom benefits will be paid to in the event of your death. You may change your beneficiary at any time during the plan year.

Plan Features	Basic Life and AD&D	Employee Optional Life and AD&D	Spouse Optional Life and AD&D	Child Optional Life and AD&D
Life Benefit Amount	Employee - \$50,000 Spouse - \$5,000 Child 14 days - 6 mos. - \$500 Child 6 mos. - age 26 - \$2,500	5x annual salary in \$10,000 increments	50% of employee amount in \$5,000 increments	14 days - 6 mos - \$250 6 mos - age 26 - \$2,500, \$5,000, \$7,500 or \$10,000
AD&D Benefit Amount	Equal to life benefit (<i>employee only</i>)	Equal to optional life benefit	Equal to employee's amount	Not Available
Maximum Life / AD&D Benefit	\$50,000	\$300,000	\$150,000	\$10,000
Guaranteed Issue <i>New Hires</i>	\$50,000	\$150,000	\$30,000	\$10,000

Voluntary Life Worksheet

Term Life Coverage Rates

Rates shown are your monthly deduction. Spouse's rates are based on employee's age. For age reduction schedules, please see your plan documents.

Age Band	Employee Per \$10,000	Spouse Per \$5,000	Child
- 24	\$0.40	\$0.20	
25 - 29	\$0.40	\$0.20	\$2,500 = \$0.50
30 - 34	\$0.50	\$0.25	\$5,000 = \$1.00
35 - 39	\$0.60	\$0.30	\$7,500 = \$1.50
40 - 44	\$1.00	\$0.50	\$10,000 = \$2.00
45 - 49	\$1.60	\$0.80	<i>Note: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have</i>
50 - 54	\$2.50	\$1.25	
55 - 59	\$3.60	\$1.80	
60 - 64	\$6.20	\$3.10	
65 - 69	\$9.88	\$4.94	
70 - 74	\$10.44	Not Available	
75+	\$21.48	Not Available	

Actual premium may vary due to rounding and payroll frequency

Term Life Calculation

	Age	Rate	Benefit	Monthly Cost
You			x _____ = \$ _____	
Spouse			x _____ = \$ _____	

Every effort has been made to provide an accurate summary of the plans, the information contained in this guide does not replace or change the meaning of our employer-sponsored benefit(s) plan documents; SPDs and contracts; the plan documents and contracts are controlling in the event of any discrepancy.

Voluntary AD&D Worksheet

AD&D Coverage

Rates shown are your monthly deduction. For age reduction schedules, please see your plan documents.

Coverage Amount	Employee Per \$10,000
\$10,000	\$0.40
\$150,000	\$6.00
\$300,000	\$12.00

Coverage Amount	Spouse Per \$5,000
\$5,000	\$0.20
\$75,000	\$3.00
\$150,000	\$6.00

Actual premium may vary due to rounding and payroll frequency

Voluntary AD&D Coverage Calculation

	Coverage Amount	Premium Rate Per \$10,000	=	Monthly Cost
You	_____ x _____		=	\$ _____

	Coverage Amount	Premium Rate Per \$5,000	=	Monthly Cost
Spouse	_____ x _____		=	\$ _____

Every effort has been made to provide an accurate summary of the plans, the information contained in this guide does not replace or change the meaning of our employer-sponsored benefit(s) plan documents; SPDs and contracts; the plan documents and contracts are controlling in the event of any discrepancy.



Disability

Lincoln Financial

Disability

Lincoln Financial

Disability insurance benefits replace a portion of your income if you are unable to work for a period of time due to a qualified off-the-job injury or illness.

Long-Term Disability

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

Definition of Disability

The definition of disability is used to determine an employee's eligibility for benefits. An individual may be considered totally or partially disabled.

Total Disability - Due to an injury or illness, you are unable to perform each of the main duties of your own occupation. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.

Partial Disability - Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.

Plan Features

Long-Term Disability

Benefit Amount	66.67% of monthly salary
Maximum Benefit	\$6,000 monthly
Benefit Waiting Period	90 days
Maximum Benefit Duration	Social Security Normal Retirement Age
Own Occupation	24 months
Conversion	Available



Employee Assistance Program (EAP)

Blomquist Hale

Employee Assistance Program

Blomquist Hale

When Life Gets too Challenging, We Can Help

The Blomquist Hale Employee Assistance Program provides direct, **face-to-face** guidance to address virtually any stressful life situation problem. Not to mention there is absolutely **no cost** to you. Meeting with our team is simple and 100% confidential. Call to schedule an appointment today. **(800) 926-9619**.

Get Help With:

- Marital & Family Counseling
- Stress, Anxiety or Depression
- Personal & Emotional Challenges
- Grief or Loss
- Financial or Legal Problems
- Substance Abuse or Addictions
- Senior Care Planning

Eligibility and Cost

Services are offered to employees and their eligible dependents. The entire cost of our service is covered by your employer. The services provided by Blomquist Hale are free, with no co-payment, deductible or insurance approval required.

You can count on:

- ✓ 24/7 Crisis Service
- ✓ 100% Confidential
- ✓ Professional, Friendly Team
- ✓ Convenient Locations
- ✓ Extended Hours
- ✓ No Co-Pay Required

Call Us Today or Visit Us at blomquisthale.com





Worksite Voluntary Benefits

Allstate
The Standard

Worksite Voluntary Benefits

Allstate

Group Accident Insurance (off-the-job)

Accident insurance can help provide you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. While you can count on health insurance to cover medical expenses, it doesn't usually cover indirect costs that can arise with a serious or even not-so-serious injury. You may end up paying out of your own pocket for things like transportation, over-the-counter medicine, day care or sitters and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

With Allstate Benefits Group Accident Insurance you can have peace of mind knowing:

- Coverage is guaranteed issue - no evidence of insurability required
- Benefits are paid directly to you unless assigned to someone else.
- Benefits are paid in addition to any other coverage.
- Coverage is portable and may be continued if the employee leaves the group.
- Employee or Family coverage available.

Plan highlights include

- Accidental Death & Dismemberment coverage up to \$40,000
- Dislocation & Fracture benefits up to \$4,000
- Initial Hospital Confinement of \$1,000 and Daily Hospital Confinement of \$200 a day or \$400 a day if in ICU
- Physical Therapy of \$60 per day for up to 6 treatments per accident
- Outpatient Physician's Treatment Benefit of \$50 available for visiting a doctor on an outpatient basis for any reason (can be claimed up to twice per calendar year, per person or four times with dependent coverage). This benefit is not accident-related and can be used for dentists, chiropractors, eye doctors, etc.

Accident Semi-Monthly Premiums

Employee Only	\$5.83
Employee & Spouse	\$10.08
Employee & Child(ren)	\$16.54
Family	\$22.61

**This is not a complete description of benefits. For a complete description of benefits and policy requirements, please refer to the brochures and certificates of coverage.*

Worksite Voluntary Benefits

Allstate

Group Critical Illness Benefits

Critical Illness insurance provides a lump sum benefit to help you cover the out-of-pocket expenses associated with a critical illness diagnosis.

With Allstate’s Group Critical Illness Insurance you can have peace of mind knowing:

- Benefits are paid directly to you unless assigned
- Coverage that supplements your existing medical benefits
- Coverage is portable and may be continued if Employee leaves the group
- Covered dependents receive 50% of the basic-benefit amount shown in your employer-selected plan, and 100% of the Wellness benefit

Plan highlights include:

- Coverage for diagnosis of Heart Attack, Stroke, Coronary Artery By-Pass Surgery, Major Organ Transplant, End Stage Renal Failure, Invasive Cancer, Carcinoma in Situ.
- Wellness Benefit pays \$50 per covered person, per year, for completing a covered wellness exam.
- Waiver of Premium included.

Semi-Monthly Premiums

\$10,000 Benefit Amount					\$20,000 Benefit Amount				
Ages	EE	EE+SP	EE+CH	F	Ages	EE	EE+SP	EE+CH	F
18-24	\$2.76	\$4.80	\$2.76	\$4.80	18-24	\$4.21	\$6.94	\$4.21	\$6.94
25-29	\$3.48	\$5.88	\$3.48	\$5.88	25-29	\$5.59	\$9.06	\$5.59	\$9.06
30-34	\$4.73	\$7.81	\$4.73	\$7.81	30-34	\$8.08	\$12.80	\$8.08	\$12.80
35-39	\$6.93	\$11.15	\$6.93	\$11.15	35-39	\$12.32	\$19.24	\$12.32	\$19.24
40-44	\$9.59	\$15.22	\$9.59	\$15.22	40-44	\$17.52	\$27.11	\$17.52	\$27.11
45-49	\$13.48	\$21.18	\$13.48	\$21.18	45-49	\$25.14	\$38.62	\$25.14	\$38.62
50-54	\$18.77	\$29.22	\$18.77	\$29.22	50-54	\$35.42	\$54.16	\$35.42	\$54.16
55-59	\$24.95	\$38.64	\$24.95	\$38.64	55-59	\$47.49	\$72.44	\$47.49	\$72.44
60-64	\$35.54	\$54.75	\$35.54	\$54.75	60-64	\$68.22	\$103.74	\$68.22	\$103.74
65-69	\$49.79	\$76.44	\$49.79	\$76.44	65-69	\$96.08	\$145.88	\$96.08	\$145.88
70-74	\$67.84	\$103.87	\$67.84	\$103.87	70-74	\$131.48	\$199.32	\$131.48	\$199.32
75-79	\$85.76	\$130.93	\$85.76	\$130.93	75-79	\$166.95	\$252.68	\$166.95	\$252.68
80+	\$120.38	\$182.93	\$120.38	\$182.93	80+	\$235.99	\$356.36	\$235.99	\$356.36

Worksite Voluntary Benefits

The Standard

Hospital Indemnity Insurance

An overnight stay in the hospital is expensive, and there may be additional costs unrelated to your stay such as having a baby or missing work. Hospital Confinement coverage pays a cash benefit when you are admitted for an overnight stay. The plan also pays a daily benefit each day for up to 30 days per confinement. When confined in the ICU, the daily benefit pays double. You can use the monies to pay for medical bills not covered by insurance, or in any way you see fit.

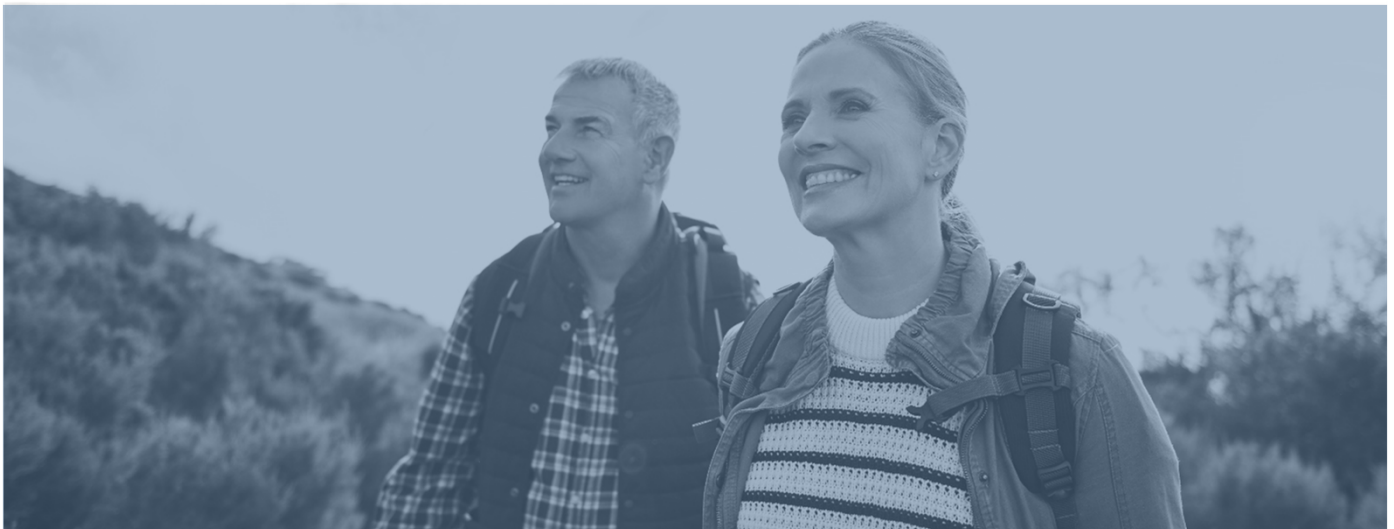
The Standard Group Hospital Indemnity Insurance

Benefits from a Hospital Indemnity plan can be used to assist you in paying deductibles, coinsurance, out-of-network costs, daily living expenses, etc. Benefits are paid regardless of other coverage and this plan is compatible with Health Savings Accounts. Benefits include:

First Day Hospital Confinement	Daily Hospital Benefit Up to 15 days	Intensive Care Benefit Up to 15 days
\$1,000		
1 admit per calendar year per person enrolled	\$100	\$100

Hospital Indemnity Monthly Premiums

Employee Only	\$10.00
Employee & Spouse	\$21.32
Employee & Child(ren)	\$19.14
Family	\$32.54





Premiums

January 1, 2021 - December 31, 2021

Premiums

January 1, 2021 - December 31, 2021

Medical | Cigna

Open Access Plus Traditional Plan \$1,000 Deductible				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Single	\$841.45	\$723.81	\$117.64	\$58.85
Two-Party	\$1,598.64	\$1,448.37	\$150.27	\$75.14
Family	\$2,397.98	\$2,107.63	\$290.35	\$145.18

Open Access Plus HDHP with HSA Plan \$2,000 Deductible				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Single	\$716.20	\$716.20	\$0.00	\$0.00
Two-Party	\$1,360.78	\$1,360.78	\$0.00	\$0.00
Family	\$2,041.12	\$2,041.12	\$0.00	\$0.00

Health Savings Account | National Benefit Services

HSA Contributions	
Status	Grand County Contribution Per Month
Single	\$100.00
Two-Party	\$200.00
Family	\$200.00

Dental | Cigna

DPPO Advantage Plan				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Single	\$34.96	\$34.96	\$0.00	\$0.00
Two-Party	\$62.80	\$62.80	\$0.00	\$0.00
Family	\$124.15	\$124.15	\$0.00	\$0.00

Vision | Cigna

Standard PPO Comprehensive Plan				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Single	\$5.02	\$5.02	\$0.00	\$0.00
Two-Party	\$9.69	\$9.69	\$0.00	\$0.00
Family	\$15.37	\$15.39	\$0.00	\$0.00

GRAND COUNTY

This guide was created for the employees of Grand County by GBS Benefits.