



**Southern Ute Community Action Programs**

# **2016 Benefits Summary**

**Plan Year 2016**





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*This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.*

# Welcome to Southern Ute Community Action Programs' 2016 Open Enrollment

**Our employees are our most valuable asset.**

That's why at Southern Ute Community Action Programs (SUCAP) we are committed to offering a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a healthy work/life balance.

## **Stay Healthy**

- Medical, Dental, and Vision Care
- Flexible Spending Accounts
- Health Savings Account

## **Feeling Secure**

- Disability Insurance
- 401(k)/Profit Sharing
- LegalShield

## **Work/Life Balance**

- Employee Assistance Program
- Annual Leave and Sick Leave
- Wellness Program – Preventive Health Now (PHN)

# Overview

## Who is Eligible and When

For most benefits, you are eligible to participate if you are regularly scheduled to work a minimum of 25 hours per week. Eligible dependents include your:

- Legal Spouse.
- Common Law Spouse – a declaration form is required at the time of enrollment and is available from Human Resources.
- Dependents up to age 26 are eligible.
- Children who can't support themselves because of mental or physical handicaps, regardless of age.
- Dependents up to age 26 are eligible for the Optional Dependent Life Plan.
- Legally adopted children.
- Children for which you are the legal guardian.

## When Benefits Begin

Your Medical, Dental, Vision, Life, Flexible Spending Accounts, Optional Life and Long Term Disability benefits begin the 1<sup>st</sup> of the month following 60 days of regular full-time employment.

## When Benefits End

Your Medical, Dental, and Vision coverage will end on the last day of the month in which you make your final payment for your share of the cost. Basic Life, Optional Life and Long Term Disability coverage ceases immediately. In general, benefits end when you have:

- A change in employment status from regular full-time to part-time, working less than 25 hours per week.
- You discontinue coverage at the end of the plan year.
- Separation of employment.

You and your dependents have the option to continue coverage through COBRA for Medical, Dental, Vision and the Health Care Flexible Spending Account. You also may have conversion or portability options available on some other benefit plans. In addition, you may be able to enroll for medical coverage through the Marketplace (Exchange).

### **Qualified Status Change**

For the Healthcare Plan and the Flexible Spending Account, you may not change the benefits you elect during the year – unless you have a qualified status change as defined by federal law, which includes:

- Marriage, Legal separation, or Divorce
- Birth or adoption of a child
- Attainment of limiting age for dependents (Age 26)
- Death of your spouse or child
- Change in your employment status
- Change in your spouse’s or dependent’s employment status
- If your spouse or dependent has a different open enrollment period

If you have a qualified status change during the year, you must notify Human Resources within 31 days of the date of change. Depending on the type of change, you may need to provide additional supporting documents. Any changes you make to your benefits must be consistent with your qualified status change.

When employee contributions are required, the contributions are automatically deducted from each paycheck. You can save money by paying for some benefits with before-tax dollars.

### **Tax Advantages with Before-Tax Contributions**

You may make before-tax contributions for these benefits:

- Medical, Dental and Vision premium deductions
- Health Savings Account (HSA) if enrolled in the HDHP 5000 medical plan
- Health Care Flexible Spending Account (HCFSA)
- Day Care Flexible Spending Account (DCFSA)

Your contributions for these plans are deducted before you pay Social Security taxes, federal income taxes, and most state and local income taxes on the money. Before-tax deductions lower your taxable income, so you pay fewer taxes. Thus, your take-home pay is higher than if you made after-tax payments.

### **What Southern Ute Community Programs Pays**

SUCAP pays a substantial portion of the cost of the Healthcare Plans for you and your dependents. In addition, SUCAP pays 100% of the cost for these benefits:

Wellness Program	Basic Life/AD&D Plan
Employee Assistance Program (EAP)	Long Term Disability Plan (LTD)



# Medical Coverage

## Cigna

The following chart provides a side-by-side look at the amounts **you pay** when you use in-network and out-of-network providers.

### Option1: PPO 2000

Plan Feature	In-Network	Out-of-Network
<b>Deductible</b>	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family
<b>Coinsurance</b>	30%	50%
<b>Out-of-Pocket Maximum</b>	\$6,000 individual \$12,000 family <i>Includes deductible, coinsurance, medical &amp; Rx copays</i>	\$9,000 individual \$18,000 family <i>Includes deductible, coinsurance, medical &amp; Rx copays</i>
<b>Office Visit (PCP)</b>	\$35 copay	50% after deductible
<b>Specialist</b>	\$35 copay	50% after deductible
<b>Preventive Services</b>	\$0, 100% covered by plan -ACA Preventive Care Services	Not covered
<b>Chiropractic Care</b>	\$35 copay	50% after deductible
<b>Emergency Room Visit</b>	\$250 copay per visit, then 30%	\$250 copay per visit, then 30%
<b>Urgent Care</b>	\$50 copay	50% after deductible
<b>Inpatient Hospitalization</b>	30% after deductible	50% after deductible
<b>Outpatient/Ambulatory Surgery</b>	30% after deductible	50% after deductible
<b>Durable Medical Equipment</b>	30% after deductible	Glucometer: 50% after deductible All other DME: Not Covered
<b>Routine X-Ray and Laboratory Services</b>	Lab: \$35 copay X-Ray: \$35 copay MRI, nuclear medicine and other high tech services: 30% after deductible	50% after deductible
<b>Prescription Drug Coverage Retail (31 day supply)</b>	Generic – \$15 copay Preferred Brand – \$40 copay Non-Preferred Brand – \$55 copay	Not covered
<b>Mail Order (90 day supply)</b>	Generic – \$35.00 copay Preferred Brand – \$110 copay Non-Preferred Brand – \$155	Not covered



The following chart provides an overview of the amounts **you pay** when you use in-network providers. There is no coverage for services performed by non-network providers, except for emergency room services.

### Option 2: HSA 5000

Plan Feature	In-Network Only
<b>Deductible</b>	\$5,000 individual \$10,000 family maximum
<b>Coinsurance</b>	0%
<b>Out-of-Pocket Maximum</b>	\$5,000 individual \$10,000 family maximum <i>Includes deductible</i>
<b>Office Visit (PCP)</b>	0% after deductible
<b>Specialist</b>	0% after deductible
<b>Preventive Services</b>	0%, plan pays 100%
<b>Chiropractic Care</b>	0% after deductible
<b>Emergency Room Visit</b>	0% after deductible (in-network or out-of-network)
<b>Urgent Care</b>	0% after deductible
<b>Inpatient Hospitalization</b>	0% after deductible
<b>Outpatient/Ambulatory Surgery</b>	0% after deductible
<b>Routine X-Ray and Laboratory Services</b>	<b>Lab &amp; X-Ray:</b> 0% after deductible <b>MRI, nuclear medicine and other high tech services:</b> 0% after deductible
<b>Prescription Drug Coverage – Retail Pharmacy</b> - Up to a 31-day supply	0% after deductible <i>0%, no deductible for certain preventive drugs</i>
<b>Prescription Drug Coverage – Mail Order</b> - Up to a 90-day supply	0% after deductible





## Prescription Drug Benefits

**At your Doctor's Office** – If your doctor prescribes medication, you can ask them to prescribe a medication on the Cigna Preferred Drug List found at [www.cigna.com](http://www.cigna.com).

**Mail Order Drug Program** – You can save time by using the Mail Order Drug Program for prescription maintenance drugs. You can get up to a 90-day supply and the prescription drugs are delivered to your home – so, no going to the retail pharmacy each month! To get started, obtain the mail order form from Human Resources or download the form at [www.cigna.com](http://www.cigna.com). You can order refills online.

### Important Reminders:

- You may not change the benefits you elect during the year unless you have a qualified status change. Refer to page 3 of this Benefit Summary booklet for more on qualified status changes.
- You should become familiar with the benefits and provisions of the medical plan so you'll know what to do when you need services.



## How does an HSA work?

**Part 1:**  
Qualifying High Deductible  
Health Insurance Plan  
(HDHP)



Intended to cover serious illness or injury after the deductible has been met.

**Part 2:**  
Health Savings Account  
(HSA)



Pays for qualified out-of-pocket health care expenses incurred after you have established an HSA.

### To Be Eligible to Open an HSA Account You Must:

- Be enrolled in the qualified High Deductible Health Plan offered by SUCAP; and
- Not have other health coverage such as through Medicare, TriCare or other military benefits, your spouses' medical plan, or a Health Care Flexible Spending Account (FSA) through your employer or your spouse's employer.

### 2016 HSA Contribution Limits:

- **Individual:** \$3,350
- **Family:** \$6,750
- **Age 55 and older:** may add an additional \$1,000 to the above tiers as catch-up contributions
- The above limits apply to contributions from all sources, including pre-tax and post-tax contributions.

Your contributions are flexible. You can start, stop, increase, or decrease your pre-tax contributions during the plan year without experiencing a qualified status event.

### HSA Funds:

You can use your HSA funds to pay for qualified medical, dental, and vision expenses that are incurred by you, your spouse, and IRS tax-dependents (you must claim the dependent as a deduction on your income tax return). Your spouse and dependent do not have to be covered under the HDHP 5000 plan. The funds must be available in your account before you can use them.

If funds are used for non-qualified expenses, the amount will be taxed and a 20% penalty will be assessed. At age 65, you can use the funds for additional expenses and may be subject to taxes but not to the 20% penalty. Go to [www.irs.gov](http://www.irs.gov) and look up Publication 502 for a list of qualified expenses.

A Health Savings Account is a bank account that is owned by you. You do not have to spend the funds within a specific time frame. If there is a balance in your HSA at the end of the year, it rolls forward year-over-year. You can let your HSA balance grow to be used for future expenses. Go to [www.irs.gov](http://www.irs.gov) and look up Publication 969 for additional information about Health Savings Accounts.



# Wellness

## What is the Wellness Program?

- SUCAP will continue to partner with Preventive Health Now (PHN) as our wellness vendor.
- Who is Preventive Health Now (PHN)?
  - Preventive Health Now is a wellness vendor that offers biometric screenings, health assessments, and an easy to use online tracking tool (portal). Through the PHN online portal, employees will be able to track their wellness activities year round to earn wellness points. At the end of the year, employees will be rewarded for the wellness points they earn.

## How does the PHN Portal work?

Users will login to their personal (private) account. Once logged in, users will see a list of activities to choose from. The user can select the activities they've completed and verify that they've completed an activity. Once activities are completed, the total points earned will be updated. At the end of the year, the user will receive a reward for the total points earned. Depending on how many points an individual earns, they may even be entered into a drawing to win the grand prize. The online PHN portal is an easy way to keep track of your healthy activities and be rewarded for them!

## Why should I participate?

Through participation in the wellness program, you'll have the opportunity to learn more about your personal health. Completion of the biometric screening and health assessment will show you valuable information about you such as blood pressure, cholesterol, and fasting blood glucose. You'll also learn about whether or not you have any of a number of health risks. For those who are already healthy, it's a great way to maintain your healthy lifestyle and to be rewarded for it. For those with areas to improve, the program provides support for making positive changes that will affect overall health and wellbeing. In fact, a majority of participants modify their lifestyles and become healthier due to the screenings and health assessments. Awareness plays a huge role in health improvement and we want you to have all the information you need to live a full and healthy life.

## What is the cost?

SUCAP is funding the cost of this program and your participation is free. SUCAP believes that most employees do not readily have the time or access to the information they need to monitor their health.

## What information will my employer get regarding my health status?

Your personal health information is solely available to you and will not be shared with anyone without your written consent. The only information SUCAP can receive is unidentified aggregate company data (total member population percentages). HIPAA rules prohibit anyone at SUCAP from receiving any of your personal health information.



# Dental Insurance

## Delta Dental

**Deductible:** \$50 individual/\$150 family, combined for in-network and out-of-network

**Calendar Year Maximum:** \$1,500 per person, combined for in-network and out-of-network

**Orthodontia Lifetime Maximum:** \$1,000 per person, combined for in-network and out-of-network

This chart gives a side-by-side look at the amounts **you pay** when you use in-network and out-of-network providers.

Type of Service	In-Network	Out-of-Network
<b>Preventive Services</b> Example: cleanings and routine exams	0%, no deductible	0% plus any amount over reasonable and customary charges, deductible waived
<b>Basic Services</b> Example: fillings, endodontic and periodontic services	20% after deductible	20% after deductible plus any amount over reasonable and customary charges
<b>Major Services</b> Example: crowns, bridges	50% after deductible	50% after deductible plus any amount over reasonable and customary charges
<b>Orthodontia (Child age 8 to19)</b>	50%, no deductible	50% plus any amount over reasonable and customary charges, deductible waived

Remember, you can set aside money on a before-tax basis (through the Health Savings Account (HSA) if you are enrolled in the HDHP 5000 medical plan or through the Health Care Flexible Spending Account (HCFSA) if you are not enrolled in a HDHP) for unreimbursed dental expenses for you and your family.



# Vision Insurance

## Vision Service Plan (VSP)

Type of Service	
Eye Exam	\$20 copay
Prescription Eyeglass Lenses	\$20 copay
Frames	\$130 Allowance
Contacts Exam	\$60 copay
Contacts	\$130 Allowance
<b>Frequency of Services</b> <i>Measured from last date of service</i>	<ul style="list-style-type: none"> <li>- Exams once every 12 months</li> <li>- Eyeglass lenses once every 12 months</li> <li>- Frames once every 24 months</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>- Contacts once every 12 months</li> </ul>
<b>Reimbursement Amounts with a Non-Participating Provider</b>	<i>You will be reimbursed up to:</i> <ul style="list-style-type: none"> <li>▪ Exam: \$50</li> <li>▪ Lenses:               <ul style="list-style-type: none"> <li>– Single Vision: \$50</li> <li>– Lined Bifocal: \$75</li> <li>– Lined Trifocal: \$100</li> </ul> </li> <li>▪ Frames: \$70</li> <li>▪ Contact Lenses: \$105</li> </ul>
<b>Laser Vision Care Program</b>	VSP has arranged for members to receive laser vision correction at a discounted fee. Discounts vary by location, but will average 15% off the laser center's usual and customary price or 5% off the center's promotional price. Please refer to <a href="http://www.vsp.com">www.vsp.com</a> for more details.

Remember, you can set aside money on a before-tax basis (through the Health Savings Account (HSA) if you are enrolled in the HDHP 5000 medical plan or through the Health Care Flexible Spending Account (HCFSAs) if you are not enrolled in a HDHP) for unreimbursed vision expenses for you and your family.



## Employer Paid Long-Term Disability

### Benefits You Receive:

SUCAP provides full-time employees with long-term disability income benefits and pays the full premium cost for this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive long-term disability benefits if you are receiving workers' compensation benefits.

### Did you know?

- In the United States, a fatal injury occurs every 6 minutes and a disabling injury occurs every 2 seconds.
- Off the job occurrences account for 3 out of 5 disabling injuries suffered by workers in the U.S.

SUCAP understands these facts and is concerned about your ability to sustain your lifestyle during a period of disability.

### Lincoln Financial Group

Type of Service	
Benefits Payable	After a 90 day elimination period
Percentage of Income Replaced	60% of your pre-disability monthly earnings Pre-disability earnings mean your gross monthly rate of earnings from SUCAP
Maximum Monthly Benefit	\$5,000 per month
Minimum Monthly Benefit	\$100
Own Occupation Definition	2 years
Pre-Existing Conditions	3 month look-back or 12 months' continuous coverage under the Plan
Partial Disability	Included



<b>Maximum Period Payable</b>	
<b>Age on Date Disability Commences</b>	<b>Maximum Period Payable</b>
Less than 60	To age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 or over	12 months



# Term Life and AD&D Insurance

## Life and Accidental Death & Dismemberment Plan Summary

Benefit Features	
<b>Life and Accidental Death &amp; Dismemberment (AD&amp;D) Amount</b>	Two times Annual Earnings, rounded to the next higher \$1,000, up to a maximum of \$150,000.
<b>Waiver of Premium for Term Life Insurance</b>	Total Disability must begin before age 60. Waiver of Premium will end on the earliest of the date: <ul style="list-style-type: none"> <li>▪ You die,</li> <li>▪ Your total disability ends,</li> <li>▪ You do not provide proof of total disability as required,</li> <li>▪ You refuse to be examined by the insurance company's Physician as required,</li> <li>▪ You reach age 65.</li> </ul>
<b>Term Life Insurance for Dependents</b>	Spouse Benefit: \$5,000 Child Benefit: <ul style="list-style-type: none"> <li>- Birth to 6 months: \$100</li> <li>- 6 months to age 26: \$2,000</li> </ul>
<b>Seat Belt Benefit</b>	Lincoln will pay an additional benefit if, at the time of the accident, the certificate holder is wearing a factory installed seatbelt in a private passenger automobile.

Employee & Spouse Life/AD&D benefits reduce by 35% at Employee age 65, and by an additional 20% at Employee age 70. Benefits terminate when Employee retires.





# Voluntary Term Life/AD&D Insurance

## Voluntary Life/AD&D

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through semi-monthly payroll deductions. You can purchase coverage for yourself up to a maximum of \$500,000 but not more than 7 times your annual earnings. If you enroll, you may also enroll your spouse for up to 50% of your elected amount, but not more than \$100,000. Employee coverage is purchased in \$10,000 units and Spouse coverage is purchased in \$5,000 units.

The total amount of premium depends on the amount of coverage you elect, your age, your spouse's age, and the amount of insurance you buy for your children.

## Guarantee Issue

If you elect voluntary life insurance when you are initially eligible and are under the age of 60, you are guaranteed coverage of up to \$100,000. Coverage over that amount will be subject to medical underwriting. If, at the time of initial eligibility, you elect coverage for your dependent spouse, your spouse will be guaranteed coverage of up to \$30,000. Coverage over that amount will be subject to medical underwriting.

If you elect coverage for your dependent child or children at the time of initial eligibility, up to \$10,000 of that amount is guarantee issue. A \$500 maximum applies for children from birth to 6 months.

## What Happens If I leave employment with SUCAP?

The plan allows you to convert the life coverage if you leave employment or are no longer eligible for life insurance benefits. You must have been insured under the policy for at least five (5) years to be eligible for conversion.

If you apply for conversion within 31 days after losing the coverage, you will not be required to prove good health. You will need to make arrangements to pay your premiums directly to Lincoln Financial after you leave. Please contact Human Resources for more information.

Monthly Cost per \$1,000 of Life Insurance Coverage										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee	\$.05	\$.07	\$.09	\$.10	\$.15	\$.23	\$.43	\$.65	\$1.17	\$1.89
Spouse	\$.05	\$.07	\$.09	\$.10	\$.15	\$.23	\$.43	\$.65	\$1.17	\$1.89
Dependent Child(ren)	\$0.24 per \$1,000 in increments of \$1K, \$2K, \$4K, \$5K, and \$10K									
AD&D Rate	Employee / Spouse: \$0.17 per \$1,000 Dependent Child(ren): \$0.05 per \$1,000									



## Optional Term Life/AD&D Plan Summary

Benefit Features	
LIFE/AD&D AMOUNT	
<b>Employee</b>	Coverage is available in increments of \$10,000 up to a maximum of \$500,000. However, in no event shall your total voluntary life insurance exceed seven (7) times your base annual salary.
<b>Dependent Spouse</b>	Coverage is available in \$5,000 increments not to exceed a maximum of \$100,000. The benefit cannot exceed 50% of the employee's benefit amount.
<b>Dependent Child</b> <i>Children birth to 6 months</i>	\$500 in coverage is available.
<b>Dependent Child</b> <i>Children 6 months to age 26</i>	Coverage is available in flat amounts of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000.
	<i>You must elect employee coverage in order to elect coverage for your Spouse or Child(ren)</i>
GUARANTEE ISSUE	
<b><i>Only Available During Your Initial Enrollment Period</i></b>	
<b>Employee</b>	\$100,000
<b>Spouse</b>	\$30,000
<b>Dependent Child</b>	\$10,000 (\$500 for children under 6 months of age)
Other Features	
<b>Waiver of Premium</b>	<p>Total Disability must begin before age 60.</p> <p>Waiver of Premium will end on the earliest of the date:</p> <ul style="list-style-type: none"> <li>▪ You die;</li> <li>▪ Your total disability ends;</li> <li>▪ You do not provide proof of total disability as required;</li> <li>▪ You refuse to be examined by the insurance company's physician as required;</li> <li>▪ You attain age 65</li> </ul>



# Flexible Spending Accounts (FSA)

## Benefits You Receive

FSAs provide you with an important tax advantage that can help you pay 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 year, you can actually lower your taxable income.

## Discovery Benefits

Flexible Spending Accounts offer you two ways to save on the taxes you pay each year.

1. The Health Care Flexible Spending Account, for medical, dental, and vision expenses not covered by your health care plan(s); and
2. The Dependent Care Flexible Spending Account, for day care expenses.

Contributions to the Flexible Spending Accounts are deducted before FICA, federal income tax, and most state and local tax deductions are taken. This means you pay fewer taxes because your taxable income has been reduced.

## Health Care Flexible Spending Account

This program allows plan participants to pay for certain IRS-approved health care care expenses not covered by their insurance plan with pre-tax dollars. Some examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

## Dependent Care FSA

The Dependent Care FSA allows plan participants to use pre-tax dollars to pay for qualified dependent care such as caring for children under the age 13 or caring for elders. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your home
- Nursery schools and preschools (excluding kindergarten)



### How the Spending Accounts Work

You decide how much money to contribute to the Health Care and/or Dependent Care Flexible Spending Accounts. Your annual contribution is spread equally over 24 pay periods.

As you incur expenses for yourself or your eligible dependents, you simply submit a claim to Discovery Benefits, our Plan Administrator. You can have a check mailed to you, have your reimbursement directly deposited into your bank account or use the Discovery Benefits debit card provided with your enrollment.

### Annual Contribution Limit

The Health Care Flexible Spending Account has a maximum annual contribution of **\$2,550**. You can contribute up to **\$5,000** per calendar year in the Dependent Care Flexible Spending Account (up to \$2,500 if you are married and file separate income tax returns).

### Pre-Tax Power

<i>Your FSA dollars are FREE of ...</i>	<i>Which leads to typical savings of ...</i>
Federal tax	15% to 28%
State tax	Up to 11%
FICA (Social Security/Medicare)	7.65%
	<b>= About a 35% savings!</b>

### How You Save

Here's an example of how participating in the Dependent Care Flexible Spending Account can save tax dollars.

Assume you make \$36,000 a year and elect to set aside \$2,000 in your Dependent Care Flexible Spending Account to cover eligible day care expenses.

Using before-tax dollars for those expenses saves you about \$650 (depending on your tax bracket) from what you would spend without your Flexible Spending Account:

<b>Annual Income and Expenses</b>	<b>Without Flex</b>	<b>With Flex</b>
<b>Your Total Pay</b>	\$36,000	\$36,000
<b>Annual FSA Contribution</b>	N/A	\$2,000
<b>Taxable Income</b>	\$36,000	\$34,000
<b>Social Sec. and Medicare Tax</b>	\$2,750	\$2,600
<b>Federal and State Income Tax</b>	\$5,200	\$4,700
<b>Total Taxes</b>	\$7,950	\$7,300
<b>After-tax Expenses</b>	\$2,000	N/A
<b>Net Spendable Income</b>	\$26,050	\$26,700
<b>Estimated Tax Savings with FSAs</b>	<b>N/A</b>	<b>\$650</b>



## Other Valuable Benefits

### Employee Assistance Program (EAP)

SUCAP provides an Employee Assistance Program for all employees. Up to eight confidential counseling sessions are provided per employee and for all immediate family members per year with an experienced, professional counselor at no cost to the employee.

The Employee Assistance Program may be utilized for many work and life related issues, such as individual, family, and marital counseling, depression, stress, financial counseling, child care and elder care referrals, and more.

Employees should contact Bruce Haring, MA, LPC or Emily Ragsdale, MA at **970-259-6698** to receive EAP services.

### Supplemental Benefits

#### Colonial Insurance

Having choice is important. After all, your lifestyle and needs are different from the next persons. For this reason SUCAP offers you the opportunity to select additional benefits coverage through Colonial Life Insurance.

- Disability Insurance provides replacement income if you are disabled from a covered accident or illness
- Life Insurance helps provide financial security for your family members.
- Accident Insurance helps offset out-of-pocket expenses that can result from accidental injury
- Cancer Insurance helps offset out-of-pocket medical and indirect non-medical expenses related to cancer. This coverage also provides benefits for specified cancer-screening tests.
- Supplemental Health Insurance provides benefits for hospital confinement and outpatient surgery for out-of-pocket expenses not covered by most medical plans.
- Critical Illness Insurance supplements your Medical coverage to help offset the high cost of treatment for critical illnesses.

To elect supplemental coverage through Colonial contact a representative at **1-800-325-4368**.



## LegalShield Services

### Have You Ever....

- Received a Speeding Ticket?
- Been a Victim of Identity Theft?
- Signed a Contract?
- Tried to Return a Defective Product?
- Lost A Security Deposit?
- Been Audited By the IRS?
- Been Through a Divorce?
- Had To Collect Child Support?
- Purchased A Home?
- Prepared or Needed a Will?

As a member of LegalShield, legal assistance is just a phone call away. A Provider Law Firm will be available for consultation involving:

- Preventive Legal Services
- Motor Vehicle Legal Services
- IRS Audit Legal Services

Additional legal services will be available at a 25% discount.

### Identity Theft is not just about credit cards!

- Driver's License
- Social Security
- Medical
- Character/Criminal
- Financial

**SEE VIDEO AT [GREATLEGALHELP.COM](http://GREATLEGALHELP.COM)**



## Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL	
Provider Name:	Cigna
Policy Number:	615065
Member Services:	For employees <b>before</b> 1/1/2016: 800-853-2713 For employees enrolled <b>after</b> 1/1/2016: 800-284-8346
Provider Web Address:	<a href="http://www.cigna.com">www.cigna.com</a> or <a href="http://www.mycigna.com">www.mycigna.com</a> once enrolled
HSA	
Provider Name:	HealthEquity
Member Services:	866-346-5800 (available 24/7)
Provider Web Address:	<a href="mailto:memberservices@healthequity.com">memberservices@healthequity.com</a> or <a href="http://www.healthequity.com">www.healthequity.com</a>
WELLNESS	
Provider Name:	Preventive Health Now (PHN)
Member Services:	<a href="mailto:info@preventivehealthnow.com">info@preventivehealthnow.com</a>
DENTAL	
Provider Name:	Delta Dental
Policy Number:	11934
Member Services:	800-610-0201
Provider Web Address:	<a href="http://www.deltadental.com">www.deltadental.com</a>
VISION	
Provider Name:	Vision Service Plan
Policy Number:	30001576
Member Services:	800-877-7195
Provider Web Address:	<a href="http://www.vsp.com">www.vsp.com</a>
EMPLOYER PAID LONG-TERM DISABILITY	
Provider Name:	Lincoln Financial Group
Policy Number:	10199656
Member Services:	800-423-2765
Provider Web Address:	<a href="http://www.lfg.com">www.lfg.com</a>



## Contact Information, continued

<b>EMPLOYER PAID LIFE &amp; ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>	
<b>Provider Name:</b>	Lincoln Financial Group
<b>Policy Number:</b>	10199655
<b>Member Services:</b>	800-423-2765
<b>Provider Web Address:</b>	<a href="http://www.lfg.com">www.lfg.com</a>
<b>VOLUNTARY LIFE</b>	
<b>Provider Name:</b>	Lincoln Financial Group
<b>Policy Number:</b>	000400001000-19252
<b>Member Services:</b>	800-423-2765
<b>Provider Web Address:</b>	<a href="http://www.lfg.com">www.lfg.com</a>
<b>FLEXIBLE SPENDING ACCOUNTS (FSA)</b>	
<b>Provider Name:</b>	Discovery Benefits
<b>Member Services:</b>	866-451-3399
<b>Provider Web Address:</b>	<a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>	
<b>Member Services:</b>	Emily Ragsdale, MA Bruce Harring, MA, LPC 970-259-6698
<b>SUPPLEMENTAL INSURANCE:</b>	
<b>Provider Name:</b>	Colonial
<b>Member Services:</b>	800-325-4368
<b>LEGALSHIELD SERVICES</b>	
<b>Member Services:</b>	800-654-7757











**Benefits Enrollment Guide**