



EMPLOYEE BENEFITS

Benefit plans effective January 1, 2022–December 31, 2022



Full-Time Employees



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Your Benefits

Mental Health Center of Denver offers a comprehensive benefits package consisting of:

- Medical insurance
- Dental insurance
- Vision insurance
- Flexible spending accounts
- Basic life and AD&D insurance
- Supplemental life and AD&D insurance
- Disability insurance
- 403(b) Retirement Plan
- Paid Time Off



Employee Benefits Overview

Benefits are an integral part of the overall compensation package provided by Mental Health Center of Denver. Within this Benefits Guide you will find important information on the benefits available to you for the 2022 plan year (through December 31, 2022).

Please take a moment to review the benefits Mental Health Center of Denver offers to determine which plans are best for you.

Benefits Eligibility

Employees scheduled to work at least 30 hours per week are eligible for benefits on the first day of the month following their date of hire. Basic and Supplemental Life/AD&D, STD and LTD coverage all begin on your date of hire.

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse, domestic partner regardless of gender (we are an inclusive organization)
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian)
- Your dependent children of any age who are physically or mentally unable to care for themselves

Enrollment

You can sign up for benefits or change your benefit elections at the following times:

- Within 30 days of your hire date (as a newly-hired employee)
- During the annual benefits open enrollment period
- Within 30 days of experiencing a qualifying life event

The choices you make at this time will remain the same through December 31, 2022. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

Changing Your Benefits During the Year

Mental Health Center of Denver allows you to pay your portion of the medical, dental, and vision plan costs, and fund flexible spending accounts (FSA), on a pre-tax basis. Due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

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.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Loss of coverage on parents' plan, due to turning 26
- Change in your child's eligibility for benefits
 - College student loses existing health coverage (student plan) and is under age 26
 - Child loses eligibility for Medicaid or CHIP
- Qualified Medical Child Support Order

Medical Insurance Plan

Mental Health Center of Denver offers a medical plan through Cigna using the LocalPlus provider network. This 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 network provider. Locate a Cigna network provider at www.myCigna.com or via the myCigna app (and selecting the LocalPlus network).

The table below summarizes the key features of the medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan document for additional information on coverage and exclusions.

Summary of Covered Benefits	Cigna LocalPlus Medical Plan	
	LocalPlus Network	Out-of-Network
Plan Year Deductible Individual/Family	\$1,250/\$3,750	\$2,500/\$7,500
Out-of-Pocket Maximum Includes deductible, copays, and coinsurance Individual/Family	\$4,200/\$8,400	\$16,800/\$33,600
Preventive Care	Plan pays 100%	50% after deductible
Physician Services Primary Care Physician Mental Health (Office & Outpatient) Telehealth Specialist Urgent Care/Dispatch Health	\$25 copay \$0 copay \$25 copay \$40 copay \$75 copay	50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible
Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services (MRI, CT, PET)	Plan covers 100% 20% after deductible	50% after deductible 50% after deductible
Hospital Services Inpatient Outpatient	20% after deductible 20% after deductible	50% after deductible 50% after deductible
Emergency Room	\$250 copay	
Occupational, Hearing and Speech	\$40 copay	50% after deductible
Chiropractic Care and Physical Therapy	\$40 copay	50% after deductible
Prescription Drugs Generic Preferred Brand Non-Preferred Brand Specialty Drugs Mail Order (up to 90-day supply)	Mental Health Center of Denver's in-house pharmacy copay is \$2 less. \$10 copay* \$35 copay* \$90 copay* 20% up to \$150 maximum per script 2x retail copay	Applicable copay then 50% reimbursement Not covered

*Mandatory generic dispensing. When a generic equivalent is available, your prescriptions will be filled with the generic version. If you choose to receive the brand name drug, you will be responsible for the generic copay plus the cost difference between the generic drug and the brand name drug.

Medical Insurance Plan

Preventive Care

The Cigna medical plan covers in-network age-appropriate preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems.

Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam. Learn more about preventive care at www.myCigna.com.

You won't have to pay anything—no deductible, copay, or coinsurance—for preventive services when:

- You get them from a doctor or other health care provider in the Cigna network.
- The main purpose of your visit is to get preventive care.

Women's Preventive Care Services

The medical plan offers additional no-cost preventive care/services for women.

Pharmacy Benefit Features

Cigna Home Delivery Pharmacy is designed for individuals who take prescription medications on an ongoing basis. When you sign up for home delivery you will receive up to a 90 day supply or your prescription at a reduced cost. Call (800) 835-3784 or visit Cigna.com/Home-delivery-pharmacy to sign up for home delivery.

As part of your pharmacy benefits plan you have access to Cigna 90 Now Pharmacies. To fill a 90 day prescription, you must go to a specified 90-day retail pharmacy such as CVS pharmacy at Target, Walmart or King Soopers. For more information and to find a 90 day pharmacy near you, visit Cigna.com/Rx90network.

When your doctor prescribes a specialty medication, they'll call in or fax the prescription to: Cigna Specialty Pharmacy Services: (800) 351-3606 (phone), (800) 351-3616 (fax)

Cigna Telehealth Connection

Cigna provides access to telehealth services through MDLIVE. You can register to get immediate access to doctors 24/7 by video or phone! Cigna Telehealth Connection lets you get the care you need for a wide range of minor conditions. You can connect with a board-certified doctor via secure video chat or phone, and you only pay a \$25 copay.

Register online at www.myCigna.com or MDLIVEforCigna.com, download the mobile app, or call (888) 726-3171.

Dispatch Health

Dispatch Health provides on-demand health care in the convenience of your home. They can treat many of the same illnesses and injuries that are treated at an urgent care, therefore, if you are enrolled in the MHCD medical plan, you will only pay a \$75 copay when you receive services through Dispatch Health.

Learn more at www.dispatchhealth.com or download the mobile app.

Nice Healthcare

If you are enrolled in the MHCD medical plan, you have access to Nice Healthcare, a primary care clinic that brings FREE medical visits, medications, labs, imaging and physical therapy to you.

- Nice free services include: chat, video, and home visits; 35+ labs conducted in home; 550+ medications; virtual mental health therapy; live, virtual physical therapy; in home X-rays; referrals to specialists; well-being and pregnancy support; chronic disease management; e-prescriptions to pharmacy

Learn more and register online at www.nice.healthcare or download the mobile app.

Dental Insurance Plan

Mental Health Center of Denver offers a dental insurance plan through Cigna. The 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 network provider. Locate a Cigna network provider at www.myCigna.com.

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Dental Plan	
	In-Network	Out-of-Network
Plan Year Deductible		
Individual/Family	\$55/\$165	
Orthodontia	\$100	
Plan Year Benefit Maximum	\$1,500	
Preventive Care	Plan pays 100%	
Oral exams, cleanings, x-rays		
Basic Services	20% after deductible	
Periodontal services, oral surgery, fillings		
Major Services	50% after deductible	
Endodontic services, Bridges, crowns (inlays/onlays), dentures (full/partial)		
Orthodontia Services (no age limit)	50% after deductible	
Orthodontia Lifetime Maximum	\$2,500	

Vision Insurance Plan

Mental Health Center of Denver offers a vision insurance plan through Cigna. The vision plan is included when you elect medical and there is no extra cost, however you may opt out of the vision plan if you do not want the coverage. The 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 network provider. Locate a Cigna network provider at www.myCigna.com.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Vision Plan	
	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$15 copay	Reimbursement up to \$45
Standard Plastic Lenses (every 24 months)		
Single	\$0 copay	Reimbursement up to \$32
Bifocal	\$0 copay	Reimbursement up to \$55
Trifocal	\$0 copay	Reimbursement up to \$65
Frames (every 12 months)	Up to \$300 allowance	Reimbursement up to \$130
Contact Lenses (every 12 months in lieu of lenses and frames)		
Elective	Up to \$300 allowance	Reimbursement up to \$192
Medically Necessary	100% covered	Reimbursement up to \$210

Flexible Spending Accounts

Mental Health Center of Denver offers two flexible spending account (FSA) options—the health care FSA and the dependent care FSA—which allow you to pay for eligible health care and dependent care expenses with pre-tax dollars. The FSAs are administered by Cigna. Log into your account at www.myCigna.com to view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

Health Care FSA

The health care FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible out-of-pocket expenses, such as deductibles, copays, and other health-related expenses, that are not paid by the medical, dental, or vision plans. Qualified medical expenses are those incurred by the following persons: (1) you and your spouse. (2) all dependents you claim on your tax return. (3) any person you could have claimed as a dependent on your return except that: a. the person filed a joint return; b. the person had gross income of \$4,300 or more; or c. you, or your spouse if filing jointly, could be claimed as a dependent on someone else's return. (4) your child under age 27 at the end of your tax year. **The health care FSA maximum contribution is \$2,850 for the 2022 plan year.**

How Does an FSA Work?

You decide how much to contribute to each FSA on a plan year basis up to the maximum allowable amounts. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the year.

You will receive a debit card from Cigna, which can be used to pay for eligible health care expenses at the point of service. If you do not use your debit card, or if you have dependent care expenses to be reimbursed, submit a claim form and a bill or itemized receipt from the provider to Cigna. Keep all receipts in case Cigna requires you to verify the eligibility of a purchase.

Dependent Care FSA

The dependent care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider).

You may contribute up to \$5,000 to the dependent care FSA for the 2022 plan year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 for the 2022 plan year.

Things to Consider Before Contributing to an FSA:

- For the health care FSA, at the end of the plan year, you can roll over up to \$570 from your health care FSA to use in future years. Any amount in excess of \$570 will be forfeited.
- Dependent care FSA dollars are use it or lose it (no roll over allowed). However, you have 75 days to incur and be reimbursed for expenses after the end of the plan year.
- If you or your spouse are enrolled in another medical plan that is a qualified HDHP and fund an HSA, you are not eligible to fund a healthcare FSA.
- You cannot take income tax deductions for expenses you pay with your FSA(s).
- You cannot stop or change your FSA contribution(s) during the plan year unless you experience a qualifying life event.



Life and AD&D Insurance

Please be sure to keep your beneficiary designations up to date.

Basic Life and AD&D Insurance

Life and accidental death and dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security. For your peace of mind, Mental Health Center of Denver automatically provides basic life and AD&D insurance through Cigna to all benefits-eligible employees **at no cost to you**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit.

- **Employee life benefit:** 1x annual earnings up to a maximum of \$100,000; Co-Responder benefit is 2x annual earnings up to a maximum of \$200,000
- **Employee AD&D benefit:** 1x annual earnings up to a maximum of \$100,000; Co-Responder benefit is 2x annual earnings up to a maximum of \$200,000

Supplemental Life and AD&D Insurance

Mental Health Center of Denver provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through Cigna. You must purchase coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-rated (listed on page 10). Benefits will reduce to 65% at age 65, to 45% at age 70, to 30% at age 75, to 20% at age 80, and to 15% at age 85. Spouse supplemental AD&D terminates at age 70.

If you elect coverage when first eligible, you may purchase up to the guarantee issue amount(s) without submitting evidence of insurability. Cigna offers a guaranteed issue protection benefit—if you enroll in coverage, even at the minimum amounts for employees and spouses, you can increase coverage at future annual enrollments up to the guarantee issue amount without having to submit evidence of insurability. If you do not enroll when first eligible, and apply during a subsequent annual open enrollment period, you must submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Cigna.

- **Employee:** \$10,000 increments up to the lesser of \$400,000 or 5x annual salary; Guarantee issue: \$200,000 (initial eligibility)
- **Spouse:** \$10,000 increments up to the lesser of \$250,000 or 100% of the employee's election; Guarantee issue: \$30,000 (initial eligibility)
- **Dependent children:** Birth to 6 months: \$2,500; 6 months to age 26: \$2,500 increments up to \$10,000; Guarantee issue: \$10,000

Coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any spouse or child who on the effective date is an inpatient in a facility or is home confined and under the care of a physician. Complete coverage details, including premiums, eligible conditions, their respective payments and policy exclusions and limitations are contained in the Policy, available from HR.



Disability Insurance

Short-Term Disability Insurance

Mental Health Center of Denver automatically provides short-term disability (STD) insurance through Cigna to all benefits-eligible employees **at no cost to you**. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated short-term disability plans.

- **Benefit:** 50% of base weekly pay up to \$1,250; Co-Responder benefit is 60% of base weekly pay up to \$1,250
- **Elimination period:** 30 days
- **Benefit duration:** Up to 9 weeks

Long-Term Disability Insurance

Mental Health Center of Denver automatically provides long-term disability (LTD) insurance through Cigna to all benefits-eligible employees **at no cost to you**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the short-term disability period.

- **Benefit:** 60% of base monthly pay up to \$10,000
- **Elimination period:** 90 days
- **Benefit duration:** Social security normal retirement age

Benefit Plan Premiums

Medical and Vision Insurance

Listed below are the semi-monthly (per pay period) costs for medical and vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. Premiums are calculated according to the number of hours you are scheduled to work.

Coverage Level	Medical and Vision 40 hours/week		Medical and Vision 35 hours/week		Medical and Vision 30 hours/week	
	Standard Rate	Tobacco Free Rate*	Standard Rate	Tobacco Free Rate*	Standard Rate	Tobacco Free Rate*
Employee Only	\$109.50	\$34.50	\$120.55	\$45.55	\$136.85	\$61.85
Employee + Spouse	\$230.00	\$155.00	\$281.14	\$206.14	\$355.48	\$280.48
Employee + Child(ren)	\$211.00	\$136.00	\$256.37	\$181.37	\$321.59	\$246.59
Employee + Family	\$312.00	\$237.00	\$390.36	\$315.36	\$504.02	\$429.02

*Tobacco/Nicotine Free Premium Discount: Each Employee who certifies that he/she is (and has been for the last 120 days) a non-tobacco user (or has completed the MHCD smoking cessation program and created a smoking cessation plan with his/her medical provider within 120 days from date of hire or January 1) shall receive a semi-monthly discount in the amount of \$75.00. *The amount of the discount shall be \$75 each pay period in which the employee has a health insurance deduction. As the \$75 discount is tied to the individual employee utilizing the health insurance, \$75 is the maximum discount applied to the health insurance premium per pay period.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program, including tobacco attestation, are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Dental Insurance

Listed below are the semi-monthly (per pay period) costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. Premiums are calculated according to the number of hours you are scheduled to work.

Coverage Level	Dental Plan		
	40 hours/week	35 hours/week	30 hours/week
Employee Only	\$6.68	\$8.16	\$10.01
Employee + Spouse	\$13.35	\$16.70	\$20.03
Employee + Child(ren)	\$13.35	\$16.70	\$20.03
Employee + Family	\$20.03	\$25.22	\$30.05

Supplemental Life and AD&D Insurance Costs

Listed below are the monthly rates for supplemental life and AD&D insurance. The amount you pay for supplemental life and AD&D insurance is deducted from your paycheck on a post-tax basis. Spouse AD&D ends at age 70.

Supplemental Life and AD&D Rates		
Age	Employee Rate Per \$1,000 of coverage	Spouse Rate Per \$1,000 of coverage
<29	\$0.075	\$0.090
30–34	\$0.095	\$0.110
35–39	\$0.115	\$0.130
40–44	\$0.175	\$0.190
45–49	\$0.275	\$0.290
50–54	\$0.435	\$0.450
55–59	\$0.685	\$0.700
60–64	\$0.905	\$0.920
65–69	\$1.435	\$1.450
70–74	\$2.515	\$2.530
75+	\$4.515	\$4.530

Supplemental Child Life and AD&D Rates	
Per \$2,500 of coverage	\$0.575
Per \$5,000 of coverage	\$1.15
Per \$7,500 of coverage	\$1.725
Per \$10,000 of coverage	\$2.30

403(b) Retirement Plan—Voya Financial

The retirement plan features a 4% employer match after one year! After two years of service you are eligible for an additional 1% match, for a total employer match of 5%. You may choose pre-tax or post tax (Roth) retirement savings plans. Financial Wellness and Retirement on-demand and live sessions are available at Voya.com/VoyaLearn.

2022 Paid Holidays:

- New Years Day—Observed Friday, December 31
- Martin Luther King Day—Monday, January 17
- Memorial Day—Monday, May 30
- Juneteenth—Observed Monday, June 20
- Independence Day—Monday, July 4
- Labor Day—Monday, September 5
- Thanksgiving—Thursday, November 24 and Friday, November 25
- Christmas—Observed Monday, December 26

Paid Time Off:

Excellent PTO Leave: PTO can be used for *any* reason an employee wants time off, such as: vacation, birthdays, feeling under the weather/minor illness/sickness, volunteering, religious observance or holidays, personal business/errands, well-being day, or any other personal reason.

Accrual Rates for Full-Time Employees	Accrual Per Pay Period	Accrual Per Month	Days Per Year	Maximum Accrual
6 to 12 months	5.538	12 hours	18 days	180 hours
13 to 36 months	6.461	14 hours	21 days	210 hours
37 to 60 months	7.385	16 hours	24 days	240 hours
Over 60 months	8.308	18 hours	27 days	270 hours

Serious Illness Bank:

- 8 days/64 hours per year (accrual per pay period - 2.48 hours) may be accessed with FMLA eligibility, immediately upon admission to a hospital/surgery center or after the use of 24 consecutive work hours of PTO for illness. 2 days/16 hours per year may be accessed for **Wellbeing Days**. Wellbeing Days are 8 hours each, and should not be taken consecutively.

EMPLOYEE BENEFITS

Benefit plans effective January 1, 2022–December 31, 2022

Additional Benefits

Excellent Training Program:

- Internal Training - Clinical and professional continuing education.
- External Conferences - Training seminars and educational leave.

Educational Leave:

- Approved leave to attend job-related seminars or trainings.

EcoPass

- Free pass for unlimited public transportation (bus, light rail).

Loan Forgiveness Options:

- Mental Health Center of Denver employees may be eligible for a variety of loan forgiveness options: National Health Service Corps, Colorado Health Service Corps and Public Student Loan Forgiveness eligibility.

Other Valuable Benefits:

- **Tuition Assistance Program**—Financial assistance for job-related college-level educational courses.
- **Employee Referral Bonus Program**—\$500 to \$1,000 for referring newly-hired staff!
- **WAY TO GO! Program**—Earn prizes for peer recognition.
- **Automatic Payroll Deposit**
- **Employee Assistance Program**—Free confidential counseling and resource for referral services.

Important Contact Information

If you have any questions regarding your benefits or the material contained in this guide, please contact Human Resources.

Mental Health Center of Denver Human Resources

Phone: (303) 504-6515

Fax: (303) 758-5793

Email: deanna.king@mhcd.org

Provider/Plan	Contact Number	Website
Medical, Dental, and Vision—Cigna	(866) 494-2111	www.mycigna.com
Flexible Spending Accounts—Cigna	(866) 494-2111	www.mycigna.com
Life and Disability Insurance—Cigna		
To file a claim	(800) 362-4462	www.cigna.com/lifeclaimform
Evidence of Insurability	(800) 732-1603	
Life Assistance Program	(800) 538-3543	www.cignabehavioral.com/cgi
403(b) Retirement Plan—Voya Financial	(800) 584-6001	www.VoyaRetirementPlans.com Search Voya Retire on your favorite app store

This summary of benefits is not intended to be a complete description of the terms and Mental Health Center of Denver insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Mental Health Center of Denver maintains its benefit plans on an ongoing basis, Mental Health Center of Denver reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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