

# 2019 Benefits Brochure



## EL PASO COUNTY

### Financial Services Department Employee Benefits Division

2880 International Circle, Suite 107  
Colorado Springs, CO 80910  
Phone: (719) 520-7420

E-mail: [employeebenefits@elpasoco.com](mailto:employeebenefits@elpasoco.com)

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**Please read page 3  
of this brochure for  
important enrollment  
information  
and complete your  
New Hire Checklist**

## Summary of El Paso County Benefit Plans for the 2019 Plan Year

# Getting to Know Your Employee Benefits

#### New Hire Checklist

- Complete enrollment through ESS for Medical, Dental, Vision and Flexible Spending Accounts within 31 days of your full-time hire date (even if you are waiving benefits)
- Complete the El Paso County Retirement Plan Beneficiary Designation Form (included in the back of your Employee Benefits Guidebook) and submit to the Retirement Office via e-mail, fax or inter-office mail
- If enrolling dependents, provide proof of relationship to the Employee Benefits Division; send via e-mail, fax or inter-office mail
- Optional:* Complete the Unum Voluntary Life Enrollment Form within 31 days of your full-time hire date and submit directly to Unum
- Complete the Unum Life Insurance Beneficiary Designation Form (included in the back of your Employee Benefits Guidebook) and submit directly to Unum

# Contact List



## Medical Plan

### Employee Benefit Management Services (EBMS)

Use the Member Services Number and Website for Questions, Claims, ID Cards and Pre-Authorizations

Member Services: (866) 887-4115

miBenefits Website: [www.ebms.com](http://www.ebms.com)

Nurse Hotline (Available 24/7): (877) 820-9168

CareLink Pre-Notification and Maternity

Management Program: (866) 894-1505

Group #0000286



## Wellness Program

### Reach Your Peak (RYP)

Questions: (719) 520-7420 option 3

E-Mail: [reachyourpeakepc@elpasoco.com](mailto:reachyourpeakepc@elpasoco.com)

Program Website (Powered by Propel):

[www.reachyourpeakepc.com](http://www.reachyourpeakepc.com)

Website Technical Questions: (888) 339-4131

Health Reimbursement Account (HRA):

EBC Customer Service: (800) 346-2126

EBC Website: [www.ebcflex.com](http://www.ebcflex.com)



## Medical Plan Provider Network

### Aetna Signature Administrators PPO

Website: [asallookup.aetnasignatureadministrators.com](http://asallookup.aetnasignatureadministrators.com)



## Flexible Spending Accounts

### Employee Benefits Corporation (EBC)

Customer Service: (800) 346-2126

Claim Fax Number: (608) 831-4790

Website: [www.ebcflex.com](http://www.ebcflex.com)

Premise Health



## El Paso County Employee Health Centers

### Premise Health

Regional Development Center (RDC): (719) 520-7080

Citizens Service Center (CSC): (719) 520-7600



## Life and Disability Plans

### Unum

Phone: (800) 421-0344

Website: [www.unuminfo.com/elpasocounty](http://www.unuminfo.com/elpasocounty)

Basic Life Policy #907338

Voluntary Life Policy #907339



EXPRESS SCRIPTS

## Prescription Plan

### Express Scripts

Member Services: (855) 738-1153

Website: [www.express-scripts.com](http://www.express-scripts.com)

Accredo Specialty Rx: (800) 803-2523

RxBIN: 003858

RxPCN: A4

RxGRP: ELPASO16



## Employee Assistance Program

### GuidanceResources (ComPsych)

Phone: (800) 272-7255

Website: [www.guidanceresources.com](http://www.guidanceresources.com)

Web ID: COM589



## Deferred Compensation (457 Plan)

### Empower Retirement

Member Services: (800) 701-8255

Website: [www.empower-retirement.com](http://www.empower-retirement.com)

Group #98722-01

DELTA DENTAL

## Dental Plans

### Delta Dental

Member Services: (800) 610-0201

Website: [www.deltadentalco.com](http://www.deltadentalco.com)

Group #12104



## El Paso County Retirement Plan

Phone: (719) 520-7490

Fax: (719) 520-7495

Website: [retirement.elpasoco.com](http://retirement.elpasoco.com)



## Vision Plan

### EyeMed

Member Services: (866) 723-0596

Website: [www.eyemed.com](http://www.eyemed.com)

Access Plan H

Group #9728999



## El Paso County Employee Benefits Division

Phone: (719) 520-7420

E-Mail: [employeebenefits@elpasoco.com](mailto:employeebenefits@elpasoco.com)

HIPAA Compliance: (719) 520-7402

# Enrollment Information

**Enrollment must be completed within 31 days of your full-time hire date through the Employee Self Service (ESS).** You must complete this process even if you are waiving benefits. If you do not enroll within this 31 day period, you will not be eligible to enroll until the next open enrollment period, unless you have a qualifying life event.

Please read the Eligibility Requirements and follow instructions on Accessing the Employee Self Service (ESS) below to complete your enrollment.

## Eligibility Requirements

**Eligible Employees:** Employees classified as full-time are eligible to participate in El Paso County's health insurance benefit plans. If you are hired full-time starting from the 1st through the 15th of the month, coverage for you and any of your enrolled dependents is effective on the first day of the next month. If you are hired full-time starting from the 16th through the last day of the month, coverage for you and any of your enrolled dependents is effective on the first day of the second following month.

Example 1: First day of full-time employment is January 15<sup>th</sup>, coverage is effective February 1<sup>st</sup>.

Example 2: First day of full-time employment is January 16<sup>th</sup>, coverage is effective March 1<sup>st</sup>.

**Eligible Dependents:** Eligible dependents include your lawful spouse and children who are less than 26 years old. Dependent children that are age 26 or more years old and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap that are enrolled on the plan before age 26, may continue coverage after age 26. You may be required to provide proof of the child's dependent status to the health care vendor or to the El Paso County Employee Benefits Division.

**You must provide proof of relationship for enrolled dependents to the Employee Benefits Division within 30 days of your enrollment; e.g., spouse: marriage/civil union certificate or common law affidavit, child: birth certificate.**

## Accessing the Employee Self Service (ESS)

*ESS can only be accessed on a County computer.*

**Before starting the ESS enrollment, you will need the following information:**

- Decisions on the benefits you want to elect for 2019
- Your ESS login information (provided via e-mail or inter-office mail)
- Flexible Spending Account per pay period amounts (annual total divided by remaining bi-weekly pay periods in 2019)
- Dependents' names, dates of birth, addresses and Social Security numbers

**Accessing ESS:**

Go to the Employee Portal by typing <https://myepc.elpasoco.com> in the Internet browser address line on a County computer and log in. Click the Next button on the right-hand side of the screen and in the JDE box select "Employee Self Service," then follow the instructions below for ESS Login.

**Employee Portal Login:** Your user name and password are the same as your computer and/or Kronos (time and attendance system) user name and password. If you cannot locate your user name or password contact IT Customer Support at [helpdesk@elpasoco.com](mailto:helpdesk@elpasoco.com)

**ESS Login:** Enter your 6-digit user ID and password (first 4 digits of your Social Security number). Then click on the "Sign In" button. Click on "New Hire Enrollment - FT Employees Only" and follow the on-screen instructions to complete enrollment. If you cannot locate your user ID contact your Department Representative or the Employee Benefits Division. If you have misplaced your password, select "Password Reset" in the JDE box on the Employee Portal.

Note: The Employee Portal is accessible from any computer (home, work, etc.), but ESS can only be accessed on a County computer.

## Enrollment Frequently Asked Questions (FAQ)

**What is the deadline to complete new hire benefit enrollment?**

You have 31 days from your full-time hire date to enroll in benefits.

**What if I don't want to elect any County benefits?**

You must still complete the enrollment process and waive any benefits you do not want.

**My spouse is also a full-time employee with El Paso County and is eligible for benefits. How should we enroll?**

You should carefully review the contribution rates and/or deductibles and out-of-pocket maximums and select the options that best meet your needs.

**Can I make a change to my benefits at any time?**

If you have a qualifying life event as defined by the IRS (i.e., birth, adoption, marriage/civil union, divorce, etc.) you can make changes to your benefits by submitting a benefit change form to the El Paso County Employee Benefits Division **within 31 days of the life event effective date**. Documentation will be required for the life event and, if adding a dependent, proof of relationship. If there is no qualifying life event, changes can only be made at annual open enrollment.

**When is open enrollment?**

Open enrollment is held annually, typically in the month of October. Changes made at open enrollment are effective January 1<sup>st</sup> of the following calendar year.

# Summary of El Paso County Medical Benefits

## EPC Medical Plan – Aetna ASA Network

The EPC Medical Plan is an Exclusive Provider Organization (EPO) Plan

Provider Directory can be found at: [asalookup.aetnasignatureadministrators.com](http://asalookup.aetnasignatureadministrators.com)

Medical Plan Tiers	Per Pay Period Cost (Twice Monthly)	Monthly Cost
Employee Only	\$48.85	\$97.70
Employee + Spouse	\$144.69	\$289.38
Employee + Child(ren)	\$137.73	\$275.46
Employee + Family	\$203.36	\$406.72

**Reach Your Peak Wellness Program:** El Paso County employees that have met the Reach Your Peak (RYP) Wellness Program requirements by the established deadlines will receive enhanced medical plan benefits (shown below in purple text) for themselves and their dependents when enrolled on El Paso County's (EPC) Medical Plan. **RYP subscribers will also receive \$20 off their monthly medical plan contributions.** The \$20 RYP incentive ends September 30, 2019 if additional requirements are not met by the established deadlines. **Please watch for the RYP annual enrollment in the fall.** For questions on the RYP program, e-mail [reachyourpeakepc@elpasoco.com](mailto:reachyourpeakepc@elpasoco.com) or call (719) 520-7420 option 3.

Benefits	In-Network Benefits Only
Annual Plan Deductible – Individual / Family Maximum	\$2,000 / \$6,000 <b>RYP participants \$2,000 / \$4,000</b>
Annual Out-Of-Pocket Maximum* - Individual / Family	\$6,000 / \$10,000 <b>RYP participants \$3,000 / \$7,000</b>
Coinsurance	75% Plan Pays / 25% Member Pays
Annual Limit	Unlimited
Employee Health Centers - Office Visit	\$10 Nurse Practitioner Copay \$10 Primary Care Physician Copay \$0 Condition Management Nurse <b>\$0 RYP Copay for preventive visits and RYP program related follow-up visits</b>
Primary Care Physician (PCP) Office Visit	\$50 Copay
Specialist Office Visit	\$50 Copay
Preventive Care	\$40 Copay / <b>\$0 RYP Copay</b>
Outpatient Short-Term Rehabilitation Therapy Services	\$20 Copay (60 days combined maximum per calendar year)
Chiropractic Services	\$20 Copay (24 visit maximum per calendar year)
Urgent Care	\$100 Copay
Emergency Room (Life or Limb Threatening)	\$200 Copay
Ambulance	Plan Pays 75% After Deductible
Outpatient Mental Disorders and Substance Abuse Treatment	\$10 Copay
Advanced Radiology (ex. MRI, CT Scan, CAT, PET, etc)	Plan Pays 75% - No Deductible <b>Plan Pays 100% for RYP members with Employee Health Center Referral for Diagnostic Tests</b>
Outpatient Facility Services - Per Admission	\$250 Copay then Plan Pays 75% - No Deductible
Hospital Inpatient - Per Admission	\$500 Copay then Plan Pays 75% After Deductible

\* Deductibles, copayments and amounts over the allowable charge do not apply toward the out-of-pocket maximum

## Express Scripts Prescription Plan

Prescription Plan is included with Medical Plan enrollment

Formulary and Provider Directory: [www.express-scripts.com](http://www.express-scripts.com)<sup>†</sup>

Prescription Plan Tiers	Retail 30 Day Supply	Retail or Mail Order Up to 90 Day Supply	Accredo Specialty 30 Day Supply
First Tier (Generic)	\$6.00	\$15.00	
Second Tier (Preferred Brand)	\$30.00	\$75.00	
Third Tier (Non-Preferred Brand)	\$50.00	\$125.00	
Fourth Tier (Preferred Specialty) <sup>††</sup>			\$100.00
Fifth Tier (Non-Preferred Specialty) <sup>††</sup>			\$200.00

<sup>†</sup> This link includes standard information about the network and formulary provided by Express Scripts. It does not account for any El Paso County plan specific inclusions, exclusions, step therapy requirements, prior authorization, etc.

<sup>††</sup> \$2,500 Out-of-Pocket Maximum

REFER TO THE EMPLOYEE BENEFITS GUIDEBOOK ON THE EMPLOYEE PORTAL FOR PLAN DETAILS

This is only a summary of benefits. Should there be differences between this summary and the plan documents, contracts or policies, the plan documents, contract and/or policies will govern.

# Employee Health Centers

**El Paso County Employee Health Centers are available to all enrolled El Paso County Medical Plan participants.** The El Paso County Employee Health Centers offer quality, convenient and affordable medical care, along with a full range of preventive health and wellness services.

## Employee Health Center Locations, Hours and Contact Information:

### Regional Development Center (RDC) Health Center

2880 International Circle, Lower Level, Suite N010

Phone: **(719) 520-7080**

### Citizens Service Center (CSC) Health Center

1675 West Garden of the Gods Road, Suite 1053

Phone: **(719) 520-7600**

Health Center Hours: **Monday through Friday, 8:00 a.m. to 5:00 p.m.**

Premise Health Patient Portal: [mypremisehealth.com](http://mypremisehealth.com)

## Services include:

- Comprehensive Individual/Family Primary Care
- Urgent and Acute Care (e.g., flu, fever, viral infections, nausea, cuts, sprains/strains, headaches, rashes, etc.)
- Preventive Health (e.g., annual physicals)
- Disease Management and Health Coaching
- Stress Management Counseling
- Smoking Cessation Counseling
- Wellness Education/Support
- Referrals to Specialists
- Vaccinations, Injections and Laboratory Services

*Services available to members ages 6 months through adult*

**\$10 Copay per Visit with Physician or Nurse Practitioner – No Copay for Nurse or Lab Visit**

# SleepCharge Program

The El Paso County EPO Medical Plan has partnered with FusionHealth to bring you the SleepCharge Program for Sleep Apnea. This benefit provides:

- Medical experts who will help you assess your sleep health
- A personalized treatment plan, including all equipment and supplies
- Dedicated Care Managers, always available to support you
- The latest sleep health education and advice

Eligibility: All employees and their adult dependents **enrolled on the El Paso County EPO Medical Plan** are eligible for the SleepCharge program.

Cost: All costs for the program are covered by the El Paso County EPO Medical Plan.

**Assess your sleep health now at [epcmcd.fusionhealth.com/sleep](http://epcmcd.fusionhealth.com/sleep) or call 1-877-615-7257 for more information.**

For more information: Online: [sleepcharge.com/epcmcd](http://sleepcharge.com/epcmcd) | Phone: 1-877-615-7257 | E-mail: [sleep@fusionhealth.com](mailto:sleep@fusionhealth.com)

# Employee Fitness Center

The El Paso County Citizens Service Center (CSC) Fitness Center is conveniently located on the 1st floor of the CSC. Memberships are available to full-time and part-time El Paso County employees at no cost. The CSC Fitness Center is managed by nationally certified staff who instruct daily group exercise classes including, but not limited to, Boot Camp, HIIT, Yoga and Zumba, perform confidential fitness assessments and provide equipment orientations. The CSC Fitness Center is equipped with full locker rooms, cardiovascular equipment, strength machines and free weights.

## Employee Fitness Center Locations, Hours and Contact Information:

Citizens Service Center

1675 West Garden of the Gods Road, Suite 1011

Phone: (719) 520-7619

E-mail: [EPCFitness@elpasoco.com](mailto:EPCFitness@elpasoco.com)

CSC Fitness Center Hours: **Monday through Friday, 5:00 a.m. to 8:30 p.m.**

Engage in a supportive environment and get inspired to live your best life at the CSC Fitness Center!

# Health Care Reform Notice

**Grandfathered Health Plan:** El Paso County believes this Medical Health Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at El Paso County Employee Benefits Division (719) 520-7420. You may also contact the U.S. Department of Health and Human Services at [www.healthcare.gov](http://www.healthcare.gov).

# Summary of El Paso County Dental Benefits

- El Paso County employees have two (2) dental options to choose from through Delta Dental
- To search for a Delta Dental in-network provider please visit [www.deltadentalco.com](http://www.deltadentalco.com)

Delta Dental LOW OPTION PPO Plan				
Low Option Plan Tiers		Per Pay Period Cost (Twice Monthly)	Monthly Cost	
Employee Only		\$7.49	\$14.98	
Employee + Spouse		\$12.58	\$25.16	
Employee + Child(ren)		\$19.46	\$38.92	
Employee + Family		\$28.45	\$56.90	
Maximum Benefit Calendar Year Maximum		\$1,000 per person, per calendar year		
Calendar Year Deductible Applies to Basic and Major		Individual Deductible - \$50 per person Family Deductible - \$150 maximum		
Benefits		PPO Dentist	Premier Dentist*	Out-of-Network Dentist**
Diagnostic and Preventive Services	Oral Exams and Cleanings, Sealants, Fluoride (for children) and X-rays	100%	80%	80%
Basic Services	Fillings, Simple Extraction, Oral Surgery	80%	60%	60%
Major Services	Endodontics/Periodontics, Crowns, Dentures, Bridges	50%	30%	30%
Orthodontic Services	Not Covered			

This is a Maximum Allowable Charge (MAC) PPO plan. The MAC plan is a feature of Delta Dental that will help you save on out-of-pocket costs. While you may visit any licensed dentist you will receive the greatest savings when you choose a PPO dentist.

\* Premier Dentist – The member will be responsible for the difference between the PPO dentist's Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA)

\*\* Out-of-Network Dentist – The member will be responsible for the difference between the PPO dentist's Allowable Fee and the full fee charged by the dentist

Delta Dental HIGH OPTION PPO Plus Premier Plan				
High Option Plan Tiers		Per Pay Period Cost (Twice Monthly)	Monthly Cost	
Employee Only		\$19.45	\$38.90	
Employee + Spouse		\$32.68	\$65.36	
Employee + Child(ren)		\$50.57	\$101.14	
Employee + Family		\$73.91	\$147.82	
Maximum Benefit Calendar Year Maximum		\$1,500 per person, per calendar year		
Calendar Year Deductible Applies to Basic and Major		Individual Deductible - \$25 per person PPO Network / \$50 per person Premier/Out-of-Network Family Deductible - \$75 PPO Network maximum / \$150 Premier/Out-of-Network maximum		
Benefits		PPO Dentist <sup>†</sup>	Premier Dentist <sup>††</sup>	Out-of-Network Dentist <sup>†††</sup>
Diagnostic and Preventive Services	Oral Exams and Cleanings, Sealants, Fluoride (for children) and X-rays	100%	100%	100%
Basic Services	Fillings, Simple Extraction, Oral Surgery, Endodontics/Periodontics	90%	70%	70%
Major Services	Crowns, Dentures, Bridges	60%	30%	30%
Orthodontic Services	Covered regardless of age \$1,500 lifetime maximum	50%	50%	50%

This is a Delta Dental PPO Plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist.

<sup>†</sup> PPO Dentist – Payment is based on the PPO dentist's Allowable Fee, or the actual fee charged, whichever is less

<sup>††</sup> Premier Dentist – Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less

<sup>†††</sup> Out-of-Network Dentist – Payment is based on the Out-of-Network Maximum Plan Allowance (MPA); members are responsible for the difference between the out-of-network MPA and the full fee charged by the dentist

REFER TO THE EMPLOYEE BENEFITS GUIDEBOOK ON THE EMPLOYEE PORTAL FOR PLAN DETAILS

This is only a summary of benefits. Should there be differences between this summary and the plan documents, contracts or policies, the plan documents, contract and/or policies will govern.



# Summary of El Paso County Vision Benefits

EyeMed "Access" Vision Plan			
Find a provider at <a href="http://www.eyemed.com">www.eyemed.com</a>			
Vision Plan Tiers	Per Pay Period Cost (Twice Monthly)	Monthly Cost	
Employee Only	\$2.99	\$5.98	
Employee + Spouse	\$5.68	\$11.36	
Employee + Child(ren)	\$5.98	\$11.96	
Employee + Family	\$8.79	\$17.58	
Benefit	Frequency	In-Network	Out-of-Network (Reimbursement)
Exam	Once Every 12 Months	\$10 Copay	Up to \$35
Standard Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses	Once Every 12 Months (combined frequency for Standard Lenses and Contact Lenses)	\$25 Copay	Up to \$40
		\$25 Copay	Up to \$60
		\$25 Copay	Up to \$80
Contact Lenses Conventional Disposable Medically Necessary		\$0 Copay, \$130 Allowance	Up to \$105
		\$0 Copay, \$130 Allowance	Up to \$105
		\$0 Copay, Paid in Full	Up to \$200
Frames	Once Every 24 Months	\$0 Copay, \$150 Allowance	Up to \$45

## Flexible Spending Accounts (FSA)

An FSA is a Flexible Spending Account which is authorized by the IRS and available through your employer. There are two (2) types of FSAs available: a Health Care account and a Dependent Day Care account. Both accounts allow you to set aside money for eligible expenses on a pre-tax basis. El Paso County's FSAs are administered by **Employee Benefits Corporation (EBC)**.

Eligible **Health Care expenses** include deductibles, coinsurance and copays which are not covered by your medical, prescription, dental or vision plans. Eligible **Dependent Day Care expenses** include day care, before and after school programs, nursery school or preschool, summer day camp and even adult day care. A Dependent Day Care account reimburses you for expenses that allow you and your spouse, if married, to work while your dependents are being cared for.

As you incur Health Care and/or Dependent Day Care expenses, you may submit a claim for those expenses to get reimbursed with tax-free dollars from your EBC account. To view a listing of eligible Health Care or Dependent Day Care expenses, visit the EBC website at [www.ebcflex.com](http://www.ebcflex.com).

### Things you need to know about FSAs:

- The maximum that you can contribute to the Health Care FSA in 2019 is \$2,650.
- The maximum that you can contribute to the Dependent Day Care FSA in 2019 is \$5,000 if you are a single employee or married filing taxes jointly or \$2,500 if you are married and filing taxes separately.
- You do not need to be on the El Paso County Medical Plan to participate in an FSA.
- **Contributions for FSA will be deducted from all remaining bi-weekly pay periods in the plan year.**
- You may set up direct deposit of reimbursements to the bank account of your choice at [www.ebcflex.com](http://www.ebcflex.com).
- You have 60 days after the plan year to file 2019 claims for reimbursement - until February 29, 2020.
- You are allowed to rollover a minimum of \$50 up to \$500 of unused Health Care FSA dollars into the following plan year. Money left in your account at the end of the plan year under \$50 or in excess of \$500 is forfeited.
- There is no rollover for the Dependent Day Care FSA. Unused amounts at the end of the plan year will be forfeited.

## Disability Insurance Plans

Full-time employees are enrolled in and eligible for Short Term Disability and Long Term Disability insurance per plan eligibility requirements. Short Term Disability insurance is paid by the employee through payroll contributions of \$5 per pay period. Long Term Disability insurance is paid in full by El Paso County. These disability insurance plans provide a financial benefit that pays a percentage of an employee's salary for a specified amount of time, if they are ill or injured and cannot perform the duties of their job. Please see the Employee Benefits Guidebook or the Summary Plan Descriptions found on the Employee Portal for more information on these benefits.

REFER TO THE EMPLOYEE BENEFITS GUIDEBOOK ON THE EMPLOYEE PORTAL FOR PLAN DETAILS

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# Voluntary Life Insurance

**Basic Life and AD&D:** El Paso County provides Basic Life Insurance for all full-time employees valued at \$40,000 in Life and Accidental Death and Dismemberment (AD&D) coverage and \$2,000 in Life coverage for their dependents. Policies are available on the Employee Portal.

**Voluntary Life and AD&D:** Employees interested in electing additional life insurance can do so by enrolling in the Voluntary Life/AD&D Insurance coverage up to the Guarantee Issue levels of the plan without medical underwriting. This means you can elect coverage up to \$200,000 for employees and up to \$30,000 for spouses and are guaranteed this coverage if enrolled within 31 days of becoming eligible. If you choose to elect coverage above the Guarantee Issue levels you will be required to complete an Evidence of Insurability form.

All elections made will require a Voluntary Life Enrollment form and, if appropriate, Evidence of Insurability form. These forms and a rate calculator are located on the Unum El Paso County link: [www.unuminfo.com/elpasocounty](http://www.unuminfo.com/elpasocounty). Instructions are provided on the forms on where to submit. For questions, please call Unum at (800) 421-0344.

Voluntary Term Life Insurance Rates:

Age Bands <sup>†</sup>	Non-Tobacco Employee & Spouse Life Monthly Rate per \$10,000 <sup>††</sup>	Tobacco Employee & Spouse Life Monthly Rate per \$10,000 <sup>††</sup>
<25	\$ 0.44	\$ 0.62
25-29	\$ 0.44	\$ 0.62
30-34	\$ 0.53	\$ 0.79
35-39	\$ 0.62	\$ 1.06
40-44	\$ 1.14	\$ 2.55
45-49	\$ 1.85	\$ 4.31
50-54	\$ 3.17	\$ 6.78
55-59	\$ 4.93	\$ 11.40
60-64	\$ 7.74	\$ 17.70
65-69	\$ 13.40	\$ 31.90
70-74	\$ 25.00	\$ 57.00
75+	\$ 25.00	\$ 57.00

<sup>†</sup>**Insurance Age:** Your rate is based on your insurance age. To calculate your insurance age, subtract your year of birth from the year your coverage becomes effective. Your rate will increase as you age and move to the next age band.

**Child Life Monthly Rate:** \$10,000 = \$2.00

**AD&D Rates:** Employee/Spouse/Child Monthly Rate per \$10,000 = \$0.20

<sup>††</sup>Monthly premiums will be divided in half and deducted on the 1st and 2nd pay periods of each month.

**Life Insurance Beneficiary Designation:** A Life Insurance Beneficiary Designation form is provided in the back of your Employee Benefits Guidebook. Please complete the form and return directly to Unum at the fax number on the form. Section A should be completed by all full-time employees for the Basic Life policy. Section B should be completed by those full-time employees that have enrolled in Voluntary Life coverage.

## Tuition Reimbursement Program

The El Paso County Tuition Reimbursement Program is coordinated by the Employee Benefits Division. Any regular, full-time El Paso County employee who has completed his or her initial review period and is not on a corrective action plan is eligible to participate in the program. An employee may apply for tuition reimbursement for the calendar year in which he or she attended a course (pre-existing student loans will not be covered under the program). Distribution of funds is not guaranteed and expressly subject to availability, so early submission is recommended. Please see the "Tuition Reimbursement Information and Request" document available on the Employee Portal or contact the Employee Benefits Division for more information.

## Employee Assistance Program

No matter what's going on in your life, GuidanceResources is here to help with confidential counseling for a variety of personal issues including:

- Relationships
- Substances
- Job Pressures
- Marital Conflicts
- Stress or Anxiety
- Grief and Loss
- Parenting Issues
- Depression
- And Much More!

In addition, GuidanceResources also offers a wide variety of other resources, such as:

- Legal Information, Resources and Consultations
- Work-Life Resources and Referrals
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