

employee  
benefits  
enrollment  
guide

2022



**open enrollment**  
starts November 1, 2021  
ends November 30, 2021





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### Do you need help or have questions?

You can reach out to your insurance company or benefit provider using the contact numbers provided on page 3.

If your issues are still not resolved, please contact your Diversified Insurance Group Employee Advocate.





## **At Gold Cross, we believe employees are the foundation of our success.**

Gold Cross is pleased to offer you a selection of comprehensive, high quality employee benefits for eligible employees and their dependents. This enrollment guide is designed to help you understand the options available.

### **Who is eligible?**

- Full-time employees who actively work at least 30 hours per week;
- Your legal spouse or domestic partner;
- Your natural born children, current stepchildren, or legally adopted children up to age 26;
- Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

### **If you're enrolling a domestic partner...**

IRS and some state regulations require that you pay your cost for domestic partner coverage with after-tax dollars. The portion of the cost that the company pays is also subject to income and Social Security taxes. This amount is referred to as imputed income. Please consult your tax advisor for details.

### **When does coverage begin for New Hires?**

Coverage begins on the first day of the month following your date of hire. You must be actively at work for your coverage to become effective.

## What do I need to consider for Open Enrollment?

When choosing your insurance coverage for 2022, review the benefit options available to you and make the elections that are right for you and your family.

- How much do you want to contribute to the health care account that works with your medical plan?
- Do you need dental or vision coverage?
- Do you need to cover eligible family members under your insurance benefits?
- Do you want to purchase supplemental life or disability insurance?
- Do you have upcoming life events to consider when selecting benefits, such as the birth of a new baby, a marriage, or a child going to college?
- Who should be your beneficiary for life insurance and your Health Savings Account (HSA), if applicable?



### Important reminder

If you do not make changes during Open Enrollment, most of your current coverage will rollover. If you have a Flexible Spending or Dependent Care Account, you **MUST** log into Ignite and re-elect the plan and contributions for the 2022 plan year. If you do not make changes during Open Enrollment, your next opportunity to make changes will be during next year's Open Enrollment period or with an IRS qualifying life event. For more details on IRS qualifying life events, visit [healthcare.gov](https://www.healthcare.gov).



### IMPORTANT NOTICE

Once you're enrolled, if you get married, have/adopt a baby, get a divorce, or another **qualified life event occurs, you must notify HR within 30 days** of the date of change. For more information about who's eligible to be on your plans, see the Notices section of this guide.



## online enrollment instructions



### You must register before you can enroll in or make changes to your Employee Benefit elections and personal information.

Please follow the steps outlined here to register in Ignite, Gold Cross' online enrollment system. Once you have registered, you will be able to enroll in benefits or make changes to your existing benefits and personal information in the Ignite system.



- Step 1** Open your internet browser and navigate to [ignitebenefits.com](https://ignitebenefits.com)
- Click on **New Registration** and enter your information.
- Step 2** If you already have a **Username** and **Password** please select **Login** and skip ahead to **Step 4**.
- Gold Cross' identifier is:  
**GoldCross**
- Follow the instructions to set up your **Username** and **Password**.
- Step 3** Please use secure password storage practices to safeguard your personal information.
- Now that you're registered and logged into the system, you can navigate to your **Profile**,
- Step 4** **Benefits, Required Tasks** (benefits or HR related items that Gold Cross requires you to complete), and **Resources**.



## useful contact information

### Medical

#### SelectHealth

[selecthealth.com](https://selecthealth.com)

(800) 538-5038

### Health Savings & Flexible Spending Accounts

#### HealthEquity

[theequity.com](https://theequity.com)

(866) 346-5800

### Dental

#### Cigna

[mycigna.com](https://mycigna.com)

(800) 244-6224

### Vision

#### Superior Vision

[superiorvision.com](https://superiorvision.com)

(800) 507-3800

### Basic & Voluntary Life Insurance

#### The Standard

[standard.com](https://standard.com)

(800) 628-8600

### Accident Insurance

#### The Standard

[standard.com](https://standard.com)

(866) 851-2429

### Employee Assistance Program

#### Intermountain EAP

[intermountainhealthcare.org](https://intermountainhealthcare.org)

(800) 832-7733

### Human Resources

#### Ken Burnett

[ken@goldcrossambulance.com](mailto:ken@goldcrossambulance.com)

(801) 975-4356

### Diversified Insurance Employee Advocate

[goldcross@digadvocate.com](mailto:goldcross@digadvocate.com)

(801) 325-5075

### Do you have benefit questions?

Please contact the insurance company or benefit provider using the contact information on this page.

If the provider cannot resolve your issues, please contact our Diversified Insurance Group Employee Advocate.





## important medical insurance terms



### What comes out of my pay?

#### Annual premium

The annual cost to purchase medical coverage is spread across the year, so you pay a portion of it in each pay period on a pretax basis. Medical premiums are based on the plan you choose and the number of people you cover.



### What will I pay after I meet my deductible?

#### Coinsurance

After you meet the annual deductible, generally, you'll continue to pay the stated coinsurance percentage for in-network covered medical services until you meet the out-of-pocket maximum. The plan pays the rest.



### What will I pay when my medical coverage starts?

#### Annual deductible

You won't pay for in-network preventive care defined by the U.S. Preventive Services Task Force, such as your annual checkup. Generally, for all other covered care, you'll pay the amount of your annual deductible before the plan starts to pay.



### How much will I pay out of my own pocket?

#### Out-of-pocket maximum

This is the most you would pay for covered medical services in a calendar year. Once you meet it, the plan pays the full cost of additional covered care.



### Will my doctor be in-network?

#### Provider network

You can confirm whether your doctor is in-network by going to the SelectHealth website, listed on page 4 of this benefit guide.



### What is Gold Cross contributing?

#### Gold Cross' contribution

Gold Cross pays a more than 80% of your monthly premium to limit your monthly cost and provide you with affordable coverage options.





## important info about medical coverage

**During your benefits enrollment period, you can add a spouse/partner or eligible child to your coverage.**

### **Important reminder**

Once you're enrolled, if you get married, have/adopt a baby, get a divorce, or another event occurs that qualifies as a qualified life event, you **must notify HR within 30 days** of the date of the change. For more information about who's eligible to be on your plans, see page 19.

**Here's how deductibles and maximums for employees with family coverage compare across plans.**

### High Deductible Health Plan

#### **Annual deductible/coinsurance**

Coinsurance begins:

- If one or more family members combine to meet the family deductible of \$3,000 coinsurance begins for all family members.








#### **Out-of-pocket maximum**

- If one or more family members combine to meet the family out-of-pocket maximum of \$6,000, all eligible costs thereafter are covered 100% by the insurance carrier for all family members.



# medical plan

## SELECTHEALTH - HIGH DEDUCTIBLE HEALTH PLAN SELECT MED PLUS NETWORK

	In-Network	Out-of-Network *
 <b>Annual Deductible</b> Jan 1 - Dec 31	You pay up to <b>\$1,500</b> per individual <b>\$3,000</b> per family <i>Non-Embedded</i>	You pay up to <b>\$1,750</b> per individual <b>\$3,500</b> per family <i>Non-Embedded</i>
 <b>Coinsurance</b>	You pay <b>20%</b> AD	You pay <b>40%</b> AD
 <b>Out-of-pocket Maximum</b> Jan 1 - Dec 31	No more than <b>\$3,000</b> per individual <b>\$6,000</b> per family <i>Non-Embedded</i>	No more than <b>\$4,500</b> per individual <b>\$9,000</b> per family <i>Non-Embedded</i>
 <b>Preventive Services</b>	You pay <b>\$0</b> according to government guidelines	Not Covered
 <b>Office Visits</b> Primary Care Specialist	You pay <b>\$15</b> AD You pay <b>\$25</b> AD	You pay <b>40%</b> AD You pay <b>40%</b> AD
 <b>Mental Health Services</b> Office Visit Inpatient	You pay <b>\$15</b> AD You pay <b>20%</b> AD	You pay <b>40%</b> AD You pay <b>40%</b> AD
 <b>Emergency Services</b> Urgent Care Emergency Room	You pay <b>\$35</b> AD You pay <b>\$75</b> AD	You pay <b>40%</b> AD Covered as <b>In-Network</b>
 <b>Inpatient &amp; Outpatient</b> Inpatient Hospital Outpatient Surgery	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>40%</b> AD You pay <b>40%</b> AD
 <b>Prescription Medication</b> Retail (30-day supply) Mail Order (90-day supply)	<b>Generic / Preferred / Non-preferred / Specialty</b> You pay <b>\$7</b> AD / <b>\$21</b> AD / <b>\$42</b> AD / <b>\$100</b> AD You pay up to <b>2.5x</b> Retail	

AD: After Deductible

\* Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

### EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$40.38	\$98.94	\$90.86	\$136.09



## simplify your wallet with the selecthealth mobile app

### The SelectHealth mobile app puts tools right at the tips of your fingers.

Get access to all of the information you need about your health plan.

- **ID cards:** View, email, and fax images of your ID card
- **Provider search:** Search for providers
- **Claims:** Access your explanations of benefits and amounts owed
- **Benefits & coverage:** Find out who and what is covered on your plan

Download the app by visiting the Apple Store or Google Play.



**Contact SelectHealth**

[selecthealth.org](https://selecthealth.org) | (800) 538-5038



#### Connect care

Convenient, high-quality care - whenever and wherever you need it. A skilled clinician is just a swipe or a click away with Intermountain Connect Care.

- **Mobile App:** With a smartphone or tablet, you can get access through the Connect Care mobile app.
- **Web:** If you'd rather use a larger screen, you can access Connect Care using a video-capable computer at your home or office.
- **Your Visit:** Most visits take less than ten minutes. Your clinician will review your history, answer questions, diagnose, treat, and even prescribe medications.
- **Coverage:** Contact SelectHealth for coverage details.
- **Get Started:** Download the app on Android or IOS, or visit [intermountainconnectcare.org](https://intermountainconnectcare.org) to register for free.

#### Know before you go

Don't guess how much your upcoming surgery or maternity stay will cost. Log into your [selecthealth.org](https://selecthealth.org) and visit the **MyHealth** link. From there you can utilize the **Cost Estimator** which pulls claims data from the SelectHealth networks using that data to provide estimates that represent the cost of care. This tool will help you avoid surprise medical bills.



# health and dependent care account options



**Health care accounts can be used to help offset your out-of-pocket health care expenses, including co-pays, prescriptions, glasses, and lab work.**

The amount Gold Cross will contribute to your health care account is based on the family members you cover. Depending on the type of health care account that is paired with your medical plan, you and Gold Cross may be able to contribute to the account.

	Flexible Spending Account (FSA)	Health Savings Account (HSA)	Dependent Care Flexible Spending Account
<b>Who is eligible for this account?</b>	<p>This account cannot be paired with a High Deductible Health Plan.</p> <p>While you are not required to be enrolled in a medical plan in order to be eligible for this account, the account can only be paired with a Traditional PPO Plan, which is not offered by Gold Cross.</p>	<p>You must be enrolled in a High Deductible Health Plan in order to be considered eligible for this account.</p> <p>Gold Cross offers the following High Deductible Health Plans: SelectHealth Med HDHP</p>	<p>In order to be eligible for this account, you must meet one of the qualifying criteria:</p> <ul style="list-style-type: none"> <li>You and your spouse both work</li> <li>You are a single head of household</li> <li>Your spouse is disabled or a full-time student</li> <li>Employees with children under age 13 and anyone who is a dependent under IRS rules, or who is mentally or physically incapable of taking care of himself or herself</li> <li>Employees scheduled to work more than 20 hours per week.</li> </ul>
<b>What would I use this account for?</b>	Eligible health care expenses, including dental, vision and prescription medication.	Eligible health care expenses, including dental, vision and prescription medication, now.	Eligible dependent care expenses, including adult day care centers, babysitters or nannies, summer day camp, before & after school programs, and child day care.
<b>What is the maximum amount that Gold Cross and I combined can put in this account?</b>	<b>\$2,750</b> is the IRS pretax contribution limit	<p><b>\$3,650</b> Employee-only coverage</p> <p><b>\$7,300</b> Family coverage</p> <p>If you'll be at least 55 years old in 2022, you can make an additional \$1,000 catch-up contribution.</p>	<p><b>\$5,000</b> If you are single</p> <p><b>\$5,000</b> If you are married &amp; filing jointly</p> <p><b>\$2,500</b> If you are married &amp; filing separate tax returns</p>
<b>What does the company contribute?</b>	Gold Cross does not contribute to this account.	Gold Cross will match \$2 for every \$1 that an employee contributes annually up to the following:  Employee (EE)     \$1,000 Family                \$2,000	Gold Cross does not contribute to this account.
<b>When are the funds available?</b>	Your entire contribution amount is available at the <b>beginning of the year.</b>	Your contribution amount is available as it comes out of your paycheck <b>each pay period.</b>	Your contribution amount is available as it comes out of your paycheck <b>each pay period.</b>
<b>What happens if I don't use the money during the year?</b>	You have until March 15, 2023 to submit reimbursement for any claims that occurred during 2022.	All unused funds will roll over to the next year. You can take HSA funds with you when you leave the company or retire. If you have more than <b>\$2,000</b> in your HSA, you can invest it, and any growth is generally tax free.	Any unused funds at the end of the plan year are forfeited per IRS regulations.



# preventive care guidelines

## Preventing and detecting disease early, are important to living a healthy life.

The better your health, the lower your health care costs are likely to be. Following these guidelines, along with the advice of your doctor, can help you stay healthy. Talk to your doctor about your specific health questions and concerns, and follow his or her recommendations. Preventive care visits are now 100% covered without a co-pay, or having to meet your deductible\*. For more information on preventive care, visit [healthcare.gov](http://healthcare.gov).

### Services for Adults

**Abdominal Aortic Aneurysm:** one-time screening for men of specified ages who have ever smoked

**Alcohol Misuse:** screening and counseling

**Aspirin:** use for men and women of certain ages

**Blood Pressure:** screening for all adults

**Cholesterol:** screening for adults of certain ages or at higher risk

**Colorectal Cancer:** screening for adults over 50

**Depression:** screening for adults

**Type 2 Diabetes:** screening for adults with high blood pressure

**Diet:** counseling for adults at higher risk for chronic disease

**HIV:** screening for all adults at higher risk

**Immunization:** vaccines for adults—doses, recommended ages, and recommended populations vary: Hepatitis A & B, Herpes Zoster, Human Papillomavirus, Influenza, Measles, Mumps, Rubella,

Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella

**Obesity:** screening and counseling for all adults

**Sexually Transmitted Infection:** STI: prevention counseling for adults at higher risk

**Tobacco Use:** screening for all adults and cessation interventions for tobacco users

**Syphilis:** screening for all adults at higher risk

### Services for Women

**Anemia:** screening on a routine basis for pregnant women

**Bacteriuria:** urinary tract or other infection screening for pregnant women

**BRCA:** counseling about genetic testing for women at higher risk

**Breast Cancer Mammography:** screenings every 1 to 2 years for women over 40

**Breast Cancer Chemoprevention:** counseling for women at higher risk

**Breast Feeding:** interventions to support and promote breast feeding

**Cervical Cancer:** screening for sexually active women

**Chlamydia Infection:** screening for younger women and other women at higher risk

**Folic Acid:** supplements for women who may become pregnant

**Gonorrhea:** screening for all women at higher risk

**Hepatitis B:** screening for pregnant woman at their first prenatal visit

**Osteoporosis:** screening for women over age 60 depending on risk factors

**Rh Incompatibility:** screening for all pregnant women and follow-up testing for women at higher risk

**Tobacco Use:** screening and interventions for all women, and expanded counseling for pregnant tobacco users

**Syphilis:** screening for all pregnant women or other women at increased risk

### Services for Children

**Alcohol and Drug Use:** assessments for adolescents

**Autism:** screening for children 18 - 24 months

**Behavioral:** screening for children of all ages

**Cervical Dysplasia:** screening for sexually active females

**Congenital Hypothyroidism:** screening for newborns

**Developmental:** screening for children under age 3, and surveillance throughout childhood

**Dyslipidemia:** screening for children at higher risk of lipid disorders

**Fluoride Chemoprevention:** supplements for children without fluoride in their water source

**Gonorrhea:** preventive medication for the eyes of all newborns

**Hearing:** screening for all newborns

**Height, Weight, and Body Mass Index:** measurements for children

**Hematocrit or Hemoglobin:** screening for children

**Hemoglobinopathies** or sickle cell screening for newborns

**HIV:** screening for adolescents at higher risk

**Immunization:** vaccines for children from birth to age 18 - doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus, Influenza Type B, Hepatitis A & B, Human Papillomavirus, Inactivated Poliovirus, Influenza, Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella

**Iron:** supplements for children ages 6 - 12 months at risk for anemia

**Lead:** screening for children at risk of exposure

**Medical History:** for all children throughout development

**Obesity:** screening and counseling

**Oral Health:** risk assessment for young children

**Phenylketonuria: PKU:** screening for this genetic disorder in newborns

**Sexually Transmitted Infection:** STI: prevention counseling for adolescents at higher risk

**Tuberculin:** testing for children at higher risk of tuberculosis

**Vision:** screening for all children

*\*If diagnostic services are performed during your preventive checkup, co-pays and deductibles may apply.*











# dental plan options

## Cigna is the carrier for our dental plan.

Visit [mycigna.com](https://mycigna.com) to find a provider in the network.

### Out-of-network coverage

A dentist who is “out-of-network” means the provider hasn’t agreed to negotiated rates. The plan pays benefits based on the reasonable & customary charge for a particular service. If the out-of-network provider charges more, you’ll be responsible for paying the amount that exceeds the reasonable & customary limit plus the applicable coinsurance and deductible.

	PPO LOW PLAN		PPO HIGH PLAN	
	In-Network	Out-of-Network *	In-Network	Out-of-Network *
 <b>Annual Deductible</b> January 1 - December 31	\$50 per individual \$150 per family		\$50 per individual \$150 per family	
 <b>Annual Maximum</b> January 1 - December 31	\$1,000 per individual		\$1,500 per individual	
 <b>Waiting Period</b>	None		None	
 <b>Preventive Services</b> Cleanings, exams, fluoride, and x-rays	You pay <b>0%</b> of covered services, No deductible	You pay <b>20%</b> of R&C, AD, No deductible	You pay <b>0%</b> of covered services, No deductible	You pay <b>20%</b> of R&C, AD, No deductible
 <b>Basic Services</b> Bridge & crown maintenance, endodontics, periodontics, extractions, fillings, sealants, scaling & root planing, and space maintainers	You pay <b>20%</b> AD	You pay <b>30%</b> of R&C, AD	You pay <b>20%</b> AD	You pay <b>30%</b> of R&C, AD
 <b>Major Services</b> Bridges, crowns, dentures, general anesthesia, implants, inlays, onlays, and veneers	You pay <b>60%</b> AD	You pay <b>60%</b> of R&C, AD	You pay <b>50%</b> AD	You pay <b>50%</b> of R&C, AD
 <b>Orthodontic Services</b> Children under age 19	Not Covered		Plan pays up to <b>50%</b>	Plan pays up to <b>50%</b> of R&C
 <b>Orthodontic Lifetime Maximum</b>	Not Covered		\$1,500 per individual	

AD: After Deductible

R&C: Reasonable & Customary

\* Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

EMPLOYEE COST PER PAY PERIOD				EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family	Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$13.77	\$22.42	\$28.08	\$42.91	\$22.61	\$42.84	\$53.66	\$82.00



## get on-the-go access with the mycigna mobile app

### Get the myCigna Mobile App and access your health plan anytime and anywhere you go.

Cigna realizes the only way to meet and exceed customers' needs is to be there for them - whenever and however they are needed. That's why they're continually enhancing communication with customers, including by mobile devices.

Download the app by visiting the Apple Store or Google Play.



#### Contact Cigna

[mycigna.com](https://mycigna.com) | (800) 362-4462



#### Life can be busy and complicated.

Cigna has created a simple-to-use tool that can help make your life easier while you're on the go. The myCigna Mobile App helps you personalize, organize and access your important plan information on your phone or tablet. The app has a new look and feel and it's available in Spanish too!

#### Customers can access their personal health information from their device, anytime, anywhere.

Use the myCigna Mobile App, to log in anytime, anywhere to:

- **Manage** and track claims
- **View**, fax or email ID card information
- **Find** dentists and compare cost and quality information
- **Review** your coverage



# vision plan



## Superior Vision is our vision carrier.

Visit [superiorvision.com](https://superiorvision.com) and select the Superior National Network to find an eye care provider in the network.

### SUPERIOR VISION - SUPERIOR NATIONAL NETWORK

In-Network	Out-of-Network
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	<b>Routine Vision Exams</b>		
	Ophthalmologist	<b>\$10</b> copay	Plan reimburses up to <b>\$45</b>
	Optometrist	<b>\$10</b> copay	Plan reimburses up to <b>\$39</b>
<hr/>			
	<b>Frequency *</b>		
	Vision Exams		<b>Once</b> per <b>calendar</b> year
	Frames		<b>Once</b> per <b>calendar</b> year
	Lenses		<b>Once</b> per <b>calendar</b> year
	Contact Lens Fitting Exam		<b>Once</b> per <b>calendar</b> year
	Contact Lenses		<b>Once</b> per <b>calendar</b> year
<hr/>			
	<b>Eye Glasses</b>		
	Frames	<b>\$150</b> allowance based on retail pricing	Plan reimburses up to <b>\$74</b>
	<b>Standard Plastic Lenses</b>		
	Single Vision	<b>\$10</b> copay	Plan reimburses up to <b>\$32</b>
	Bifocal	<b>\$10</b> copay	Plan reimburses up to <b>\$46</b>
	Trifocal	<b>\$10</b> copay	Plan reimburses up to <b>\$60</b>
<hr/>			
	<b>Contact Lenses <sup>1</sup></b>		
	Medically Necessary Prescription	<b>Covered in full</b>	Plan reimburses up to <b>\$210</b>
	Elective Prescription	<b>\$200</b> allowance based on retail pricing	Plan reimburses up to <b>\$100</b>
	Contact Lens Fitting Exam	<b>\$30</b> copay	Not Covered

EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$3.50	\$8.67	\$8.06	\$13.22

<sup>1</sup> Contact benefits is in lieu of lens and frame benefits — the plan only covers glasses OR contacts in a single plan year.





## utilize superior vision's broad provider network

### Vision care is a very impactful investment in overall wellness

Superior Vision offers a broad provider network. With Superior Vision, you'll enjoy:

- Benefit allowances that remain the same across the full provider network so you receive the same level of benefits regardless of the in-network provider chosen.
- More one-hour and same-day service options providing members with swift solutions to vision care.
- Freedom to choose the same or different providers for exam & materials.



#### Superior National Network

Superior Vision's nationwide network of refractive surgeons offers Superior National Network members a discount on services. These discounts may vary by provider and should be verified prior to service. Some providers in the network include:

- America's Best
- Costco Optical
- Eyeglass World
- LensCrafters
- Pearle Vision
- Shopko Optical
- Target Optical
- Visionworks
- Walmart Vision Centers

#### Create an Online Account

Log in with the user name and password you use to access your Member account on [SuperiorVision.com](https://www.superiorvision.com), or you can download the Superior Vision app from the Apple Store or Google Play. In the app or online, you can:

#### View your vision benefits

- Review your vision benefits and the benefits for any dependents
- See when you are eligible for services

#### Locate a Provider

- Find a provider in your network
- Get directions
- Call the Provider

#### Get your Member ID Card

- View your ID card full screen
- Print or email your ID card



## basic life insurance



### Life insurance can provide income protection for you and your family.

Basic Life and Accidental Death & Dismemberment Insurance is provided through The Standard to help you protect yourself and your family against worst-case scenarios.



### Basic Life Insurance

Gold Cross provides each employee with \$50,000 of Life and AD&D insurance as part of your core benefits. The company also provides \$20,000 of Basic Life for your spouse and \$10,000 of Basic Life for your children age 6 months and older (\$1,000 of coverage is provided for children under 6 months of age). These coverages are completely free to employees — Gold Cross pays the premiums. Additionally, you have the option to convert your coverage if you retire, lose eligibility or terminate your employment. This benefit is provided through Standard Insurance Company.



## voluntary life insurance

### Protect the life you are building.

Voluntary Life insurance gives you the opportunity to purchase the amount of life insurance you will need to protect your family's financial future. This is not a pre-tax benefit and the coverage is completely voluntary.



#### Voluntary Life Insurance

Gold Cross offers Voluntary Life for you and your dependents, which can be purchased through The Standard.

You may purchase additional life insurance coverage in increments of \$10,000, to a maximum of \$500,000. During your initial enrollment period, when you are first offered this coverage, you may choose a coverage amount up to \$200,000 without providing proof of good health — if you wish to elect an amount that is above \$200,000, you will need download and complete the Evidence of Insurability (EOI) form.

If you leave the company, you can take this policy with you — portability information is available from human resources. Benefits reduce beginning at age 65 — please refer to your plan documents for the full benefit reduction schedule.



#### Voluntary Dependent Life Insurance

You may purchase spouse coverage in increments of \$5,000, not to exceed 100% of the employee elected amount, or \$200,000.

During your initial enrollment period, when you are first offered this coverage, you may choose a coverage amount for your spouse up to \$30,000 without providing proof of good health — if you wish to elect an amount that is above \$30,000, you will need download and complete the Evidence of Insurability (EOI) form.

Benefits reduce beginning at age 65 — please refer to your plan documents for the full benefit reduction schedule.

Children's insurance coverage is for unmarried dependent children from live birth to age 26, subject to eligibility requirements.

Coverage is for \$2,000, \$4,000, or \$10,000 and is inclusive for all children. This means that if you have one child or many children, you pay one flat amount; however, each child is covered individually up to the coverage amount.

**Please refer to Ignite for rates.**

#### Are you a new hire?

When you first become eligible for our benefit programs, you must either enroll in or waive coverage for Voluntary Life Insurance. If you do not enroll yourself and your dependents for coverage the first time you are eligible, and you wish to enroll during a subsequent enrollment period, you will have to provide proof of good health by filling out an Evidence of Insurability (EOI) form, which may include taking a physical examination, and you may be declined coverage. Future exams will be at your cost.





## accident insurance



### Gold Cross offers these additional voluntary benefits through The Standard to help you navigate life's challenges.

The Standard's goal is to help you and your family cope with and recover from the financial stress of a serious accident or illness. These plans are not major medical insurance; they are insurance for daily living expenses and pay cash directly to you.



### Accident Insurance

This plan pays toward injury related ER visits, hospitalizations, follow up visits, physical therapy, and coverage for off-the-job accidents\*.

**Refer to Ignite for a complete list.**

- Concussion: up to **\$150**
- Chiropractic: **\$50** up to 2 days
- Knee cartilage repair: up to **\$750**
- Hospital admission: up to **\$1,000**
- Fractures: up to **\$8,000** (depending on non-surgical/surgical)
- Accidental death: **\$50,000** (employee), **\$25,000** (spouse), **\$12,500** (child)
- Pays **25%** more on youth organized sports accidents and injuries.
- No medical questions required and no policy termination age for employees or spouses.
- \$50 annual Health Maintenance Screening benefit when completing an approved test.
  - Colonoscopy
  - Mammography
  - Stress tests, and more

EMPLOYEE COST PER PAY PERIOD			
Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$4.34	\$6.90	\$8.21	\$12.85



## get support from the employee assistance program

### An employee assistance program to help you navigate life's challenges.

Intermountain Employee Assistance Program is a staff of licensed mental health professionals to help employees and their family members resolve problems.

#### Free, confidential help when you need it

- Telephone consultation available 24/7 with licensed mental health professionals
- Online chat information and services
- Referrals to supportive resources



#### Contact Intermountain EAP

[intermountainhealthcare.org/eap](http://intermountainhealthcare.org/eap)

(800) 832-7733



#### What happens at an appointment?

You or your family member will meet with a licensed, experienced counselor. Your situation will be assessed and together you will develop a plan for improvement. Counseling will continue until the problem is improved or resolved.

#### Is there a visit limit?

No, Intermountain EAP does not have a visit limit. If the assessment indicates a specialist is needed, the EAP counselor will refer you outside the EAP and help coordinate with your insurance requirements.

#### Current health and well-being information

- Managing stress
- Handling relationship issues
- Balancing work and life
- Quitting tobacco, alcohol or drug use
- Caring for children or aging parents
- Dealing with conflict or violence
- Working through grief and loss issues
- Controlling depression and anxiety
- Wellness strategies

Help is just a click or a phone call away. For more information or free counseling call Intermountain EAP. Call anytime, 24 hours a day, seven days a week, to set up an appointment.



## your employee advocate is here for you



**Diversified Insurance has a dedicated employee advocacy team to help resolve claims problems, enrollment complications, and other service related issues.**

Our Employee Advocates will work with you and your providers to ensure that each party gets their questions answered and problems resolved.

### **Our Employee Advocates can:**

- Work with carriers on billing and claim payment issues for employee medical, dental, vision, and life insurance
- Coordinate between the pharmacy and the health plan for escalated pharmacy issues
- Explain network access and payment process for in and out-of-network providers
- Work with providers to file paperwork if claims have been denied due to lack of required authorization
- Clarify the total and out-of-pocket cost for services provided
- Assist with referrals and prior authorizations
- Help with all levels of appeals
- Ensure services are being coordinated when multiple doctors or coverages are involved
- Help gain access to care and services
- Define preventive care and associated guidelines
- Assist in finding a specialist for a condition or diagnosis
- Explain benefit plan details and coverage provisions

### **Contact your Employee Advocate**

(801) 325-5075 | [calendly.com/twinslow/goldcross](https://calendly.com/twinslow/goldcross)  
[goldcross@digadvocate.com](mailto:goldcross@digadvocate.com)





# general participation guidelines and notices

Gold Cross recognizes the importance of a benefit program that provides high-level protection to employees and their families. Our comprehensive benefits program has been created to fulfill a wide range of needs and to provide an effective security net for both you and your family.

## Who is eligible?

- Full-time employees who actively work at least 30 hours per week;
- Your legal spouse or domestic partner;
- Your natural born children, current stepchildren, or legally adopted children up to age 26;
- Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

## General definitions

### Special enrollment rights (other than open enrollment)

There will be an Open Enrollment period each year. During this Open Enrollment period you will have the opportunity to renew coverage or make changes as appropriate. Changes under most plans can only be made during Open Enrollment. This is a requirement of our benefit providers and IRS regulations. However, certain qualifying status changes are allowed during the plan year (see below). If you have a qualifying change of status, the change must be submitted to your local HR/Payroll Representative within 30 days of the event, with supporting documentation. The coverage effective date will be retroactive to the qualifying change of status event date.

### A qualifying change of status occurs for the following:

- You get married, legally separated, or divorced;
- You add a dependent child through birth, adoption, or change in custody;

- Your parent/spouse or child dies which affects your coverage;
- Your work schedule permanently changes i.e., permanent reduction of hours;
- You or a dependent enroll in the Exchange during the Exchange Open Enrollment;
- Your parent/spouse begins or terminates employment which affects benefit coverage;
- Your parent/spouse loses health coverage through his/her employer, which affects your coverage;
- You receive a qualified medical child support order (QMCSO);
- Your parent/spouse's Open Enrollment may be considered a qualifying change of status.

### Or

You have a 60-day special election period for the following:

- You and/or your spouse and dependents gain or lose Medicaid and/or state CHIP coverage;
- You and/or your spouse and dependents gain or lose eligibility for the state sponsored Utah Premium Partnership Program (UPP).

### When does coverage begin for new hires?

Coverage begins on the 1st day of the month after your date of hire. You must be actively at work for your coverage to become effective.

You must complete your online enrollment within 14 days from your date of hire. If the online enrollment and appropriate forms are not completed within the stated deadline, coverage does not become effective, and you may not be eligible to enroll until the next Open Enrollment period or until you have a qualifying change of status event. Refer to the terms, conditions, and limitations defined by the carrier plan documents.

### When coverage ends

Medical, dental, and vision terminates on the last day of the month that you are employed with Gold Cross. Refer to carrier literature, summary plan descriptions, and master plan documents for specific plan provisions, limitations, and exclusions.

Coverage ends at the earliest time when any of the following changes occur:

- Your employment with Gold Cross ends;
- The group policy ends;
- You are no longer eligible under the plan;
- Your death;
- You retire;
- You enter the armed forces of any country on a full-time basis.

### Dependent eligibility verification notice

Gold Cross reserves the right to audit dependency status. The goal is to ensure that benefits are provided only to those who are eligible. This process may include a complete eligibility verification of all enrolled dependents or verifying relationship and status of new dependents registered during Open Enrollment, new hires and a qualifying change of status. You must only cover eligible dependents when you enroll in the plan offerings. For a detailed definition of an eligible dependent, refer to the **"Who is eligible"** section.



# general participation guidelines and notices

## Important notice

The benefit summaries contained in this guide are for ease of comparison. This guide provides only a summary of benefits available to eligible employees and their dependents. The information in this guide supersedes all prior guides. However, since this guide is only a summary, it does not describe every detail of the benefit programs outlined. If there are inconsistencies or discrepancies between this guide and the governing plan documents and benefit contracts, the governing plan documents and benefit contracts will control. The governing plan documents and benefit contracts are available for your review in the Human Resources Department.

Refer to the carrier's literature for specific details. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this comparison. Reasonable efforts are made to keep employees apprised of any changes in benefit plans including medical, dental, vision, life and AD&D, voluntary life, and Flexible Spending Accounts (FSA).

Gold Cross may choose to communicate certain plan documents and benefits information electronically to participants. You may obtain copies of these documents, upon written request, from Human Resources.

## Summary of benefits coverage

As a result of the Affordable Care Act (the health care reform law) all health insurance issuers are required to provide a Summary of Benefits Coverage (SBC). The SBC has a uniform glossary of terms commonly used in health insurance coverage and also uses a new, standardized plan comparison tool called "coverage examples," similar to the Nutrition Facts label required for packaged foods.

The coverage examples will illustrate sample medical situations and describe how much coverage the plan would provide. The SBC will be posted on the employee

website. If you would like a paper copy of this summary, please contact HR.

## Waiving coverage

If you and/or your dependents have appropriate benefits from an alternate source, you may choose to waive coverage.

If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other coverage, you may be able to enroll yourself and/or your dependents in this plan in the future, providing that you request enrollment within 30 days after your other coverage ends and can provide supporting documentation.

## Medical coverage assistance options

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](http://healthcare.gov).

If you or dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or [insurekidsnow.gov](http://insurekidsnow.gov) to find out how to apply.

If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-

sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled.

This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [askebsa.dol.gov](http://askebsa.dol.gov) or call 1-866-444-EBSA (3272).

## Health Insurance Marketplace

[healthcare.gov](http://healthcare.gov)

1 (800) 318-2596





# general participation guidelines and notices

## ACA notices about eligibility and coverage periods

- Gold Cross has adopted a 12 month “initial measurement period” and 12 month stability period for all new part-time, variable hour, and seasonal employees which begins as of the date of employment/start date for each new employee in these categories. The administrative period for such new part-time, variable hour, or seasonal employees who measure full-time in their initial measurement period is approximately 30 days depending on whether you started your job on the 1st of the month or in the middle of the month.
- You are being offered the opportunity to enroll yourself and your dependents (if any) in Gold Cross's health plan because you were either hired as a full-time employee or you have measured as full-time during a given, applicable measurement period.
- If you “waive” or “decline” coverage then you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.
- If you choose to enroll in coverage, the coverage period is 12 months. Federal law and Gold Cross's cafeteria plan provide very limited situations in which you will be allowed to dis-enroll in healthcare coverage during your 12-month coverage period. Therefore, if you change your mind after your coverage begins, you will not be allowed to cancel your coverage unless you meet one of the situations allowed by law or in our plan.

## Women's health and cancer rights act enrollment notice

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurances applicable to other medical and surgical benefits provided under this plan.

## Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. In general, health insurers and Health Maintenance Organizations (HMOs) may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. If you deliver in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery.

If you deliver somewhere other than the hospital and you are later admitted to the hospital in connection with the childbirth, the period begins at the time of admission.

Also, a health insurer or HMO cannot require you or your attending provider to obtain prior authorization for your delivery or show that the 48-hour (or 96-hour) stay is medically necessary. However, a health insurer or HMO may require you to get prior authorization for any portion of stay after the 48 hours (or 96 hours).

## Privacy policy

### Summary of privacy practices

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed in the administration of your claims, and of certain rights you have.

### Our pledge regarding medical information

The company is committed to protecting your personal health information. As required by law, we:

1. make sure that any medical information that identifies you is kept private;
2. provide you with rights with respect to your medical information;
3. give you a notice of our legal duties and privacy practices; and
4. follow all privacy practices and procedures currently in effect.

### How the company may use and disclose medical information about you

Any use and disclosure of your medical information requires your written authorization. Your personal health information may be used and disclosed without your permission to facilitate your medical treatment, for payment of any medical treatments, and for any other health care operation. Your personal health information may be disclosed without your permission as allowed or required by law. You cannot be retaliated against if you refuse to sign an authorization or revoke an authorization you had previously given.



## general participation guidelines and notices

### Your rights regarding your medical information

You have the right to inspect and copy your medical information, request corrections of your medical information and to obtain an accounting of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communication about your medical information be made in different ways or at different locations.

### Michelle's Law

A new federal law allows continued coverage for seriously ill college students. A college student will be able to maintain health care eligibility for up to one year after full-time student status is lost due to medically necessary leave of absence from school.

### Genetic Information Nondiscrimination Act (GINA)

Under this federal law, group health plans are prohibited from adjusting premiums or contribution amounts for a group based on genetic information. A health plan is also prohibited from requiring an individual or his/her family member to undergo a genetic test, although the plan may require that a voluntary test be taken for research purposes.

### Mandatory insurer reporting law

This law took effect 1/1/2009 and is part of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA). Under this federal law, providers of group health plans are required to report certain information to the Secretary of Health and Human Services to determine Medicare entitlement. As such, employees are required to provide social security numbers for all dependents enrolled in the medical plan. You will be asked to enter social security numbers for all dependents you cover on your medical plan.

### Patient Protection and Affordable Care Act (ACA)

Pursuant to the Patient Protection and Affordable Care Act (ACA) and its applicable regulations, Gold Cross offers eligible employees affordable, minimum essential health care coverage that meets minimum value. This guide and the enrollment forms are your offer of coverage. If you decline or waive this coverage, you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.

### Medicare Part D creditable coverage notice

#### Important notice from Gold Cross about your prescription drug coverage and medicare

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

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

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription

Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

- Gold Cross has determined that the prescription drug coverage offered by the Gold Cross Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When can you join a medicare drug plan?

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

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

### These are only summaries. Full statements are available from Human Resources.





The information in this guide has been provided for you by:



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