



A GUIDE TO YOUR 1/1/2024—12/31/2024

Employee Benefits

PART TIME EMPLOYEES



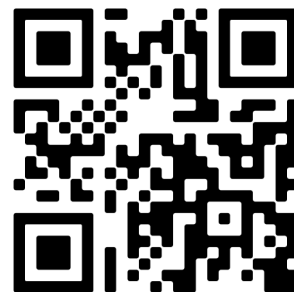
Your Benefit Advocate

You have an insurance advocate at **Intrepid** to help you get the most from your insurance plans

Call whenever you or a member of your family:

- Need help solving a benefit related problem
- Have a question about a benefit
- Have questions regarding a bill
- Need further clarification on an insurance matter
- Believe that your claim has not been paid properly
- Need a new ID card
- Need to appeal an insurance judgement

Your dedicated Benefit Advocate, Corrinne, can be reached by phone or text at **303-293-6672** or by email at **advocate@intrepidbenefits.com**



Introduction

Welcome!

This booklet is an overview of the benefits offered to you. We partner with Intrepid to administer our comprehensive benefits package. We believe we are providing a program that offers not only quality and value, but one that satisfies the diverse needs of our workforce.

This booklet is just a summary of your benefit plans. Refer to your SBC, SPD and Plan Document for plan details. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

Eligibility

Eligible Employee

Eligible employees are those who are not in a temporary status and who are regularly scheduled to work at least **twenty-four (24)** hours per week.

Eligible Dependent

You also have the option to enroll your eligible dependents which include:

- Your legal spouse, civil union partner* or domestic partner*
- Your children up to age 26

*If adding a civil union partner or domestic partner, note that benefits will be deducted on a post-tax basis and any employer spousal contribution will be considered taxable income to you, unless your partner meets the definition of a tax dependent under Section 152 of the IRS code.

How To Enroll

Go to www.IntrepidBenefits.com.
Click on **Employee Navigator** in the top right.
Click on **Login** underneath Employee Navigator.

If you have already registered, log in with your personal username and password. Usernames are typically your work email address, unless you changed it.

If you have forgotten your password, click on **Forgot Password**.

If you have not registered yet, select **Register as a new user**. You will need to enter the following information:

- Name: make sure you enter your legal first and last name
- Company Identifier: **TCHC**
- Last four digits of your social security number
- Birth date

Create a username (or leave as your work email) and password. Password rules:

- Must be at least 6 characters
- Must contain a symbol
- Must contain a number

Select **Let's Begin**. Elect **Start Enrollment** and then **Get Started**. Review and enter any missing personal information.

To complete enrollment, you should have readily available the following important information when making your elections:

- Social security numbers for all enrolling family members and beneficiaries
- Dates of birth for all enrolling family members

The system will guide you through all coverage options after confirming personal information and entering dependent information. For each benefit offered you need to **Select** a plan or select **Don't want this benefit**. You must hit **Save & Continue**. Once you **Save & Continue**, you can stop and log back in to complete at a later point.

Once you have completed all benefit elections **Click to Sign** to finalize. Your enrollment is not complete until you **Click to Sign**. You will receive an email stating your benefit enrollment is complete.



Enrollment

New Employees

You become eligible for benefits the first of the month following your date of hire. You must enroll yourself and your dependents within 30 days.

Open Enrollment

Employees who did not enroll at their initial eligibility period or who previously waived coverage for themselves and/or their dependents can take advantage of the open enrollment period. Our plan year runs January 1 through December 31. You have the once-a-year opportunity to enroll in or make changes to your benefits during open enrollment.



Changes During the Year

Choose your benefits carefully. Medical, dental, vision, and reimbursement account contributions are made on a pre-tax basis. Therefore, per IRS regulations changes to benefit elections cannot be made unless you experience a qualified life event. Qualified life events include, but are not limited to:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse, domestic partner or child
- Change in your residence that causes a change in the plans available to you
- Loss of dependent status (such as attainment of age 26)
- Involuntary loss of coverage through a spouse's health plan due to spouse's change in employment status
- Eligibility for premium assistance under Medicaid or CHIP
- Termination of Medicaid or CHIP coverage
- Eligibility for Medicare

You must contact Human Resources within 30 days of the Qualifying Family Status Change if you wish to change your benefit elections. With eligibility for Medicaid or CHIP or termination of Medicaid or CHIP, you have 60 days to contact HR. Written documentation supporting your eligibility to make changes may be required. Contact HR via email at HR@tepeyachealth.org

Medical Plan Information

Kaiser medical plan network

With a Kaiser medical plan you will only receive benefits when using an in-network provider except in some emergency situations. **To view a list of providers you can visit www.kp.org.**

Kaiser Mobile App & www.kp.org

With Kaiser's mobile app, or at kp.org, you can access care, view most lab and test results, schedule appointments, pay bills and more. No matter which care option you choose, Kaiser Permanente clinicians have your health information at their fingertips.

With the Kaiser Permanente app, you can easily:

- Email your doctor's office or Member Services with nonurgent questions
- Schedule, view, and cancel routine appointments
- See information about past visits
- Fill or refill most prescriptions
- View your medical history
- Choose a doctor
- Find facilities and pharmacies near you
- Get care in a way that works for you — online, by phone, or in person
- Access your digital membership card to check in for appointments, pick up prescriptions, and more
- Get personalized reminders and health information as soon as they're available

Download the Kaiser App or visit www.kp.org

If you don't have a kp.org account, set one up at kp.org/registernow. Once your online account is set-up, you can access the app.



Key Terms to Remember

Plan Year

Refers to timeframe of January 1 through December 31

Calendar Year

Refers to timeframe of January 1 through December 31

Annual Deductible

Your annual deductible is the amount you have to pay each year before the plan starts paying a portion of medical expenses. Some services, such as office visits, require copays and do not apply to the deductible. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each one-person also has a limit on their own individual accumulated expenses.

Copays and Coinsurance

These expenses are your share of cost paid for covered services. Copays are a fixed dollar amount and are due at the time you receive care. Coinsurance is the percentage of covered expenses shared by you and the plan. In some cases, coinsurance is paid after the deductible has been met.

Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100% of expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the deductible.

Preventive Care Services

Preventive care services are those that are linked to routine wellness exams and screenings. Non-preventive services are those that are considered diagnostic or treatment for an illness, injury, or other medical condition.

If you go in for a Preventive Screening and a condition is found, it is no longer Preventive and will be billed as Diagnostic (and not covered at 100%).

Preventive care is covered at 100% in-network. The US Preventive Services Task Force maintains a list of preventive services that all Health Care Reform compliant plans should cover at 100% for in-network providers. Preventive services vary based on age and codes provided by your physician. Be sure to verify coverage and benefits first.

The following is a list of common services that are included:

- Routine physical exam
- Well baby and child care
- Immunizations
- Bone density tests
- Cholesterol screenings
- Mammograms
- Pap smears/pelvic exams
- Colonoscopies
- Prostate test
- Lab procedures
- Screenings for HIV, HPV, & domestic violence
- Breastfeeding supplies
- Contraceptive drugs and devices
- Smoking cessation



Medical Plan Benefits

Features	Base Plan Bronze 6250 HSA	Mid Plan Silver 4000	Buy Up Plan Gold 1500
Provider Network	Kaiser CO HMO	Kaiser CO HMO	Kaiser CO HMO
Calendar Year Deductible	\$6,250 individual \$12,500 family	\$4,000 individual \$8,000 family	\$1,500 individual \$3,000 family
Coinsurance	You pay 35%	You pay 35%	You pay 20%
Out of Pocket Maximum <i>(includes deductibles, copays and coinsurance)</i>	\$7,500 individual \$15,000 family	\$9,450 individual \$18,900 family	\$7,500 individual \$15,000 family
Office Visit Copay	Medical deductible then: \$50 PCP / \$70 Specialist	\$50 Primary Care Physician \$85 Specialist	\$25 Primary Care Physician \$65 Specialist
Virtual Visit	100% covered after deductible	100% covered	100% covered
Preventive Visit Copay	100% covered	100% covered	100% covered
Mental Health/Substance Abuse - Outpatient	\$50 copay after deductible	\$50 copay	\$25 copay
Mental Health/Substance Abuse - Inpatient	You pay 35% after deductible	You pay 35% after deductible	You pay 20% after deductible
Inpatient Hospital	You pay 35% after deductible	You pay 35% after deductible	You pay 20% after deductible
Outpatient Surgery in a Hospital	You pay 35% after deductible	You pay 35% after deductible	You pay 20% after deductible
Outpatient Surgery in an ASC*	You pay 25% after deductible	You pay 25% after deductible	You pay 10% after deductible
Outpatient Lab & X-ray	You pay 35% after deductible	You pay 35% after deductible	You pay 20% after deductible
Imaging/MRI/CT/PET Scans	You pay 35% after deductible	You pay 35% after deductible	You pay 20% after deductible
Emergency Room	You pay 35% after deductible	You pay 35% after deductible	You pay 20% after deductible
Urgent Care	\$150 copay after deductible	\$100 copay	\$75 copay
Prescription Drug Copays			
Retail Pharmacy (30 days)	35% after deductible	\$15/\$75/\$450/\$500	\$15/\$80/\$400/\$500
Mail Order (90 day supply)	35% after deductible	\$30/\$150/\$900	\$30/\$160/\$800
Out of Network Benefits	NO Coverage except Emergency Care	NO Coverage except Emergency Care	NO Coverage except Emergency Care

*ASC = Ambulatory Surgery Center

- Kaiser does not cover Out of Network care except for life or limb-threatening emergencies.
- Office Visits, Urgent Care and Emergency Room: if procedures are performed during a visit, additional charges may apply.
- Prescription tiers are based on clinical evidence and assessed value.

Know Before You Go

Type	Appropriate for	Conditions Treated	Access	Cost
Virtual Visits	See a doctor from anywhere, anytime. Connect with a board-certified nurse or physician via video or phone.	<ul style="list-style-type: none"> Identifying symptoms Decide if immediate care is needed Home treatment options and advice Colds, flu, sore throat, fever, allergies Headaches & stomach-aches Rashes or acne 	24/7 365 Days	\$
Convenience Care	For minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies.	<ul style="list-style-type: none"> Cold, flu, allergies Headache, migraine Skin conditions, rashes Minor injuries Mental health concerns 	Office Hours Often Nights & Weekends	\$
Healthcare Provider Office Visit	Routine medical care and overall health management. Care from the provider that may know you the best. PCP's and specialists. Some providers may also offer virtual visits.	<ul style="list-style-type: none"> General health issues Preventive care Routines check-ups Vaccinations, Screenings Illnesses, injuries Managing existing conditions 	Office Hours	\$\$
Urgent Care, Walk-In Clinic	Non-life threatening conditions requiring immediate attention. Staffed by nurses and doctors and usually have extended hours.	<ul style="list-style-type: none"> Stitches Minor cuts, sprains, burns, and rashes Animal bites Ear-nose-throat infections Headaches Joint pain Minor respiratory symptoms UTI's 	Office Hours, or up to 24/7	\$\$\$
Emergency Room	Life or limb-threatening conditions requiring immediate medical expertise.	<ul style="list-style-type: none"> Suspected heart attack or stroke Major bone breaks Head injury, major trauma Excessive bleeding Severe pain Difficulty breathing Seizure or loss of consciousness 	24/7	\$\$\$\$\$

Care Options (Type) are listed from least (\$) to most (\$\$\$\$\$) expensive. The above illustration is not all-inclusive and is for informational purposes only. Associated costs will vary depending on medical plan selection and provider contracts.

Health Savings Account (HSA) Information

The most important aspect of a High Deductible Health Plan (HDHP) is the opportunity to contribute to an HSA.

An HSA is a personal bank account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Funds in your HSA can be used for your expenses and those of your spouse and eligible dependents, even if they are not covered by the HDHP.

- Eligible expenses include deductibles, copays, prescription drugs, dental and vision expenses, and more.
- Visit www.irs.gov for a current list of eligible expenses (Publication 502)

Money deposited in the account stays with you and unused balances roll over from year to year.

HSA Eligibility Requirements

You are eligible to participate in an HSA if you are:

1. Enrolled in a HDHP plan.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a medical spending account through an FSA, even through a spouse's plan, you cannot contribute to an HSA account unless the FSA is a "limited purpose" plan.

The HSA election is for January 1—December 31

If you enroll on the **Base Plan Bronze 6250 HSA** you are eligible to open an HSA account with **Rocky Mountain Reserve (RMR)**, with UMB Bank as the custodial bank. After you elect pre-tax contributions and complete your enrollment online, you will receive an enrollment email from RMR. Follow the instructions in the email to create an account with RMR, and accept/sign the HSA terms and conditions, as well as setup beneficiaries.

****NEW THIS YEAR: Your HSA is funded by your own pretax contributions as well as contributions from your employer.** You determine how much you will contribute to your account in addition to the amount contributed by Tepeyac

Tepeyac will contribute the following amounts to the HSA account:

Employee: **\$1,000**
Employee + Spouse: **\$1,500**
Employee + Child(ren): **\$1,500**
Family: **\$2,500**

For **2024**, the maximum HSA contributions are:

- Single coverage contribution limit **\$4,150**
- Family coverage contribution limit **\$8,300**
- Individuals **age 55 and over** can contribute an additional **\$1,000**

Employer HSA contributions will be dispersed evenly over 24 pay periods.

NOTE: Combined contributions (Employee + Employer) cannot exceed the maximum amounts as noted above.

Flexible Spending Account (FSA)

The FSA offers you a way to save money by allowing you to pay for certain types of expenses on a pre-tax basis. There are two flexible spending accounts:

- Medical Reimbursement Account
- Dependent Care Reimbursement Account

During Open Enrollment, you decide how much you want to contribute to either or both accounts. Your FSA contributions are deducted from your paycheck in equal amounts during the year. Because contributions are made before taxes are withheld, they are not subject to Social Security tax, federal income tax, and in most cases, state or local income taxes.

You cannot change your contribution amounts during the plan year unless you have a “qualified status change.”

The IRS has a strict “Use it or lose it” rule that applies to FSAs. You must use the full amounts you deposited in each account to pay for eligible expenses you incur during the plan year or you will forfeit any remaining balance.

You should save all bills and receipts for eligible health care and dependent care expenses to use as proof of payment for reimbursement through the FSA. The IRS has a rule that states every expense or transaction from an FSA must be substantiated, so you may receive a request to submit documentation after you use your FSA benefits card.

To access your FSA information online, visit www.rockymountainreserve.com

The FSA plan year is January 1—December 31

Medical Reimbursement Account

- Used for most health, dental and vision care expenses (copayments, deductibles, eyeglasses, etc.)
- \$3,200 max election per calendar year
- Visit www.irs.gov for a current list of eligible expenses (Publication 502)
- This plan includes the Rollover option. You are allowed to roll over up to \$610 of unused account balance remaining at the end of the 2023 plan year and \$640 at the end of the 2024 plan year.

Limited Purpose Reimbursement Account

- If you open an HSA account, you can only participate in a Limited Purpose Medical Reimbursement Account to be used for dental and vision expenses only and not for health care expenses.
- This plan includes the Rollover option. You are allowed to roll over up to \$610 of unused account balance remaining at the end of the 2023 plan year and \$640 at the end of the 2024 plan year.

Both the Medical and Limited Purpose Reimbursement Accounts have a 90 day run-out. This means you have until March 31st, 2024 to submit claims for reimbursement that were incurred in 2023 and until March 31st, 2025 to submit claims for reimbursement that were incurred in 2024.

Dependent Care Reimbursement Account

- Used for dependent care expenses (daycare, after-school programs, or eldercare programs) so you and your spouse/domestic partner can work or go to school full-time
- \$5,000 max election per calendar year
- This plan includes a 75 day Grace Period through March 15th. This means you will have until March 15th, 2025 to incur eligible expenses and be reimbursed with your 2024 funds.

Kaiser Virtual Visits

Get access to care 24/7 with virtual visits. Whether you're at work, home or traveling, a virtual visit lets you talk to a Kaiser Permanente Doctor by phone, chat, email or video from your mobile device or computer without an appointment.

Request care

There are two ways to access care:

1. Go to kp.org/getcare
2. Download and visit the Kaiser mobile app on your phone or tablet

- **Phone Visit:** Schedule a phone call appointment with your Doctor. There is no copay.
- **Email:**—Message your doctor's office with non-urgent questions anytime. There is no copay.
- **E-Visit:**—Online consultations are available for some medical conditions. Fill out an online questionnaire and a registered nurse at Kaiser will call or email you to provide helpful guidance, recommend a doctor visit, or help order any necessary prescriptions. Learn more at kp.org/appointments. There is no copay.
- **Video Visit:**—Meet face-to-face online with a Doctor on your computer, smartphone or tablet for minor conditions or follow up care. There is no copay.
- **Chat:**—Connect with a Kaiser doctor for real-time medical advice and triage. Log in to kp.org and click "Chat." There is no copay.

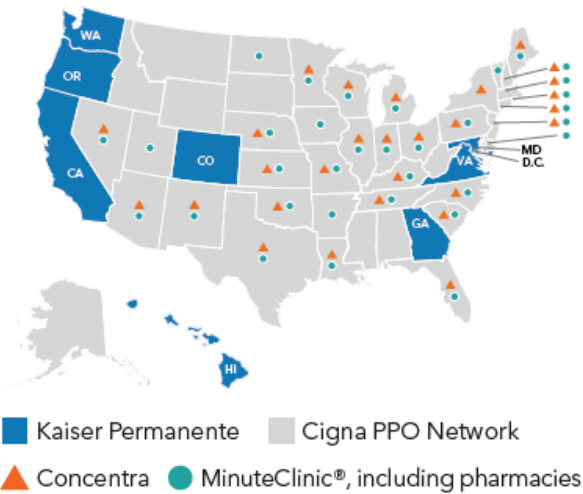
Traveling, You're Covered!

If you are traveling away from home, you have options! Members can get care anywhere in the U.S, even if you are not in a state that has Kaiser facilities. Options for coverage include:

- Minute Clinic inside a CVS pharmacy
- Any Concentra Facility
- Any urgent care or emergency room that is participating in the Cigna PPO network

To get help finding care away from home you can contact the Away from Home Travel Line at 951-268-3900 for travel support anytime, anywhere.

Find a facility



DispatchHealth

DispatchHealth provides on-demand healthcare in the convenience of your home and helps you to avoid unnecessary trips to the ER.

Request care

The DispatchHealth team provides care from 7am to 10pm, 365 days a year, including holidays. Verify your place of care is within DispatchHealth's service area. There are two ways to request care:

1. Call 303-500-1518
2. Go to the website dispatchhealth.com

Explain Symptoms

Their providers will triage symptoms over the phone to understand what's wrong and get the right care en route.

Receive Care In The Home

On average, their mobile teams arrive within an hour.

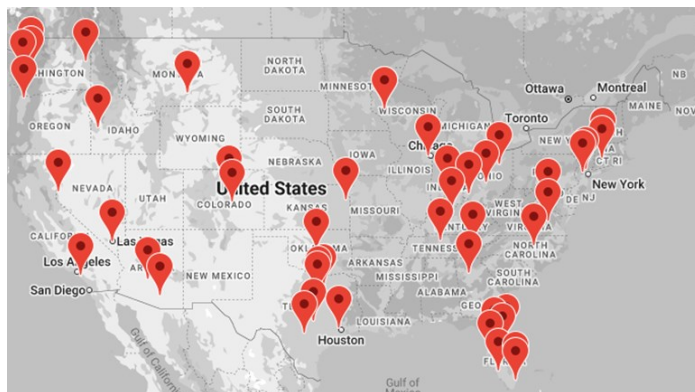
Rest Easy

They will call in prescriptions, update the family doctor, and handle billing with health insurance.

Things They Treat

They are ER trained and equipped to treat anything an Urgent Care facility can, plus more:

- Pains, strains, cuts, wounds
- Fever, flu, nausea
- Headaches, migraine
- Urinary tract infection
- Sore throat
- Sinus infection
- Nosebleed
- Ear infection
- Eye infection, pinkeye, object in the eye
- Vertigo, weakness
- Diarrhea, constipation, vomiting
- Stitches, splinting
- Blood testing
- Rashes, hives, allergic reactions
- Asthma attacks
- And more...



- Arizona
- California
- Colorado
- Connecticut
- Florida
- Georgia
- Idaho
- Illinois
- Kansas
- Kentucky
- Massachusetts
- Montana
- Nevada
- New Jersey
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Tennessee
- Texas
- Virginia
- Washington
- Wisconsin

Dental Plan Benefits

We offer you and your family two dental plan options through **Principal**. The level of benefits you receive depends on whether you use a provider within the **Principal Plan PPO** network. When you use a Principal Plan PPO provider, you'll receive a higher level of benefit than if you use an out-of-network provider. To view a list of providers you can visit www.principal.com/dentist and select Principal Plan PPO network.

Base Plan

Features	PPO Dentist	Out-of-Network
Calendar Year Deductible	\$50 individual / \$150 family	
Annual Maximum	\$1,000 per person	
Preventive Services Oral exam, cleanings, x-rays, sealants & fluoride for children	100% covered no deductible	80% of MAC covered no deductible
Basic Services Fillings, emergency exams, periodontics, endodontics	You pay 20% after deductible	60% of MAC covered after deductible
Major Services Crowns, bridges, dentures, complex oral surgery	You pay 50% after deductible	50% of MAC covered after deductible
Orthodontic Services	Not Covered	

Buy Up Plan

Features	PPO Dentist	Out-of-Network
Calendar Year Deductible	\$50 individual / \$150 family	
Annual Maximum	\$1,500 per person	
Preventive Services Oral exam, cleanings, x-rays, sealants & fluoride for children	100% covered no deductible	100% of UCR covered no deductible
Basic Services Fillings, emergency exams, periodontics, endodontics	You pay 20% after deductible	80% of UCR covered after deductible
Major Services Crowns, bridges, dentures, complex oral surgery	You pay 50% after deductible	50% of UCR covered after deductible
Orthodontic Services (children to age 19 only)	You pay 50% no deductible	50% of UCR covered no deductible
Orthodontia Lifetime Maximum	\$1,500	

MAC = Maximum Allowable Charge. Out-of-network claim payments are based on the amounts agreed to by the network dentist/negotiated fee.

UCR = Usual, Customary and Reasonable. Out-of-network benefits will be based on the 90th percentile of usual and customary.

If you see an out-of-network provider and the provider charges more than the MAC or UCR, you will be responsible for the difference in the dentist's full charge and the MAC/UCR (balance billing).

Vision Plan Benefits

We offer you and your family a vision plan through **Principal** using the **VSP Choice** network. The level of benefits you receive depends on whether you use a provider within the VSP Choice network. When you use a VSP provider, you'll receive a higher level of benefit than if you use an out-of-network provider. To view a list of providers, you can visit www.vsp.com.

Features	Principal using the VSP Choice network
Frequency: Exam Lenses or Contacts Frames	Once every 12 months Once every 12 months Once every 24 months
Exam Copay	\$10 Contact lens exam, fitting and evaluation copay may be higher than the standard exam copay
Prescription Glasses Copay	\$25
Standard Lenses	Single vision: \$25 copay Lined bifocal: \$25 copay Lined trifocal: \$25 copay Lens enhancements, such as progressive, anti scratch and anti reflective may have higher copays
Frames	\$150 allowance 20% off amount over your allowance
Contacts (in lieu of glasses)	\$150 allowance Contact Lenses can be received in lieu of glasses and covered up to the allowance
Laser Vision Correction	15% discount off the regular price or 5% off the promotional price

If you see an out-of-network provider, you'll typically pay more out of pocket. You'll pay the provider in full and must submit a claim to **VSP** for partial reimbursement less copays.



Intrepid Discount Marketplace

Enjoy discounts, rewards and perks!

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors
- And More!

It's easy to start saving:

Step 1:

Visit <https://intrepidco.benefithub.com>

Step 2:

Enter in referral code: RK34EK

Step 3:

Enter your email address to create an account

Questions? Call 1-866-664-4621 or email customercare@benefithub.com



IDShield

Have you ever?

- Worried about being a victim of Identity Theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information online
- Feared the security of your medical information
- Been pursued by a collection agency

IDShield's membership includes:

- **Monitoring and Restoration** for all areas of Identity Theft (not just credit).
- **Licensed Private Investigators** handle restoration on behalf of participants so that they can stay on the job and save time & stress when an Identity Theft incident occurs.
- **\$3 Million Insurance Policy** for recovery of funds: bank accounts, credit cards, 401K/403B, HSA/FSA and more. Reimbursement for any personal time needed for restoration including: legal, time off work, childcare/eldercare, transportation and more.
- **Monitoring** for: buying/selling of PII (Personally Identifying Information), credit, social media, loans and more.
- **Trend Micro Software** to protect online: Anti-Virus/Malware, VPN (Government level encryption on public WiFi), Password Manager, and Parental Internet Controls.

LegalShield

Have you ever?

- Needed your will prepared or updated
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Signed a contract
- Received a moving traffic violation
- Had concerns regarding child support

LegalShield's membership includes a Dedicated Law Firm to help with:

- **Unlimited Personal Legal Advice** by your state's Provider Law Firm for everyday life situations: from the trivial to the traumatic.
- **Free Comprehensive Will Package** by Estate Planning Attorneys (Will, Living Will, Health Care POA, Financial POA and Minor Child Trust) for you, your spouse/significant others and dependents over age 18. Free yearly updates.
- **Legal work on behalf of participants:** letters/ phone calls by the law firm to resolve personal issues, review of contacts/documents (leases, mortgages, car purchase contracts), and representation (traffic tickets, law suits, IRS audits, Uncontested Family law (divorce, adoption & name change).
- **Peace of mind** knowing you always have a resource to call. 24/7 Emergency Access and much more!

IDShield and LegalShield Continued

Financial Wellness Counseling:

When enrolled in both LegalShield and IDShield:

- Debt management, Financial budgeting, How to build credit
- How new credit report entries can impact credit ratings, loans and interest rates
- Home buying coaching, Mortgage risks and education
- How debt settlement affects credit score
- Understanding credit card APR and more

MemberPerks:

Included with either LegalShield or IDShield:

- Discounts on 7 pet insurances (Nationwide, Pets Best, etc. and virtual vet visits)
 - Discounts on eyeglasses, contacts and Lasik (Lingo, Ray-Ban, 800-contacts) HSA/FSA approved!
 - Discounts on orthodontic aligners (Byte, Smile Direct, Candid) HSA/FSA approved!
 - Discounts on Movies, Concerts, travel, restaurants
 - Discounts off of Sam's Club or Costco Memberships
 - Grocery Coupons/Local Discounts
 - Discounts off Childcare, Eldercare, and Universities
 - Rotating weekly deals and more!
-

Your Costs

Employee Medical, Dental and Vision contributions are deducted per pay period on a pre-tax basis. There are 24 pay periods per year.

For Medical, Dental, and Vision Coverage, Tepeyac pays 50% of the Employee cost and 55% of the Dependent Cost. Employees pays the full cost for LegalShield/IDShield. Your Per Pay Period Employee Responsibility is listed below.

Kaiser Medical	Per Pay Period Cost		
	Base Plan Bronze 6250 HSA	Mid Plan Silver 4000	Buy Up Plan Gold 1500
Employee Only	\$108.39	\$120.91	\$141.34
Employee + Spouse	\$205.95	\$229.73	\$268.55
Employee + Child(ren)	\$191.31	\$213.41	\$249.47
Employee + Family	\$288.87	\$322.22	\$376.68

Principal Dental	Per Pay Period Cost	
	Base Plan	Buy Up Plan
Employee Only	\$7.72	\$12.40
Employee + Spouse	\$13.63	\$21.12
Employee + Child(ren)	\$17.49	\$31.62
Employee + Family	\$24.57	\$42.62

Principal Vision through VSP Choice	Per Pay Period Cost	
	Employee Only	Employee + Dependent(s)
Employee Only	\$2.31	
Employee + Spouse	\$3.86	
Employee + Child(ren)	\$4.64	
Employee + Family	\$6.65	

LegalShield/IDShield	Employee Only	Employee + Dependent(s)
LegalShield Only	\$9.48	\$9.48
IDShield Only	\$4.48	\$9.48
LegalShield/IDShield Combined	\$13.95	\$16.95

Contact Reference Sheet

Refer to this list when you need to contact one of your benefit vendors. For general information contact your Human Resources Department or our Intrepid Benefit Advocate.

For questions about...	Contact...	Call...	Or Email/Visit...
Benefits and Enrollment	Intrepid Employee Benefit Advocate	303-293-6672 direct line 800-289-6467 toll free 303-295-6479 fax	advocate@intrepid-co.com
Medical	Kaiser Group #42822	303-338-3800	www.kp.org
Dental	Principal Group #1134352	800-247-4695 toll free	www.principal.com/dentist
Vision	Principal / VSP Group #1134352	800-877-7195 toll free	www.vsp.com
LegalShield/IDShield	Mindy Rogers	720-217-9934	mindyr@legalshieldassociate.com
HSA & FSA	Rocky Mountain Reserve	888-722-1223 toll free	www.rockymountainreserve.com
Tepeyac	HR Team	303-458-5302	HR@tepeyachealth.org



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