Imagine!

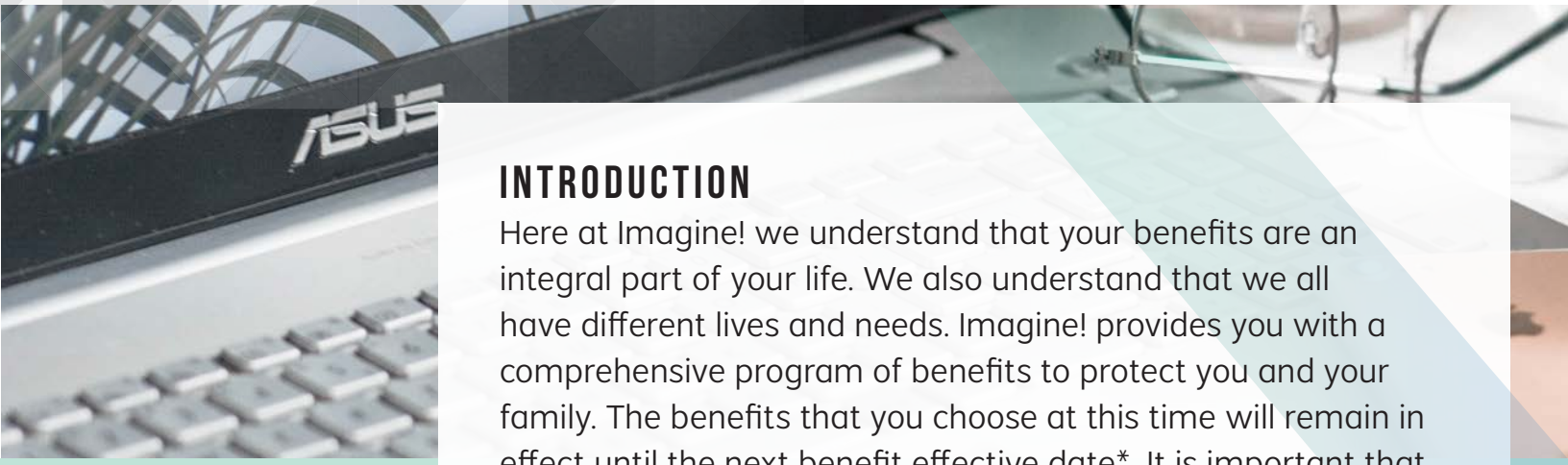
2022

A guide to your

EMPLOYEE BENEFITS

What's Inside

Your Employee Benefit Handbook



INTRODUCTION

Here at Imagine! we understand that your benefits are an integral part of your life. We also understand that we all have different lives and needs. Imagine! provides you with a comprehensive program of benefits to protect you and your family. The benefits that you choose at this time will remain in effect until the next benefit effective date*. It is important that you understand your benefit options in order to make informed decisions. This guide contains a brief description of the plans available to you and your family members, and how to enroll online. Here is a quick look at your options.

BENEFITS PACKAGE

- Comprehensive Medical Plan
- Vision Plan
- Competitive Dental Plan
- Company paid Basic Life and AD&D Insurance
- Voluntary Life Insurance
- Company paid Long Term Disability Benefits
- Company-sponsored 403(b) Retirement Savings Plan
- Flexible Spending Accounts
- Childcare Discount Program
- Employee Assistance Plan
- EcoPass
- Wellness Benefit
- Credit Union
- Wells Fargo at Work Program
- Pet Insurance
- Generous Sick and Vacation Time

	COMPANY PROVIDED	YOU CAN ENROLL NOW*	WHO PAYS
Medical Plan	✓	Yes	Imagine! + You
Vision Plan	✓	Yes	You
Dental Plan	✓	Yes	You
Flexible Spending Accounts	✓	Yes	You
Basic Life and AD&D	✓	Automatic	Imagine!
Voluntary Life	✓	Yes	You
Long Term Disability	✓	Automatic	Imagine!
403(b) Retirement Plan	✓	Yes	Imagine! + You
Employee Assistance Plan (EAP)	✓	Automatic	Imagine!
EcoPass	✓	Yes	Imagine!
Wellness Benefit	✓	Yes	Imagine! + You
Pet Insurance	✓	Yes	You

*Once you meet company eligibility requirements or have a Qualified Status Change.

WHO IS ELIGIBLE?

Full-time employees regularly scheduled to work 30+ hours per week, and part-time employees regularly scheduled to work 20-29 hours per week are eligible for benefits. Eligible dependents are your legal spouse and dependent children.

MAKING CAREFUL CHOICES

When you make a benefit election, it will remain in effect for the Entire plan year (January 1 through December 31). You may be able to make limited changes to your elections if you experience a "Qualifying event" and the change is consistent with your change in family status.

Qualifying Events include:

- Marriage, divorce or legal separation
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death or reaching the dependent child age limit.
- Significant changes in employment or benefit coverage that affect you or your spouse's benefit eligibility.

You only have 30 days from the date of the qualifying event to request a change. You will not be able to make the change if you miss this deadline.

ONLINE ENROLLMENT

EASY STEPS TO BENEFITS ENROLLMENT ONLINE

Enrollment via Imagine!'s employee Self Service is easy and convenient and can be completed in just a few minutes. You can enroll at home or work 24 hours a day/7 days a week during your enrollment window.

Access Imagine!'s employee Self Service portal at **https://www.dayforcehcm.com/mydayforce/login.aspx**. You can also find this link on Imagine!'s website, under "Resources for Employees". Click on Dayforce HCM. If you have not previously logged in to Dayforce and established your login credentials, your user name is your employee clock number and your temporary password is your birth year plus imagine in lowercase (1985imagine). Once logged in please follow the steps below.

1. Click **My Benefits** and select **Benefit Enrollment**. This screen displays the new hire enrollment banner.
2. Click on the banner to start the enrollment. The introduction and your personal profile will then appear.
3. Complete all sections under your profile, including dependent and beneficiary information.
4. Review your benefit selections and make changes if necessary.
5. **Print summary for your record**.
6. Submit.
   Note: Your enrollment is not complete until it is submitted.

Medical

Somebody get me a doctor

Imagine! offers two Kaiser plan options, a DHMO Plan and a Multi-Choice Point of Service (POS) Plan. Benefits and rates are different between the two medical plan offerings, so please review the benefit highlights and rate sheet to determine which program best suits your and your family's needs.

DHMO

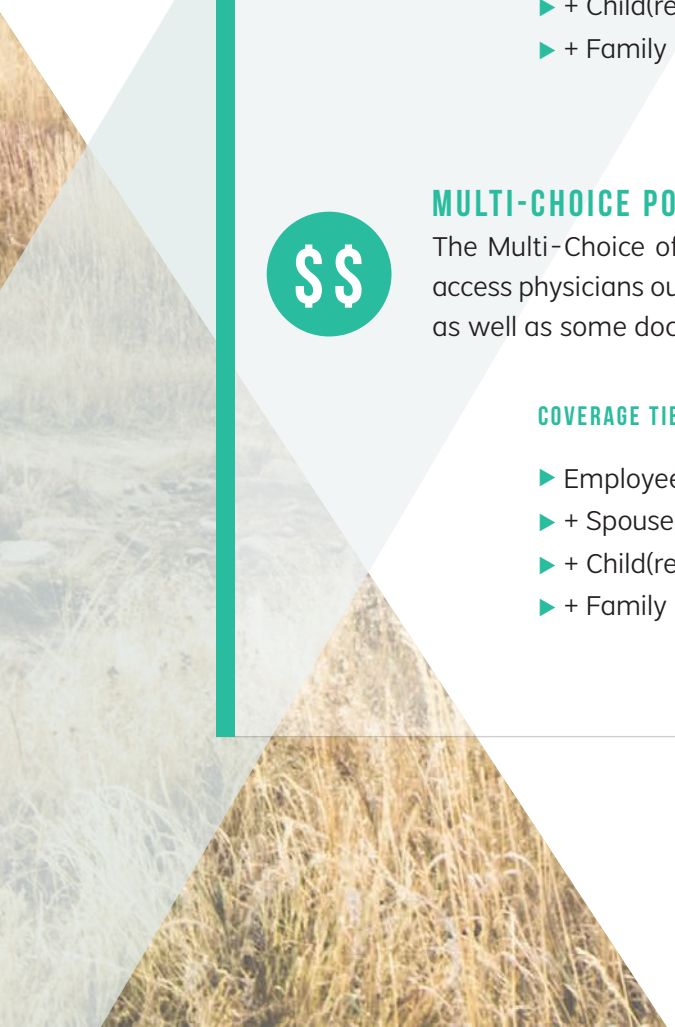
The DHMO plan offers extensive coverage within Kaiser Facilities. Members pay a flat copay for many basic services. Some services require a deductible and coinsurance. Lab, X-ray and Pharmacy services are located within each facility. Under this plan, out-of-network benefits are not covered. Members must visit a Kaiser doctor in a Kaiser facility to obtain benefits (except in some life or limb threatening circumstances).

COVERAGE TIER	TOTAL MONTHLY PREMIUM	FULL-TIME EMPLOYEE	PART-TIME EMPLOYEE
▶ Employee Only	$604.89	$60.49	$302.45
▶ + Spouse	$1,215.84	$365.96	$913.40
▶ + Child(ren)	$1,119.05	$317.57	$816.61
▶ + Family	$1,717.90	$616.99	$1,415.46

MULTI-CHOICE POS (BUY-UP PLAN)

The Multi-Choice offers a more flexible plan for members who would like to access physicians outside of Kaiser. Under this plan, you can use Kaiser facilities, as well as some doctors outside of the Kaiser network.

COVERAGE TIER	TOTAL MONTHLY PREMIUM	FULL-TIME EMPLOYEE	PART-TIME EMPLOYEE
▶ Employee Only	$814.77	$270.37	$512.33
▶ + Spouse	$1,637.69	$772.38	$1,335.25
▶ + Child(ren)	$1,507.32	$692.45	$1,204.88
▶ + Family	$2,313.95	$1,187.02	$2,011.51



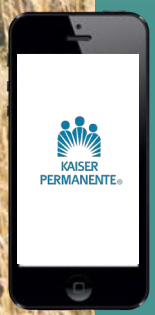
Kaiser Permanente

Group #26904

	DHMO	MULTI-CHOICE POS (Buy-Up Plan)		
Plan Feature	In-Network Only	POS	POS In-Network	Out-of-Network
Deductible				
Individual	$250	$500	$500	$1,000
Family	$500	$1,500	$1,500	$3,000
Out-of-Pocket Maximum[1]				
Individual	$2,250	$3,000	$3,000	$4,000
Family	$6,750	$6,000	$6,000	$12,000
Office Visit				
Primary	$25 copay	$25 copay	$25 copay	Deductible + 40%
Specialist	$40 copay	$40 copay	$40 copay	Deductible + 40%
Preventive Care				
Screenings	100% covered	100% covered	100% covered	$70 copay
Immunizations	100% covered	100% covered	100% covered	$70 copay
Urgent Care	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 40%
Emergency Care	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%
Inpatient Surgery	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 40%
Outpatient Surgery[2]	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 40%
Mental/Behavioral Health				
Outpatient	$25 copay	$25 copay	$25 copay	Deductible + 40%
Inpatient	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 40%
Chiropractic Benefit 20 visits per year	$25 copay	$25 copay	$25 copay	Not covered
Acupuncture Benefit 20 visits per year	$25 copay	$25 copay	$25 copay	Not covered
Vision Benefit	$25 copay	$25 copay	Kaiser only	Kaiser only
Retail Drugs (30 day Supply)				
Generic	$20 copay	$25 copay	$30 copay	$30 copay
Preferred	$40 copay	$40 copay	$45 copay	$45 copay
Non-preferred	$60 copay	50% coinsurance	50% coinsurance	50% coinsurance
Specialty	20% coinsurance (to $250)	20% coinsurance (to $250)	20% coinsurance (to $250)	20% coinsurance (to $250)
Mail order				
Generic	$40 copay	$50 copay	$60 copay	
Preferred	$80 copay	$80 copay	$90 copay	Not covered
Non-preferred	$120 copay	50% coinsurance	50% coinsurance	
Specialty	20% coinsurance (to $250)	20% coinsurance (to $250)	20% coinsurance (to $250)	

[1]Out-of-Pocket maximum includes in-network deductible, medical copays and prescription drug copays.

[2]Outpatient Surgery cost share will differ depending upon where the surgery takes place.



THE KAISER PERMANENTE MOBILE APP

Manage your health quickly and securely - anytime, anywhere. Use the Kaiser Permanente app to easily:

- Check most lab results
- Email your doctor's office with non-urgent questions
- Refill most prescriptions
- Schedule routine appointments
- Pay medical bills
- Find doctors and locations

KAISER MOBILE APP
It's easy to connect to care, get helpful resources and more. All in one place. Whenever you need it.

Available on the App Store

Google play

Prevention

WHAT WE DON'T KNOW CAN HURT US

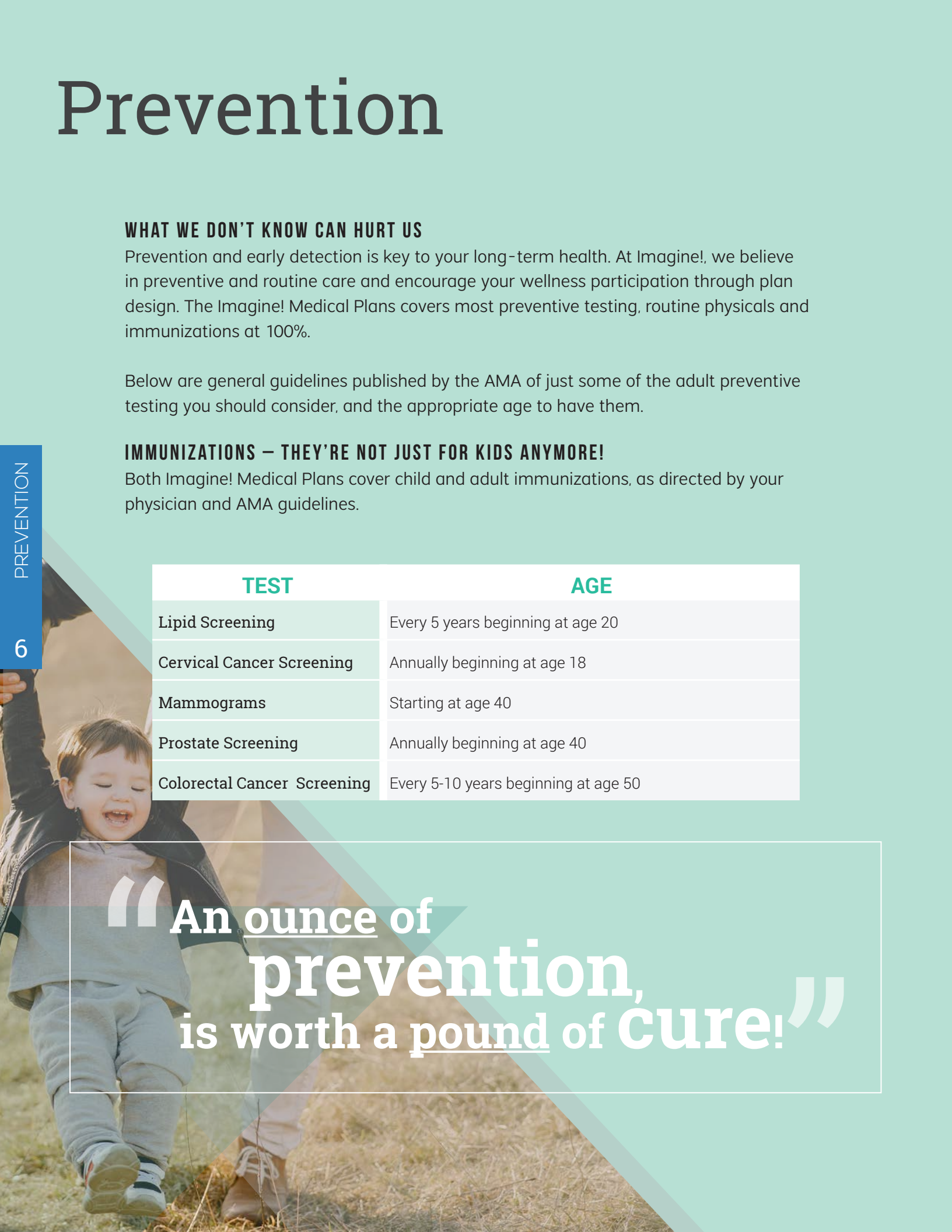
Prevention and early detection is key to your long-term health. At Imagine!, we believe in preventive and routine care and encourage your wellness participation through plan design. The Imagine! Medical Plans covers most preventive testing, routine physicals and immunizations at 100%.

Below are general guidelines published by the AMA of just some of the adult preventive testing you should consider, and the appropriate age to have them.

IMMUNIZATIONS – THEY'RE NOT JUST FOR KIDS ANYMORE!

Both Imagine! Medical Plans cover child and adult immunizations, as directed by your physician and AMA guidelines.

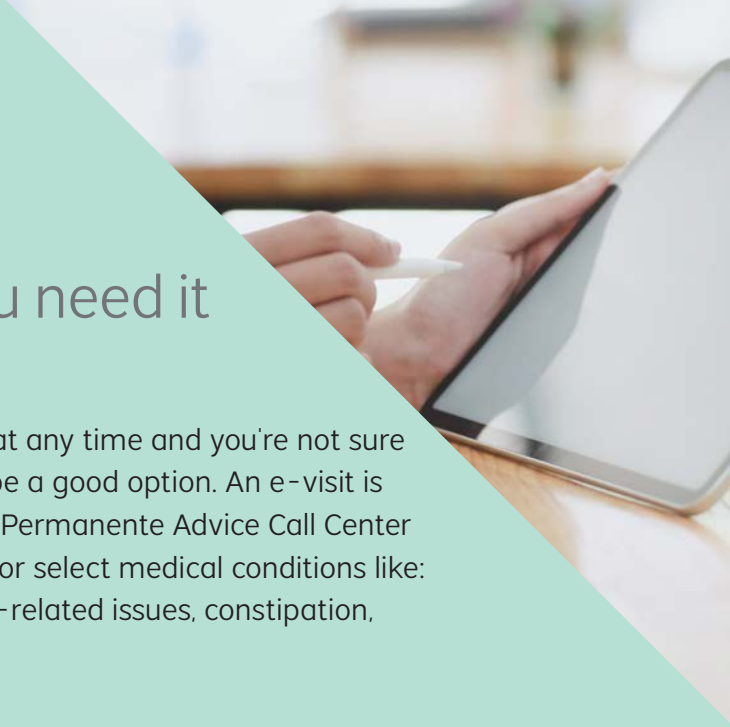
TEST	AGE
Lipid Screening	Every 5 years beginning at age 20
Cervical Cancer Screening	Annually beginning at age 18
Mammograms	Starting at age 40
Prostate Screening	Annually beginning at age 40
Colorectal Cancer Screening	Every 5-10 years beginning at age 50



"An ounce of prevention, is worth a pound of cure!"

Telehealth

Care when and where you need it



E-VISITS

If you have a non-urgent medical condition at any time and you're not sure what kind of care you need, an e-visit may be a good option. An e-visit is an online medical consultation with a Kaiser Permanente Advice Call Center Registered Nurse that's available at no cost for select medical conditions like: nausea/vomiting, pink eye, female UTI, sinus-related issues, constipation, diarrhea, and more.

Complete an E-Visit

- Log on to kp.org. Then, go to **My Health Manager** and then the **Appointment Center**.
- From there, choose the medical condition that best describes your symptoms.
- Answer the questions and click **submit**.
- An Advice Call Center Registered Nurse will respond within four hours of receiving your completed questionnaire.

VIDEO VISITS

Kaiser Permanente Colorado is now offering another convenient option to get care - Video Visits. Video Visits are a new way to get care that's secure, convenient and personalized.

A Video Visit takes the place of an in-person visit at a Kaiser Permanente medical office. Your provider will work with you to determine if the care you need can be delivered in a Video Visit.

If you're interested in Video Visits, speak to your provider. If you have questions about non-urgent symptoms or another aspect of your care, visit kp.org/myhealthmanager to email your Kaiser Permanente doctor.

Please note: Video Visits are not available to members who see physicians outside of Kaiser Permanente.

DISPATCHHEALTH

DispatchHealth provides On-Demand urgent care, in the comfort of your home, workplace, or other place of need. Requesting care is easy; call (303.500.1518) or simply use the mobile app or website (www.dispatchhealth.com) to begin the virtual triage process.

Dental

Keep smiling

Imagine! offers employees access to two affordable dental care plans through Delta Dental of Colorado.

PPO ONLY PLAN

The PPO Only plan includes Delta Dental PPO dentists and does not offer out-of-network benefits.

COVERAGE TIER	EMPLOYEE COST PER MONTH
Employee Only	$23.68
+ Spouse	$44.08
+ Child(ren)	$62.23
+ Family	$94.61

PPO PLUS PREMIER PLAN

The PPO plus Premier plan allows you to use PPO dentists, the expanded Delta Premier network and non-participating dentists.

COVERAGE TIER	EMPLOYEE COST PER MONTH
Employee Only	$40.29
+ Spouse	$79.59
+ Child(ren)	$82.96
+ Family	$123.29

Finding a Delta Dental Provider is easy. Simply call 303.741.9305 (or 800.610.0201) and follow the prompts. You can also go online at www.deltadentalco.com. Below is an overview of the two plans.

Delta Dental — Group #9102

	PPO Only		PPO plus Premier Plan	
PLAN FEATURE	PPO In-Network	PREMIER/ NON-PARTICIPATING Out-of-Network	PPO In-Network	PREMIER/ NON-PARTICIPATING Out-of-Network
Annual Deductible (per person)	$50 Basic & Major Services Only	N/A	$50 Basic & Major Services Only	$50 Basic & Major Services Only
Annual Maximum Benefit (per person)	$1,000	N/A	$1,000	$1,000
Type I – Diagnostic & Preventive Oral Exams + Cleanings / Sealants / Bitewing X-Rays / Full Mouth X-Rays / Fluoride (2 per calendar year) / Space Maintainers	100%	0%	80%	80%
Type II – Basic Services Fillings / Simple Extractions Endodontics / Periodontics	80%	0%	60%	60%
Type III – Major Services[1] Oral Surgery / Crowns / Implants Bridge / Denture Repair	50%	0%	40%	40%
Orthodontic Lifetime Maximum (per dependent child to age 26)	$1,000	N/A	$1,000	$1,000
Orthodontic Services[1]	50%	0%	50%	50%

[1]Waiting periods may apply

Vision

See life clearly

The vision plan is administered by Vision Service Plan (VSP). The vision plan offers both in-network and out-of-network coverage. Employees may choose any licensed provider for vision care services. If an out-of-network provider renders covered services, the employee will be reimbursed up to the maximum allowances shown on the schedule of vision benefits.

The most current list of in-network providers can be found on the VSP website at www.vsp.com or by calling 1.800.877.7195.

COVERAGE TIER	EMPLOYEE COST PER MONTH
▶ Employee Only	$8.06
▶ + Spouse	$12.84
▶ + Child(ren)	$13.16
▶ + Family	$21.21

Vision Service Plan (VSP) Group #30028677

PLAN FEATURE	VSP PROVIDER	NON-PARTICIPATING PROVIDER	FREQUENCY
Exam	$10 copay	up to $45	12 months
Eyeglass Lenses Single Vision Lined Bifocal Lined Trifocal	 $25 $25 $25	 $30 $50 $65	12 months
Eyeglass Frames	$130 allowance	up to $70	24 months
Contact Lenses	$130 allowance	up to $105	12 months

Life + Disability

Protection when you need it most

BASIC LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) Group #102312

Imagine! provides you Basic Life and AD&D insurance equal to one times your annual salary up to a maximum of $50,000 at no cost to you. You simply have to designate a beneficiary. AD&D insurance is provided in the event of an accidental death and may also pay a partial benefit if you are seriously injured in an accident and suffer a significant injury (such as a loss of a limb).

VOLUNTARY TERM LIFE INSURANCE*

You may choose to increase your Life insurance by purchasing Voluntary Term Life coverage. If you elect voluntary coverage for yourself, you also have the option to select voluntary coverage for your spouse and dependent child(ren).

EMPLOYEE

▶ You may elect coverage in increments of $10,000 up to a maximum of $250,000, not to exceed 5 times your annual salary. Requests for coverage over $180,000 will require evidence of insurability.

SPOUSE

▶ You may elect coverage in increments of $5,000 up to a maximum of $100,000, not to exceed 100% of employee's benefit. Requests for coverage over $50,000 will require evidence of insurability.

CHILD(REN)

▶ You may elect coverage in increments of $5,000 up to a maximum of $10,000. Your dependent children must be under age 21 (or under age 25 if a full-time student).

Voluntary Employee/Spouse* Rates per $1,000

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
under 20	$0.060	**30-34**	$0.060	**45-49**	$0.200	**60-64**	$0.820	**75-79**	$4.350
20-24	$0.060	**35-39**	$0.080	**50-54**	$0.340	**65-69**	$1.470	**80+**	$8.820
25-29	$0.060	**40-44**	$0.120	**55-59**	$0.530	**70 -74**	$2.640		

*Spouse rates are based on the age of the employee.

Voluntary Child Rates per $1,000

AMOUNT	RATE
$1,000	$0.10

Please note: If you do not enroll when initially eligible, all amounts will require evidence of insurability.

Group #102412

LONG-TERM DISABILITY (LTD)

How do you see yourself five years from now? Or maybe ten? Chances are, you don't see yourself injured or sick and unable to work. But a surprising number of people do find themselves hurt or sick and unable to work - even if only for a short time. Imagine! offers employer-paid Long Term Disability Coverage. Examples of common covered claims include:

- Sprains and Strains
- Heart Attack
- Coronary Heart Disease
- Back Pain
- Scoliosis
- Pneumonia
- Pregnancy Complications
- Rheumatism
- Stroke

If you become disabled, there is an elimination period before benefits are payable. If your injury or illness is found to qualify for LTD, your benefits begin 90 days after the onset of your disabling injury or illness. Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount of $6,000.

FLEXIBLE SPENDING ACCOUNT

A Flexible Spending Account (FSA) allows you to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars. All FSA contributions are deducted from your paycheck on a pre-tax basis, which can help reduce your taxes and increase your take-home pay. You save approximately 25% of each dollar spent on these expenses when you participate in an FSA.

There are two types of FSA plans available: Medical FSA and Dependent Care FSA. Employees that currently participate in the FSA plan must re-enroll in order to continue participating in the upcoming plan year.

FSA ELIGIBILITY

Eligible employees can enroll in the Medical FSA, the Dependent Care FSA or both, at open enrollment. Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a Qualifying Life Event, such as marriage or the birth of a child.

MEDICAL FSA

This FSA account allows you to set aside pre-tax dollars to help pay for certain out-of-pocket expenses such as deductibles, coinsurance, copays and eligible prescribed over-the-counter medications and medical supplies. The maximum amount you can contribute to this account is **$2,750** per year. This account is pre-funded at the beginning of the year. The amount you intend to contribute for the year will be available on the first day the account is open. This is a "Use It or Lose It" account; however, you can rollover up to **$550** of unused funds to the next plan year. Any unused funds over **$550** will be forfeited. Eligible expenses include, but are not limited to:

- Doctor Visits
- Specialists Visits
- Prescription Drugs
- Medically Necessary Over-the-Counter Drugs
- Chiropractic Services
- Psychiatric Care
- Dental/Vision Expenses
- Laser vision or Eye Corrective Surgery
- Surgery
- Surgery Fees

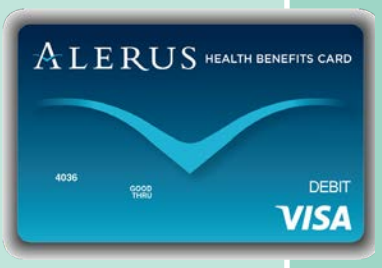
DEPENDENT CARE FSA

This FSA account allows you to set aside pre-tax dollars to help pay for dependent care services (child or elder) for your eligible dependents. This account cannot be used to cover health care expenses incurred by your dependents. The maximum amount you can contribute to this account is **$5,000** per year, per family or **$2,500** for a married person filing separately. This account is not pre-funded, you can only use funds you have contributed to the account at any given time. This is a "Use It or Lose It" account. Any amount left in your account at the end of the year, will be forfeited. Eligible expenses include, but are not limited to:

- Child Daycare Services
- Adult Daycare Services
- Baby Sitters
- Extended Day Programs
- Expenses for Preschool/Nursery
- Before and After School Care
- Summer Day Camp
- Au Pair Services

FSA DEBIT CARD

You will receive an FSA debit card, a "Benny Card", which can be used to pay for eligible health care expenses at the point of services. If you do not use your FSA debit card, or if you have expenses to be reimbursed, you can submit a claim form available by contacting Alerus Retirement and Benefits (formerly 24HourFlex). You must retain your receipts as proof of eligible expense reimbursement to justify your point-of-sale transaction and to ensure it was for an FSA-eligible item. Receipts should be submitted to Alerus Retirement and Benefits within 45 days from the date of purchase.



FSA RULES AND REGULATIONS

Plan your annual FSA contribution amounts carefully; the election you make when you enroll is binding for the entire plan year (January 1 to December 31) unless you have a Qualified Status Change (as explained in the enrollment section). Additionally, the IRS imposes some rules and restrictions on the way you can use your FSA, including:

- You must incur eligible expenses during the plan year.
- You may "roll-over" up to $550.00 from the 2021 plan year in to the 2022 plan year.
- You can't transfer money from one account to another. For example, money in your Medical FSA can't be used for Dependent Care expenses, and money in your Dependent Care FSA can't be used for health care expenses.

Please note: Flexible Spending Account plan provisions are governed by the IRS and may be subject to change.

RETIREMENT

Securing Your Future, Today

Imagine! offers a 403(b) Retirement Plan with an employer match. To qualify for the employer match, you must have accumulated a minimum of one year and 1,000 hours of service at Imagine!. Imagine! will match your contributions up to 4% of your annual base salary. You will be 50% vested after 2 years of employment, and fully vested after 3 years. You may begin making unmatched contributions following your first month of employment.

To learn more about our 403(b) with Principal go to www.principal.com or call 800.547.7754.

ADDITIONAL BENEFITS

CHILDCARE DISCOUNT PROGRAM

Childcare fees currently rank as one of the top family expenses, second only to a mortgage or rent among working families. It is important for single and/or working parent families to be able to afford quality childcare, especially if they need care for their infants and young children for eight hours or more a day. The Work and Family program offers family care solutions through The Learning Experience® Academies of Early Education to ease this burden on working families. All Imagine! employees now receive 10% off tuition plus waived early care and late care program fees at all participating TLE® locations.

From 6 weeks to 6 years old, The Learning Experience provides the tools and the environment that will give every child the opportunity to develop to their greatest potential. With the convenient hours of 6:30am to 6:30pm, employees can rest assured that they are covered to accommodate their busy work schedules. For more information please visit www.thelearningexperience.com.

EMPLOYEE ASSISTANCE PLAN

Imagine! provides professional, confidential, quality assistance to our employees through EAP services. EAP professionals are available 24 hours a day, 7 days a week. You can speak with experts on personal and professional matters such as:

- Emotional Well-being
- Family and Relationships
- Legal and Financial
- Healthy Life Styles
- Work and Life Transitions

The EAP also includes up to 3 free face-to-face counseling sessions.

▸ EAP
www.mutualofomaha.com/eap
1.800.316.2796

ADDITIONAL BENEFITS

(continued)

ECOPASS

Imagine! provides an EcoPass at no charge to all full-time, part-time and casual employees. An EcoPass is a transit pass purchased by Imagine! that provides unlimited usage of RTD services. Toreceive your EcoPass, contact any member of the Human Resources Team. Go to http://www.rtddenver.com/ for bus routes, schedules, and other information.

WELLNESS BENEFIT

Imagine! will pay full- and part-time employees' fees for approved weight loss programs, health-related event entry fees or fitness centers. Imagine! will pay 100% of the cost up to $200 per year for a full-time employee. The maximum annual benefit for a part-time employee is 100%, up to $100. Imagine! also offers no-cost on-site programs throughout the year, such as Lunch and Learns.

CREDIT UNION

All Imagine! employees are eligible to join the Elevations Credit Union or Blue Federal Credit Union. Find more information by going to their websites or calling to speak with a customer service representative:

- **Elevations Credit Union**
  https://www.elevationscu.com/
  303.443.4672

- **Blue Federal Credit Union**
  https://www.bluefcu.com/
  1.800.368.9328

WELLS FARGO AT WORK

All Imagine! Employees are eligible to enroll in the Wells Fargo At Work program at no cost. The program includes an interest-earning checking account when your balance is $500 or more, no-fee cashier's checks, no-fee money orders, $10 discount on personal style checks, no-fee debit card replacement and free foreign currency exchange. In addition, you are eligible for interest rate discounts on auto loans, home equity lines of credit, personal loans, private student loans, and lines of credit, as well as a $500 voucher to use through mymortgagegift.com with any new or refinanced home mortgage loan. Please contact our Wells Fargo representative at 720.684.9447 for questions.

PET INSURANCE

You care about your pets and consider them members of your family. A pet insurance policy can help you plan for your pet's healthcare–and offset costs for routine care and unexpected illness or injury. My Pet Protection plans are available exclusively through Imagine!. Enroll at PetInsurance.com/Imagine or call 1.877.738.7874.

Using your pet policy is easy:

- Visit any vet
- Send Nationwide your claim
- Nationwide sends you a check for covered claims

At no additional cost, pet insurance members also receive VetHelpline - Unlimited, 24/7 access to a veterinary professional.

Choose your level of coverage:

50% REIMBURSEMENT
Starting at $20-$35/month

70% REIMBURSEMENT
Starting at $27-$47/month

IMAGINE! MOBILE APP

Your benefits on the go

As an Imagine! employee, you can access your employee benefits plan information and resources when you're "on the go" from your mobile device. There's no app to download, nothing to install, no waiting... just access the URL below from your mobile browser.

What information can I access on the app?

- Access & print generic ID cards with Imagine!'s group information
- Download and print benefit-related documents and forms
- Quickly find service contact information and online resources
- Review benefit plan design information
- Watch educational benefit videos
- Find online provider directories

Will the mobile app work on my device?

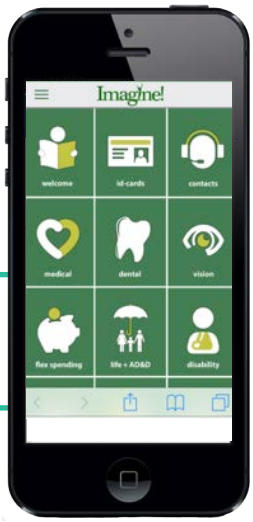
The My Benefits Mobile App has been tested on a variety of the devices that are most popular with mobile users. However, due to the vast proliferation of devices throughout the industry, we cannot guarantee that all functions and features can be used on every device.

Do I have to download an app to use it?

No, when you access the website address for the app with your mobile device, you will be automatically directed to the mobile app. The app is what's known as a "web app", which means there is nothing to download, no need to access an "app store", etc... it's ready for use when you access the site address from your device.

But, what if I want an "app-like" icon on my home screen?

If you have an iPhone, you can add an icon to your Home Screen by clicking the Add to Homescreen icon when you are on the app's home page.



HTTP://IMAGINE.MYBENEFITSAPP.COM/

CONTACTS

MEDICAL **KAISER DHMO** **KAISER MULTI-CHOICE POS** Group #26904	800.632.9700	www.kaiserpermanente.org
TELEHEALTH **DISPATCHHEALTH**	303.500.1518	www.dispatchhealth.com
DENTAL **DELTA DENTAL OF COLORADO** Group #9102	303.741.9305	www.deltadentalco.com
VISION **VISION SERVICE PLAN (VSP)** Group #30028677	800.877.7195	www.vsp.com
LIFE + DISABILITY **MUTUAL OF OMAHA** Life Policy #102312 Disability Policy #102412	800. 775.8805 (Life) 800.877.5176 (Disability)	www.mutualofomaha.com
RETIREMENT **PRINCIPAL**	800.547.7754	www.principal.com
FLEXIBLE SPENDING ACCOUNT **ALERUS RETIREMENT AND BENEFITS** (FORMERLY 24HOURFLEX)	303.369.7886	www.alerusrb.com
EMPLOYEE ASSISTANCE PROGRAM **MUTUAL OF OMAHA**	800.316.2796	www.mutualofomaha.com/eap
PET INSURANCE **NATIONWIDE**	877.738.7874	PetInsurance.com/Imagine
IMAGINE! **HUMAN RESOURCES**	720.274.2258 303.665.2648 (fax)	www.imaginecolorado.org

IMPORTANT NOTICES

Federal regulations require Imagine! to provide benefit eligible employees with the following notices listed below. If you would like a complete copy of any of the following notices, please contact Human Resources.

Private Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as "protected health information" (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan's HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan's Notice of Privacy Practices that describes the Plan's policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact the Human Resources Department.

Summary of Benefits and Coverage (SBC)

Effective for plan renewals after January 1, 2012, the Patient Protection and Affordable Care Act requires employers that offer health coverage to provide a uniform Summary of Benefits and Coverage (SBC) to people who apply for and enroll in the health plan. This document contains the following:

- Four-page overview of plan benefits, cost sharing and limitations
- Required set of examples of how the plan works
- Phone number and internet address for obtaining copies of plan documents
- A Standard glossary of medical and insurance terms must also be available

The SBC will be updated each plan renewal to reflect applicable plan changes.

Women's Health and Cancer Rights Act

Imagine! medical plans, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- 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 resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

Notice of Prescription Drug Creditable Coverage

Imagine! provides a "Notice of Prescription Drug Creditable Coverage" to all Medicare eligible participants on an annual basis. This notice states that under the Imagine! medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare Prescription Drug Coverage.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office at www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov.

For All States:
(877) 267-2323, Ext. 61565

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa or 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov or 1-877-267-2323, Ext. 61565

Uniformed Services Employment And Reemployment Rights Act (USERRA)

If you are called to active duty in the uniformed services, you may elect to continue coverage for you and your eligible dependents under USERRA. This continuation right runs concurrently with your continuation right under COBRA and allows you to extend an 18-month continuation period to 24 months. You and your eligible dependents qualify for this extension if you are called into active or reserve duty, whether voluntary or involuntary, in the Armed Forces, the Army National Guard, the Air National Guard, full-time National Guard duty (under a federal, not a state, call-up), the commissioned corps of the Public Health Services and any other category of persons designated by the President of the United States.

Wellness Program

Imagine!'s wellness programs and activities are voluntary programs. The programs are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in a program you may be asked to answer voluntary questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

In some programs, employees who choose to participate can earn a small incentive. If you are unable to participate in any of the health-related activities to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Human Resources/Benefit Department.

NOTES

Imagine!

This brochure provides only a highlight of the benefit plans offered to you by Imagine! and in no way serves as the actual plan description or plan document for the plans. The plan documents will always govern the offered benefits that your employer provides for you. We reserve the right to modify any or all of these plans at anytime.