

BENEFIT HIGHLIGHTS

2/1/2023 to 1/31/2024

Agile
Partnering



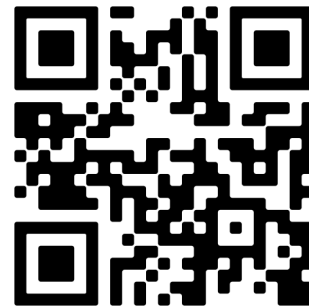
Your Benefit Advocate

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

Your dedicated Benefit Advocate, Crystal, 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 **thirty (30)** 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: **AGPG**
- 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 1 month of employment. 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 February 1 through January 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 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 HR 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.

Medical Plan Information

UHC PPO medical plan network

The Mid plan is a PPO medical plan where you receive a higher level of benefit when you visit providers who participate in the **United Healthcare Choice Plus** network. You may also visit providers outside the network but benefits are lower. To view a list of providers you can visit www.myuhc.com and select the **Choice Plus** network.

UHC EPO medical plan network

The Base and Buy Up options are EPO plans. You must visit a provider in the **United Healthcare Choice** network. There are not out of network benefits. To view a list of providers you can visit www.myuhc.com and select **United Healthcare Choice**.

UnitedHealthcare® Mobile App & myuhc.com

Get your health info, anytime. When you want to easily access your health information anywhere you go, the UnitedHealthcare app is your go-to.

Find care

- Find network care options for doctors, clinics and hospitals in your area
- Talk to a doctor by video 24/7
- See reviews and ratings for doctors

Manage your health plan details

- Generate and share digital health plan ID cards
- View claims and account balances
- Manage prescription drugs and refills

Stay on top of costs

- Estimate the costs of common procedures
- View your copay, annual deductible and out-of-pocket expenses
- View your Health Reimbursement Account, Flexible Spending Account or Health Savings Account, if applicable

Note: Not all UnitedHealthcare plans are currently supported by the app, not all features are available for every plan.

Download the UnitedHealthcare app to your mobile device or use your smartphone camera to scan the QR code.

Key Terms to Remember

Plan Year

Refers to timeframe of February 1 through January 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

United Healthcare	CUNQ Choice HSA	CUNK Choice Plus	CUPJ Choice
	Base Plan	Mid Plan	Buy Up Plan
Provider Network	UHC Choice	UHC Choice Plus	UHC Choice
Calendar Year Deductible	\$7,050 individual \$14,100 family	\$8,500 individual \$10,000 family	\$1,000 individual \$2,000 family
Coinsurance	90%	50%	90%
Out of Pocket Maximum (includes copays, coinsurance, and deductible)	\$7,350 individual \$14,700 family	\$8,700 individual \$17,400 family	\$7,350 individual \$14,700 family
Virtual Visit <i>(via myuhc.com or myuhc app)</i>	You pay 0% after deductible	100% covered	100% covered
Office Visit Copay (& web visit with your brick & mortar provider)	You pay 0% after deductible	\$75 PCP \$150 Specialist	\$30 PCP \$60 Specialist
Preventive Care	100% covered	100% covered	100% covered
Mental Health/Substance Abuse - Outpatient	You pay 0% after deductible	\$75 copay	\$30 copay
Mental Health/Substance Abuse - Inpatient	You pay 0% after deductible	You pay 50% after deductible	You pay 10% after deductible
Inpatient Hospital	You pay 0% after deductible	You pay 50% after deductible	You pay 10% after \$500 copay and deductible
Outpatient Surgery	You pay 0% after deductible	You pay 50% after deductible	You pay 10% after \$500 copay* and deductible
Laboratory & X-ray	You pay 0% after deductible	You pay 50% after deductible	You pay 10% after \$250 copay* and deductible
Advanced Imaging, MRI/CT/PET	You pay 0% after deductible	You pay 50% after deductible	You pay 10% after \$500 copay* and deductible
Emergency Room	You pay 0% after deductible	You pay 50% after deductible	You pay 10% after deductible
Urgent Care	You pay 0% after deductible	\$75 copay	\$50 copay
Prescription Drug Copays Retail Pharmacy (30 days) Mail Order (90 day supply)	After deductible: \$15 / \$50 / \$135 / \$350 \$37.50 / \$125 / \$337.50 / \$875	\$20 / \$65 / \$150 / \$500 \$50 / \$162.50 / \$375 / \$1250	\$15 / \$55 / \$135 / \$350 \$37.50 / \$137.50 / \$337.50 / \$875
Out of Network Benefits	No Coverage	Reduced Benefits	No Coverage

- 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.

* Copay waived when freestanding facility used.

Your Care Options with UnitedHealthcare

Care options to consider and approximate costs	START HERE				
	 PCP Care from the doctor who may know you best	 24/7 Virtual Visits See a doctor whenever, wherever	 Convenience care Basic conditions that aren't generally life-threatening	 Urgent care Serious conditions that aren't generally life-threatening	 Emergency room Life- and limb-threatening emergencies
Average cost*	\$160	Less than \$49**	\$100	\$180	\$2,200
Hours	Varies by location	24/7	Varies by location	Varies by location—may be open nights/weekends	24/7
How to connect	Contact your PCP	myuhc.com/virtualvisits	myuhc.com*	myuhc.com	myuhc.com
✓ indicates the recommended place for care for the following common conditions:					
Broken bone				✓	✓
Chest pain					✓
Cough	✓	✓	✓		
Fever	✓	✓	✓		
Muscle strain	✓		✓		
Pinkeye	✓	✓	✓		
Shortness of breath					✓
Sinus problems	✓	✓	✓		
Sore throat	✓	✓	✓		
Sprain	✓		✓	✓	
Urinary tract infection	✓	✓	✓		

Health Savings Account (HSA) Information

The most important aspect of a High Deductible Health Plan (HDHP) is the opportunity to contribute to an HSA. If you are enrolled on the HDHP, **and are not covered by any other medical plan**, you are eligible to open an HSA account.

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.

You determine how much you will contribute to your account. Your HSA is funded by your own pretax contributions.

For **2023**, the maximum HSA contributions are:

- Single coverage contribution limit **\$3,850**
- Family coverage contribution limit **\$7,750**
- Individuals **age 55 and over** can contribute an additional **\$1,000**

The HSA election is for January 1—December 31. If you enroll on the Base 7,050 HSA plan you are eligible to open an HSA account with **HSA Bank or a bank of your choice**. You can obtain information on HSA Bank options from HR.

Once your HSA account is open you can elect your pre-tax contributions by notifying HR of your bank account and routing numbers.

If you are 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.



Telehealth

Whether using myuhc.com® or the UnitedHealthcare® app, Virtual Visits let you video chat with a doctor 24/7 — without setting up additional accounts or apps. Members can consult with a U.S. Board Certified physician and even get a prescription written (subject to FDA guidelines and restrictions).

Request care:

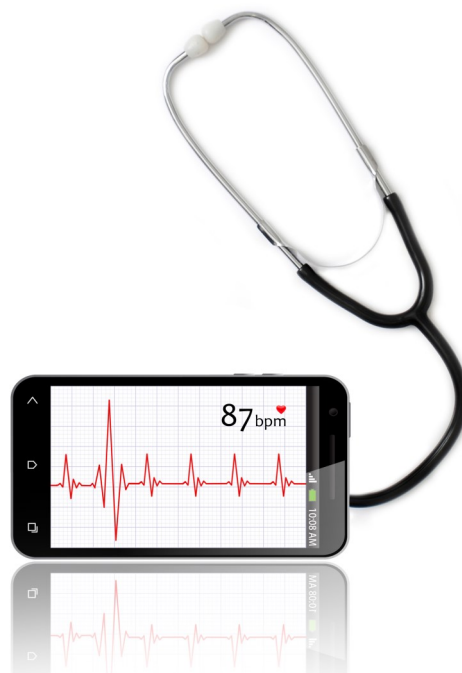
1. Sign in at myuhc.com or download the UnitedHealthcare® app or call 1-855-615-8335
2. You will then be directed to the AmWell or Dr on demand or Teladoc mobile apps to explain your symptoms.

24x7 Unlimited Doctor Access

The physician network can diagnose, treat, and prescribe anytime, anywhere.

The doctors are licensed and can handle an array of common ailments including allergies, earache, sore throat, pink eye, strep throat, urinary tract infection, etc.

Telehealth is great for families because your spouse and dependents can use it too and there is no limit on the number of times called or the duration of each call.



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 8am 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.

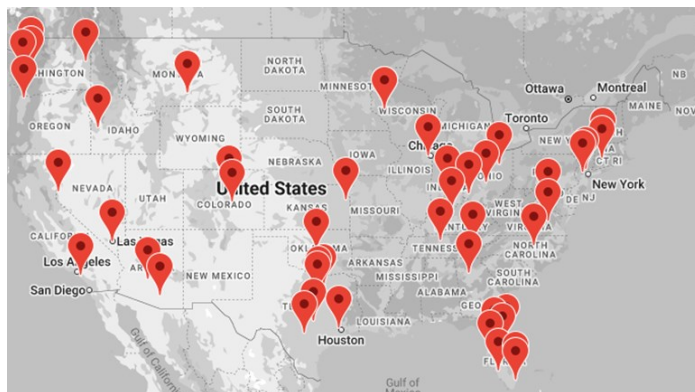
Rest Easy

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

Shift Rx

Never overpay for prescriptions again! Rx coupons made easy...

Just like booking flights through Kayak, you can use your Shift card to save on prescriptions. Shift sorts through not just GoodRx but 15 other cash card providers to show you the best cash price

- ⇒ 100% free to use
- ⇒ Unlock discounts on thousands of medications
- ⇒ Save up to 80% off prescription drugs
- ⇒ Beat copay prices

Accepted at 70,000+ pharmacies nationwide, including :

- CVS
- Rite Aid
- Walgreens
- Walmart
- Albertsons
- And many more

How it works

Step 1:

Search your medications today at www.theshiftcard.com

Step 2:

Present Shift Card to the pharmacist with your prescription and your insurance card.

Save up to 80% on your drug costs!

Step 3:

Call 1-855-286-2822 if you run into any issues



Dental Plan Benefits

We are pleased to offer you and your family a choice between two different dental plans.

Delta Dental PPO

This plan offers you the freedom and flexibility to use the dentist of your choice. When you use a Delta Dental PPO provider, you'll receive a higher level of benefit than if you use a Delta Dental Premier or an out-of-network provider. To view a list of providers you can visit www.deltadentalco.com and select PPO Network or Premier Network.

Features	Delta Dental PPO	
	Delta PPO Provider	Premier or Out-of-Network Dentist
Website	www.deltadentalco.com	
Calendar Year Deductible	\$50 individual / \$150 family	
Annual Maximum	\$1,500 per person	
Preventive Services Oral exam, cleanings, x-rays, fluoride & sealants for children	No charge	You pay 20% of MAC no deductible
Basic Services Fillings	You pay 0% after deductible	You pay 20% of MAC after deductible
Major Services Crowns, bridges, dentures, implants, simple extractions, oral surgery, peri- odontics & endodontics	You pay 50% after deductible	You pay 50% of MAC after deductible
Orthodontia	Not covered	Not covered

PPO Dentist

PPO dentists cannot bill members for amounts exceeding the PPO fee schedule. Members have lower out of pocket costs.

Premier and Out of Network Dentists

Member is responsible for the difference between the dentist's full charge and the MAC amount. Members will have the highest out of pocket costs.

MAC = Maximum Allowable Charge



Vision Plan Benefits

We are pleased to offer you and your family a vision plan through EyeMed. The level of benefits you receive depends on whether you use a provider within the EyeMed Insight Network.

When you use an EyeMed 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.eyemed.com.

Features	EyeMed In-Network
Frequency:	
Exam	Once every 12 months
Lenses or Contacts	Once every 12 months
Frames	Once every 12 months
Exam Copay	\$10
Exam at Plus Providers	\$0
Prescription Glasses Copay	\$0
Standard Lenses	Single vision: \$25 copay bifocal: \$25 copay trifocal: \$25 copay Lenticular: \$25
Frames	\$200 Frame Allowance at Plus Providers \$150 Frame Allowance at all other in network providers 20% off amount over your allowance
Contacts (in lieu of glasses)	\$150 Contacts Allowance Fitting & Evaluation: \$40 copay

*For information on how to locate a contracted Lasik Center, please call 1-800-988-4221

If you see a non-network provider, you'll typically pay more out of pocket. You'll pay the provider in full and must submit a claim to EyeMed for partial reimbursement less copays. Before seeing a non-network provider, call EyeMed at 1-866-804-0982.



Your Costs

Employee Medical, Dental and Vision contributions are deducted per pay period on a pre-tax basis. Your per-pay-period costs will be listed in your enrollment portal, Employee Navigator.

United HealthCare Medical Insurance		
CUNQ Choice HSA Base Plan	CUNK Choice Mid Plan	CUPJ Choice Buy Up Plan
Your costs are listed in Employee Navigator. You can also request a rate table from HR.		

Delta Dental Insurance
Your costs are listed in Employee Navigator. You can also request a rate table from HR.

EyeMed Vision Insurance
Your costs are listed in Employee Navigator. You can also request a rate table from HR.

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@intrepidbenefits.com
Medical	UnitedHealthcare Group #02L8872	800-585-6586 toll free	www.myuhc.com
Dental	Delta Dental of Colorado Group # Pending	800-233-0860 toll free	www.deltadentalco.com
Vision	EyeMed Group # Pending	866-804-0982 toll free	www.eyemed.com
Human Resources	Agile Customer Support Team	833-642-2123	hr@agilepartnering.com



Property of Intrepid. Do not reproduce without the express permission of Intrepid.

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

