



Agile Partnering

BENEFIT HIGHLIGHTS

EMPLOYEE BENEFITS GUIDE 2/1/2025—01/31/2026

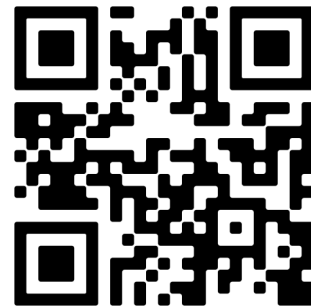
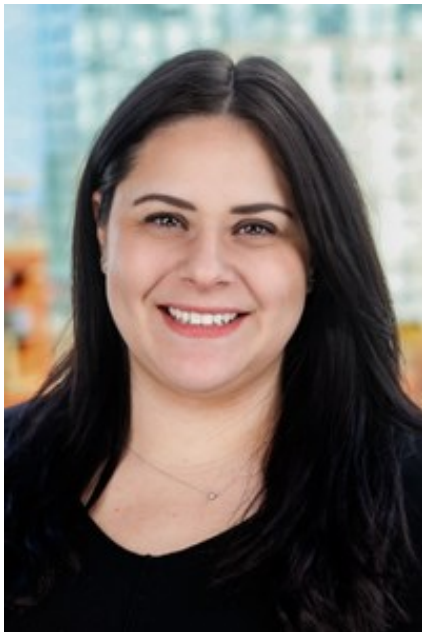
Your Benefit Advocate

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

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.

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

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	DX-F8 HSA Base Plan	DX-FH Mid Plan	DX-G3 Buy Up Plan
Provider Network	UHC Choice	UHC Choice Plus	UHC Choice
Calendar Year Deductible	\$7,400 individual \$14,800 family	\$9,000 individual \$18,000 family	\$1,000 individual \$2,000 family
Coinsurance	You pay 0%	You pay 50%	You pay 10%
Out of Pocket Maximum (includes copays, coinsurance, and deductible)	\$7,850 individual \$15,700 family	\$9,200 individual \$18,400 family	\$7,350 individual \$14,700 family
Virtual Visit <i>(via myuhc.com or myuhc app)</i>	100% covered	100% covered	100% covered
Office Visit Copay (& web visit with your brick & mortar provider)	You pay 0% after deductible	\$85 PCP \$170 Specialist	\$30 PCP \$60 Specialist
Preventive Care	100% covered	100% covered	100% covered
Mental Health/Substance Abuse - Outpatient	You pay 0% after deductible	\$85 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	\$85 copay	\$50 copay
Prescription Drug Copays Retail Pharmacy (30 days) Mail Order (90 day supply)	After medical deductible: \$15 / \$50 / \$135 / \$350 \$37.50 / \$125 / \$337.50 / \$875	\$25 / \$85 / \$175 / \$500 \$62.50 / \$212.50 / \$437.50 / \$1250	\$15 / \$60 / \$135 / \$350 \$37.50 / \$150 / \$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.
- The HDHP plan is considered creditable health insurance coverage under Massachusetts Law.”

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	\$\$\$\$\$

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.

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

For **2025**, the maximum HSA contributions are:

- Single coverage contribution limit **\$4,300**
- Family coverage contribution limit **\$8,550**
- 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 HSA plan you are eligible to open an HSA account with **HSA Bank**. An account will be automatically opened up for you once you elect pre tax contributions in Employee Navigator. You will receive a welcome letter in the mail within 2-3 weeks once you finish your enrollment in Employee Navigator with instructions on how to register your account and your debit card.

If you wish to use another HSA account, please notify HR.

Liberty Mutual Voluntary Personal Insurance Program

Liberty Mutual offers a variety of personal insurance coverages at a discounted rate for our employees.

These coverages include:

- **Home Insurance**
- **Auto Insurance**
- **Pet Insurance**

Please note, you will receive discounted price quotes as an employee of Agile Partnering, but all premiums associated with these lines of insurance are billed directly, and cannot be payroll deducted.

To get pricing for discounted personal lines insurance (home, auto, pet, etc.) please contact:

Rebekah Wright

(616) 350-3441

Rebekah.Wright@LibertyMutual.com

UHC Virtual Visits

Telehealth provides 24/7 access to a doctor, 365 days/year by phone or online. 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. Download the UnitedHealthcare app
2. Sign in at myuhc.com/virtualvisits

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 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.

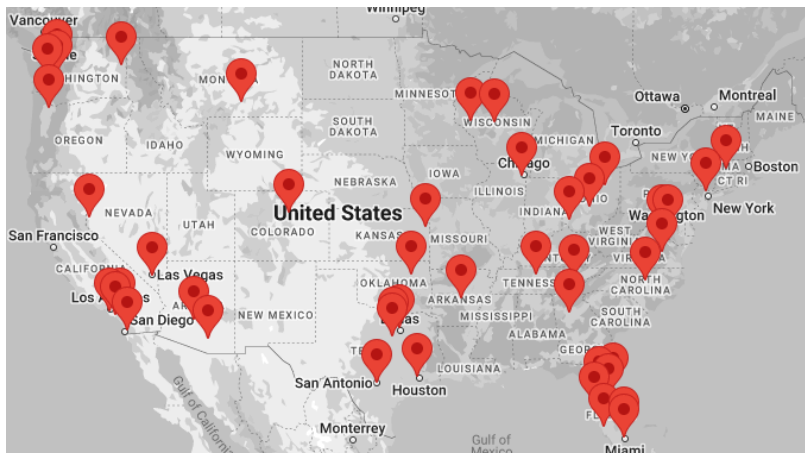
Rest Easy

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

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 theshiftcard.com

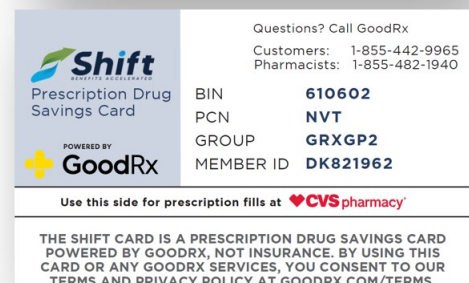
Step 2:

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

Save up to 80% on your drug costs!

Step 3:

Call 1-855-442-9965 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.

Download the Delta Dental Mobile App to get access to your ID cards at your fingertips, check the status of your dentists, view coverage details, EOB's, and more.

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	100% covered no deductible	You pay 10% of MAC no deductible
Basic Services Fillings	You pay 20% after deductible	You pay 20% of MAC after deductible
Major Services Crowns, bridges, dentures, implants, simple extractions, oral surgery, periodontics & endodontics	You pay 50% after deductible	You pay 50% of MAC after deductible
Orthodontia	Not covered	Not covered

Delta PPO Dentist

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

Delta Premier Dentist

Member is responsible for the difference between the Premier dentist fee and the PPO fee schedule. Members will have higher out of pocket costs.

Non Participating Dentist

Member is responsible for the difference between the dentist's full charge and the PPO fee schedule. 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 and choose the Insight network.

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 Lined bifocal: \$25 copay Lined trifocal: \$25 copay
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.



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



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		
DX-F8 HSA	DX-FH	DX-G3
Base Plan	Mid Plan	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 #1456375	800-585-6586 toll free	www.myuhc.com
Dental	Delta Dental of Colorado Group # DD000001807	800-233-0860 toll free	www.deltadentalco.com
Vision	EyeMed Group # 1043914	866-804-0982 toll free	www.eyemed.com
Human Resources	Agile HR Team	833-642-2123	hr@agilepartnering.com



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