BENEFITS GUIDE

Mission Statement: *Alamosa County will continue to strengthen partnerships with our community through high standards of customer service, communication, and commitment; thus, striving to enhance the quality of life for everyone.*

ALAMOSA COUNTY BENEFITS

January 1, 2024 to December 31, 2024

For benefit questions and/or additional information, please contact:
Human Resources
719-587-5314
humanresources@alamosacounty.org

INTRODUCTION

Alamosa County recognizes the importance of providing a comprehensive benefits program to our employees. The benefits for Alamosa County are based on the numbers of hours an employee is hired to work.

All employees may participate in AFLAC, Alamosa Rec Center, Legal Shield, SLV Sports and Wellness, MASA (medical transport) AirMedCare, and other services as listed on page 14.

- Employees hired to work nineteen (19) hours a week or less: no other benefits

- Employees hired to work twenty (20) hours but less than thirty (30) hours a week: prorated vacation, sick and holiday hours (20-29 hours)

- Employees hired to work thirty (30) hours a week but less than thirty-seven and half hours: full benefits, prorated vacation, sick and holiday hours

- Employees hired to work thirty-seven and one-half (37.5) hours a week or more: full benefits, vacation, sick and holiday hours at weekly FTE (full time equivalent) calculation

BENEFITS

These benefits help provide employees and their family members opportunities to maintain their health and wellbeing. Benefit eligibility is based on date of employment and hours worked.

On the first day of employment, all employees may choose to participate in the following benefits:

- Employee involvement committee (CRAAFT-Counties Really Awesome Activities Formation Team) organizing holiday events, parade participation, and other activities
- Other services (see page 14)

On the first day of the month following sixty (60) calendar days of qualifying employment, all employees may choose to participate in the following benefits:

- City of Alamosa Recreation Center membership for individual or family
- A variety of supplemental benefits offered through AFLAC
- SLV Sports and Wellness membership for individual or family
- Legal Shield/ID Shield
- MASA (medical transport)
- AirMedCare

On the first day of the month following sixty (60) calendar days of qualifying employment, eligible employees (working 30 or more hours per week) may choose to participate in the following benefits:

- Medical insurance
- Dental insurance
- Vision insurance
- Life insurance
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account
- 457 Retirement program

On your first day of employment, eligible employees (working 20 hours a week or more) will begin accruals of sick leave hours and vacation hours. Will also qualify for holiday pay for all listed holidays.

On the first of the month following one (1) year of continuous, qualifying employment, the qualifying employee (working 30 hours per week or more) is required to participate in the 401(a)-retirement program.

INSURANCE CRITERIA

You may cover the following eligible dependents for health insurance:

- Legal spouse, common law spouse, civil union partner or same sex domestic partner.
- Dependent children to age 26, regardless of marital or student status (including step, legally-adopted child, a child placed with you for adoption, a foster child, or a child for whom you are legal guardian).
- Dependent children of any age who are physically or mentally unable to care for themselves.

The choices you make at this time will remain the same through December 31, 2024 unless you have a qualified life event such as:

- Marriage or divorce
- Birth or adoption
- Death of spouse or covered child
- Change in spouse's employment status that affects his or her benefits
- Change in your child's eligibility for benefits

You must notify HR within thirty (30) days of a family status change.

If you do not sign up for insurance within 30 days of hire, you will be required to wait until open enrollment. Open enrollment is in October for benefit changes which will be effective on January 1st of the following year.

HEALTH INSURANCE- 3 plans offered

This is a summary of the plans currently offered by the County through Anthem Blue Cross and Blue Shield (anthem.com). The contents of this summary is subject to the provisions of the Plan Documents and Summary Plan Description which contains all terms, covenants, and conditions of coverage. Your plan may exclude coverage for certain treatments, diagnoses, or services not noted. The benefits shown in this summary may only be available if required plan procedures are followed (e.g. plan may require prior authorization or use of specified providers or facilities). Consult the actual Plan Documents to determine exact terms and conditions of coverage. The County Health Pool Plan document may be accessed through County Technical Services Inc. (CTSI) website at www.ctsi.org.

	Plan A In Network	**Plan A Out of Network**
Individual Deductible	$0	$2,000
Family Deductible	$0	$6,000
Individual Out of Pocket	$3,500	$9,000
Family Out of Pocket Maximum	$9,000	$24,000
Lifetime Maximum	None	None
Medical Office Visits	$25	60/40
Preventative Care	No Cost	60/40
Lab and X-ray (May not include MRI, CAT, PET scans)	80/20	60/40
Maternity Office Visits	$25	60/40
Maternity Delivery & Inpatient	80/20 After $350 per admission co-payment	60/40 After $1,500 per admission co-payment
Emergency Room	80/20 After $150 per visit co-payment	80/20 After $150 per visit co-payment
Emergency Medical Transportation	$500 per trip (Ground) $80/20 (Air)	$500 per trip (Ground) $80/20 (Air)
Inpatient Hospital	80/20 After $350 per visit co-payment	60/40 After $1,500 per visit co-payment
Outpatient/Ambulatory Surgery	80/20 After $250 per visit co-payment	60/40 After $1,500 per visit co-payment
Mental Health Outpatient	$25	60/40
Prescription Drugs	$50 Deductible	Not covered
Prescription Drugs Outpatient 30-day supply	Tier 1 – Typically Generic $10 or 10% whichever is highest	Not covered
	Tier 2 – Preferred Brand $25 or 20%	Not covered
	Tier 3 – Non-Preferred Brand $35 or 40%	Not covered
Prescription Drugs Mail Service 90-day supply	Tier 1 – Typically Generic $25	Not covered
	Tier 2 – Preferred Brand $60	Not covered
	Tier 3 – Non-Preferred Brand $115	Not covered

	Plan B1000 In Network	Plan B1000 Out of Network
Individual Deductible	$1,000	$2,000
Family Deductible	$2,000	$4,000
Individual Out of Pocket	$4,250	$10,000
Family Out of Pocket Maximum	$10,500	$26,000
Lifetime Maximum	None	None
Medical Office Visits	$35	60/40
Preventative Care	No Cost	60/40
Lab and X-ray (May not include MRI, CAT, PET scans)	80/20 $200 copayment then 20% coinsurance (CT/PETMRIs)	60/40 $200 copayment then 40% coinsurance (CT/PETMRIs)
Maternity Office Visits	$35	60/40
Maternity Delivery & Inpatient	80/20 After $350 per admission co-payment	60/40 After $1,500 per admission co-payment
Emergency Room	80/20 After $150 per visit co-payment	80/20 After $150 per visit co-payment
Emergency Medical Transportation	$500 per trip (Ground) $80/20 (Air)	$500 per trip (Ground) $80/20 (Air)
Inpatient Hospital	80/20 After $350 per visit co-payment	60/40 After $1,500 per visit co-payment
Outpatient/Ambulatory Surgery	80/20 After $250 per visit co-payment	60/40 After $1,500 per visit co-payment
Mental Health Outpatient	$25	60/40
Prescription Drugs	$50 Deductible	Not covered
Prescription Drugs Outpatient 30-day supply	Tier 1 – Typically Generic $10 or 20% whichever is highest	Not covered
	Tier 2 – Preferred Brand $25 or 30%	Not covered
	Tier 3 – Non-Preferred Brand $35 or 50%	Not covered
Prescription Drugs Mail Service 90-day supply	Tier 1 – Typically Generic $10 or 20% whichever is highest And $25	Not covered
	Tier 2 – Preferred Brand $25 or 30% And $60	Not covered
	Tier 3 – Non-Preferred Brand $35 or 50% And $115	Not covered

	Plan HDHP 2000** In Network	Plan HDHP 2000 Out of Network
Individual Deductible	$2,000	$4,000
Family Deductible	$4,000	$8,000
Individual Out of Pocket	$5,000	$10,000
Family Out of Pocket Maximum	$6,850	$20,000
Lifetime Maximum	None	None
Medical Office Visits	80/20	60/40
Preventative Care	No Cost	60/40

Lab and X-ray (May not include MRI, CAT, PET scans)	80/20	60/40
Maternity Office Visits	80/20	60/40
Maternity Delivery & Inpatient	80/20	60/40
Emergency Room	80/20	80/20
Emergency Medical Transportation	$500 per trip (Ground) $80/20 (Air)	$500 per trip (Ground) $80/20 (Air)
Inpatient Hospital	80/20	60/40
Outpatient/Ambulatory Surgery	80/20	60/40
Mental Health Outpatient	80/20	60/40
Prescription Drugs	80/20	Not covered
Prescription Drugs Outpatient 30-day supply	Tier 1 – Typically Generic 80/20	Not covered
	Tier 2 – Preferred Brand 80/20	Not covered
	Tier 3 – Non-Preferred Brand 80/20	Not covered
Prescription Drugs Mail Service 90-day supply	Tier 1 – Typically Generic 80/20	Not covered
	Tier 2 – Preferred Brand 80/20	Not covered
	Tier 3 – Non-Preferred Brand 80/20	Not covered

- HDHP 2000 comes with a Health Saving Account (HSA) through Alamosa State Bank. The County will contribute a one-time contribution of $215 when employees sign up for this plan.

HEALTH PLAN COST to the EMPLOYEE

Monthly cost to the employees:	Employee Only	Employee + 1	Family
PPO* Plan A	$207.00	$678.65	$833.35
PPO* Plan B 1000	$135.75	$508.80	$624.60
HDHP 2000	$73.60	$344.50	$424.00

*PPO is the acronym for Preferred Provider Organization

** HDHP is the acronym for High Deductible Health Plan

LIFE INSURANCE and ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Alamosa County covers all employees working 30 hours per week or more with a $20,000 term life insurance plan and an accidental death and dismemberment policy. Both coverages are offered through the County Health Pool and Anthem Life. The life insurance plan may also cover the employee's spouse with $5,000 life coverage and $2,000 for each dependent child (26 years of age or younger). This plan is provided at no cost to the employee.

The term life insurance is reduced as the employee ages. At age 65 the policy is reduced to $13,000, at age 70 policy is reduced to $10,000, and at age 75 and older policy is reduced to $7,000.

Supplemental life insurance may be purchased by the employee for themselves and their spouse at a cost based on their age.

DENTAL INSURANCE

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, exclusions, qualifications, limitations, terms and provisions, of the County Health Pool Plan Document and Summary Plan Description. For a covered dental service, this coverage will pay the applicable percentage (show below) of the dental maximum allowable for that service (subject to the fee schedule) up to the Annual Maximum. Only those expenses incurred as a result of non-occupational injury or illness will be considered eligible expenses. The County Health Pool Dental Plan Document is available at the website of County Technical Services Inc. www.ctsi.org.

COVERED BENEFITS	COVERAGE PRECENTAGE
Annual Calendar year deductible (single/family)	$50 / Max of 3 x $50
Annual Calendar Year Maximum	$1500
Diagnostic and preventative (no deductible) • Oral evaluations • X-rays • Cleanings • Space maintainers • Other selected diagnostic and preventative services	100%
General Services (deductible applies) • Emergency palliative treatment • Consultations • Office visits for observation • Other selected general services	80%
Restorative Services (deductible applies) • Amalgam and composite restorations • Pin retention procedures	80%

Endodontic Services (deductible applies) • Root canal therapy • Apexification • Therapeutic pulpotomy • Other selected endodontic services	80%
Oral Surgery Services (deductible applies) • Simple surgical tooth extractions • General anesthesia (surgical procedures) • I.V. sedation (surgical procedures) • Other selected oral surgery services Note: Some surgical procedures (i.e. surgical extraction of impacted wisdom teeth) will be eligible benefits under the medical plan. Please consult the Summary Plan Description.	80%
Periodontal Services (deductible applies) • Gingivectomy • Crown lengthening • Osseous surgery • Soft tissue grafts • Other selected periodontal services	80%
Prosthodontic Services (deductible applies) • Crowns/onlays/inlays • Partial and full dentures • Other selected prosthodontic services	50%
Orthodontic Services (deductible applies) • Non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth • Examination and records • Tooth guidance • Repositioning (straightening) of the teeth	50% $1,000 Per Individual Per Lifetime Maximum

DENTAL PLAN COST to the EMPLOYEE

Monthly cost to the employees:	Employee Only	Employee + 1	Family
Plan A	$6.32	$22.09	$28.72

VISION INSURANCE

Vision Service Plan (VSP) allows you to choose an optometrist from the VSP national network or you may use any licensed provider of your choice. VSP offers you one of the largest vision care networks in the industry, with a wide selection of experienced optometrists and opticians. Visit vsp.com for full details of the vision coverage and exclusive savings and promotions for VSP members. Out of network providers may have a different copay. Visit vsp.com to find an in-network provider.

Benefit	Description	Co-pay for in-network providers
WellVision Exam	Every 12 months	$15.00
Prescription Glasses	$150.00 allowance for a wide selection of frames $170.00 allowance for featured frame brands	$15.00
Frames	20% savings on the amount over your allowance Every 12 months	Included in prescription glasses
Lenses	Polycarbonate lenses for dependent children Progressive lenses Photochromic adaptive lenses Scratch-resistance coating Every 12 months	Included in prescription glasses $0 $0 $0
Lens enhancements	Average savings of 35-40% on other lens enhancements Every 12 months	
Contacts (instead of glasses)	$150 allowance for contacts; up to $60 copay Contact lens exam (fitting and evaluation Every 12 months	Up to $60.00
Diabetic Eye care Plus Program	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed	$20.00
Glasses and Sunglasses	Extra $20 to spend on featured frame brands. Go to vsp.com/special offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.	

Retinal Screening	No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam.	
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.	

VISION PLAN COST to the EMPLOYEE

Monthly cost to the employees:	Employee Only	Employee + 1	Family
VSP plan	$1.14	$3.97	$5.16

RETIREMENT

Alamosa County contracts with CRA (Colorado Retirement Association) to provide two retirement programs for the employees. Information about the organization may be found at cra-online.org

VOLUNTARY: 457(b) retirement program allows employees to put money aside for retirement either before tax or after tax. The employee can join this program or make changes at any time throughout the year. The County does not contribute to this program. The employee is responsible for the investment strategy of this account with the advice of retirement counselors from CRA.

MANDATORY: 401(a) retirement program begins at the first of the month after an employee has completed one (1) year of continuous employment with Alamosa County. The program requires four (4) percent to be taken from the employee's earnings pre-tax. The County will match that four (4) percent and the entire sum will go into an account in the employee's name. The employee is responsible for the investment strategy of this account with the advice of retirement counselors from CRA.

LEAVE ACCRUALS and HOLIDAYS

Alamosa County provides vacation and sick leave hours for all employees that work twenty (20) hours per week or more. Accruals are based on the number of hours per week the employee is hired to work. Vacation leave accruals increase with length of service. The accrual cap for vacation leave is 180 hours. The accrual cap for sick leave is 480 hours.

Vacation leave hours accrued every month:

Length of Continuous Employment	**Work week of 20 hours**	**Work week of 30 hours**	**Work week of 37.50 hours**	**Work week of 40 hours**
Start date to 5-year anniversary	4 hours	6 hours	7.5 hours	8 hours
5 years to 10-year anniversary	5 hours	7.5 hours	9.5 hours	10 hours
Over 10 years	6 hours	9 hours	11.5 hours	12 hours

Sick leave hours accrued every month:

Work week of 20 hours	Work week of 30 hours	Work week of 37.50 hours	Work week of 40 hours
4 hours	6 hours	7.5 hours	8 hours

HOLIDAYS

The County Commissioners have approved 13 1/2 paid holidays for all eligible employees (working 20 hours per week or more). The holidays are: New Year's Day, President's Day, Good Friday (1/2 day), Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve, Christmas Day, and an employee floating holiday.

OTHER BENEFITS

These plans are offered for payroll deduction only. The County does not contribute towards memberships, fees, or any other costs involved in coverage.

FLEX PLAN FOR UNREIMBURSED MEDICAL EXPENSES AND DEPENDENT CARE

Alamosa County contracts with Total Administrative Services Corporation (TASC) to provide two types of flexible spending accounts (FSAs):

- Unreimbursed medical
- Dependent care

These accounts allow you to set aside a certain amount of each paycheck (before paying income taxes) for IRS qualified health care and/or dependent care expenses.

The unreimbursed medical account allows you to set aside pre-tax money to pay for IRS qualified medical, dental and vision expenses that are not otherwise reimbursed by the medial plan. The maximum annual contribution for unreimbursed medical is $3,050. You can carry over up to $500 at the end of the plan year to the following year. Anything above the $500 amount is lost. Over-the-counter drugs are not considered eligible expenses under the unreimbursed medical account unless you have a written prescription from your doctor.

The dependent care account allows you to set aside pre-tax money to pay for eligible child and/or elder day care expenses that you incur to allow you and your spouse to work and/or attend school full-time. The maximum annual contribution for dependent care is $5,000. Dependent care has a use it or lose it rule.

THE UNREIMBURSED MEDICAL ACCOUNT ALLOWS YOU TO CARRY OVER UP TO $500 AT THE END OF THE PLAN YEAR. THE DEPENDENT CARE ACCOUNT HAS A USE IT OR LOSE IT RULE.

Information about TASC may be found at www.tasconline.com

AFLAC

A variety of plans available for either pre-tax or after-tax deductions. Plans may include: group critical illness, group accident plan, disability coverage, Cancer plans, group hospital advantage (hospital admission benefit) and life insurance. These low-cost plans offer security when faced with accidents or illnesses.

AIRMEDCARE

The need for air medical transportation can happen to anyone at any time. The benefits of this program are there are no out-of-pocket expenses for any emergent or medically necessary flights that you or your dependents may need during the term of agreement and if you leave employment with the County, the plan goes with you. The plan covers you throughout Air Medical Resource Group's (AMRG) extensive network. The cost of the plan for household is $60.00 for 1 year, $170 for 3 years, $275 for 5 years, and $520 for ten years.

ALAMOSA RECREATION CENTER

An agreement with the City of Alamosa provides Recreation Center passes to employees and their families at a reduced cost. Individual memberships receive a 20% discount, a certificate is required. Rec Center has basketball courts, walking/running track, exercise and weight equipment and classes.

LEGAL SHIELD/ID SHIELD

A plan offered through the County to assist with legal fees for just pennies a day. Members have access to top-rated legal professionals to assist with preventative legal advice on unlimited issues; letter and/or calls made on your behalf, contracts and documents review (up to 15 pages), preparation of a will, a living will, Health Care Power of Attorney, moving traffic violations, and many more services.

IDShield offers privacy monitoring, security monitoring, consultation and full-service restoration for a low monthly cost. Both services may be combined for an even bigger savings! Cost is based on plan selection.

MASA MEDICAL TRANSPORT SOLUTIONS

Transport for medical reasons may be costly and insurance does not always cover the cost. This plan offers coverage for both ground and air emergency medical transport and you will have zero out of pocket expense. Two plans are offered Emergent Plus, and Platinum. The basic 1-year coverage for Emergent Plus Ground is $19 per month or $228 per year. For the Platinum plan the cost is $39 per month or $468 per year.

SLV SPORTS AND WELLNESS (24-hour access)

Open memberships are offered for this 24-hour athletic club. Monthly cost of the plan is $35 per month per member through the County. Athletic club offers cardio center, cross-training, hot tub, sauna, free supervised Kid's Club, swimming pool (additional charge) and much more.

OTHER SERVICES

Adams State University Swimming Pool (for more information go to www.adams.edu)

Cost is $5.00 or a semester pass of $40.00
Open swim hours are:
Monday 1:00 pm to 2:00 pm
Tuesday, Wednesday and Thursday- 12:30 pm to 1:30 pm
Saturday- 1:00 pm to 2:00 pm

San Luis Valley Behavioral Health Group- 1-719-589-3671

Office hours: Monday thru Friday 8:00 am to 4:00 pm
Walk in's welcome
First visit is free.
Insurance may be billed for services
Without insurance, payment is on a sliding scale. (Example: Single person making $14.00 per hour would be charged $25.00 per visit)

Verizon (at any local Verizon store)

15% off merchandise by mentioning you work for Alamosa County

IMPORTANT NOTICES

Women's Health and Cancer Rights Act of 1998 Notice

Under Federal law, group health plans, insurers, and HMO's that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery, effective for the first plan year beginning on or after October 21, 1998. In the case of a participant or beneficiary who is receiving benefits under the plan in connection with a mastectomy and who elects breast reconstruction, federal law requires coverage in a manner determined in consultation with the attending physician and the patient for:

- 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 at all stages of the mastectomy, including lymphedemas

This coverage is subject to a plan's annual deductibles and coinsurance provisions.

These provisions are generally described in the Plan Document and Summary Plan Description (SPD).

If you have any questions about whether your plan covers mastectomies or reconstructive surgery, please contact your Plan Administrator of the County Health Pool (1-800-698-0087).

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Health First Colorado (Colorado Medicaid):

Website: http/www.healthfirstcolorado.com

Customer Service 1-800-359-1991 State Relay 711

NOTICE REGARDING RIGHTS OF PREGNANT WORKERS

Effective August 10, 2016, pursuant to C.R.S. 24-34-402.3, et seq., all employees and applicants for employment in the State of Colorado have the right to be free from discriminatory or unfair employment practices because of pregnancy, a health condition related to pregnancy, or the physical recovery from childbirth. In addition, all employers shall: PROVIDE REASONABLE ACCOMMODATIONS TO PERFORM THE ESSENTIAL FUNCTIONS OF THE

JOB TO AN APPLICANT FOR EMPLOYMENT OR AN EMPLOYEE FOR HEALTH CONDITIONS RELATED TO PREGNANCY OR THE PHYSICAL RECOVERY FROM CHILDBIRTH, IF THE APPLICANT OR EMPLOYEE REQUESTS THE REASONABLE ACCOMMODATIONS, UNLESS THE ACCOMMODATION WOULD IMPOSE AN UNDUE HARDSHIP ON THE EMPLOYER'S BUSINESS; NOT TAKE ADVERSE ACTION AGAINST AN EMPLOYEE WHO REQUESTS OR USES A REASONABLE ACCOMMODATION RELATED TO PREGNANCY, PHYSICAL RECOVERY FROM CHILDBIRTH, OR A RELATED CONDITION; NOT DENY EMPLOYMENT OPPORTUNITIES TO AN APPLICANT OR EMPLOYEE BASED ON THE NEED TO MAKE A REASONABLE ACCOMMODATION RELATED TO THE APPLICANT'S OR EMPLOYEE'S PREGNANCY, PHYSICAL RECOVERY FROM CHILDBIRTH, OR A RELATED CONDITION; NOT REQUIRE AN APPLICANT OR EMPLOYEE AFFECTED BY PREGNANCY, PHYSICAL RECOVERY FROM CHILDBIRTH, OR A RELATED CONDITION TO ACCEPT AN ACCOMMODATION THAT THE APPLICANT OR EMPLOYEE HAS NOT REQUESTED OR AN ACCOMMODATION THAT IS UNNECESSARY FOR THE APPLICANT OR EMPLOYEE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, AND NOT REQUIRE AN EMPLOYEE TO TAKE LEAVE IF THE EMPLOYER CAN PROVIDE ANOTHER REASONABLE ACCOMMODATION FOR THE EMPLOYEE'S PREGNANCY, PHYSCIAL RECOVERY FROM CHILDBIRTH, OR RELATED CONDITION.

IRS FORM 1095

Under the Affordable Care Act, employers (and in some cases insurance companies) are required to provide full-time employees, as well as other employees enrolled in a medical plan, with IRS Form 1095. The 1095 form should be provided to you annually.

For each month of the calendar hear that you were enrolled in a medical plan, this 1095 form documents that you (and any enrolled family members) met the federal requirement to have "minimum essential coverage or MEC", meaning group medical plan coverage. Having minimum essential coverage means you and your family members may not have to pay a penalty when you file your personal income taxes. Visit the Health Insurance Marketplace at https://www.healthcare.gov/fees/fee-for-not-being-covered/ for detailed information on the individual shared responsibility payment penalty.

If you receive a 1095 form, you do not need to attach the form to your personal income tax return or wait to receive the form before filing your tax return. If you receive a form, this year, keep it in a safe place with your other tax records because you may need to produce it if requested by the IRS.

PRIVACY NOTICE (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health insurance from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

The Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan.

COBRA COVERAGE

In compliance with a federal law, Consolidated Omnibus Budget Reconciliation Act of 1985 or known as COBRA Continuation Coverage, this plan offers its eligible employees and their covered dependents the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (known as qualifying events).

Eligible employees and covered dependents are entitled to elect COBRA when certain events occur, and as a result of the event, coverage of that employee or dependent ends. Covered dependents and eligible employees who elect COBRA Continuation Coverage must pay for it at their own expense.

Qualifying events may include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible child under the terms of the plan, if a loss of coverage results.

The maximum period of COBRA coverage is generally either 18 months or 36 months, depending on which qualifying event occurred.

HEALTH INSURANCE THROUGH THE MARKETPLACE

If you elect not to take health coverage through the County, you may want to look for coverage through the Health Care Marketplace. For coverage in Colorado see http://connectforhealthco.com/ or for insurance in other states use https://www.healthcare.gov/. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll.

The Health Insurance Marketplace Notice is at the end of this document.

GENERAL STATEMENT OF NONDISCRIMINATION

Alamosa County is dedicated to the principles of equal employment opportunity. We prohibit unlawful discrimination against applicants or employees on the basis of age 40 and over, race, sex (pregnancy, sexual orientation, and gender identity), color, religion, national origin, disability, genetic information, or any other applicable status protected by federal, state, or local law.

Alamosa County will make reasonable accommodation for qualified individuals with known disabilities and employees whose work requirements interfere with a religious belief unless doing so would result in an undue hardship to the County or a direct threat. Employees needing such accommodation are instructed to contact Human Resources Department (HR).

NOTICE FOR PEOPLE WITH MEDICARE

If you and/or your family members are not now eligible for Medicare, and will not be eligible during the next 12 months, you may disregard this Notice.
If, however, you and/or your family members are now eligible for Medicare or may become eligible for Medicare in the next 12 months, you should read this Notice very carefully.

This notice is required by law whether the group health plan's coverage is primary or secondary to Medicare. Because it is not possible for our Plan to always know when a Plan participate or their eligible spouse or children have Medicare coverage or will soon become eligible for Medicare we have decided to provide this Notice to all plan participants.
Prescription drug coverage for Medicare-eligible people is available through Medicare prescription drug plans (PDPs) and Medicare Advantage Plans (like an HMO or PPO) that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more drug coverage for a higher monthly premium.

Alamosa County has determined that the prescription drug coverage is "creditable" under the Medical Plan administered by Anthem Blue Cross and Blue Shield.
"Creditable" means that the value of this Plan's prescription drug benefit is, on average for all plan participants, expected to pay out as much as or more than the standard Medicare prescription drug coverage will pay.

Because the medical plan noted above is, on average, at least as good as the standard Medicare prescription drug coverage, you can elect or keep prescription drug coverage under the Medical plan (administered by Anthem Blue Cross and Blue Shield) and you will not pay extra if you later decide to enroll in Medicare prescription drug coverage. You may enroll in Medicare prescription drug coverage at a later time and because you maintain creditable coverage, you will not have to pay a higher premium (a late enrollment fee penalty).

Medicare-eligible people can enroll in a Medicare prescription drug plan at one of the following times:

1. When they first become eligible for Medicare
2. During Medicare's annual election period (from October 15th through December 7th)
3. For beneficiaries leaving employer/union coverage, you may be eligible for a two-month Special Enrollment Period (SEP) in which to sign up for a Medicare Prescription drug plan

When you make your decision whether to enroll in a Medicare prescription drug plan, you should also compare your current prescription drug coverage, (including which drugs are covered and at what cost) with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

You will receive this notice at least every 12 months and at other times in the future such as if the creditable/non-creditable status of the prescription drug coverage through this plan changes. You may also request a copy of a Notice at any time.

If you do not have creditable prescription drug coverage when you are first eligible to enroll in a Medicare prescription drug plan and you elect or continue prescription drug coverage under a non-creditable prescription drug plan, then at a later date you decide to elect Medicare prescription drug coverage you may pay a higher premium (a penalty) for that Medicare prescription drug coverage for as long as you have that Medicare coverage.

Maintaining creditable prescription drug coverage will help you avoid Medicare's late enrollment penalty. This late enrollment penalty is described below:

- If you go 63 continuous days or longer without creditable prescription drug coverage (meaning drug coverage that is at least as good as Medicare's prescription drug coverage), your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have either Medicare prescription drug coverage or coverage under a creditable prescription drug plan. You may have to pay this higher premium (the penalty) as long as you have Medicare prescription drug coverage.
  For example, if 19 months pass where you do not have creditable prescription drug coverage, when you decide to join Medicare's drug coverage your monthly premium will always be at least 19% higher than the Medicare base beneficiary premium. Additionally, if you go 63 days or longer without prescription drug coverage you may also have to wait until the next October to enroll for Medicare prescription drug coverage.

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. A person enrolled in Medicare (a "beneficiary") will get a copy of this handbook in the mail each year from Medicare. A Medicare beneficiary may also be contacted directly by Medicare-approved prescription drug plans. Visit www.medicare.gov for more information.