ColCal Colorado, Inc. dba Taco Bell

EMPLOYEE BENEFITS GUIDE

—— MAKE THE MOST OF BENEFITS——
TO SUPPORT YOUR TOTAL WELL-BEING

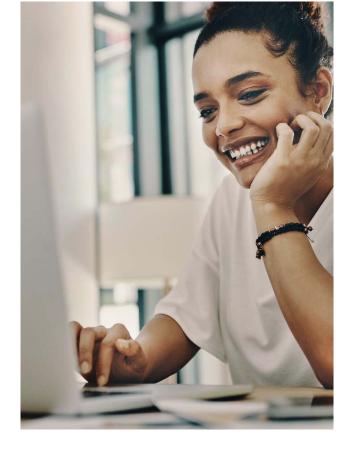


Your Benefits

Welcome to Open Enrollment

Your benefit plans have been designed to provide you with a comprehensive package that is responsive to all our employees' needs. This booklet is designed to help you navigate your benefits choices. The descriptions included in this summary are based on the documents that legally govern how the plans work. If there is any discrepancy between the descriptions in this summary and the controlling contracts or plan documents, the language in the controlling contracts or plan documents will govern. If you would like a copy of any of these documents, please contact your Human Resources department.

Our open enrollment period begins on December 1st and ends December 31st.



For purposes of these benefits, eligible family members include:

- Legally married spouse, common-law spouse, or domestic partner.
- Dependent children under 26 years of age or longer if deemed to be continuously disabled and incapable of self-support.

Changing Your Benefits During the Year

The only other time you may change your coverage during the plan year is if you have a qualifying life event. You may change from one coverage type to another upon the occurrence of one of the qualifying events listed below, providing you apply for the change in coverage within 31 days of the qualifying event:

- Marriage, divorce, or legal separation
- Birth, adoption, placement, quardianship, or court-ordered coverage of a dependent child
- Death of your spouse or dependent
- Eligibility for Medicare
- Covered dependent is no longer eligible
- Covered employee's spouse or dependent gains or loses coverage due to his or her employment status or own employer's open enrollment

For a complete listing of qualified changes in status, see your local Payroll/Benefit Administrator. Changes to your benefits must be made within 31 days of the event and consistent with your status change.

What's New for 2024?

All lines of coverage will renew on January 1st, 2024.

We will be offering Coverage for Medical with Cigna. Dental and Vision will be with Delta Dental and VSP.

Medical

• Cigna is going digital and moving away from offering <u>physical ID cards</u>. Instead, ID cards will be available via myCigna.com, or the myCigna app. Digital ID cards will allow members to access their plan coverage information more easily and conveniently when needed. Members will still have the option to request printed ID cards via myCigna.com. See the following pages on how to obtain an ID Card.

Cigna Base and Buy Up Plans

• We have worked with Cigna to match benefits as close as possible to United Healthcare. See Benefit Details on following pages.

Dental

• Dental will move to Delta Dental effective 1/1/24. We have worked with Delta to match benefits. Please see details on following pages.

Vision Plan

• We are offering a new option for Vision coverage with the VSP network effective 1/1/24.



Base and Buy Up Medical Highlights CIGNA OAP Network

Plan Details	Base In Network	Buy Up In Network
Deductible Individual and Family	\$5,000/\$15,000	\$1,000/\$3,000
Coinsurance	70%	80%
Out of Pocket	\$6,350/\$15,000	\$3,300/\$8,400
Office Visit Copays	\$30 Primary Doc \$45 Specialty	\$30 Primary Doc \$45 Specialty
Preventive Care	Covered 100% No Copay	Covered 100% No Copay
Inpatient Care	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Care	Deductible and Coinsurance	Deductible and Coinsurance
Emergency Room	\$250 Copay	\$250 Copay
Urgent Care	\$65 Copay	\$65 Copay
Lab and X Ray	Deductible and Coinsurance	Deductible and Coinsurance
Pharmacy	\$15 Generic \$30 Preferred \$250 Non-Preferred	\$15 Generic \$30 Preferred \$250 Non-Preferred

Please refer to SBC for further details

Cigna Virtual Care

Virtual Care - MDLive

Virtual care can be a convenient and affordable option for a wide range of care. For appointments, you can work with an in-network provider at mycigna.com. From your phone, tablet or computer, you can:

- Connect 24/7 with board-certified doctors and pediatricians for minor medical conditions, such as seasonal allergies, colds and flu, or upper respiratory infections.
- Schedule appointments with licensed therapists or psychiatrists for behavioral or mental health conditions, such as stress and depression.

Virtual Wellness Screenings

Virtual wellness screenings are convenient and covered at no cost to you. Here's how they work:

- Complete your MDLive online health assessment.
- Choose an in-network lab and schedule an appointment,
- Choose an MDLive provider and schedule your virtual visit.
- Go to your lab appointment and get a notification when the results are available in the MDLive portal.
- Attend your virtual visit; you'll receive a summary of your screening results for your records.

24/7 Health Information Line

At no extra cost, you can speak to a clinician to make more informed decisions about your care. Whether it's reviewing home treatment options, following up on a doctor's appointment or finding the nearest urgent care center in your network. You can call the number on the back of your ID card day or night.



Ways to Save

Tips to health you save money



Find where to get prescription drugs

- Find the complete list of covered medications on myCigna.com
- Use cost comparison tools on myCigna to compare prices and purchase mailorder prescriptions
- Use generics when possible
- Know what brand-name drugs are covered in your plan
- Ask your doctor about a 90-day supply for your maintenance medication(s) through our home delivery pharmacy service



Know where to go for care

- Use an emergency room for true emergencies
- Don't wait: Locate an in-network convenience care clinic or urgent care center near you, before you need it
- Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area



Choose the right provider

- Now which providers are in your network by going to myCigna.com > Find Care & Costs
- Opt to connect with a board-certified doctor, therapist or psychiatrist via video or phone²
- Use in-network national labs to help save money



Be proactive about your health

- Get information on the cost of medications and treatments to avoid surprises
- Use your preventive care benefits, learn your core health numbers and make use of the health improvement tools at myCigna.com

Cigna 90 Now

The Cigna 90 Now program makes it easier for you to fill your maintenance medications. These are the medications you take regularly to treat an ongoing health condition like asthma, diabetes, high blood pressure, or high cholesterol. With the Cigna 90 Now program, you can choose how and where to fill your prescriptions.

You choose the amount. A 30-day supply or 90-day supply.

- If you fill a 30-day supply, you can use any retail pharmacy in your plan's network. You have the option of switching to a 90-day supply at any time.
- **If you fill a 90-day (or 3-month) supply**, you can use <u>select</u> in-network retail pharmacies that are approved to fill 90-day prescriptions. You also have the option to use Express Scripts Pharmacy, Cigna's home delivery pharmacy.
- To find in-network pharmacies, use your myCigna member portal or app.

Employee Assistance Program

The Cigna Employee Assistance Program is a free prepaid service offered to enrolled employees by ColCal Colorado, Inc.'s medical plans. The Cigna EAP works with highly trained and qualified professionals who are experts in well-being, family matters, relationships, debt management, consumer rights, and much more.

- 3 face-to-face visits (per incident, per year) with a licensed behavioral health provider in Cigna's EAP network.
- Live chat with an EAP advocate.
- Unlimited telephone counseling and access to work-life resources.
- Access to legal services, including 30-minute free consultations with a licensed attorney
- Free consultations with financial specialist.

Self-service digital tools and resources

iPrevail

iPrevail offered through Cigna is a digital therapeutics program designed by experienced health care professionals to help you take control of the stresses of everyday life. It's loaded with interactive video lessons and one-on-one coaching to help with depression and anxiety.

Happify

Happify offered through Cigna is a self-directed program with activities, science-based games and guided meditations, designed to help reduce stress and anxiety, gain confidence, defeat negative thoughts and boost overall health.

Call: 877-231-1492 Website: www.mycigna.com.

EAP resources are available for free to you and your household family members enrolled on the Cigna medical plan.



Dental Insurance

The offered dental Plan through Delta Dental will allow you to choose any licensed dentist for care. However, you'll save more by using a dentist in the Delta Dental PPO Network. The PPO Network offers convenient access to highly rated dentists all across the country and savings on covered dental services. You can search for PPO Network dentists by going to www.deltadentalco.com.

Why go in-network?

Network dentists have agreed to reduce their fees for Delta Dental PPO customers. They will also file claims for you, and they cannot "balance bill" you for the difference between their regular fees and the reduced fees they have agreed to accept from Delta Dental when you see an PPO provider for your preventative care services like cleanings, exams and routine x-rays at no additional cost. The table below is a high-level summary of the dental plan benefits. For a copy of your detailed summary of benefits contact Human Resources.

Network	PPO	Premier	Non-Network
Deductible (Individual/Family)	\$50/\$150		
Annual Maximum		\$1,500	
Preventative Service	100% ded. waived		
Basic Services	80% after deductible		
Major Services	50% after deductible		

Right Start 4 Kids: Removes cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for diagnostic and preventative, basic, and major services, with no deductible, when in-network providers are seen. *If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are not eligible for the RS4K 100% coverage level.

If you do not see a PPO provider, and your provider charges more than the PPO provider's Allowable Fee, you will be responsible for the excess charges. If you see a Premier Provider, you will be responsible for the difference between the PPO provider's Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA). If you see a non-participating provider, you will be responsible for the difference between the PPO provider's Allowable Fee and the full billed charges.

Vision Insurance

ColCal Colorado, Inc. offers you the ability to purchase vision insurance through VSP. Go to www.vsp.com to find in-network providers, and please make sure to look at the "Insight" network. You pay the total cost of vision coverage.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

		DeltaVision 150 + Kids Care
Cost Sharing	Exam Copay	\$10
	Exam Frequency	12 Months
	Materials Copay	\$25
	Lens Frequency	12 Months
ŏ	Frame Frequency	24 Months
	Contacts Frequency	12 Months
S	Medically Necessary Contact Lenses	100%
nefit	Elective (Cosmetic) Contact Lenses	Up to \$60
k Be	Standard Frames	\$25 Copay
twor	Single Vision Lenses	\$25 Copay
In-Network Benefits	Bifocal Lenses	Included in prescription glasses
=	Trifocal Lenses	Included in prescription glasses
fits	Medically Necessary Contact Lenses	Up to \$210
Out-of-Network Benefits	Elective (Cosmetic) Contact Lenses	Up to \$105
ork	Standard Frames	Up to \$70
Vetw	Single Vision Lenses	Upt to \$30
-of-	Bifocal Lenses	Up to \$50
Out	Trifocal Lenses	Up to \$65
	Private Practice Network	Included
Misc	Retail Network	Included
Σ	Laser Correction	Discount Available
	Non-Contrib/Contrib/Voluntary	Voluntary

Contacts

Resources and Contact Information

Do you have a question about your benefits?

Refer to this list when you need to contact one of your benefit vendors for general information.

Medical		
Provider Name:	Cigna	
Provider Phone Number:	(866)494-2111	
Provider Web Address:	Mycigna.com	
Virtual Visits		
Provider Name:	MDLive	
Provider Phone Number:	(888)726-3171	
Provider web Address:	Mycigna.com	
Dental and Vision (VSP)		
Provider Name:	Delta Dental of Colorado	
Provider Phone Number:	(800) 610-0201	
Provider Web Address:	www.deltadentalco.com	
Cigna EAP – enrolled members only		
Provider Name:	Cigna	
Provider Phone Number:	(877)231-1492	
Provider Web Address:	Mycigna.com	

Notices

Premium Assistance Under Medicaid Or 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 <u>www.healthcare.gov</u>.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility:

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

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

GEORGIA – Medicaid

INDIANA – Medicaid

GA HIPP Website: https://medicaid.georgia.gov/health-insurance-

premium-payment-program-hipp Phone: 678-564-1162, Press 1

GA CHIPRA Website: https://medicaid.georgia.gov/programs/thirdparty-liability/childrens-health-insurance-program-reauthorization-act-

2009-chipra

Phone: 678-564-1162, Press 2

Healthy Indiana Plan for low-income adults 19-64

Website: http://www.in.gov/fssa/hip/

Phone: 1-877-438-4479

All other Medicaid

Website: https://www.in.gov/medicaid/

Phone: 1-800-457-4584

IOWA - Medicaid and CHIP (Hawki)

Medicaid Website: https://dhs.iowa.gov/ime/members

Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki

Hawki Phone: 1-800-257-8563

HIPP Website: https://dhs.iowa.gov/ime/members/

medicaid-a-to-z/hipp

HIPP Phone: 1-888-346-9562

KANSAS - Medicaid

Website: https://www.kancare.ks.gov/

Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

LOUISIANA - Medicaid

Kentucky Integrated Health Insurance Premium Payment Program

(KI-HIPP) Website:

https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx

Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx

Phone: 1-877-524-4718

Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

MAINE - Medicaid

MASSACHUSETTS - Medicaid and CHIP

Enrollment Website:

https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 TTY: Maine relay 711

Website: https://www.mass.gov/masshealth/pa

Phone: 1-800-862-4840

TTY: 711

Email: <u>masspremassistance@accenture.com</u>

Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms

Phone: 1-800-977-6740 TTY: Maine relay 711

MINNESOTA - Medicaid

MISSOURI - Medicaid

Website:

https://mn.gov/dhs/people-we-serve/children-and-families/health-<u>care/health-care-programs/programs-and-services/other-insurance.isp</u>

Phone: 1-800-657-3739

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm

Phone: 573-751-2005

MONTANA - Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084 **Email:** <u>HHSHIPPProgram@mt.gov</u>

NEBRASKA - Medicaid

Website: http://www.ACCESSNebraska.ne.gov

Phone: 1-855-632-7633 Lincoln: 402-473-7000

NEVADA – Medicaid

Medicaid Phone: 1-800-992-0900

Omaha: 402-595-1178

NEW HAMPSHIRE – Medicaid

Medicaid Website: http://dhcfp.nv.gov

Website: <u>https://www.dhhs.nh.gov/programs-services/medicaid/health-</u>

<u>insurance-premium-program</u>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

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

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health-care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: <u>http://dss.sd.gov</u> Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration <u>www.dol.gov/agencies/ebsa</u> 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.