



EMPLOYEE BENEFITS

Benefit plans effective April 1, 2019–March 31, 2020



HEART OF THE ROCKIES
REGIONAL MEDICAL CENTER

Valuable benefits available
exclusively to you



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The Heart of the Rockies Regional Medical Center Benefits Package

Benefits are an integral part of the overall compensation package provided by Heart of the Rockies Regional Medical Center (HRRMC). Within this Benefits Guide you will find important information on the benefits available to you for the 2019-2020 plan year (April 1, 2019 through March 31, 2020). The elections you make at this time will remain the same through March 31, 2020, unless you experience a qualifying life event. Please take a moment to review the benefits HRRMC offers to determine which plans are best for you.

Benefits Eligibility

Your coverage is effective on the first of the month following your date of hire.

Medical, Dental, Vision, and FSAs

- All active, full-time employees regularly scheduled to work 32 hours or more per week (or 64 hours per pay period).
- All active, part-time employees regularly scheduled to work 24 hours or more per week (or 48 hours per pay period).

Life/AD&D Insurance:

- Class 1: All active, full-time employees regularly scheduled to work 32 hours or more per week (or 64 hours per pay period).
- Class 2: All active, part-time employees regularly scheduled to work a minimum of 24 hours per week (or 48 hours per pay period).

Long-Term Disability Insurance

- All active, full-time employees, officers, executives, managers, and medical-degreed/certified personnel regularly scheduled to work 32 hours or more per week (or 64 hours per pay period).

Many of the plans offer coverage for eligible dependents, including*:

- Your legal spouse or civil union partner.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

* Applies to medical/Rx, dental, vision, and health care FSA coverage only; eligibility varies for other coverages. Please see Human Resources or plan documents outlining eligibility for more information.

Enrollment

You can sign up for benefits or change your benefit elections at the following times:

- Within 30 days of your initial eligibility date (as a newly hired employee).
- During the annual benefits open enrollment period.
- Within 30 days of a qualifying life event (see other limitations or extensions for Medicare and Medicaid in the plan document)

If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year, unless you experience a qualifying event.

Changing Your Benefits during the Year

HRRMC allows you to pay your portion of the medical/dental/vision benefits, and fund the flexible spending accounts, on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Marriage, legal separation, or divorce
- Change in a dependent's eligibility (child at age 26)
- Change in employment status for you, your spouse, or your dependents
- Birth, adoption, or death of a child

To request a benefits change, notify the Human Resources department within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You will need to provide proof of the change, such as a marriage certificate or record of birth.



Medical Insurance Plan

HRRMC offers you and your eligible dependents a comprehensive medical plan, which is administered by UMR. The plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate a network provider at www.umar.com, select “Find a provider”, select **UnitedHealthcare Choice plus** as the network.

The table below summarizes the key features of the medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

SUMMARY OF COVERED BENEFITS	HRRMC MEDICAL PLAN		
	Services provided by HRRMC	In-Network	Out-of-Network
Plan Year Deductible Per Covered Person/Per Family Unit	HRRMC tier and In-Network do cross accumulate, but OON does not cross accumulate		
	\$500/\$1,000	\$500/\$1,000	\$1,500/\$3,000
Plan Year Out-of-Pocket Maximum Per Covered Person/Per Family Unit	Deductible not included		
	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000
Preventive Care	100% covered (no ded.)	100% covered (no ded.)	100% covered (no ded.)
Physician Services Office Visit	\$40 copay	\$40 copay	40% after ded.
Inpatient Hospital Services HRRMC and In-Network have different benefits	\$200 copay/day, then 25% after ded.	\$350 copay/day, then 25% after ded.	\$600 copay/day, then 40% after ded.
Outpatient/Ambulatory Surgery HRRMC and In-Network have different benefits	\$500 copay after ded.	\$750 copay after ded.	40% after ded.
Emergency Room Services	\$125 copay	\$125 copay	\$125 copay
Lab and X-ray	25% after ded.	25% after ded.	40% after ded.
Occupational/Physical/Speech Therapy	Medical Necessity reviewed after 25 visits.		
	\$40 copay	\$40 copay	40% after ded.
Mammograms Diagnostic Mammograms	100% covered after ded.	100% covered after ded.	100% covered after ded.
Diagnostic 3-D Mammograms	25% after ded.	25% after ded.	40% after ded.
Preventive Mammograms	100% covered (no ded.)	100% covered (no ded.)	100% covered (no ded.)
Chiropractic	\$40 copay	\$40 copay	40% after ded.
Home Health Care	25% after ded.	25% after ded.	40% after ded.
Hospice Care	25% after ded.	25% after ded.	40% after ded.
Inpatient Mental Health/Substance Abuse HRRMC and In-Network have different benefits	\$200 copay/day, then 25% after ded.	\$350 copay/day, then 25% after ded.	\$600 copay/day, then 40% after ded.
Outpatient Visit Mental Health/Substance Abuse	25% after ded.	25% after ded.	40% after ded.
Office Visit Mental Health/Substance Abuse	Payable under Office Visit benefit	Payable under Office Visit benefit	40% after ded.
Smoking Cessation	20%, up to \$600 lifetime maximum (prescriptions only)		

Summary of Covered Benefits Continued

Weight Management	\$10,000 Lifetime maximum benefit		
	Payable as any other illness	Payable as any other illness	40% after ded.
Retail Prescriptions (up to a 30-day supply)	Prescription birth control 100% covered (no ded.)		
	Generic	30% up to \$50 maximum	
	Preferred Brands	40% up to \$150 maximum	
	Non-Preferred Brands	50% up to \$150 maximum	
	Specialty	30% up to \$250 maximum	
Mail Order Prescriptions (up to a 90-day supply)	30% up to \$250 maximum		



Medical Insurance Plan

No Deductible When Services/Procedures are Received at HRRMC

Per the summary on the previous page, HRRMC will waive the \$500 individual deductible for all services or procedures (where deductible applies) performed by HRRMC. This only applies to HRRMC.

If you have a procedure or are an inpatient at HRRMC, you may receive a bill from providers who attended to you—such as the radiologist, anesthesia provider, pathologist or cardiologist—for services processed and applied to your deductible before the bill from HRRMC. You will need to pay the provider's bill in full, but that charge can be put toward your \$500 deductible. Please bring your paid receipt to PFS and the PFS representative will reduce your balance due to HRRMC by the amount of the deductible you paid to your physician.

If you meet some of the \$500 deductible at HRRMC and some of the deductible at another hospital or provider at a different hospital, we will only waive the portion of the deductible that is met for services received at HRRMC.

Tobacco Cessation Assistance

HRRMC has a tobacco cessation benefit. Under this benefit, coverage is provided for prescription tobacco cessation products. The plan will cover 80% of the cost of tobacco cessation products, up to a \$600 lifetime maximum.

WWW.UMR.COM(Portal)

The UMR Portal provides enrolled plan members with 24/7 access to their personal benefits and other health care information.

Through www.umar.com you can:

- View claims activity
- View a summary of all covered dependents
- Access provider links and contact information
- Access and submit important forms
- Update your personal information
- View and print Plan Documents

While in www.umar.com, you can access your FSA information too.

Note: You must register for www.umar.com by going to that website.





Dental and Vision Benefits

HRRMC offers employees (and their eligible dependents enrolled in medical coverage) a combined dental and vision benefit allowance of \$500 for each participant per plan year. With this allowance you have the flexibility to visit any dental or vision provider of your choice. All reimbursements under the plan are subject to “reasonable and customary” amounts as determined by the claims administrator (UMR).

Preventive pediatric dental services do not have an annual dollar limit; however, a limit of two preventive services per plan year applies. Similarly, vision exams for children (ages 0–18) do not have an annual dollar limit; however, a limit of one exam per plan year and one set of glasses per plan year (or a 12-month supply of contact lenses in lieu of glasses) applies.

Summary of Covered Benefits	Dental Services
Preventive and Diagnostic Services Cleanings, oral examinations, topical fluoride applications, X-rays, space maintainers, and sealants	100%
Basic Services Fillings, simple extractions, endodontics, repair of crowns, dentures, inlays and onlays, general anesthesia, oral surgery, and periodontics	50%
Major Services Bridgework, crowns, onlays, inlays, and dentures	50%
Orthodontia Services (children up to age 18)	50%

Summary of Covered Benefits	Vision Services
Complete Eye Exam	100%
Eyeglass Lenses, Frames, or Contact Lenses (up to age 18)	100%
Eyeglass Lenses, Frames, or Contact Lenses (age 19 and over)	50%



Medical/Dental/Vision Costs

Listed below are the monthly and per pay period costs for medical/dental/vision coverage, effective April 1, 2019. If you enroll in medical coverage, you are automatically eligible for the dental/vision benefit allowance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

If you experience a change in status (e.g. switch from regular, full-time to regular, part-time), you will see the change in premium on your next paycheck.

Full-Time (32 hours per week or more)

Coverage Level	Total	Employer Cost (Monthly)	Employee Cost	
			Monthly	Per Pay Period
Employee Only	\$860.82	\$745.12	\$115.70	\$57.85
Employee + Spouse	\$1,678.59	\$1,309.33	\$369.26	\$184.63
Employee + Child(ren)	\$1,592.48	\$1,241.60	\$350.88	\$175.44
Employee + Family	\$2,581.09	\$2,018.99	\$562.10	\$281.05

Part-Time (24–31 hours per week)

Coverage Level	Total	Employer Cost (Monthly)	Employee Cost	
			Monthly	Per Pay Period
Employee Only	\$860.82	\$613.72	\$247.10	\$123.55
Employee + Spouse	\$1,678.59	\$1,104.39	\$574.20	\$287.10
Employee + Child(ren)	\$1,592.48	\$1,047.18	\$545.30	\$272.65
Employee + Family	\$2,581.09	\$1,703.89	\$877.20	\$438.60



Flexible Spending Accounts

HRRMC offers two flexible spending account (FSA) options—the health care FSA and the dependent care FSA—which allow you to pay for eligible health care and dependent care expenses with pre-tax dollars. The FSAs are administered by UMR.

You decide how much to contribute to each FSA on a plan year basis up to the maximum allowable amounts. Your annual election will be divided by 24 pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the plan year.

Accessing Your FSA Funds

Claim Form

Submit a completed claim form and an EOB, bill, or itemized receipt from the provider, to UMR for reimbursement. Keep all receipts in case UMR requires you to verify the eligibility of a purchase.

Debit Card

The debit card can be used to pay for eligible health care expenses at the point of service. Always save itemized documentation for FSA purchases. You will be asked to submit documentation to verify the eligibility of a purchase. You will automatically receive the debit card, however it is up to you whether or not you choose to activate and use the card.

Health Care FSA

The health care FSA allows you to set aside money from your paycheck on a pre-tax basis to pay for eligible out-of-pocket expenses, such as deductibles, copays, and other health-related expenses, that are not paid by the medical, dental, or vision plans. Over-the-counter (OTC) medications are not eligible for reimbursement without a prescription.

HRRMC will help you fund your health care FSA by providing an initial contribution of \$400 if you enroll in the medical plan. If you waive HRRMC medical coverage, HRRMC will provide \$500 for full-time employees and \$450 for part-time employees so long as you provide proof of other coverage.

The health care FSA maximum contribution is \$2,700 for the 2019-2020 plan year.

Dependent Care FSA

The dependent care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider).

You may contribute up to \$5,000 to the dependent care FSA for the 2019–2020 plan year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 for the 2019-2020 plan year.

Things to Consider Before Contributing to an FSA:

- **Be sure to fund the accounts wisely. Due to the favorable tax treatment of FSAs, the IRS requires that you forfeit any money left in your account if you do not spend it by the end of the plan year. All claims must be submitted for reimbursement within 90 days following the end of the plan year, which ends March 31.**
- You cannot take income tax deductions for expenses you pay with your FSA(s).
- You cannot stop or change your FSA contribution(s) during the plan year unless you experience a qualifying life event.

Basic Life and AD&D Insurance

Life and accidental death and dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security. For your peace of mind, HRRMC provides basic life and AD&D insurance to all eligible employees at no cost through Cigna. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit.

Beneficiary Designations

Please be sure to keep your beneficiary designations up to date.

- **Class 1:** If you meet the Class 1 eligibility definition you will receive two times your annual compensation in life insurance, to a maximum of \$350,000, and one times your annual compensation in AD&D insurance, to a maximum of \$250,000.
- **Class 2:** If you meet the Class 2 eligibility definition you will receive a flat \$10,000 in life insurance plus a flat \$10,000 in AD&D insurance.
- **Beneficiary Designation:** To update your beneficiary information for these coverages, please complete the Cigna Beneficiary Designation Form and return it to Human Resources.

Long-Term Disability Insurance

HRRMC provides long-term disability insurance to eligible employees at no cost through Cigna. Long-term disability insurance is designed to help you meet your financial needs if you are disabled for 90 days or more due to illness or injury. Employees are eligible for this benefit on the first of the month following 90 days of disability.

You are eligible to receive 60% of your monthly covered earnings to a maximum of \$10,000 per month. Disability payments will only continue to be payable after 24 months if the disability is solely due to injury or sickness, you are unable to perform the material duties of any occupation for which you are qualified, and you are unable to earn 60% or more of your indexed earnings.

Eligibility for all CIGNA lines of coverage is first of the month following date of hire.

Employee Assistance Program

HRRMC provides an employee assistance program (EAP) through Mines and Associates. The EAP provides counseling to help you manage problems before they adversely affect your personal life, health, and/or job performance.

You and your household members are eligible for the EAP. The EAP is a free, strictly-confidential service that includes telephonic counseling and up to three face-to-face visits, per issue, per family member residing within the household, with a licensed professional counselor.

Assistance is available for the following personal and work-life situations:

- Abuse
- Anxiety
- Career
- Child and elderly care
- Death, grief, and dying
- Depression
- Drug/alcohol concerns
- Eating disorders
- Financial problems
- Legal referrals
- Marital and relationship
- Mood disorders
- Psychological issues
- Sexual issues
- Stress
- Work related

Contact the EAP by telephone at 800-873-7138 or 303-832-1068, or on the web at www.minesandassociates.com.

REACH AirMedCare Membership

HRRMC has partnered with REACH Air Medical Services to provide membership coverage in the AirMedCare network.

- Members pay no out-of-pocket expenses for emergency-medical flights provided by REACH.
- Coverage is provided at over 220 aircraft locations in 32 states.
- Highly skilled nurses, medics, and pilots are ready 24 hours per day.
- Even if someone who is not related to you is living in your household, he or she may qualify for this benefit.
- Membership cards and ID stickers for your vehicles will arrive at your home address. If you do not receive these, please contact Human Resources.
- This is **paid for by the employer**, but the value is \$50 per employee per month.

Retirement Savings Plans

HRRMC does not participate in social security, with the exception of the Medicare insurance portion. Instead, HRRMC has established a 401(a) government retirement plan. You make mandatory contributions that are matched by HRRMC. In addition, we offer a 457(b) government retirement plan for elective contributions, with additional matching HRRMC funds.

By contributing to these plans rather than to social security, you have more control over your retirement investments. You are able to make individual investment decisions within the investment options currently offered under the plans. Since these plans are government retirement plans, there could be a reduction in the social security benefit awarded at retirement. Any potential reduction is based on prior social security contributions and accumulated balances in this pension. For more information, go to www.socialsecurity.gov.

401(a) Plan

The minimum, mandatory contribution that is deducted from your pay is 3.75% of gross wages. All employees participate at this level beginning with the first pay period of employment. HRRMC matches this mandatory contribution dollar-for-dollar up to regulatory and policy limitations. This deduction is made prior to federal and state income taxes, thereby reducing federal income tax liability.

457(b) Plan

You may also elect to make an additional pre-tax contribution to the 457(b) plan. You may elect to contribute up to the regulatory maximum each year. HRRMC matches the elective contribution up to 3.25% of gross wages up to the established policy and regulatory limitations.

The HRRMC match on combined mandatory and elective contributions is a maximum of 7% of your gross income or \$4,687.50, whichever is less.

You are always 100% vested in your contributions as well as the matching HRRMC contributions.

Additional Benefits Provided at No Cost

Cigna Life Assistance Program

Life. Just when you think you have it figured out, along comes a challenge. But whether those challenges are big or small, the Cigna life assistance program (LAP) is available to help you and your family find a solution and restore your peace of mind. **Call 800-538-3543 anytime, any day.** An advocate is ready to help assess your needs and develop a solution to help resolve your concerns. He or she can also direct you to an array of resources in your community and online tools, including an article library. For face-to-face assistance, you have three sessions available to you and your household members. Call to request a referral. **Or, visit the LAP online at www.CignaBehavioral.com/CGI.**

Cigna Secure Travel Service

Emergencies can happen while traveling on vacation or company business but help is now only a phone call away with Cigna Secure Travel. For anyone enrolled in basic AD&D insurance (paid for by HRRMC), Cigna offers a travel benefit free of charge! This service is available 24 hours a day, 365 days a year, when traveling domestically or internationally more than 100 miles away from home on company business or vacation.

In the case of an emergency, Cigna Secure Travel will pay to arrange:

- Transportation to a hospital or medical facility
- Emergency medical evacuation
- Repatriation of remains
- Referrals to physicians, dentists and medical facilities
- Prescription refill services
- New travel plans for a companion who lost existing arrangements due to delays caused by your emergency
- Travel of a dependent child (under age 16) who is left unattended as a result of your illness or injury
- Round-trip (economy class) transportation for a family member if you're expected to be hospitalized for more than 10 days
- Up to \$10,000 cash advance for payment of emergency medical services

Call 888-226-4567 to learn more.

Cigna Healthy Rewards® Program

From acupuncture to natural supplements. Aerobic classes to therapeutic massage. You and your family have health choices like never before. And as part of our ongoing efforts to help people make healthy choices that lead to healthier lifestyles, the Cigna Healthy Rewards* program offers discounts on a wide variety of health programs and services—and it's available at no additional cost.

Reward yourself: Cigna Healthy Rewards gives you more health care choices and saves you money. There's no time limit or maximum to Healthy Rewards, so you and your covered family members can use them whenever you need them. Enjoy instant savings when you visit a participating provider or shop online.

No referrals. No claim forms. No catch. You value your health enough to make smart choices. A better, healthier lifestyle is only a click away. Simply visit the Healthy Rewards website to printout a wallet card that you and your covered family members can present to any Healthy Rewards provider to get your discount.

Start saving: Cigna.com/rewards (password: savings).

Cigna Will Prep Program

Help protect yours and your family's financial future. This simple, online will preparation tool lets you create a customized will built around your state-specific laws. You can also create other legal documents, like a living will and power of attorney document. It's easy, safe and secure.

Get prepared: CignaWillCenter.com.

Identity Theft Program

Use our online tips and prevention kit to help stop identity theft before it happens. If your identity is stolen, we can help. Just call our personal case managers for step-by-step help with everything from identify theft to credit card fraud to emergency travel arrangements. Real-time support is available anytime, from anywhere in the world.

Get help: 888-226-4567. Let your case manager know you're in the Cigna Identify Theft program, group #57.



Voluntary Benefit Plans

Colonial Life Voluntary Benefit Plans

HRRMC offers all eligible employees working 24 or more hours per week the option to enroll in a number of products through Colonial. The coverage options available to you are short-term disability insurance, accident insurance, whole life insurance, and critical illness insurance, which includes cancer coverage. HRRMC also offers a term life insurance option through Colonial. Term life coverage is available in 10-, 20-, and 30-year terms.

For all current employees, enrollment in Colonial products is only allowed during the open enrollment period.

Newly hired employees must enroll during their initial eligibility period to receive the guarantee issue (without medical underwriting) for short term disability, critical care, term life insurance. All other voluntary plans may be subject to medical underwriting.

Your assigned Colonial representative will walk you through each of the options above. **If you are interested in enrolling, please contact Kristen Randall at Colonial at 303-525-2352 or via email at kristen.randall@coloniallifesales.com.**

You can also contact Colonial Life customer service by calling 800-325-4368.

Lifelock

WHAT IS LIFELOCK®?

LifeLock is a leader in identity theft protection services. Information is moving faster than ever and life has never owed more quickly or been shared so broadly. Since 2005, LifeLock has been pioneers in identity protection, leveraging unique data, science and patented technology. They provide threat detection, proactive identity alerts and comprehensive remediation services. With over 4.5 million members, LifeLock is committed to providing consumers peace of mind amid the growing threat of identity theft.

HOW DOES LIFELOCK WORK?

LifeLock was designed to help stop identity theft by going above and beyond what members can do on their own. LifeLock alerts† members whenever they detect personal information on black market websites or when personal information is being used to apply for wireless services, retail credit, utilities, mortgage loans and more within their extensive network. If you're a victim of identity theft, LifeLock helps protect you with our Million Dollar Protection™ Package. This includes reimbursement for stolen funds and coverage for personal expenses—each with limits of up to \$1 million based on the limits of your plan—and our Service Guarantee to provide for lawyers and experts if needed, to help resolve your case.

EMPLOYEE BENEFITS



Important Contact Information

If you have any questions regarding your benefits or the material contained in this guide, please contact the Human Resources Department.

Heart of the Rockies Regional Medical Center Human Resources:

Barb Lutz

Phone: 719-530-2214

Fax: 719-530-2219

Email: Barb.lutz@hrrmc.net

Amber Lemley

Phone: 719-530-2380

Fax: 719-530-2219

Email: amber.lemley@hrrmc.net

Provider/Plan	Contact Number	Website
Medical, Dental/Vision, and FSAs—UMR	800-826-9781	www.umar.com
Medical Network—UnitedHealthcare Choice Plus	800-826-9781	www.umar.com
Prescription Drug Coverage—Optum RX	877-559-2955	www.umar.com
Flexible Spending Accounts—UMR	800-826-9781	www.umar.com
Life and AD&D/LTD—Cigna	800-732-1603	Please see Human Resources
Long-Term Disability—Cigna	800-732-1603	Please see Human Resources
To report a claim with CIGNA (Life or LTD)	800-362-4462	Please see Human Resources
Employee Assistance Program—Mines & Associates	800-873-7138 or 303-832-1068	www.minesandassociates.com Username: hrrmc; Password: employee
401(a) Plan and 457(b) Plan—Empower	866-467-7756	www.empower-retirement.com/participant
Cigna Life Assistance Program—Cigna	800-538-3543	www.cignabehavioral.com/cgi
Secure Travel Program—Cigna	888-226-4567 from US and Canada 202-331-7635 call collect from other locations	cigna@worldwideassistance.com Please indicate you are a member of Cigna Secure Travel. Policy #OK961017, Group #57
Identity Theft Program—Cigna	888-226-4567 (Group #57)	www.cignawillcenter.com Password: savings
Will Preparation Program—Cigna	N/A	www.cignawillcenter.com
Voluntary Benefit Plans—Colonial	303-525-2352 Customer service: 800-325-4368	www.coloniallife.com Email: kristen.randall@coloniallifesales.com
Life Lock	800-607-9174	www.lifelock.com

This Benefit Guide is published for employees of Heart of the Rockies Regional Medical Center, and is only a highlight of the benefit plans. Official plan and insurance documents actually govern your rights and benefits under each plan. If any discrepancies exist between this Benefit Guide and any of the official documents, the official documents will prevail.