

# EMPLOYEE ENROLLMENT GUIDE

July 1, 2023 – June 30, 2024

**Important Notice:**

The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Consult the Summary Plan Descriptions to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plans. In case of a conflict between your plan documents and this information, the plan documents will govern. The availability of a plan or program may vary by geographic service area.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of our respective insurance



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# A Message from HR at Pueblo School for Arts & Sciences

At Pueblo School for Arts & Sciences we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each and every employee makes our accomplishments as a company. Our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees.

This enrollment Guide will help you choose the type of plan and level of coverage that is right for you. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Lastly, remember that you and your family are the consumers of healthcare. You have many choices to make regarding where and how to receive your care. As a smart consumer, please take advantage of your free preventive exams, inquire about generic prescription medications, speak to your physician about your benefits plan, and use your benefits wisely. Remember, your healthcare benefits are an important part of your total compensation package.

# Eligibility

## **Eligible Employees:**

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical, dental, vision and supplemental life and AD&D coverage: your spouse, and/or children (up to age 26)

## **How to Enroll:**

Please complete your enrollment located on the CBIZ Portal. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

## **Effective date and Pre-Tax Payroll Deductions:**

Coverage in any of the health plans will become effective following the waiting period: 1st of the month following date of hire. To help offset your contributions for medical, dental, and vision plans, we process these benefits on a pre-tax basis through the Section 125 (or “cafeteria”) plan. By making your contributions for these benefits on a pre-tax basis, premiums are withheld from your pay before federal, state and FICA taxes are calculated. This can reduce the amount of taxes you pay per paycheck. If you would like your benefits to be taken on an after-tax basis, you **MUST** make that request at time of enrollment or during open enrollment.

## **How to Make Changes:**

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include marriage, divorce, legal separation, birth or adoption of a child, change in child’s dependent status, death of a spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings or change in spouse’s benefits or employment status.

# Medical and Prescription Drug

Pueblo School for Arts & Sciences offers the choice between 3 medical plans; a Medical PPO In-Network Only, a Medical PPO and an HSA through Cigna. Highlights of the medical plans are listed below.

Cigna	In-Network PPO	PPO		HSA	
Plan Features	In-Network only	In-Network	Out-of-Network	In-Network	Out-of-Network
Telehealth /Physician/Specialist Visit	\$0 / \$25 / \$50	\$0 / \$25 / \$50	Deductible, then 50%	Deductible, then 100%	Deductible then 50%
Deductible Individual/ Family	\$2,500 / \$5,000	\$2,000 / \$4,000	\$10,000 / \$20,000	\$6,900 / \$13,800	\$13,800 / \$27,600
Hospitalization	Deductible, then 20%	Deductible, then 20%	Deductible, then 50%	Deductible, then 100%	Deductible, then 50%
Preventive Care	100% Covered	100% Covered	100% Covered	100% Covered	State mandated only
Emergency Room	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 100%	Deductible, then 100%
Urgent Care	\$50 copay	\$50 copay	Deductible, then 50%	Deductible, then 100%	Deductible, then 50%
Out-of-Pocket Max Individual/ Family	\$6,000 / \$12,000	\$6,000 / \$12,000	\$20,000 / \$40,000	\$6,900 / \$13,800	\$20,000 / \$40,000
<b>Prescription Drugs</b>					
<b>Retail — Up to 31-day supply</b>					
Tier 1	\$15	\$15	N/A	\$20, after Deductible	N/A
Tier 2	\$35	\$35	N/A	\$50, after Deductible	N/A
Tier 3	\$70	\$70	N/A	\$100, after Deductible	N/A
Tier 4	\$250	\$250	N/A	\$250, after Deductible	N/A
<b>Mail Order — Up to 90-day supply</b>					
Tier 1	\$38.00	\$38.00	N/A	\$50, after Deductible	N/A
Tier 2	\$88.00	\$88.00	N/A	\$125, after Deductible	N/A
Tier 3	\$175	\$175	N/A	\$250, after Deductible	N/A
Tier 4	N/A	N/A	N/A	\$250, after Deductible	N/A

This is a brief comparison of in-network benefits and does not include all benefits, exclusions or limitations. Please refer to the Cigna plan summaries or SBCs for full details.

## Your Cost in 2023

Employee Monthly Deductions			
	In-Network PPO	PPO	HSA
Employee Only	\$207.84	\$216.02	\$164.89
Employee & Spouse	\$415.67	\$432.05	\$329.81
Employee & Child(ren)	\$384.50	\$399.63	\$305.05
Employee & Family	\$592.33	\$615.63	\$469.92

# Complementary Services – One America

## **Employee Assistance Program**

The Employee Assistance Program is offered to all employees and immediate family members of PSAS through ComPsych Guidance Resources Program. The ComPsych Guidance Resources Program offers you access to a wide range of health and well-being information—seven days a week, 24 hours a day. Using one toll-free phone number, you can speak with an expert professional regarding Counseling, Work- Life Solutions, Certified Public Accounts and Financial Planners, Attorneys for legal support, resources, guidance and Will Preparation. The Generali Global Assistance Travel Assistance team is automatically available, at no additional cost to you. You can contact ComPsych anytime for confidential assistance at 855-387-9727.

## **Will and Trust Services**

In conjunction with our life insurance products, we include Will and Trust Preparation Services to help employees and their families prepare for death or other unforeseen life events. The services include access to information on the importance of estate planning, as well as educational articles, financial calculators, and a library of legal forms. In addition, online or telephone assistance is available to assist employees and family members with preparation and filing of will and trust documents. Phone access for assisted legal document preparation service, call toll-free: toll free at 855-387-9727.

## **Travel Assistance Services**

The travel assistance program will provide you with a sense of security when traveling domestically or internationally. This service is automatically available, at no additional cost to you. If you need assistance with emergency-related services such as medical assistance, emergency transportation, or pre-paid trip information, use the OnCall Travel Assistance team.

Call toll free from US or Canada at 1-866-294-2469 or call collect worldwide at 1-240-330-1509, or via email [ops@europassistance-usa.com](mailto:ops@europassistance-usa.com)

# Health Savings Accounts (HSA)

If you participate in the High Deductible/HSA Medical plan, you can set aside money in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a flexible spending account in that you are eligible to pay for health care expenses with pre-tax dollars. There are several advantages of an HSA. For instance, money in an HSA can be invested much like 401(k) funds are invested. Unused money in an HSA account is not forfeited at the end of the year and is carried forward. Also, your HSA account is yours to keep which means that you can take it with you if you change jobs or retire.

The maximum amount that you can contribute to an HSA in 2023 is \$3,850 for individual coverage and \$7,750 for family coverage. Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000.



# Dental

Pueblo School for Arts & Sciences offers a Dental PPO plan through Cigna for all employees. With the dental PPO plan, you also have the ability to obtain dental care services from the dentist of your choice (contracted or not). The dental plan provides a higher level of benefit if you choose to use an in-network provider.

Benefit Coverage	Cigna Dental	
	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum</b>		
Per Person / Family	\$1,500, Class I services do not apply towards annual max	
Preventive (2 cleanings per calendar year)	100%, no deductible	100%, no deductible
Basic	80%, after deductible	80%, after deductible
Major	50%, after deductible	50%, after deductible
<b>Orthodontia for dependent children , up to age 19</b>		
Benefit Percentage	50%, no deductible	50%, no deductible
Lifetime Maximum	\$1,000	\$1,000

All deductible, plan maximums, and service specific maximums (dollar and occurrence) cross-accumulate between in and out of network.

Out of network services are reimbursed at the 90<sup>th</sup> percentile.

Exclusions & Limitations pay apply to certain procedures.

## Your Cost in 2023

Employee Monthly Deductions	Cigna Dental
Employee Only	\$19.24
Employee & Spouse	\$38.49
Employee & Child(ren)	\$38.85
Employee & Family	\$59.88



# Voluntary Vision

Cigna has a large network of Eye Care Providers. By seeing an in-network provider, you have the benefit of low copayments for a vision exams and materials.

Benefit Coverage	Cigna Vision	
	In-Network Benefits	Out-of-Network Allowances
<b>Copay</b>		
Routine Exams (every 12 months)	\$10 copay	n/a; up to \$45 allowance
Materials	\$10 copay	n/a
<b>Lenses (every 12 months)</b>		
Single Vision Lenses	\$10 copay	Up to \$40
Bifocal Lenses	\$10 copay	Up to \$65
Trifocal Lenses	\$10 copay	Up to \$75
<b>Frames (every 12 months)</b>		
Retail Equivalent	\$130 allowance; then 20% discount	Up to \$71
<b>Contact Lenses (every 12 months)</b>		
Necessary / Prescribed	Covered 100%	Up to \$210
Elective	\$130 allowance	Up to \$105

## How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

### 1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

1. Log into [myCigna.com](http://myCigna.com), "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to [www.cigna.vsp.com/find-eye-doctors.html](http://www.cigna.vsp.com/find-eye-doctors.html)
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

### 2. Schedule an appointment

Identify yourself as a Cigna VSP Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

### 3. Out-of-network plan reimbursement

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 385018, Birmingham, AL 35238-5018.

To get a Cigna Vision claim form:

- Go to [Cigna.com](http://Cigna.com) and go to Forms, Vision Forms
- Go to [myCigna.com](http://myCigna.com) and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

## Your cost in 2023

Employee Monthly Deductions				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Vision	\$9.56	\$17.92	\$18.10	\$28.19

# Basic Life and AD&D

Group Life and Accidental Death and Dismemberment (AD&D) insurance can provide financial protection for named beneficiaries in the event the insured individual dies prematurely. Pueblo School for Arts & Sciences pays the full cost of this benefit. Please remember to keep your beneficiaries updated and on file with your Human Resources department.

OneAmerica	
You	
Benefit Maximum	2x annual salary to a maximum of \$250,000
Guaranteed Issue	\$250,000

The above benefits will begin to decrease at age 65 reducing to 65%, and 50% at age 70.

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.



# Voluntary Life and AD&D Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage with OneAmerica. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. *Guarantee Issue Amounts are only available during an applicant's Initial Enrolment Period. Applicants who waive coverage when first eligible and wish to enroll at a later date will be subject to medical underwriting.* There is also a Guaranteed Increase in Benefit option each year during Annual Enrollment, which allows applicants to increase their coverage amount by the greater of 10% or \$10,000, without the requiring evidence of insurability.

## Term Life and AD&D — Employee

You can purchase coverage on yourself in \$1,000 increments; with a minimum of \$10,000 in coverage and a maximum of the lesser of \$500,000 in coverage or 5 times your annual salary. The guaranteed issue amount is \$100,000. Anything over the guaranteed issue amount will require evidence of insurability.

\*\*If you purchase Term Life and AD&D coverage for yourself, you may purchase Term Life and AD&D coverage for your dependents:

## Dependent Life and AD&D — Spouse

You can purchase coverage on your spouse in \$500 increments, with a minimum of \$5,000 in coverage and a maximum of \$25,000 in coverage, and limited to 50% of the Employee's coverage amount.

## Dependent Life and AD&D — Child

You can purchase coverage on your child(ren). Children age birth to under 6 months qualify for \$1,000 in coverage. Children 6 months to under 19 years or under age 25 if a full-time student qualify for \$5,000 or \$10,000 in coverage.

## Your Cost in 2023

Employee Monthly Deductions											
Monthly Cost for Each \$10,000 of Optional Life Insurance Coverage											
AGE	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Life and AD&D Rate – Employee & Spouse	\$0.60	\$0.70	\$0.90	\$1.30	\$1.90	\$3.00	\$4.40	\$5.90	\$9.10	\$15.40	\$45.20
Child(ren) Rate	Voluntary Dependent Life and AD&D Monthly Premium Rate per unit of Coverage										
\$5,000	\$0.75										
\$10,000	\$1.50										

# Long Term Disability Income Benefits

Pueblo School for Arts & Sciences provides full-time employees with Long Term Disability income benefits, and pays the full cost of this coverage. In the event you become disabled from an injury or sickness, disability income benefits are provided as a source of income. Benefits are paid after you have been disabled for 90 days and can continue until age 65 depending on the severity of the disability and on certain requirements set forth in the certificate of coverage

OneAmerica	
Benefit Coverages	
Benefits Begin	After 90 day elimination period
Percentage of Income Replaced	60%
Maximum Monthly Benefit	\$5,000
Maximum Period of Payment	Until Social Security Normal Retirement Age
Pre-Existing Condition Period	3/12: If the cause of disability is traceable to a condition existing in the 3 months prior to your effective date of coverage, that condition would not qualify for a benefit. Insureds must be treatment-free for 12 months following the effective date of coverage, in order for a disability related to that condition to qualify for a benefit.



# Accident – UnitedHealthcare

If an accident occurs, on or off of the job, you may be surprised at the expenses that add up. This insurance is designed to protect your finances by helping you pay for those unexpected costs associated with an accidental injury. This benefit covers a wide range of common injuries and accidents. If you or a covered family member become injured, Accident protection will pay you a direct cash benefit. The amount of money you receive depends on the type and severity of the injury and can be used any way you choose. Here are some examples of the benefit paid for the care received as a result of an accident:

- Emergency Room Treatment (\$150)
- Concussion (\$210)
- Fractures (Finger \$60)
- Hospital Admission (\$1,200)
- Dislocation (Ankle \$800)
- Physical Therapy (\$45)

## Your cost in 2023

Employee Monthly Deductions				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Accident Insurance	\$11.94	\$17.16	\$17.16	\$22.38



# Critical Illness – UnitedHealthcare

This benefit is designed to protect you and your family's financial health. Critical Illness can help fill a financial gap if you or a family member experiences a service life-threatening illness such as cancer, a heart attack, and major organ transplant. Upon diagnosis of a covered illness, you can receive a lump sum benefit. Employees can elect coverage in the amount of \$5,000 or \$10,000. Spouses can be covered for 1/2 of the employee's covered amount. Children can be covered for 1/2 of the spouse's covered amount.

Here are some examples of covered critical illnesses under this plan:

**Heart:** Heart Attack, Heart Failure, Stroke

**Cancer:** Invasive or Non-Invasive, Benign Brain Tumor

**Organ:** Chronic Renal Failure, Major Organ Failure

**Quality of Life:** Advanced MS, Complete Blindness, Advanced Parkinson's

**Pre-existing condition limitation:** You may not be eligible for benefits if you have received treatment or diagnosis of a condition within the past 12 months until you have been covered under this plan for 6 months.

Employee Paid Monthly Premium	Option 1: EE \$5,000/ SP \$2,500/ CH \$1,250							
	EE Only		EE +SP		EE+CH		EE+SP+CH	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Under 25	\$0.95	\$1.00	\$1.45	\$1.55	\$1.28	\$1.33	\$1.78	\$1.88
25 - 29	\$1.50	\$1.70	\$2.23	\$2.53	\$1.83	\$2.03	\$2.55	\$2.85
30 - 34	\$2.15	\$2.50	\$3.13	\$3.75	\$2.48	\$2.83	\$3.45	\$4.08
35 - 39	\$3.30	\$3.95	\$4.73	\$6.03	\$3.63	\$4.28	\$5.05	\$6.35
40 - 44	\$5.05	\$7.25	\$7.55	\$11.00	\$5.38	\$7.58	\$7.88	\$11.33
45 - 49	\$7.90	\$11.65	\$12.25	\$19.38	\$8.23	\$11.98	\$12.58	\$19.70
50 - 54	\$11.35	\$18.80	\$18.00	\$31.03	\$11.68	\$19.13	\$18.33	\$31.35
55 - 59	\$18.90	\$35.60	\$27.13	\$50.50	\$19.23	\$35.93	\$27.45	\$50.83
60 - 64	\$20.10	\$36.80	\$36.40	\$69.58	\$20.43	\$37.13	\$36.73	\$69.90
65 - 69	\$35.00	\$67.75	\$54.83	\$109.90	\$35.33	\$68.08	\$55.15	\$110.23
70 - 74	\$48.85	\$91.55	\$76.43	\$148.50	\$49.18	\$91.88	\$76.75	\$148.83
75 +	\$65.60	\$111.10	\$102.30	\$179.78	\$65.93	\$111.43	\$102.63	\$180.10
Employee Paid Monthly Premium	Option 2: EE \$10,000/ SP \$5,000/ CH \$2,500							
	EE Only		EE +SP		EE+CH		EE+SP+CH	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Under 25	\$1.90	\$2.00	\$2.90	\$3.10	\$2.55	\$2.65	\$3.55	\$3.75
25 - 29	\$3.00	\$3.40	\$4.45	\$5.05	\$3.65	\$4.05	\$5.10	\$5.70
30 - 34	\$4.30	\$5.00	\$6.25	\$7.50	\$4.95	\$5.65	\$6.90	\$8.15
35 - 39	\$6.60	\$7.90	\$9.45	\$12.05	\$7.25	\$8.55	\$10.10	\$12.70
40 - 44	\$10.10	\$14.50	\$15.10	\$22.00	\$10.75	\$15.15	\$15.75	\$22.65
45 - 49	\$15.80	\$23.30	\$24.50	\$38.75	\$16.45	\$23.95	\$25.15	\$39.40
50 - 54	\$22.70	\$37.60	\$36.00	\$62.05	\$23.35	\$38.25	\$36.65	\$62.70
55 - 59	\$37.80	\$71.20	\$54.25	\$101.00	\$38.45	\$71.85	\$54.90	\$101.65
60 - 64	\$40.20	\$73.60	\$72.80	\$139.15	\$40.85	\$74.25	\$73.45	\$139.80
65 - 69	\$70.00	\$135.50	\$109.65	\$219.80	\$70.65	\$136.15	\$110.30	\$220.45
70 - 74	\$97.70	\$183.10	\$152.85	\$297.00	\$98.35	\$183.75	\$153.50	\$297.65
75 +	\$131.20	\$222.20	\$204.60	\$359.55	\$131.85	\$222.85	\$205.25	\$360.20

# Advanced Primary Care - Pinnacle

## Advanced Primary Care



Dear Employee,

Pueblo School for Arts and Sciences has partnered with Pinnacle Advanced Primary Care to provide exceptional primary care and family medicine to you and your family for an affordable, fixed monthly membership fee.

218 East Cheyenne  
Mountain Blvd  
Colorado Springs, CO  
80906  
(719) 465-1579  
www.pinnacleapc.com  
info@pinnacleapc.com

- ✓ Employees get priority access to primary care and family medicine.
- ✓ Zero-cost office and virtual visits with no copays or deductibles!
- ✓ Access to preventive medicine and management of chronic illness.
- ✓ Deep cash-pay discounts on labs, pharmacy, and procedures.
- ✓ Always transparent pricing with no surprise out-of-pocket expenses.

★ **Become a Pinnacle member!**  
Contact your HR department to enroll.



### Membership Rates for Pueblo School for Arts and Sciences

Membership Type	Monthly Membership Rates	Your Employer Contribution	Employee Monthly Cost	Scan QR Code to Enroll
Adult (18-64)	\$65	70%	\$19.50	
Senior (65+)	\$75	70%	\$22.50	
Child (under 18)	\$25	70%	\$7.50	
Employee+Spouse	\$120	70%	\$36	
Employee+Spouse+Child	\$145	70%	\$43.50	
Employee+Family	\$170	70%	\$51	

PUEBLO SCHOOL FOR ARTS AND SCIENCES  
RATES VALID UNTIL 7/1/2023  
V\_051822

**Explore Your Member Benefits >>>**

# Member Benefits



## Included With Membership

Monthly fees cover primary care services, including longer appointment times, virtual services, care plans, and affordable procedures.

ITEM	PRICE
Office Visits	Free
Virtual Care (video/call/chat)	Free
Next-day and same-day visits	Free
Coordination with Specialists	Free
Chronic Disease Management	Free
Depression/Anxiety/ADHD	Free
Sports Physicals	Free
Women's Health	Free
EKG	Free
Testing (strep, UTI, pregnancy)	Free

## Wholesale Medications

We dispense medications in-house at wholesale prices. For nearly all medications, the price we offer is lower than your co-pay at a pharmacy.

ITEM	PRICE
High Cholesterol	\$7.12*
High Blood Pressure	\$9.42*
Asthma	\$29.87
Anxiety and Depression	\$11.64*
Diabetes	\$6.98*
Migraine	\$4.73
Birth Control	\$14.65*
Enlarged Prostate	\$6.85*
Skin Treatments	\$7.28
Infections	\$5.97

*Examples only. Scan QR code for prices.*

*\*90-Day Supply*

## Affordable Procedures

We can do for "tens" what typically costs "hundreds". And you'll know all alternative options and any costs upfront before you undergo your procedure.

ITEM	PRICE
Joint Injections	\$5.00*
Trigger Point Injections	\$5.00*
OMT	\$5.00
Laceration and Sutures	\$10.00
Toenail Removal	\$10.00
Skin Biopsies	\$10.00*
Abscess Drainage	\$5.00*
Auricular Acupuncture	\$10.00
IUD Insertion	\$50.00*
Nexplanon Insertion	\$25.00*

*Examples only. Scan QR code for prices.*

*\*Does not include medication or outside pathology.*

## Wholesale Labs

We've negotiated great deals with national labs to get your tests done at a significantly lower cost.

ITEM	PRICE
Annual Labs	\$12.00
Cholesterol Panel	\$2.50
Comprehensive Metabolic Panel	\$2.80
Diabetes Screening	\$2.25
CBC (Complete Blood Count)	\$1.95
TSH (Thyroid Stimulating)	\$2.50
Urinalysis with Culture	\$5.89
STI Screening	\$58.05
Cervical Cancer Screening	\$22.00
COVID Antibody	\$42.00

*Examples only. Scan QR code for prices.*



# PINNACLE

ADVANCED PRIMARY CARE



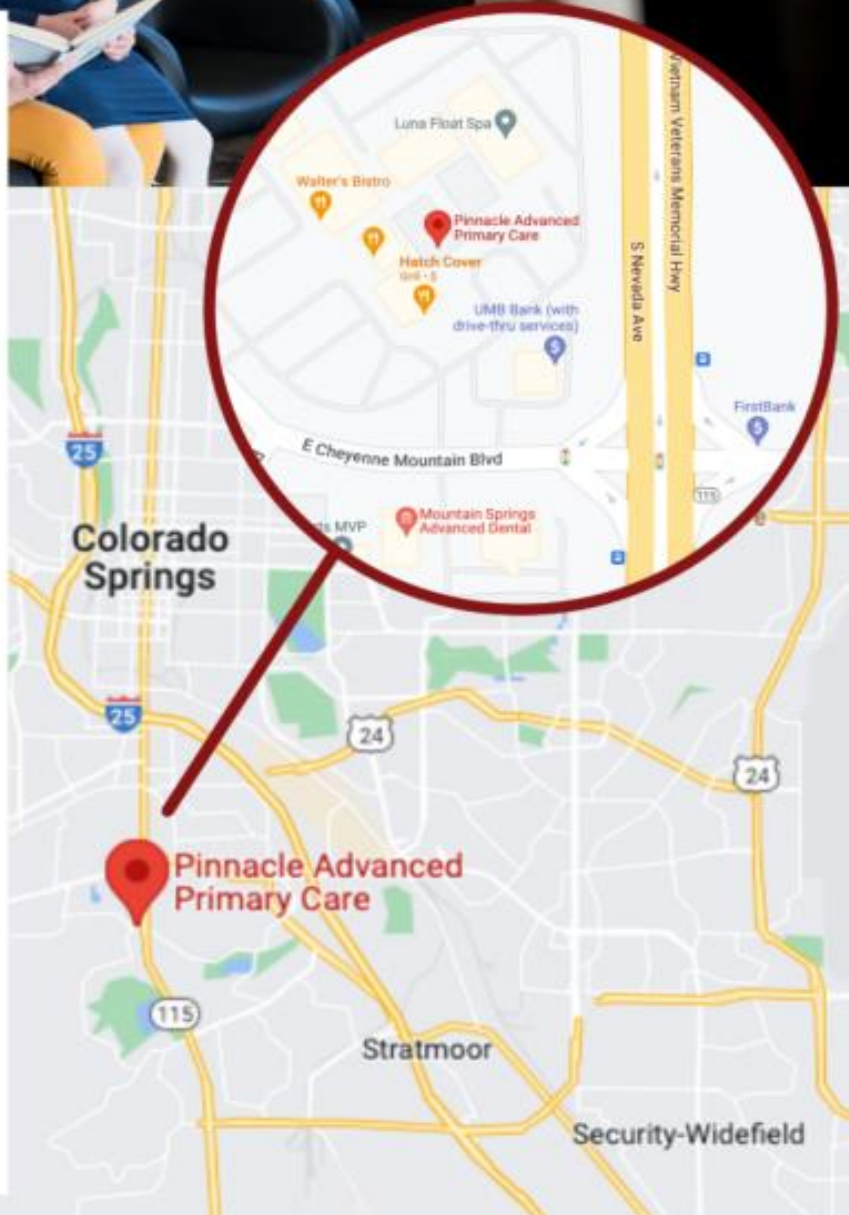
**PINNACLE**  
ADVANCED PRIMARY CARE

218 East Cheyenne  
Mountain Blvd  
Colorado Springs, CO 80906

(719) 465-1579  
www.pinnacleapc.com  
info@pinnacleapc.com



- Downtown COS.... 10 Min
- Manitou Springs... 15 Min
- Fountain..... 20 Min
- Woodmen/I25 ..... 20 Min
- Monument..... 25 Min
- Falcon..... 30 Min
- Woodland Park.... 30 Min
- Ellicott..... 35 Min
- Pueblo ..... 40 Min
- Canon City ..... 45 Min
- Cripple Creek..... 60 Min



# Benefit Resources

## Have Questions? Need Help?

Pueblo School for Arts & Sciences is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.



Why won't they pay my claim?  
Services denied?!

How can my claim still be "in process"?  
It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?


BRCMT@usi.com  
Monday - Friday  
Monday through Friday  
8:00am to 5:00pm  
Mountain, Pacific and  
Alaska Standard Time  
855-874-0742  
24 hours a day, 7 days a  
week

## Questions? Contact:

Medical, Dental, Vision	Cigna	1.800.244.6224	www.mycigna.com
Life and AD&D / Long Term Disability	OneAmerica	1.855.517.26365	www.employeebenefits.aul.com
ComPsych Guidance Resources Program	OneAmerica	1.855.387.9727	Guidanceresources.com Your company Web ID: ONEAMERICA3
Will and Trust Preparation Services	OneAmerica	1.855.387.9727	Guidanceresources.com Your company Web ID: ONEAMERICA3
Travel Assistance Services	OneAmerica	US or Canada at 1.866.294.2469 or call collect worldwide at 1.240.330.1509	Via email: <a href="mailto:ops@europassistance-usa.com">ops@europassistance-usa.com</a>
Accident / Critical Illness	United Healthcare	1.888.299.2070 Critical Illness: x6 Accident: x8	www.myuhc.com
Advanced Primary Care	Pinnacle	719.465.1579	www.pinnacleapc.com

### Pueblo School for Arts & Sciences Human Resources

Rosann Walker  
(719)404.2680 x298  
rwalker@psas.ws

Theresa Martinez  
(719)404.2680 x113  
tmartinez@psas.ws

Cayla Wilhite  
(719)404.2680 x409  
cwilhite@psas.ws

# Glossary

## **1095-C -**

The health care law outlining which employers must offer health insurance to their employees. The law refers to them as “applicable large employers,” or ALEs. A company or organization is an ALE if it has at least 50 full-time employees or full-time equivalents. It also provides information needed to do a federal tax return.

## **Coinsurance -**

A type of health insurance in which the insured individual contributes a specified percentage of the total cost of the medical expense after the deductible has been reached.

## **Copay -**

The fixed amount paid by the insured for health care services or prescriptions received.

## **Deductible -**

The amount the insurer pays for health care services before the health insurance or plan sponsor (employer) begins to pay its portion. A deductible may not apply to all services, including preventive care.

## **Embedded deductible plans -**

Under family coverage, an embedded deductible plan means that each family member has an individual deductible in addition to the total family deductible. Each individual’s deductible is much lower than the total family deductible. When an individual meets their respective out-of-pocket total, the insurer begins to pay for that person’s covered medical services, regardless of whether the family deductible has been fulfilled.

## **Non-embedded deductibles -**

Under a non-embedded deductible plan, also known as an aggregate deductible plan, the total family deductible must be paid out-of-pocket before the insurer starts paying for healthcare services for any individual member.

## **Employee Contribution -**

The amount paid by an employee for insurance coverage.

## **Explanation of Benefits (EOB) -**

A statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf.

## **In-Network -**

Discounted rates for health care services provided by doctors, hospitals, and other providers that contract with the insurance company.

## **Out-of-Network -**

Out-of-network providers are doctors, hospitals and other providers that do not offer their health services at a discounted rate because they are not contracted with the insurance company.

## **Out-of-Pocket Maximum -**

The total you will pay for covered health care services during the plan year (typically a 12-month period) before the health insurance or plan starts to pay 100% of the allowed amount. This does not include the monthly premium or services not covered by the plan.

## **Summary of Benefits and Coverage (SBC) -**

Documents required through health care reform, an easy to follow summary of the insurance carrier or plan benefits and plan coverage offered.

Fulton Heights Charter Academy  
1411 Santa Rosa St.  
Pueblo, CO 81006  
719.225.1107

Homeschool Enrichment Program  
694 E. Spaulding Ave.  
Pueblo West, CO 81007  
719.430.5858

Jones Charter Academy  
2415 Jones Ave.  
Pueblo, CO 81004  
719.404.2680

Pueblo Classical Academy  
694 E. Spaulding Ave.  
Pueblo West, CO 81007  
719.467.6333

e-Learning Academy  
2415 Jones Ave.  
Pueblo, CO 81004  
719.467.6100 ext. 601

Business Office  
1850 “B” E Platteville Blvd.  
Pueblo West, CO 81007  
719.404.2680

*This brochure summarized the benefit plans that are available to Pueblo School for Arts and Sciences eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details. Conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Humana Resources Department. Information provided in this brochure is not a guarantee of benefits.*