

# 2021

# Your **Team Member Benefits** Guide

edition



**SPACE FOUNDATION**

Effective January 1, 2021 - December 31, 2021

# 2021 Space Foundation Benefit Program



## Overview

The Space Foundation recognizes the importance of providing a comprehensive benefits program to our Team Members. Our benefits package is intended to deliver quality and value while satisfying the diverse needs of our team. This booklet is designed to highlight the health and welfare benefits offered for the 2021 plan year, and to provide important required annual notices to all benefits-eligible Team Members.

Our benefits plan is designed to help insure and protect the health, well-being and work/life balance of our Team Members and their families. Full-time team members are eligible to participate in these offerings, which are outstanding among what might be found at other organizations.

The Space Foundation's benefit plan year runs from January 1<sup>st</sup> to December 31<sup>st</sup> of each year. Team Members are provided an opportunity to enroll when they are hired and may also make changes during annual open enrollment cycles or upon a change in family status/qualifying event (please see page 11 of this booklet for more details). The chart below provides an outline of who is eligible.

**Health & Welfare Benefits - Eligibility Grid**

Eligibility	Team Member	Spouse	Dependent Child(ren)	Others
Medical/Dental/Vision	Yes	Yes	To age 26	No
Basic Life and AD&D	Yes	No	No	No
Business Travel and AD&D	Yes	No	No	No
Supplemental Life and AD&D	Yes	Yes	To age 26	No
Short/Long-Term Disability	Yes	No	No	No
Long Term Care	Yes	Yes	Yes	Family
Employee Assistance Program	Yes	Yes	Yes	Yes
401(k) Retirement Savings	Yes	No	No	No

## Wellness Initiative

As an incentive to take action for the benefit of your overall health and well-being, the Space Foundation reimburses up to \$25 per month, per Team Member, for health club membership dues, fitness classes, nutritionist consultations, weight loss or smoking cessation programs, or other eligible health or wellness expenses. Simply submit your receipt or bank transaction (if paid automatically) monthly, and you will be reimbursed through payroll in the next upcoming cycle. If you have questions about whether a certain type of expense may qualify, please check with Human Resources.

## Immunizations/Flu Shots

The CDC recommends a yearly flu vaccine for all people 6 months of age and older as the most important step in protecting against flu viruses. The Space Foundation encourages Team Members to be proactive about getting flu shots and other preventative vaccinations recommended by your physician. Any Team Member or dependent insured on our medical plan may obtain immunizations and flu shots through a plan provider at no cost, with no copay. Team Members not on our medical plan may obtain immunizations and flu shots through a provider of their choice, and then submit the receipt and a request for reimbursement.

## Medical Insurance

Our medical insurance provider is Anthem Blue Cross BlueShield (Anthem), one of the leading healthcare carriers in the country. The Space Foundation's medical plan is a Preferred Provider Organization (PPO). All insured Team Members and dependents should utilize doctors, hospitals and other providers in the PPO network for the most favorable cost structure. It's not necessary to select a primary care physician or obtain referrals to see other physicians in the network. Providers may be searched online at [www.anthem.com](http://www.anthem.com) using the "Find a Doctor" tool. For the most accurate and comprehensive list, log in and search as a Member. If you are not already enrolled, you may search as a Guest. Please refer to the chart below for a brief summary of our Anthem PPO plan. More details may be found in the Anthem Schedule of Benefits and/or Summary Plan Description.

<b>Anthem Medical Plan</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Calendar year Deductible</b>	\$1,000 individual (x3)	\$2,000 individual (x3)
<b>Coinsurance</b>	80% Anthem/20% Insured	50% Anthem/50% Insured
<b>Calendar year Out-of-Pocket Max (Includes Deductible)</b>	\$3,500 individual / \$7,000 family	\$10,500 individual / \$21,000 family
<b>Physician Office Visit</b>	\$25 copay	50% after deductible
<b>Specialist Office Visit</b>	\$50 copay	50% after deductible
<b>Urgent Care</b>	\$50 copay	50% after deductible
<b>Diagnostics</b> (Labs, x-rays, MRI's, scans, nuclear medicine, high-tech services, etc.)	20% after deductible	50% after deductible
<b>Preventive Care</b> Office visits, immunizations, contraceptives and screenings defined and conducted as preventive care, including, but not limited to, blood pressure, cholesterol, depression, autism, diabetes (Type II), mammograms, cervical cancer, prostate cancer and colorectal cancer	100%, no copay, no deductible	\$50 copay per office visit
<b>Emergency Room</b>	\$400 copay	\$400 copay
<b>Ambulance Transportation</b>	20% after deductible	20% after deductible
<b>Maternity</b> Prenatal Care Labs, Ultrasounds and Other Diagnostics Delivery & Inpatient Well Baby Care	\$50 copay 20% after deductible 20% after deductible	50% after deductible 50% after deductible 50% after deductible
<b>Inpatient and Outpatient Hospital</b>	20% after deductible	50% after deductible
<b>Outpatient/ Ambulatory Surgery</b>	20% after deductible	50% after deductible
<b>Chiropractic Care, Message Therapy &amp; Acupuncture Care</b> (20 visits per calendar year)	\$25 copay	Not Covered
<b>Prescription Drugs</b> (30 day supply) Generic (Tier 1) Preferred Brand (Tier 2) Non-Preferred Brand (Tier 3) Specialty or Injectable (Tier 4) * separate deductible applies	\$15 copay \$50 copay \$70 copay 30% to \$350 max*	Not Covered
<b>Mail Order Prescription Drugs</b> (90 day supply) Generic (Tier 1) Preferred Brand (Tier 2) Non-Preferred Brand (Tier 3) Specialty or Injectable (Tier 4)	\$37.50 copay \$150 copay \$210 copay N/A	Not Covered
<b>Lifetime Maximum Benefit</b>	Unlimited	

<b>Medical Contributions</b>	<b>Total Monthly Premium</b>	<b>Space Foundation Pays</b>	<b>Team Member Pays</b>
<b>Team Member Only</b>	\$651.36	\$601.36	\$50.00
<b>Team Member + Spouse</b>	\$1,516.29	\$851.58	\$664.71
<b>Team Member + Child(ren)</b>	\$1,108.55	\$633.38	\$475.17
<b>Team Member + Family</b>	\$2,075.13	\$1,165.43	\$909.70



# Dental and Vision Benefits

## Dental Insurance

The Space Foundation offers dental coverage through Delta Dental. Our plan does not require that you specify one dentist at time of enrollment and you may go to various dentists at your discretion, without necessity of a referral. Delta Dental offers an extensive network of dentists to choose from. To access the directory, go to [www.deltadental.com](http://www.deltadental.com) and use the Find a Dentist tool at the right of the screen. To search a dentist by last name, utilize the Advanced Search option, and blacken the dot associated with the Delta Dental PPO plan. The plan provides a higher value to covered participants when a Delta Dental participating provider is used.

### Covered Services

**Diagnostic & Preventive:** oral evaluation and cleaning, fluoride, sealants, space maintainers, bitewing x-rays, full mouth/panoramic x-rays

To promote dental wellness, these services do not count against the plan year maximum, as long as services are provided by an in-network dentist.

**Basic:** minor restorative (fillings), oral surgery (extractions), general anesthesia with oral surgery, endodontics (root canal therapy), periodontics (gum treatment)

**Major:** crowns, dentures, partials, bridges, bridge/denture repair, denture rebase/reline

### Delta Dental Plan Summary

	In-Network	Out-of-Network (90% of UCR)
Calendar Year Deductible	\$50 individual \$150 family	\$50 individual \$150 family
Annual Maximum	\$1,500 (excluding ortho)	\$1,500 (excluding ortho)
Preventative Care	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia (to age 19 only)	50% (no deductible) \$1,500 lifetime maximum	50% (no deductible) \$1,500 lifetime maximum

	Total Monthly Premium	Space Foundation Pays	Team Member Pays
Team Member Only	\$41.63	\$41.63	\$0.00
Team Member + Spouse	\$82.85	\$41.63	\$41.22
Team Member + Child(ren)	\$97.23	\$41.63	\$55.60
Team Member + Family	\$148.38	\$41.63	\$106.75

## Vision Insurance

The Space Foundation offers optional vision benefits through EyeMed Vision Care, which provides affordable eye care and discounts on eye wear purchases through a network of thousands of private practice and retail providers across the country. You may utilize the Find a Provider tool at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com), selecting the Access network from the pull-down menu provided.

### EyeMed Vision Plan Summary

	In-Network	Out-of-Network
Exams (Once every 12 months)	\$10 copay	Charges over \$35
Frames	100% up to \$100; 20% discount over \$100	Charges over \$45
Single lenses	\$25 copay	Charges over \$25
Bifocal lenses	\$25 copay	Charges over \$40
Trifocal lenses	\$25 copay	Charges over \$55
Tint, UV or scratch resistance	\$15 copay	All charges
Contacts (medically necessary)	No copay; 100% covered	Charges over \$200
Contact lenses(worn by preference)	Up to \$115	Charges over \$92
Laser Vision Correction	Discounted rates for LASIK and PRK	Not covered

Vision	Team Member Monthly Cost
Team Member Only	\$7.40
Team Member + 1	\$13.96
Team Member + 2 or more	\$20.46

# Life and AD&D Insurance /FSA Accounts

## Life and AD&D Insurance

The Space Foundation provides basic term life and accidental death and dismemberment (AD&D) through The Hartford, at no cost to you. Surviving family members often utilize life insurance proceeds to pay final expenses, meet costs of living, and pay down debt. You are enrolled automatically in this program when you initially become eligible for Space Foundation benefits. The basic term life and AD&D insurance program provides \$50,000 of group term life and \$50,000 of AD&D for each Team Member.

## Supplemental Life and AD&D Insurance

In addition to the life and AD&D coverage provided by the Space Foundation, you may opt to buy additional term life and AD&D insurance through The Hartford for yourself and your family. You, the Team Member, must be enrolled and purchase supplemental coverage for yourself in order for your spouse and children to be eligible for this coverage. If you opt to enroll in supplemental life and/or supplemental AD&D during open enrollment, you must indicate the desired coverage amount(s) when completing your Universal Enrollment Form and any premiums for coverage will be paid via payroll deduction. For initial coverage over the guarantee issue amounts shown below, you will be asked to complete an Evidence of Insurability (EOI) form for the insurance carrier's approval. If you are currently covered, you may request coverage increases at open enrollment up to the guarantee issue without the EOI. If you are requesting additional coverage over the guarantee amount during Open Enrollment, you will be asked to complete an evidence of insurability form for the insurance carrier's approval.

You can choose how much coverage you need within the following guidelines:

Supplemental Life and/or AD&D	Guarantee Issue	Maximum Coverage Available
Team Member-\$10,000 increments	\$50,000	5x annual salary up to \$500,000
Spouse-\$5,000 increments	\$15,000	No more than Team Member's election
Child(ren)-\$2,000 increments	\$10,000	\$10,000 (over age 6 months) \$1,000 (age 14 days to 6 months)

## Health Flexible Spending Account

When you use the Health Flexible Spending Account, you use tax-free dollars to pay for most medical, dental and vision care expenses that are not covered by insurance (such as copays, deductibles, co-insurance responsibilities, and certain doctor prescribed over-the-counter medications). You may contribute up to \$2,750 per plan year to the Health Flexible Spending Account.

## Dependent Care Flexible Spending Account

When you use the Dependent Care Flexible Spending Account, you use tax-free dollars to pay for out-of-pocket, work-related dependent day care. You can use the account if you are a single parent, if you and your spouse both work or, in some situations, if your spouse goes to school full-time. Generally, a household may contribute a total of up to \$5,000 per plan year to a Dependent Care Flexible Spending Account. If your spouse contributes to a flex plan with his/her employer, you will want to take that into consideration in deciding how much to contribute.

The key to using the Flexible Spending Accounts is in calculating how much to contribute each payroll period. If you contribute less than the amount of your actual eligible expenses, you miss out on potential tax savings. But on the flip side, if you contribute more than the amount of your actual eligible expenses, you give up the extra money. This is commonly known as "use it or lose it" rule. So it's best to be conservative but realistic when deciding how much to contribute.

# Disability and EAP Benefits

## Business Travel Accident Insurance

Your designated beneficiary would receive an additional lump sum benefit of \$50,000 if you lose your life while traveling on a Space Foundation business-related trip. A business trip does not include your normal commute to and from your office. Space Foundation business trips are defined as beginning when you leave your home or office, whichever happens last, and end at your home or office, whichever happens first.

## Short-Term Disability Insurance (STD)

Some illnesses or injuries may leave you unable to work for longer than a few days. For those times, the Space Foundation has added STD insurance to be utilized in conjunction with PTO and other types of leave that may be available to Team Members. The Space Foundation will pay 100% of the cost to provide Team Members with this coverage.

Short-Term Disability Insurance	Plan Provisions
Percent of your salary that you may receive	60%
Maximum weekly benefit you may receive	\$1,500
When does the benefit begin?	15 <sup>th</sup> day following disabling event
How long you may receive benefits	up to 11 weeks

## Long-Term Disability Insurance (LTD)

If your illness or injury leaves you disabled beyond the duration of the STD coverage, then you may be eligible to receive long-term disability benefits. As with STD, the Space Foundation provides this LTD coverage at no cost to Team Members.

	Plan Provisions
Percent of your salary that you may receive	60%
Maximum monthly benefit you may receive	\$6,000
When does the benefit begin?	90 <sup>th</sup> day following disabling event
How long you may receive benefits	Until you recover and can perform your own occupation, or are able to obtain benefits through the Social Security Administration

## Employee Assistance Program (EAP)

Life presents complex challenges. If the unexpected happens, you should have simple solutions to help cope with stress and life changes that may result. That's why The Hartford Ability Assist Counseling Services, offered by Comppsych, can play an important role. Our straight forward approach takes the complexity out of benefits when life throws you a curve ball. From everyday issues like job pressures, relationships and retirement planning to highly impactful issues like grief, loss or a disability, Ability Assist is your resource for professional support.

The service includes up to three face-to-face visits emotional counseling sessions per occurrence per year. This means you and your family members won't have to hare visits.

For access over the phone, simply call toll free 1.800.964.3577 or visit [www.guidanceresources.com](http://www.guidanceresources.com). Your Organization Web ID is **HLF902** and Company Field Name is **ABILI**.

# Long-Term Care / 401(k) Retirement Plan

## Long-Term Care Insurance

The Space Foundation recognizes the value of long-term care insurance as a financial and retirement planning tool for our Team Members. Most people believe they are likely to live a long life... into their 80's, their 90's, or even longer. When you live a long life, you are more likely to need long-term care. Maybe you've seen this with an aging parent, a friend, or a neighbor. Then there are those situations where a person, regardless of age, is chronically ill or disabled or is in need of rehabilitation or residential care. If you're part of the sandwich generation, you may be faced with managing your kids while also trying to sort out elder care duties and retirement plans.

The Space Foundation has obtained group Long-Term Care insurance and will pay 100% of the cost of the base plan for its Team Members. The base plan provides up to \$2,000 in monthly benefits to pay expenses incurred at a long-term care facility, or 50% of expenses incurred utilizing professional and community care resources, for up to 3 years' duration. Buy-up options, funded by Team Members, are available to expand the coverage amount, the types of care available and/or the duration of the benefits. Spouses, siblings, children, parents, grandparents, and extended and in-law family members are eligible for coverage. If a triggering event should occur, the plan pays covered individuals a fixed monthly benefit and you and your family decide how to best use the funds. It is not offset by Medicare or other insurance and no receipts are needed. Please note that the UNUM Long Term Care rates may increase however your premium will always be based upon your age and age band at the time coverage was written.

## Other Voluntary Programs

- Accident Insurance, Hospital Confinement Indemnity Insurance, Specified Critical Illness and Cancer Insurance are offered for you and your dependents through Colonial Life, premiums for which are paid by payroll deduction. Even those of us that plan for the unexpected with life, disability and medical insurance may discover that some expenses can still remain unpaid. Colonial Life's insurance options provide additional protection for you and your family.
- Payroll deduction may also be utilized to make tax-deductible contributions to the Space Foundation.

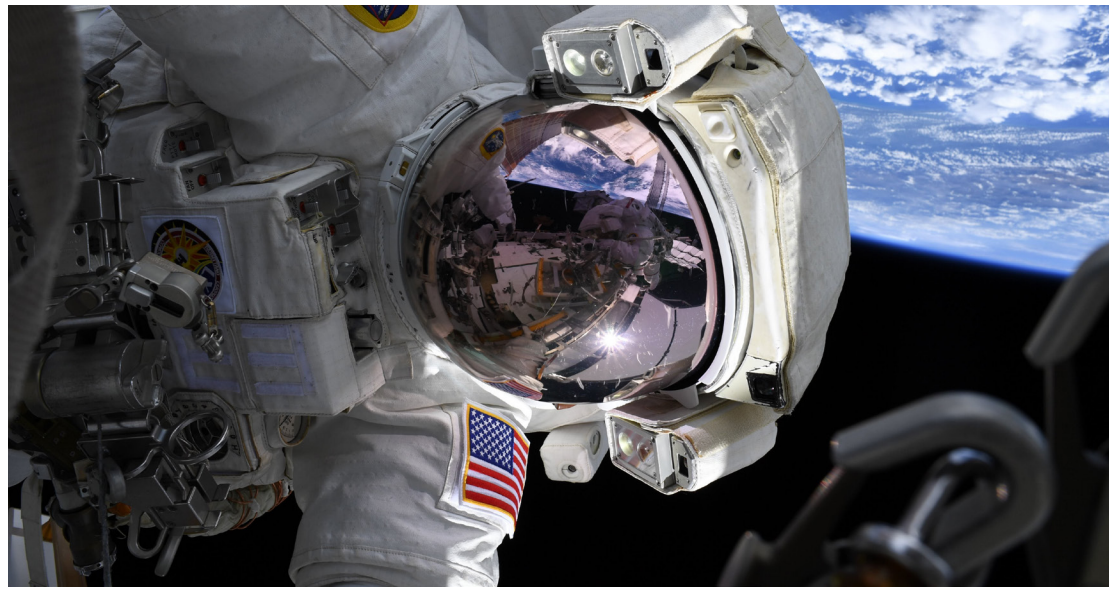
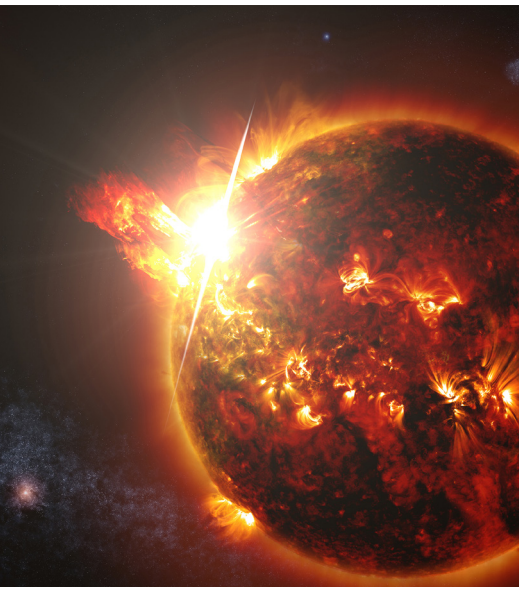
## 401(k) Retirement Savings Plan

To help Team Members prepare for retirement, the Space Foundation provides a tax-deferred 401(k) retirement savings plan. If you are 21 years of age and have three months of service with the Space Foundation, you are eligible to participate in the 401(k) plan. Contributions are made by payroll deduction. You may elect to contribute any percentage of your gross earnings, provided that total contributions do not exceed the annual maximum outlined by the Internal Revenue Service. For 2021, the I.R.S. rules indicate that 401(k) participants may defer up to \$19,500 to the 401(k) plan, and for those above the age of 50, additional "catch-up" contributions of \$6,500 are allowed. The Space Foundation currently makes a discretionary match of 25 cents on every dollar contributed up to 6% of the Team Member's gross salary. You may make changes to your contribution rate on a monthly basis, and may change your investment structure as often as you'd like. You always own the money you contribute to your account and the earnings on your contributions. You become vested in the company's contributions and earnings thereon according to a two-year vesting schedule. Generally, you may not withdraw any portion of your 401(k) account before age 59½, except upon termination of your employment, retirement, disability or death. In some cases, though, active participants may be eligible to take a loan against the funds in the 401(k) account, subject to the rules of the plan.

Team Members who become newly eligible to participate in the Space Foundation 401(k) plan, and who take no action with regard to elective deferrals within thirty (30) days following his/her eligibility date, will be automatically enrolled at an initial deferral rate of 2%. Should a Team Member not want to be automatically enrolled, he/she must complete an opt-out form, specifically declining enrollment in the 401(k) plan.



# Professional/Personal Growth & Development



The results we produce as an organization are derived directly from the efforts of our team members. To assist with continual professional growth, the Space Foundation supports a number of training and development plans for our team members. Human Resources will maintain information about training programs, seminars, classes and course offerings for team member professional development. When specific training or development is sought by a team member, or required by a supervisor or team leader, Human Resources will assist in identifying appropriate resources.

**Certification** - The Space Foundation supports Certification courses of study, which typically require the participant to successfully complete a testing or examination process in order to obtain the desired certification. If there is a Certification program you are interested in pursuing, talk with your supervisor or Team Leader about the schedule and budget requirements.

**Tuition-Based Education** - The Space Foundation also supports learning opportunities that are longer-term in duration and focused on a specific area of knowledge, the cost of which is tuition-based. Expenses related to Tuition-Based Education are paid by the Team Member. After completion of the course of study, the Team Member may be eligible to receive reimbursement of 100% of approved tuition and course related expenses, up to \$5,250 per calendar year, from the Space Foundation. In order to be eligible for reimbursement, tuition-based courses of study must be approved by your Team Leader prior to commencement of the course of study. (Suspended for the 2021 year except for those already enrolled in an approved program)

**Colorado Technical University** - The Space Foundation has entered into an educational alliance with Colorado Technical University, a provider of higher education that is accredited by The Higher Learning Commission, to provide our team members with additional options to achieve professional goals. Team members have access to a 15% tuition grant towards your education; the flexibility of night, weekend and online classes designed for working professionals; potential savings of up to 30% with CTU Fast Track™; personalized learning platform to control what, how and where you learns; and industry-focused curriculum taught by faculty with real-world experience. For more information, visit [www.coloradotech.edu/spacefoundation](http://www.coloradotech.edu/spacefoundation).

**Community and Volunteer Service** - As a 501(c)(3) non-profit organization that benefits from the dedication and service of a stellar cadre of volunteers, the Space Foundation recognizes the tremendous value of volunteer service and community support. The Space Foundation supports volunteer participation in projects and organizations which contribute to the vitality of the communities where our team members live and work. We provide each team member with four (4) hours of paid time away from work, per month, during regular Space Foundation business hours, to participate as volunteers in organizations that contribute to the social fabric of the communities in which we operate. Community and Volunteer Service must be approved in advance by a team leader. For additional specifics, please refer to your Team Member Handbook.



# Work/Life Balance

## Holidays

The Space Foundation will observe the following holidays during calendar year 2021:

- New Year's Day (Friday, January 1)
- Martin Luther King, Jr., Day (Monday, January 18)
- Presidents' Day (Monday, February 15)
- After Symposium Holidays (Monday & Tuesday, August 30 & 31)
- Memorial Day (Monday, May 31)
- Independence Day (Monday July 5)
- Labor Day (Monday, September 6)
- Veterans' Day (Thursday, November 11)
- Thanksgiving and Friday following (Thursday & Friday, November 25 & 26)
- Annual Holiday Break (Monday, December 20, through Thursday December 30, 2021)
- New Year's Day (Friday, December 31)

Note: Return to work on Monday, January 3, 2022

### The Space Foundation Discovery Center will be closed on:

- New Year's Day
- Thanksgiving Day
- Christmas Day

### SFDC will be open for business on the following dates:

- Martin Luther King Day – Monday, January 18
- Memorial Day - Monday, May 31
- Independence Day – Monday July 5

\*SFDC public hours may be adjusted by the Executive Director.\*

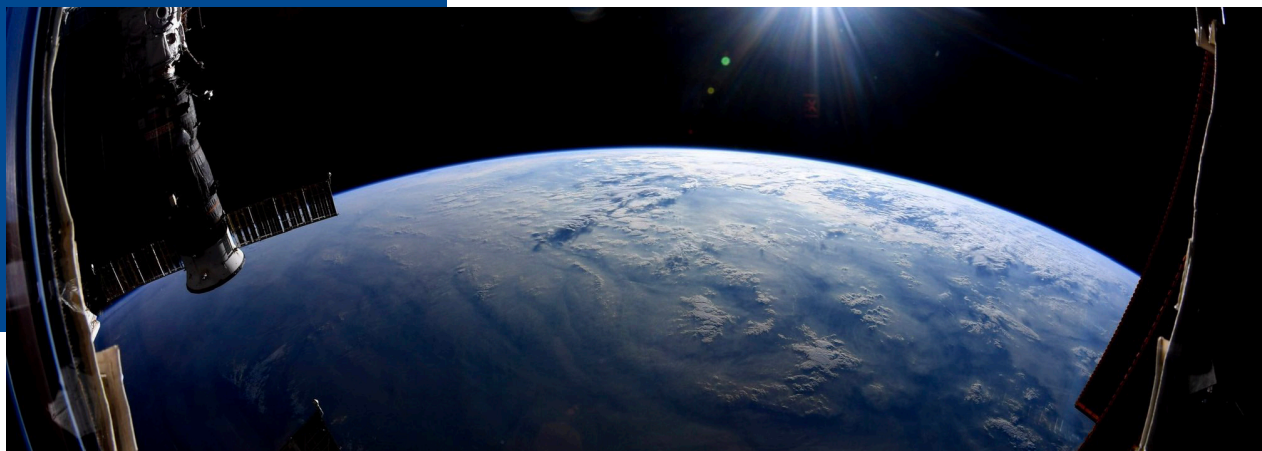
## Paid-Time Off (PTO)

The Space Foundation provides accrued paid-time off (PTO) for you to utilize for vacation, sick leave, personal time, medical appointments, or other time off work, including time off to take care of a sick child. Each Team Member accrues PTO beginning on their date of hire. The accrual rate for the first year (hire date through completion of first year) is 8 hours total, per month.

The accrual rate for the second and third years is 12 hours total, per month. From the beginning of the fourth year forward, the accrual rate is 16.67 hours total, per month. You may accrue a maximum of 200 hours of PTO. If you work part-time, your PTO accrual will be prorated based on the hours you actually worked.

## Extended Illness Bank (EIB)

The Space Foundation provides accrued extended illness bank (EIB) hours for occasions when you experience an extended illness or injury that causes you to be absent from work for more than 3 days. Accrued EIB hours, if available, may also be used to cover your pay in cases of an approved FMLA leave. After completing the first continuous year of service, eligible full time Team Members are credited with 12 hours of EIB on the last day of each calendar quarter (a total of 48 hours per year). EIB hours may be carried over into the next anniversary year up to a maximum accumulation of 240 hours (30 days). PTO must be used before EIB can be utilized. The balance in PTO may not exceed 40 hours. EIB hours may be donated to another Team Member to cover pay in cases of an approved FMLA leave, upon approval of Human Resources. Accumulated and unused EIB is not paid out upon termination of employment.



# Additional Team Member Benefits

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## Leaves of Absence and Other Time Off

The Space Foundation provides additional types of leave based on eligibility and special circumstances, including Bereavement Leave, Military Leave, and leave under the Family and Medical Leave Act. Additionally, the handbook provides guidelines for other time off, such as time off to serve on a jury or as a witness, and time off to vote.

## Service Recognition Awards

The Space Foundation recognizes ongoing, continuous service to the organization by presenting service awards to eligible Team Members. A year of service is recognized on each anniversary of your original hire date. Based upon years of service attained, you may be eligible for Service Recognition Awards consisting of Space Foundation logo pins; luxury hotel room nights; luxury hotel gift certificates; cash; or a combination thereof.

## Logo Attire

Each Team Member receives two items of Space Foundation logo wear upon hire, at no cost to the Team Member. Additional items may be ordered at your own cost. Items are currently ordered through Lands End, with standard Space Foundation logo embroidery in your choice of standard (multi-hue blue), black, white, silver or tone-on-tone in the item color.



# Important Health Notices

Federal regulations require the Space Foundation to provide benefit eligible Team Members with the following important annual notices:

## Private Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as “protected health information” (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan’s HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan’s Notice of Privacy Practices that describes the Plan’s policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact Human Resources.

## Summary of Benefits and Coverage (SBC)

Effective for plan renewals after January 1, 2012, the Patient Protection and Affordable Care Act requires employers that offer health coverage to provide a uniform Summary of Benefits and Coverage (SBC) to people who apply for and enroll in the health plan. This document contains the following:

- Four-page overview of plan benefits, cost sharing and limitations
- Required set of examples of how the plan works
- Phone number and internet address for obtaining copies of plan documents
- A Standard glossary of medical and insurance terms must also be available

The SBC will be updated each plan renewal to reflect applicable plan changes. These summaries are available at anytime from Human Resources.

## Women's Health and Cancer Rights Act

Space Foundation’s medical plans, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- All stages of 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 resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

## Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself and your dependents in a Space Foundation medical plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents’ other coverage.)

However, you must request enrollment within 31 days after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage.)

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. For more information please contact Human Resources.

## Notice of Prescription Drug Creditable Coverage

Space Foundation provides a “Notice of Prescription Drug Creditable Coverage” to all Medicare eligible participants on an annual basis. This notice states that under the Space Foundation medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare Prescription Drug Coverage.

## Individual Coverage Mandate

Effective January 1, 2014, federal law requires that you have Health Care coverage. You can enroll in Space Foundation’s health plan, or you may want to consider visiting [www.healthcare.gov](http://www.healthcare.gov) for information on health plans available through the Healthcare Marketplace in your area. Please note that the plan provided by Space Foundation meets the affordability and minimum value requirements for employee only coverage, and therefore you will not be eligible for a tax credit through the Marketplace for that tier of enrollment.



# Important Health Notices Cont...

## 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](http://www.healthcare.gov).

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](http://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](http://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, 2020. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	<b>KANSAS – Medicaid</b> Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1.800.792.4884
<b>ALASKA – Medicaid</b> <b>The AK Health Insurance Premium Payment Program</b> Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1.866.251.4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>KENTUCKY – Medicaid</b> Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1.855.459.6328
<b>ARKANSAS – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1.855.MyARHIPP (855.692.7447)	<b>LOUISIANA – Medicaid</b> Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>CALIFORNIA – Medicaid</b> Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1.916.440.5676	<b>MAINE – Medicaid</b> Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1.800.442.6003 / TTY: Maine relay 711
<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b> Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1.800.221.3943 / State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-HealthPlan-Plus">Colorado.gov/HCPF/Child-HealthPlan-Plus</a> CHP+ Customer Service: 1.800.359.1991 / State Relay 711	<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1.800.862.4840
<b>FLORIDA – Medicaid</b> Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1.877.357.3268	<b>MINNESOTA – Medicaid</b> Website: <a href="http://mn.gov/dhs/people-weserve/seniors/health-care/health-careprograms/programs-and-services/medicalassistance.jsp">http://mn.gov/dhs/people-weserve/seniors/health-care/health-careprograms/programs-and-services/medicalassistance.jsp</a> Phone: 1.800.657.3739
<b>GEORGIA – Medicaid</b> Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 1.678.564.1162 ext 2131	<b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573.751.2005
<b>INDIANA – Medicaid</b> Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1.800.457.4584	<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1.800.694.3084
<b>IOWA – Medicaid</b> Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Phone: 1.800.338.8366	<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178

# Important Health Notices Cont...

<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/oii/hipp.html">https://www.dhhs.nh.gov/oii/hipp.html</a> Phone: 603-271-5218 Toll free number for the HIP program: 1-800-852-3345, ext 5218	<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1.888.549.0820
<b>NEW JERSEY – Medicaid</b> Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1.609.631.2392	<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1.888.828.0059
<b>NEW YORK – Medicaid</b> Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1.800.541.2831	<b>TEXAS – Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1.800.440.0493
<b>NEVADA – Medicaid</b> Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Phone: 1.800.992.0900	<b>UTAH – Medicaid</b> Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> Phone: 1.877.543.7669
<b>NORTH CAROLINA– Medicaid</b> Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 1.919.855.4100	<b>VERMONT– Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1.800.250.8427
<b>NORTH DAKOTA – Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1.844.854.4825	<b>VIRGINIA – Medicaid</b> Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1.800.432.5924 CHIP Phone: 1.855.242.8282
<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1.888.365.3742	<b>WASHINGTON – Medicaid</b> Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1.800.562.3022
<b>OREGON – Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1.800.699.9075	<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1.855.MyWVHIP (1.855.699.8447)
<b>PENNSYLVANIA – Medicaid</b> Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1.800.692.7462	<b>WISCONSIN – Medicaid</b> Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Medicaid Phone: 1.800.362.3002
<b>RHODE ISLAND – Medicaid</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1.855.697.4347, or 401.462.0311 (Direct Rlte Share Line)	<b>WYOMING – Medicaid</b> Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1.800.251.1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor - Employee Benefits Security Administration**  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1.866.444.EBSA (3272)

**U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services**  
[www.cms.hhs.gov](http://www.cms.hhs.gov) | 1.877.267.2323, Menu Option 4, Ext. 61565

## Summary Plan Description (SPD)

This guide does not provide all of the details about the benefits programs. More information is available in each program's Summary Plan Description (SPD) and/or Certificate of Coverage (COC). In addition to receiving your SPDs and/or COCs after enrolling, they are available at any time from the Human Resources Department.

## Notes

[illegible]



# Important Contacts



For Questions	Contact	Phone #	Web
<b>Medical Insurance</b>	Anthem BCBS	877-811-3106	<a href="http://www.anthem.com">www.anthem.com</a>
<b>Dental Insurance</b>	Delta Dental	800-610-0201	<a href="http://www.deltadentalco.com">www.deltadentalco.com</a>
<b>Vision Insurance</b>	EyeMed	866-723-0513	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
<b>Life/STD/LTD Insurance</b>	The Hartford	800-421-0344	<a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>
<b>Long-Term Care Insurance</b>	UNUM	800-227-4165	<a href="http://w3.unum.com/enroll/spacefoundation">http://w3.unum.com/enroll/spacefoundation</a>
<b>401(k) Retirement Plan</b>	Mutual of America	303-694-6102	<a href="http://www.mutualofamerica.com">www.mutualofamerica.com</a>
<b>Employee Assistance Program (EAP)</b>	The Hartford Ability Assist offered through Compsych	800-964-3577	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> Organization Web ID: HLF902 Company Field Name: ABILI
<b>Voluntary Specialty Plans</b>	Colonial Life Trupanion	800-325-4368 800-569-7913	<a href="http://www.coloniallife.com">www.coloniallife.com</a> <a href="http://www.trupanion.com">www.trupanion.com</a>
<b>Flexible Spending Accounts</b>	Dianne Norman	719-576-8000	<a href="mailto:dnorman@spacefoundation.org">dnorman@spacefoundation.org</a>
<b>Human Resources</b>	Cyndy Scriven	719-362-8226	<a href="mailto:cscriven@spacefoundation.org">cscriven@spacefoundation.org</a>

This booklet and the materials that accompany it are intended to provide only a general overview of the benefit programs for eligible Space Foundation team members. This booklet is not a summary plan description and does not provide, nor is it intended to provide, complete details of any of the benefit plans. The plans are governed by legal plan documents and insurance contracts. If this booklet (and/or the materials that accompany it) and the plan documents or insurance contracts do not agree, the plan documents or the insurance contracts will rule. This brochure is not intended as a promise of continued benefits or employment. Space Foundation reserves the right to change or end the plans at any time and for any reason.

# 2021

# Your **Team Member Benefits** Guide

edition



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[www.spacefoundation.org](http://www.spacefoundation.org)

Important Information Enclosed