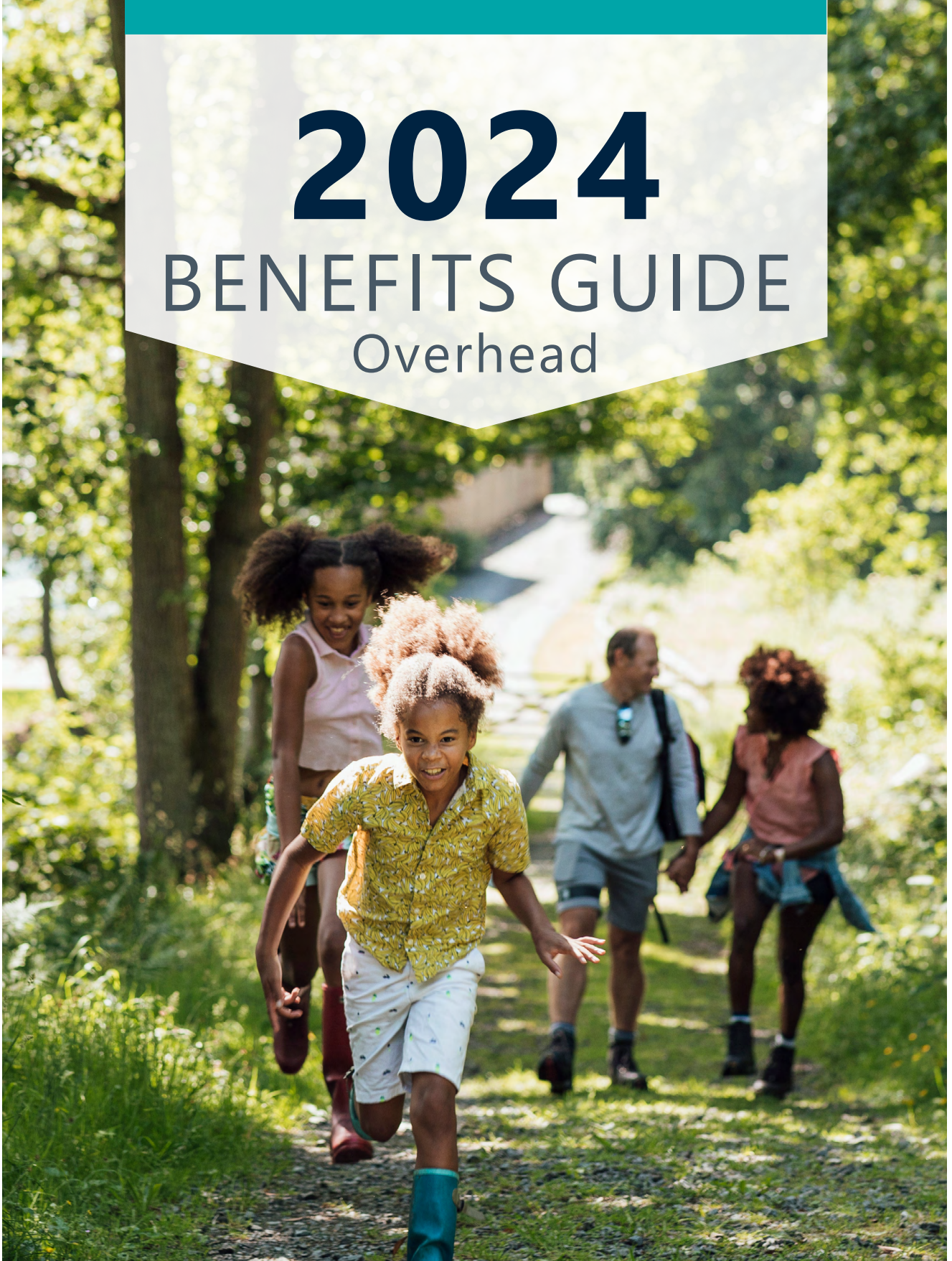


# 2024

## BENEFITS GUIDE

### Overhead



This publication contains important information about your employee benefit program.

**Please read thoroughly.**



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# Eligibility and Enrollment

When it comes to benefits, we understand what matters—plans created to support you and your family. Our comprehensive benefits program allows you to choose the benefits best for you. Kleen-Tech provides Overhead employees with medical, dental, and vision benefits and pays a major portion of the employee premium to make these important benefits more affordable for you. If you have questions regarding your benefits, please contact Human Resources at **866.385.0672**. This guide provides an overview of the plans available to you. Please review your plan documents for full details.



## Eligibility and Enrollment

You are eligible for benefits the first day of the month following 30 days. Please note you cannot make changes to your elections during the plan year unless you experience a qualifying event. You may also wish to cover your family. Your eligible dependents generally include your legally married spouse and children up to age 26. This includes natural and adopted children, step-children, and children for whom you are the court-appointed legal guardian. Some age limitations may apply to specific insurance programs.

Each year in late September or October (for a November 1 effective date) you have the option of changing your elections, but please note that if you do not elect coverage when you are first eligible, you may have waiting periods for some services. Please contact Human Resources with questions or for more details.



## Changing Benefits Mid-Year

Once you make your elections, you won't be able to change them until next year's annual enrollment, unless you experience a qualifying life event. Examples of qualifying events include a change in:

- Legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- Number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- A dependent's eligibility status (e.g., a dependent child is no longer eligible)
- Employment or job status

You must make changes to your benefits within 30 days of your qualifying life event. If you miss the deadline, you will have to wait until next year's annual enrollment unless you experience a qualifying life event.

## How to Enroll

You must actively enroll in all benefits that require employee contributions. You will be automatically enrolled in all company-paid benefits.

You may enroll online or via the call center:

To enroll (or make changes) to your benefits, you may access the Self-Serve Enrollment website at <https://cigna.benselect.com/ktech>.

- Login: Username is Employee ID or full SSN
- Password is a 6-digit PIN consisting of the last 4 digits of your SSN followed by your 2-digit birth year.
  - For example, a team member with a SSN of ###-##-8977 and a DOB of 07/05/1983 would have a PIN of 897783.
- Once logged in you will be prompted to change your password.

You may also enroll via the Call Center at **970.300.0333** (open 8 a.m.-5 p.m. CST).

Once enrolled you will receive an email within one business day of the completion of your enrollment certifying your elections. If you do not see your confirmation email within one business day, be sure to check your junk and/or spam folder.

## Benefits Overview

### Company-Paid Benefits

- Basic Life/AD&D—Mutual of Omaha
- Short Term Disability—Mutual of Omaha
- Long Term Disability—Mutual of Omaha
- Employee Assistance Program (EAP)—Mutual of Omaha, as part of your LTD program

### Benefit Options Requiring Employee Contributions

- Medical/Rx—Cigna
  - Low Plan
  - High Plan
- Dental—Delta Dental of Colorado
- Vision—Superior Vision
- Voluntary Life/AD&D—Mutual of Omaha
- Flexible Spending Accounts (FSA)—Rocky Mountain Reserve
- Additional Protection Benefits—Cigna
  - Accident Insurance
  - Critical Illness
  - Hospital Indemnity Insurance



# Medical and Prescription Plan

We partner with Cigna to offer medical and prescription drug insurance.

## Plan Highlights

You have the option of choosing one of 2 plans. Our plans offer coverage for most healthcare services. When you receive care in-network, you benefit from our negotiated discounts.

## Cigna Member Site

Visit [www.mycigna.com](http://www.mycigna.com) to:

- Search for in-network providers and pharmacies
- View a list of covered medications
- View your ID card or request a new one
- Review claims information

## Medical Plan Premiums

	Employee Bi-Weekly Contribution		Employee Weekly Contribution	
	Low Plan	High Plan	Low Plan	High Plan
Employee	\$105.49	\$168.15	\$52.74	\$84.08
Employee + Spouse	\$332.28	\$470.84	\$166.14	\$235.42
Employee + Children	\$300.63	\$426.00	\$150.32	\$213.00
Family	\$474.69	\$672.63	\$237.34	\$336.31

### What is a Network?

Your plan contracts with a group of providers for discounted rates. You will almost always pay less when you receive care in-network.

If you see an out-of-network provider, you may be balance billed, which means you will be responsible for charges above the reimbursement amount.

### Important Insurance Terms

- **Deductible:** the amount of money you're responsible for paying upfront before your plan shares your costs.
- **Coinsurance:** the percentage you and the plan pay; in our plans, you pay a smaller percentage and the plan pays a larger percentage.
- **Copay:** a fixed amount for certain services you pay in some of our plans.
- **Out-of-pocket maximum:** once you reach this limit, the plan covers all eligible expenses for the remainder of the plan year.



# Medical Plan Details

	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$5,000 \$10,000	\$10,000 \$20,000	\$1,500 \$3,000	\$5,000 \$10,000
Out of Pocket (incl. deductible)	\$6,350 \$12,700	\$20,000 \$40,000	\$4,250 \$8,500	\$10,000 \$20,000
Member Coinsurance	0%	40%	20%	40%
Preventative Care	No charge	40% after deductible	No charge	40% after deductible
Primary Care Physician (PCP)	\$30 copay	40% after deductible	\$20 copay	40% after deductible
Specialist Copay	\$50 copay	40% after deductible	\$40 copay	40% after deductible
Urgent Care	\$50 copay	40% after deductible	\$50 copay	40% after deductible
Emergency Room	\$300 copay per visit (waived if admitted)		\$300 copay per visit (waived if admitted)	
Inpatient Hospital	Ded/coins		Ded/coins	
Outpatient Surgery	No charge after deductible	\$500 copay, then 40%	20% after deductible	\$500 copay, then 40%
<b>Prescription Drugs</b>				
Tier 1	\$20 copay	Not covered	\$15 copay	Member pays 100% at time of purchase, then reimbursed 50% after applicable copay
Tier 2	\$50 copay		\$40 copay	
Tier 3	\$75 copay		\$60 copay	
Prescription Drugs— Home Delivery	90-day supply 3× retail copay		90-day supply 3× retail copay	



# Flexible Spending Accounts (FSAs)

Flexible spending accounts (FSAs) allow you to set aside pre-tax dollars from your paycheck to cover qualified expenses you would normally pay out of your pocket. We offer two types of FSAs through our partner Rocky Mountain Reserve.

## Healthcare FSA

The healthcare FSA helps you pay IRS-approved medical expenses. The maximum contribution for 2024 is \$3,200. Funds you elect to contribute to the healthcare FSA are available in full on the first day of the plan year.

For example, if you elect to contribute \$1,000, the full election is available on day one. You can only open an FSA if you aren't enrolled in an HDHP.

## Dependent Care FSA

The dependent care FSA helps you pay for dependent care. You can contribute up to \$5,000 (or \$2,500 if married and filing separately) per plan year. Your account works like a debit card; you need to accumulate the funds before you can use them.

## Use It or Lose It

Carefully consider your FSA contribution amounts for the plan year. At the end of the year or grace period, you lose any money left over in your FSA.

## Eligible Expenses

### Healthcare FSA

- Doctor's visit copays
- Prescription drug copays
- Medical and dental deductibles
- Over-the-counter items
- Hearing aids
- Eyeglasses

### Dependent Care FSA

- Child or adult daycare\*
- Nursery school
- Preschool (excluding kindergarten)

\* An eligible dependent is a tax dependent child under age 13 or a tax dependent spouse, parent, or child unable to care for themselves.



# Dental

Dental benefits are provided through Delta Dental of Colorado. The Delta Dental PPO Plus Premier plan allows you to select any licensed dentist you wish for your dental care. Visit [www.deltadentalco.com](http://www.deltadentalco.com) to find in-network providers and access a variety of online tools and programs.

Dental Plan	
Calendar Year Deductible	
Individual	\$50
Family	\$150
Calendar Year Maximum	
	\$1,000
Coinsurance	
Preventive	100% no deductible
Basic	80% after deductible
Major	50% after deductible
Orthodontia	
Coinsurance	50% after deductible
Lifetime Maximum	\$1,000
Benefit Applies To	Children up to age 19

## Dental Premiums

	Employee Bi-Weekly Contribution	Employee Weekly Contribution
Employee	\$4.37	\$2.19
Employee + Spouse	\$10.59	\$5.29
Employee + Children	\$14.68	\$7.34
Family	\$19.05	\$9.52



## Finding In-Network Providers

Remember to visit in-network dentists to receive the largest possible discount.

To find in-network dentists, visit [www.deltadentalco.com](http://www.deltadentalco.com) or call **800.610.0201**.

**PPO Participating Dentists** offer the greatest level of savings for you, because they have agreed to Delta's negotiated rates.

**Premier Dentists** offer some savings, but not as much as PPO Participating Dentists.

**Non-Participating Dentist** do not discount their prices, so you will be responsible for any additional charges in excess of Delta Dental's allowable fees.

## Examples of Services

- **Preventive**—exams, cleanings, fluoride, X-rays, and sealants
- **Basic**—fillings, extractions, periodontics, repairs, and oral surgery
- **Major**—crowns, inlays, dentures, and dental implants



# Vision

We partner with Superior Vision to offer you and your family members vision insurance. Visit [www.superiorvision.com](http://www.superiorvision.com) to find in-network providers and access a variety of online tools and programs.

	In-Network	Out-of-Network
<b>Copay</b>		
Exam	\$20	Up to \$34 retail
Materials	\$20	See lens and frame amounts below
<b>Lenses</b>		
Single	Covered in full after materials copay	Up to \$28 retail
Bifocal	Covered in full after materials copay	Up to \$42 retail
Trifocal	Covered in full after materials copay	Up to \$58 retail
<b>Frames</b>		
	\$100 retail allowance	Up to \$48 retail
<b>Contacts</b>		
	\$100 retail allowance	Up to \$80 retail
<b>Frequency</b>		
Exam	12 months	12 months
Lenses	12 months	12 months
Contacts (in lieu of glasses)	12 months	12 months
Frames	24 months	24 months

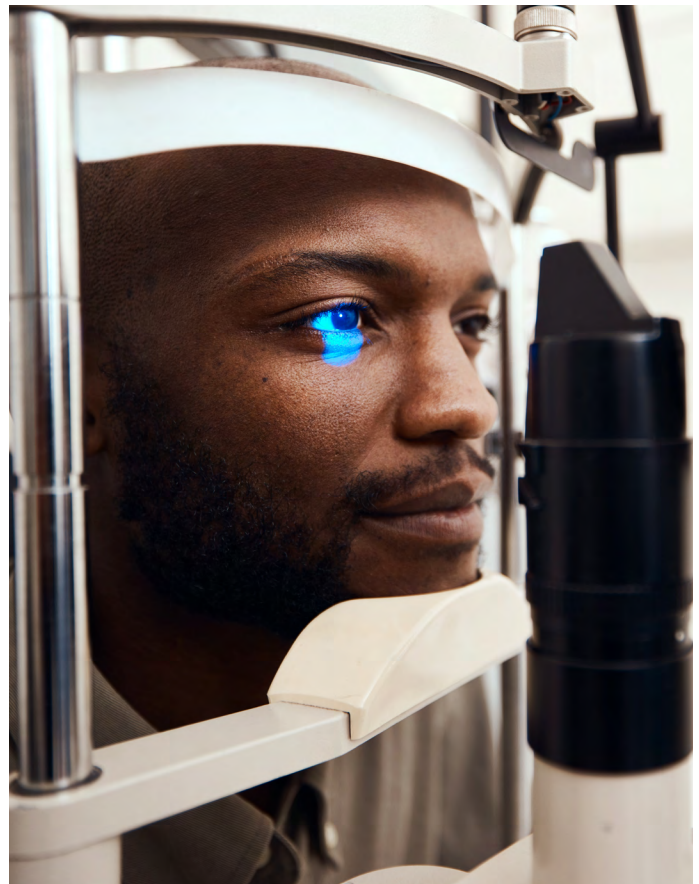
## Vision Premiums

	Employee Bi-Weekly Contribution	Employee Weekly Contribution
Employee	\$0.62	\$0.31
Employee + 1	\$1.68	\$0.84
Family	\$2.46	\$1.23

### Finding In-Network Providers

Remember to visit in-network providers to receive the largest possible discount.

To find in-network providers, visit [www.superiorvision.com](http://www.superiorvision.com) or call **800.507.3800**.



# Life and Disability Insurance

Life and disability insurance is provided through Mutual of Omaha.

## Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

The company automatically provides a benefit of 1× your annual salary, up to \$150,000, at no cost to you.

## Employee Voluntary Life and AD&D Insurance

You're eligible to purchase additional life and AD&D insurance in increments of 5 times your annual salary with a maximum benefit of \$250,000. The guaranteed issue amount is \$100,000. Your voluntary AD&D insurance amount will match your voluntary life insurance amount.

## Spouse and Dependent Voluntary Life and AD&D Insurance

If you elect voluntary life and AD&D coverage for yourself, you can also elect voluntary life and AD&D coverage for your spouse and dependent children.

Voluntary Term Life Insurance			
	Minimum	Guaranteed Issue	Maximum
Employee	\$10,000	5 times annual salary, up to \$100,000	\$250,000, in increments of \$10,000, but no more than 5 times annual salary
Spouse	\$5,000	100% of employee's benefit, up to \$50,000	50% of employee's benefit, up to \$50,000
Children	\$2,000	100% of employee's benefit	50% of employee's benefit, up to \$10,000



# Spouse and Dependent Voluntary Life and AD&D Insurance Rates

Employee Premium Table (12 Payroll Deductions Per Year)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0-29	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
30-34	\$1.43	\$2.86	\$4.29	\$5.72	\$7.15	\$8.58	\$10.01	\$11.44	\$12.87	\$14.30
35-39	\$1.68	\$3.36	\$5.04	\$6.72	\$8.40	\$10.08	\$11.76	\$13.44	\$15.12	\$16.80
40-44	\$2.46	\$4.92	\$7.38	\$9.84	\$12.30	\$14.76	\$17.22	\$19.68	\$22.14	\$24.60
45-49	\$4.01	\$8.02	\$12.03	\$16.04	\$20.05	\$24.06	\$28.07	\$32.08	\$36.09	\$40.10
50-54	\$6.48	\$12.96	\$19.44	\$25.92	\$32.40	\$38.88	\$45.36	\$51.84	\$58.32	\$64.80
55-59	\$9.97	\$19.94	\$29.91	\$39.88	\$49.85	\$59.82	\$69.79	\$79.76	\$89.73	\$99.70
60-64	\$15.41	\$30.82	\$46.23	\$61.64	\$77.05	\$92.46	\$107.87	\$123.28	\$138.69	\$154.10
65-69	\$27.45	\$54.90	\$82.35	\$109.80	\$137.25	\$164.70	\$192.15	\$219.60	\$247.05	\$274.50
70-74	\$48.94	\$97.88	\$146.82	\$195.76	\$244.70	\$293.64	\$342.58	\$391.52	\$440.46	\$489.40
75-79	\$80.54	\$161.08	\$241.62	\$322.16	\$402.70	\$483.24	\$563.78	\$644.32	\$724.86	\$805.40
80+	\$162.89	\$325.78	\$488.67	\$651.56	\$814.45	\$977.34	\$1,140.23	\$1,303.12	\$1,466.01	\$1,628.90

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse’s rate is based on your spouse's age, so find your spouse's age bracket in the far left column of the Spouse Premium Table. Your spouse’s premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse’s benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

Spouse Premium Table (12 Payroll Deductions Per Year)										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0-29	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
30-34	\$0.72	\$1.43	\$2.15	\$2.86	\$3.58	\$4.29	\$5.01	\$5.72	\$6.44	\$7.15
35-39	\$0.84	\$1.68	\$2.52	\$3.36	\$4.20	\$5.04	\$5.88	\$6.72	\$7.56	\$8.40
40-44	\$1.23	\$2.46	\$3.69	\$4.92	\$6.15	\$7.38	\$8.61	\$9.84	\$11.07	\$12.30
45-49	\$2.01	\$4.01	\$6.02	\$8.02	\$10.03	\$12.03	\$14.04	\$16.04	\$18.05	\$20.05
50-54	\$3.24	\$6.48	\$9.72	\$12.96	\$16.20	\$19.44	\$22.68	\$25.92	\$29.16	\$32.40
55-59	\$4.99	\$9.97	\$14.96	\$19.94	\$24.93	\$29.91	\$34.90	\$39.88	\$44.87	\$49.85
60-64	\$7.71	\$15.41	\$23.12	\$30.82	\$38.53	\$46.23	\$53.94	\$61.64	\$69.35	\$77.05
65-69	\$13.73	\$27.45	\$41.18	\$54.90	\$68.63	\$82.35	\$96.08	\$109.80	\$123.53	\$137.25

Per Child Premium Table (12 Payroll Deductions Per Year)*									
\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	
\$0.24	\$0.36	\$0.48	\$0.60	\$0.72	\$0.84	\$0.96	\$1.08	\$1.20	

\*You pay the same premium amount for each child, so find the benefit amount “Per Child” and multiply the cost by the number of dependent children you have to find the total premium amount.

# Short Term Disability (STD)

The company provides short term disability (STD) insurance to replace a portion of your income until you get back on your feet and return to work.

Benefit Begins	8th day for accident and 15th day for illness
Benefit Amount	66 ⅔% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources
Benefit Maximum	\$1,000 weekly
Benefit Duration	Up to 12 weeks

# Long Term Disability (LTD)

The company provides long term disability (LTD) insurance to replace a portion of your income in the event you're unable to work for an extended period.

Elimination Period	Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends
Monthly Benefit Amount	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.  The premium for your long-term disability coverage is waived while you are receiving benefits
Monthly Benefit Maximum	\$5,000
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule

**What is Evidence of Insurability (EOI)?**

EOI is information about your health, which the insurance company may require to approve you for coverage.

If you're newly eligible and have not previously waived coverage, you can elect up to the guaranteed issue amount without submitting EOI. You may be required to submit EOI if you have previously waived this coverage or if you elect above the guaranteed issue amount.



# Employee Assistance Program (EAP)

We partner with Mutual of Omaha to provide an Employee Assistance Program to help you and your family members find solutions and resources to tackle life's challenges. Mutual of Omaha's team of master's level EAP professionals are available 24/7/365 to provide you and your loved ones resources for assistance with personal and workplace issues.

Online are valuable resources and links for additional assistance, including current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career. All employees may use these free resources and services.

## Accessing the EAP

- Phone consultations: **800.316.2796**; unlimited calls, 24/7
- Online submission form for employee convenience at [www.mutualofomaha.com/eap](http://www.mutualofomaha.com/eap).

Strict standards of confidentiality are in place to protect your privacy. Treatment information is not shared with anyone without your written permission.

## Counseling and Work Life Services

- Stress management
- Work and home relationships
- Depression and grief
- Alcohol and substance abuse
- Child, adult, and elder care
- Legal and financial consultations
- Identity theft



# Voluntary Benefits

Voluntary benefits administered by Cigna provide an added layer of financial protection for you and your family. These benefits will help cover any extra out-of-pocket expenses if you suffer an unexpected serious illness or qualifying accident.

You'll be able to elect Accident, Critical Illness, and Hospital Indemnity Insurance when you enroll.

## Accident Insurance

Injuries occurring off the job can be protected with Cigna Accident Insurance. This plan is designed to pay cash directly to the insured if they are injured in an accident. This additional cash support can be used to help supplement any out-of-pocket expenses or for anything you deem fit. Payments are made tax free, to be used at your direction.

Wellness Benefit: \$50 per insured employee or dependent per year for completing routine wellness screenings.

Example of Some Covered Benefits	Benefit Amount
Hospital Admission	\$1,500
Daily Hospital Confinement (up to 365 days)	\$300
Daily ICU Confinement (up to 15 days)	\$600
Burns	up to \$10,000
Ambulance (Ground/Air)	\$500/\$2,000
Torn Knee Cartilage	\$600

Example: Broken Ankle	Benefit Amount
Emergency Room with X-Ray	\$400
Broken Ankle, Closed Reduction (no surgery)	\$2,250
Physical Therapy (6 sessions)	\$450
Physician Follow-Up (per visit)	\$125
Crutches	\$175
<b>Total Dollars Payable to Employee</b>	<b>\$ 3,400</b>

Accident Plan	Bi-Weekly Deduction	Weekly Deduction
Employee	\$3.78	\$1.89
Employee + Spouse	\$6.25	\$3.12
Employee + Child(ren)	\$7.68	\$3.84
Family	\$10.15	\$5.08

## Critical Illness Insurance

There can be a lot of expenses associated with a critical illness and a major medical plan may not cover them all. Critical Illness coverage with Cigna pays cash directly to you, the employee, upon a covered critical illness.

You have the option to select the tiered coverage amount of your choice with no pre-existing condition limitations. Employees can elect up to \$30,000 in guaranteed issue coverage. Spouses and Child(ren) can elect 50% of the employee's coverage amount. An employee must elect coverage for dependents to elect coverage as well.

Wellness Benefit: \$50 per insured Employee or covered dependent for completing routine wellness screenings.

Below is an example of how the Critical Illness Plan works.

Donna's life is turned upside down when she suffered a heart attack which was followed by a stroke only 6 months later. Not only did she miss work, but so did her husband to help her during her recovery. Their income took a hit and bills piled up. Donna had enrolled in Cigna's Critical Illness plan with a \$30,000 Benefit Amount per diagnosis. She received a total benefit payment of \$60,000 in her family's greatest time of need.

Amount Paid to Donna	
Heart Attack	\$30,000
Stroke	\$30,000
<b>Total Direct Benefit Payment to Donna</b>	<b>\$60,000</b>

# Critical Illness Insurance

Employee Paid Guaranteed Issue Level: \$10,000  
Dependents Receive 50% of the Employee Benefit Amount

Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Bi-Weekly Rates				
0-24	\$1.46	\$2.32	\$2.46	\$3.32
25-29	\$1.65	\$2.60	\$2.64	\$3.60
30-34	\$1.97	\$3.09	\$2.96	\$4.08
35-39	\$2.77	\$4.28	\$3.76	\$5.28
40-44	\$3.60	\$5.59	\$4.60	\$6.59
45-49	\$4.46	\$6.98	\$5.35	\$7.87
50-54	\$6.66	\$10.46	\$7.66	\$11.46
55-59	\$9.28	\$14.73	\$10.28	\$15.72
60-64	\$11.89	\$18.73	\$12.88	\$19.73
65-69	\$15.39	\$24.45	\$16.38	\$25.45
70-74	\$20.19	\$31.95	\$21.19	\$32.95
75-79	\$26.45	\$41.68	\$27.44	\$42.67
80-84	\$30.84	\$49.15	\$31.83	\$50.14
85+	\$40.85	\$64.83	\$41.84	\$65.82
Weekly Rates				
0-24	\$0.73	\$1.16	\$1.23	\$1.66
25-29	\$0.82	\$1.30	\$1.32	\$1.80
30-34	\$0.98	\$1.55	\$1.48	\$2.04
35-39	\$1.38	\$2.14	\$1.88	\$2.64
40-44	\$1.80	\$2.80	\$2.30	\$3.30
45-49	\$2.23	\$3.49	\$2.67	\$3.94
50-54	\$3.33	\$5.23	\$3.83	\$5.73
55-59	\$4.64	\$7.36	\$5.14	\$7.86
60-64	\$5.94	\$9.37	\$6.44	\$9.86
65-69	\$7.70	\$12.23	\$8.19	\$12.72
70-74	\$10.10	\$15.98	\$10.59	\$16.47
75-79	\$13.23	\$20.84	\$13.72	\$21.34
80-84	\$15.42	\$24.57	\$15.92	\$25.07
85+	\$20.43	\$32.41	\$20.92	\$32.91

Employee Paid Guaranteed Issue Level: \$20,000  
Dependents Receive 50% of the Employee Benefit Amount

Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Bi-Weekly Rates				
0-24	\$2.92	\$4.64	\$4.91	\$6.64
25-29	\$3.30	\$5.21	\$5.29	\$7.20
30-34	\$3.93	\$6.18	\$5.93	\$8.17
35-39	\$5.54	\$8.56	\$7.52	\$10.55
40-44	\$7.20	\$11.19	\$9.19	\$13.18
45-49	\$8.92	\$13.97	\$10.70	\$15.75
50-54	\$13.33	\$20.93	\$15.31	\$22.92
55-59	\$18.56	\$29.46	\$20.56	\$31.45
60-64	\$23.78	\$37.47	\$25.76	\$39.45
65-69	\$30.78	\$48.90	\$32.77	\$50.90
70-74	\$40.38	\$63.90	\$42.38	\$65.90
75-79	\$52.90	\$83.35	\$54.89	\$85.35
80-84	\$61.67	\$98.30	\$63.66	\$100.28
85+	\$81.70	\$129.66	\$83.69	\$131.65
Weekly Rates				
0-24	\$1.46	\$2.32	\$2.46	\$3.32
25-29	\$1.65	\$2.60	\$2.64	\$3.60
30-34	\$1.97	\$3.09	\$2.96	\$4.08
35-39	\$2.77	\$4.28	\$3.76	\$5.28
40-44	\$3.60	\$5.59	\$4.60	\$6.59
45-49	\$4.46	\$6.98	\$5.35	\$7.87
50-54	\$6.66	\$10.46	\$7.66	\$11.46
55-59	\$9.28	\$14.73	\$10.28	\$15.72
60-64	\$11.89	\$18.73	\$12.88	\$19.73
65-69	\$15.39	\$24.45	\$16.38	\$25.45
70-74	\$20.19	\$31.95	\$21.19	\$32.95
75-79	\$26.45	\$41.68	\$27.44	\$42.67
80-84	\$30.84	\$49.15	\$31.83	\$50.14
85+	\$40.85	\$64.83	\$41.84	\$65.82

# Critical Illness Insurance

Employee Paid Guaranteed Issue Level: \$30,000 Dependents Receive 50% of the Employee Benefit Amount				
Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Bi-Weekly Rates				
0-24	\$4.38	\$6.96	\$7.37	\$9.96
25-29	\$4.94	\$7.81	\$7.93	\$10.80
30-34	\$5.90	\$9.28	\$8.89	\$12.25
35-39	\$8.31	\$12.84	\$11.28	\$15.83
40-44	\$10.80	\$16.78	\$13.79	\$19.77
45-49	\$13.38	\$20.95	\$16.05	\$23.62
50-54	\$19.99	\$31.39	\$22.97	\$34.38
55-59	\$27.84	\$44.18	\$30.84	\$47.17
60-64	\$35.67	\$56.20	\$38.64	\$59.18
65-69	\$46.18	\$73.36	\$49.15	\$76.35
70-74	\$60.58	\$95.86	\$63.57	\$98.85
75-79	\$79.35	\$125.03	\$82.33	\$128.02
80-84	\$92.51	\$147.45	\$95.50	\$150.42
85+	\$122.55	\$194.48	\$125.53	\$197.47
Weekly Rates				
0-24	\$2.19	\$3.48	\$3.68	\$4.98
25-29	\$2.47	\$3.90	\$3.97	\$5.40
30-34	\$2.95	\$4.64	\$4.44	\$6.13
35-39	\$4.15	\$6.42	\$5.64	\$7.91
40-44	\$5.40	\$8.39	\$6.90	\$9.89
45-49	\$6.69	\$10.47	\$8.02	\$11.81
50-54	\$10.00	\$15.69	\$11.49	\$17.19
55-59	\$13.92	\$22.09	\$15.42	\$23.59
60-64	\$17.83	\$28.10	\$19.32	\$29.59
65-69	\$23.09	\$36.68	\$24.58	\$38.17
70-74	\$30.29	\$47.93	\$31.78	\$49.42
75-79	\$39.68	\$62.52	\$41.16	\$64.01
80-84	\$46.25	\$73.72	\$47.75	\$75.21
85+	\$61.28	\$97.24	\$62.76	\$98.74

# Hospital Indemnity Insurance

Hospital Indemnity insurance with Cigna is designed to provide financial assistance for an illness OR accident that results in a hospital admission or confinement, to supplement your current coverage. Employees can use the benefit shown below, to meet any out-of-pocket expenses and extra bills that can occur due to a hospitalization. Benefits are paid directly to you, regardless of the actual cost of treatment.

Covered Benefits	Benefit Amount
Hospital Admission Benefit (1x per year)	\$1,000
ICU Admission Benefit	\$1,400
Daily Hospital Confinement Benefit (up to 30 days per confinement)	\$200
Daily ICU Confinement Benefit (up to 30 days per confinement)	\$400
Hospital Chronic Condition Admission Benefit	\$100
Hospital Observation Stay Benefit	\$200

Hospital Indemnity Plan	Bi-weekly Deduction	Weekly Deduction
Employee	\$5.98	\$2.99
Employee and Spouse	\$14.34	\$7.17
Employee and Child(ren)	\$9.95	\$4.98
Family	\$18.32	\$9.16





# Contact Information



## KLEEN-TECH HUMAN RESOURCES

866.385.0672



## BENEFITS ENROLLMENT

970.300.0333

<https://cigna.benselect.com/ktech>



## MEDICAL AND PRESCRIPTION

Cigna

866.494.2111

[www.mycigna.com](http://www.mycigna.com)



## FLEXIBLE SPENDING ACCOUNT (FSA)

Rocky Mountain Reserve

888.722.1223

[www.rockymountainreserve.com](http://www.rockymountainreserve.com)



## DENTAL

Delta Dental of Colorado

800.610.0201

[www.deltadentalco.com](http://www.deltadentalco.com)



## VISION

Superior Vision

800.507.3800

[www.superiorvision.com](http://www.superiorvision.com)



## LIFE AND DISABILITY

Mutual of Omaha

800.655.5142

[www.mutualofomaha.com](http://www.mutualofomaha.com)



## EMPLOYEE ASSISTANCE PROGRAM (EAP)

800.316.2796

[www.mutualofomaha.com/eap](http://www.mutualofomaha.com/eap)



## 401(K)

800.338.4015

[www.empowermyretirement.com](http://www.empowermyretirement.com)



## ACCIDENT

Cigna

866.494.2111

[www.mycigna.com](http://www.mycigna.com)



## CRITICAL ILLNESS

Cigna

866.494.2111

[www.mycigna.com](http://www.mycigna.com)



## HOSPITAL INDEMNITY

Cigna

866.494.2111

[www.mycigna.com](http://www.mycigna.com)









This benefit guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.