



Delta
Solutions
& Strategies



2023

BENEFITS GUIDE

January 1—December 31, 2023

**CLASS 1: ALL FULL-TIME EMPLOYEES
(EXCLUDING UNION EMPLOYEES)**





Delta Solutions & Strategies, LLC, established in 2000, is a Service-Disabled Veteran-Owned Small Business (SDVOSB) specializing in Systems Engineering and Technical Assistance (SETA), Operations & Maintenance (O&M), Modeling and Simulation (M&S), and Training and Education Support for a wide variety of Defense and Civil customers across the world. Delta's expertise spans a wide variety of specialties as a prime contractor on multiple contracts including direct support to mission critical Air, Space, Cyber, Missile Warning and Defense, Homeland Security and Defense, and Special Operations clients across all branches and services. Our employees have extensive experience supporting weapon systems requirements at all classification levels including staffing solutions to CONUS and OCONUS-based customer needs.

Our Core Values:

Establish a strong commitment to each other

Create a position of trust with the customer

Represent the utmost in integrity

Provide the best in objectivity

Dedicate ourselves to corporate success

Our Vision:

To be a leader in the use of organizational optimization methodologies and tools for the public and private sector... while engaging the expertise of our people across the decision spectrum

Our Mission:

To enable customers and employees to achieve their full potential by committing business, operational, and technical knowledge toward their success

Our Quality Policy:

Delta Solutions & Strategies, LLC strives to provide the best products, services, and value to its customer. Quality objectives are supported by integrity and outstanding service. We will maintain an effective Quality Management System to meet and exceed our customers' requirements. The services we provide our customers are measured through our quality, schedule, cost control, management, small business subcontracting and regulatory compliance. We believe in employee involvement, and proactive teamwork with our customers.

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IMPORTANT NOTICE

****PLEASE READ CAREFULLY ****

This Document summarizes the competitive benefits that Delta Solutions & Strategies LLC offers in order to attract and retain valued employees.

This Document does not provide you with details regarding the benefits offered. For specific questions regarding any benefits you are currently eligible for, please refer to the specific Plan document relating to each individual benefit plan. If you need assistance with a question please contact Human Resources.

THE BENEFITS IN THIS BOOKLET ARE EFFECTIVE JANUARY 1, 2023 THROUGH DECEMBER 31, 2023. DELTA SOLUTIONS & STRATEGIES LLC MAY CHANGE OR TERMINATE PLANS AND COVERAGE AT ANY TIME WITH A 60-DAY NOTICE. THE DESCRIPTION OF CURRENT BENEFITS DOES NOT GUARANTEE THAT BENEFIT LEVELS WILL CONTINUE INTO THE FUTURE.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

HIPAA/ELIGIBILITY

Notice of Availability Delta Solutions & Strategies LLC Notice of Privacy Practices

Anthem (the “Plan”) provides health benefits to eligible employees of DELTA SOLUTIONS & STRATEGIES LLC (the “Company”) and their eligible dependents as described in the summary plan description (s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan’s duties and privacy practices with respect to covered individuals’ protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses PHI (Personal Health Information) .

To receive a copy of the Plan’s Notice of Privacy Practices, you should contact the DELTA SOLUTIONS & STRATEGIES LLC Plan Administrator, who has been designated as the Plan’s contact person for all issues regarding the Plan’s privacy practices and covered individuals’ privacy rights. You can reach this contact person at:

7150 Campus Drive #365, Colorado Springs, CO 80920 or (719) 475-0605

HIPAA Notification

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this 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). You must request Special Enrollment (qualifying event) within 31 days after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other plan). Your request must be provided to the Plan Administrator in writing.

In addition, if you have a new dependent (including a spouse) as a result of marriage, birth, adoption, or placement for adoption you may be able to enroll yourself and your dependents. You must request Special Enrollment (qualifying event) within 31 days after the marriage, birth, adoption, or placement for adoption. Your request must be provided to the Plan Administrator in writing.

If you do not provide written notification to the Plan Administrator of the Special Enrollment (qualifying event) request in the specified time frame this plan is not required to offer Special Enrollment Rights (qualifying event).

Change in Family Status (qualifying event)

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits. Your before-tax benefit elections must remain in effect throughout the plan year unless you have a qualifying event that necessitates a coverage change. All benefit selections are binding except in the event you have a “qualifying event”. If one of these situations occurs, you have 31 days to notify the group administrator and complete the appropriate paperwork. If you do not make the change within the 31 days following the event, your next opportunity to make a change will occur during the plan’s open enrollment period. Examples of status changes include:

- | | |
|--|--|
| —Marriage or Divorce | —Birth or Death of dependent |
| —Adoption | —Loss of Eligibility for insurance |
| —Spouse’s employment or termination of employment | —Unpaid leave of absence of employee or spouse |
| —Reduction or Increase in hours worked from Part Time to Full Time | —Change in residence that affects eligibility |

It is important for you to remember that you have 31 days from the qualifying event date to make a change to your benefit plan elections. Failure to do so will result in you having to wait for the annual open enrollment period. All enrollments and changes made during the annual open enrollment period are effective January 1st following the Open Enrollment period.

ELIGIBILITY

If you are an employee scheduled to work 30 hours a week or more, you may be eligible for benefits as outlined in this summary. Delta Solutions will comply with all Affordable Care Act regulations to determine benefit eligibility. Your benefits become effective the first of the month following your date of hire.

For Medical, Dental, and Vision eligible employees may elect to cover a spouse as defined by state law and/or the company and/or children who are under 26 years of age, having the same legal residence as, or financially dependent on, the parent.

Child Dependent Age Limits

- * Medical / Dental / TeleHealth – Age limit for a child dependent is the end of the month in which they turn 26 (regardless of their marital status)
- * Vision— Age limit for a child dependent is the end of the month in which they turn 19, or 25 if a full time student. (unmarried)
- * Additional Voluntary Life AD&D (Accidental Death & Dismemberment)—Age limit for a child dependent is the end of the month in which they turn 21, or 25 if a full time student.

MEDICAL

Our company's medical plan utilizes a large network of doctors and hospitals who have agreed to provide services at discounted rates. If you use the network, you will receive the highest level of benefits offered by the plan at the lowest cost to you. However, you are not always required to use the network. You always have the complete freedom to select any provider whenever you need care. However, the non-network benefits are lower and your out-of-pocket costs are higher. Once enrolled, you may use the Directory on page 16 of this brochure to look up the carrier website to access claims payment information, physician directories, ID cards and to inquire about eligibility. The charts are designed to help you understand and compare your medical benefit options.

SUMMARY OF MEDICAL BENEFITS	Anthem Blue Cross Blue Shield-Group #L01557	
	BlueClassic PPO 21 Essential Rx	HDHP/HSA PPO Plan 28E Essential Rx
Calendar Year Deductible (In-Network):	\$3,000 Individual / \$9,000 Family	\$6,350 Individual / \$12,700 Family
Out of Network: <i>(Restrictions may apply)</i>	\$9,000 Individual / \$27,000 Family	\$10,000 Individual / \$20,000 Family
Member Coinsurance (In-Network):	Plan Pays 70% You Pay 23%	Plan Pays 100% You Pay 0%
Out of Network: <i>(Restrictions may apply)</i>	Plan Pays 50% You Pay 50%	Plan Pays 70% You Pay 30%
Calendar Year Maximum Out-of-Pocket (In-Network) Includes Deductible:	\$6,500 Individual / \$13,000 Family	\$6,350 Individual / \$12,700 Family
Out of Network: <i>(Restrictions may apply)</i> Includes Deductible:	\$19,500 Individual / \$39,000 Family	\$19,050 Individual / \$38,100 Family
Lifetime Maximum:	Unlimited	Unlimited
Network:	PPO	PPO
Preventive Care (In-Network):	No Charge	No Charge (Deductible Waived)
Office Visit/Specialist Copay (In-Network):	\$30/\$60	Deductible then 0%
Out of Network: <i>(Restrictions may apply)</i>	Deductible then 50%	Deductible then 50%
Retail Prescription Cost (30-day Supply):	Level 1: \$15/\$50/\$75/30% up to \$350 Level 2: \$25/\$60/\$85/30% up to \$500	Deductible then 0%
Mail Order Prescriptions (90-day Supply):	\$37.50/\$150/\$225	
Drug Coverage Medicare Part D Status:	Creditable	Creditable
Inpatient Hospital (In-Network):	Deductible then 30%	Deductible then 0%
Out of Network: <i>(Restrictions may apply)</i>	Deductible then 50%	Deductible then 50%
Outpatient Surgery (In-Network):	Deductible then 30%	Deductible then 0%
Out of Network: <i>(Restrictions may apply)</i>	Deductible then 50%	Deductible then 50%
Laboratory & X-Ray/Imaging (In-Network): (MRI, CT, PET Scan)	Lab/X-Ray: Deductible then 30% Complex Imaging: Deductible then 30%	Deductible then 0%
Emergency Room (In-Network):	Deductible then 30%	Deductible then 0%
Out of Network: <i>(Covered as In-Network)</i>	Deductible then 30%	Deductible then 0%
Urgent Care (In-Network):	\$60 Copay Per Visit	Deductible then 0%
Out of Network: <i>(Restrictions may apply)</i>	Deductible then 50%	Deductible then 50%
Spinal Manipulations (In-Network):	\$30 Copay (Limited: 20 Visits per year)	Deductible then 0% (Limited: 20 Visits per year)

**SPOUSES COVERED UNDER THIS GROUP'S MEDICAL PLAN WILL NOT BE COVERED FOR
JOB-RELATED INJURIES OR SICKNESS**

HEALTH SAVINGS ACCOUNT (HSA) / ACCIDENT & HOSPITAL INDEMNITY

HEALTH SAVINGS ACCOUNT

Employees who enroll in the HDHP/HSA PPO Plan 28E Essential Rx plan may open and contribute into a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- Your contributions may not exceed the annual IRS limits listed below.
- You can withdraw HSA funds tax-free to pay for current qualified health care expenses, or save them for the future, also tax-free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

HSA Contribution Limit	2023
Employee Only	\$3,850
Family (employee + 1 or more)	\$7,750
Catch-up (age 55+)	\$1,000

Important Notes:

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare or TriCare, and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.
- For a complete list of qualified health care expenses, refer to IRS Publication 502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

ACCIDENT INSURANCE & HOSPITAL INDEMNITY INSURANCE

If you are enrolled in one of the Anthem medical plans offered by Delta Solutions & Strategies, you will be automatically enrolled in the Aflac Accident Insurance and Hospital Indemnity Insurance benefits. You may also choose to enroll your eligible spouse and/or children in the coverage, even if they are not covered by your medical plan. Delta Solutions & Strategies will pay the employee only portion of the premium, and you will be responsible for paying the cost to cover your spouse and/or children. If you waive the Anthem medical coverage, you will not be automatically enrolled but you still have the opportunity to enroll in the voluntary benefits. Please refer to the separate 2023 Voluntary Benefits Guide for detailed information on these two benefits in addition to the Critical Illness plan also offered to our employees and their eligible family members.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs – an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Hospital Indemnity Insurance

When your loved one needs to be hospitalized, your family deserves to focus on their wellbeing—not the stress of the average three-day hospital stay, which can cost you \$30,000¹. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

1) Why health insurance is important: Protection from high medical costs. HealthCare.gov
2) Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.



FLEXIBLE SPENDING ACCOUNTS (FSA)

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts allows you:

- A) To use pre-tax dollars for health and/or child/dependent care expenses
- B) Contribute a portion of your paycheck to a FSA and save 25% to 40% in taxes

FSA's:

- FSA is an interest free, tax free loan for your employer.
- The amount of funds your employer provides are determined by you.
- The funds are available day one.
- The amount you elect will be paid back to your employer in equal parts of the annual election deducted from each paycheck pre-tax (before Federal, State and FICA taxes are deducted).

Before enrolling in an FSA, decide how much to contribute to each account for the entire plan year.

- 2023 Contributions can be made to the maximum of **\$3,050** for the Full Health Flexible Spending Account.
- Elections are irrevocable during the plan year (Unless a change in status occurs as defined by the IRS).
- Only Eligible expenses can be reimbursed.
- Expenses must be incurred by participants or eligible dependents during the current plan year and while participating Medical expenses are incurred when care is received and not when paid.
- Interest earned on contributions is tax deferred.
- Expenses reimbursed under the health FSA may not be used to claim any federal income tax deduction or credit.
- Only "out-of-pocket" expenses are eligible for reimbursement. Expenses covered by insurance or any other plan or program are not eligible for reimbursement.
- Expenses for general well being such as cosmetic surgery are not eligible for reimbursement.
- It is recommended that participants retain a copy of all receipts for their own records.
- Appropriate distribution of funds is the sole responsibility of the employee.
- Be sure to use it or you lose it.

DEPENDENT CARE FSA

- The maximum you can elect in a plan year is equal to the lesser of the following:
 - \$5,000 –Married, filing federal taxes jointly or a single parent
 - \$2,500—Married, filing separate federal tax return
- Dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care who resides with you.
- The care must be necessary for you or your spouse to be gainfully employed or go to school.
- Care may be provided by anyone other than your spouse or your children under the age of 19.
- Expenses for schooling, kindergarten, overnight care, and nursing homes are not reimbursable.
- Dependent Care FSA balances do not roll over into the next plan year.
- The amount contributed year-to-date, is available for reimbursement.

Administration: Rocky Mountain Reserve is the Third Party Administrator for the Flexible Spending Accounts and the Health Savings Account.

TELEHEALTH

TELADOC: A medical benefit that allows you to resolve many of your medical issues—anytime day or night—through the convenience of phone and online video consultations all for a \$0 consult fee.

HEALTH ADVOCATE: A Personal Health Advocate is available to you and your covered dependents at no cost. Your Personal Health Advocate is a trained professional, typically a Registered Nurse, who understands the ins and outs of the health care system and how to navigate through it. The Personal Health Advocate helps you and your covered dependents coordinate care among doctors and medical institutions in various ways.

YOUR PERSONAL HEALTH ADVOCATE CAN HELP YOU: Translate benefits information, clarify medical conditions and treatment options, resolve claims and billing issues, negotiate payments, provide cost estimates, locate qualified providers, secure second opinions, schedule appointments, arrange for specialized treatments, research elder care and more.

Health Advocate is a confidential service available 24 hours a day, 7 days a week and is available to your immediate family (including parents and in-laws).

EDOCAMERICA: Doctors Online provides 24/7 access to web-based answers to medical questions from an expert team of board-certified physicians, psychologists, pharmacists, dentists, dietitians, and fitness trainers. (Other services include physician-written weekly Health Tips, two Health Risk Assessments, a 3D Video Library with access to 250+ medical topics.)

DENTAL/VISION

DENTAL

Staying healthy includes obtaining quality dental care for you and your family. Our company's dental plan allows you to use an extensive network of providers and offers flexibility based upon where you choose to access care. You are covered at the highest level if you select dental care through this network, but have the option to obtain care outside the network at a higher cost to you. Once enrolled, you may use the Directory on page 16 in this brochure to look up the carrier website to inquire about additional information.

Dental	Humana - Group # 592815	
PPO Network	In Network	Non Network
Calendar Year Deductible:	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Calendar Year Maximum Benefit:	\$1,500 per person	
Preventive Care:	100% covered	80% covered
Basic Services (Endodontics/Periodontics):	80% covered	50% covered
Major Services:	50% covered	50% covered
Orthodontic Treatment: Child and Adult Coverage	50% covered	50% covered
Orthodontic Lifetime Maximum:	\$1,000 per person	

VISION

Our company offers vision coverage in order to help you pay for your routine vision services and supplies. You can elect vision coverage for yourself and your eligible dependents. You can see any vision provider you choose, but you will enjoy significant savings when you use our offered vision provider. You may use the Directory on page 16 of this brochure to find out more information.

Vision	EyeMed - Group # 9677220 Plan - H
Access Network	In-Network
Eye Exam Copay:	\$0
Materials Copay:	\$0
Frequency (Eye Exams):	12 Months
Frequency (Lenses):	12 Months
Frequency (Frames):	12 Months
Frame Benefits:	\$130 Allowance, 20% off balance
Contact Lenses Benefit (In Lieu of Glasses):	\$130 Allowance, 15% off Balance

BASIC LIFE/AD&D / EMPLOYEE ASSISTANCE PROGRAM (EAP)

BASIC LIFE/AD&D

Delta Solutions & Strategies, LLC provides eligible employees with group life and accidental death and dismemberment (AD&D) insurance through Mutual of Omaha. You may use the Directory on page 16 of this brochure to find out more information.



Life and AD&D Mutual of Omaha	
Employee Benefit:	\$50,000 Life AD&D
Benefit Reduction Schedule:	Reduces to 65% at age 65 45% at age 70 30% at age 75 20% at age 80 15% at age 85 10% at age 90
Conversion:	If group life insurance ends of the benefit reduces, you may apply for an individual policy of life insurance, subject to certain conditions.

Is your beneficiary information current with Human Resources?



Please see page 11 for Additional Life Insurance Options

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family. You can expect information gathered by the EAP is **confidential** – the EAP does not communicate with your employer about your situation unless there is a risk of harm to you or others. Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional resources are needed, your EAP will help locate appropriate providers in your area.

Experienced EAP Staff

Master's level professionals who can provide assistance for a variety of personal and professional matters.

- Emotional Well-being
- Family and relationships
- Legal and financial
- Health lifestyles
- Work and life transitions

EAP Benefits

- Unlimited telephone access to EAP professionals (24 hours a day, seven days a week)
- Telephone Assistance and Referral
- Service for employees and eligible dependents
- Legal assistance and financial services
 - Will preparation
 - Legal library & Online forms
- Resources for work/life balance, substance abuse and dependent and elder care assistance and referral services
- Access to a library of educational articles, handouts and resources via website



SHORT TERM DISABILITY/LONG TERM DISABILITY

SHORT TERM DISABILITY

Our company offers a short term disability benefit in case you are unable to perform your job due to an illness or injury unrelated to your work. You will begin receiving this benefit after the waiting period, and you will only receive the benefit while you are unable to perform your job or until the benefit duration has expired. As long as you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your earnings.



Mutual of Omaha



STD-Mutual of Omaha	
STD Benefit Amount:	60%
STD Maximum Benefit:	\$1,200 per week
STD Benefit Begins:	1st Day Accident
	8th Day Sickness
STD Benefit Duration:	13 Weeks

LONG TERM DISABILITY

LTD benefits may be paid to you if you meet the plan's definition of disability **and** loss of income requirements for the required time period.



Mutual of Omaha

DEFINITION OF DISABILITY

You are disabled when the Insurance Carrier determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and
- You have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury.

LTD-Mutual of Omaha	
LTD Benefit Amount:	60%
LTD Maximum Benefit:	\$6,000 per month
LTD Benefit Waiting Period:	90 Days
LTD Benefit Duration:	Social Security Normal Retirement Age
Pre-Existing Conditions Limitations:	*3/12



***Pre-existing Conditions Limitation:** Received medical treatment, consultation, care or services, took prescription medication or had medication prescribed or had symptoms or conditions that would cause a reasonably prudent person to seek diagnosis, care or treatment in the 3 months before insurance enrollment takes place, Mutual of Omaha will not pay benefits for a disability that results from a preexisting condition for the next 12 months after enrollment.

VOLUNTARY LIFE/AD&D

VOLUNTARY LIFE/AD&D

Life insurance is an important part of your financial well-being, especially if others depend on you for support. Delta Solutions & Strategies, LLC provides full-time employees with basic life and accidental death and dismemberment (AD&D) insurance through Mutual of Omaha at no cost to the employee. However, they also offer a Voluntary Life and AD&D benefit to provide you with the option to purchase additional Life and AD&D insurance on yourself and your dependents. This coverage is 100% paid by you the employee.

Evidence of Insurability will be required if you declined coverage during your initial eligibility period and then want coverage at a later date; or if you are applying for Optional Life in excess of the Guaranteed Amount above. All late entrants and increases require Evidence of Insurability.

Voluntary Life and AD&D Mutual of Omaha

	EMPLOYEE	SPOUSE	CHILD
Amount:	Choice of \$10,000 increments, not to exceed 5x your annual salary to a maximum of \$300,000	Choice of \$5,000 increments, not to exceed 50% of the employee elected amount to a maximum of \$50,000	14 Days old to age 19: Choice of \$5,000 increments to a maximum of \$10,000
Minimum Amount:	\$10,000	\$5,000	\$5,000
Maximum Amount:	\$300,000	\$50,000	\$10,000
Guarantee Amount: Only Available during your initial eligibility period	\$100,000	\$25,000	\$10,000
Benefit Reduction:	65% at age 70 45% at age 75 30% at age 80 20% at age 85 15% at age 90 Benefits terminate at retirement	Benefits terminate at employee age 70	At age 21 or to age 25 if full-time student
Portability and/or Conversion:	Included	Included	Included



****VOLUNTARY LIFE RATES ARE BASED ON AGE
AND BENEFIT ELECTION AMOUNT****



Mutual of Omaha

LONG TERM CARE

LONG TERM CARE

Long-term care (LTC) is a variety of services which help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods of time.

What is long term care?

Whether it's due to a motorcycle accident or a serious illness, it is the type of care you may need if you couldn't independently perform the basic activities of daily living: bathing, dressing, using the toilet, transferring from one location to another, continence and eating, or if you suffered severe cognitive impairment from a condition such as Alzheimer's disease. Increasingly, long-term care involves providing a level of medical care that requires the expertise of skilled practitioners to address the often multiple chronic conditions associated with older populations. Long-term care can be provided at home, in the community, in assisted living facilities or in nursing homes. Long-term care may be needed by people of any age, although it is a more common need for senior citizens.

Long term care insurance may help you avoid a far more difficult decision: whether to exhaust your savings or liquidate your assets to pay for a period of long term care. This policy may help you be prepared for the financial realities and help you maintain control of some important decisions, such as:

- Who would take care of me?
- Where can I choose to receive care?
- Would I be a burden on my children if my savings couldn't cover my care?

Who's at risk?

Long term care insurance is not just for the elderly.

- 40% of people currently receiving long term care are working-age adults 18 to 64 years old
- About 70% of individuals over age 65 will require some type of long term care services during their lifetime

How does this coverage help?

The illustration in the top right hand corner shows some examples of how you may use a long term care benefit of \$3,000 per month, based on the national averages for care:

Won't my other insurance pay for long term care? Unfortunately, no.

- Medical insurance and Medicare are designed to pay for specific care for acute conditions — not for long term help with daily living.
- Medicaid only helps with long term care expenses after you have depleted virtually all of your assets. The exact amount varies by state but usually leaves just a few thousand dollars in total assets. Only long term care insurance may cover those costs and allow you to maintain as much of your assets as possible.

Do I need to be in a nursing home to use my LTC insurance?

All Unum plans include a home health option. This allows you to use your benefit to pay for an aide to come to your home, so you can remain in your residence as long as possible.

Why buy now?

People often buy long term care insurance at an early age, because the younger you are, the more affordable the rates. In fact, 63% of the people who buy group LTC insurance are under age 55.

Additional Features of the Plan:

- Family members have access to group rates through Simplified Underwriting
- **Age Frozen Rates**
- Fully Portable
- Tax Free Benefit for Employee

Home Care Options:

Professional Home and Community Care Benefit: Professional Home and Community Care Benefit means Qualified Long Term Care Services provided to you for at least one hour or more per day by or through a Licensed Home Health Care Agency; by a Licensed Health Care Professional; or in an Adult Day Care Facility. Professional Home and Community Care Services include nursing care; physical, respiratory, and occupational or speech therapy; homemaker services; hospice care; or other services pursuant to your Plan of Care. If your coverage includes the we will pay 1/30th of the Home Care Monthly Benefit you elected for each day you receive Professional Home and Community Care Services. Professional Home and Community Care Services may be provided anywhere other than a LTC Facility, an acute care facility or other location excluded by the policy. You must provide written proof indicating the number of days you received Professional Home and Community Care Services before a benefit is paid.

Total Choice Home Care Benefit: Total Choice Home Care Benefit mean Qualified Long Term Care Services provided to you by anyone, including a Family Member, by or through a Licensed Home Health Care Agency; by a Licensed Home Health Care Professional; in Adult Day Care Facility; or by an informal caregiver. Total Choice Home Care Services include nursing care; physical, respiratory, and occupational or speech therapy; homemaker services; hospice care; or other services pursuant to your Plan of Care. If your coverage includes the Total Choice Home Care Benefit we will pay 1/30th of the Home Care Monthly Benefit you elected for each day you receive Total Choice Home Care Services. Total Choice Home Care Services may be provided anywhere other than a LTC Facility, an acute care facility or other location excluded by the policy.



Home health:

• Long term care annual benefit	\$36,000
• Home health aide (\$18.50/hour)	– \$24,050/year*
• Left over for out-of-pocket expenses	= \$11,950

Assisted living:

• Long term care annual benefit	\$36,000
• Assisted living (\$2,825.25/month)	– \$33,903/year
• Left over for out-of-pocket expenses	= \$2,097

Private nursing home:

• Long term care annual benefit	\$36,000
• Private nursing home (\$203.31/day)	– \$74,208.15/year
• The cost of care that you will pay out of pocket	= –\$38,208.15

*Based on receiving care five hours a day/five days a week at \$18.50/hour. For illustrative purposes only.

Unum—Group # 122756	
Elimination Period:	90 Days (Satisfied only once during the life of the plan)
1st Choose your Monthly Benefit Amount:	Between \$2,000 and \$9,000
2nd Choose your Plan:	Plan 1- Long Term Care Facility and Professional Home and Community Care 50% Plan 2- Long Term Care Facility and Total Home Care 50% Plan 3- Long Term Care Facility, Professional Home and Community Care 50% and Simple Inflation Plan 4- Long Term Care Facility, Total Home Care 50% and Simple Inflation (See Definitions listed on this page)
3rd Choose your Benefit Duration:	3 Years 6 Years or, Lifetime
Guarantee Issue:	Monthly Benefit Amounts: Choose up to \$6,000 - no medical questions asked) Benefit Duration: Choose up to 6 Years - no medical questions asked)

**You may be eligible to receive International Benefits if you become Chronically Ill and are receiving Qualified Long Term Care Services while traveling outside of the United States, its territories or possessions, or Canada. International Benefits will be paid on an indemnity basis.

Inflation Protection and Benefit Increase Options:

5% Simple Benefit Increase: If your coverage includes this option, your LTC Facility Monthly Benefit will increase each year on the Coverage Effective Date by 5% of your original LTC Facility Monthly Benefit. Increases will be automatic and will occur regardless of your health and whether or not you are eligible for or are receiving benefit payments. Your premium will not increase due to automatic increases in your LTC Facility Monthly Benefit.

LONG TERM CARE

Employee—What Forms Do I need to Complete?

- Employee/Spouse Benefit Election Form (Base/Buy-Up EE)
 - Please completely fill out the personal information at the top of the form
 - Select the Plan that best fits your needs (Plan 1-4)
 - Choose the monthly benefit amount that best fits your needs (\$2,000- \$9,000)
 - Choose the benefit duration that best fits your needs (3 Years, 6 Years or Lifetime)
 - PLEASE BE SURE TO SIGN THE BACK OF THE APPLICATION
- ***If you select more than \$6,000 monthly benefit or 6 year benefit duration, please be sure to complete the Evidence of Insurability Form (7004-04).*
- Sign the Acknowledgement of Disclosures of Rating Practices Form (7604-04)
- Recommended to Complete Protection Against Unintentional Lapse Designation Form (7606-04)

Spouse – What Forms Do I Need to Complete?

- Employee/Spouse Benefit Election Form (Base/Buy-Up EE)
 - Please completely fill out the Employee personal information at the top of the form
 - Please also completely fill out the Spouse personal information at the top of the form
 - Select the Plan that best fits your spouse's needs (Plan 1-4)
 - Choose the monthly benefit amount that best fits your needs (\$2,000- \$9,000)
 - Choose the benefit duration that best fits your needs (3 Years, 6 Years or Lifetime)
 - PLEASE BE SURE TO SIGN THE BACK OF THE APPLICATION—BOTH EMPLOYEE AND SPOUSE MUST SIGN THE APPLICATION
- Please be sure to complete the Evidence of Insurability Form (7004-04)
- Option to complete the Authorization and Agreement for Automatic Payments form (7713-04)
- Sign the Acknowledgement of Disclosure of Rating Practices Form (7604-04)
- Recommended to Complete Protection against Unintentional Lapse Designation Form (7606-04)

Family Members—What Forms Do I Need to Complete?

- Family Benefit Election Form (Base/Buy-Up FAM)
 - Please completely fill out the personal information at the top of the form
 - Please select how you are related to the employee
 - Select the Plan that best fits your needs (Plan 1-4)
 - Choose the monthly benefit amount that best fits your needs (\$2,000- \$9,000)
 - Choose the benefit duration that best fits your needs (3 Years, 6 Years or Lifetime)
 - PLEASE BE SURE TO SIGN THE BACK OF THE APPLICATION—BOTH EMPLOYEE AND FAMILY MEMBER MUST SIGN THE APPLICATION
- Please be sure to complete the Evidence of Insurability Form (7713-04)
- Sign the Acknowledgement of Disclosure of Rating Practices Form (7604-04)
- Recommended to Complete Protection Against Unintentional Lapse Designation Form (7606-04)



LONG TERM CARE



DELTA SOLUTIONS & STRATEGIES

*Rates Shown are for \$1,000 Facility Monthly Benefit
(You may choose from \$2,000 - \$9,000 in Facility Monthly Benefit)*

Monthly Rates	Plan 1			Plan 2			Plan 3			Plan 4		
	Long Term Care Facility Prof Home-Comm Care 50%			Long Term Care Facility Total Home Care 50%			Long Term Care Facility Prof Home-Comm Care 50% Simple Inflation			Long Term Care Facility Total Home Care 50% Simple Inflation		
Benefit Duration	3 YR	6 YR	Lifetime	3 YR	6 YR	Lifetime	3 YR	6 YR	Lifetime	3 YR	6 YR	Lifetime
AGE												
18 - 30	2.10	2.70	3.90	3.30	4.30	6.30	5.10	7.20	9.10	7.90	11.20	14.00
31	2.20	2.80	4.00	3.40	4.50	6.40	5.40	7.60	9.50	8.30	11.80	14.70
32	2.30	2.90	4.10	3.60	4.70	6.60	5.70	8.00	10.00	8.70	12.30	15.40
33	2.40	3.10	4.20	3.80	4.90	6.80	5.90	8.40	10.50	9.20	13.00	16.20
34	2.50	3.20	4.40	4.00	5.10	7.00	6.30	8.80	11.00	9.70	13.60	17.00
35	2.60	3.40	4.50	4.20	5.30	7.20	6.60	9.30	11.50	10.20	14.30	17.90
36	2.80	3.50	4.70	4.40	5.60	7.40	6.90	9.70	12.10	10.70	15.10	18.80
37	2.90	3.70	4.80	4.60	5.90	7.70	7.30	10.20	12.70	11.30	15.80	19.70
38	3.10	3.90	5.00	4.90	6.20	8.00	7.70	10.80	13.40	11.90	16.60	20.70
39	3.20	4.10	5.20	5.10	6.50	8.30	8.10	11.30	14.10	12.50	17.50	21.80
40	3.40	4.30	5.40	5.40	6.90	8.60	8.50	11.90	14.80	13.10	18.40	22.90
41	3.70	4.80	5.90	5.90	7.60	9.40	9.40	13.10	16.20	14.50	20.20	25.10
42	3.90	4.90	6.10	6.20	7.90	9.70	9.80	13.50	16.80	15.10	20.90	25.90
43	4.10	5.10	6.30	6.40	8.20	10.00	10.20	14.00	17.40	15.70	21.70	26.80
44	4.20	5.30	6.60	6.70	8.50	10.40	10.60	14.60	18.00	16.40	22.50	27.80
45	4.40	5.60	6.80	7.00	8.80	10.80	11.10	15.10	18.70	17.10	23.40	28.90
46	4.60	5.80	7.10	7.40	9.20	11.20	11.60	15.70	19.40	17.90	24.30	29.90
47	4.80	6.00	7.30	7.70	9.60	11.60	12.00	16.20	20.00	18.50	25.00	30.80
48	5.20	6.40	7.80	8.20	10.20	12.30	12.80	17.20	21.10	19.70	26.50	32.60
49	5.50	6.90	8.30	8.80	10.90	13.10	13.60	18.20	22.40	21.10	28.20	34.60
50	5.90	7.30	8.80	9.40	11.70	14.00	14.60	19.40	23.80	22.50	30.00	36.80
51	6.80	8.40	10.10	10.70	13.30	16.00	16.60	21.90	26.80	25.60	33.90	41.50
52	7.30	9.10	10.90	11.60	14.40	17.30	17.80	23.30	28.60	27.40	36.10	44.20
53	7.70	9.60	11.60	12.30	15.30	18.40	18.70	24.40	29.90	28.80	37.70	46.10
54	8.20	10.30	12.30	13.00	16.30	19.60	19.60	25.50	31.20	30.30	39.40	48.20
55	8.80	11.00	13.20	13.90	17.40	21.10	20.70	26.80	32.70	32.00	41.40	50.60
56	9.30	11.70	14.10	14.80	18.60	22.50	21.80	28.00	34.30	33.70	43.30	53.00
57	9.90	12.40	15.10	15.80	19.80	24.00	22.90	29.30	35.80	35.40	45.30	55.30
58	10.70	13.40	16.30	17.00	21.40	25.90	24.40	31.00	37.90	37.70	48.00	58.60
59	11.60	14.60	17.60	18.40	23.10	28.10	26.10	33.00	40.30	40.30	51.10	62.30
60	12.60	15.80	19.20	20.00	25.10	30.50	28.00	35.30	43.00	43.20	54.50	66.40
61	14.50	18.20	22.20	23.00	28.90	35.30	31.70	40.20	49.10	49.10	62.20	75.80
62	15.80	19.80	24.30	25.10	31.50	38.60	34.10	43.40	53.00	52.60	67.10	81.80
63	17.00	21.40	26.30	27.00	34.00	41.80	36.10	46.20	56.40	55.70	71.30	87.10
64	18.30	23.00	28.30	29.10	36.50	45.10	38.00	49.00	59.80	58.80	75.70	92.50
65	21.30	26.70	33.20	33.90	42.40	52.90	42.70	55.10	67.90	65.90	85.20	104.90
66	22.80	28.60	35.70	36.30	45.40	56.80	45.00	58.40	71.90	69.50	90.20	111.10
67	25.30	31.70	39.70	40.30	50.40	63.20	49.10	64.10	79.00	75.90	99.00	122.00
68	27.50	34.30	43.20	43.70	54.60	68.70	52.40	68.60	84.60	81.00	106.00	130.80
69	29.70	37.10	46.80	47.20	59.00	74.40	55.70	73.20	90.40	86.10	113.10	139.60
70	32.30	40.20	50.90	51.30	64.00	81.00	59.60	78.60	97.00	92.10	121.40	149.90
71	35.40	44.20	55.80	56.30	70.20	88.70	64.20	84.60	104.40	99.30	130.80	161.30
72	39.30	48.90	61.70	62.50	77.80	98.20	70.00	92.00	113.50	108.20	142.30	175.40
73	43.40	54.10	68.10	69.10	86.00	108.30	75.90	99.70	122.80	117.40	154.10	189.80
74	48.10	59.80	75.10	76.50	95.10	119.40	82.50	108.10	133.00	127.50	167.10	205.50
75	54.40	67.40	85.20	86.50	107.30	135.60	88.90	116.30	144.00	137.30	179.80	222.50
76	60.80	75.40	95.10	96.70	119.90	151.30	97.60	127.60	157.80	150.80	197.20	243.80
77	68.50	84.90	106.80	108.90	135.00	169.90	107.80	140.80	173.90	166.60	217.60	268.70
78	75.70	93.70	117.80	120.40	149.10	187.30	117.00	152.50	188.00	180.80	235.70	290.60
79	83.80	103.70	130.00	133.30	164.90	206.80	127.00	165.30	203.50	196.20	255.50	314.50
80	92.20	114.00	142.60	146.70	181.40	226.80	136.90	178.00	218.70	211.60	275.10	338.00

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Helping Employees Balance Work, Family & Life

Professional Counseling Services

Your employer recognizes that, at any time, you or your family members may experience personal difficulties that may seriously affect your life. If these difficulties go unresolved for a period of time they are likely to impair your ability to cope as effectively at home and on the job. Because of this, your employer encourages you to seek health early to prevent small problems from getting out of hand and creating greater problems. They know that what goes on at home affects your job and what goes on at work affects your family.

All Delta Solutions & Strategies employees, spouses/partners and unmarried dependent children up to age 26 are eligible for **up to (8)** sessions per person, per problem, per year

Profile EAP is a group of well-trained professional counselors that utilize a short-term therapy approach designed to bring healthful results in a short period of time. The counselors will help you outline your goals and identify what you believe needs to change. Through their assessment skills they might determine that an issue will require more in-depth counseling and assist you with an appropriate referral to a provider who participates on your insurance panel.

No Cost to Employees or Dependents

EAP services are strictly confidential and free of charge to both employees and their dependents. There is a no co-pay nor do we use your medical benefits. Your use of our services is not reported to your employer.

Confidential

- EAP serve two clients—the employer and the employee. It is important to note that *even though the employer pays for the counseling service, it has no special privilege to access information that is obtained in a counseling session.*
- The **Laws of Confidentiality** protect you by making it illegal and unethical for any one to release information from a session **unless written permission is given by you**, the client. The only information that employer gets is through a quarterly report that states the total number of people that have been seen for each quarter, and the total number of employees under specific categories. These categories include: gender, age, marital status, salary range, years of employment and job type. You do have the option to refuse to give some of this information if necessary. Pages of the report are omitted when identifying information could jeopardize a client's confidentiality.
- **Legal exceptions** to the confidentiality policies will occur when you are **a danger to yourself, others, or property, or where there is a reasonable indication of child abuse or neglect.** The clinical staff is legally obligated to report these things to the proper authorities. A court of law may be able to order the release of records in certain circumstances.
- If you have any questions about confidentiality you may call and talk to the on-call counselor. Information about exceptions may also be discussed in the initial session.

Location

Profile EAP is located away from your workplace. This is intentional to maintain your privacy and to create a comfortable atmosphere to discuss difficult issues. You may choose a provider close to work or close to your home.

24/7 Crisis Service

If you need help in handling a crisis, after hours, a counselor can be reached 24 hours a day **at the same number**. EAP counselors are experienced in responding to traumas and will quickly respond to assist you in dealing with traumatic events.

Types of Problems

EAP is adept at helping with marital and family problems, anxiety and depression, chemical dependency and co-dependency, grief and loss, job stress and co-worker conflicts to name just a few. We can also provide counseling and resources on work-life issues such as childcare and elder care. **Almost any personal or work-related problem is appropriate for seeking assistance through your EAP.** No problem is too large or too small.

Other Information

- Critical Incident Stress Debriefing: Trained counselors respond to your worksite to provide assistance after a traumatic event
- Workshops and Supervisor Trainings
- Team Building
- Life Management Groups: Counselor directed educational and support groups to address anger, and depression



Office Information

Profile EAP

Main Office:

961 E. Colorado Avenue

Colorado Springs, CO 80903

Hours: Normal business hours are 8:00a.m. through 5:30p/m on Fridays. To schedule an appointment simply call:

Phone:

Colorado Springs 719-634-1825

Toll Free 800-645-6571

Fax: 719-634-1874

Website: www.ProfileEAP.org

Company Code: DELTA

Detailed descriptions of all of these services are available in your Employee Benefits department, by calling Profile EAP or visiting www.ProfileEAP.org



DIRECTORY

COVERAGE	GROUP #	CONTACT	PHONE #	WEB/E-MAIL
Medical	L01557	Anthem	(877) 811-3106	www.anthem.com
Dental	592815	Humana	(800) 979-4760	www.myhumana.com
Vision	9677220	EyeMed	(866) 723-0596	www.eyemedvisioncare.com
Telehealth	HUB1002CE	Telehealth	(800) 800-7616	www.hubtelehealth.com
Life/AD&D	G000AVB9	Mutual of Omaha	(800) 775-8805	www.mutualofomaha.com
Voluntary Life/AD&D	G000AVB9	Mutual of Omaha	(800) 775-8805	www.mutualofomaha.com
Short Term Disability	G000AVB9	Mutual of Omaha	(800) 775-8805	www.mutualofomaha.com
Long Term Disability	G000AVB9	Mutual of Omaha	(800) 775-8805	www.mutualofomaha.com
Employee Assistance Program	G000AVB9	Mutual of Omaha	(800) 316-2796	www.mutualofomaha.com/eap
Employee Assistance Program		Centura Health	(800) 645-6571	www.ProfileEAP.org
Long Term Care	122756	Unum	(800) 227-4165	www.unum.com
Aflac Benefits		Keanu Vela	(720) 207-2347	keanu.vela@hubinternational.com
FSA/HSA		Rocky Mountain Reserve	888-722-1223 Fax: 866-557-0109	www.rockymountainreserve.com

Questions?

If you have additional questions, you may also contact:
Tori Cordova, HUB International
719-546-6822
tori.cordova@hubinternational.com

Claims Assistance:
Gail Patrick, HUB International
719-884-0722
gail.patrick@hubinternational.com

Human Resources:
Amy Bradley, Benefits Manager
719-475-0605 ext. 1019
abradley@deltasands.com

DISCLAIMER: 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. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

