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# Your **Team Member Benefits** Guide

#### edition





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.

Space Foundation strives to provide top notch benefits to our team members. Within this guide you will find information about our benefits including Medical, Dental, Vision, Life Insurance, and 401K retirement plan. You will also find information regarding professional development opportunities, work-life balance including PTO, floating holidays, and information on leaves of absence. Please take time to review this information. Space Foundation human resources is available to answer any questions.

### 401(k) Retirement Savings Plan

To help Team Members prepare for retirement, 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 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 2022, 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. 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 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, 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**

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.

**Training & Development** is generally defined as learning opportunities that are short-term in duration and which do not provide the participant with a final grade or a pass/fail outcome upon completion. Participants are generally provided with a certificate of completion, which may be given to Human Resources to be placed in your file or uploaded by the employee to the employee's electronic file.

**Certification** is generally defined as learning opportunities of any duration, focused on a specific area of knowledge or a specific profession. Certification courses of study require the participant to successfully complete a testing or examination process in order to obtain the desired certification.

#### **Teacher Certification**

Our Education Department is proud to promote a fully licensed cadre of teachers who work with our Space Education Programs. This is a status we must continue to ensure our students are getting the best instruction. Therefore, after a licensed teacher has been with Space Foundation for one year, we will reimburse that teacher for the cost of the subsequent license renewals. Receipts must be presented to Human Resources with a reimbursement form attached and signed. Space Foundation does not cover the cost of credits required for recertification.

#### **Requests for Training and Reimbursements**

A Request for Training must be completed by the team member and his/her supervisor or team leader, then submitted to Human Resources for coordination, approval and tracking, in advance of registration for or enrollment in any extended course of study. The blank Request for Training form is available on the Public shared network (the "P: drive") in the Human Resources folder.

Approvals for Requests for Training will depend on budget availability and the applicability of the course study to the team member's current position or to a Space Foundation position to which the team member reasonably aspires. **Senior leadership will be consulted for approval for training that does not directly relate to a position.** When reviewing a Request for Training, the cost, location, time requirements and other details will be considered in deciding whether the Request may be approved.

After review and approval of the Request for Training, expenses will be paid by Space Foundation on behalf of the team member. If the expense related to a particular course of study exceeds \$2,500, that expense will be subject to repayment by the team member, in the event of separation from Space Foundation employment, as follows:

- 100% of expenses related to a particular course of study in excess of \$2,500 incurred during the 12 months prior to the date of termination; or
- 50% of expenses related to a particular course of study in excess of \$2,500 incurred during the 13-24 months prior to the date of termination.

This repayment provision does not apply if the Training & Development or Certification course of study was required of the team member as a condition of job performance.

After attendance of approved Training & Development or Certification courses, the supervisor or team leader may require follow-up on the part of the team member, such as summarizing and interpreting the outcomes and presenting an implementation plan to incorporate the subject matter into performance of his/her job responsibilities.

#### **Tuition-Based Education**

Tuition Based Education is generally defined as learning opportunities that are longer-term in duration and focused on a specific area of knowledge, the cost of which is tuition-based. Tuition Based Education provides the participant with a final grade or a pass/fail outcome upon completion. Expenses related to Tuition-Based Education are paid by the team member and may be eligible for reimbursement in accordance with the Tuition Reimbursement Plan detailed below.

#### **Tuition Reimbursement Plan**

Space Foundation may reimburse eligible tuition and course related expenses for approved Tuition-Based Education courses and degree programs up to \$5,250 per calendar year, in accordance with I.R.S. guidelines. Eligible tuition and course-related expenses include out-of-pocket costs for required items or activities such as course tuition, books, lab fees, and other required course materials, supplies or equipment. Travel, room and board expenses, for any purpose other than field trips required as part of the course, are not reimbursable. Any other form of educational financial assistance for which the team member may be eligible (veteran's benefits, scholarships, etc.) must be applied to the expenses first.

To be eligible for tuition reimbursement, a Course Enrollment Application must be completed by the team member and his/her supervisor or team leader, then submitted to Human Resources for coordination, approval and tracking, in advance of registration or enrollment. The blank Course Enrollment Application is available on the P: drive in the Human Resources folder.

Approvals of Course Enrollment Applications will depend on the applicability of the course of study to the team member's current position or to a Space Foundation position to which the team member reasonably aspires, regardless of whether the studies result in a degree.

Additionally, approvals of Course Enrollment Applications will depend on budget availability, and team member eligibility. To be eligible for tuition reimbursement, a team member must:



# Professional/Personal Growth & Development

- Be a regular full-time team member;
- Have at least one (1) year of continuing full-time employment with the Space Foundation prior to submitting a Course Enrollment Application;
- Have received a performance rating of "Satisfactory" or better on his/her most recent performance evaluation; and
- Not be the subject of any disciplinary or corrective actions within the twelve (12) months prior to submitting a Course Enrollment Application.

Courses should be scheduled by the team member during nonbusiness hours, so as not to interfere with team member's usual job responsibilities.

Expenses for Tuition-Based Education are to be paid directly to the educational institution by the team member. Following completion of the course of study, the team member may submit a Tuition Reimbursement Request, available on the P: drive in the Human Resources folder. The following attachments must be included:

- Original receipt or canceled check evidencing payment of the tuition;
- Original receipts for books, lab fees, and other required course materials, supplies and equipment;
- Transcript of the grades received following course completion; and
- Copy of the approved Course Enrollment Application obtained prior to enrolling in the course.

To be eligible for tuition reimbursement, team member must complete the course of study and attain a final grade of "C" or higher on a standard A-B-C-D-F academic grading scale, "Satisfactory" or better on a comment-based grading scale, or "Pass" in a pass/fail grading system.

Any tax liability that may be incurred as a result of tuition reimbursements are the sole responsibility of team member. Space Foundation recommends that team member consult with a tax advisor to determine whether reimbursements are taxable income and subject to withholding. Generally, eligible expenses incurred for a course of study that leads to a degree are not taxed, but expenses incurred for any other course of study are taxable income to the recipient.

In the event of a team member's separation from Space Foundation employment, with or without cause, team members are required to reimburse Space Foundation for benefits received under this Tuition Reimbursement Plan. By signing this handbook, team member acknowledges that if s/he receives reimbursements from the Tuition Reimbursement Plan, Space Foundation will be entitled to offset amounts owed under the following reimbursement plan schedule through deductions from any wages due and owing at the time of separation, as follows:

- 100% of monetary benefits received during the 12 months leading up to the date of termination; or
- 50% of monetary benefits received during the 13-24 months leading up to the date of termination.

This repayment provision does not apply if the Tuition-Based Education was required of the team member as a condition of job performance.

#### **Colorado Technical University**

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 TrackTM; 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.

#### **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, Space Foundation recognizes the tremendous value of volunteer service and community support. Space Foundation supports volunteer participation in projects and organizations which contribute to the vitality of the communities where our team members live and work.

Space Foundation provides 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. Team member must provide the name of the organization for which s/he wishes to volunteer and the proposed date and time of service, at least ten (10) days in advance when possible.

Team members are required to report Community and Volunteer Service hours on their Time Card, specifying the hours as Volunteer Service. Community and Volunteer Service time will be paid at a team member's normal rate of pay and does not factor into the calculation of overtime for non-exempt team members.

Every reasonable effort will be made to accommodate requests; however, team leader approval is contingent upon business needs, workload, and the performance of each individual team member. A team member's job responsibilities will take precedence over volunteer activities. Team members not performing well, as determined by the team leader, may be deemed "not eligible" to participate until they meet acceptable performance standards.

Community and Volunteer Service is not intended, and may not be utilized, for:

- Support of any individual or organization that may represent a conflict of interest (please refer to the Conflict of Interest policy in this handbook);
- Support of any organization which has the primary purpose of influencing political campaigns for or against any candidate, political party, or political action committee;
- Participation in rallies, marches, or other events with a political agenda;
- Attendance of school conferences, social gatherings or sporting events:
- Faith-based religious gatherings;
- Participation in fraternal organizations, social clubs, sororities, labor organizations, or athletic/recreational clubs;
- Participation in a run, marathon, golf tournament, or other recreational activity, even if the goal is to raise funds for charitable purposes; or
- To take the place of any type of paid time off or leave of absence.



# Work/Life Balance

#### **Holidays**

Space Foundation will observe the following holidays during calendar year 2022:

- Martin Luther King Jr.Day (Monday, January 17)
- Presidents' Day (Monday, February 21)
- After Symposium Holidays (Monday & Tuesday, April 11 & 12)
- Memorial Day (Monday, May 30)
- Juneteenth (Monday, June 20)
- Independence Day (Monday, July 4)
- Labor Day (Monday, September 5)
- Veterans' Day (Friday, November 11)
- Thanksgiving and the following Friday (Thursday & Friday, November 24 & 25)
- Annual Holiday Break (Monday, December 19, through Friday, December 30)
- New Years' Day (Monday, January 2)
   (Note: Return to work on Tuesday, January 3)

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

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

# SFDC will remain open for operations on the following federal holidays:

- Martin Luther King Day
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Dav
- Veterans' Day

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

Holiday pay will be paid as follows:

Full-time team members receive eight hours of pay at team member's regular rate of pay.

 Part-time team members who work at least 24 hours per week in the pay period in which the holiday falls may receive holiday pay prorated to the number of hours they are scheduled per week. For example, if scheduled to work 30 hours per week, a team member may receive six hours of pay for the holiday.

Holiday hours actually worked that were preapproved by the supervisor, may be considered in the determination of eligibility for overtime pay. If a team member does not actually work, then holiday pay hours are not used for calculating overtime pay in a given workweek.

### Paid-Time Off (PTO)

Space Foundation provides a paid time off (PTO) program under which team members may utilize accrued PTO for vacation, sick leave, personal time, medical appointments, or other time off work, including time off to take care of a sick child. Sick children are not to be brought into work.

Each team member accrues PTO beginning on the date of hire. Part-time team members accrue PTO on a prorated basis. PTO is accrued on a per-pay-period basis, with ½ the total hours per month accrued during mid-month pay cycles, and the remaining ½ accrued during end-of-month pay cycles, as follows:

- Hire date to completion of first year:
   8 hours total, per month
- Start of year two through completion of third year:
   12 hours total, per month
- Start of year four through end of employment:
   16.67 hours total, per month

No team member may accrue more than 200 hours of PTO at any one time. Once a team member has reached this ceiling, the team member will cease accruing additional PTO. Once the team member uses enough PTO to fall below the ceiling, the team member may start accruing PTO again from that date forward until reaching the ceiling. Accordingly, team members are encouraged to use PTO soon after it accrues to avoid reaching the ceiling. Available PTO hours are reflected on each paystub and the HR/Payroll portal.

No team member may cause or carry a negative balance by using more PTO than his/her available accrued PTO. Time off that exceeds available accrued PTO will be recorded and processed as time off without pay.

PTO may be used in hourly increments and should be planned and approved in advance. To schedule PTO, team members should request advance approval from their supervisor. Requests are reviewed based on a number of factors, including business needs and staffing requirements, and may be approved or denied at the supervisor's discretion. PTO scheduled in advance should be noted on the shared calendar for reference by the Receptionist and other team members. PTO taken unexpectedly for emergencies or illnesses is also noted on the shared calendar, but for privacy protection, the posting should not be reason-specific unless requested, authorized or posted by the team member taking PTO.

It is the team member's responsibility to report, and the supervisor's responsibility to verify, utilization of PTO on the team member's time card.

## Work/Life Balance

#### **Floating Holidays**

In addition to the Paid Time Off (PTO) accrual and observed holidays, Space Foundation offers additional time off in the form of floating Holidays. Team Members are awarded 6 floating holidays every fiscal year. Our fiscal year runs July 1<sup>ST</sup>-June 30<sup>TH</sup>. New team members are awarded the 6 floating holidays after 60 days of employment.

Floating holidays do not carry over from year to year. Any unused floating holidays will expire at close of business June 30<sup>TH</sup> and will be replaced by 6 floating holidays on July 1<sup>ST</sup>. Floating holidays can be combined with PTO, but team members are not able to use more than two (2) floating holidays per month. Floating holidays cannot be used in the months of March and December. Like all other PTO, floating holidays must be approved by the team member's direct supervisor. Because floating holidays are awarded rather than accrued, team members are not paid out unused floating holidays upon separation.

#### **Extended Illness Bank (EIB)**

The Extended Illness Bank (EIB) is intended for occasions when a team member experiences an extended illness or injury that causes the team member to be absent from work for more than three (3) consecutive working days. Accrued EIB hours, if available, may also be utilized to cover a team member's pay in cases of an approved FMLA leave (outlined below).

For the first three (3) consecutive work days, PTO must be utilized. If team member does not have sufficient accrued PTO for this purpose, then the time off is to be recorded as time off without pay. EIB may be utilized on and after the 4<sup>TH</sup> consecutive work day of a qualifying absence. EIB cannot be used as PTO.

Team members absent for more than three (3) consecutive work days may be required to furnish a physician's certificate verifying the illness or injury of the team member or immediate family member.

Team members requiring utilization of EIB should consult with Human Resources about eligibility for and applicability of other types of leave (such as leave under the Family and Medical Leave Act) and/or benefits (such as Space Foundation's group disability insurance).

After completing the first continuous year of service, full time team members are credited with twelve (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). Some team members may have an historical EIB balance greater than 240 hours; in those cases, the higher balance may be carried over, but no additional EIB will accrue until the balance falls below the 240-hour cap.

EIB will not be used in the calculation of overtime. Accumulated and unused EIB is not payable to the team member upon termination of employment.

#### **Bereavement Leave**

Team members are allowed bereavement leave with pay for up to five (5) days when death occurs in the team member's immediate family and those bearing an immediate relationship to the team member's spouse or domestic partner. Immediate family includes spouse, child, parent, sibling, grandparent, grandchild, legal ward, and those living in the same household. More time may be taken by requesting PTO in accordance with the PTO guidelines.

### **Family and Medical Leave**

Space Foundation complies with the federal Family and Medical Leave Act (FMLA), which requires employers to grant unpaid leaves of absence to qualified workers for certain medical and family-related reasons. Please note there are many requirements, qualifications, and exceptions under these laws, and each team member's situation is different. Contact Human Resources to discuss options for leave.

**Reasons for Taking Leave:** Under federal law, unpaid leave may be requested for pregnancy and prenatal care; preplacement activities, birth, adoption, or foster placement of a child; or the serious health condition of a child, spouse, parent, domestic partner, or the team member. State law may have additional reasons defined.

Military Family Leave Entitlements: Under federal law, unpaid leave may also be requested by eligible employees who have any qualifying exigency arising out of the fact that the spouse or a son, daughter, parent, domestic partner, or next of kin of the employee is on covered active duty (or has been notified of an impending call or order to covered active duty) in the armed forces and may use their 12-week entitlement to address certain qualifying circumstances. Qualifying circumstances may include deploying on short-notice, attending certain military events, arranging for alternative child care and school activities, addressing certain financial and legal arrangements, attending certain counseling sessions, engaging in rest and recuperation, and attending post deployment reintegration briefings.

The federal FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. This leave applies if the employee is the spouse, son, daughter, parent, domestic partner, or next of kin caring for a covered military service member or veteran recovering from an injury or illness suffered while on active duty in the armed forces or that existed before the beginning of the member's active duty and was aggravated by service or that manifested itself before or after the member became a veteran.

**Leave Designation:** If a team member does not expressly request FMLA leave, Space Foundation reserves the right to designate a qualifying absence as FMLA leave and will give notice of the FMLA designation to the team member. If an absence is a qualifying event under FMLA, the leave will run concurrent with short-term disability, long-term disability, PTO, EIB, workers' compensation, and/or any other leave where permitted by state and federal law.

**Benefits:** Under federal law, employers must continue healthcare benefits during FMLA leave as though the employees were still at work and must pay the employer's part of the premium. The team member will continue to be responsible for the team member's portion of the premium.

**Job Protection:** A team member's job, or an equivalent job, is protected while the team member is on leave. Both federal and applicable state laws require that a team member be returned to his/her position or to another job of like pay and status at the end of FMLA leave.

Note: If a team member is unable to return to work after the expiration of federal or state FMLA, an extension may be granted if the condition constitutes a disability under the Americans with Disabilities Act (ADA) or in certain workers' compensation cases.



# Work/Life Balance Continued

**Return-to-Work Policy:** If applicable, and when such work is available, Space Foundation will attempt to provide the team member with a temporary modified or light-duty assignment in accordance with documented medical restrictions.

#### **Military Leave**

Space Foundation supports the military obligations of all team members and grants leaves for uniformed service in accordance with applicable federal and state laws. Any team member who needs time off for uniformed service should immediately notify Human Resources department, who will provide details regarding the leave. If a team member is unable to provide notice before leaving for uniformed service, a family member should notify Space Foundation as soon as possible.

Upon return from military leave, team members will be granted the same seniority, pay, and benefits as if they had worked continuously. Failure to report for work within the prescribed time after completion of military service will be considered a voluntary termination. Team members who enter military service may accumulate a total absence of 5 years and still retain employment rights.

### **Jury Duty or Subpoena as a Witness**

An absence will be granted to the team member who is summoned for jury duty or subpoenaed as a witness. After returning from jury duty, the team member should submit the notice or subpoena to HR with verification that jury duty was carried out.

Full pay may be awarded, less the amount paid to the team member for his/her service, up to a maximum of 5 days per instance of jury duty. Space Foundation will not pay for jury duty that extends beyond five (5) days.

### **Voting**

Space Foundation supports our voting privilege by encouraging team members to take part in elections. Team members may make a request of his/her supervisor or team leader to arrive at work late, depart work early, or take an extended break during the workday, to vote in local, state and national elections, upon approval by their supervisor.

#### **Additional Team Member Benefits**

#### **Leaves of Absence and Other Time Off**

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**

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. Points will be loaded on to Kudos for redemption for team members.

#### **Anniversary Benefits- Break Down**

Years of Service	Service Recognition Award Value
1	\$100 & Service Logo Pin
2, 3, 4	\$100/Year
5	\$400
6, 7, 8, 9	\$200/Year
10	\$600
11, 12, 13, 14	\$300/Year
15	\$1,000
16, 17, 18, 19	\$600/Year
20	\$1,200
21,22,23,24	\$700/Year
25	\$1,400
26 Onward	\$900/Year

### **Logo Attire**

Each Team Member receives \$100 worth 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-ontone in the item color. In addition to the \$100 at time of hire, we also provide \$50 worth to every team member in January.

# 2022 Space Foundation Health Benefit Program

#### **Overview**

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 2022 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 and well-being 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.

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 13 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

#### **Wellness Initiative**

As an incentive to take action for the benefit of your overall health and well-being, 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, to wellness@spacefoundation.org 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. 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 Benefits**

#### **Medical Insurance**

Our medical insurance provider is Anthem Blue Cross BlueShield, one of the leading healthcare carriers in the country. 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 <a href="https://www.anthem.com">www.anthem.com</a> 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.

Anthem Medical Plan	<b>In-Network</b>	<b>Out-of-Network</b>
Calendar year Deductible	\$1,250 individual (x3)	\$3,750 individual (x3)
Coinsurance	80% Anthem/20% Insured	50% Anthem/50% Insured
Calendar year Out-of-Pocket Max (Includes Deductible)	\$4,000 individual / \$8,000 family	\$12,000 individual / \$24,000 family
Physician Office Visit	\$25 copay	50% after deductible
Specialist Office Visit	\$50 copay	50% after deductible
Urgent Care	\$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
Preventive Care 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 de- ductible	\$50 copay per office visit
Emergency Room	\$400 copay	\$400 copay
Ambulance Transportation	20% after deductible	20% after deductible
Maternity 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
Inpatient and Outpatient Hospital	20% after deductible	50% after deductible
Outpatient/ Ambulatory Surgery	20% after deductible	50% after deductible
Chiropractic Care, Message Therapy & Acupuncture Care (20 visits per calendar year)	\$25 copay	Not Covered
Prescription Drugs (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
Mail Order Prescription Drugs (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
Lifetime Maximum Benefit	Unlimited	

Medical Contributions	Total Monthly Premium	Space Foundation Pays	Team Member Pays
Team Member Only	\$674.86	\$604.86 (90%)	\$70.00
Team Member + Spouse	\$1,571.05	\$986.05 (63%)	\$585.00
Team Member + Child(ren)	\$1,148.60	\$788.60 (69%)	\$360.00
Team Member + Family	\$2,150.07	\$1,375.07 (64%)	\$775.00

# **Dental and Vision Benefits**

#### **Dental Insurance**

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 <a href="https://www.deltadental.com">www.deltadental.com</a> 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**

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 <a href="https://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>, 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

### **Long-Term Care Insurance**

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.

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 Space Foundation.

### Life and AD&D Insurance

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 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 taxfree dollars to pay for most medical, dental and vision care expenses that are not covered by insurance (such as copays, deductibles, coinsurance responsibilities, and certain doctor prescribed over-thecounter medications). You may contribute up to \$2,850 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, 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. 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, 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)**

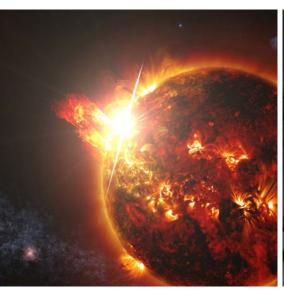
Life presents complex challenges. If the unexpected happens, you should have simple solutions to help cope with stress and life changes that may result. That's why The Hartford Ability Assist Couseling Services, offered by Compsych, can play an important role. Our straight forward approach takes the 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 share visits.

For access over the phone, simply call toll free 1.800.964.3577 or visit <u>www.guidanceresources.com</u>. Your Organization Web ID is **HLF902** and Company Field Name is **ABILI**.



# **Important Health Notices**





Federal regulations require 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.



# Important Health Notices Continued

#### 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 <a href="https://www.healthcare.gov">www.healthcare.gov</a>.

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 <a href="www.insurekidsnow.gov">www.insurekidsnow.gov</a> 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 <a href="https://www.askebsa.dol.gov">www.askebsa.dol.gov</a> 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, 2021. Contact your State for more information on eligibility –

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

# Important Contacts

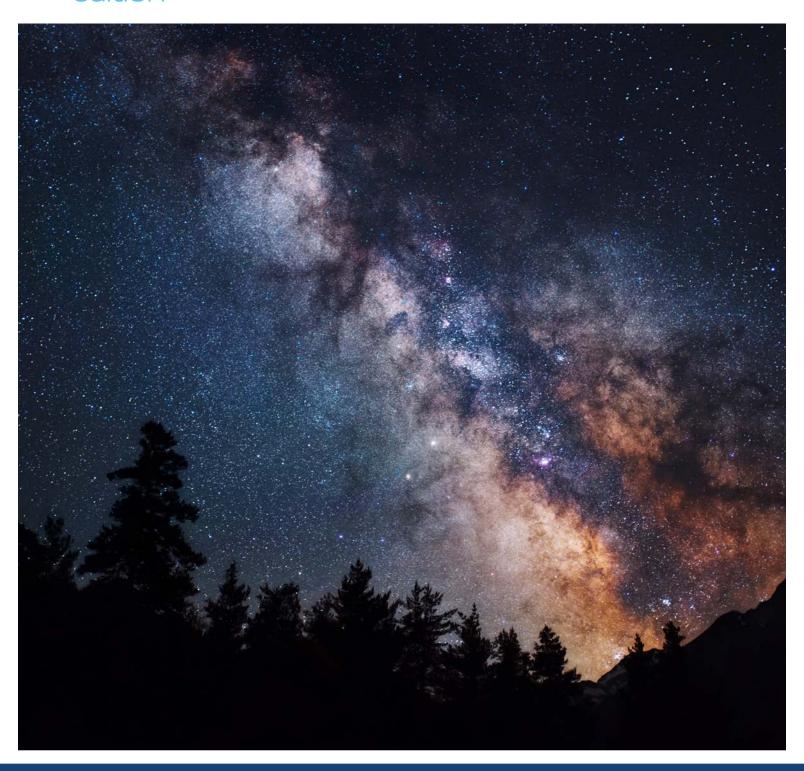


For Questions	Contact	Phone #	Web
Medical Insurance	Anthem BCBS	877-811-3106	www.anthem.com
Dental Insurance	Delta Dental	800-610-0201	www.deltdentalco.com
Vision Insurance	EyeMed	866-723-0513	www.eyemedvisioncare.com
Life/STD/LTD Insurance	The Hartford	800-421-0344	www.thehartfordatwork.com
Long-Term Care Insurance	UNUM	800-227-4165	http://w3.unum.com/enroll/ spacefoundation
401(k) Retirement Plan	Mutual of America	303-694-6102	www.mutualofamerica.com
Employee Assistance Program (EAP)	The Hartford Ability Assist offered through Compsych	800-964-3577	www.guidanceresources.com Organization Web ID: HLF902 Company Field Name: ABILI
Voluntary Specialty Plans	Colonial Life Trupanion	800-325-4368 800-569-7913	www.coloniallife.com www.trupanion.com
Flexible Spending Accounts	Dianne Norman	719-362-8224	dnorman@spacefoundation.org
Human Resources	Clint Calli	719-362-8216	ccalli@spacefoundation.org



# 2022 Your Team Member Benefits Guide

## edition





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719.576.8000

www.spacefoundation.org

Important Information Enclosed