### Preventive/Wellness Insurance Benefits

#### GENDER SPECIFIC* EXAMS

**Men (Recommended):**
- Physical Exam
- Dental Exam
- Prostate Exam
- Influenza Vaccine (Flu Shot)
- Eye Exam
- Pneumonia Vaccine
- Shingle Vaccine
- Fecal Occult Blood Test
- Prostate Specific Antigen Test
- Colonoscopy
- Osteoporosis Screen

**Women (Recommended):**
- Physical Exam
- Dental Exam
- Influenza Vaccine
- Pap Test
- Eye Exam
- Pneumonia Vaccine
- Shingle Vaccine
- Mammogram
- Fecal Occult Blood Test
- Prostate Specific Antigen Test
- Colonoscopy
- Osteoporosis Screen

* May vary, depending on age.

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#### MEDICAL INSURANCE (UMR)

**The Wellness Clinic**

(970) 980-2425

A medical clinic to help you and your family members manage and care for your health. Preventive care services are available at no additional cost to LC medical plan members.

<table>
<thead>
<tr>
<th>Teladoc</th>
<th>Provides access to US board certified doctors anytime, anywhere. They can write a prescription, if medically necessary, by web, phone, or mobile app. Available to medical insurance plan members.</th>
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</thead>
<tbody>
<tr>
<td>800-835-2362</td>
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</table>

**24-Hour NurseLine**

877-950-5083

Also located on UMR insurance card. Login to www.umr.com, select Health Center from MyMenu, look for the link in the “I need to...” section. Free for medical plan members.

**Optum Rx**

$0 preventive medications, available for all medical plans. See the full list at www.larimer.org/hr/benefits.

**Preventive Care Office Visits**

Such as routine physicals, well child visits; paid at 100% in-network.

**Mammogram**

Plan covers one age-appropriate mammogram per year. Paid at 100% in-network.

**DEXA Screening**

Plan covers one DEXA scan for osteoporosis screening (with referral). Paid at 100% in-network.

**Colonoscopy**

Plan covers 1 recommended colonoscopy per plan year. Paid at 100% in-network.

**Eye Exam**

Plan will pay up to $130 every 12 months towards a routine eye exam, with a $25 copay for the Standard and Choice plans. Employees on the HDHP plan will pay deductible/coinsurance.

**Immunizations**

Paid at 100% in-network if no office visit incurred and billed.

**$500 Lifestyle Education Reimbursement Credit**

Employees, spouses and dependents who are enrolled in the County’s medical plan can be reimbursed up to $500 under the Lifestyle Education benefit for participating.

NOTE: If on the HDHP plan, you must meet your deductible before Lifestyle Education benefits would be reimbursable.

**Registered Dieticians**

Plan covers nutritional counseling with a Registered Dietician: $25 copay for Standard and Choice plans (unlimited visits, no referral needed, currently an open network). Employees on the HDHP plan will pay deductible/coinsurance.

**Massage Therapy, Acupuncture**

$25 copay for the Standard and Choice plans, employees on the HDHP plan will pay deductible/coinsurance. $1,000 bundled limit per year, no referral needed.

**Tobacco Cessation Classes**

Plan members can be reimbursed for tobacco cessation programs. **Overview and reimbursement form can be found at www.umr.com and the LC Benefits page.**

**Prescription & Over-the-Counter Tobacco Cessation Products**

Plan covers at a 100%. **Prescription is needed for tobacco cessation medications to be processed with no copay.**

**Mental Health Counseling**

Plan covers with a $25 copay for the Standard and Choice plans, in-network. Employees on the HDHP plan will pay deductible/coinsurance.

**NOTE:** If employees have a diagnostic mammogram, DEXA screening, or colonoscopy AND are on the HDHP plan, they will have to pay deductible/coinsurance.
## Preventive/Wellness Insurance Benefits

### DENTAL INSURANCE  
Delta Dental of Colorado

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Exams &amp; Cleanings</td>
<td>2x in a 12-month period.</td>
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<tr>
<td>Bitewing X-Rays</td>
<td>1x in a 12-month period.</td>
</tr>
<tr>
<td>Full Mouth X-Rays</td>
<td>One per every 36 months.</td>
</tr>
<tr>
<td>Fluoride</td>
<td>2x in a 12-month period, through age 15.</td>
</tr>
</tbody>
</table>

Prevention First Dental benefit extends each family member’s annual maximum amount. Diagnostic and preventive care services do not count against your annual maximum.

- Members who visit the dentist at least once a year for preventive care immediately benefit by not using those dollars under their annual maximum.
- Promotes regular visits to the dentist for preventive care, which can improve your overall health.

### VISION INSURANCE  
Vision Service Plan

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Vision Exam</td>
<td>Every calendar year, with a $15 copay. Focuses on your eyes and overall wellness.</td>
</tr>
<tr>
<td>Diabetic Eyecare Plus Program</td>
<td>$20 copay, as needed. Services related to diabetic eye disease, glaucoma, and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply.</td>
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</tbody>
</table>

Frames, lenses, and contacts available.

### EMPLOYEE ASSISTANCE PROGRAM  
ComPsych

Provides support, resources, and information for personal and work-life issues. The EAP is confidential and provided at no charge to you and your eligible dependents.

- Confidential Counseling (6 free visits)
- Financial Information and Resources
- Legal Support and Resources
- Work-Life Solutions
- Guidance Resources Online