



2021 Benefit Summary



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Benefits Overview

Englewood Schools is proud to offer a comprehensive benefits package to all teachers working at least a .50 FTE and any Admin/Professional/Technical/Classified employee working at least 4 hours per day and a minimum of 175 days per year. The complete benefits package is briefly summarized in this booklet. Plan booklets, which give you more detailed information about each of these programs are available from the Human Resources department.

You share the costs of some benefits (medical and dental). In addition there are voluntary benefits that you can purchase with reasonable group rates through Englewood Schools' payroll deductions.

Benefit Plans offered

- ◆ Medical
- ◆ Dental
- ◆ Voluntary Vision
- ◆ Voluntary Life/AD&D
- ◆ Short Term Disability
- ◆ Long Term Disability
- ◆ Critical Illness and Cancer Plan
- ◆ Accident Plan



Eligibility

- ◆ Eligible dependents are your spouse, domestic partner, children under age 26, and disabled dependents of any age.
- ◆ Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

IMPORTANT

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverages, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general council or an attorney who specializes in this practice area.

Medical Benefits

Administered by Kaiser Permanente

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention goes a long way - especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying problems early, often they can be treated at little cost.

Below you will find a chart outlining a traditional copay based plan and the high deductible HSA qualified plan for you to choose from. Please refer to page 5 of this booklet to review the HSA details to ensure you understand how your plan decision will impact your potential savings opportunities or existing HSA.



KAISER PERMANENTE		
Plan Name	DHMO \$1,500	HSA \$3,000
Deductible (Individual/Family)	\$1,500 / \$3,000 Embedded Family Deductible	\$3,000 / \$6,000 Embedded Family Deductible
Coinsurance	Plan pays 80%	Plan pays 80%
Out-of-Pocket Maximum (Individual/Family)	\$2,500 / \$5,000 Embedded Family Out-of-Pocket	\$4,000 / \$8,000 Embedded Family Out-of-Pocket
Primary Care Office Visit	\$30 copay	Deductible then 20%
Specialist Office Visit	\$50 copay	Deductible then 20%
Preventive Care	Paid at 100%	Paid at 100%
Diagnostic Lab	Covered as part of office visit	Deductible then 20%
Diagnostic X-Ray	Deductible then 20%	Deductible then 20%
Imaging (CT/PET/MRI)	Deductible then 20%	Deductible then 20%
Outpatient Surgery	Kaiser facility: \$500 copay All other facilities: Deductible then 20%	Kaiser facility: Deductible then 10% All other facilities: Deductible then 20%
Emergency Room	\$250 copay*	Deductible then 20%
After Hours Care	\$30 copay, deductible then 20%	Deductible then 20%
Inpatient Hospital	Deductible then 20%	Deductible then 20%
Outpatient Mental/Behavioral/ Substance Abuse	\$30 Copay; deductible then 20%	Deductible then 20%
Inpatient Mental/Behavioral/ Substance Abuse	Deductible then 20%	Deductible then 20%
Refractive Eye Exam	\$30 copay	Deductible then 20%
Retail RX (30 Days) All Tiers	\$10 / \$30 / \$50 / 20% up to \$250	Deductible then \$10 / \$30 / 50% / 20%

Understanding Your Medical Plan Choices

If you have been a participating employee of the medical plans through Englewood Schools, you are familiar with the health saving account (HSA) opportunity and contribution. For the 2021 plan year, the HSA \$3,000 qualified plan option will remain available. If you choose this plan you can continue to contribute to your HSA as well as continue receiving the company contribution to your HSA.

If you choose to move to the copay based traditional coverage option (DHMO \$1,500) you will no longer be eligible to contribute to your HSA. Any funds you have remaining in your HSA are still yours and you can continue to spend them on qualified expenses.

To make your plan elections you must complete the Kaiser Enrollment form in addition to the Plan Election Form / Waiver. If you are waiving coverage you will only need to complete the Plan Election Form / Waiver.



Other HSA Information

HSA Contributions for those enrolled in an HSA qualified Kaiser plan:

All HSA contributions are pre-tax and do not negatively impact your highest average salary.

To take advantage of the 2021 IRS HSA Contribution Limits:

	IRS Annual Limit	District Annual Contribution	Available for Employee annual contribution	Monthly Maximum to reach IRS limit between Employee and Employer contribution
Individual	\$3,600	\$1,329.84	\$2,270.16	\$185.01
Family	\$7,200	\$1,329.84	\$5,870.16	\$480.84
Additional \$1,000 Contribution Allowed when Age 55 and Over				

The district contributes \$1,329.84 annually (\$110.82 monthly) towards your HSA.

Manage Your Health With www.KP.org

How Do I Register?

It's as easy as 1, 2, 3.

1. Visit www.kp.org/registernow using your computer (not a mobile device).
2. Follow the instructions. You will need your medical record number on your ID card.
3. Start managing care for you and your family - find a doctor, schedule an appointment, transition your prescriptions and more.

Kaiser Permanente Mobile Access

Get the Kaiser Permanente mobile app from the Apple App Store or the Android app from Google Play. Manage your health, find locations and care, refill prescription, view lab results, and more!

Get the Right Care - When You Need It and How You Want It

You can get the care that's right for you by choosing from a number of options that meet your needs and lifestyle. Visit www.kp.org for more information.



PHONE

Save yourself an office visit by scheduling a call with a doctor.



VIDEO VISIT

An online alternative to an in-person appointment.



EMAIL

Message your doctor's office with non-urgent questions anytime.



IN-PERSON

Same-day or next-day appointments are often available. Call 303-338-4545 (TTY 711).



E-VISIT

Fill out a short online questionnaire about your symptoms and a nurse will get back to you - usually within 6 hours. Great for coughs, colds, nausea, allergies and more.



CHAT ONLINE

Connect in real time with a physician by logging into www.kp.org and click "Chat". Available Mon-Fri 7am to 10pm and Sat-Sun 8am to 10pm.



Manage Your Health Care Costs Online

- * Pay your medical bills at www.kp.org/paymedicalbills.
- * Get a personalized cost estimate at www.kp.org/costestimates. Use this tool to find out what you can expect to pay out-of-pocket for exams, tests, and other services.
- * Go paperless at www.kp.org/gopaperless and receive medical bills and other documents online. You will get an email alert each time a bill is ready.

Need help paying for care?

Payment plans and financial assistance are available. Call Financial Counseling at 303-338-3025 or 1-877-803-1929 (TTY: 711), Mon-Fri from 8am to 6pm.

Dental Benefits

Administered by Delta Dental of Colorado

Good oral care enhances overall physical health, appearance and mental well-being. Problems with teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Englewood Schools dental benefit plan.

Delta Dental of Colorado			
	PPO Network	Premier Network	Out-of-Network
Deductible Individual / Family	\$50 / \$150		
Diagnostic and Preventive Services Cleanings Exams X-Rays	100%	80%	80%
Basic Services Fillings Endodontics Periodontics	80%	80%	80%
Major Services Dentures Bridges Crowns	50%	50%	50%
Orthodontic Services (Children to age 19)	50%	50%	50%
Annual Plan Maximum All services except Ortho	\$2,000		
Orthodontic Lifetime Maximum	\$1,000		



Voluntary Vision Benefits

Administered by VSP

Regular eye examinations cannot only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

VSP	In-Network	Out-of-Network
Eye Exam Once every 12 months	\$10 Copay	Up to \$45
Lenses Once every 12 Months	\$25 Copay	Up to \$65
Lens Enhancements Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	\$55 \$95-\$105 \$150-\$175	Up to \$65
Frames Once every 24 Months	\$130, plus 20% discount off of balance	Up to \$70
Contact Exam	Up to \$60	N/A
Contacts—Instead of Glasses	\$130 Allowance	Up to \$105
Extra Savings	20% Discounts available	N/A

Voluntary Life and AD&D Insurance

Administered by Sun Life

For you: An amount between \$10,000 and \$500,000, in increments of \$10,000, not to exceed 5x basic annual earnings. Guaranteed Issue Amount is \$100,000.

For your spouse: An amount between \$5,000 and \$250,000, in increments of \$5,000. Guaranteed Issue Amount is \$50,000. Spouse Voluntary Life coverage may not exceed 50% of the employee's coverage.

For your dependent child(ren): An amount between \$ 2,500 and \$25,000, in increments of \$ 2,500 for each eligible child between ages 6 months to 26 years old.; \$500 for a child who is 14 days to under 6 months.

You must elect Voluntary Life coverage for yourself in order to cover your spouse and/or children.

Your employer's plan includes voluntary accidental death and dismemberment (AD&D) Insurance which would pay an additional benefit, up to the amount of your voluntary life benefit, if you suffer a covered loss due to accident.

The plan also includes many special features including waiver of premium and accelerated benefits.

How to Enroll: Once you have selected the amount of coverage that's right for you, your spouse and your children, simply fill out the voluntary life enrollment form provided by your employer. Be sure to sign, date, and return the form to your employer. Please submit the form to your employer along with any evidence of insurability forms that may be required.



Short Term Disability

Administered by Standard Insurance Company

Features of the Plan

This coverage replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.

Englewood Schools provides Short Term Disability (STD) at **no cost to you** and you will be automatically enrolled in the plan.

Benefits

Short-Term Disability plan provides income, after satisfying the elimination period, if you become disabled due to an injury or illness. Once enrolled in the plan, you can take advantage of the following benefits:

Elimination Period: 14 days for injury / 14 days for illness

Benefit Amount: 60% of your earnings

Benefit Maximum: \$1,500 per week

Benefit Duration: up to 60 days
(45 working days)



Long Term Disability

Administered by Standard Insurance Company

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset – your ability to earn an income.

Englewood Schools provides Long Term Disability (LTD) coverage at **no cost** for those employees who do not have five years vested with PERA.

LTD coverage provides income when you have been disabled for 43 working days. Your benefit is 60% to a maximum of \$4,000 per month before reduction by deductible income. Benefit payments can continue to age 65 if you are under age 60 at the time of disability.

Elimination Period: 43 working days

Benefit Amount: 60% of your earnings

Benefit Maximum: \$4,000 per month

Benefit Duration: To age 65, if you are under age 60 at the time of disability.

Employee Assistance Program

Administered by Standard Insurance Company

We all experience times when we need a little help managing our personal lives. Your employer understands this and is providing the Employee Assistance Program (EAP) to covered employees in connection with your group insurance from The Standard, to offer support, guidance and resources to help you and your family find the right balance between your work and home life.

Experienced master's-degreed clinicians will confidentially consult with you over the telephone and direct you to the solutions and resources you need. You may also receive referrals to support groups, community resources, a network counselor or your health plan. These services are available for covered employees, their dependents, including children to age 26, and all household members.

Voluntary Critical Illness and Cancer Plan

Administered by Sun Life

Any illness can have financial consequences, such as unexpected medical costs of not being able to work. This insurance pays you a lump sum amount of money – to use however you wish – if you're diagnosed with a covered illness or condition.

Benefit amounts:

For You - You can choose the benefit amounts that best meet your needs. Benefit amounts may range from \$5,000 to \$20,000, in \$5,000 increments.

Guaranteed Issue amount is \$20,000.

For your Spouse - You can choose the benefit amounts that best meet your needs. Benefit amounts may range from \$5,000 to \$10,000, in \$2,500 increments.

Guaranteed Issue amount is \$10,000.

For your Dependent Children – Benefit amount is \$5,000.

Voluntary Accident Plan

Administered by Sun Life

Lost wages and out-of-pocket expenses can set you back financially. Accident insurance pays you a lump sum amount of money—to use however you want—if you are injured as a result of a covered accident.

Features of the Plan:

- Convenient payroll deduction
- Benefits are paid directly to Insured

The plan offers a wide range of covered benefits.

For injuries: Insureds will receive a payment of a fixed amount for covered dislocations, fractures, lacerations, burns, additional injuries.

For care: Insureds will receive a payment of a fixed amount for related covered medical services, hospital services, surgeries, emergency dental.

For loss: The plan includes life and dismemberment benefits that result from a covered accident.

Please ask HR for the full information packet with full details.

Contact Information

Benefit	Administrator	Phone	Website
Medical	Kaiser	303-338-3800	www.kp.org
Dental	Delta Dental	800-610-0201	www.deltadentalco.com
Vision	VSP	800-877-7195	www.vsp.com
Voluntary Life	Sun Life	800-247-6875	www.sunlife.com/us
Short Term Disability	Standard	800-368-1135	www.standard.com
Long Term Disability	Standard	800-368-1135	www.standard.com
EAP	Standard	866-468-9461	workhealthlife.com/standard3
Critical Illness	Sun Life	800-247-6875	www.sunlife.com/us
Accident	Sun Life	800-247-6875	www.sunlife.com/us

Employee Contribution for Benefits

	2021 Monthly Premium	District Monthly Share	Employee Monthly Share	Employee Annual Amount	District Monthly HSA Contribution	District Annual HSA Contribution
DHMO \$1,500 Certified Employees—Non-HSA Eligible						
Employee Only	\$567.08	\$545.00	\$22.08	\$264.96	N/A	N/A
Employee + Spouse	\$1,162.52	\$545.00	\$617.52	\$7,410.24		
Employee + Child(ren)	\$1,134.16	\$545.00	\$589.16	\$7,069.92		
Family	\$1,638.86	\$545.00	\$1,093.86	\$13,126.32		
DHMO \$1,500 Classified Employees—Non-HSA Eligible						
Employee Only	\$567.08	\$552.89	\$14.19	\$170.28	N/A	N/A
Employee + Spouse	\$1,162.52	\$552.89	\$609.63	\$7,315.56		
Employee + Child(ren)	\$1,134.16	\$552.89	\$581.27	\$6,975.24		
Family	\$1,638.86	\$552.89	\$1,085.97	\$13,031.64		
HSA 3,000 20% All Employees—HSA Eligible						
Employee Only	\$441.80	\$434.18	\$7.62	\$91.44	\$110.82	\$1,329.84
Employee + Spouse	\$905.69	\$434.18	\$471.51	\$5,658.12	\$110.82	\$1,329.84
Employee + Child(ren)	\$883.60	\$434.18	\$449.42	\$5,393.04	\$110.82	\$1,329.84
Family	\$1,276.80	\$434.18	\$842.62	\$10,003.44	\$110.82	\$1,329.84
Dental						
Employee Only	\$36.56	\$18.62	\$17.94	\$215.28	N/A	N/A
Employee + One	\$66.82	\$18.62	\$48.20	\$578.40		
Employee + Family	\$107.91	\$18.62	\$89.29	\$1,071.48		
Vision						
Employee Only	\$8.14	\$0.00	\$8.14	\$97.68	N/A	N/A
Employee + One	\$11.80	\$0.00	\$11.80	\$141.60		
Employee + Family	\$21.16	\$0.00	\$21.16	\$253.92		



Health Plan Annual Notices for Arapahoe County School District 1

For the Plan Year January 1, 2021– December 31, 2021

Enclosed are our health plan's Annual Notices. You and your dependents should read each notice very carefully as they outline important benefits, terms and limitations that apply to our health plan. Should you have any questions after reviewing each notice, you should contact your Human Resources Department.

Notice # 1: Annual Health Plan Notices

Notice # 2: Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

Notice # 3: COBRA Continuation General Notice

Notice # 1: Annual Health Plan Notices

HIPAA SPECIAL ENROLLMENT RIGHTS

Loss of Other Coverage — If you are declining enrollment for yourself and/ or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/ or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependents' coverage. To be eligible for this special enrollment opportunity you must request enrollment within 31 days after your other coverage ends or after the employer stops contributing towards the other coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption — 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/ or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. The Interstate health plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

1. **TERMINATION OF MEDICAID OR SCHIP COVERAGE.** If the employee or dependent is covered under a Medicaid plan or under a State child health plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.
2. **ELIGIBILITY FOR EMPLOYMENT ASSISTANCE UNDER MEDICAID OR SCHIP.** If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the State assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a State Medicaid program.

To be eligible for this special enrollment opportunity, you must request coverage under the group health plan within 60 days after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date your or your dependents' Medicaid or State sponsored CHIP coverage ends. To request special enrollment or obtain more information, please contact Human Resources at 303-761-7050 or by email at nataly_goode@engschools.net.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health Act of 1998 requires us to notify you that our plans provide benefits for certain breast reconstruction procedures related to a mastectomy. If you elect coverage under the medical plan and you or any covered family member require breast reconstruction related to a mastectomy, benefits will be provided for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.
- Any deductible, copayments or other plan requirements that normally apply to surgical procedures covered by your health plan will also apply to these procedures.

If you have questions pertaining to this notice, please feel free to contact Human Resources at 303-806-2029 or by email at Ryan_Cowell@engschools.net

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 "WELLSTONE ACT"

Under the Wellstone Act, large group health plans (i.e., employers who employ 51 or more employees) that choose to offer mental health and substance abuse benefits under their health plan are not allowed to set annual or lifetime dollar limits, nor office visit or inpatient day limits on mental health and substance abuse benefits that are lower than any other limits imposed by the medical plan for other medical and surgical benefits. In addition, the group health plan must provide the same out-of-network coverage for mental health and substance abuse coverage that is available for out-of-network medical and surgical benefits.

UNIFORMED SERVICES EMPLOYMENT & REEMPLOYMENT RIGHTS ACT (USERRA)

The Uniformed Services Employment and Reemployment Rights Act (USERRA) was enacted in 1994 following U.S. military action in the Persian Gulf. USERRA prohibits discrimination against individuals on the basis of membership in the uniformed services with regard to any aspect of employment. Since its enactment, USERRA has been modified and expanded by additional federal laws, such as Veterans Benefits Improvement Act of 2008 (2008 Act). Please contact Human Resources for additional details about USERRA.

NEWBORNS ACT NOTICE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). Plans subject to State law requirements will need to prepare SPD statements describing any applicable State law.

IMPORTANT NOTICE FROM Arapahoe County School District 1 ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Arapahoe County School District 1 and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Arapahoe County School District 1 has determined that the prescription drug coverage offered by the Kaiser Permanente Plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Arapahoe County School District 1 coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Arapahoe County School District 1 coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Arapahoe County School District 1 and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the office listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Interstate changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- * Visit www.medicare.gov
- * Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- * Call **1.800.MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **1.800.772.1213 (TTY 1.800.325.0778)**.

Date: January 1, 2021
Name of Entity/Sender: Arapahoe County School District 1
Address: 4101 S. Bannock St. Englewood, CO 80110

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Notice # 2: Premium Assistance under Medicaid and the Children's Health Insurance

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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 877.KIDS.NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at or call www.askebsa.dol.gov or call 866.444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your state for more information on eligibility.

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: (855) 692-5447	GEORGIA – Medicaid Website: http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: (404) 656-4507
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: (866) 251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: (877) 438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone (800) 457-4584
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	IOWA – Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Phone: (800) 338-8366 Hawki Website: http://dhs.iowa.gov/Hawki
CALIFORNIA – Medicaid Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: (916) 440-5676	KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/default.htm Phone: (800) 792-4884
COLORADO – Health First Colorado & Child Health Plan Plus (CHP+) Health First Colorado Website: http://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: (800) 221-3943 / State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: (800) 359-1991 / State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: (855) 692-6442	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: (855) 459-6328 Email: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: (877) 524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
FLORIDA – Medicaid Website: http://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: (877) 357-3268	

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: (888) 342-6207 (Medicaid hotline) or (855) 618-5488 (LaHIPP)
MAINE – Medicaid
Enrollment Website: http://www.maine.gov/dhhs/ofi/applications-forms Phone: (800) 442-6003 / TTY: Maine relay 711 Private Health Insurance Premium Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: (800) 977-6740 / TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: (800) 862-4840
MINNESOTA – Medicaid
Website: http://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: (800) 657-3739
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: (573) 751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: (800) 694-3084
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: (800) 992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: (603) 271-5218 Toll free number for the HIPP program: (800) 852-3345 ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: (609) 631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: (800) 701-0710
NEW YORK – Medicaid
Website: http://www.health.ny.gov/health_care/medicaid/ Phone: (800) 541-2831
NORTH CAROLINA – Medicaid
Website: http://medicaid.ncdhhs.gov/ Phone: (919) 855-4100
NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: (844) 854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: (888) 365-3742
OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: (800) 699-9075

PENNSYLVANIA – Medicaid
Website: http://www.dhs.pa.gov/provider/Providers/Pages/Medical/HIPP-Program.aspx Phone: (800) 692-7462
RHODE ISLAND – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: (855) 697-4347 or (401) 462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid
Website: http://www.scdhhs.gov Phone: (888) 549-0820
SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov Phone: (888) 828-0059
TEXAS – Medicaid
Website: http://gethipptexas.com/ Phone: (800) 440-0493
UTAH – Medicaid and CHIP
Medicaid Website: http://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: (877) 543-7669
VERMONT - Medicaid
Website: http://www.greenmountaincare.org/ Phone: (800) 250-8427
VIRGINIA – Medicaid and CHIP
Website: http://www.coverva.org/hipp/ Medicaid Phone: (800) 432-5924 CHIP Phone: (855) 242-8282
WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/ Phone: (800) 562-3022
WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/ Phone: (855) MyWVHIPP (855-699-8447)
WISCONSIN – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: (800) 362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/program-and-eligibility/ Phone: (800) 251-1269

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

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2019)

Notice # 3: COBRA Continuation General Notice

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or

You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

This benefit summary prepared by

