



2024 Employee Benefit Guide

AN OVERVIEW OF THE WIDE ARRAY OF BENEFITS
PROVIDED BY ELLICOTT SCHOOL DISTRICT 22 TO HELP
YOU ENJOY INCREASED WELL-BEING AND FINANCIAL
SECURITY



We work for you – and we're here to help

We are an independent benefits management and consulting firm hired to assist employees with any and all concerns and questions pertaining to the group insurance benefits.

Benefits Inquiries



POLICY QUESTIONS

Our Account Managers can answer questions about renewals, compliance and healthcare reform, escalated service issues, employee meetings, and wellness discussions.



CLAIMS

Come to our Account Specialist with your benefit inquiries, claim issues, carrier questions, billing issues, and provider searches.



ADMINISTRATION CONCERNS

Your Account Admin can help with enrollment issues, questions about qualifying events, employees address changes, and ID card requests.

Benefits Contact



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Benefits for 2024

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IMPORTANT INFORMATION YOU SHOULD KNOW

- We suggest that you hang on to this reference guide for any questions you may have along the way.
- All benefits are effective the first of the month following your date of hire or date of transfer into a benefited position.
- **All paperwork/enrollment forms MUST be turned in within 31 days of employment date. After 31 days,** employee is not eligible for benefits and will have to wait until the next open enrollment period to enroll.
- If you do not elect coverage at date of hire, you will have another opportunity during open enrollment each year. Open Enrollment typically falls at the end of Oct/beginning of Nov for an effective date of Jan 1st.
- You will receive ID cards in the mail for medical/prescription (combined card), dental and vision.
- Your dependents can be covered under ALL lines of coverage until the age of 26. Your dependent will be unenrolled at the end of the month in which they turn 26 years of age.
- You have **31 days** from the date of a qualifying event to make changes to your coverage. Proof of such event is required (i.e. birth certificate, marriage license, divorce decree, etc.)
- Once you receive your insurance cards in the mail, we suggest that you register on all benefit websites and the apps to stay up-to-date.

MEMBERSHIP GUIDELINES

ELIGIBILITY

All full-time employees working at least 30 hours per week are eligible on the first of the month following date of hire. All bus drivers with full routes are eligible on the first of the month following date of hire.

Employee's eligible dependents are:

- An Eligible Employee's spouse (unless legally separated) including common law spouse;
- An Eligible Employee's current partner in a civil union; or
- An Eligible Employee's dependent child from birth to the end of the calendar month in which the child attains age twenty six (26).

NOTE: Proof will be required when adding a dependent child, spouse, common law spouse, or domestic partner to the plan prior to plan effective date. Please contact the HR office for the documentation requirements.

MAKING ENROLLMENT CHANGES DURING THE YEAR

In most cases, your benefit elections will remain in effect for the entire plan year (Jan 1-Dec 31). During each open enrollment period, you will have the opportunity to review your benefit elections and make changes for the coming year.

Certain coverages allow limited changes to elections during the year. These benefits include the medical, dental and vision plans. Under these benefits, you may only make changes to your elections during the year if you have a change in family status.

Family status changes include:

- Marriage, divorce, or legal separation
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage, or reaching the dependent age limit
- Changes in your spouse's benefit coverage with another employer that affects benefit eligibility
- Retirement
- Change in civil union status
- Changes in your spouse's employment affecting benefit eligibility
- Reduction of hours of service
- Enrollment in a Qualified Health Plan through the Health Insurance Marketplace

The change to your benefit elections must be consistent with the change in family status. To change your benefits, you must notify the HR office in writing by completing a Benefits Change Form and providing documentation of the qualifying event within 31 days of the event. Otherwise, you must wait until the next open enrollment period to make a change to your elections.

PRE-TAX PAYROLL DEDUCTIONS: MEDICAL, DENTAL & VISION

To help offset your contributions for medical, dental, and vision plans, we process these benefits on a pre-tax basis through the Section 125 (or "cafeteria") plan. By making your contributions for these benefits on a pre-tax basis, premium is withheld from your pay before federal, state and FICA taxes are calculated. This can reduce the amount of taxes you pay per paycheck. If you would like your benefits to be taken on an after-tax basis, you must make that request at time of enrollment or during open enrollment.

Benefits for 2024

Overview of Benefits Programs

Ellicott School District 22 provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

Benefits At-A-Glance

Medical

Moving to Kaiser Permanente

Voluntary Dental

Renewing with Beta Health and Delta Dental

Vision

Renewing with EyeMed

Enrollment System

Bernie Portal

Benefits for 2024

Eligibility, Changes and Qualifying Events

Who Is Eligible?

- Full-time Employees working 30 or **more** hours per week, their spouses, and their dependents to age 26.
- **Benefits eligibility begins first of the month following 30 days after your date of hire.**

How to Enroll?

- The first step is to login to Bernie Portal and review your current benefit elections.
- Verify your personal information and make any changes if necessary.
- Make your benefit elections in Bernie Portal. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

When to Enroll?

- The open enrollment period runs from November 1, 2023 – November 17, 2023.
- The benefits you elect during open enrollment will be effective January 1, 2024 – December 31, 2024.
- New Hires must enroll in or waive benefits within 30 days of becoming eligible.
- All Open Enrollment elections must be completed in Bernie Portal.

QUALIFYING EVENTS

- Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:
 - Changes in employment status
 - Changes in legal marital status
 - Changes in number of dependents
 - Taking an unpaid leave of absence
 - Dependent satisfies or ceases to satisfy eligibility requirement
 - Family Medical Leave Act (FMLA) leave.
 - A COBRA-qualifying event
 - Entitlement to Medicare or Medicaid
 - A change in the place of residence of the employee, resulting in the current carrier not being available

Benefits for 2024

Insurance Plans and Rates

ELLICOTT SCHOOL DISTRICT 22

Home of the Thunderhawks

Ellicott School District 22 will be covering the Peak Med costs for all employees and dependents enrolled in the health plan.



HEALTH INSURANCE: Kaiser

Kaiser DHMO Plan G 2000/70 Plus

	<u>DISTRICT</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>
Employee	\$647.00	-\$0.09	\$646.91
Employee + Spouse	\$647.00	\$705.04	\$1,352.04
Employee + Children	\$647.00	\$595.06	\$1,242.06
Employee + Family	\$647.00	\$1,022.02	\$1,669.02

Kaiser DHMO Plan A 500/90 Plus

	<u>DISTRICT</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>
Employee	\$647.00	\$60.43	\$707.43
Employee + Spouse	\$647.00	\$831.52	\$1,478.52
Employee + Children	\$647.00	\$711.26	\$1,358.26
Employee + Family	\$647.00	\$1,178.16	\$1,825.16

Kaiser PPO Plan E 2000/70

	<u>DISTRICT</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>
Employee	\$647.00	\$162.37	\$809.37
Employee + Spouse	\$647.00	\$1,044.58	\$1,691.58
Employee + Children	\$647.00	\$906.98	\$1,553.98
Employee + Family	\$647.00	\$1,441.17	\$2,088.17

Voluntary VISION: Eyemed

Employee	\$8.55	Employee + Children	\$17.10
Employee + Spouse	\$16.25	Employee + Family	\$25.14

Voluntary DENTAL:

Beta Health Alpha US

Employee	\$8.75	Employee + Children	\$15.00
Employee + Spouse	\$15.00	Employee + Family	\$16.50

Delta Dental

Employee	\$48.91	Employee + Children	\$99.59
Employee + Spouse	\$92.60	Employee + Family	\$160.74

Benefits for 2024

Medical

Summary of Coverage



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Plan Features	DHMO 2000/30/70% (Base) Includes Plus Benefits	DHMO 500/30/90% (Mid) Includes Plus Benefits	PPO 2000/30/30% (Buy-Up)
IN NETWORK			
Calendar Year Deductibles (Indiv / Family)	\$2,000 / \$4,000	\$500 / \$1,000	\$2,000 / \$4,000
Referral? / Network	Yes / HMO	Yes / HMO	No / Choice PPO
Preventive Care	\$0	\$0	\$0
Primary Care Visit	\$30	\$30	\$30
Specialist Visit	\$60 30% for other covered services	\$50 10% for other covered services	\$60 30% for other covered services
Virtual Care	\$0	\$0	\$0
Labs	\$30	\$30	\$30
X-Rays	Provider Office: 20% After Deductible Outpatient Hospital: 30% After Deductible	Provider Office: 5% After Deductible Outpatient Hospital: 10% After Deductible	30% After Deductible
Complex Images	30% After Deductible	10% After Deductible	30% After Deductible
Outpatient Procedure	Ambulatory surgical center: 20% After Deductible Outpatient hospital: 30% After Deductible	Ambulatory surgical center: 5% After Deductible Outpatient hospital: 10% After Deductible	30% After Deductible
Inpatient Visit	30% After Deductible	10% After Deductible	30% After Deductible
Emergency Room	\$500	\$500	\$500
Urgent Care	\$75	\$50	\$50
Pharmacy / RX (30 Day Supply)	\$15 / \$50 / \$75 / 30% up to \$300	\$15 / \$50 / \$75 / 30% up to \$300	\$15 / \$50 / \$75 / 30% up to \$300
Pharmacy / RX (90 Day Supply)	\$30 / \$100 / \$150	\$30 / \$100 / \$150	\$30 / \$100 / \$150
Calendar Year Out-of-Pocket Max (Indiv / Family)	\$6,000 / \$12,000	\$4,500 / \$9,000	\$5,000 / \$10,000
Out of Network			
	See Plus Benefit Information Unless Emergency Room	See Plus Benefit Information Unless Emergency Room	See SBC for details
WEBSITE / NETWORK/ PHONE NUMBER			
	www.kp.org / HMO / 855-249-5005	www.kp.org / HMO / 855-249-5005	https://choiceproducts-colorado.kaiserpermanente.org / Choice PPO / 855-364-3184

Benefits for 2024

Medical – Plus Benefits



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DHMO Plus Benefits				
Maximum Benefit per Individual per Calendar Year	10 combined total visits			
Primary Care Visit	\$40 copay each primary care office visit 30% coinsurance for procedures received during an office visit			
Specialty Care Visit	\$60 copay each specialist care office visit 30% coinsurance for procedures received during an office visit			
Laboratory	30% coinsurance for services at a non-Plan Office or Free Standing Facility (each Laboratory service per provider per day is considered a visit)			
X-Ray (Diagnostic Only)	30% coinsurance (each X-Ray is considered a visit)			
Special Procedures: MRI/CT/PET/Nuclear Medicine	Not Covered			
Mental Health Outpatient	\$40 copay each office visit 30% coinsurance for procedures received during an office visit			
Chemical Dependency Outpatient	\$40 copay each office visit 30% coinsurance for procedures received during an office visit			
Physical, Occupational, Speech Therapy (Outpatient)	\$40 copay each visit at a Non-Plan Office or Free Standing Site			
Preventive and Well-Child Care	No charge each office visit			
Durable Medical Equipment (provided by office, Supplemental only)	30% coinsurance Prosthetic arms and legs are not covered (each item dispensed during office visit is considered a visit)			
Prescription Drugs	Not covered Prescription drugs from non-Kaiser Permanente physicians will be covered when filled at a Kaiser Permanente pharmacy at your regular Plan prescription drug cost share, subject to the Kaiser Permanente formulary. This will not count toward the combined total visit limit. When filled in a non-Kaiser Permanente pharmacy, retail prescription drugs are not covered .			
	Generic Drugs: Not covered	Brand Drugs: Not covered	Non-Preferred Drugs: Not covered	Specialty Drugs: Not covered

IMPORTANT: This synopsis is not a contract with Kaiser Permanente. It only briefly summarizes the benefits in the Agreement between Kaiser Permanente and your group. Please consult your Evidence of Coverage for complete details of benefits as well as exclusions and limitations. In the event of ambiguity and/or conflict between this synopsis and your Evidence of Coverage, the Evidence of Coverage shall control.

Benefits for 2024

Medical



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The Plus Benefit: Information for Plus Plan Members



More Choices. More Convenience.¹

You already have access to the best of Kaiser Permanente through your traditional² plan. But as a Plus member, you get even more.³

With Plus, your choices are covered. Choose to see any licensed provider, anytime, up to a set number of visits or covered outpatient medical services each year. And depending on your plan, you may also have some coverage when you fill prescriptions at non-Kaiser Permanente pharmacies.

Your Plus Benefits

Office Visits and Services⁴

You'll get a set number of visits you can use to see doctors who aren't associated with Kaiser Permanente (we refer to them as non-Plan Providers) for certain covered outpatient services. So if you have a provider you like, you don't have to switch. Your visits will still be covered, as long as you don't exceed the annual visit limit.

We've outlined the key services/items that count as a visit, covered under the Plus Benefit in the "What's covered?" section.

We encourage you to review the list so you can better track your visits – and make the most of this benefit.

What's covered?

You can use your visits for these types of items/services (this isn't a comprehensive list):⁴

- Routine office visits (primary, preventive care)
- Specialty care office visits
- Mental health and substance use disorders
- Lab services, diagnostic X-rays, and select durable medical equipment provided during an office visit (each test, piece of equipment, and X-ray counts separately toward your limit)
- Physical, occupational, and speech therapy office visits
- Allergy injections received at an office

What's the cost?

Here's more good news. Your cost share (copayment or coinsurance) is the same as, or similar to, the cost share for these services in your traditional plan.⁵

Depending on your plan, your costs under the Plus Benefit may apply to your deductible (if applicable) or out-of-pocket maximum for the year.

What's not covered?

The following benefits are not covered under the Plus Benefit:

- Inpatient services
- Outpatient surgery
- Radiation therapy
- Screening colonoscopies
- Infertility
- Prenatal and maternity care
- Chiropractic, acupuncture, or massage services
- Genetic testing
- Contact lens fittings
- Dental care
- Special procedures
- Many other medical benefits that are not described as covered under the Plus Benefit

Services not covered under traditional plan benefits will not be covered under your Plus Benefit.

Review your Evidence of Coverage for your specific plan details, including benefits, exclusions, and limitations.

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.

Benefits for 2024

Medical



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Prescriptions

Coverage for out-of-network pharmacy depends on your plan, so before you fill any prescriptions, take a few minutes to review your Evidence of Coverage, found at kp.org/eoc.

- If your Plus Benefit includes out-of-network pharmacy coverage, you have a set number of prescriptions you can fill at a pharmacy outside the Kaiser Permanente network.
- If your Plus Benefit doesn't include pharmacy coverage, be sure to fill prescriptions at any Kaiser Permanente pharmacy, or one that's affiliated with your plan.⁶ Follow pharmacy guidelines for your traditional² plan coverage.⁷

Get the Most Out of Plus

To make the most of your Plus visits, you may want to save them for office visits with your favorite non-Plan Provider. You can do this by using the Kaiser Permanente network for labs, X-rays, and other procedures.⁴ That way, they're covered by your traditional² benefit, rather than Plus. We can send results to your non-Plan Provider.

The examples below show you how a little preparation can help you maximize your visits.

Questions?

Online

Find plan information and resources online.

- kp.org/formsandpubs: Get a list of FAQs, and print the "Plus Benefit: Plan Information for Physicians" flyer to take to your appointments with non-Plan Providers.
- choiceproducts-colorado.kp.org: Find more information about your plan.
- kp.org/eoc: Review your Evidence of Coverage to better understand your plan details, including what's covered.

Call

Customer Service representatives are available Monday-Friday, from 8 a.m. to 6 p.m., Mountain time at **1-855-364-3184** (TTY 711).

Enjoy the added convenience and choices you get with Plus!

Plus member scenarios	What counts toward the "Plus" visit limit?
<p>Jack, a Plus member, hurts his finger. He visits a specialist who is a non-Plan Provider.</p> <p>Suspecting it could be infected and/or broken, the specialist orders a lab test and X-ray and directs Jack to other non-Plan Providers for these services.</p>	<p>Jack incurs 3 Plus visits:</p> <ul style="list-style-type: none"> • Specialist office visit/exam: he pays Plus copay • Lab test from non-Plan Provider: he pays Plus coinsurance • X-ray from non-Plan Provider: he pays Plus coinsurance
<p>Jill, a Plus member, hurts her finger. Like Jack, she visits a specialist who is a non-Plan Provider. The specialist orders a lab test and an X-ray. Jill tells the specialist that she wants these services done at nearby Kaiser Permanente medical offices.</p> <p>She also gives the specialist a copy of the "Plus Benefit: Information for Physicians" flyer, which outlines how to do this. Jill goes to Kaiser Permanente medical offices for her lab work and X-ray. Results are then sent back to the specialist (non-Plan Provider) to determine next steps.</p>	<p>Jill incurs one Plus visit:</p> <ul style="list-style-type: none"> • Specialist office visit/exam: she pays her Plus copay • She does not incur Plus visits for the lab work and X-ray.

Benefits for 2024

Medical



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Step-by-Step Guide to Filing a Claim

Before Your Visit:

Find out if you'll need to submit a claim

- When making your appointment, be sure to ask your provider if they intend to submit the claim to Kaiser Permanente on your behalf.
- Please print and take the "Plus Benefit: Plan Information for Physicians" flyer with you to the appointment. This flyer will help them care for you, while keeping your costs more affordable. To access the flyer, visit kp.org/formsandpubs (you'll need to register if you haven't already). Once you're there, select "Forms" from the menu on the left. In the middle of the screen, look for "Before your visit" and choose the "Plus Plan Information for Physicians."

At Your Provider's Office

Collect the Necessary Documentation

- On the day of the visit, take the "Plus Plan Information for Physicians" flyer with you and give it to your provider.
- If they will be submitting the claim for your visit, please ask them to follow the instructions on the flyer.
- If they confirm that you should submit the claim, be sure to collect and keep copies of:
 - Itemized bill(s) showing the amount charged, the amount you paid, as well as diagnosis or treatment codes.
 - Receipts for any charges you paid that show a zero balance.

After Your Visit

Gather Your Paperwork

- If you are submitting your claim, gather your itemized bill(s) and receipt(s).
- Make copies for your records.
- Write "process under the Plus Benefit" at the top of the bill. This will ensure that the claim gets processed as quickly as possible.

Mail Everything to Kaiser Permanente

Send your itemized bill(s) and receipt(s) to the following address:

Kaiser Foundation Health Plan of Colorado
Claims Department
P.O. Box 373150
Denver, CO 80237-3150

Once we receive all the necessary information, our team will process it as quickly as possible. You should expect to receive payment within 30 days. If not, please call Member Services.

Information provided here is a summary only. For a list of services available with your plan, refer to your Summary of Benefits and Coverage. Upon enrollment, your Evidence of Coverage will contain a description of your coverage, including benefits, exclusions, and limitations. Your Evidence of Coverage will prevail over this or any other plan summary.

1. Colorado state law requires that an Access Plan be available that describes Kaiser Foundation Health plan of Colorado's network provider services. To obtain a copy, please call Member Services, or visit kp.org.
2. Your traditional plan is dependent on which plan your employer offers or that you have selected.
3. Kaiser Foundation Health Plan of Colorado underwrites the Plus Benefit.
4. Each item/service counts as a separate Plus Benefit visit and will be applied toward your annual Plus Benefit visit limit even if it occurs on the same day or during a single visit to a provider. For additional details, please refer to your Evidence of Coverage.
5. Please see your Evidence of Coverage.
6. Subject to Kaiser Permanente formulary.
7. Depending on your specific plan provisions, maintenance medication refills must be filled at one of our Kaiser Permanente Plan medical office pharmacies or through the Kaiser Permanente mail order program, or the maintenance medication will not be covered.

Kaiser Foundation Health Plan of Colorado, 10350 E. Dakota Ave., Denver, CO 80247
546880969_21_OE_PlusPlanMemberFlyer

kp.org/thrive

Benefits for 2024

Medical



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Colorado

Choice PPO plan







With the Kaiser Permanente Choice PPO plan, you have the flexibility to choose the care that's right for you.¹ Access a wide range of care across the nation – including Kaiser Permanente doctors and specialists.²

Whether you need primary care, specialty care, urgent or emergency care, you'll have lots of choices.

- In Colorado, you'll have in-network access to **Kaiser Permanente** providers, plus an extended open network of providers affiliated with Colorado's top hospitals and health systems.
- You also have access to **First Health providers**³ in California, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington state, and the District of Columbia. Outside of those states and the District of Columbia, you have access to the **Cigna HealthcareSM PPO Network**.⁴
- When using these providers, you don't have to select a personal doctor, and you don't need a referral. Some services require precertification.⁵

In-network providers have agreements with your health plan to offer services at discounted rates, lowering costs for you. For many in-network services, you might only have to pay a fixed amount known as a copay – usually a small fee for each visit. In some cases, instead of a copay, you might need to pay a percentage of the total cost of the services. This is called coinsurance.⁶ For example, if your coinsurance is 20%, you'd pay 20% of the bill, and the insurance would cover the rest.

The Choice PPO plan may be the best health plan for you if you:

-  Already have a provider you love and want to keep seeing
-  Travel outside the state often
-  Have kids in college in another state
-  Live outside of a Kaiser Permanente service area



To find network locations and providers near you, visit **kp.org/choiceppo-colorado** or call Customer Service at **1-855-364-3184 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m.

Benefits for 2024

Medical



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Out-of-network providers

- You can also go out of network, and see any licensed provider you choose. However, where you go may affect your out-of-pocket costs.
- Some services may require precertification.⁵
- You pay more at the time of service, and you'll need to file a claim for reimbursement.
- For questions or help filing a claim, just call Customer Service at **1-855-364-3184 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m.

Out-of-network providers don't have agreements with your health plan, so their rates might be higher. Before your plan starts to cover costs for out-of-network care, you might need to meet a higher deductible. The deductible is the amount you pay out of pocket before your health plan starts paying.

Pharmacy

Prescription medicine coverage is part of your Choice PPO plan. Where you choose to have your prescriptions filled will determine how much you pay for your medications.⁷

- Kaiser Permanente pharmacies are considered in-network.⁸
- You can fill prescriptions written by any provider at Kaiser Permanente pharmacies and in-network MedImpact retail pharmacies nationwide, including Walgreens, CVS, Rite-Aid, Safeway, and Costco.
- Not all locations in a chain are in-network; some are independently contracted. To check on a specific pharmacy or for more information, call

Pharmacy Help Desk at **1-800-788-2949**

(TTY **711**) at any time or check the MedImpact In-Network Pharmacy Directory.

- Order prescriptions online in the Kaiser Permanente app and have them sent right to your home at no extra cost.⁹
- If you have an existing prescription, call Customer Service at **1-855-364-3184 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m, and we'll help you transition to Kaiser Permanente.
- At most locations you can pick up new prescriptions in the same building as your doctor visit, often on the same day.
- To choose the Kaiser Permanente pharmacy where you'd like to pick up your prescriptions, visit **kp.org/facilities**.

Out-of-network pharmacies

- You can get prescriptions filled at any pharmacy you choose. Any pharmacy that is not a Kaiser Permanente licensed pharmacy or not in the MedImpact retail network is considered out-of-network.⁸
- When filling your prescriptions at out-of-network pharmacies, you'll be asked to pay full price for the medication and submit a claim form for reimbursement.
- For a list of covered drugs, visit **kp.org/choiceppo-colorado**, click on "For Members," then click "Pharmacy."

For more details about your plan, see the *Disclosure Form Part One* and *Disclosure Form Part Two* or ask your benefits manager for your *Certificate of Insurance*.

1. Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Permanente Health Plan, Inc., underwrites the in-network and out-of-network Tiers of the PPO plan. 2. Colorado state law requires that a Network Access Plan be available that describes Kaiser Permanente Insurance Company's network of provider services. The Network Access Plan will be available starting on October 1, 2023. To obtain a copy, please call Customer Service at 1-855-364-3184 (TTY 711) or visit kp.org/choiceppo-colorado. 3. Kaiser Permanente Insurance Company is contracted with First Health. First Health is a brand name of First Health Group Corp. 4. The Cigna HealthcareSM PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration. Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property, Inc. 5. Some services require precertification. For additional details regarding precertification, please see your *Certificate of Insurance* or call Customer Service at 1-855-364-3184 (TTY 711). 6. Services may or may not be subject to a deductible. The deductible may count toward the satisfaction of your out-of-pocket maximum. 7. Coverage and refills of maintenance medications depend on your specific plan provisions. 8. Some covered drugs may have additional requirements or limits on coverage, including quantity limits, age restrictions, prior authorization, or step therapy. For more information visit kp.org/choiceppo-colorado or call the Pharmacy Help Desk at 1-800-788-2949 (TTY 711). 9. Some prescriptions are not eligible to be mailed, and we are not able to mail to the following states at this time: Arkansas, Kansas, Louisiana, Nebraska, North Carolina, Oklahoma, South Carolina, and South Dakota.

Benefits for 2024

Medical



KAISER PERMANENTE®

Growing with southern Colorado to keep you thriving

Kaiser Permanente, the state's No. 1 health plan*, is proud to care for and grow with southern Colorado

As part of our commitment to southern Colorado, Kaiser Permanente is making it even easier for members to get care they need by adding more specialists, care options, and locations:



Opened 3 new medical offices, including our 25,000-square-foot, multispecialty Premier Medical Offices. We now have 3 facilities in Colorado Springs and 2 in Pueblo.



Added more doctors, medical specialties, and staff to our locations. And we continue to offer an extensive network of affiliated providers.



Grew our suite of virtual care options with new services like 24-7, on-demand phone and video visits, online chat and video visits with a mental health clinician, and more.



Expanded our online appointment options. Schedule or cancel routine and most specialty appointments, as well as many medical imaging services.

Kaiser Permanente medical offices offer care under one roof, so members can see a doctor, fill a prescription, and have labs and X-rays completed all in one stop. It's health care that's simple. Easy. Convenient.

Learn more or schedule an appointment at kp.org.

Southern Colorado medical offices



Briargate
4105 Briargate Parkway,
Suite 125
Colorado Springs, CO
80920



Parkside
215 Parkside Drive
Colorado Springs, CO
80910



Premier
3920 North Union Blvd.
Colorado Springs, CO
80907



Acero
2625 W. Pueblo Blvd.
Pueblo, CO
81004



Pueblo North
3670 Parker Blvd.,
Suite 200
Pueblo, CO 81008

*NCQA is a third-party organization that receives both clinical quality information (HEDIS) and member survey (CAHPS) feedback to rate health plans nationwide. Kaiser Permanente was Colorado's highest-rated plan in 2021.

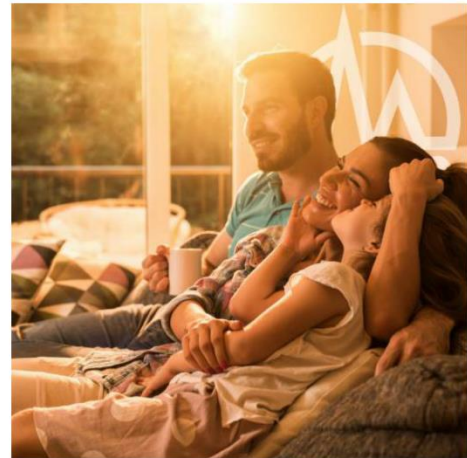
DIRECT PRIMARY CARE (DPC)



At PeakMed LifeCenters, we believe in treating people, not patients. Through relationship-based care, real-time communication and financial transparency, our innovative approach establishes a foundation for lifelong health, while reducing unnecessary medical spending.

On behalf of Ellicott School District, Kaiser Permanente provides access to PeakMed Direct Primary Care (DPC) membership services for employees and dependents enrolled in the health plan.

- ✓ **\$0 Cost Unlimited Primary Care Visits**
- ✓ All-access pass to your provider through **office visits, phone calls, text messaging, email, and even virtual office visits**
- ✓ Convenient onsite **Pharmacy and Lab Services**
- ✓ Adult and Pediatric Care
- ✓ Chronic Disease Management
- ✓ Routine & Sports Physicals
- ✓ Proactive Care



Get Started with PeakMed Today!

- **Step 1** - Call PeakMed at **(844) 673-2563 (Option 2)** to schedule an appointment at one of our conveniently located LifeCenters.
- **Step 2** - Meet your doctor and establish care (via TeleMed or in-person). Don't wait till you're sick, we want to get to know you when you are well!
- **Step 3** - Enjoy the PeakMed difference with unlimited access to your primary care provider via phone, text, email or same-day or next-day acute appointments!

PeakMed LifeCenter Locations

Tutt LifeCenter

6945 Tutt Blvd,
Colorado Springs, 80923

Tejon LifeCenter

421 S Tejon St Suite 250
Colorado Springs, 80903

Northgate LifeCenter

13271 Bass Pro Dr, Suite 140
Colorado Springs, 80921

Inverness LifeCenter

195 Inverness Dr W Suite 100
Englewood, CO 80112

Littleton LifeCenter

2600 W Belleville Ave Suite 200
Littleton, CO 80123

*Additional Direct Primary Care locations available, please inquire by calling PeakMed at (844) 673-2563 (Option 2)

PeakMed Direct Primary Care services are not covered under your health plan benefits and are not subject to the terms set forth in your Evidence of Coverage. The PeakMed Direct Primary Care (DPC) services are provided by and the responsibility of PeakMed Colorado, LLC.

Kaiser Permanente member is not responsible for PeakMed membership fees, but is responsible for payment of any fees associated with services provided as part of the PeakMed membership. If a member's health plan coverage terminates, then the member will no longer be eligible to participate.

PeakMed was acquired by One Medical, an Amazon Company in 2022. This strategic acquisition marks an exciting step forward in our commitment to advancing health care for our members. The combined strength and resources of PeakMed and One Medical enables us to accelerate the development and delivery of cutting-edge health care technologies, treatments, and solutions.

Benefits for 2024

Dental Coverage



Summary of Coverage

AlphaUS
Dental Plan

Customer Service

(800) 807-0706

support@betadental.com

brought to you by **Beta**
Health

AlphaUS Dental Plan Summary of Benefits

- Savings of **20 - 50%** on all dental services
 - No waiting on ANY services, including major/ortho
 - Unlimited services – use as much as you like
 - Very low out-of-pocket cost – significant savings!
 - No deductibles or claim forms
 - Cosmetic dentistry included
 - Orthodontics for children and adults
- PLUS!**
- Vision discounts through VSP Savings Pass
 - Hearing discounts through Amplifon
 - Teledentistry availability through Teledentistry.com
 - Interest-free financing up to 36 months on \$1,000 of dental, vision, and hearing costs

How does the AlphaUS Dental plan work?

The AlphaUS Dental Plan is a national network dental plan. All discounted fees on this plan are pre-negotiated with the General Dentist, so there are no hidden costs or expenses. Specialty care is also available at a greatly reduced cost on this plan as well.

You must see an AlphaUS dental provider in order to receive the discounted savings. There are no out-of-network services available on this plan. Below is a list of the most common dental procedures and what you will pay.

This plan uses the Careington CarePOS network. When calling to make an appointment with a network dental office, mention the CarePOS dental savings plan.

AlphaUS Dental Plan Savings (what you pay)

Fees vary by location across the US. Fees listed are illustrative of 1 fee schedule.

<u>ADA Code</u>	<u>Dental Procedure Description</u>	<u>Normal fee</u>	<u>AlphaUS Fee</u>	<u>Savings</u>
0150	Comprehensive Exam	\$126	\$46	63%
0274	Bitewings x-ray (four films)	\$89	\$36	60%
1110	Prophylaxis-adult	\$108	\$54	50%
0120	Periodic oral exam-established patient	\$72	\$27	58%
0210	Intraoral- complete series	\$221	\$81	63%
2330	Resin based composite (one surface)	\$215	\$83	61%
2790*	Crown-full cast high noble metal	\$1,580	\$657	58%
3330	Molar (excluding final restoration)	\$1,425	\$661	54%
4341	Periodontal Scaling/Root Planning	\$348	\$140	60%
5110*	Complete denture-maxillary	\$2,433	\$905	63%
7140	Extraction erupted tooth	\$261	\$92	65%
9230	Nitrous Oxide	\$113	\$32	72%

AlphaUS Dental Plan Provider Lookup and Full Fee Schedule
<https://alphadentalplan.com/alpha-plus-dental-plan/>

Benefits for 2024

Dental Coverage

Summary of Coverage



Delta Dental PPO™

Beta Plan 4

Summary of Benefits

Calendar-year Deductible	\$50 – Individual \$150 – Family	Applies to Basic and Major services only
Calendar-year Maximum	\$2,000	Per Individual
Orthodontic Lifetime Maximum	Not included	
Prevention First	Included	Deductibles do not apply to Diagnostic & Preventive Services, and these services do not count against calendar-year maximum when using a PPO or Premier provider for all services.
Right Start 4 Kids®	Included	For children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services up to the calendar-year maximum when using a PPO or Premier provider for all services*

Network	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist	Benefit Limitations
Diagnostic & Preventive Services				
Oral Exams & Cleanings	100%	90%	90%	2 per calendar year; up to 2 additional cleanings with any Evidence-Based Dentistry (EBD) condition (Periodontal Disease with: Diabetes, Pregnancy, or Cardiovascular) or Immune System Suppression, Kidney Failure/Dialysis
Limited Oral Evaluation – Problem Focused	100%	90%	90%	2 per calendar year (in addition to Oral Exam)
Screenings	100%	90%	90%	2 per calendar year (in addition to Oral Exam)
Sealants	100%	90%	80%	1 per tooth in any 3 year period through age 19
Bitewing X-Rays	100%	90%	90%	1 set (any number of films) per calendar year (includes vertical Bitewing X-ray)
Full-mouth X-rays	100%	90%	90%	1 per 5 years unless documentation of special need
Fluoride	100%	90%	90%	2 per calendar year, no age limitation
Space Maintainers	100%	90%	90%	1 per quadrant per lifetime (to include unilateral or bilateral) to maintain space for eruption of permanent posterior teeth through age 19
Basic Services				
Fillings	80%	80%	80%	Amalgam (Silver) or Composite Fillings: 1 per tooth and surface per 5 years
Simple Extractions	80%	80%	80%	
Anesthesia Services	80%	80%	80%	General, IV Sedation or Analgesia (nitrous oxide) – Up to 1 hour covered with Endodontics, Periodontal Surgery, Surgical Implant Placement and Oral Surgery.
Oral Surgery	80%	80%	80%	
Endodontics/Periodontics	80%	80%	80%	Periodontal Cleanings: 4 maintenance cleanings per year (not to exceed 4 cleanings per year)
Major Services				
Denture Repair/Reline	50%	50%	50%	1 per 3 years per appliance
Crowns/Implants	50%	50%	50%	Crowns: 1 per 7 years; not a benefit under age 12 Implants: 1 per 7 years, not a benefit under age 16
Dentures/Bridges	50%	50%	50%	1 per 7 years; not a benefit under age 16
Occlusal Guards	50%	50%	50%	1 per 5 years, adjustments covered 1 per year following 6 months of initial placement
Orthodontic Services				
	Not included	Not included	Not included	

RIGHT START 4 KIDS (RS4K) FROM DELTA DENTAL OF COLORADO is a unique plan design enhancement that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible, when in-network providers are seen.* If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are available but are not eligible for the RS4K 100% coverage level. Right Start 4 Kids is subject to limitations, exclusions, and annual maximum. Check your benefits booklet for specific plan coverage as it varies from group to group.

You are enrolled in a MAC PPO plan. The Maximum Allowable Charge (MAC) plan is a feature of Delta Dental PPO that will help you save on out-of-pocket costs. You may visit any licensed provider, but you will receive the greatest savings when you choose a PPO provider.

If you do not see a PPO provider, and your provider charges more than the PPO provider's Allowable Fee, you will be responsible for the excess charges. If you see a Premier provider, you will be responsible for the difference between the PPO provider's Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA). If you see a non-participating provider, you will be responsible for the difference between the PPO provider's Allowable Fee and the full charges you are billed.

Benefits for 2024

Dental Coverage



Right Start 4 Kids[®] from Delta Dental of Colorado



Did you know that cavities are the most chronic childhood disease? Cavities are five times more common than asthma. Children with pain from tooth decay typically miss more school and have lower grades than their peers, not to mention the lost work hours for parents. But cavities are nearly 100% preventable, and it's easy to protect your child's oral health and ensure better overall health.

RIGHT START 4 KIDS (RS4K) FROM DELTA DENTAL OF COLORADO is a unique plan feature that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for covered diagnostic & preventive, basic, and major services, with no deductible, when in-network providers are seen.* If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are not eligible for the RS4K 100% coverage level.

Want to learn more about your child's oral health and why it's so important to take care of it from an early age? Go to the Oral Health & Wellness page on our website at deltadentalco.com/wellness.aspx.

THE RIGHT START FOR A BRIGHT FUTURE



100% COVERAGE*



NO DEDUCTIBLE



IN-NETWORK
PROVIDERS



HEALTHY SMILES &
BRIGHT FUTURES

* Right Start 4 Kids is subject to limitations, exclusions, and annual maximum. Check your benefits booklet for specific plan coverage as it varies from group to group.



deltadentalco.com



Benefits for 2024

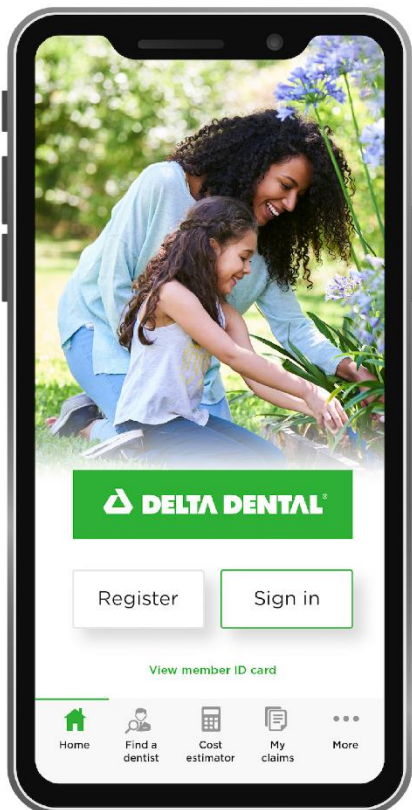
Dental Coverage



Delta Dental Mobile App



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.



SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Benefits for 2024

Vision Coverage

Summary of Coverage



Ellicott School District 22



40% OFF

additional complete pair
of prescription eyeglasses

20% OFF

non-covered items,
including non-
prescription sunglassesFind an eye doctor
(Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call
1.800.988.4221

Heads Up

You may have
additional benefits.Log into
eyemed.com/member
to see all plans included
with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$20 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$180 allowance	Up to \$126
LENSES		
Single Vision	\$20 copay	Up to \$30
Bifocal	\$20 copay	Up to \$50
Trifocal	\$20 copay	Up to \$70
Lenticular	\$20 copay	Up to \$70
Progressive - Standard	\$75 copay	Up to \$50
Progressive - Premium	\$105 - 195 copay	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85 copay	Up to \$5
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	Up to \$32
Scratch Coating - Standard Plastic	\$0 copay	Up to \$12
Tint - Solid and Gradient	\$0 copay	Up to \$12
UV Treatment	\$0 copay	Up to \$12
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$180 allowance	Up to \$180
Contacts - Disposable	\$0 copay; 100% of balance over \$180 allowance	Up to \$180
Contacts - Medically Necessary	\$0 copay	Up to \$210
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every 12 months from the date of service	Once every 12 months from the date of service
Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
Frame	Once every 24 months from the date of service	Once every 24 months from the date of service
Contact Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service

(Plan allows the member to receive either contacts and frame, or frame and lens services.)

Benefits for 2024

Vision Coverage

Summary of Coverage

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

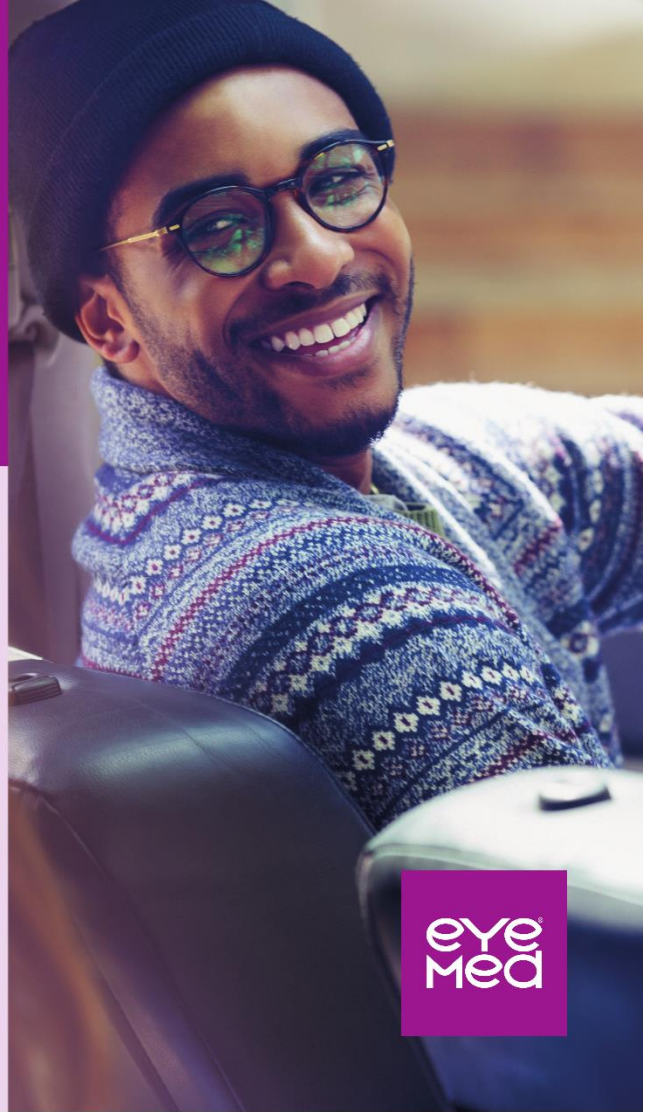
Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,¹ but our long list of special offers takes benefits even further.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

¹ Based on weighted average of sample transactions: EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL



Ellicott School District 22

2024 Benefits Open Enrollment Booklet