



2024 Employee Benefits Open Enrollment Guide

Open Enrollment Dates:

April 22, 2024 through May 03, 2024 at 5pm

For Benefits Effective July 1, 2024

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Questions?

D11 EMPLOYEE BENEFITS DEPARTMENT

Call (719)520-2178

or

Email

Employee.Benefits@d11.org

Andrea Palos
Benefits Manager
(719) 520-2241

Ang Kammerer
Benefits Specialist
(719) 520-2043

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Benefits Administrative Assistant
(719) 520-2237

This Open Enrollment Guide covers only the highlights of your benefits programs and 2024 Open Enrollment. If you would like more detailed plan information, please visit:

[www.d11.org/employees/
employee-benefits](http://www.d11.org/employees/employee-benefits)

WHAT IS OPEN ENROLLMENT?

During Open Enrollment; benefit eligible employees may enroll, terminate or change coverage in the Medical, Dental and Vision Plans, Voluntary Life Insurance, Short-Term and Long-Term Disability. You may also enroll in the Flexible Spending Account (medical and/or dependent daycare).

You must re-enroll in the medical and dependent care flexible spending accounts EVERY YEAR if you would like to continue participating.

ACTIONS REQUIRED BY YOU DURING THIS OPEN ENROLLMENT PERIOD

Review your current benefit elections to ensure you understand your benefit options and any changes to the District's plans that may impact you and your covered family members.

IF	THEN
You are <u>not</u> making changes to your current election (medical, dental, vision, life, short-term disability, long-term disability)	No action is required.
You are changing your current plan elections (medical, dental, vision, life, short-term disability, long-term disability)	You must enroll by 5pm on May 03, 2024.
You wish to make contributions to a Health Care or Dependent Care (Daycare) Flexible Spending Account (FSA)	You must enroll by 5pm on May 03 2024.
You are adding or removing eligible dependents from any of your plan elections	You must enroll by 5pm on May 03, 2024.
You are changing your life insurance beneficiary/ies	You must change this with the Employee Benefits Office. This can be done any time throughout the year by emailing Employee.Benefits@d11.org . This cannot be completed through your PeopleSoft Self-Service Account.
You wish to change your monthly insurance premiums to pre or post tax	You must enroll by 5pm on May 03, 2024.

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 teachers working at least .41 FTE or 17 ½ hours per week 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 domestic partner; or
- 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 turns twenty-six (26).

NOTE: Proof will be required when adding a new spouse, common-law spouse or domestic partner to the plan prior to the last day of Open Enrollment. Please contact the employee benefits office at Employee.Benefits@d11.org for the required documentation.

KAISER MEDICAL PLAN OVERVIEW

EFFECTIVE 7/1/2024

Note: This is not an all-inclusive list. Summary Plan Documents are governing.



MEDICAL SERVICES	BUY-UP PLAN (KAISER 1500)	BASE PLAN (KAISER 5000)
ANNUAL DEDUCTIBLE	\$1,500 IND/\$3,000 FAM	\$5,000 IND/ \$10,000 FAM
ANNUAL OUT OF POCKET MAXIMUM <small>Includes pharmacy and medical plan deductibles and copayments</small>	\$3,000 IND/ \$6,000 FAM	\$8,200 IND/ \$16,400 FAM
OFFICE VISIT COPAY– PRIMARY CARE	\$20 COPAY PER VISIT	\$35 COPAY PER VISIT
OFFICE VISIT COPAY– SPECIALIST	\$40 COPAY PER VISIT	\$55 COPAY PER VISIT
DIRECT PRIMARY CARE	\$0 COPAY PER VISIT– PEAKMED	\$0 COPAY PER VISIT– PEAKMED
VIRTUAL CARE	\$0 COPAY PER VISIT	\$0 COPAY PER VISIT
URGENT CARE	\$50 copay each visit at a Kaiser Permanente designated Urgent Care Plan Facility inside the Service Area	\$75 copay each visit at a Kaiser Permanente designated Urgent Care Plan Facility inside the Service Area
PREVENTATIVE SERVICES	100% COVERED	100% COVERED
CHIROPRACTIC CARE	\$0 COPAY / 20 visits / per Contract year	\$35 copay / 20 visits / per Contract year
DIAGNOSTIC LAB	100% covered at a Plan Medical Office or in a contracted free standing facility / 20% coinsurance after deductible is met for services at a Plan Hospital	100% covered at a Plan Medical Office or in a contracted free standing facility / 30% coinsurance after deductible is met for services at a Plan Hospital
Xray, including Therapeutic	No Charge / 20% coinsurance	30% coinsurance after deductible is met
MRI/CAT/PET Scans	\$250 copay	30% coinsurance after deductible is met
EMERGENCY ROOM	\$250 copay	\$250 copay
OUTPATIENT SURGERY <small>Pre-Authorization required</small>	\$500 copay if received in a plan Ambulatory Surgery Center (ASC) / 20% coinsurance after deductible is met if received in the Outpatient Dept of a Plan Hospital (HOSC)	\$500 copay if received in a plan Ambulatory Surgery Center (ASC) /30% coinsurance after deductible is met if received in the Outpatient Dept of a Plan Hospital (HOSC)
OUTPATIENT MENTAL ILLNESS/SUBSTANCE ABUSE	\$20 copay per visit / 20% coinsurance for intensive outpatient /partial hospital after deductible is met.	\$35 copay each office visit / 30% coinsurance for intensive outpatient/partial hospital after deductible is met
INPATIENT HOSPITAL SURGERY <small>Pre-authorization required.</small>	20% coinsurance, after Deductible	30% coinsurance, after Deductible
INPATIENT MENTAL ILLNESS/SUBSTANCE ABUSE	20% coinsurance per admission after deductible is met	30% coinsurance per admission after deductible is met
AMBULANCE	\$250 copay	30% coinsurance, after Deductible
INPATIENT THERAPIES (PT/OT/SPEECH)	20% coinsurance after deductible up to 90 days per year	30% coinsurance after deductible up to 90 days per year
OUTPATIENT THERAPIES (PT/OT/SPEECH)	\$20 copay each visit for up to 20 visits per year for each type of therapy	\$35 copay each visit for up to 20 visits per year for each type of therapy
DURABLE MEDICAL EQUIPMENT <small>Rented or purchased Preauthorization required for items >\$500</small>	20% coinsurance after deductible / Prosthetic arms and legs are covered at 20% coinsurance (no annual maximum benefit)	30% coinsurance after deductible is met/Prosthetic arms and legs covered at 20% coinsurance (no annual maximum benefit)
OUT OF NETWORK BENEFIT	20 SERVICES INCLUDED	10 SERVICES INCLUDED
HEARING CARE	\$20 copay / \$1,000 credit per ear every 36 months	\$35 COPAY /HARDWARE NOT COVERED
ACUPUNCTURE	\$0 COPAY / 20 visits / per Contract year	\$30 COPAY PER VISIT / 20 visits / per Contract year
MASSAGE THERAPY	\$15 copay / 20 visits per Contract year	NOT COVERED

We Make Primary Care Personal Again. Our Primary Concern is YOU.

On behalf of D11, Kaiser Permanente provides access to One Medical Direct Primary Care (DPC) membership services for employees and dependents enrolled in the health plan.

Come experience One Medical to find out what thousands of our members already know:

- ✓ \$0 Cost Unlimited Primary Care
- ✓ No deductibles
- ✓ No waiting for appointments
- ✓ Thorough consultations
- ✓ Coordination with your Kaiser Medical Plan



Direct Primary Care Service include but are not limited to the following:

- **Adult & Pediatric Care**
- **Chronic Disease Management:** High blood pressure, diabetes, cholesterol etc.
- **Mental Health & Wellness**
- **Sports Medicine**, including InBody 570 body composition analysis
- **On-Site Pharmacy** with wholesale pricing
- **Blood draws with low-cost test results**
- **Wound care**, including stitches, staples and/or surgical glue
- **Dermatology procedures:** skin tag removal, wart removal, skin biopsies
- **Annual & School Sports Physicals**
- **EKG & Pulmonary Function Testing**
- **Counsel on safe health behaviors**, self-care skills, diet or lifestyle changes

If you don't see what you are looking for on the list of services above, ask us, and don't be surprised if the answer is "yes".

Get Started with Direct Primary Care Today!

Step 1 - If you haven't already, activate your One Medical membership at onemedical.com/peakmed. If you have any questions about the activation process, call (844) 673-2563.

Step 2 - Download the One Medical App at onemedical.com/mobile to easily book visits, request prescription renewals, message with providers, and more.

Step 3 - Enjoy the Direct Primary Care difference with unlimited primary care access via the app, secure messaging or same-day or next-day appointments; or by calling (844) 673-2563.

Colorado Springs Locations

Tutt LifeCenter

6945 Tutt Blvd,
Colorado Springs, 80923

Tejon LifeCenter

321 S Tejon St Suite 100
Colorado Springs, 80903

Northgate LifeCenter

13271 Bass Pro Dr, Suite 140
Colorado Springs, 80921

PRESCRIPTION PLAN OVERVIEW



**KAISER
PERMANENTE®**

GETTING PRESCRIPTIONS FILLED WITH KAISER PERMANENTE

You are automatically enrolled in the prescription drug program, administered by **Kaiser Permanente**, when you enroll in the Colorado Springs School District 11 medical plan. The prescription drug program provides both retail and mail-order pharmacy coverage. Your medical and prescription cards are combined into one card, which will come from Kaiser. Learn more at kp.org/mobile. There you will find links to download the Kaiser Permanente mobile app, which will include your digital ID card.

	30-DAY COPAY	90-DAY COPAY
	NO DEDUCTIBLE	NO DEDUCTIBLE
GENERIC	\$10	\$20
BRAND NAME	\$30	\$60
NON-FORMULARY	\$45	\$90
SPECIALTY/ INJECTABLES/ IV	20% Coins. up to \$250 max per RX	Not Available

- Kaiser Permanente also offers several preventative medications to help keep you healthy at a reduced cost. [Click Here](#) for a list of medications.
- Fill your prescription at any Kaiser Permanente medical office pharmacy. Order refills at kp.org/refill for pickup within 24 hours — or select priority pickup and get your re-fill in 30 minutes.
- You may also choose to use an affiliated pharmacy for first fills of medications, or refills of non-maintenance medications.
- There are nearly 100 in-network pharmacies across the Front Range. [Click Here](#) to review those that participate in the Kaiser Permanente pharmacy network.
- The KP Specialty Tier Drug List allows you to look up covered specialty medications.
- [Click Here](#) Learn more about Kaiser's pharmacy services.
- The pharmacy information will be included on your Medical ID card. You'll want to present this at the pharmacy when you are filling a prescription.



GETTING PRESCRIPTIONS FILLED WITH ONE MEDICAL

If you are an established One Medical patient, some prescriptions may be available onsite at your dedicated One Medical location. Prescriptions and lab work are not covered in full at One Medical, but they are offered at low, wholesale cost to patients. In the case of prescriptions, One Medical's prices are often less than your traditional co-pay.

DENTAL PLAN OVERVIEW

Please refer to the Governing Employee Benefit Booklet for full plan details.

DELTA DENTAL PLAN	PPO + PREMIUM PLAN		PPO (In-Network Only) PLAN THERE IS NO BENEFIT OUTSIDE THE DELTA DENTAL PPO NETWORK.	
ANNUAL MAXIMUM BENEFIT	\$2,000 Per Person All Covered Classes, In and Out of Network		\$2,000 Per Person All Covered Classes, PPO Network Only	
ORTHODONTIC LIFETIME MAXIMUM	\$2,000 Lifetime Maximum, For Employee, Spouse and Dependent Children through the end of month in which they turn 26		\$2,000 Lifetime Maximum, For Employee, Spouse and Dependent Children through the end of month in which they turn 26	
PLAN YEAR DEDUCTIBLES (7/1-6/30) Applies to Basic and Major only	Individual Deductible- \$50 (combination of in and out-of-network) Family Deductible- \$100 (combination of in and out-of-network)		No Deductible	
RIGHT START 4 KIDS	Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.		Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO provider to receive the 100% coinsurance. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.	
PREVENTION FIRST	Covered Diagnostic & Preventative services do not count toward your calendar year maximum.			
	PPO Dentist	Premier/ Non-PPO Dentist	PPO Dentist	Premier/ Non-PPO Dentist
	In-Network	Out-of-Network	In-Network	Out-of-Network
PREVENTATIVE AND DIAGNOSTIC SERVICES				
Oral Evaluation	100% Covered	100% Covered	100% Covered	Not Covered
	Limited to 2 evaluations in a 12 month period		Limited to 2 evaluations in a 12 month period	
Bitewing X-Rays	100% Covered	100% Covered	100% Covered	Not Covered
	Limited to 2 sets in a 12 month period		Limited to 1 set in a 12 month period	
Full Mouth X-Rays or Panoramic	100% Covered	100% Covered	100% Covered	Not Covered
	Limited to 1 in a 36 month period		Limited to 1 in a 60 month period	
Routine Cleaning Two cleanings in a contract year	100% Covered		100% Covered	Not Covered
Fluoride Treatment	100% Covered	100% Covered	100% Covered	Not Covered
	Limited to 2 treatments in 12 months though age 15		Limited to 2 treatments in 12 months through age 15	
Space Maintainers	100% Covered	100% Covered	100% Covered	Not Covered
	For posterior primary teeth- to age 14		For posterior primary teeth- to age 14	
Sealants	100% Covered	100% Covered	100% Covered	Not Covered
	1 per tooth in 36 months – through age 14 on unrestored permanent molars		1 per tooth in 36 months – through age 14 on unrestored permanent molars	
BASIC SERVICES [Fillings, Endodontics (Root Canal), Periodontics (Gum Disease), Oral Surgery (extractions), and Denture repairs]				
Amalgam Fillings	80% Covered	75% Covered	60% Covered	Not Covered
	Benefits on the same surface limited to 1 in 12 months		Benefits on the same surface limited to 1 in 12 months	
Resin or Composite Fillings	80% Covered	75% Covered	60% Covered	Not Covered
	Benefit for anterior teeth only- allowance for amalgam on posterior teeth		Benefits on the same surface limited top 1 in 12 months	
General Anesthesia	80% Covered	75% Covered	60% Covered	Not Covered
	Benefit with covered oral surgery only		Benefit with covered oral surgery only	
Surgical Periodontal (gums)	80% Covered	75% Covered	60% Covered	Not Covered
	Benefit once every 36 months		Benefit once every 36 months	
Root Canal Therapy	80% Covered	75% Covered	60% Covered	Not Covered
Denture Repairs/Rebase/ Relines	80% Covered	75% Covered	60% Covered	Not Covered
	Benefits limited to 1 in 12 months		Benefit 6 months after initial insertion. Then benefit 1 in 36 months	
MAJOR SERVICES (Crowns, Bridges, Partials, Dentures)				
Crowns	50% Covered	45% Covered	40% Covered	Not Covered
	Benefit 1 in 60 months on same tooth-not a benefit under age 12		Benefit 1 in 60 months on same tooth-not a benefit under age 12	
Dentures, Partials, Bridges	50% Covered	45% Covered	40% Covered	Not Covered
	Benefit 1 in 60 months- not a benefit under age 16		Benefit 1 in 60 months- not a benefit under age 16	
Implants	50% Covered	45% Covered	Not a covered benefit on this dental plan	
	Benefit 1 in 60 months on the same tooth- not a benefit under age 12			
ORTHODONTICS (Braces)				
Complete Orthodontic Evaluation.	60% Covered	50% Covered	50% Covered	Not Covered

VISION PLAN OVERVIEW

EYEMED VISION CARE-GROUP #9764168 – ACCESS PLAN

District 11 offers one vision plan option. This plan provides coverage once per plan year for routine eye exams, frames, lenses, and contact lenses and provides other services such as Member preferred pricing on prescription eyeglasses, and non-prescription sunglasses. Please refer to the current year Plan Document for more information or call 1-866-939-3633.

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Exams w/ Dilation as Necessary (once every 12 months)	\$10 Copay	Up to \$35
Premium Contact Lens Fit & Follow-Up	10% Off Retail	N/A
Frames (Once every 12 months)	\$0 Copay; \$140 allowance; 80% of the charge over \$140	Up to \$70
Lenses (once every 12 months) <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal 	\$25 Copay \$25 Copay \$25 Copay	Up to \$25 Up to \$40 Up to \$55
Contact Lenses: Conventional Disposable Medically Necessary	\$0 Copay; \$140 allowance; 15% off bal. over \$140 \$0 Copay; \$140 allowance; plus bal. over \$140 \$0 Copay; Paid-in-Full	Up to \$112 Up to \$112 Up to \$200

NOTE: This list not all inclusive. For a full list of benefits, please visit www.d11.org/employees/employee-benefits/home/vision

For a complete list of providers near you, use our Provider Locator on www.eyemedvisioncare.com and choose the ACCESS network.

DID YOU KNOW THAT YOU CAN GET EXTRA SAVINGS WITH YOUR EYEMED BENEFITS?

- Additional discounts for even more savings are posted regularly on the EyeMed Member Web. Log into eyemed.com/member for the limited-time special offers.
- 15% off LASIK
- 20% off non-covered items
- 20% off any remaining frame balance

The EyeMed member experience



Here's a step by step look at life as an EyeMed member. It's a journey of savings, style and simplicity. And a crazy amount of choice.



BE VISIONARY

No secret password needed. Just an enrollment form.



HUG YOUR MAILMAN

Your handy Welcome Kit and ID card are on the way.



MOBILIZE YOUR PLAN

Grab the EyeMed member app and register on eyemed.com.



DISCOVER TREASURE

eyemed.com marks the spot for special offers. Or sign up for emailed savings.



BE YOUR BEST YOU

Choose from any frame or brand in the store.



FLASH YOUR ID

Forgot your member card? No sweat. Show it off with the mobile app.



CHOOSE A DOC ONLINE

Find the perfect match for your eyes – and set a date – with our Provider Locator.



Protect THOSE PEEPERS

Stay focused and healthy with an annual eye exam.



COMPLETE YOUR LOOK

Sun worshiper, web surfer, rabid reader – choose lenses for any lifestyle.



WALK OUT HAPPY

Just pay your copay and anything you spend over your plan allowance. We take care of the rest!

40% OFF

NEED NEW SHADES?

That's cool. Come back anytime to enjoy 40% off* another complete pair of prescription sunglasses.



NEED EXPERT ADVICE?

Contact concerns? Eyesight stumper? Dry eye dilemma? For every Q, we have an A, straight from the vision experts. Visit eyesiteonwellness.com.

* Discounts available at participating in-network providers.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION



FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) allows you to use pre-tax dollars for health care and/or child/dependent care expenses not covered by insurance plans. Participants contribute a portion of their paychecks to an FSA account and save 25% to 40% in taxes. Money in an FSA account can be used to pay for out-of-pocket medical expenses or dependent care expenses. Before enrolling in an FSA, decide how much to contribute to each account for the entire plan year. An equal part of the annual election is deducted from each paycheck pre-tax (before federal, state, and FICA taxes are deducted).

	MINIMUM	MAXIMUM	ANNUAL ROLLOVER
HEALTH CARE FSA	\$300.00	\$3,200	\$640
DEPENDENT CARE FSA	\$300.00	\$5,000.00	\$0

HEALTH CARE FSA

If you contribute to a health care FSA, you may pay for out-of-pocket medical, dental and vision expenses incurred by you and your dependents with pre-tax dollars. Out-of-pocket health care expenses are your family's health care expenses not covered or not reimbursed by the health plan or any under plan. In general, these expenses are any health care costs for you and your dependents that the IRS allows you to deduct for tax purposes and that are not claimed as deductions on your tax return.

ELIGIBLE	INELIGIBLE
Copayments	Cosmetic Surgery
Eye glasses, eye exams, sunglasses (prescriptions), LASIK eye surgery	Personal Use: toiletries, cotton swabs, tooth brush
Dental & Orthodontic treatments	Teeth Whitening
Stop Smoking Programs	Nutritional Supplements
Chiropractor	Electrolysis or hair removal
Hearing Aides and batteries	Maternity Clothes

DEPENDENT CARE FSA (Daycare Expenses)

The dependent care FSA allows you to pay for work-related dependent daycare expenses with pre-tax dollars. By law, in order to qualify for participation in a dependent care FSA, the day care service must be necessary to allow you and your spouse to work. In general, eligible expenses are any dependent day care costs that meet IRS guidelines and may be claimed on your tax return.

A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you. The care must be necessary for you or your spouse to be gainfully employed or to go to school. Care may be provided by anyone other than your spouse or your children under the age of 19.

ELIGIBLE	INELIGIBLE
Expenses for Pre-School	Educational fees/tuition
Before and after-school care	Payments to a spouse or parent of a dependent
Care provided in your home (provider can not be an IRS tax dependent or a dependent under the age of 19)	Overnight camps
Summer camp for children under 13 years old	Nursing homes
Licensed day care provider	Food/clothing
Registration fee (provided the qualified dependent actually receives care)	Transportation expenses provided by parents

KNOW THE RULES

- You can not change your contributions unless you have a qualifying event.
- \$640 can rollover to the next plan year with the Health Care FSA.
- Any unused funds in the dependent care FSA are lost at the end of the plan year.
- Expenses must be incurred by participants or eligible dependents during the current plan year and while participating.
- Only "out-of-pocket" expenses are eligible for reimbursement (i.e. copays, deductible).
- Expenses for general well being such as cosmetic surgery are not eligible for reimbursement.
- The annual health FSA amount is available any time during the plan year.
- Only the amount contributed year-to-date in the dependent care FSA is available for reimbursement.
- Claims must be submitted no later than 90-days after the plan year has ended.

LIFE / AD&D PLAN OVERVIEW

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

All benefit eligible employees are automatically enrolled first of the month following date of hire. You are required to complete a form to designate your beneficiaries. If you would like review your beneficiary list, please log on to your PeopleSoft Self-Service account.

To change your beneficiaries, please contact the Employee Benefits office at Employee.Benefits@d11.org. You cannot make changes to beneficiaries through your Peoplesoft Self-Service Account.

Benefit Amount: You are covered for 2x annual salary or minimum of \$50,000. Benefits may be reduced to 65% at age 65 and to 50% at age 70. Coverage is discontinued at termination of employment or retirement.

Cost: This coverage is paid 100% by School District 11.

As part of your life insurance plan with Sun Life Financial, you have access to their Online Will Preparation and Claimant Support Services designed to help you and your loved ones protect your assets. Services include:

ONLINE WILL PREPARATION

A will is the cornerstone of any estate plan and can protect your assets and loved ones. Through an easy-to-use secure website, you and your spouse can now create and download a will in about 20 minutes. This service includes the following:

- step-by-step guidance and customization for your unique situation,
- glossary of legal definitions,
- ability to name an executor to carry out your wishes and a guardian(s) to care for your children,
- ability to create a living will (for an additional fee), and
- ability to create a final arrangement document (for an additional fee)

www.EstateGuidance.com

Promotional Code: SLFVAS

*Online Will Preparation provided by ComPsych to active employees enrolled in Sun Life's Life insurance.
This service is not insurance.*

CLAIMANT SUPPORT SERVICES

Losing a loved one or becoming disabled can be overwhelming to say the least. With Claimant Support Services, you have access to no-cost, objective financial planning, legal information, and emotional support, if you or your family member has filed a claim with us.

You can receive the following:

- up to five telephonic professional counseling sessions per claim for legal, financial, and emotional assistance,
- 24x7 access to counseling provided by ComPsych's on-staff professionals, including clinicians, licensed attorneys, CPAs, CFPs, and other financial experts,
- assistance with topics such as inheritance taxes, loss of income, creditors, and probate, and
- support dealing with trauma, loss, and adjusting to a reduced quality of life, and other concerns.

If you need to talk to a counselor or need legal or financial information because of a Life or Disability insurance claim with Sun Life, you can call ComPsych for no-cost, objective assistance at **(888) 475-3827**

LIFE / AD&D PLAN OVERVIEW

VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

In addition to the coverage paid for by Colorado Springs School District 11, you may also elect additional life insurance for yourself, spouse, and eligible dependents. Premiums are based on age and amount of coverage. You can elect additional coverage for your spouse or children, but in order to elect coverage for your spouse and children, you must elect coverage for yourself.

DURING OPEN ENROLLMENT, YOU CAN:

- Cancel or decrease the amount of your voluntary life insurance policy
- Enroll your children through the end of the month in which they turn 26.
- Add/Increase the amount of voluntary life insurance for yourself and/or spouse.

IMPORTANT- If you do not enroll during your initial eligibility period, and decide to enroll at a later date (i.e. during open enrollment), you are not covered by Life Insurance until the district receives notification that you have completed Evidence of Insurability (EOI) requirements and are approved for coverage by Sun Life Financial.

HOW TO CALCULATE MONTHLY COST FOR EMPLOYEE AND SPOUSE COVERAGE:

To calculate your cost for coverage, take your desired insurance amount divided by 1,000 and multiply your age banded rate which equals the monthly premium.



EXAMPLE: 47 year old wanting \$50,000 of life insurance: $\$50,000/1,000 = 50 \times \$0.150 = \$7.50$ rate per month.

AGE	RATE
00-24	.067
25-29	.075
30-34	.092
35-39	.100
40-44	.108
45-49	.150
50-54	.217
55-59	.384
60-64	.576
65-69	1.085
70-99	1.744

NOTE: Employee/Spouse rates are based on employee age and level of coverage at time of enrollment. Once your age band increases, the rate will automatically be reflected on the paycheck following the age band change. Your coverage ends at the termination of employment or retirement.

HOW MUCH COVERAGE AM I ELIGIBLE TO APPLY FOR?

	COVERAGE	GUARANTEED ISSUE AMOUNT	MAXIMUM COVERAGE AMOUNT
EMPLOYEE	Purchased in \$10,000 increments	\$100,000**	\$500,000
SPOUSE	Purchased in \$5,000 increments	\$25,000** (the amount you select for your spouse cannot exceed 50% of your coverage amount)	\$150,000
CHILD(REN) UP TO AGE 26	\$10,000 in coverage	\$10,000 (the amount you select for your child(ren) cannot exceed 50% of your coverage amount)	\$10,000 Cost is \$2.66 per month—one premium covers all eligible children.

**Benefits are reduced to 65% at age 65 and to 50% at age 70

HOW DO I ENROLL? See page 19 for enrollment instructions.

DISABILITY PLAN OVERVIEW

VOLUNTARY SHORT-TERM DISABILITY (STD)

WAGE REPLACEMENT FOR SHORT-TERM INJURIES, ILLNESS OR HAVING A BABY.

A surgery, having a baby or even an illness can keep you away from work. Sun Life Financial's Short-Term Disability Insurance may give you the financial support you need to pay for housing and food-and even dinners out or diapers- until you are back on your feet, and back to work.

HOW DOES IT WORK? The Short Term Disability benefit will commence after a 15 (fifteen) calendar day waiting period or the end of all paid leave benefits (use of vacation is optional), whichever is later. You will receive up to 60% of your weekly salary for up to 11 weeks (6-8 weeks for maternity), to a maximum of \$1,500 per week. Employees must use all paid leave (use of vacation optional) time prior to the benefit being paid.

HOW MUCH COVERAGE AM I ELIGIBLE TO APPLY FOR?

You can elect a minimum weekly benefit amount of \$50 per week. The maximum weekly benefit amount is 60% of your weekly salary up to \$1,500 per week.

HOW TO CALCULATE MONTHLY COST FOR EMPLOYEE COVERAGE STD COVERAGE:

1. Take your annual salary
2. Divide by 52 (weeks in a year)
3. Multiply by 60% (weekly benefits)
4. Divide by \$10
5. Multiply your age banded rate
6. This is your monthly premium

AGE BAND	RATE
UNDER AGE 25	\$.500
25-29	\$.574
30-34	\$.514
35-39	\$.353
40-44	\$.253
45-49	\$.265
50-54	\$.312
55-59	\$.390
60-64	\$.474
65-69	\$.536
70+	\$.641



EXAMPLE: 32 year old, making \$40,000 per year. $\$40,000 / 52 \text{ weeks per year} = \769.23
 $\times 60\% = \$450.00 / \$10 = \$45.00 \times \$0.514 = \$23.13 \text{ month.}$

VOLUNTARY LONG-TERM DISABILITY (LTD)

WAGE REPLACEMENT FOR LONG-TERM ILLNESS OR ACCIDENTS

Long-Term Disability (LTD) is an employee paid benefit, designed to replace a portion of your monthly salary in the event of a covered disability.

HOW MUCH COVERAGE AM I ELIGIBLE TO APPLY FOR?

Your election is 60% of your monthly salary for a maximum monthly benefit amount of \$ 5,000 per month.

HOW TO CALCULATE MONTHLY COST FOR EMPLOYEE COVERAGE LTD COVERAGE:

1. Take your annual salary
2. Divide by 12 (months in a year)
3. Multiply by .175
4. Divide by 100
5. This is your monthly premium



EXAMPLE: if you make \$40,000 per year.
 $\$40,000 / 12 \text{ months per year} = \$3333.33 \times .175 =$
 $\$583.33 / 100 = \5.83 month.

HOW DO I ENROLL? See page 19 for enrollment instructions.

For disabilities that commence during the summer vacation period for teachers and other personnel on school year assignment, the waiting period commences with the first day of work in the new school year.

FY2024/25 MONTHLY PREMIUMS

EFFECTIVE 7/1/24

12-MONTH EMPLOYEE PREMIUMS

Premiums are calculated per month. The amount under the “Employee” column is what the employee pays per month. The amount under the “District” column is the amount District 11 pays for your benefits per month.

BUY-UP PLAN (KAISER 1500)

MEDICAL– BUY-UP PLAN	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY (75/25)	\$176.63	\$529.89	\$706.52
EMPLOYEE + SPOUSE (70/30)	\$465.10	\$1,085.22	\$1,550.32
EMPLOYEE + CHILD(REN) (70/30)	\$383.49	\$894.82	\$1,278.31
EMPLOYEE + FAMILY (70/30)	\$609.44	\$1,422.03	\$2,031.47

BASE PLAN (KAISER 5000)

MEDICAL– BASE PLAN	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY (85/15)	\$90.39	\$512.21	\$602.60
EMPLOYEE + SPOUSE (70/30)	\$396.20	\$924.46	\$1,320.66
EMPLOYEE + CHILD(REN) (70/30)	\$326.76	\$762.44	\$1,089.20
EMPLOYEE + FAMILY (70/30)	\$519.02	\$1,211.05	\$1,730.07

DELTA DENTAL PPO+PREMIER GROUP #1563	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$13.08	\$39.24	\$52.32
EMPLOYEE + FAMILY	\$68.82	\$39.24	\$108.06

DELTA DENTAL PPO (IN- NETWORK ONLY) GROUP #9098	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$8.22	\$24.67	\$32.89
EMPLOYEE + FAMILY	\$51.81	\$24.67	\$76.48

EYEMED VISION ACCESS PLAN #9764168	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$1.37	\$4.18	\$5.55
EMPLOYEE + FAMILY	\$11.15	\$4.18	\$15.33

FY2024/25 MONTHLY PREMIUMS

EFFECTIVE 7/1/24

FOOD SERVICE—9-MONTH EMPLOYEE PREMIUMS

The 9-month rates are calculated for food service employees because this group pays for 12 months of coverage in 9 months. The amount under the “Employee” column is what the employee pays per month. The amount under the “District” column is the amount District 11 pays for your benefits per month.

BUY-UP PLAN (KAISER 1500)

MEDICAL— BUY-UP PLAN	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY (75/25)	\$235.51	\$706.52	\$942.03
EMPLOYEE + SPOUSE (70/30)	\$620.13	\$1,446.97	\$2,067.09
EMPLOYEE + CHILD(REN) (70/30)	\$511.32	\$1,193.09	\$1,704.41
EMPLOYEE + FAMILY (70/30)	\$812.59	\$1,896.04	\$2,708.63

BASE PLAN (KAISER 5000)

MEDICAL— BASE PLAN	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY (85/15)	\$200.87	\$602.60	\$803.47
EMPLOYEE + SPOUSE (70/30)	\$528.26	\$1,232.62	\$1,760.88
EMPLOYEE + CHILD(REN) (70/30)	\$435.68	\$1,016.59	\$1,452.27
EMPLOYEE + FAMILY (70/30)	\$692.03	\$1,614.73	\$2,306.76

DELTA DENTAL PPO+PREMIER GROUP #1563	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$17.44	\$52.32	\$69.76
EMPLOYEE + FAMILY	\$91.76	\$52.32	\$144.08

DELTA DENTAL PPO (IN- NETWORK ONLY) GROUP #9098	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$10.96	\$32.89	\$43.85
EMPLOYEE + FAMILY	\$69.08	\$32.89	\$101.97

EYEMED VISION ACCESS PLAN #9764168	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$1.85	\$5.55	\$7.40
EMPLOYEE + FAMILY	\$14.89	\$5.55	\$20.44

FY2024/25 PRORATION OF MONTHLY PREMIUMS

TEACHERS ONLY

RATES EFFECTIVE 07/01/2024 THROUGH 06/30/2025

Insurance premiums will be prorated for all **teachers** working less than 6 hours a day. If your hours fall into one of the categories listed below, the insurance rates will be pro-rated. See example below.

A teacher working 3 1/2 hours a day will be .41% of full-time. The District shares 75% of the health insurance premium for the full-time employee (FTE). Therefore, the district will share .50% of the 75% for a 3 1/2 hour teacher. Less than 3 1/2 hours a day will not be eligible for benefits.

EMPLOYEE COST- MONTHLY

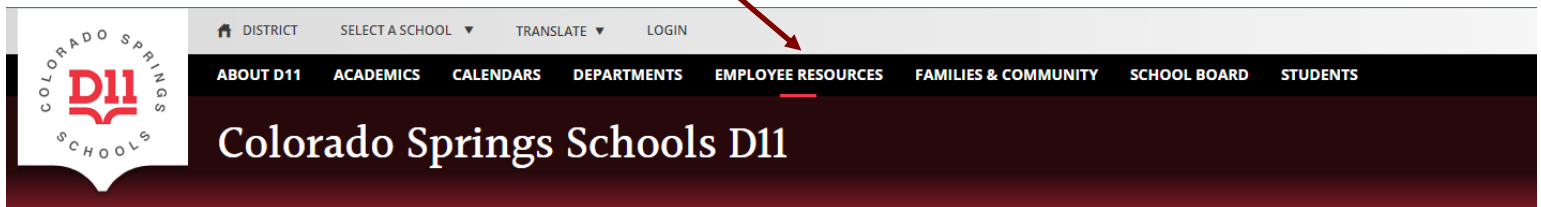
.75 - 1.0 FTE 90-100%	MEDICAL BUY-UP PLAN	MEDICAL BASE PLAN	DENTAL PPO+PREMIER	DENTAL PPO IN-NETWORK ONLY	EYEMED VISION
EMPLOYEE ONLY	\$176.63	\$90.39	\$13.08	\$8.22	\$1.37
EMPLOYEE + SPOUSE	\$465.10	\$396.20	————	————	————
EMPLOYEE + CHILD(REN)	\$383.49	\$326.76	————	————	————
EMPLOYEE + FAMILY	\$609.44	\$519.02	\$68.82	\$51.81	\$11.15
.71 - .74 FTE 80%	MEDICAL BUY-UP PLAN	MEDICAL BASE PLAN	DENTAL PPO+PREMIER	DENTAL PPO IN-NETWORK ONLY	EYEMED VISION
EMPLOYEE ONLY	\$282.61	\$192.83	\$20.98	\$13.16	\$2.21
EMPLOYEE + SPOUSE	\$682.14	\$581.09	————	————	————
EMPLOYEE + CHILD(REN)	\$562.46	\$479.25	————	————	————
EMPLOYEE + FAMILY	\$893.85	\$761.23	\$76.67	\$56.75	\$11.99
.61 - .70 FTE 70%	MEDICAL BUY-UP PLAN	MEDICAL BASE PLAN	DENTAL PPO+PREMIER	DENTAL PPO IN-NETWORK ONLY	EYEMED VISION
EMPLOYEE ONLY	\$335.60	\$244.05	\$24.85	\$15.62	\$2.62
EMPLOYEE + SPOUSE	\$790.66	\$673.54	————	————	————
EMPLOYEE + CHILD(REN)	\$651.94	\$555.49	————	————	————
EMPLOYEE + FAMILY	\$1,036.05	\$882.34	\$80.59	\$59.21	\$12.40
.51 - .60 FTE 60%	MEDICAL BUY-UP PLAN	MEDICAL BASE PLAN	DENTAL PPO+PREMIER	DENTAL PPO IN-NETWORK ONLY	EYEMED VISION
EMPLOYEE ONLY	\$388.59	\$295.27	\$28.78	\$18.09	\$3.04
EMPLOYEE + SPOUSE	\$899.19	\$765.98	————	————	————
EMPLOYEE + CHILD(REN)	\$741.66	\$631.74	————	————	————
EMPLOYEE + FAMILY	\$1,178.25	\$1,003.44	\$84.52	\$61.68	\$12.82
.41 - .50 FTE 50%	MEDICAL BUY-UP PLAN	MEDICAL BASE PLAN	DENTAL PPO+PREMIER	DENTAL PPO IN-NETWORK ONLY	EYEMED VISION
EMPLOYEE ONLY	\$441.58	\$346.50	\$32.70	\$20.56	\$3.46
EMPLOYEE + SPOUSE	\$1,007.71	\$858.43	————	————	————
EMPLOYEE + CHILD(REN)	\$830.90	\$707.98	————	————	————
EMPLOYEE + FAMILY	\$1,320.46	\$1,124.55	\$88.44	\$64.15	\$13.24

HOW TO LOG ON TO YOUR PEOPLESOFT SELF-SERVICE ACCOUNT

To review and make changes to your current elections, please log on to your PeopleSoft Self-Service account using the instructions below.

STEP-BY-STEP SIGN ON: WWW.D11.ORG

STEP 1: from the D11 home page, click “Employee Resources”



STEP 2: Click “Secure Links” then click “PEOPLESOFT Employee Self Service (View your paycheck)”

- CMAS Resources Quick Links Secure Links
- [HR Employee Resources](#)
 - [Time Clock Plus - Employees](#)
 - [Time Clock Plus - Managers](#)
 - [Intranet Teacher Tools](#)
 - [Job Postings \(Choose an employee group and click Internal Candidates\)](#)
 - [Professional Development Fund \(PDF\) Balance for Exec. Pros](#)
 - [Professional Learning Communities \(PLC\)](#)
 - [PEOPLESOFT Employee Self Service \(View your paycheck\)](#)
 - [PEOPLESOFT HR/Payroll and Finance](#)
 - [SmartFindExpress \(SFE\) - Absence Reporting](#)
 - [SFE Instructions](#)

STEP 3: Log in



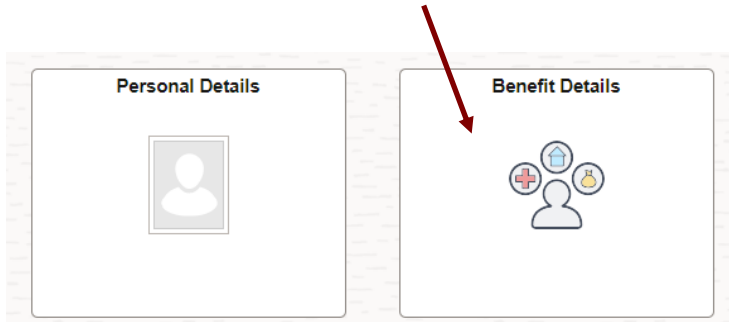
Login using your employee ID number and network password (same password used to login to your work computer).

Forgot your password??
Contact the Support Center at 520-2211.

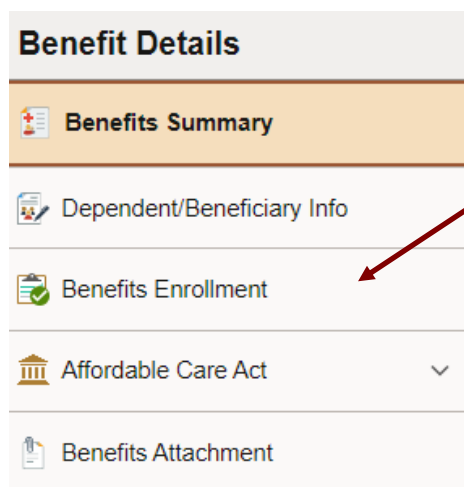


HOW TO LOG ON TO YOUR PEOPLESOFT SELF-SERVICE ACCOUNT

STEP 4: Click on “Benefit Details”



STEP 5: Click on “Benefits Enrollment” to begin Open Enrollment



Open Enrollment will be active from April 22, 2024 through 5pm, Friday, May 3, 2024.

Please read the Benefits Open Enrollment information carefully and click “Next” at the top of the page to navigate through the open enrollment process.

REMINDER– You are required to re-enroll in your Medical and/or Dependent Care Flexible Spending Accounts annually to continue participation. Your previous elections will NOT continue after June 30th.

If you would like to add/cancel/change elections for Supplemental Life insurance or Disability, please see page 19 of this enrollment guide for details.



IMPORTANT: Your enrollment is not complete and will not be submitted to the Employee Benefits office until you click on “**Submit Enrollment**” button on your Benefits Enrollment Page.

After you make your elections, **PRINT YOUR CONFIRMATION** as proof of your enrollment page by clicking “Review Enrollment and print”.

HOW TO ENROLL IN VOLUNTARY LIFE INSURANCE & DISABILITY

This service is not available through your Peoplesoft Self-Service Online Enrollment.

To apply for Supplemental Life Insurance, Short-Term Disability, or Long-Term Disability, you must follow the steps below:

STEP 1: Complete the enrollment form. Go to D11.org—>Employee Benefits—>Open Enrollment 2024 to find the enrollment form.

STEP 2: Return the completed enrollment form to the Employee Benefits office in person or at employee.benefits@d11.org before 5pm, May 3, 2024.

Pre-Existing Conditions: If you submit a claim within 12 months of your insurance taking effect, or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

*****Please note that coverage will not go into effect or be deducted from your paycheck until 7/1/24*****

Need to speak to someone?

Find the right contact to help answer your questions:

General inquiries, including Employee Benefits

Sun Life

One Sun Life Executive Park

96 Worcester St.

Wellesley Hills, MA 02481

Telephone:

1-800-SUN-LIFE (786-5433)

E-mail:

USWeb_General_Information@sunlife.com





PRE-RETIREMENT INFORMATION

THINKING ABOUT RETIREMENT IN THE NEXT 3-5 YEARS?

- ⇒ If you plan to retire within the next 3-5 years, you may want to consider changing your insurance deductions to “after-tax” during open enrollment in order to maximize your Highest Average Salary (HAS). **This can only be done during open enrollment** through your PeopleSoft Self-Service account. Simply log on and check the box next to your current deduction to “after-tax” (you will need to check the “after-tax” box next to each benefit individually - medical, dental and vision).
- ⇒ You may want to consider stopping any “before-tax” deductions, such as a flexible spending account.
- ⇒ Log on to www.copera.org to access your PERA information. Use the PERA retirement calculator to estimate your retirement monthly benefit.
- ⇒ The top 20 ESP and top 40 teachers who apply to retire, in seniority date order, may be eligible for up to 2 additional years of District Share medical insurance and payment for their unused sick leave at 75% of its value.

RETIREMENT RESOURCES

Colorado PERA

(800) 759-7372

www.copera.org

Pikes Peak Area Council of Governments

AREA AGENCY ON AGING

14 South Chestnut Street
Colorado Springs, CO
(719) 635-4891

www.ppacg.org/aaa/senior-insurance

Office Hours: Monday-Friday
from 9am-4pm

No Appointments Necessary/
Walk-ins Welcome!

- Senior Insurance Assistance
- Helping you understand your health insurance options- Medicare vs. PERA vs. Employer Insurance

PROVIDER CONTACT INFORMATION

Kaiser Permanente

Commercial Plan
D11 Member Direct Line: (855)211-0229 (TTY 711)
Member Inquiries: email D11@KP.org
Provider List: KP.org/D11 OR: KP.org/locations

Kaiser Permanente Pharmacy

Refills/Mail Order: (866)523-6059
Order Refills online: kp.org/refill
Find pharmacies near you: KP.org/locations

OneMedical Direct Primary Care

(Formerly PeakMed Direct Primary Care)
Customer Service: (844) 673-2563, option 2
Website: Onemedical.com

Delta Dental of Colorado

Customer Service: (800) 610-0201
Provider List: www.deltadentalco.com
Group#: PPO + Premier- #1563
Group# PPO In-Network Only- #9098



EyeMed Vision Care

Customer Service: (866) 939-3633
Provider List: www.eyemedvisioncare.com
Group# 9764168 - Access Plan

Rocky Mountain Reserve Flex Plan

Customer Service: (888) 722-1223
Claims Fax: (866) 557-0109
Claims Email: claims@rmrbenefits.com
Claims Submission & Receipt Upload:
www.RockyMountainReserve.com

Employee Assistance Program

(719) 634-1825 or (800) 645-6571
Website: www.ProfileEAP.org
Company Name: D11

Colorado PERA

(800) 759-7372
Website: www.copera.org

Sun Life Financial

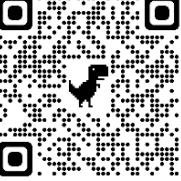

Customer Service: (800) 786-5433





D11's Health Plan WEBSITE/MOBILE APP RESOURCES

SCAN ANY OF THE BELOW QR CODES USING YOUR MOBILE DEVICE TO LEARN MORE!

	<p>Kaiser Permanente – D11 partners with Kaiser Permanente to offer robust, integrated health care solutions for you and your family. You can make the most of your Kaiser membership by utilizing this resource in conjunction with your KP Member Portal.</p>		<p>Employee Assistance Program – (8) Eight sessions per person, per problem, per plan year (7/1-6/30). All D11 employees, spouses, and unmarried dependent children, to age 26, are covered. You DO NOT have to be a member of the Health Plan to use the EAP services. To register for your free, CONFIDENTIAL counseling, call Profile EAP at 1-800-645-6571, scan this QR Code, or visit centura.mylifeexpert.com. Company Name: D11 Password: 2520</p>
<p>KAISER HEALTH & WELLNESS RESOURCES:</p>			
	<p>OneMedical – Your no-cost access to Primary Care through office visits, phone calls, text messaging, email, and even virtual office visits. Enjoy this simplified solution to getting affordable medical care in a timely manner from providers that actually know you on a more wholistic level.</p>		<p>Mental Health Video Visit (scheduled) with KP or an Amwell therapist – Can help you and your family find solutions and restore your peace of mind. You can now schedule a mental health video visit with a Kaiser provider, or a one-on-one video counseling session with an Amwell therapist. No referral needed.</p>
	<p>24/7 Virtual Care – Board-certified doctors and pediatricians can diagnose, treat, and prescribe most medications for minor medical conditions. Fast, personalized support, around the clock – no appointment needed. Get 24/7 care by phone or video from a Kaiser Permanente clinician.</p>		<p>Calm – Adult members can use meditation and mindfulness to build mental resilience, reduce stress, and improve sleep with Calm.</p>
	<p>Delta Dental – A healthy smile is a powerful thing. That's why D11 partners with Delta Dental of Colorado to improve the oral health of our dental plan members. Delta's Member Web provides you a digital service experience to view and manage dental benefits information securely and easily.</p>		<p>HeadSpace Care – With HeadSpace Care, members can get emotional support by text for anxiety, stress, grief, issues with personal and professional relationships, and more. Mental health care through behavioral health coaching, self-guided learning activities and content. Support available 24/7/365.</p>
	<p>EyeMed Vision – EyeMed vision benefits help you get eye exams, save money and buy your favorite eyewear. Their Member Web gives you the ability to view your benefits, find an in-network eye doctor, get special offers in a snap, and much more.</p>		<p>myStrength – With myStrength, adult members can set mental health goals, track progress, and get support managing depression, anxiety, and more.</p>
	<p>Online Will Preparation – As part of your employer-paid life insurance plan with Sun Life Financial, you have access to their Online Will Preparation and Claimant Support Services designed to help you and your loved protect your assets. Promotional Code: SLFVAS</p>		<p>ClassPass – Choose from thousands of on-demand workout videos and get reduced rates on in-person classes with ClassPass.</p>
	<p>Rocky Mountain Reserve – Use the RMR web portal or mobile app to submit Flexible Spending Account claims, look up your FSA balance, and view recent transactions.</p>		<p>Active&Fit Direct – You have access to contracted fitness centers in the Active&Fit Direct network. Get access to more than 11,000 gyms with one membership.</p>