ADAMS 14

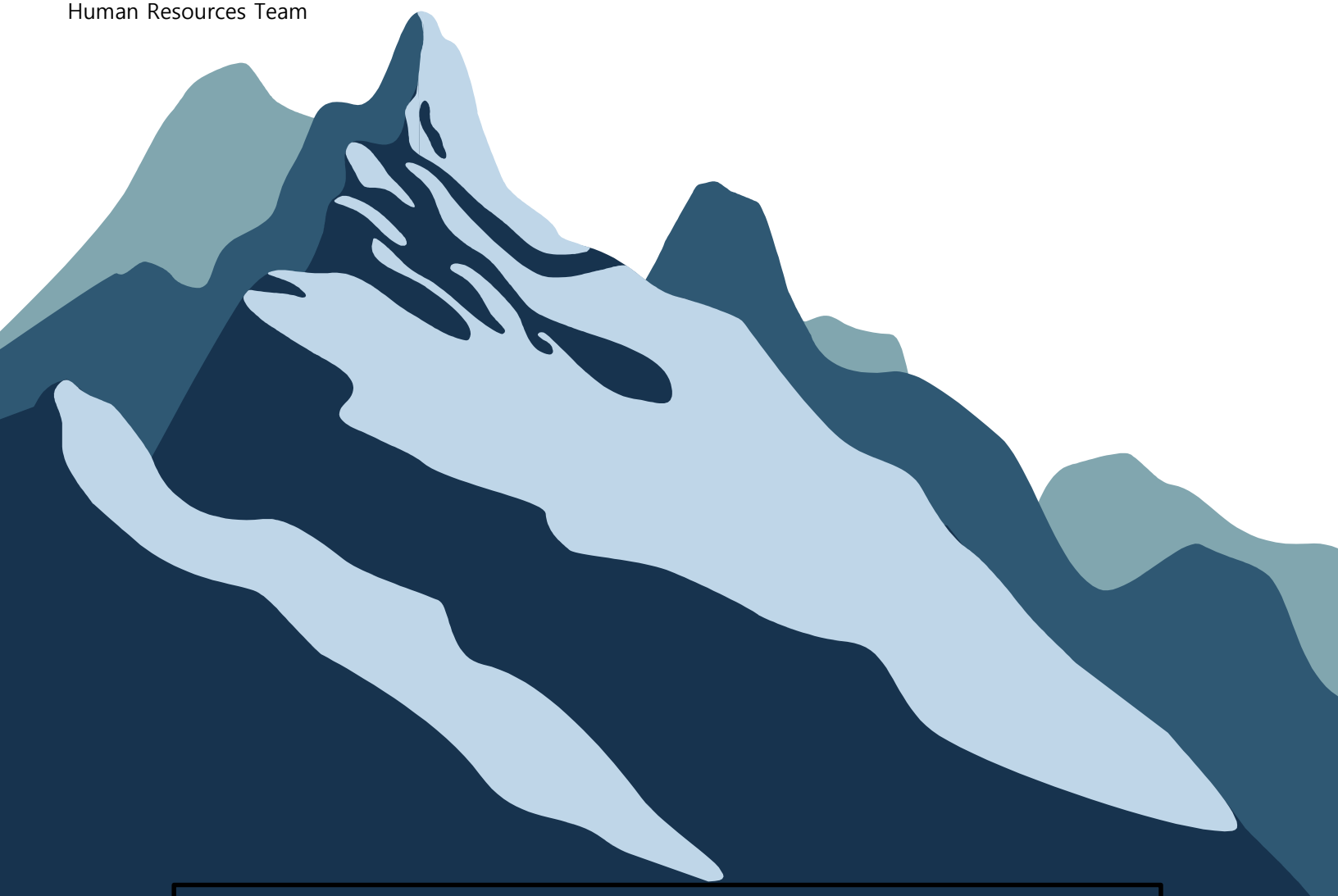
2024 Benefits Guide

Welcome

At Adams County School District 14 we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

Human Resources Team



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 49 for more details.

Eligibility

Eligible Employees:

You may enroll in the Adams County School District 14 Employee Benefits Program if you are a Full-Time employee working at least 20 Hours per Week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court- appointed legal guardianship, as well as children of same sex state-registered domestic partners.

When Coverage Begins:

Newly hired employees and dependents will be effective in Adams County School District 14's benefits programs First of Month Following date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Medical

Kaiser Permanente offers a different kind of health care. Care that meets you where you are, delivered by connected teams who all work together to help keep you healthy — and who see you as not just a patient, but as a whole person. Whether you need a routine check-up or complex care for a serious illness, get high-quality, compassionate care that meets you where you are. Care for all that is you.

Health care doesn't have to be complicated. We're here to help you make the health care choices that are right for you — from choosing your health plan to knowing how to get the most out of it. Get answers to your questions, become a smarter health care consumer, and see what it's like to be a Kaiser Permanente member.

If you elect to enroll in one of the Kaiser Medical plans offered, be sure to create an account and utilize the Kaiser Member Portal so you can get the most out of your plans. You can also download the Kaiser Permanente App to access this information conveniently on your phone. Through the portal you are able to access lab results, refill prescriptions, find doctors, access ID cards, and much more.

Visit the link below to find a doctor near you:
https://healthy.kaiserpermanente.org/colorado/doctors-locations#/simple-form

Medical Comparison

Adams County School District 14 is pleased to offer two Kaiser Permanente medical plan options. Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way, especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early often they can be treated at little cost. The charts below are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

	Kaiser DHMO $1500 80%	Kaiser DHMO $500 90%
	Schedule of Benefits	Schedule of Benefits
Annual Deductible		
Individual	$1,500	$500
Family	$3,000	$1,000
Coinsurance	80%	90%
Maximum Out-of-Pocket (includes deductible, copays, and coinsurance)		
Individual	$4,000	$3,000
Family	$8,000	$6,000
Physician Office Visit		
Primary Care	$30 copay	$25 copay
Specialty Care	$60 copay	$50 copay
Preventive Care		
Adult Periodic Exams	100%	100%
Well-Child Care	100%	100%
Diagnostic Services		
X-ray and Lab Tests	Labs: 100% at Plan Medical Office X-Ray: 80% after deductible	Labs: 100% at Plan Medical Office, 90% at Plan Hospital X-Ray: 90% after deductible
Complex Radiology	80% coinsurance	90% coinsurance
Urgent Care Facility	$100 copay	$75 copay
Emergency Room Facility Charges	80% after deductible	$500 copay
Inpatient Facility Charges	80% after deductible	$500 copay per admission
Outpatient Facility and Surgical Charges	$500 copay in Plan Ambulatory Surgery Center, 80% after deductible in Outpatient Department of Plan Hospital	$500 copay in Plan Ambulatory Surgery Center, 90% after deductible in Outpatient Department of Plan Hospital
Mental Health		
Inpatient	80% after deductible	90% after deductible
Outpatient	$30 copay	$25 copay
Substance Abuse		
Inpatient	80% after deductible	$500 copay per admission
Outpatient	$30 copay	$25 copay

	Kaiser DHMO $1500 80%	Kaiser DHMO $500 90%
	Schedule of Benefits	Schedule of Benefits
Other Services		
Chiropractic	$30 copay; limited to 20 visits per year	$25 copay; limited to 20 visits per year
Retail & Specialty Pharmacy (30 Day Supply)		
Generic (Tier 1)	$15 copay	$15 copay
Preferred (Tier 2)	$30 copay	$30 copay
Non-Preferred (Tier 3)	$50 copay	$50 copay
Preferred Specialty (Tier 4)	20% after deductible up to $300 max per drug	20% after deductible up to $300 max per drug
Mail Order Pharmacy (90 Day Supply)		
Generic (Tier 1)	$30 copay	$30 copay
Preferred (Tier 2)	$60 copay	$60 copay
Non-Preferred (Tier 3)	$100 copay	$100 copay

Employee Contributions (Monthly)		
	Kaiser DHMO $1500 80%	Kaiser DHMO $500 90%
Employee	Coming soon! Pending Negotiations.	
Employee & Spouse		
Employee & Child(ren)		
Employee & Family		

Frequently Asked Questions

What is a Deductible?

A deductible is the amount of money you or your dependents must pay toward a health claim before Kaiser makes any payments for health care services rendered. For example, if you have a $1,000 deductible, you would be required to pay the first $1,000, in total, of any claims during a plan year. The deductible excludes copayments where applicable.

What is an Embedded Deductible Plan?

Under family coverage, an embedded deductible plan means that each family member has an individual deductible in addition to the total family deductible. Each individual's deductible is much lower than the total family deductible. When an individual meets their respective deductible, Kaiser begins to pay for that person's covered medical services, regardless of whether the family deductible has been fulfilled.

What is Coinsurance?

Coinsurance is the amount expressed as a percentage of covered health services that you must pay after you have satisfied your plan deductible. The Coinsurance accumulates towards the annual out of pocket maximum.

When do I pay a Copayment?

A copayment (copay) is a set dollar amount for services. When a copay is due the deductible does not need to be met. Copayments accumulate towards the Annual Out of Pocket Maximum, not the deductible.

What is Out-Of-Pocket Maximum?

The Out-of-Pocket Maximum is the maximum amount an individual or family will pay during the calendar year. The annual maximum amount is met through payment of the deductible, copayments, and coinsurance that a member will have to pay for covered expenses under a plan. Once the out-of-pocket maximum is reached, the plan will cover eligible expenses at 100% for the calendar year.

What is an Explanation of Benefits (EOB)?

An EOB is a statement that the insurance company provides to you explaining the health care charges that you incurred. You should compare your EOB to the bill you receive from your doctor. All data on your EOB should match the information that appears on the statements you receive from your doctor. If the data does not match, contact your doctor's office immediately.

What is Preventive Care?

Preventive care is proactive, comprehensive care that emphasizes prevention and early detection. Preventative care includes physical exams, immunizations, well woman and well man exams. Be sure your child gets routine checkups and vaccines as needed, both of which can prevent medical problems (and bills) down the road. Also, adults should get preventive screenings recommended for their age to detect health conditions early. Remember all preventive care benefits are covered 100% under all medical plan options.

What is the difference between generic and brand name drugs?

The difference between generic and brand name medications lies in the name of the drug and the cost. Generic drugs cost much less than brand name drugs, save you and your employer money, and provide the same health benefits as brand name drugs.

What is the benefit of Mail-Order Drugs?

Mail-order drugs are perfect for patients who take medication on an ongoing basis. Examples are high blood pressure medication, high cholesterol medication, insulin, and birth control. Mail-order drugs are convenient because they are delivered to your doorstep which relieves the stress of standing in line at the pharmacy.

Get quality care whenever you need it

With Kaiser Permanente, you have many options available to get the world-class care you depend on for all your health needs – day or night. Here's how:

Convenient ways to get care

Phone visit

Talk with a clinician over the phone for the same high-quality care as an in-person visit.[1,2] Schedule an appointment or get fast, personalized support 24/7.

Video visit

Meet face-to-face with a clinician by video from your smartphone, tablet, or computer.[1,2] Appointments are optional.

24/7 care advice

Talk with a Kaiser Permanente clinician anytime day or night for advice.

E-visit

Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente clinician.

Email

Message your doctor's office with nonurgent health questions anytime through your kp.org account.

Mail-order pharmacy

Get prescriptions sent straight to your door with our mail-order delivery service.[3]

Making an appointment is easy

Go online:
To choose the kind of care you need, visit **kp.org/getcare** or sign in to the Kaiser Permanente app – and avoid hold times on the phone. For Colorado or Washington members, chat online with a doctor through your kp.org account.

Call us 24/7:
Find your location information below.

California
- Northern California: **1-866-454-8855**
- Southern California: **1-833-574-2273**

Colorado
303-338-4545 or **1-800-218-1059**

Georgia
404-365-0966

Hawaii
- Oahu: **808-432-2000**
- Maui: **808-243-6000**
- Hawaii Island: **808-334-4400**
- Kauai: **808-246-5600**

Maryland/Virginia/Washington, D.C.
1-800-777-7904

Oregon/SW Washington
- Portland: **503-813-2000**
- All other areas: **1-800-813-2000**

Washington
1-800-297-6877

TTY
711

1. Where appropriate and available. **2.** If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. **3.** Some prescriptions are not available through the mail-order pharmacy. For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 10 business days.

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057

Learn more at **kp.org/getcare**

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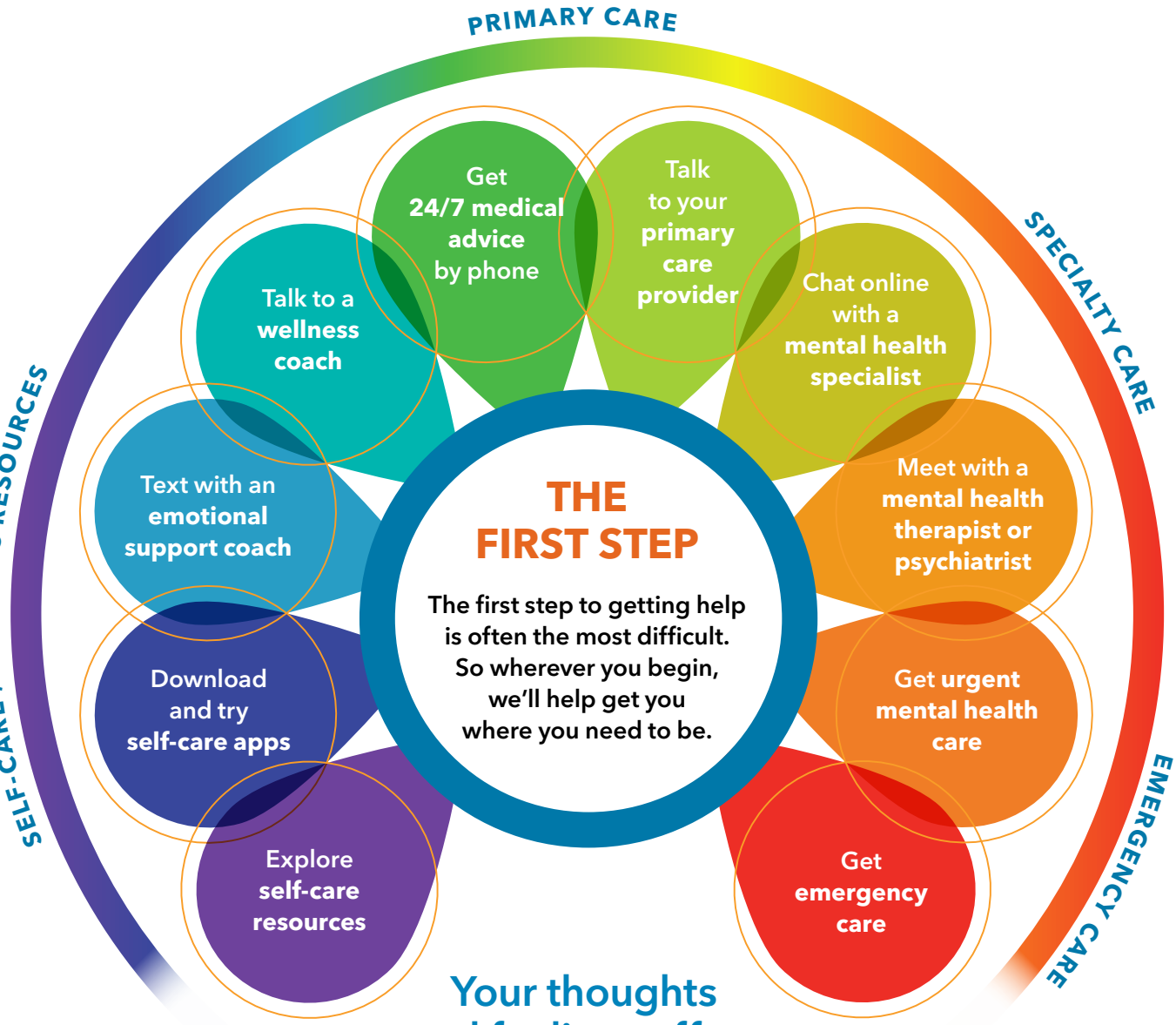
921741151 August 2022

Start a conversation about mental health and wellness—anytime, anywhere.



Your thoughts and feelings affect your overall well-being

We're committed to helping you be mentally, physically, and emotionally healthy.

That's why we make it easy to connect with care—or start a conversation about your mental health and wellness.

kp.org/mentalhealth

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Explore self-care resources

Find a range of resources – including tools, tips, audio activities, and more – designed to help you thrive in mind, body, and spirit. Visit **kp.org/selfcare.**

Try self-care apps

Download self-care apps like Calm and myStrength, for help with sleep, stress, anxiety, depression, meditation, resilience, and more, at no cost.[1] Visit **kp.org/selfcareapps**.

Text with an emotional support coach

The Ginger app offers 1-on-1 support for many common challenges – from anxiety, stress, grief, and low mood to issues with work, relationships, and more. Kaiser Permanente members can use the app for 90 days per year at no cost. Visit **kp.org/coachingapps/co**.[2,3]

Talk to a wellness coach

Partner with a wellness coach to put a personalized plan in place to eat healthier, quit smoking, or manage your weight. Visit **kp.org/wellnesscoach.**

Get 24/7 medical advice by phone

Call **303-338-4545** or **1-800-218-1059** (TTY **711**), for 24/7 for medical advice and care guidance.

Talk to your primary care provider

Your doctor can assess your needs and connect you with the right care, which may include an immediate consultation with a behavioral medicine specialist during your office visit.[4]

Call **303-338-4545** or **1-800-218-1059** (TTY **711**) or visit **kp.org/appointments** to schedule an in-person, phone or video visit.[5,6]

Chat online with a Kaiser Permanente mental health specialist

Connect online, in real time for assistance with mental health concerns or conditions.[4]

- Log on to **kp.org,** and click "Chat with KP"
- Sign on to the mobile app, choose "Online Care," then select "Chat with KP"

Meet with a mental health therapist or psychiatrist

Get care for a wide range of mental health and addiction services, including treatment for depression, substance use, eating disorders, medication evaluation and management, and more.

Visit **kp.org/getcare** to:

- Schedule a phone, video, or in-person visit with a Kaiser Permanente mental health provider.[6]
- Schedule a one-on-one video counseling session with an Amwell mental health therapist.[6]

You can also call **303-471-7700** (TTY **711**), or toll free at **1-866-359-8299** (TTY **711**). In Southern Colorado, call **1-866-702-9026** (TTY **1-866-835-2755**).

Get urgent mental health care

Call **303-338-3900** (TTY **711**), Monday through Friday, from 7 a.m. to 7 p.m. to speak to our crisis team. Outside these hours, please call **303-338-4545** (TTY **711**) to speak with a member of your Kaiser Permanente care team. In Southern Colorado, call **1-866-702-9026** (TTY **1-866-835-2755**).

Get emergency care

If you're having a medical or mental health emergency, call **911** or go to the nearest emergency department.

1. myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.
2. The Ginger coaching services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your Evidence of Coverage or other plan documents. These services may be discontinued at any time without notice.
3. The coaching services are not available to any members under 18 years old. The coaching services are neither offered nor guaranteed under contract with the FEHB Program, but are made available to enrollees and family members, aged 18 and older, who become members of Kaiser Permanente. The coaching services are available to members enrolled in the Child Health Plan Plus (CHP+) program who are aged 18 and older. The coaching services are not available to anyone enrolled in the State of Colorado's Fee-for-Service Medicaid program and receiving primary care medical provider services from Kaiser Permanente.
4. Where available and appropriate.
5. These features are available when you receive care at Kaiser Permanente medical offices.
6. Chat with a mental health specialist, video, and phone services are offered at no additional cost for most health plans. For these services, some PPO or high deductible health plans are subject to a copayment, coinsurance or deductible first before being provided at no additional cost. Review your Evidence of Coverage, Membership Agreement, or Certificate of Insurance, or call Member Services at **303-338-3800** or **1-800-632-9700** (TTY **711**), Monday through Friday, from 8 a.m. to 6 p.m., for your plan details.

kp.org/mentalhealth

KAISER PERMANENTE®

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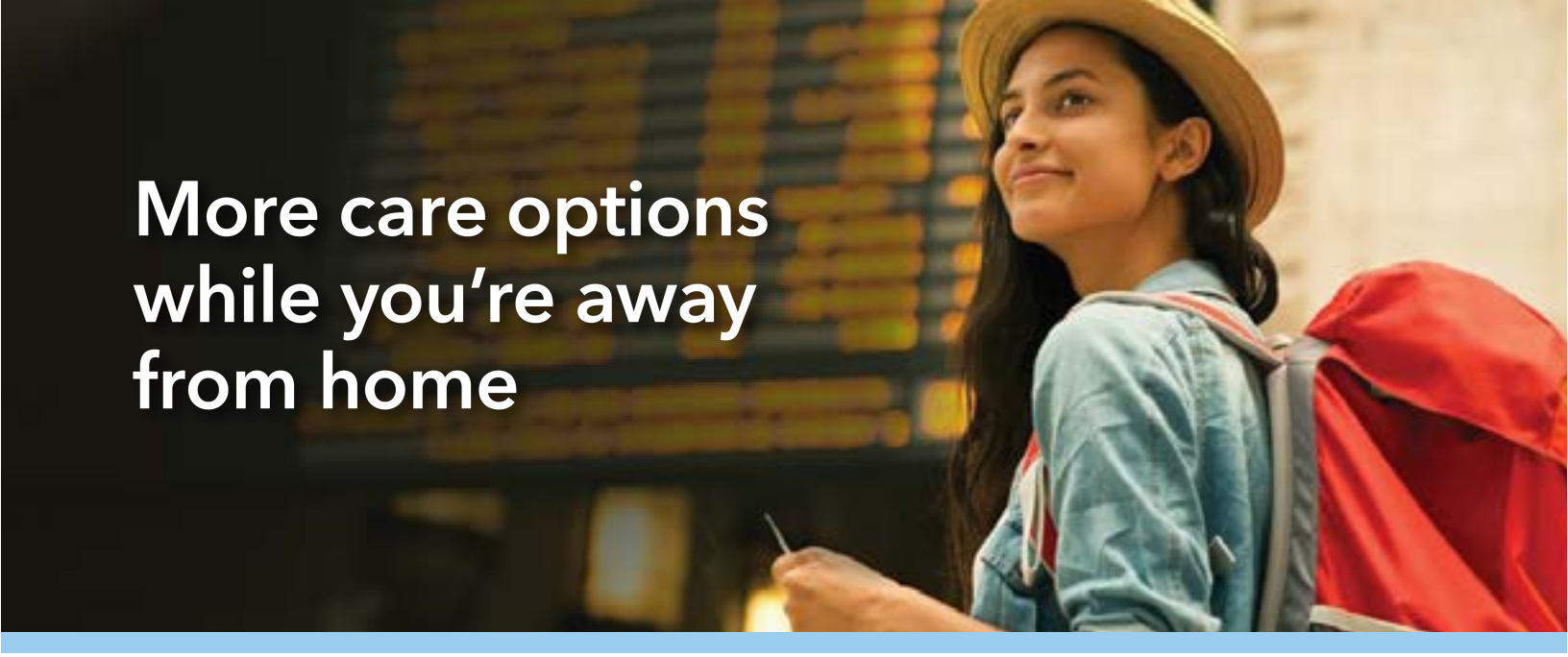


More care options while you're away from home

No matter where life takes you, Kaiser Permanente has you covered. If something unexpected happens while you're away from home, it's easier than ever to get care.

Nonurgent care

Use your **kp.org** account or the Kaiser Permanente app across the U.S. to:

- Get 24/7 care and advice from Kaiser Permanente clinicians by phone or online
- Access care by phone,[1] video,[1] or e-visit – usually at no cost[2]
- Email nonurgent questions to your doctor's office

Urgent care[3]

You can get urgent care anywhere in the world. At many locations outside Kaiser Permanente states, you'll only pay your copay or coinsurance for care or prescriptions[4] related to your urgent care visit – no need to file a claim later:

- Cigna PPO Network[5]
- MinuteClinic, including pharmacies[6]
- Concentra Urgent Care[6]
- The Little Clinic, including pharmacies[6]

At all other locations, you must pay the full cost of care upfront and file a claim for reimbursement later.

Emergency care[7]

No matter where you are, you can simply go to the nearest hospital emergency room. If it's a Kaiser Permanente location or Cigna PPO provider, you'll only pay your normal copay or coinsurance.

Support while you're away

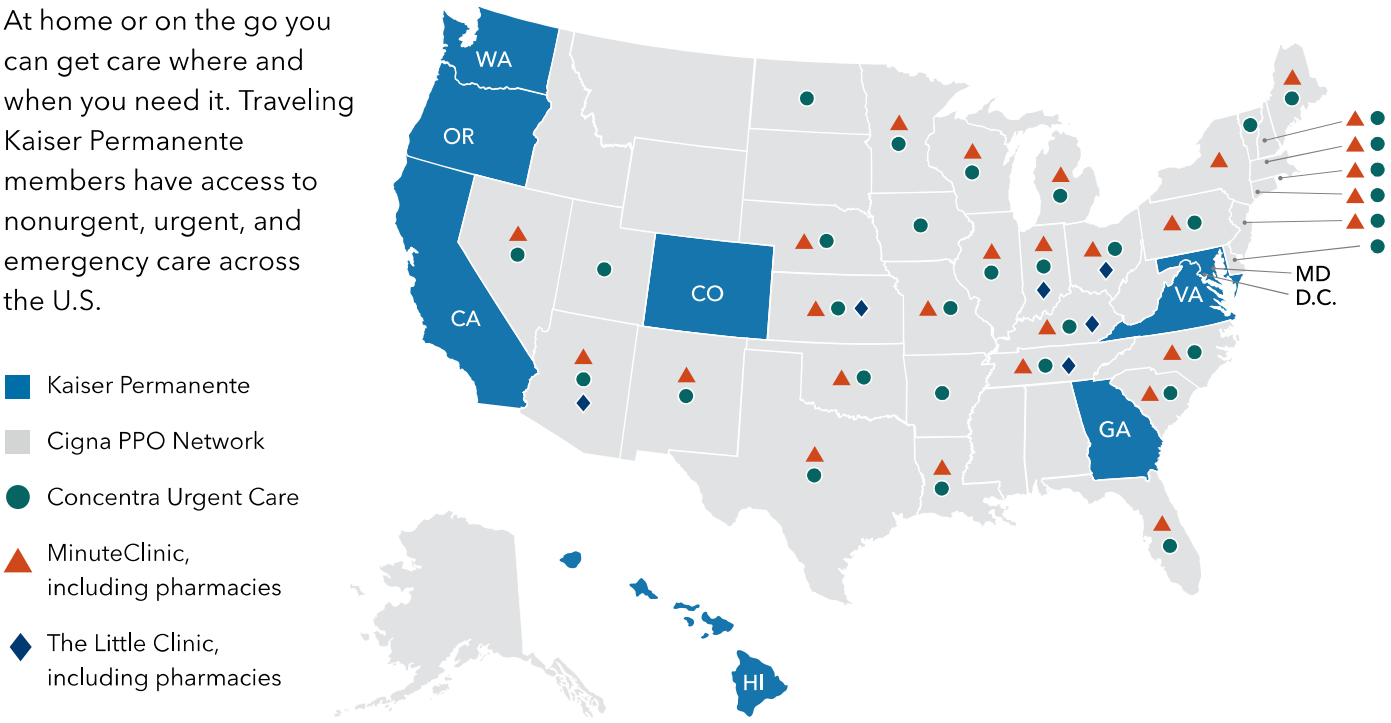
Need help finding care or learning what's covered while you're away? Call the Away from Home Travel Line at **951-268-3900** (TTY **711**)[8] or visit **kp.org/travel**.

Learn more at **kp.org/travel**

KAISER PERMANENTE®

Find care near you

At home or on the go you can get care where and when you need it. Traveling Kaiser Permanente members have access to nonurgent, urgent, and emergency care across the U.S.



1. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state. **2.** If you have an HSA-qualified deductible plan, you may need to pay the full charges for scheduled phone appointments and video visits until you reach your deductible. Once you reach your deductible, you won't pay anything for scheduled phone appointments and video visits. **3.** An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating. **4.** GA commercial members are required to pay upfront and seek reimbursement for prescriptions. If employee is in a state that has Kaiser Permanente providers, but outside one of our service areas, the member pays upfront for services and prescriptions and will need to file a claim for reimbursement. Maintenance medications (e.g., blood pressure, cholesterol), high cost or specialty medications are not included in this benefit, and the member will need to file a claim for reimbursement. Reimbursement is subject to the pharmacy benefit as described in the member's *Evidence of Coverage* or other coverage documents. **5.** The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. **6.** MinuteClinic, Concentra Urgent Care, and The Little Clinic payment experiences vary by plan. **7.** If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents. **8.** This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

The Cigna PPO Network is not available to HMO and EPO members enrolled in coverage issued by Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc.

Cigna is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna PPO Network is available through Cigna's contractual relationship with the Kaiser Permanente health plans. The Cigna PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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Kaiser Permanente Insurance Company (KPIC), One Kaiser Plaza, Oakland, CA 94612

Learn more at **kp.org/travel**

KAISER PERMANENTE®

Here for your total health

Find community resources near you

If you ever need help with your daily needs, it's good to know where you can turn. Kaiser Permanente's community resource directory is a convenient online tool to help you find services for healthy food, housing, child care, financial assistance, transportation, and more.

Food Housing Child care Financial assistance

To get started, visit **kp.org/communityresources** or scan the QR code.

To speak to a resource specialist, call **1-800-443-6328** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m.

You deserve to thrive in mind, body, and spirit. Our community resource directory brings you closer to what you need to live well and thrive.

The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.

Learn more at **kp.org/communityresources**

KAISER PERMANENTE®

Infertility Benefit[1,2]

Begin your journey to parenthood.

Take your health beyond checkups with a partner who provides the information and support you need to live life to the fullest.

Find more information at **kp.org**, or call Member Services at **303-338-3800** or toll-free **1-800-632-9700**, 8 a.m. to 6 p.m., weekdays, to learn more.

TTY users may call **711** for assistance with any phone number above.

Supplement your health care coverage

Sometimes starting a family requires a little help. If you're struggling with infertility, you're not alone. According to the World Health Organization, infertility affects up to 15% of reproductive-aged couples worldwide. But there's good news. Modern medicine can significantly improve your chances of getting pregnant. And, with our newest coverage for infertility tests and treatments, you have additional benefit options.

Beginning January 1, 2023, upon renewal, covered services include:

- Up to three (3) completed egg retrievals and unlimited embryo transfers in accordance with the guidelines of the American Society for Reproductive Medicine (ASRM), using single embryo transfer when recommended and medically appropriate.
- Coverage for IUI, IVF, GIFT, and ZIFT with no dollar limits or other limitations, consistent with the guidelines of the American College of Obstetricians and Gynecologists (ACOG) or ASRM.
- Coverage for infertility drugs at the same cost share as other prescription medication. Drug coverage applies only if the group purchases a prescription drug rider.
- Coverage for cryopreservation consistent with the guidelines of the American Society of Clinical Oncology (ASCO) or ASRM.

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. The information provided here is a summary only. For a list of services available with your plan, see 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.

Kaiser Foundation Health Plan of Colorado, 10350 E. Dakota Ave., Denver, CO 80247
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Home is where your health is.™

dispatch health® | KAISER PERMANENTE®

Same-Day, In-Home Medical Care

DispatchHealth® brings medical care to you, in the comfort of your home.

Getting the medical care, you need can be inconvenient and expensive—that's why we're bringing you a new way to receive medical care. DispatchHealth is teamed up with Kaiser Permanente to offer safe, convenient, and affordable medical care in your home for urgent health needs that do not require an ER visit.*

Get the care you need to recover comfortably at home.

How It Works

Request Care: you can request DispatchHealth's services by calling 720-588-9686, using our mobile app or visiting our website at DispatchHealth.com. We are available 7 a.m. – 10 p.m., 7 days a week including holidays. No pre-registration required!

Explain You Symptoms: You'll provide a few details about your illness or injury and other information like your primary care provider's name.

A Medical Team You Can Trust: We arrive within a few hours to provide treatment. Each team includes a nurse practitioner or physician assistant, along with a medical technician. An on-call emergency medicine physician is always available by phone for consultation.

We Take Care of the Rest: We will call in any prescriptions you might need, update you doctor and work directly with Kaiser Permanente to process billing.

For non-life-threatening injuries and illnesses, call DispatchHealth at 720-588-9686.

Available 7 a.m. – 10 p.m., 7 days a week, including holidays.

www.DispatchHealth.com

Dental

This year, Adams Country School District 14 will continue to offer dental coverage for you and your family. Your dental coverage is a PPO Plan. There are three network options: PPO Dentist, Premier, or out-of-network. You will spend the least amount of money if you see dentists within the PPO Network.

Please Note: It is recommended that when a course of treatment is expected to cost $300 or more, and is of a non-emergency nature, your dentist should submit a treatment plan before he/she begins. This enables you to see what your out-of-pocket expenses will be so you are not surprised and can budget accordingly. There is also a possibility that suggested procedures may be denied, and alternative procedures approved based upon X-rays and supporting documentation.

To find a dentist visit:
www.deltadentalco.com

Dental Comparison

Adams County School District 14 will continue to offer dental coverage through Delta Dental. The charts below are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

	Delta Dental of Colorado PPO Benefits		
	PPO Network	Premier Network	Non-participating
Annual Deductible			
Individual	$25	$50	$50
Waived for Preventive Care?	Yes	Yes	Yes
Annual Maximum			
Per Person	$1,500	$1,500	$1,500
Preventive	100%	100%	100%
Basic	80%	70%	70%
Major	50%	40%	40%
Orthodontia			
Benefit Percentage	50%	50%	50%
Employees, Spouses, & Dependent Children	Covered	Covered	Covered
Lifetime Maximum	$1,500	$1,500	$1,500

Employee Contributions (Monthly)	
2024 Delta Dental	
Employee	Coming soon! Pending Negotiations.
Employee & 1 dependent	
Employee & 2 or more dependents	

DELTA DENTAL®

Delta Dental PPO plus Premier™

With the Delta Dental PPO plus Premier plan, you and your family members may visit any licensed provider. **However, you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider.**

Advantages of the Delta Dental PPO Plus Premier Plan:

- SAVINGS: Delta Dental providers offer our members the greatest savings and protection from balance-billing for covered services. That means they can't bill you for the difference between what they usually charge and the amount they've agreed to charge Delta Dental members. You can also ask your provider to submit a pre-determination estimate. Delta Dental will review the treatment plan and tell your provider how much you'd be responsible for so you'll have a clear understanding of cost prior to treatment.
- CHOICE: If you choose to visit a Delta Dental Premier® provider, you'll still save money because Premier providers also accept discounted fees (however, discounts are not as great as if you see a PPO provider).
- NETWORK: Delta Dental is the nation's largest provider of dental insurance, covering more than 85 million Americans, and offering the largest dental network with more than **154,000 participating providers nationwide.** Network providers file claims directly with Delta Dental on your behalf and accept Delta Dental's reimbursement in full.

Savings Example for a Major Procedure*

	Estimated Charge	Maximum Allowed Fees	Percentage Paid by Delta Dental	Amount Delta Dental Pays	Amount Dentist can Balance-Bill	Total Amount You Pay	Your Total Cost Savings
PPO Network	$1,200	$850	50%	$425	$0	$425	$350
Premier Network	$1,200	$975	50%	$487.50	$0	$487.50	$225
Out of Network	$1,200	$700	50%	$350	$500	$850	$0

**NOTE: Payment examples above are for illustration purpose only. Check your specific plan for fees, coinsurance rates, and what procedures are considered "major", as they differ from plan to plan. Example assumes deductible has been met.*

It pays to use Delta Dental network providers — especially those in our PPO network. To find a participating provider or to see if your current provider is in the network, visit our website at deltadentalco.com and use the **Find a Dentist** search tool.

You can also contact our customer service department, Monday–Friday 7:30 a.m. to 5 p.m. Mountain Time, at **customer_service@ddpco.com** or **1-800-610-0201** (toll-free).

deltadentalco.com

DELTA DENTAL®

Using Your Benefits

Congratulations! You have a dental plan from Delta Dental of Colorado. It's so important to use your dental benefits because your oral health is connected to your overall health. Your dentist can spot the early signs of some systemic diseases and can help you avoid painful and costly dental procedures in the future. So make dental care a priority.

Create a subscriber account on deltadentalco.com

You can check the specifics of your plan, the status of claims, and much more. To create a secure account, go to our homepage and click on the Sign-in/Register link and follow the prompts for Member. If you need help setting this up, you can contact our customer service team.

Download our free mobile app

Once you've created an account online, you can access all of the same information within the app. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. You will need an internet connection in order to download and use most features of our free app.

Find a dentist near you

Go to our website or use the mobile app and choose either a Delta Dental PPO™ or a Delta Dental Premier® provider based on the plan you have. A Delta Dental PPO provider will always cost you less out of pocket, so search for one near you to get the greatest savings.

Make an appointment....and smile!

You're taking steps to protect your oral health and your overall health! Plus, preventive services — like cleanings and exams — are usually at no cost to you, so there's no reason to wait.*

Contact Us

Toll-free: 1-800-610-0201 | Monday–Friday 7:30 a.m. to 5 p.m.
Email: **customer_service@ddpco.com**

*Frequencies and limitations apply. Be sure to check your specific plan benefits and eligibility.

deltadentalco.com

DELTA DENTAL®

Pre-Determination Estimates

Estimating your dental care costs is simple. Asking your dentist for a pre-determination estimate* from Delta Dental before you agree to receive any recommended major treatment, lets you know up front what the plan will pay, and the difference you will be responsible for.

A pre-determination estimate is useful for costlier procedures such as:

- Crowns
- Wisdom-tooth extractions
- Implants
- Bridges
- Dentures
- Periodontal surgery

When your dentist submits a pre-determination estimate to Delta Dental, Delta Dental sends them an estimate of your share of the cost and how much Delta Dental will pay.

Dental care cost estimator

Our dental care cost estimator provides estimated cost ranges for common dental care needs. Our cost estimates reflect the range of fees charged by dentists in your area, both in and out of our dental networks. **Remember you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO™ provider.**

Using the dental care cost estimator*

1. Log in to your member account at **deltadentalco.com** or the Delta Dental mobile app.

2. Click on the **Cost Estimator** tab.

3. Enter the required information: Zip code, treatment category, and dentist last name.

4. To obtain cost information for a specific procedure, contact your dentist directly for a pre-determination estimate.

*The cost estimator or pre-determination estimate are not a guarantee of payment. When the services are complete and a claim is received for payment, Delta Dental will calculate its payment based on your current eligibility, amount remaining in your annual maximum, and any deductible requirements.

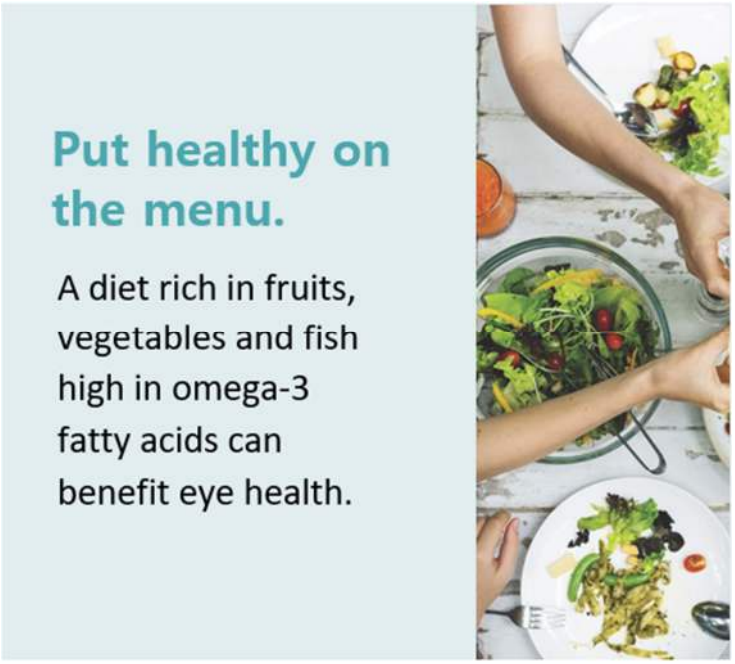
Vision

Sight, it's a beautiful thing and not to be taken for granted. Whether you want to be incognito and wear contact lenses or stand out in the crowd with the latest stylish frames, this vision plan has you covered. Go anywhere in the network for an exam, but we suggest you use a major retail chain when getting your frames and lenses.

Save on eyewear and eye care when you see an in-network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands. You'll get great care from a VSP network doctor, including your annual eye exam. An annual eye exam not only helps you see, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras.

To access a listing of providers (private practice and retail centers) logon to www.vsp.com.



Vision

Adams County School District 14 provides Vision Insurance through VSP. Enroll in VSP to get access to savings and personalized vision care from a VSP network doctor for you and your family.

	Vision Service Plan
Exams – Once Every Plan Year	
Eye Exam Contact Lens Fitting and Evaluation	$5 copay Up to $60 copay
Lenses – Once Every Plan Year	
Single Vision Lenses	$0 copay, covered in full
Lined Bifocal Lenses	$0 copay, covered in full
Lined Trifocal Lenses	$0 copay, covered in full
Frames – Once Every Other Plan Year	
Frames	$200 allowance, plus 20% off on amounts above the allowance $220 Featured Frame Allowance
Contact Lenses – Once Every Plan Year	
Covered Instead of Glasses	$0 copay, $180 allowance

No need for an ID card. To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage—they handle the paperwork for you.

Employee Contributions (Monthly)	
2024 VSP Vision	
Employee	Coming soon! Pending Negotiations.
Employee & 1 dependent	
Employee & 2 or more dependents	

Check Out vsp.com

As a VSP® member, you have access to **vsp.com** and the VSP Vision Care App. Both offer easy navigation and a personalized dashboard, so you can get the benefit information you need, exactly when you need it.

Your VSP Dashboard

Once logged in, **My Dashboard** is your homepage. You'll find a quick view of your benefit information, access to your claim history, and you can print your Member ID Card, plus more.

Personalized Benefits Section

The **My Benefits** tab shows your benefits history and an explanation of how you and your dependents can use your benefits.

Special Offers and Savings

We put our members first by providing exclusive offers from VSP and leading industry brands, totaling more than $3,000 in savings. Log in to your VSP account and take advantage of these offers and save even more.

Improved Find a Doctor Page

The search capabilities are endless on the **Find a Doctor** page. View a map and use the drop-pin functionality to find the right VSP network practice location for you. You can also filter by business hours or appointment availability. Look for the orange **Premier Program** banner to find a VSP network eye doctor that will help you maximize your savings!

vsp vision care

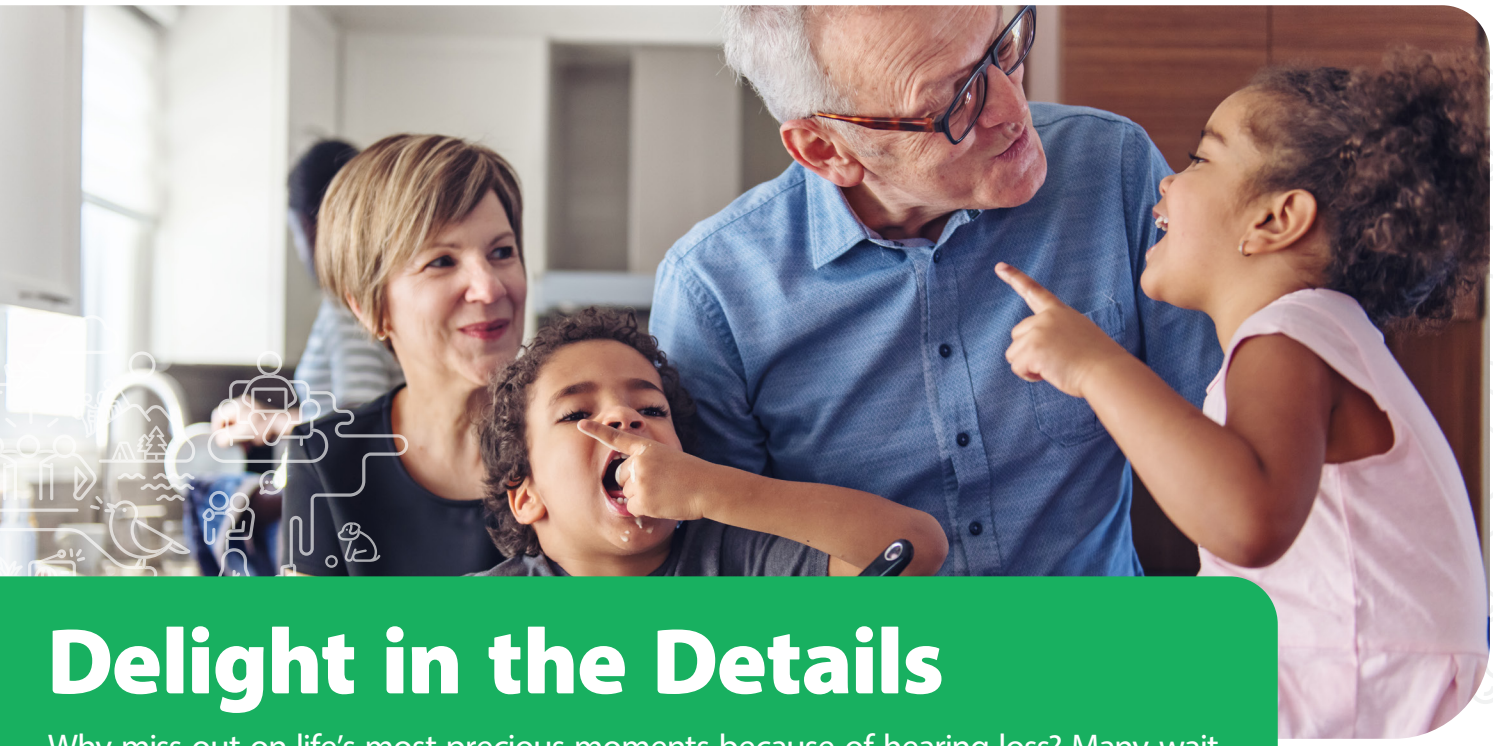
VSP Vision Care App

Scan the QR code below to download the VSP Vision Care App from the **Apple App** or **Google Play Stores**. Get instant access to your benefit coverage, Member ID Card, Exclusive Member Extras, and more.

Create a vsp.com account to get the most out of your vision benefits.

vsp vision care | TruHearing

1-866-929-7912 | TTY: 711



Delight in the Details

Why miss out on life's most precious moments because of hearing loss? Many wait too long to seek help, but you don't have to. That's why VSP® Vision Care partners with TruHearing® to provide you a comprehensive hearing care solution.

The TruHearing program makes it easy

Unmatched Service

Our Hearing Consultants guide you from first call to aftercare and beyond

We find and schedule a local licensed provider for an exam, fitting and follow-up

TruHearing will help you understand every detail about the program

Hearing Aids That Enhance Life[1]

Stream your favorite music and shows with Bluetooth®

Smartphone apps help you remotely adjust your hearing aids and more

Virtually indetectable devices that match your lifestyle

Simply State-of-the-Art[2]

The latest sound enhancement technology removes the sound of your speech from all other amplified sound to make your voice sound more natural

Next-gen processing technology filters noise and helps you focus on voices

Rechargeable battery options last from breakfast to bedtime

Call TruHearing to learn more and schedule a hearing care appointment near you

1-866-929-7912

TTY: 711

Hours:

8am–8pm, Monday–Friday

Save Now on Health, Wellness, Lifestyle Products, and Services

Enjoy VSP® Simple Values—an exclusive member extra that gives you and your family access to valuable discounts and everyday savings.

vsp simple values

Exclusive Member Extras

Health and Wellness:

- Fitness—discounts on nationwide gym memberships, virtual coaching and workouts, and personal fitness equipment
- Nutrition—access to weight loss programs and nutrition and planning services
- Prescription drugs—**save up to 85%**
  Accepted at CVS pharmacy, COSTCO Wholesale, Walmart, Target, Walgreens, and others
- Doctor visits—**save up to 25%**
  Includes 24/7 doctor access via phone or video visit
- Dental—**save up to 50%**
- Lab work, MRI, and imaging—**save up to 60%**
- Hearing—**save up to 60%**
- Diabetic care services and supplies—**save up to 75%**
- Pet care—access to veterinary experts **24/7**

Family Fun:

- Live entertainment, movie tickets, and theme park passes—**save up to 40%**
- Travel and hotels—**save up to 60%**

Everyday Savings:

- Retail rewards—**cash back**

Find the savings available to you. Visit vsp.com/simplevalues and sign up to download your card today!

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow employees to use pretax dollars for healthcare or child/dependent care expenses not covered by insurance plans. Employees contribute a portion of each paycheck to an FSA and save significantly on taxes. Money in an FSA can be used to pay for out-of-pocket medical, dental and vision expenses or dependent care expenses.

Employees do not need to be enrolled in the Employer s Health Plan to have an FSA. Adams 14 offers you a Healthcare Flexible Spending Account and a Dependent Care Flexible Spending Account.

Plan ahead, don't fund your FSA with more money than you can spend!

Healthcare FSA

A Healthcare FSA is a pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan or elsewhere. It's a smart, simple way to save money while keeping you and your family healthy and protected. The IRS sets a limit on how much you can contribute to this account each year. **For 2024, the spending limit is $3,200.**

Dependent Care FSA

A Dependent care FSA is a pre-tax benefit account used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare. A Dependent Care FSA is a smart, simple way to save money while taking care of your loved ones so that you can continue to work. The IRS sets a limit on how much you can contribute to this account each year. **For 2024, the spending limit is $5,000 if married and filing jointly or head of household or $2,500 if married and filing separately.**

Here's How an FSA Works

- You decide the annual amount (up to the set limit for each account) you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare/elder care expenses.
- Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
- You can pay with the Healthcare FSA debit card for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
- You are reimbursed from your FSA. So, you pay your expenses with tax-free dollars.
- At the end of the plan year, any unused amount in your Healthcare FSA will be forfeited with the exception of a $640 rollover to be used for the next plan year. **The $640 rollover does not apply to the Dependent Care FSA.**
- **For the Dependent Care FSA, there is a 2 1/2 month grace period** after the end of the plan year during which you may use remaining funds. Any funds remaining after the grace period will be forfeited.

Learn more by visiting: www.wexinc.com/resources/benefits-toolkit/

Life and AD&D

Adams County School District 14 provides Basic Life and AD&D benefits to eligible employees at no cost. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan. The AD&D benefit is equal to the Life benefit.

Visit www.lincolnfinancial.com or call 800-275-5462 for assistance.

Lincoln Life and AD&D	
Administrators	
Benefit Maximum	1.5 times your annual salary up to $125,000
Support and Technology Employees	
Benefit Maximum	1 times your annual salary up to $50,000
Certified Employees	
Benefit Maximum	1 times your annual salary up to $50,000
Classified Employees	
Benefit Maximum	1 times your annual salary up to $25,000

The above benefits will begin to decrease at age 65.

Additional Benefits:

- A cash benefit of $5,000 to you in the event of your spouse's death
- A cash benefit of $100 to you in the event of your child(ren)'s death if your child is at least 14 days but under 6 months
- A cash benefit of $1,000 to you in the event of your child(ren)'s death if your child is at least six months but under 26 years

Voluntary Life

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional Voluntary Life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. A cash benefit will be provided to your loved ones in the event of your death.

Evidence of Insurability:

- **Amounts above guarantee issue:** Must submit Evidence of Insurability (EOI)
- The link for Evidence of Insurability: **https://www.mylincolnportal.com/customer/public/login**

Lincoln Voluntary Life (subject to medical questionnaire)	
Employee	
Benefit Maximum	Lesser of 5 times annual earnings or $500,000 in increments of $10,000
Guaranteed Issue	$100,000
Spouse	
Benefit Maximum	Lesser of 2.5 times annual earnings or $100,000 in increments of $5,000; cannot exceed 50% of the employee benefit
Guaranteed Issue	$25,000
Children	
Benefit Maximum	Amounts $2,000, $4,000, $5,000, or $10,000

Voluntary Life Rates for You & Your Spouse (Per $1,000 per month)											
Age	**0-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70+**
Rate	$0.05	$0.06	$0.079	$0.09	$0.10	$0.15	$0.23	$0.413	$0.623	$1.191	$1.928
Voluntary Life Rate for Your Dependent Children (Per $1,000 per month)											
$0.240											

The resources you need to meet life's challenges

*EmployeeConnect*SM offers professional, confidential services to help you and your loved ones improve your quality of life.

In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings

Unlimited 24/7 assistance

You and your family can access the following services anytime online, via the mobile app, or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more
- Legal information and referrals for family law, estate planning, and consumer and civil law[1]
- Financial guidance on household budgeting and short- and long-term planning

Online resources

EmployeeConnect offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit **GuidanceResources.com** or download the **GuidanceNow**SM **mobile app**. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets, and more

[1] Services aren't included for employment law issues.

*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help 24 hours a day, seven days a week for employees and their family members. Get help with:

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationships
- Stress

We partner with your employer to offer this service at no additional cost to you!

EmployeeConnect counselors are experienced and credentialed.

When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice, and referrals. All counselors hold master's degrees, with broad-based clinical skills, and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

You'll receive customized information for each work-life service you use.

Take advantage of *EmployeeConnect*

For more information about the program, visit **GuidanceResources.com**, download the **GuidanceNow mobile app**, or call **888-628-4824**.

GuidanceResources.com login credentials:
Username: LFGSupport Password: LFGSupport1

LincolnFinancial.com

LCN-6080927-110723
MAP ADA 11/23 **Z05**
Order code: LTD-EAPEE-FLI001

Lincoln Financial Group®

EmployeeConnect℠

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit **GuidanceResources.com**
  Username: LFGSupport Password: LFGSupport1
- Download the **GuidanceNow℠ mobile app**
- Call **888-628-4824**

Lincoln Financial Group® | ComPsych® GuidanceResources® Worldwide

Long-Term Disability Insurance

Adams County School District 14 provides long-term income protection through Lincoln Financial Group in the event you become unable to work due to a non-work-related illness or injury. Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Long Term Disability (LTD) insurance provides protection for your most valuable asset — your ability to earn an income. LTD coverage provides income when you have been disabled for 90 days. This amount may be reduced by other deductible sources of income or disability earnings. Adams 14 provides LTD coverage to all regular full and part-time employees except Certified staff at no cost to you.

Elimination Period—90 Days

Monthly Benefit Amount— 60% of the first $6,000 of your pre-disability earnings, subject to reductions for certain other income

Benefit Duration — Until your normal retirement age (longer for those who are disabled after age 65)

Voluntary Accident

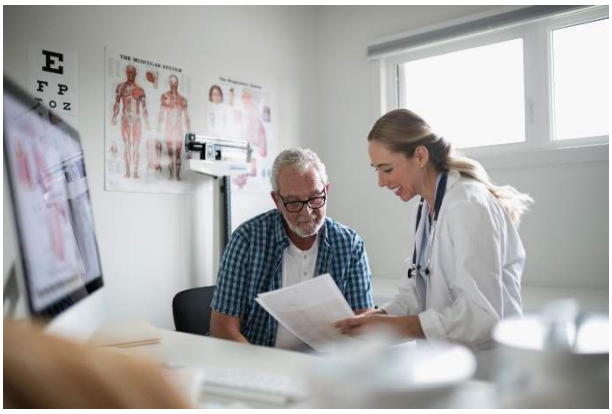
When an accident happens, it can be costly. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay. In the event of an unexpected injury, Lincoln Financial Group can help protect your personal finances. Lincoln pays cash benefits directly to you (unless otherwise assigned), so you can use the cash for anything you want. Which means uncovered medical expenses won't break the bank if you are injured. On and off-the-job, 24 hours a day. See the benefit summary for specific amounts you will receive from this insurance in case of an accident.

Wellness Benefit

With this coverage you can receive a $50 wellness benefit if you take a health screening test. This can be allotted to one test per 12-month assessment period. Some health screening tests that are accepted include an eye exam, hearing exam, annual physical, dental preventive exams, and a depression screening.

Employee Contributions (Monthly)	
Accident	
Employee	$9.74
Employee & Spouse	$16.30
Employee & Child(ren)	$17.95
Employee & Family	$24.34

Voluntary Critical Illness



The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Lincoln Financial Group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.

Employee: may elect coverage up to the amount of $30,000

Spouse: may elect coverage up to the amount of $30,000 – not to exceed 100% of the employee benefit amount

Child(ren): options of $5,000, $7,500, and $15,000, not to exceed 100% of the employee benefit amount.

Examples of Covered Illnesses and Events:

- Heart Attack
- Stroke
- Major Organ Failure
- Invasive Cancer
- Alzheimer's Disease
- Parkinson's Disease
- Cystic Fibrosis

Critical Illness Rates for You & Your Spouse* (Per $1,000 per month)											
Age	**0-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70+**
Rate	$0.093	$0.168	$0.273	$0.451	$0.725	$1.102	$1.633	$2.255	$3.314	$4.782	$8.269
Critical Illness Rate for Your Dependent Children (Per $1,000 per month)											
$0.192											

*Spouse rates are based on the employee's age.

Voluntary Hospital Indemnity

Even if it's planned, a trip to the hospital can be intimidating. And while we can't take all the uncertainty out of your stay, Lincoln Financial Group can help make some of the unexpected costs a bit more manageable. With the Lincoln Hospital Indemnity plan, benefits are paid for hospital expenses such as: Transportation and ambulance costs, Emergency room and doctors' visits, medical diagnostics and imaging, or Rehabilitation facilities.

Wellness Benefit

With this coverage you can receive a $50 wellness benefit if you take a health screening test. This can be allotted to one test per 12-month assessment period. Some health screening tests that are accepted include an eye exam, hearing exam, annual physical, dental preventive exams, and a depression screening.

Employee Contributions (Monthly)	
Hospital Indemnity	
Employee	$17.50
Employee & Spouse	$37.38
Employee & Child(ren)	$27.02
Employee & Family	$48.92

Pet insurance

from Nationwide®

Fetch the best health coverage for your pet through your voluntary benefits package. With two budget-friendly plans, there's never been a better time to sign up for My Pet Protection®, available only through your workplace benefits program.

Nationwide offers two plans for you to choose from: My Pet Protection® and My Pet Protection® with Wellness500.[1]

Both plans are guaranteed issuance,[2] have a $250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.[3]

	My Pet Protection®	My Pet Protection® with Wellness500
Accidents	✓	✓
Injuries	✓	✓
Illnesses	✓	✓
Hereditary and congenital conditions	✓	✓
Diagnostics and imaging	✓	✓
Procedures and surgeries	✓	✓
Wellness exams		✓
Vaccinations		✓
Flea prevention		✓
Spay or neuter		✓
And more	✓	✓

Did you know? Nationwide is the industry-first provider of coverage for birds and exotic pets.

How to use your pet insurance plan

1 Visit any vet, anywhere.

2 Submit claim.

3 Get reimbursed for eligible expenses.

https://benefits.petinsurance.com/adams14 | 877-738-7874

[1] Existing members can enroll in My Pet Protection® with Wellness500 during their respective renewal period only. Products and discounts not available to all persons in all states. [2] Guaranteed issuance means any new pets enrolling into a My Pet Protection Plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply. [3] These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and annual limits.

Nationwide®

Nationwide®

My Pet Protection®

PLANS SUMMARY

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

Nationwide offers two plans for you to choose from: My Pet Protection® and My Pet Protection® with Wellness500.[1]

My Pet Protection is a medical plan that offers an annual benefit of $7,500 for eligible veterinary bills related to accidents, injuries and illnesses, including emergency clinics and specialists.

My Pet Protection with Wellness500 offers the same protection as our medical plan, but includes coverage for preventive care. With this plan, up to $500 of the annual $7,500 benefit can be used for wellness, including checkups, flea and heartworm preventives, vaccinations, spay and neuter and more.

Both plans are guaranteed issuance,[2] have a $250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.[3]

	My Pet Protection®	My Pet Protection® with Wellness500
Accidents	✓	✓
Injuries	✓	✓
Illnesses	✓	✓
Hereditary and congenital conditions	✓	✓
Diagnostics and imaging	✓	✓
Procedures and surgeries	✓	✓
Wellness exams		✓
Vaccinations		✓
Flea prevention		✓
Spay or neuter		✓
And more	✓	✓

https://benefits.petinsurance.com/adams14 | 877-738-7874

Nationwide®

What makes My Pet Protection different?

My Pet Protection is available through workplace benefits programs and is guaranteed issuance.[2] It also includes additional benefits like lost pet advertising, emergency boarding and more.

It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.[4]

Did you know? Nationwide is the industry-first provider of coverage for birds and exotic pets.

Nationwide offers more than great coverage

VetHelpline®

- Unlimited access to veterinary care experts
- Download the app and schedule a video consultation anytime 24/7
- No additional cost to use for Nationwide pet insurance members

Nationwide® PetRx*Express*℠

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Pharmacy submits claims directly to Nationwide
- More than 4,700 pharmacy locations

petco veterinary services

Members save 10% on every visit to a Vetco Total Care Hospital or Vetco Vaccination Clinic inside Petco

vetco total care

Vetco Total Care is a full-service animal hospital that offers everything from preventive care to diagnostics and surgery

vetco vaccination clinic

Vetco Vaccination Clinic offers express care for vaccinations, flea/tick and heartworm prescriptions and microchipping

How to use your pet insurance plan

1. Visit any vet, anywhere.
2. Submit claim.
3. Get reimbursed for eligible expenses.

https://benefits.petinsurance.com/adams14 | 877-738-7874

[1] Existing members can enroll in My Pet Protection® with Wellness500 during their respective renewal period only. Products and discounts not available to all persons in all states.

[2] Guaranteed issuance means any new pets enrolling into a My Pet Protection plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply.

[3] These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and annual limits.

[4] State of the Industry Report 2022, North American Pet Health Insurance Association.

Nationwide®

LegalShield | IDShield

Affordable Legal and Identity Theft Protection

Legal and identity theft matters can strike anytime, don't get caught without protection!

Shield your identity, privacy and legal rights with LegalShield and IDShield.

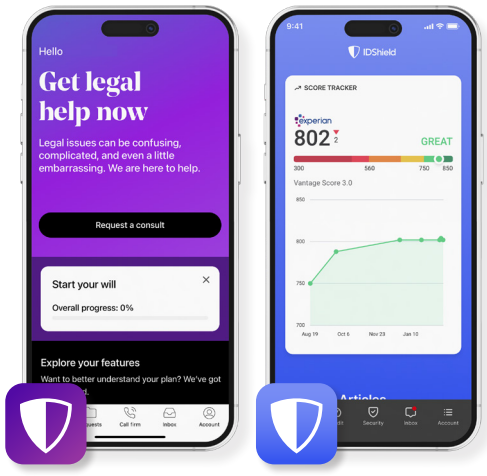
LegalShield

- Direct Access to your Own Provider Law Firm
- Unlimited Advice and Consultation
- Document Review and Preparation
- Speeding Ticket Assistance
- Will Preparation
- Debt Collection Assistance
- Letters and Phone Calls Made on your Behalf

IDShield

- $5 Million Identity Fraud Protection Plan
- Online Privacy and Reputation Management
- Device Protection
- Financial Account Monitoring
- Identity, Credit and Social Media Monitoring
- Credit Score Tracker
- Real-Time Alerts

Always Connected.
Always Protected.



LegalShield
$15.80/monthly
Family Plan

IDShield

$5.80/monthly	**$10.70/monthly**
Employee Plan	Family Plan

LegalShield & IDShield

$20.60/monthly	**$24.50/monthly**
Employee Plan	Family Plan

Reduced rate pricing applies when enrolled in both plans.

LegalShield®

Direct Access to a Dedicated Provider Law Firm
You will receive unlimited legal consultation and advice on personal legal matters. 100% of matters are covered in-network and your provider firm is even available 24/7 for covered emergencies.

Fast Response
A lawyer will respond to your legal matter within four business hours or less.

Letters And Phone Calls
Letters and phone calls can be made on your behalf to resolve legal matters such as warranty disputes or a dispute with a creditor.

Document Review And Preparation
A lawyer can help you review and prepare common legal documents for Wills, Trusts, and more.

Mobile App
The LegalShield mobile app allows you to call your provider law firm directly and makes it easy to upload and prepare documents for fast legal review.

Court Representation
You will receive representation for legal matters such as traffic tickets and even house closings.

Speeding Ticket Assistance
Your provider law firm will review your speeding ticket and even attend court on your behalf if required. You can easily upload your ticket using the LegalShield mobile app.

IDShield®

360˚ Degree Protection
IDShield monitors your identity, credit, financial accounts, social media accounts, and provides device and online privacy reputation management services.

Real-Time Alerts
If a threat is detected to your identity or credit you will receive an alert. You can view your alerts on the IDShield mobile app, member portal and receive them by email.

Device Protection
VPN Proxy One, password manager, online parental controls, anti-malware and mobile security.

Financial Protection
Financial account monitoring and a $3 Million Identity Fraud Protection Plan for unauthorized electronic fund transfers and identity theft related expenses.

Mobile App
The IDShield mobile app makes it easy for you to protect your identity and privacy and track your credit score with IDShield's monthly credit score tracker.

Privacy & Reputation Management
IDShield scans your social media accounts for content that could damage your reputation and provides ways to keep your online privacy safe.

Full-Service Restoration and Unlimited Consultation
If your identity is stolen, you get direct access to a Licensed Private Investigator who will restore your identity to its pre-theft status, guaranteed. You can also talk to an identity theft specialist about any identity theft or online privacy concern and get 24/7 emergency assistance.

Pre-Paid Legal Services, Inc. ("PPLSI") provides access to legal services offered by a network of provider law firms to its members through membership-based participation. Neither PPLSI nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan overview for specific state of residence for complete terms, coverage, amounts and conditions. IDShield provides access to identity theft protection and restoration services and plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner and eligible dependent children under the age of 18. Consultation and Restoration Services or eligible dependent children under the age of 26. For complete terms, coverage, and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. PPLSI is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event, with the amount of coverage dependent on the type of identity theft plan. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

Retirement – Tax Shelter Annuities

SECURITY BENEFITS
COOPER PETERS
PETERS FINANCIAL LLC.
7432 S Eudora Way
Centennial, CO 80122
720-244-4212
720-458-0258
www.petersfinancialllc.com
www.cpeters@lincolninvestments.com

PERA 401K
303-832-9550
1-800-759-7372
www.copera.org

COREBRIDGE FINANCIAL ADVISOR/ROCKY MTN DISTRICT
CRAIG FISCHER
COREBRIDGE RETIREMENT SERVICES
165 S Union Blvd, Suite 600
Lakewood, CO 80228
720-288-2780
833-622-1290
Craig.Fischer@corebridgefinancial.com
www.corebridgefinancial.com
720-962-8000

MATHEW HOWARD
COREBRIDGE RETIREMENT SERVICES
165 S Union Blvd, Suite 600
Lakewood, CO 80228
303-550-8440 (phone)
720-501-5605 (fax)
Mathew.howard1@corebridge.com
720-962-8000

EQUITABLE ADVISORS LLC
GORDON SANDEMAN
14143 Denver West Parkway, Suite 520
Lakewood, CO 80401
720-275-3237
720-946-4414
Gordon.Sandeman@equitable.com
www.equitable.com

HANNAH MOORE, Financial Advisor
ROCKY MOUNTAIN BRANCH
14143 Denver West Parkway, Suite 520
Lakewood, CO 80401
970-260-3882
Hannah.Moore@equitable.com

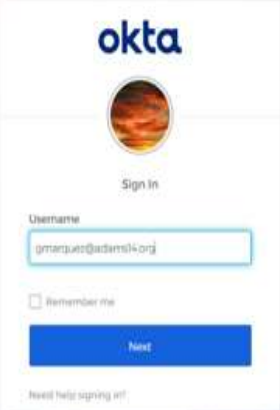
HORACE MANN
KENDRA ROBINETTE, LUTCF, CLU, CHFC
720-269-4899
Kendra.Robinette@HoraceMann.com

VOYA-RELIASTAR LIFE INSURANCE CO
Appreciation Insurance & Financial Service, LL
JOHN BECKER
REGIONAL VICE PRESIDENT
720-432-5887 (phone)
720-936-0507 (mobile)
jbecker@appreciationfinancial.com

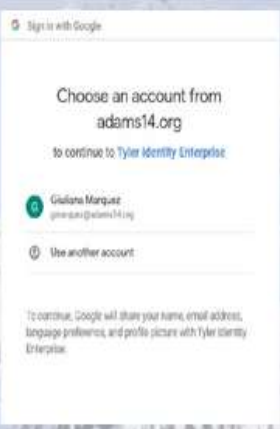
DAVID GAGLIARDI
SENIOR FIELD MANAGER
720-772-1998
dgagliardi@appreciationfinancial.com

How to Enroll

1) Portal: https://tyler-adamsctsd14co.okta.com
2) Enter your district email address

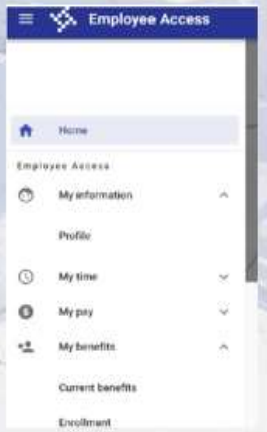


3) Complete a few security questions
4) After proceeding, you should get a message from Google to enter you district email



5) First time users will see this screen; you will need to enter the information that was provided when you were initially hired

6) Once in the portal you will see this screen



7) If you need to add dependents, you will click on the My Information tab and add dependents

Important Contacts

Have Questions? Need Help?

Adams County School District 14 is excited to offer access to the **USI Benefit Resource Center (BRC**), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Mountain, Pacific and Alaska Standard Time at 855-874-0742 or via e-mail at BRCMT@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Carrier Customer Service

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	GROUP NUMBER	PHONE NUMBER	WEBSITE
Medical HMO	Kaiser Permanente	718	303-338-3800	www.kp.org
Dental PPO	Delta Dental of Colorado	DNU1065	800-610-0201	www.deltadentalco.com
Vision	Vision Service Plan	12063448	800-877-7195	www.vsp.com
Group Life and AD&D, Voluntary Life, Long Term Disability, Voluntary Accident, Critical Illness, Hospital Indemnity	Lincoln Financial Group	1126346	800-275-5462	www.mylincolnportal.com
Employee Assistance Program (EAP)	Lincoln Financial Group	N/A	888-628-4824	www.guidanceresources.com Username: **LFGSupport** Password: **LFGSupport1**
Section 125	Wex Inc.	Adams County School District 14	800-492-0669	www.wexinc.com
Nationwide	Pet Insurance	Personalized Number	877-738-7874	https://benefits.petinsurance.com/adams14
LegalShield	LegalShield & ID Shield	Personalized Member Number	800-654-7757	www.legalshield.com
Benefit Resource Center	USI Insurance	Adams County School District 14	855-874-0742	BRCMT@usi.com

This brochure summarizes the benefit plans that are available to Adams County School District 14 eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE - FEDERAL

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Diego Romero
5291 East 60th Ave
Commerce City, CO 80022
303-853-3260
diromero@adams14.org

«Notice of Privacy Practices»

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html**.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we never share your information unless you give us written permission:
  Marketing purposes
  Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services
We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization
- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- 8/1/2024
- Diego Romero
  diromero@adams14.org
  303-853-3260

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Adams Country School District 14 About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Adams Country School District 14 and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Adams Country School District 14 has determined that the prescription drug coverage offered is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

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

If you decide to join a Medicare drug plan, your current Adams County School District 14 coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Adams Country School District 14 coverage, be aware that you and your dependents will be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Adams County School District 14 and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Adams County School District 14 changes. You also may request a copy of this notice at any time.

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	8/1/2024
Name of Entity/Sender:	Adams County School District 14
Contact--Position/Office:	Diego Romero / Director of Human Resources
Address:	5291 East 60th Ave Commerce City, CO 80022
Phone Number:	303-853-3260

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**

Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)
Option 4, Ext. 61565

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
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Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1,2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

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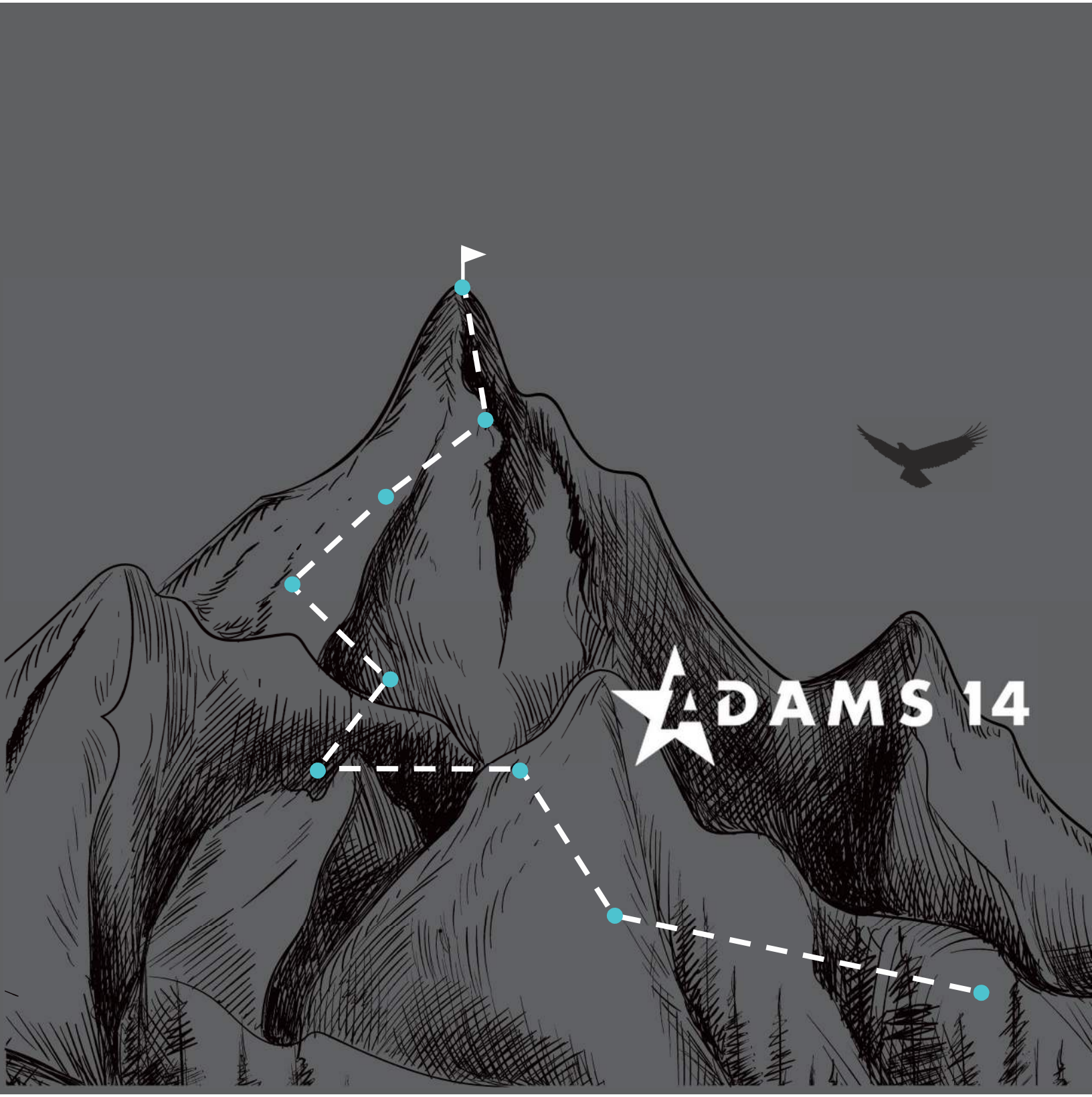
The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.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