



2024
BENEFITS
ENROLLMENT

Adams 12 Five Star Schools



TABLE OF CONTENTS

Notice of Electronic Disclosure.....3

Benefits Overview.....4

 Eligibility.....4

 Effective Date.....4

 Election Period.....4

 IRS Qualifying Event.....5

 HIPPA Special Enrollment Events.....5

Medical Benefits.....6

 Provider Information.....6

 Medical Information7

 Plan Comparison.....8

 Medical Rates.....9&10

Dental Benefits.....11

 Dental Information.....11

 Dental Rates.....12

Vision Benefits.....13

 Vision Information.....13

 Vision Rates.....14

Mental Health Benefits.....15

Spending Accounts.....16

 HSA & FSA Comparison.....16

 FSA Information.....17

 HSA Information.....18

Life and Accidental Death & Dismemberment Insurance.....19

Disability/Sick Plans.....20

 Certified Employees.....20

 Classified Employees.....20

 Administrative Employees.....20

Voluntary Plans.....21

 Pet Insurance.....21

 Accident.....21

 Hospital Indemnity.....21

 Critical Illness w/Cancer.....22

Employee Assistance Program.....23

Retirement Plans.....24

Contact Information.....25

NOTICE OF ELECTRONIC DISCLOSURE

Adams 12 Five Star Schools provides all required Employee Benefit notices electronically in PDF format on both the Employee Benefits Internet site at www.adams12.org and Employee Benefits Intranet site at <https://staff.adams12.org>, which is accessible on Adams 12 Five Star Schools computers.

Each plan you enroll in has an Evidence of Coverage, Certificate of Coverage or Summary Plan Description that contains critical information about the plan. Examples of this critical information include, but are not limited to: coverage limits; covered services and exclusions; applicable cost sharing; your rights under the plan; claim appeal procedures; and any material changes made to the plan.

Other required notices that are in PDF format and available on both the Internet and Intranet that contain critical information are:

- Notice of Electronic Disclosure
- Marketplace Notice
- Children's Health Insurance Program (CHIP)
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act Notice
- Designation of Primary Care Provider & Direct Access to OB/GYN Providers
- HIPAA Notice of Privacy Practices
- Summary of Benefits and Coverage
- Special Enrollment Notice
- Medicare Creditable / Non-Creditable Notice

When Employee Benefit notices or documents are updated on the Internet and Intranet outside of Open Enrollment, Benefits will send notification to your Adams 12 email address with an applicable link or will attach the PDF's to the email.

You have the right to request a paper version of these documents free of charge or withdraw consent to electronic distribution at any time by writing to us at:

hr-benefits@adams12.org

Adams 12 Five Star Schools

Attn: Benefits

1500 East 128th Avenue

Thornton, CO 80241

Fax: (720) 972-4399



BENEFITS OVERVIEW

Adams 12 Five Star Schools is proud to offer a comprehensive benefits package to eligible employees. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and Adams 12 Five Star Schools provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

- Medical
- Dental
- Vision
- Mental Health
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Short Term Disability
- Long Term Disability
- Voluntary Pet Insurance
- Voluntary Accident
- Voluntary Hospital Indemnity
- Voluntary Critical Illness
- Employee Assistance Program
- Retirement Plans

Eligibility

You and your dependents are eligible for Adams 12 Five Star Schools benefits on the first day of the month following or coinciding with the employee's date of hire or status change that effects eligibility. Newborns or newly adopted children that are added to the insurance are effective the date of the birth or adoption.

Eligible dependents that you may enroll on certain plans include:

- A legal spouse, common-law spouse or civil union partner
- Children under age 26, including stepchildren, legally-adopted children and children whom you have legal guardianship
- Children of any age who are physically and mentally unable to care for themselves with proof that the disability began prior to age 26 and is claimed as a tax dependent by the employee

IMPORTANT NOTE: You may be required to provide additional documentation to support dependent eligibility such as a court order, marriage license, affidavit or birth certificate.

Election Period

Elections must be made within 30 days of your initial eligibility as a new hire. Due to IRS regulations, you may not change your benefits until the annual open enrollment period once the initial 30 day period has expired. Exceptions are made when you experience an IRS qualifying event (See IRS Qualifying Events on page 5) or special enrollment event (see Special Enrollment Events on page 5).

Employees that are eligible for benefits coverage are:

- Certified employees regularly scheduled to work at least 4 hours a week (prorated rates apply for those less than 30 hours a week)
- Administrative employees regularly scheduled to work at least 20 hours a week
- Classified employees regularly scheduled to work at least 20 hours a week
- Nutritional Services employees regularly scheduled to work at least 25 hours a week
- Substitute employees regularly scheduled to work at least 30 hours a week
- "Full-time employees" within the meaning of Treas. Reg. § 54.4980H-1 (a)(21), as determined in the sole discretion of the Employer



BENEFITS OVERVIEW CONTINUED

IRS Qualifying Events

If you experience an IRS qualifying event you may make changes to your elections as long as they are consistent with the change (i.e. adding a child to your plans after childbirth or adoption). Elections must be made within 30 days of the qualifying event. You will not be allowed to make changes if the 30 day period has expired.

A change form with documentation of the qualifying event must be submitted to Human Resources within 30 days of the event. The change form is available on the Intranet or contact the Benefits Team if you need assistance.

Examples of IRS qualifying events include:

- Adding a dependent due to marriage, birth or adoption
- Removing a dependent due to divorce, maximum age limit or death
- A change in you or your spouse's employment status resulting in loss of coverage or newly eligible coverage
- A change in your spouse's employer coverage such as open enrollment
- Entitlement or loss of entitlement to Medicare or Medicaid
- A court order requiring dependent coverage (i.e. QMCSO)

HIPAA Special Enrollment Events

If you experience a HIPAA Special Enrollment event you may make changes to your elections within 60 days of the event. You will not be allowed to make changes if the 60 day period has expired.

A change form with documentation of the special event must be submitted to Human Resources within 60 days of the event. The change form is available on the Intranet or contact the Benefits Team if you need assistance.

Special Enrollment Events are:

- You or a dependent loses eligibility for coverage under State Medicaid or CHIP
- You or your dependent becomes eligible for coverage under State Medicaid or CHIP



MEDICAL PLANS

The district offers two Kaiser Permanente medical plans for those that live or work in Denver/Boulder, Northern Colorado or Eagle/Summit counties. For those with dependent children who are attending college outside of these counties please contact Kaiser for more information on what services are available in their area.

WHY KAISER?

1. Low Cost

Kaiser's integrated health care delivery model enables them to deliver high-quality care, while also helping to control costs — and keep rates more stable. So, you can feel confident about your health care investment.

2. Great care delivered by top-notch doctors.

Members can choose from over 1,200 top-notch Kaiser Permanente primary care doctors and specialists — one of the largest multispecialty medical groups in Colorado. Kaiser's physician-led care teams are connected through an electronic medical record. They work together to coordinate each member's healthcare so it's more efficient, which results in healthier outcomes and a more seamless experience for members.

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

When you need care, Kaiser makes it easy. Stop by one of their Colorado medical offices to see a doctor, get lab work or X-rays done, and in most locations, pick up a prescription — all in a single trip.

And when there's no time for an office visit, members can get care virtually anywhere, with options like email, chat, video visits and more, linked through their electronic medical record. Because providers have access to your medical history, you will receive more personalized care.



Online chat

Message in real time with a clinician, mental health specialist, and more.³



Scheduled phone/video visits

Set up a time that's convenient for you to talk to a Kaiser Permanente clinician via phone or video.^{2,3}



24/7 on-demand video visits

Talk to a clinician for quality care when you need it—no appointment needed.³



E-visit

Complete a brief, online questionnaire about your symptoms to receive a care plan or advice about seeking in-person care.



24/7 medical advice

Call for answers to routine or urgent medical questions.

Need help paying for care?

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

Manage Your Health Care Costs Online

Pay your medical bills at www.kp.org/paymedicalbills

Get a personalized cost estimate at www.kp.org/costestimates. Use this tool to find out what you can expect to pay out-of-pocket for exams, tests, and other services.

Go paperless at www.kp.org/gopaperless and receive medical bills and other documents online. You will get an email alert each time a bill is ready.

MEDICAL BENEFITS

Administered by Kaiser Permanente



Adams 12 Five Star Schools

	DHMO 1000 20%	HDHP 3500 EMB 30%
	In-Network	In-Network
Lifetime Benefit Maximum	Unlimited	Unlimited
Annual Deductible (Embedded)	\$1,000 single / \$3,000 family	\$3,500 single / \$7,000 family
Annual Out-of-Pocket Maximum (includes deductible)	\$3,000 single / \$6,000 family	\$5,600 single / \$11,200 family
Coinsurance	20%	30%
DOCTOR'S OFFICE		
Primary Care Office Visit	\$20 copay per visit; Other Covered Services received during visit: 20% after deductible	30% after deductible
Specialist Office Visit	\$40 copay per visit; Other Covered Services received during visit: 20% after deductible	30% after deductible
Preventive Care (screening, immunization)	No Charge	No Charge
Diagnostic test (x-ray, blood work)	X-ray: 20%; Lab tests: No Charge	30% after deductible
Imaging (CT/PET scans, MRI's)	20% after deductible	30% after deductible
HOSPITAL SERVICES		
Emergency Room	20% after deductible	30% after deductible
Inpatient	20% after deductible	30% after deductible
Outpatient Surgery	Ambulatory surgical center: \$500 copay per surgery; Outpatient hospital: 20% after deductible	Ambulatory surgical center: 20% after deductible; Outpatient hospital: 30% after deductible
Ambulance Service	20% up to \$500 copay per trip	30% after deductible
MENTAL HEALTH & SUBSTANCE ABUSE SERVICES		
Inpatient Services	20% after deductible	30% after deductible
Outpatient Services	\$20 copay per visit	30% after deductible
OTHER SERVICES		
Maternity Service	20% after deductible	30% after deductible
All other maternity hospital/physician services	20% after deductible	30% after deductible
Physical, Occupational and Speech Therapy Services	Outpatient services: \$20 copay per visit; Inpatient services: 20% after deductible	Outpatient services: 30% after deductible; Inpatient services: 30% after deductible
Skilled Nursing (100-day calendar year maximum)	20% after deductible	30% after deductible
IN-NETWORK PRESCRIPTION DRUGS (PER PRESCRIPTION)		
Generic Drugs (Retail 30-day/Mail Order 90-day supply)	\$15 copay / \$30 copay	20% after deductible
Preferred Brand Drugs (Retail 30-day/Mail Order 90-day supply)	\$30 copay / \$60 copay	20% after deductible
Non-Preferred Brand Drugs (Retail 30-day/Mail Order 90-day supply)	\$50 copay / \$100 copay	20% after deductible
Specialty Drugs (Retail 30-day)	20% up to \$150 copay	20% after deductible
NEW! Hearing Aids Benefit	\$2,000 every 36 months	

HOW THE PLANS WORK

Both medical plan options use the **Kaiser Permanente** network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

For all HMO and HDHP plans, you must visit an in-network provider to take advantage of your benefits. There are no out-of-network benefits, except in the case of a **true emergency**.

The HDHPs are qualified plans for a Health Savings Account (HSA). With an HSA, you are able to set aside pre-tax funds into an account to be used for qualified medical expenses. For more information on how your HSA works, please see the HSA section of this booklet located on page 18.

With the **HDHP**, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. **Your paycheck deductions for this plan are lower than the DHMO plan.**

The DHMO plan has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP.

The district contributes \$461.09 per month to the Kaiser High Deductible Health Plan (HDHP) and \$134.05 per month to a Kaiser Bank Health Savings Account (HSA). The total district contribution when you elect this plan is \$595.14 per month as long as you are eligible to receive deposits to a Health Savings Account.

The district contributes \$595.14 per month to the Kaiser Deductible Health Maintenance Organization Plan (the DHMO plan is not HSA eligible).

PAYING FOR HEALTH CARE

Adams 12 Five Star Schools offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	HSA	FSA
What medical plan can I choose?	HDHP	DHMO plan
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for a full list)	Medical, prescription, dental & vision care (See IRS publication 502 for a full list)
When can I use the funds?	Funds are available as you contribute to the account	All of the funds you elect for the year are available on January 1
Can I roll over funds each year?	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	With your Kaiser Permanente debit card (You can also submit claims for reimbursement online at www.kp.org/healthexpense)	With your Alerus RB debit card (You can also submit claims for reimbursement online at www.alerusrb.com)
How much can I contribute each year?	You can contribute \$4,150 for individual coverage or \$8,300 for family coverage (this total includes company funding) in 2024	2023 limits are \$3,050 2024 limits have not been released yet.
Can I change my contributions throughout the year?	Yes, you can log on to www.kp.org/healthexpense to change your HSA contributions at any time	No, unless you have a qualifying life event.

Medical Rates for all Eligible Employees

****Certified Employees working less than a .74 FTE see rates on next page**

The district contributes \$482.79 per month to the Kaiser High Deductible Health Plan (HDHP) and \$140.35 per month to a Kaiser Bank Health Savings Account (HSA). The total district contribution when you elect this plan is \$623.14 per month as long as you are eligible to receive deposits to a Health Savings Account.

The district contributes \$623.14 per month to the Kaiser Deductible Health Maintenance Organization Plan (the DHMO plan is not HSA eligible).

	Kaiser HDHP HSA Eligible Employee Monthly Cost	Kaiser HDHP HSA Eligible District Monthly Cost	Kaiser DHMO Employee Monthly Cost	Kaiser DHMO District Monthly Cost
Employee Only	\$25.41	\$482.79	\$32.80	\$623.14
Employee & Spouse	\$533.61	\$482.79	\$688.73	\$623.14
Employee & Child(ren)	\$482.79	\$482.79	\$623.14	\$623.14
Family	\$990.99	\$482.79	\$1,279.08	\$623.14

*** **9 and 10 month Classified Employee** deductions will be higher from January 31 through May 31 to pre-pay for July and August insurance. These premiums are not reflected above or when performing your online elections.

Contact Information

Employees electing new coverage or changing coverage will be receiving new ID cards in the mail, however if you need care prior to your cards arriving, you may visit www.kp.org and create an account, or download their mobile app.

For Plan Comparisons, please see page 8.



Medical Rates for Certified Employees working a .74 FTE schedule or less

The district contribution is prorated for Certified Employees .74 FTE or less for the Kaiser High Deductible Health Plan (HDHP), Kaiser Bank Health Savings Account and Kaiser Deductible Health Maintenance Organization Plan (the DHMO plan is not HSA eligible).

IMPORTANT NOTE: You must be eligible to receive deposits to a Health Savings Account to receive the district HSA contribution.

Kaiser HDHP / HSA Eligible	.51-.74 FTE Employee Monthly Cost	.51-.74 FTE District Monthly Cost	.26-.50 FTE Employee Monthly Cost	.26-.50 FTE District Monthly Cost	.10-.25 FTE Employee Monthly Cost	.10-.25 FTE District Monthly Cost
Employee Only	\$146.11	\$362.09	\$266.81	\$241.40	\$387.50	\$120.70
Employee & Spouse	\$654.31	\$362.09	\$755.01	\$241.40	\$895.70	\$120.70
Employee & Child(ren)	\$603.49	\$362.09	\$724.19	\$241.40	\$844.88	\$120.70
Family	\$1,111.69	\$362.09	\$1,232.39	\$241.40	\$1,353.08	\$120.70
District HSA Contribution	\$100.53		\$67.02		\$33.51	

Kaiser DHMO	.51-.74 FTE Employee Monthly Cost	.51-.74 FTE District Monthly Cost	.26-.50 FTE Employee Monthly Cost	.26-.50 FTE District Monthly Cost	.10-.25 FTE Employee Monthly Cost	.10-.25 FTE District Monthly Cost
Employee Only	\$188.58	\$467.36	\$344.37	\$311.57	\$500.15	\$155.79
Employee & Spouse	\$844.51	\$467.36	\$1,000.30	\$311.57	\$1,156.08	\$155.79
Employee & Child(ren)	\$778.92	\$467.36	\$934.71	\$311.57	\$1,090.49	\$155.79
Family	\$1,434.86	\$467.36	\$1,590.65	\$311.57	\$1,746.43	\$155.79



DENTAL BENEFITS

Administered by Delta Dental of Colorado

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Adams 12 offers two dental plans through Delta Dental of Colorado. The EPO plan is geared for those that live or work in Denver/Boulder, Northern Colorado or Eagle/Summit



Services	Delta EPO Plan In-Network—You Pay	Delta PPO Plan In-Network—You Pay
Annual Deductible	No Deductible	\$50 per person; \$150 family limit
Annual Benefit Maximum	No Limit	\$1,500
Preventive Dental Services		
Oral Evaluation	\$10 copay	100% (2X in a 12 month period)
Routine Cleanings	100% (2X in a 12 month period)	100% (2X in a 12 month period)
Bitewing X-rays	100% (1X in a 12 month period)	100% (1X in a 12 month period)
Basic Dental Services		
Amalgam Filings	\$21 to \$40 copay	20% after deductible
General Anesthesia	\$56 copay first 30 minutes	20% after deductible
Major Dental Services		
Crowns	\$45 to \$161 copays	20% after deductible
Implants	Not covered	20% after deductible
Orthodontia (Braces)	\$600 to \$1,980 copays	50% until lifetime max
Orthodontia Lifetime Maximum (adults & children)	N/A	\$1,500
Out-of-network Coverage	No	Yes (member pays higher cost than in-network)

For those with dependent children who are attending college outside of these counties, there is no regular services available if you select the EPO plan. If you select the PPO plan, you will be responsible to follow the out-of-network claim procedures and pay 100% of any expense over the allowable fees and maximum plan allowance.

To look up participating dentists:

Go to www.deltadental.com and select the PPO network of dentists for our EPO plan and the PPO+Premier for dentists in our PPO network.

Please note: Delta Dental does not generate ID cards; however you can register at www.deltadental.com and print one. Your member ID is your SSN.



Dental Rates for all Eligible Employees except Certified Employees .74 FTE or Less

The district contributes \$33.88 per month to both the Delta Dental EPO and PPO plans.

	Delta EPO Employee Monthly Cost	Delta EPO District Monthly Cost	Delta PPO Employee Monthly Cost	Delta PPO District Monthly Cost
Employee Only	\$1.78	\$33.88	\$11.64	\$33.88
Employee & Spouse	\$38.07	\$33.88	\$54.47	\$33.88
Employee & Child(ren)	\$54.26	\$33.88	\$49.38	\$33.88
Family	\$90.56	\$33.88	\$95.91	\$33.88

*** 9 and 10 month Classified Employee deductions will be higher on January 31 through May 31 paychecks to pre-pay for July and August premiums. These premiums are not reflected above or when performing your online elections.

Dental Rates for Certified Employees .74 FTE or Less

The district contribution is prorated for Certified Employees .74 FTE or less for the Delta Dental EPO and PPO plans.

Delta EPO	.51-.74 FTE Employee Monthly Cost	.51-.74 FTE District Monthly Cost	.26-.50 FTE Employee Monthly Cost	.26-.50 FTE District Monthly Cost	.10-.25 FTE Employee Monthly Cost	.10-.25 FTE District Monthly Cost
Employee Only	\$10.25	\$25.41	\$18.72	\$16.94	\$27.19	\$8.47
Employee & Spouse	\$46.54	\$25.41	\$55.01	\$16.94	\$63.48	\$8.47
Employee & Child(ren)	\$62.73	\$25.41	\$71.20	\$16.94	\$79.67	\$8.47
Family	\$99.03	\$25.41	\$107.50	\$16.94	\$115.97	\$8.47

Delta PPO	.51-.74 FTE Employee Monthly Cost	.51-.74 FTE District Monthly Cost	.26-.50 FTE Employee Monthly Cost	.26-.50 FTE District Monthly Cost	.10-.25 FTE Employee Monthly Cost	.10-.25 FTE District Monthly Cost
Employee Only	\$20.11	\$25.41	\$28.58	\$16.94	\$37.05	\$8.47
Employee & Spouse	\$62.94	\$25.41	\$71.41	\$16.94	\$79.88	\$8.47
Employee & Child(ren)	\$57.85	\$25.41	\$66.32	\$16.94	\$74.79	\$8.47
Family	\$104.38	\$25.41	\$112.85	\$16.94	\$121.32	\$8.47



What is a PLUS Provider?



Certain in-network providers offer a \$0 copay and an enhanced frame allowance. Look for this symbol when choosing a provider to access this discount.

VISION BENEFITS

Administered by EyeMed

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. The district offers one vision plan through EyeMed, which offers both in-network and out-of-network coverage. Find a provider, print out ID Cards, submit claims, and register your account to get additional discounts at www.eyemed.com. Click on register and use your SSN as your member ID.

Your coverage from an EyeMed doctor

VISION CARE SERVICES	IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES			
Exam	\$0 copay	\$5 copay	Up to \$30
Retinal Imaging	Up to \$39	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP			
Fit and Follow-up - Standard	Up to \$40	Up to \$40	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
FRAME			
Frame	\$0 copay; 20% off balance over \$170 allowance	\$0 copay; 20% off balance over \$120 allowance	Up to \$30
LENSES			
Single Vision	\$0 copay	\$0 copay	Up to \$30
Bifocal	\$0 copay	\$0 copay	Up to \$40
Trifocal	\$0 copay	\$0 copay	Up to \$50
Lenticular	\$0 copay	\$0 copay	Up to \$60
Progressive - Standard	\$0 copay	\$0 copay	Up to \$50
Progressive - Premium	\$85 - 175 copay	\$85 - 175 copay	Up to \$50
LENS OPTIONS			
Anti Reflective Coating - Standard	\$45 copay	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85 copay	\$57 - 85 copay	Up to \$23
Photochromic - Non-Glass	\$75	\$75	Not covered
Polycarbonate - Standard	\$40	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	\$0 copay	Up to \$20
Scratch Coating - Standard Plastic	\$15	\$15	Not covered
Tint - Solid and Gradient	\$15	\$15	Not covered
UV Treatment	\$15	\$15	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
CONTACT LENSES			
Contacts - Conventional	\$0 copay; 15% off balance over \$120 allowance	\$0 copay; 15% off balance over \$120 allowance	Up to \$110
Contacts - Disposable	\$0 copay; 100% of balance over \$120 allowance	\$0 copay; 100% of balance over \$120 allowance	Up to \$110
Contacts - Medically Necessary	\$0 copay	\$0 copay	Up to \$210
OTHER			
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS	
Exam	Once every plan year	Once every plan year	
Lenses	Once every plan year	Once every plan year	
Frame	Once every plan year	Once every plan year	
Contact Lenses	Once every plan year	Once every plan year	

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

Vision Rates for all Eligible Employees

****Certified Employees working less than a .74 FTE see rates below**

The district contributes \$7.09 per month to the EyeMed plan.

	Employee Monthly Cost	District Monthly Cost
Employee Only	\$0.38	\$7.09
Employee + 1	\$12.27	\$7.09
Employee + 2 or more	\$26.85	\$7.09

***** 9 and 10 month Classified Employee** deductions will be higher from January 31 through May 31 to pre-pay for July and August premiums. These premiums are not reflected above or when performing your online elections.

Vision Rates for Certified Employees .74 FTE or Less

The district contribution is prorated for Certified Employees .74 FTE or less for the EyeMed plan.

	.51-.74 FTE Employee Monthly Cost	.51-.74 FTE District Monthly Cost	.26-.50 FTE Employee Monthly Cost	.26-.50 FTE District Monthly Cost	.10-.25 FTE Employee Monthly Cost	.10-.25 FTE District Monthly Cost
Employee Only	\$2.15	\$5.32	\$3.93	\$3.55	\$5.70	\$1.77
Employee + 1	\$14.04	\$5.32	\$15.82	\$3.55	\$17.59	\$1.77
Employee + 2 or more	\$28.62	\$5.32	\$30.40	\$3.55	\$32.17	\$1.77



MENTAL HEALTH BENEFITS

Kaiser Health Care Resources

Kaiser Permanente Colorado

Health care the way it's meant to be

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.

SPENDING ACCOUNTS

HSA & FSA Comparison

Description	HSA	Healthcare FSA	Limited Purpose FSA	Dependent Care FSA
Eligibility	HDHP	HMO & POS	HDHP	All employees
2024 Contribution Limits	\$4,150 Individual \$8,300 Family \$1,000 Catch-up	2024 limit is \$3,200		2024 limit is \$5,000;
Who can contribute?	Employer, employee, spouse, family members**	Employee		Employee
Rollover	100%	2024 limit: \$640		N/A
Changing Contribution	Anytime	Only at open enrollment or with a qualifying event		
Funds Available	Once Funded	Immediately		Once Funded
Receipts needed for reimbursement	No, you should save your bills and receipts for tax purposes	Yes, for some expenses		
Is the account portable?	Yes, all funds belong to the account owner	No		
Eligible Expenses	Medical, dental & vision expenses, and some insurance premiums such as LTC and COBRA	Medical, dental & vision*, but no insurance premiums	Dental & vision expenses*, but no insurance premiums	Work-related daycare and elder care
Can I use the funds for non-eligible expenses?	Penalty of 20% on the used amount, if 65+ income tax is applied	No		
Saving/investment options	Yes	No		

*For a full list of qualified expenses visit <https://www.irs.gov/publications/p502>

**Spouses and covered children over age 19 must contribute to their own individually-owned HSA account

SPENDING ACCOUNTS

FLEXIBLE SPENDING ACCOUNT

Insured by Alerus RB

Medical FSA Information

The district offers a medical flexible spending account (FSA) through Alerus for those NOT participating in a health savings account (HSA). A medical FSA is an account that you may use to pay for qualified medical, dental, vision and certain preventive expenses. Your contributions to the account are tax free.

The 2023 annual contribution limit for the medical FSA is \$3,050. 2024 limits have not been released yet.

Limited Purpose FSA Information

The district offers a limited purpose flexible spending account (FSA) through Alerus for those participating in the Kaiser HDHP/HSA plans. A limited purpose FSA is an account that you may use to pay for qualified dental, vision and certain preventive expenses not reimbursed by a Health Savings Account. Your contributions to the account are tax free.

The 2023 annual contribution limit for the limited purpose FSA is \$3,050. 2024 limits have not been released yet.

Dependent Daycare FSA Information

The district offers a dependent daycare flexible spending account (FSA) through Alerus. A dependent daycare FSA is an account that you may use to pay for qualified daycare, preschool or summer day camp expenses for children under age 13 and dependents that are mentally or physically incapable of caring for themselves. Your contributions to the account are tax free.

Dependent daycare FSA's are subject to IRS "use it or lose it" regulations. No carryover into the following calendar year is allowed. Eligible receipts must be dated by December 31st or the last day of the month in which employment ends. Eligible receipts must be sent to Alerus no later than March 1st to be considered eligible expenses for the previous calendar year.

The 2023 annual contribution limit for the dependent daycare FSA is \$5,000 (household limit).



FSA RULES

YOU MUST ENROLL EACH YEAR DURING OPEN ENROLLMENT TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

"Use it or lose it" regulation - Any unused funds over the **rollover** limit will NOT be returned to you or carrier over to the following year.

You can incur expenses through December 31, and eligible receipts must be sent to Alerus no later than March 1st to be considered eligible expenses for the previous calendar year.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

To access your FSA accounts log in to www.alerusrb.com and login or check out their Apple or Google Play Apps



SPENDING ACCOUNTS

HEALTH SAVINGS ACCOUNT

Insured by Kaiser Permanente

The district offers one health savings account (HSA) through Kaiser Permanente for payroll deduction and employer contributions. A HSA is a personal bank account that you may use to pay for qualified medical, dental, vision and certain preventive expenses. NOTE: all transactions are limited to your available cash balance.

HSA's work the same as any other bank account including receiving a debit card; withdrawals at ATM's; online bill pay options; and receiving monthly statements. Investment funding options are also available for an additional fee. You will never lose the money in your HSA since it is a personal bank account and the money stays with you until you close the account.

As long as you use the money in the account for qualified expenses, that money is tax free and will not incur tax or penalty. Age 65 and older may use the money in their HSA for any expense without penalty (i.e. purchase a boat, trip, etc.), but will incur taxes on any expense that is not for qualified medical, dental, vision and certain preventive services. The record-keeping of eligible expenses is your responsibility in case of an IRS audit.

Eligibility for Deposits

To be eligible to receive deposits into the HSA you must:

- Be enrolled in a High Deductible Health Plan (HDHP) on the first day of the month
- Not be claimed as a dependent on someone else's tax return
- Not be enrolled in any other medical coverage including Medicare,
- Medicaid or Tri-Care
- Have not received VA services within 90 days

Annual Deposit Limits

The 2024 annual deposit limits including both employee and employer contributions are:

****See page 8 & 9 for District Contribution amounts****

- \$4,150 for individual coverage
- \$8,300 for family coverage (household limit)
- \$1,000 catch-up for age 55+

To access you HSA account login in to www.kp.org/healthexpense and create a new account.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Insured by The Standard



Accidental Death and Dismemberment (AD&D) Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Adams 12 Five Star Schools. The company provides basic life insurance of 2 times base salary up to a maximum of \$400,000 for certified and administrative employees and 2 times base salary up to a maximum of \$100,000 for classified employees at no cost to you.

Additional Life and AD&D Insurance

Additional life and AD&D insurance is available to any employee working for Adams 12 Five Star Schools through Colorado PERA. Enrollment dates for additional life and AD&D insurance with PERA are within 90 days of becoming a PERA member or during the annual enrollment period from April 1 – May 31.

There are 4 different coverage levels available and automatically include a flat amount for dependents. Coverage is provided by Unum by enrolling at www.copera.org or calling (866) 277-1649.





Disability/Sick Plans

Certified Employees

Certified employees are automatically enrolled in the Sick Leave Bank upon hire. One day of temporary leave is “donated” each year to the Sick Leave Bank. If you choose to opt out, please BEWARE that you may never opt back in.

Employees that qualify for Sick Leave Bank receive paid leave for their own serious health condition starting on the 31st day up to a maximum of 90 days. Sick Leave may begin sooner if temporary leave has been depleted, but no sooner than the 11th day. Additional Sick Leave Bank may be available with special approval.

Additional information on available leave types and requests for a leave of absence is available on the staff.adams12.org website under Human Resources / Benefits.

Classified Employees

Sick Leave Bank is a voluntary program for benefit eligible Classified employees. You may elect or opt out at time of hire and each year during the Sick Leave Bank Open Enrollment, which is March 1 – March 15. Eight hours of temporary leave is “donated” each year to the Sick Leave Bank for those who elect participation.

Employees that qualify for Sick Leave Bank receive paid leave for their own serious health condition starting on the 6th day of leave to a maximum of 90 days.

Additional information on available leave types and requests for a leave of absence is available on the staff.adams12.org website under Human Resources / Leave of Absence.

Administrative Employees

The district provides short term and long term disability at no charge to benefit eligible administrative employees through The Standard.

Additional information on available leave types and requests for a leave of absence is available on the staff.adams12.org website under Human Resources / Leave of Absence.

	How is Works	Who Pays for the Benefit
Short-term Disability	You receive 60% of your income up to \$2,500 per week. Benefits begin after 14 calendar days for illness and injury and continue for up to 90 days.	Company
Long-term Disability	You receive 60% of your income up to \$10,000 per month. Benefits begin when short-term disability benefits end and continue until you reach the Social Security Normal Retirement Age.	Company



VOLUNTARY PLANS

Pet Insurance

Insured through Nationwide

Pet insurance is available for cats, dogs and exotic pets for benefit eligible employees through Nationwide. Policies are open to pets of all ages. There are two plans to choose from and reimburse either 50% or 70% for expenses related to accidents and illnesses. Chronic pre-existing conditions are not covered. Discounts are available for multiple pets and policies are portable upon employment ending. Premiums are based on the breed and age of the pet.

	Employee Monthly Cost
Dog & Cat Pet Protection–50% Reimbursement	Premiums start at \$20.00
Dog & Cat Pet Protection–70% Reimbursement	Premiums start at \$27.00
Exotic Pets – 50% or 70% Reimbursement	Premium based on species

Obtain coverage by enrolling at www.petinsurance.com/adams12 or calling 877.738-.874.

Accident, Hospital Indemnity & Critical Illness w/Cancer

Administered by Aflac

Accident, hospital indemnity and critical illness w/cancer plans are available for benefit eligible employees through AFLAC. These policies help offset the costs of out-of-pocket expenses such as deductible, coinsurance and emergency treatment when an accident, hospital stay or specified health event occurs. These policies do not replace major medical coverage. Policies include an annual wellness benefit and are portable upon employment ending.

Accident	Employee Monthly Cost
Employee Only	\$12.16
Employee & Spouse	\$21.14
Employee & Child(ren)	\$28.68
Family	\$37.66

Hospital Indemnity	Employee Monthly Cost
Employee Only	\$10.78
Employee & Spouse	\$21.66
Employee & Child(ren)	\$17.46
Family	\$28.34

Adams 12 Five Star Schools

Critical Illness w/Cancer – Minimum \$5,000 to Maximum \$50,000 Issue Amount
Up to \$30,000 Guaranteed Issue (no underwriting). Call AFLAC to enroll in any amount over \$30,000

Non-Tobacco per \$1000		Tobacco per \$1000		Non-Tobacco per \$1000		Tobacco per \$1000	
Employee				Employee & Spouse			
Age 18-25	\$0.51	Age 18-25	\$0.62	Age 18-25	\$1.02	Age 18-25	\$1.24
26-30	\$0.61	26-30	\$0.76	26-30	\$1.22	26-30	\$1.52
31-35	\$0.68	31-35	\$0.94	31-35	\$1.36	31-35	\$1.88
36-40	\$0.83	36-40	\$1.16	36-40	\$1.65	36-40	\$2.32
41-45	\$0.96	41-45	\$1.36	41-45	\$1.91	41-45	\$2.71
46-50	\$1.10	46-50	\$1.58	46-50	\$2.21	46-50	\$3.17
51-55	\$1.60	51-55	\$2.39	51-55	\$3.21	51-55	\$4.78
56-60	\$1.57	56-60	\$2.42	56-60	\$3.13	56-60	\$4.83
61-65	\$3.04	61-65	\$4.65	61-65	\$6.08	61-65	\$9.31
66+	\$5.24	66+	\$7.91	66+	\$10.48	66+	\$15.82
Employee & Child(ren)				Family			
Age 18-25	\$0.51	Age 18-25	\$0.62	Age 18-25	\$1.02	Age 18-25	\$1.24
26-30	\$0.61	26-30	\$0.76	26-30	\$1.22	26-30	\$1.52
31-35	\$0.68	31-35	\$0.94	31-35	\$1.36	31-35	\$1.88
36-40	\$0.83	36-40	\$1.16	36-40	\$1.65	36-40	\$2.32
41-45	\$0.96	41-45	\$1.36	41-45	\$1.91	41-45	\$2.71
46-50	\$1.10	46-50	\$1.58	46-50	\$2.21	46-50	\$3.17
51-55	\$1.60	51-55	\$2.39	51-55	\$3.21	51-55	\$4.78
56-60	\$1.57	56-60	\$2.42	56-60	\$3.13	56-60	\$4.83
61-65	\$3.04	61-65	\$4.65	61-65	\$6.08	61-65	\$9.31
66+	\$5.24	66+	\$7.91	66+	\$10.48	66+	\$15.82

Enrollment and additional information is available at www.wecareworks.com/Aflac
 (Case ID: B581 / Member ID: 6 digit Adams 12 ID number / Password: ADAMS2018)
 or by calling (833) 236-5283.

*** **9 and 10 month Classified Employee** deductions will be higher from January 31 through May 31 to pre-pay for July and August insurance. These premiums are not reflected above or when performing your online elections.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Through ComPsych

The district provides an employee assistance program (EAP) to all Adams 12 Five Star Schools employees and their household members at no charge, regardless of benefits eligibility.



The employee assistance program provides:

- **Confidential Emotional Support** for anxiety, depression, stress, grief, loss, life adjustments, and relationships/marital conflicts.
- **Work and Lifestyle Support** for child, elder and pet care, moving and relocation, shelter and government assistance.
- **Legal Guidance** for divorce, adoption, family law, wills, trusts, estate planning. Includes free consultation and discounted local representation.
- **Financial Resources** for retirement planning, taxes, relocation, mortgages, insurance, budgeting, debt, bankruptcy and more.
- **Digital Support** offers connections to counseling, work-life support and other services. You may tap into an array of articles, podcasts, videos and slideshows while also improving your skills with On-Demand trainings.
- **WellthSource** is an interactive digital platform that promotes financial wellness. You may create a legally binding will and financial plans. You can also find guided programs and support for personal financial planning.
- **Interactive Digital Tools** gives you access to a self-care platform that offers guided health programs. These programs can help you tackle anxiety, depression, stress, improve mindfulness, improve sleep and more.
- **Wellness Support** uses health coaching to make positive lifestyle changes, including: improving nutrition, exercise habits, weight loss efforts, help with smoking cessation, back care, resiliency and more.

NEW!

**For 24/7
Confidential
Support:**

**Call 855.890.3209
(TRS: Dial 711)**

**Visit online at
guidanceresources.com**

Web ID: ADAMS 12

**Or download the app
GuidanceNow**



COMPSYCH®
GuidanceResources® Worldwide

RETIREMENT PLANS

403(b), 457(b) and 401(k) Information

The district provides 403(b), 457(b) and 401(k) retirement plans to all Adams 12 Five Star Schools employees, regardless of benefits eligibility.



COLORADO PERA

- All Adams 12 Five Star Schools employees are covered under Colorado PERA, Retirement Plans as required by state law. Effective July 1, 2022 a deduction of 11% of eligible salary will be deducted from your salary for Colorado PERA. The district contribution is 21.4%
- Colorado Public Employees' Retirement Association (Colorado PERA) provides retirement and other benefits to the employees of more than 400 government agencies and public entities in the state of Colorado
- Colorado PERA is a 401(a) defined benefit retirement plan, sometimes called a pension plan. For most members, PERA provides benefits to you when you retire or are disabled, or to your survivors after your death.
- In addition, Colorado PERA members may take advantage of the PERAPlus 401(k) and 457(b) defined contribution plans. A defined contribution plan is a type of retirement plan in which the employee makes pre-tax contributions to an investment account. At retirement, the employee may start drawing on the account. The fund balance is based on investment gains or losses.
- Contributions to any of the voluntary tax-deferred savings plans will not affect your Colorado PERA pension benefits,
- Visits www.copera.org or call Colorado PERA at **303.832.9550** for more information on Colorado PERA benefits.

MISSION SQUARE RETIREMENT 403(B) AND 457

The 403(b) and 457(b) is through MissionSquare Retirement and you may enroll at www.icmarc.org/Adams12FiveStarSchools beginning on your hire date or after.



You may choose a flat dollar amount or percentage for the contributions that are withheld from your paycheck. You also have the option to select traditional pre- tax contributions or Roth (after-tax) contributions.

The 2024 annual contribution limit is **\$22,500** for age 49 or younger and **\$27,000** for age 50 and older (**\$6,500** catch up contribution).

Investment options and fee disclosures for the retirement plans are available on the Adams 12 staff website, along with the required notices.

Per IRS regulations, enrollments or contribution changes made to the 457 plans will become effective the first day of the following month.

Enrollments or contribution changes made to the 401K and 403(b) plans will become effective the first of the month as long as the enrollment change is made by the 15th.

CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.



Benefit	Administrator	Group Number	Phone	Website/Email
Medical	Kaiser Permanente	271	1.855.249.5005 (TTY: 711)	www.kp.org
Health Savings Account	Kaiser Permanente	—	877.761.3399	www.kp.org/healthexpense
Dental	Delta Dental of Colorado	EPO: 8433 DPPO: 1636	800.610.0201	www.deltadentalco.com
Vision	EyeMed	1034758	1.800.988.4221	www.eyemed.com
Flexible Spending Account	Alerus RB	—	800.795.2697	www.alerusrb.com
Life and AD&D	The Standard	136379-D	Call HR for more information	Call HR for more information
Short Term Disability	The Standard	136379	Call HR for more information	Call HR for more information
Long Term Disability	The Standard	136379	Call HR for more information	Call HR for more information
Voluntary Pet Insurance	Nationwide	—	877.738.7874	www.petinsurance.com/adams12
Voluntary Accident	AFLAC	—	833.236.5283	www.wecareworks.com/Aflac
Voluntary Hospital Indemnity	AFLAC	—	833.236.5283	www.wecareworks.com/Aflac
Voluntary Critical Illness	AFLAC	—	833.236.5283	www.wecareworks.com/Aflac
NEW! Employee Assistance Program	ComPsych GuidanceResources	—	855.890.3209	www.guidanceresources.com
Retirement Plans (ADAMS 12 403(b) & 457(b))	MissionSquare Retirement (ICMA-RC)	—	800.669.7400	www.icmarc.org/adams12fivestarschools
Retirement Plans (PERA Pension, 401(k) & 457))	Colorado PERA	—	800.759.7372	www.copera.org
Chief Human Resources Officer	Myla Shepherd	—	720.972.4068	myla.shepherd@adams12.org

Benefits Website

Our benefits website, <http://staff.adams12.org>, can be accessed anytime you want additional information on our benefit program.

Adams 12 Benefits team can be reached by email hr-benefits@adams12.org, fax 720.972.4399 or calling 720-972-4068



This benefit summary prepared by



Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.