



**PUEBLO**  
SCHOOL DISTRICT 60  
*Educating for Purpose and Impact*



2025

# BENEFIT GUIDE

January 1, 2025—December 31, 2025



## Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you may receive.

## Eligibility

All contracted employees who work 30 hours or more per week are eligible for all benefits outlined in this summary. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or children, where applicable by state law.
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply) through the end of the year in which they turn 26. Disabled children age 26 or older who meet certain criteria may continue on your health coverage. Please see the voluntary benefits summary plan documents for the cutoff age for children, as the age may vary.

## When Coverage Begins

**New Hires:** You must complete the enrollment process within 30 days of your effective date. If you enroll on time, coverage is effective on the first of the month following your date of hire. If you fail to enroll on time, you will NOT have benefits coverage except for employer-paid life insurance. Your next opportunity to enroll in coverage will be at the next annual open enrollment period. To complete your enrollment, you will call the SMBO Benefits Call Center at **877-282-0808**.

**Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2025.

**How to Enroll:** To make your benefit elections, please call the SMBO Benefits Call Center at **877-282-0808**, where a Benefits Counselor will assist you with any questions and guide you through the enrollment process directly over the phone. You also have the option to view your enrollment live from a computer or smart device. Call center hours are Monday through Friday, 6 am to 4 pm, MT.

*\*All calls are recorded for quality assurance and telephonic signature verification.\**

[www.pueblod60benefits.org](http://www.pueblod60benefits.org)



## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next Annual Open Enrollment Period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- Change in child custody
- Change in coverage election made by your spouse during their employer's Open Enrollment Period
- Loss of Eligibility for Medicaid/CHIPRA (60 days notification)
- Spouse's/RDP's employment or termination of employment

## Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment Period to make your election changes. If you wish to change your HSA contribution or update your beneficiary, please call either Human Resources or the SMBO Call Center.

## Required Information

When you enroll, you will be required to enter a Social Security Number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the district to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a federal tax penalty. This information will be securely submitted to the IRS and will remain confidential.



We've gone mobile! Access your benefits, look up carrier contact information, watch helpful education videos, access your benefit guide and summaries, and more!

Simply go to the Apple App Store or Google Play on your device.

- Download the "Benefit Spot" app
- Whenever you launch the app, enter company code **District60** to access our plan information. **NOTE: The company code is case sensitive.**
- You're ready to go!



## Medical Plans

We are proud to offer you a choice between four Kaiser Permanente HMO medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle.

## Kaiser Permanente HMO Network

With these plans, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs and approve further medical treatment. Services received outside of the HMO network are not covered, except in the case of emergency medical care, except for Out-of-Area Dependent Care and The Plus Benefits, which is described on the next page.

## First Fill Rx for Maintenance Medications

What are maintenance medications? These are prescription medications that you take for an extended period of time (months or even years). Examples include medications to treat blood pressure, high cholesterol, diabetes (such as insulin or Metformin), asthma, or even birth control pills. The first time you fill a maintenance medication prescription, you can fill it at either a Kaiser Permanente Medical Office Building pharmacy or a contracted network pharmacy. But for subsequent refills, you will then have to fill the prescription at either a Kaiser Permanente Medical Office Building pharmacy or through the mail order program. If you use the mail order program, you will get up to a three month supply for the cost of two months' copays.

For non-maintenance medications, such as antibiotics, short-term pain medications, etc., you may still fill your prescription at your local contracted network pharmacy or use a Kaiser Permanente Medical Office Building pharmacy.

The following pharmacies are contracted with Kaiser Permanente in Pueblo County:

- King Soopers (two locations)
- Walgreens (five locations including Pueblo West)
- Wal-Mart (four locations including Pueblo West)
- Kaiser Medical Office Building (two locations)

## 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, visit [kp.org/travel](https://kp.org/travel), or scan the QR code to the right.



## Out-of-Area Dependent Coverage

All four medical plans include **Out-of-Area Dependent Coverage** which provides coverage for your dependents while they are away from home. Kaiser Permanente covers routine, continuing, and follow-up care, outside of any Kaiser Permanente service area, for any out-of-area dependent enrolled in the plan. Out-of-area services are limited to covered, non-urgent medical needs. Medically necessary urgent and emergency care are always covered for dependents while out of the service area.

The out-of-area dependent benefit will cover:

- Up to 10 office visits
- Up to 10 diagnostic X-rays
- Up to 12 prescription drug fills
- Up to 12 diabetic supplies
- Up to 10 combined therapy visits (physical, occupational and speech)

Applicable coinsurance/copayments apply. Please refer to the supplemental flyer for list of exclusions. Out-of-area dependent benefits are subject to all terms and conditions of your plan. Claims for covered services that are medically necessary will be covered. If the provider bills Kaiser directly, you will not need to submit a claim. If the dependent pays out-of-pocket, submit the bill to Kaiser Permanente for reimbursement.

## The Plus Benefit

The DHMO 2500 30% Plus and DHMO 2000 20% Plus plans include the **Plus Benefit**, where your choices are covered. Choose to see any licensed provider, anytime, up to a set number of visits or covered outpatient medical services each year. So if you have a provider you like, you don't have to switch. Your visits will still be covered, as long as you do not exceed the annual visit limit. You can use your visits for these types of items/services:

- Routine office visits, including primary, preventive and specialty care, as well as mental health and chemical dependency
- Lab services, diagnostic X-rays, and select durable medical equipment provided during an office visit (each test, piece of equipment, and X-ray counts separately toward your limit)
- Physical, occupational and speech therapy office visits
- Allergy injections received at an office

Your cost share (copay or coinsurance) is the same as, or similar to, the cost for these services in your DHMO plan. However, your costs under the Plus Benefit **do not** apply to your deductible or out-of-pocket maximum for the year.

All other services, including but not limited to, inpatient services, outpatient surgery, prenatal, and maternity care are covered only under your DHMO plan benefits, which means you'll need to use an in-network provider. Services not covered under your DHMO plan benefits will not be covered under your Plus Benefit. Please see supplemental flyer for additional information. Review your Evidence of Coverage for your specific plan details, including benefits, exclusions, and limitations.



# Kaiser Permanente

Below is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary of Benefits and Coverage (SBC) or Summary Plan Description (SPD).

Summary of Benefits	HSA 3500 Embedded Deductible	DHMO 3500 20%
<b>HMO Network:</b>	In-Network Only	In-Network Only
<b>Calendar Year Deductible:</b>	\$3,500 Individual / \$7,000 Family	\$3,500 Individual \ \$10,500 Family
<b>Maximum Out-of-Pocket:</b> (Includes deductible, copays and co-insurance you pay)	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$12,700 Family
<b>Preventative Services:</b>	No Charge	No Charge
<b>Physician Office Visits</b> KP MOB PCP: Affiliated Provider PCP: Specialist:	Deductible then 0% Deductible then 0% Deductible then 30%	\$0 copay \$0 copay \$30 copay
<b>Preventive Prescriptions filled at KP MOB Pharmacy or Mail Order:</b>	No Charge	No Charge
<b>Retail Prescriptions:</b> (30 day supply—Generic/Preferred/Non-Preferred/Specialty)	Deductible then 30% <b>Specialty:</b> Deductible then 20% to \$250 max.	\$15/\$40/\$60 <b>Specialty:</b> 20% to max of \$250
<b>Mail Order:</b> (90 day supply)	Same as above	2 copays for up to 90 day supply
<b>Diagnostic Lab:</b>	Deductible then 30%	<b>Free Standing Facility:</b> No Charge <b>Hospital:</b> Deductible then 20%
<b>Diagnostic X-Ray:</b>	Deductible then 30%	<b>Free Standing Facility:</b> \$30 Copay <b>Hospital:</b> Deductible then 20%
<b>Diagnostic MRI/CT/PET:</b>	Deductible then 30%	<b>Free Standing Facility:</b> \$150 Copay <b>Hospital:</b> Deductible then 20%
<b>Inpatient Hospital:</b>	Deductible then 30%	Deductible then 20%
<b>Outpatient Surgery:</b>	<b>Ambulatory Surgery Center:</b> Deductible then 20% <b>Hospital Based:</b> Deductible then 30%	<b>Ambulatory Surgery Center:</b> \$250 Copay <b>Hospital Based:</b> Deductible then 20%
<b>Emergency Room:</b>	Deductible then 30%	\$500 Copay
<b>Urgent Care:</b>	Deductible then 30%	\$30 Copay
<b>Chiropractic Care/Acupuncture Massage Therapy:</b>	Deductible then 30% Limited to 20 visits each per year	\$25 Copay Limited to 20 visits each per year
<b>Adult Hearing Exam:</b>	Deductible then 0%	\$0 at KP MOB \$0 copay at Affiliated Provider
<b>Adult Hearing Aids:</b>	Deductible then up to \$1,000 credit per ear, up to \$2,000 credit for both ears, every 36 months	Up to \$1,000 credit per ear, up to \$2,000 credit for both ears, every 36 months

# Kaiser Permanente

Below is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary of Benefits and Coverage (SBC) or Summary Plan Description (SPD).

Summary of Benefits	DHMO 2500 30% Plus	DHMO 2000 20% Plus
<b>HMO Network:</b>	In-Network	In-Network
<b>Calendar Year Deductible:</b>	\$2,500 Individual / \$5,000 Family	\$2,000 Individual / \$4,000 Family
<b>Maximum Out-of-Pocket:</b> (Includes deductible, copays and co-insurance you pay)	\$6,350 Individual \$12,700 Family	\$5,500 Individual \$11,000 Family
<b>Preventative Services:</b>	No Charge	No Charge
<b>Physician Office Visits</b>		
KP MOB PCP:	\$0 copay	\$0 copay
Affiliated Provider PCP:	\$0 copay	\$0 copay
Specialist:	\$50 copay	\$50 copay
<b>Preventive Prescriptions filled at KP MOB Pharmacy or Mail Order:</b>	No Charge	No Charge
<b>Retail Prescriptions:</b> (30 day supply—Generic/Preferred/Non-Preferred/Specialty)	\$15/\$40/\$60 <b>Specialty:</b> 20% to max of \$250	\$15/\$40/\$60 <b>Specialty:</b> 20% to max of \$250
<b>Mail Order:</b> (90 day supply)	2 copays for up to a 90 day supply	2 copays for up to a 90 day supply
<b>Diagnostic Lab:</b>	<b>Free Standing Facility:</b> No Charge <b>Hospital:</b> Deductible then 30%	<b>Free Standing Facility:</b> No Charge <b>Hospital:</b> Deductible then 20%
<b>Diagnostic X-Ray:</b>	No Charge	No Charge
<b>Diagnostic MRI/CT/PET:</b>	Deductible then 30%	Deductible then 20%
<b>Inpatient Hospital:</b>	Deductible then 30%	Deductible then 20%
<b>Outpatient Surgery:</b>	<b>Ambulatory Surgery Center:</b> \$500 Copay <b>Hospital Based:</b> Deductible then 30%	<b>Ambulatory Surgery Center:</b> \$500 Copay <b>Hospital Based:</b> Deductible then 20%
<b>Emergency Room:</b>	\$400 Copay	\$400 Copay
<b>Urgent Care:</b>	\$50 Copay	\$50 Copay
<b>Chiropractic Care/Acupuncture/Massage Therapy:</b>	Not Covered	Not Covered
<b>Adult Hearing Exam:</b>	\$0 at KP MOB \$0 copay at Affiliated Provider	\$0 at KP MOB \$0 copay at Affiliated Provider
<b>Adult Hearing Aids:</b>	Up to \$1,000 credit per ear, up to \$2,000 credit for both ears, every 36 months	Up to \$1,000 credit per ear, up to \$2,000 credit for both ears, every 36 months

## Personalized Benefits

During the enrollment period, you have an opportunity to purchase voluntary benefits at affordable group rates. For most plans, benefits are paid directly to you—not to a doctor or health care provider.

## VOYA Accident Insurance

Accident insurance can soften the financial impact of an unexpected, non-work-related accident by providing a monetary benefit to help cover unexpected costs related to treating your injuries. Benefits are paid directly to you. Coverage is also available for your spouse and dependents.

## VOYA Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition (e.g., heart attack, cancer or stroke) to pay for treatments, prescriptions, travel, living expenses and more.

## VOYA Hospital Indemnity

The average cost of a hospital stay is \$10,000 and the average length of a stay is 4.8 days. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs.

## TeleHealth

Three-part program: 1) TeleDoc helps you when unexpected medical conditions arise and you're not able to see your PCP right away; 2) Health Advocate helps you understand the ins and outs of the health care system and how to navigate through it; 3) eDocAmerica, provides you with 24/7 access to web-based answers to medical questions from an expert team of board certified physicians, psychologists, pharmacists, dentists, dieticians and fitness trainers.

## Nationwide Pet Insurance

Pets are always there for us - on good days and bad. Which is exactly why Nationwide won't let them down. You care about your pets and consider them members of your family. So whether your family includes kids with two feet or kids with four paws-or both—you know what responsibility looks like. You can choose the level of coverage that fits your needs. You have the choice to choose your level of coverage on vet bills and more. You can visit any vet anywhere, submit your claim, and receive reimbursement based on your level of coverage. Get a fast, no obligation quote during annual open enrollment, as a new hire, or when you bring your new pet home. You may call 877-738-7874, or go online to: [benefits.petinsurance.com/pueblodistrict60](https://benefits.petinsurance.com/pueblodistrict60)



## Dental Plans

Staying healthy includes obtaining quality dental care for you and your family. The Delta Dental PPO Plus Premier plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental PPO network. Following is a high-level overview of the coverage available. See Dental Benefit Summary for complete plan details.

Network Name:	Base Plan		Buy-Up Plan	
	Delta Dental PPO	Delta Dental Premier or Non-Participating	Delta Dental PPO	Delta Dental Premier or Non-Participating
<b>Annual Deductible:</b>	None	None	None	None
<b>Annual Maximum Benefit:</b>	\$1,000 per covered person (does not include Preventive Care)		\$1,500 per covered person (does not include Preventive Care)	
<b>Preventive Care:</b>	90% covered	80% covered	90% covered	80% covered
<b>Basic Services:</b> (Endodontics, Periodontics)	80% covered	80% covered	80% covered	80% covered
<b>Major Services:</b>	50% covered	50% covered	50% covered	50% covered
<b>Orthodontic Treatment:</b>	50% covered (Adult and Child)	50% covered (Adult and Child)	50% covered (Adult and Child)	50% covered (Adult and Child)
<b>Orthodontic Max Benefit:</b>	Combined with Annual Maximum		Combined with Annual Maximum	
<b>Waiting Periods:</b>	None	None	None	None

## Vision Plans

Pueblo School District 60 offers two vision plans through EyeMed to help you pay for your routine vision services and supplies for you and your family. You can see any vision provider you choose, but you will enjoy significant savings when you use our vision providers. Please see vision benefit summary for complete plan details.

Insight Vision Network	Exam Only	Buy-Up Plan
<b>Key Vision Benefits</b>	<b>In Network</b>	<b>In Network</b>
<b>Eye Exam (once per 12 months):</b>	\$25 Copay	\$10 Copay
<b>Prescription Glasses</b>	Discounted costs when complete pair of eyeglasses are purchased:	
Single Vision Lenses:	\$50 Copay	\$25 Copay
Bifocal Lenses:	\$70 Copay	\$25 Copay
Trifocal Lenses:	\$105 Copay	\$25 Copay
Progressive Lenses:	\$135 Copay	\$80-\$125 Copay
<b>Frames (once per 12 months):</b>	35% Discount Off Retail Price	\$0 Copay, \$130 Allowance, 20% off balance over \$130
<b>Contact Lenses (once per 12 months, in lieu of glasses)</b>	15% Discount Off Retail Price	\$0 Copay, \$130 allowance, 15% off balance over \$130

## 2025 Monthly Cost of Benefits

Following are the monthly premium amounts of the medical, dental and vision plans available to you. These rates will be used to determine your monthly contribution amount as described below.

Level of Coverage	HSA 3500	DHMO 3500 20%	DHMO 2500 30% Plus	DHMO 2000 20% Plus	Dental Base	Dental Buy-Up	Vision Exam Only	Vision Buy-Up
<b>Employee Only</b>	\$730.74	\$768.15	\$869.39	\$960.71	\$31.78	\$35.40	\$1.26	\$7.60
<b>Employee + Spouse</b>	\$1,490.72	\$1,567.02	\$1,773.56	\$1,959.85	\$63.54	\$70.79	\$2.10	\$14.41
<b>Employee + Children</b>	\$1,351.88	\$1,421.07	\$1,608.37	\$1,777.32	\$50.84	\$56.63	\$2.11	\$15.18
<b>Employee + Family</b>	\$2,097.24	\$2,204.58	\$2,495.15	\$2,757.25	\$85.82	\$95.60	\$3.43	\$22.31

## Determining Your Monthly Contribution

Pueblo School District 60 contributes up to \$675 per employee per month towards the cost your enrollment in the medical, dental and vision plans. You may elect any medical plan for you and your eligible dependents for 2025. You may also make a separate election for you and your eligible dependents for dental and vision. While you may choose either the base or buy-up plan for the dental and the exam only or buy-up plan for vision, the level of coverage (who is covered) will be the same for both plans.

Your monthly cost is the amount in excess of \$675, if any. Use the worksheet below to enter the premium for the medical plan you have selected based on who you are covering as well as the dental and vision plans based on who you are covering. Any unused amount is forfeited back to Pueblo School District 60.

	+		-	\$675	=	
Medical		Dental + Vision		Pueblo School District		Your Monthly Cost

## Section 125 Plan: Pre-taxing your contribution amount

Section 125 of Internal Revenue Service (IRS) allows participants in the Pueblo School District 60 Section 125 Plan to save taxes by electing to pay their share of premiums for certain health coverage on a pre-tax basis. Your election will remain in effect throughout the plan year, unless you have a qualified life event.

## Thinking of retiring?

Employees who are considering retirement within three to five years may want to elect to have their premiums deducted after taxes are withheld from their earnings, in order to maximize their retirement benefit. Please consult your personal tax advisor or PERA for more information on your retirement benefits.

## Health Savings Account

The HSA 3500 Embedded Deductible plan gives you the freedom to seek care from the provider of your choice within the HMO network. In addition, the HSA 3500 Embedded Deductible plan has an optional health savings account (HSA) administered by Wex that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses.

Here's how the medical plan works:

- **Annual Deductible:** you must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. The plan pays 70% and you pay 30%.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100% of all eligible covered services for the rest of the calendar year.

Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- Your contributions may not exceed the annual IRS limits listed below.
- You can withdraw HSA funds, tax-free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or you leave the district.

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (employee + 1 or more)	\$8,550
Catch-up (age 55+)	\$1,000

### Important Notes:

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare, TriCare, or other first dollar coverage, and d) cannot be claimed as a dependent on another person's tax return. For more information, visit [www.irs.gov/forms-pubs/about-publication-969](https://www.irs.gov/forms-pubs/about-publication-969).
- For a complete list of qualified health care expenses, visit [www.irs.gov/forms-pubs/about-publication-502](https://www.irs.gov/forms-pubs/about-publication-502).
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

## Flexible Spending Accounts

We provide you with an opportunity to participate in two different flexible spending accounts (FSAs) with Wex. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, PERA and Medicare taxes.

### Health Care FSA

In 2025, you may contribute up to \$3,200<sup>1</sup> to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Menstrual Care
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery
- Prescriptions and Over-the-Counter Drugs

**For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).**

This benefit is not available to those employees who are covered by the HSA 3500 Embedded Deductible plan. You may contribute to the health savings account (HSA).

<sup>1</sup> Subject to change pending updated IRS regulations.

### Dependent Care FSA

For 2025, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or day-care centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

**For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).**

### **FSA RULES: YOU MUST ENROLL EACH YEAR TO PARTICIPATE.**

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

#### **Health Care FSA:**

Unused funds will **not** be returned to you. Your grace period allows you to incur expenses up until March 15, 2026 using funds contributed during the 2025 benefit plan year, and you must file claims by April 14, 2026.

**Dependent Care FSA:** Unused funds will **not** be returned to you. Your grace period allows you to incur expenses up until March 15, 2026 using funds contributed during the 2025 benefit plan year, and you must file claims by April 14, 2026.

## Life and AD&D Insurance

**Life Insurance** provides your named beneficiary with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and AD&D benefits would be payable.

### Basic Life/AD&D (District-paid)

These benefits are provided at no cost to you through VOYA.

Who is Covered	Benefit Amount
<b>Employee</b>	2 x your Annual Salary up to \$500,000 maximum benefit
<b>Spouse</b>	\$1,000 life only (no AD&D)
<b>Children up to age 26</b>	\$1,000 life only (no AD&D)

### Voluntary Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through VOYA for yourself and your eligible family members.

#### VOYA “Double dipping rule” for Voluntary Life Insurance

If you and your spouse are covered under the Policy as Employees, then only one, but not both, may cover the same children. If the parent who is covering the children stops being insured as an Employee, then the other parent may apply for children’s coverage under the plan. If your spouse and/or child are covered under the Policy as an employee, then your spouse and/or child are not eligible for dependent coverage.

	Benefit Option	Guaranteed Issue <sup>1</sup>
<b>Employee<sup>2</sup></b>	Choice of \$10,000 increments, up to 5 times your annual salary, not to exceed \$300,000 (Life/AD&D)	\$100,000
<b>Spouse<sup>2</sup></b>	Choice of \$5,000 increments, up to \$150,000, not to exceed 50% of the employee election amount (Life only, no AD&D)	\$20,000
<b>Children<sup>3</sup></b>	\$10,000 (Life only, no AD&D)	\$10,000

<sup>1</sup> During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

<sup>2</sup> Portability and/or Conversion are available for employee and spouse coverage.

<sup>3</sup> Life insurance benefits for your dependent children terminate at the end of the month they turn 26.

## Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short Term Disability		Voluntary Long Term Disability	
Provided at an affordable group rate through VOYA.		Provided at an affordable group rate through VOYA.	
<b>Benefit Amount</b>	\$100 increments not to exceed 60% of weekly earnings	<b>Benefit Amount</b>	\$100 increments not to exceed 60% of monthly earnings
<b>Weekly Benefit</b>	\$25 minimum to \$1,500 maximum	<b>Monthly Benefit</b>	\$300 minimum to \$6,000 maximum
<b>When Benefits Begin</b>	15th day or 31st day	<b>When Benefits Begin</b>	181st day
<b>Maximum Benefit Duration</b>	Up to 26 weeks	<b>Maximum Benefit Duration</b>	Social Security Normal Retirement Age (SSNRA)*

\*See product brochure for complete breakdown of benefit duration based on age when disability begins.

## Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at NO COST to you through Profile EAP through CommonSpirit.

The EAP can help with the following issues, among others:

- Mental health
- Child and eldercare
- Relationships or marital conflicts
- Grief and loss
- Legal or financial issues
- Substance Abuse

### EAP Benefits

- Assistance for you and your household members
- Unlimited toll-free phone access and online resources
- Up to six (6) in-person sessions with a counsellor per issue, per year, per individual

Get matched with a licensed therapist based on your own preferences (gender, age, orientation, BIPOC, faith) and needs (stress, anxiety, LGBTQ, depression, couples therapy, teen counseling, addictions, grief, etc.).

To schedule a telehealth appointment directly go to [puebloschools.mylifeexpert.com](https://puebloschools.mylifeexpert.com) to fill out the registration form and click on SUBMIT. Call 800-645-6571 to speak with a Profile EAP staff.



## **Aflac Permanent Life with Long Term Care Rider—New Voluntary Benefit**

Life insurance with long term care benefits offers a value by addressing two crucial aspects: financial protection for your loved ones and potential assistance with extended care needs. By incorporating long term care benefits, individuals gain the flexibility to use policy funds for various care options, such as assisted living or in-home care. Life insurance with long term care benefits works by combining traditional life insurance coverage with the added coverages for potential long term care support.

In the event of the policyholder's passing, the life insurance component provides a death benefit to the beneficiaries. If the policy holder requires long term care due to a chronic illness or disability, the added long term care benefits pays out for those services. As premiums are paid, the policy is building cash value over time. As the policy builds cash value, you can achieve your financial goals or borrow against it should you need to.

By bridging the gap between life insurance and extended care coverage, this solution provides individuals with a tool to navigate the uncertainties of aging.

### **Free employee benefit!**



Welcome to your Pueblo School District 60 Discount Marketplace!

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories: Travel / Auto / Electronics / Apparel / Local Deals / Education / Entertainment / Restaurants / Health and Wellness / Beauty and Spa / Tickets / Sports & Outdoors

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1. Visit: [pueblosd60.benefithub.com](http://pueblosd60.benefithub.com)
2. Register using referral code: XXVEPC
3. Enjoy the savings!

Questions? Call 866-664-4621 or email [customer@benefithub.com](mailto:customer@benefithub.com).



Coverage	Carrier	Phone #	Website/Email
<b>Medical</b>	Kaiser Permanente	800-632-9700	www.kp.org co.kp.csu@kp.org
<b>Medical Advice &amp; Appointments</b>	Kaiser Permanente	303-338-4545 800-218-1059	
<b>24/7 On-Demand Video &amp; Phone Visits</b>	Kaiser Permanente		kp.org/getcare
<b>Mental Health Services</b>	Kaiser Permanente	866-702-9026	
<b>Mail Order Pharmacy</b>	Kaiser Permanente	866-523-6059	kp.org/rxrefill
<b>Travel</b>	Kaiser Permanente	951-268-3900	kp.org/travel
<b>Dental</b>	Delta Dental	800-610-0201	www.deltadentalco.com customer_service@ddpco.com
<b>Vision</b>	EyeMed	866-800-5457	www.eyemed.com
<b>Flexible Spending Accounts Health Savings Accounts</b>	Wex	866-451-3399	benefitslogin.wexhealth.com/login customerservice@wexhealth.com
<b>Life/AD&amp;D</b>	Pamela Lucero Human Resources	719-549-7132	pamela.lucero@pueblod60.org
<b>Employee Assistance Program</b>	CommonSpirit Profile EAP	800-645-6571	puebloschools.mylifeexpert.com
<b>Personalized Benefits</b>	Voya	800-584-6001	www.voya.com
<b>Telehealth</b>	New Benefits Teladoc	855-647-6767 855-847-3627	www.hubtelehealth.com
<b>Pet Insurance</b>	Nationwide	877-738-7874	benefits.petinsurance.com/ pueblodistrict60
<b>Benefits Call Center &amp; Website</b>	SMBO	877-282-0808	www.pueblod60benefits.org

**If you have additional questions, you may contact:**

**Human Resources**

Pamela Lucero, Benefits Manager  
719-549-7132  
pamela.lucero@pueblod60.org

**Payroll**

Gail Bowers, Payroll Supervisor  
719-549-7128  
gail.bowers@pueblod60.org

This is a brief summary of benefits prepared by HUB International Colorado, the employee benefits insurance broker for your employer. This is not a certificate of coverage. For full coverage provisions, including a description of waiting periods, limitations and exclusions refer to the benefit plan documents and contracts. If there is a conflict between this summary and the official plan documents, the actual plan document will govern in all cases.

