

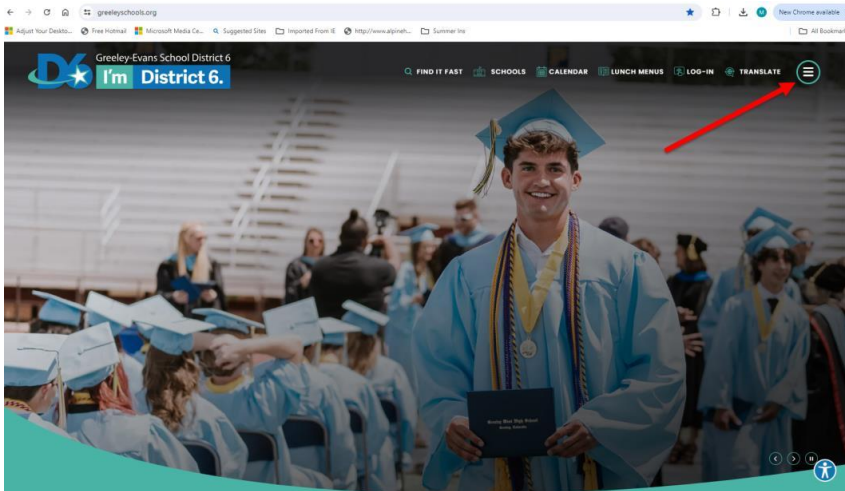
Step-by-Step Instructions for Benefits Enrollment



Greeley-Evans School District 6

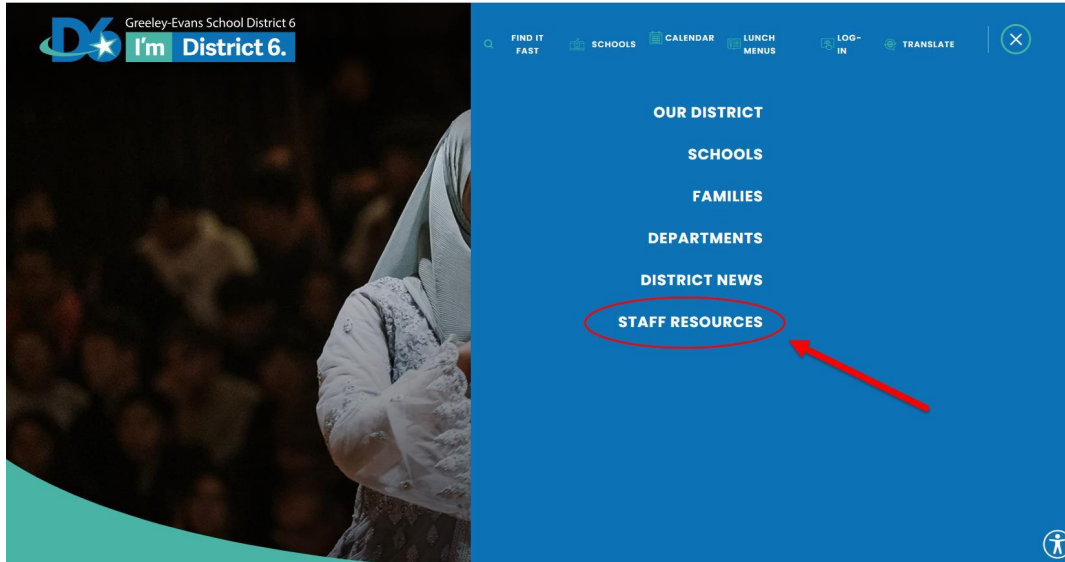
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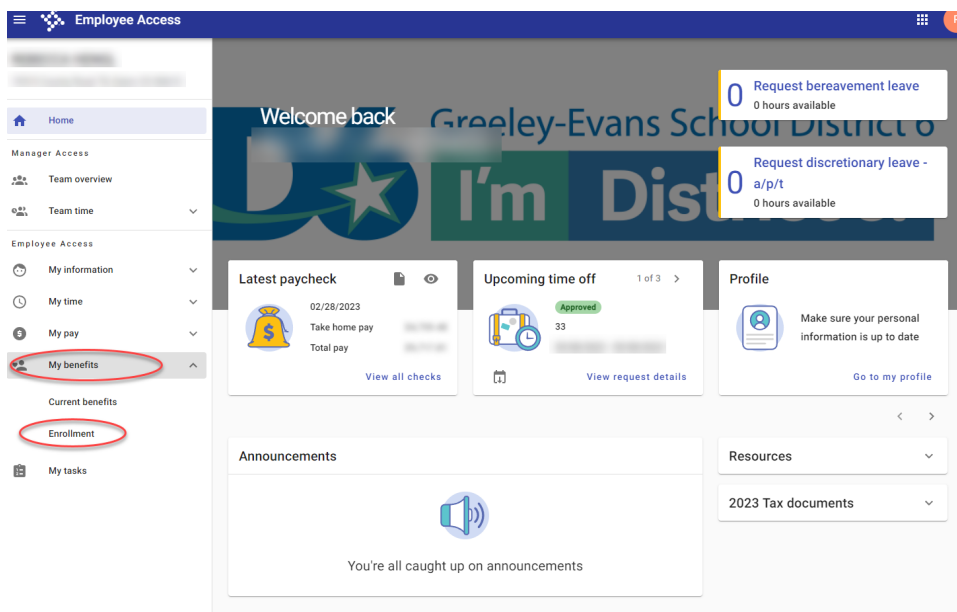
District 6.



From a chrome web browser,
go to www.greeleyschools.org
Click on the 3-bar drop-down

Click on STAFF RESOURCES then ACTIVE EMPLOYEE –
employee access
Log in via the OKTA login.
This takes you to your EMPLOYEE ACCESS Dashboard.





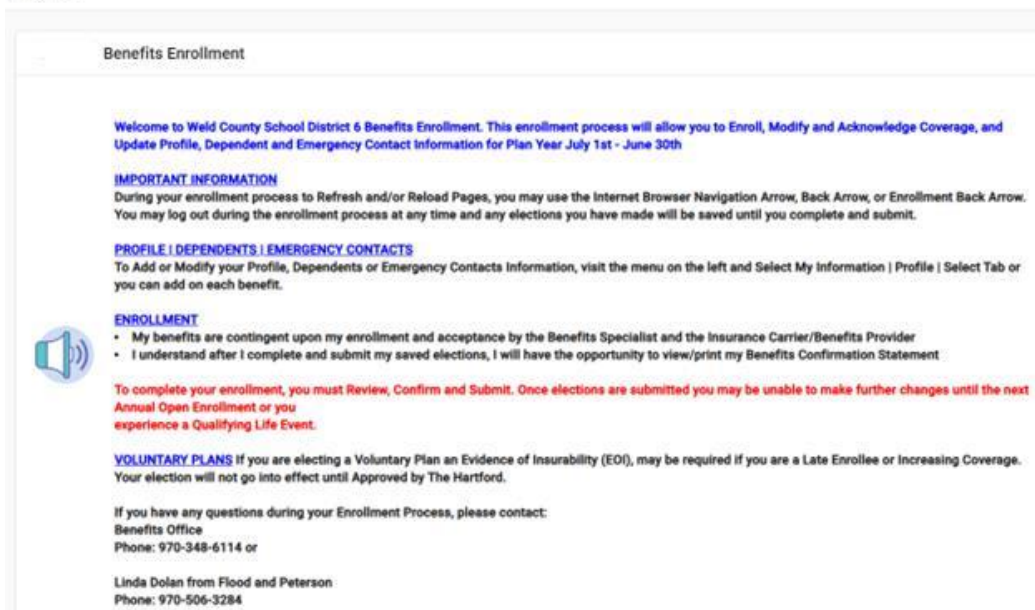
Click on MY
BENEFITS.

Click on
ENROLLMENT.

Welcome Screen

This screen has information about getting enrolled. Read before continuing.

Enrollment



← Enrollment

SUMMARY OF BENEFITS 🔍 No existing election 📄 Plan resources ▾

SUMMARY OF BENEFITS

Under the law, insurance companies and group health plans will provide you with a concise document detailing, in plain language, simple and consistent information about health plan benefits and coverage. This summary of benefits and coverage document will help you better understand the coverage you have and for the first time, allow you to easily compare different coverage options. It will summarize the key features of the plan or coverage, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions.

DURING OPEN ENROLLMENT: To download the SBC to review plan options and comparisons please click on Plan Resources above.

NEW HIRES: If you are enrolling prior to June 30th, to view current plan year documents. [CLICK HERE](#)

Please 'Acknowledge' receipt of the SBC.

SUMMARY OF BENEFITS ⬆

Benefit coverage	Employee Cost Pay Period / Month
<input checked="" type="radio"/> YES, I ACKNOWLEDGE RECEIPT OF SBC	\$0.00 / \$0.00

[Save selection](#)

Summary of Benefits

This screen is giving you an opportunity to download the Summary of Benefits for the Medical insurance plans, as required. To access the documents, click on the PLAN RESOURCES link in the upper right.

You must acknowledge that you have access to the Summary of Benefits.

Premium Taxation Option

This screen will allow you to **CHANGE** how your premiums are deducted. The **DEFAULT** is to withhold any premiums due on a **PRE-TAX** basis. If you wish to change this, indicate here, and complete and submit a **PREMIUM CLASS CHANGE FORM** available by clicking on the **PLAN RESOURCES** link at the top of the page.

NOTE: Just clicking on the Deduct premium post-tax button will not make the change. You must also complete and return the **PREMIUM CLASS CHANGE FORM**.

← Enrollment

PREMIUM TAXATION OPTION 🔍 View existing election 📄 Plan resources ▾

You have the option to have your premiums withheld on either a PRE-TAX or POST-TAX basis. For currently enrolled employees, your deductions for the upcoming plan year will be withheld with the same taxation class status as they are currently. The premiums affected will be medical, dental, vision and contributions to your HSA account. For further explanation of pre-tax vs. post-tax, click on Plan Resources above.

For first-time enrollees, your premiums will default to PRE-TAX unless you change it by selecting the POST-TAX PREMIUM OPTION selection below. To finalize this change you must complete and submit the PREMIUM CLASS CHANGE FORM. To print the form click on Plan Resources above.

IMPORTANT PLEASE READ: If you would like to change your premium withholding at this time you MUST complete a premium class change form. To print the form click on Plan Resources above. This form must be completed and returned to the Benefits office by the following form submission deadline:

NEW HIRES / OPEN ENROLLMENT Form submission deadline is five (5) business days after the close of open enrollment.

PLEASE NOTE: The pre-tax option will potentially decrease both your taxable wage and your PERA reportable wage, which is used in calculating your retirement benefit. Please choose accordingly depending upon how you wish it to affect your taxable/reportable wage.

PREMIUM TAXATION OPTION ⬆

Benefit coverage	Employee Cost Pay Period / Month
<input checked="" type="radio"/> Deduct premium pre-tax	\$0.00 / \$0.00
<input type="radio"/> Deduct premium post-tax	\$0.00 / \$0.00

[Save selection](#)

MEDICAL INSURANCE

Please review each of the three (3) Medical plans before making a selection you would like to enroll and any eligible covered dependents if applicable, or select Waive to Decline coverage. **Plans appear in alphabetical order.**

[CLICK HERE](#) For additional information to view Benefit Plan Videos and Documents.

NOTE: For life event changes only, you may change the coverage level (spouse, child(ren), family, etc.) but you may not change the primary plan (HSA or Open access) until open enrollment.

NEW HIRES: If you are enrolling prior to June 30th, to view current plan year documents. [CLICK HERE](#)

To add or change Dependent information, select from the menu on the left [My Information | Profile | Dependents](#).

HNO OA COPAY CL09 POST

HNO OA HSA CL09 POST

WAIVE AETNA MEDICAL

[View existing election](#)

Save selection

Medical Insurance

This screen will allow you to elect or waive a medical plan for you and your dependents.

The four plans are listed. Expand the plan you choose to select the coverage level you wish (Employee, Employee + Spouse, Employee + Child(ren), Employee + Family).

View EXISTING ELECTIONS via the link shown.

Please Note: Plans are in alphabetical order, not in order by premium price.

NICE

This screen is simply asking you to acknowledge coverage by the NICE plan, IF you have elected an AETNA Medical Plan.

If you have WAIVED the medical options, you will not be eligible for coverage by the NICE plan.

Expand the drop down and select the option that matches your medical plan election.

NICE

[View existing election](#) [Plan resources](#)

Welcome to NICE!

Employees electing any medical plan through District 6 effective July 1st, are automatically enrolled in NICE - an additional coverage plan. NICE is a concierge healthcare service available to you and is paid for by District 6 as part of benefits and compensation package. NICE is available to all members of your household, regardless of their insurance coverage status.

For more information [CLICK HERE](#)

Services include:

- Physical Exams - sports physicals, annual exams
- Diagnoses - Strep throat, ear infections
- Labs - blood draws, strep tests
- X-rays - fractured arms, ankles (available in buildings with 5 or less stairs or elevator access)
- Over 500 common prescriptions available at NO COST TO YOU

Meet with your NICE health care provider via:

- Telephone
- Virtual Visit
- In-Person visits at your home address
- In-Person visits at the primary insured's work address

NOTE: Coverage by the NICE plan is solely based on your election of medical insurance through Aetna.
If you elected Aetna medical coverage, please select YES below.
If you waived AETNA medical coverage, please select NO below.

Benefit coverage	Employer Cost Pay Period / Month	Employee Cost Pay Period / Month	View details
<input type="radio"/> Yes I Elected Medical	\$44.00 / \$44.00	\$0.00 / \$0.00	View details
<input type="radio"/> No I Waived Medical	\$0.00 / \$0.00	\$0.00 / \$0.00	View details

Save selection

← Enrollment

DENTAL INSURANCE

[View existing election](#) [Plan resources](#)

Select the dental coverage you would like to enroll in. If applicable, indicate which of your dependents are to be covered on that plan. If you do not wish to enroll in a dental plan, select the 'WAIVE COVERAGE' option.

[CLICK HERE](#) For additional information to view Benefit Plan Videos and Documents available in the Dist6 Benefits Google Classroom.

NEW HIRES: If you are enrolling prior to June 30th, to view current plan year documents. [CLICK HERE](#)

To add or change Dependent information, select from the menu on the left [My Information](#) | [Profile](#) | [Dependents](#).

AETNA DENTAL CERT PRE



WAIVE AETNA DENTAL



Save selection

Dental Insurance

This screen is where you will select to either enroll in or waive AETNA DENTAL insurance.

To select or waive coverage, expand the option by clicking the drop down.

View the PLAN RESOURCES and EXISTING ELECTIONS via the links shown.

Vision Insurance

This screen is where you will select to either enroll in or waive EYEMED VISION insurance.

To select or waive coverage, expand the option by clicking the drop down.

View the PLAN RESOURCES and EXISTING ELECTIONS via the links shown.

← Enrollment

VISION INSURANCE

[View existing election](#) [Plan resources](#)

Select the vision coverage you would like to enroll in. If applicable, indicate which of your dependents are to be covered on that plan. If you do not wish to enroll in a vision plan, select the 'WAIVE COVERAGE' option.

[CLICK HERE](#) For additional information to view Benefit Plan Videos and Documents available in the Dist6 Benefits Google Classroom.

NEW HIRES: If you are enrolling prior to June 30th, to view current plan year documents. [CLICK HERE](#)

To add or change Dependent information, select from the menu on the left [My Information](#) | [Profile](#) | [Dependents](#).

EYEMED VISION CERT PRE



WAIVE EYEMED VISION



Save selection

LIFE INSURANCE

[View existing election](#) [Plan resources](#)

The district provides life insurance coverage at NO COST to you while you are employed with the District. Life Insurance is based on two times your annual salary with a maximum benefit of \$100,000. **PLEASE NOTE:** The current salary used to calculate your benefit insurance coverage provided amount may not reflect your next year's fiscal year salary yet. Your insurance coverage provided amount may be updated accordingly.

[CLICK HERE](#) For additional information to view Benefit Plan Videos and Documents.

NEW HIRES: If you are enrolling prior to June 30th, to view current plan year documents. [CLICK HERE](#)

To designate a beneficiary, Select Beneficiaries and enter Primary and Secondary percentages and both must equal 100 percent.

To add additional beneficiaries, select Add Beneficiary.

THE HARTFORD LIFE INS. - \$100000

Benefit coverage	Employee Cost Pay Period / Month	Employer Cost Pay Period / Month
<input type="radio"/> ACKNOWLEDGE	\$0.00 / \$0.00	\$9.80 / \$9.80

WAIVE THE HARTFORD LIFE - \$100000

Benefit coverage	Employee Cost Pay Period / Month	Employer Cost Pay Period / Month
<input type="radio"/> DECLINE LIFE	\$0.00 / \$0.00	\$0.00 / \$0.00

Save selection

District Paid Life Insurance

This screen is where you will select to either enroll in or waive the 100% District paid LIFE insurance. Valued at the lesser of two times (2x) your annual salary, or \$100,000.

To select or waive coverage, expand the option by clicking the drop down.

View the PLAN RESOURCES and EXISTING ELECTIONS via the links shown.

District Paid Life Insurance Beneficiaries

When electing the DISTRICT PAID LIFE INSURANCE, you must select one or more beneficiaries. Both Primary AND Secondary Beneficiary amounts must total 100%, or the system will not let you move forward.

If you do not have any beneficiaries listed, you may add one by clicking ADD BENEFICIARY.

THE HARTFORD LIFE INS. - \$100000

Benefit coverage	Employee Cost Pay Period / Month	Employer Cost Pay Period / Month
<input checked="" type="radio"/> ACKNOWLEDGE	\$0.00 / \$0.00	\$9.80 / \$9.80

Primary Beneficiaries

☐ Select All

☒ [Name]

☒ [Name]

☐ [Name]

☐ [Name]

Current total: 100

+ Add beneficiary

Secondary Beneficiaries

☐ Select All

☒ [Name]

☒ [Name]

☐ [Name]

☐ [Name]

Current total: 0

+ Add beneficiary

WAIVE THE HARTFORD LIFE - \$100000

← Enrollment

FSA DEPENDENT CARE - 12

[View existing election](#) [Plan resources](#) ▼

If you are interested in enrolling in a Dependent Care Flexible Spending Account, enter the total **ANNUAL** amount you would like deducted between the effective date of your coverage through the end of the plan year on June 30th. The maximum amount that can be elected is \$5000 (or \$2500 if married, filing separately).

PLAN DOCUMENTS: To view Benefit Plan Videos and Documents in the Dist6 Benefits Google Classroom. [CLICK HERE](#)

NEW HIRES: If you are enrolling prior to June 30th, to view current plan year documents. [CLICK HERE](#)

IMPORTANT: For more information, you may visit Heath Equity/WageWorks Website. [CLICK HERE](#)

ENTER **ANNUAL** CONTRIBUTION AMOUNT

FSA DEPENDENT CARE - 12

Decline coverage

If you do not wish to enroll in a plan at this time, please click below:

☐ I would like to decline coverage

Save selection

Dependent Care Flexible Spending Account

This screen is where you can enroll in a PRETAX deduction for DEPENDENT CARE.

To participate, select the drop-down, and enter an ANNUAL amount you wish to contribute. If you do not wish to participate, click the DECLINE option.

View the PLAN RESOURCES and EXISTING ELECTIONS via the links shown.

Health Savings Account

This screen is where you can enroll in a HEALTH SAVINGS ACCOUNT. This account is only valid if you selected one of the HIGH DEDUCTIBLE AETNA MEDICAL plans.

To participate, select the drop-down, and enter an ANNUAL amount you wish to contribute.

View the PLAN RESOURCES and EXISTING ELECTIONS via the links shown.

← Enrollment

HLTH SAVINGS ACCT12 PRE

[No existing election](#) [Plan resources](#) ▼

If you are interested in contributing funds into an HSA Savings Account, you must designate the total **ANNUAL** amount you would like deducted between the effective date of your coverage through the end of the plan year on June 30th.

As noted by federal law, for the calendar year, the annual contribution limits are:

\$4300 for individual coverage

\$8550 for family coverage.

[CLICK HERE](#) For additional information to view Benefit Plan Videos and Documents available in the Dist6 Benefits Google Classroom.

NEW HIRES: If you are enrolling prior to June 30th, to view current plan year documents. [CLICK HERE](#)

For more information, visit the Inspira/Payflex Website by [CLICKING HERE](#)

TO ENROLL, ENTER ANNUAL CONTRIBUTION AMOUNT BELOW OR ENTER \$0.00 IF YOU DO NOT WISH TO PARTICIPATE.

HLTH SAVINGS ACCT 12 PRE

Benefit coverage

☐ HEALTH SAVINGS ACCOUNT 12 PRE

Save selection

← Enrollment

FSA HEALTH CARE - 12

[View existing election](#) [Plan resources](#)

If you are interested in enrolling in a Medical Flexible Spending Account, enter the total **ANNUAL** amount you would like deducted between the effective date of your coverage through the end of the plan year on June 30th. The maximum amount that can be elected is \$3,300 per plan year.

PLAN DOCUMENTS: To view Benefit Plan Videos and Documents in the Dist6 Benefits Google Classroom. [CLICK HERE](#)

NEW HIRES: If you are enrolling prior to June 30th, to view current plan year documents. [CLICK HERE](#)

IMPORTANT: For more information, you may visit Health Equity/WageWorks Website. [CLICK HERE](#)

[ENTER ANNUAL CONTRIBUTION AMOUNT](#)

FSA HEALTH CARE - 12

Benefit coverage	Employer Cost Pay Period / Month	Employee Cost Pay Period / Month	View details
<input type="radio"/> FLEX 125 MEDICAL	\$0.00 / \$0.00	\$0.00 / \$0.00	▼

Decline coverage

If you do not wish to enroll in a plan at this time, please click below:

☐ I would like to decline coverage

Save selection

Flexible Spending Account

This screen is where you can enroll in a HEALTH CARE FLEXIBLE SPENDING ACCOUNT. This account is only valid if you selected one of the HIGH DEDUCTIBLE AETNA MEDICAL plans.

To participate, select the drop-down, and enter an ANNUAL amount you wish to contribute.

View the PLAN RESOURCES and EXISTING ELECTIONS via the links shown.

Health Savings Account Compatible Flexible Spending Account

This screen is where you can enroll in a HEALTH SAVINGS ACCOUNT COMPATIBLE FLEXIBLE SPENDING ACCOUNT. This account is only valid if you selected one of the HIGH DEDUCTIBLE AETNA MEDICAL plans. This Plan can only be used for VISION and DENTAL expenses. You may not use this account for Medical expenses.

To participate, select the drop-down, and enter an ANNUAL amount you wish to contribute.

View the PLAN RESOURCES and EXISTING ELECTIONS via the links shown.

← Enrollment

HSA COMPATIBLE FSA 12

[No existing election](#) [Plan resources](#)

If you are interested in enrolling in a HSA Compatible Flexible Spending Account (FSA), enter the total **ANNUAL** amount you would like to deduct between the effective date of your coverage through the end of the plan year on June 30th. The maximum amount that can be elected is \$3,300 per plan year. The expenses are limited to dental and vision care services/products that meet the IRS definition of qualified expenses.

[CLICK HERE](#) For additional information to view Benefit Plan Videos and Documents available in the Dist6 Benefits Google Classroom.

NEW HIRES: If you are enrolling prior to June 30th, to view current plan year documents. [CLICK HERE](#)

IMPORTANT: For more information, you may visit Health Equity Website or [CLICK HERE](#)

[ENTER ANNUAL CONTRIBUTION AMOUNT](#)

HSA - COMPATIBLE FSA 12

Benefit coverage	Employer Cost Pay Period / Month	Employee Cost Pay Period / Month	View details
<input type="radio"/> LIMITED HSA SPENDING 12	\$0.00 / \$0.00	\$0.00 / \$0.00	▼

Decline coverage

If you do not wish to enroll in a plan at this time, please click below:

☐ I would like to decline coverage

Save selection

← Enrollment

AETNA ACCIDENT PLAN

[View existing election](#) [Plan resources](#)

You are eligible to elect AETNA ACCIDENT PLAN.

While you don't know when an accident will happen, you can be prepared for it. An Aetna Accident Plan can help you manage unexpected costs. It pays you cash to help you pay for health care costs and other expenses when you have a covered injury. While medical plans typically cover a serious illness, they don't cover the additional expenses that come with it. The Aetna Accident Plan can help you.

PLAN DOCUMENTS: For additional information to view Benefit Plan Videos and Documents in the Dist6 Benefits Google Classroom. [CLICK HERE](#)

IMPORTANT: For more information, you may call AETNA at 800-607-3366 Enter Option #3 or click the link to visit their website. [CLICK HERE](#).

By electing an AETNA benefit, I am affirming that I have read and agree to the AETNA Plan Disclosures.

AETNA ACCIDENT PLAN 1



AETNA ACCIDENT PLAN 2



WAIVE AETNA ACCIDENT



Save selection

Aetna Accident Plan

This screen is where you can enroll in AETNA ACCIDENT PLAN COVERAGE

To participate, select the drop-down for the plan you want and select coverage level. Specific Plan coverage information can be viewed in the PLAN RESOURCES.

View the PLAN RESOURCES and EXISTING ELECTIONS via the links shown.

Aetna Hospital Indemnity Plan

This screen is where you can enroll in AETNA HOSPITAL INDEMNITY PLAN

To participate, select the drop-down, and enter an ANNUAL amount you wish to contribute. Specific Plan coverage information can be viewed in the PLAN RESOURCES.

View the PLAN RESOURCES and EXISTING ELECTIONS via the links shown.

← Enrollment

AETNA HOSPITAL INDEMNITY PLAN

[View existing election](#) [Plan resources](#)

You are eligible to elect AETNA HOSPITAL INDEMNITY PLAN.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You are still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Their telephone number can be found on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Medical plans help you pay for covered out-of-pocket costs when you're in the hospital. But they don't cover all expenses. For a little help paying these other costs, there's the Aetna Hospital Indemnity Plan. You can use it to help with your deductible and coinsurance costs. Or for things like a mortgage, child care or utility bills.

PLAN DOCUMENTS: For additional information to view Benefit Plan Videos and Documents in the Dist6 Benefits Google Classroom. [CLICK HERE](#)
IMPORTANT: For more information, you may call AETNA at 800-607-3366 Enter Option #3 or click the link to visit their website. [CLICK HERE](#).

By electing a Aetna benefit, I am affirming that I have read and agree to the Aetna Plan Disclosures.

AETNA HOSPITAL IND PLAN 1



Benefit coverage

Employee Cost Pay Period / Month

View details

☐ EMPLOYEE ONLY

\$6.51 / \$6.51



VOLUNTARY LIFE

No existing election Plan resources

You are eligible for additional voluntary life plans if you are an active benefit eligible employee. Your spouse and child(ren) are also eligible for coverage. Child(ren) must be under the age of 26. This benefit is subject to approval by The Hartford Life and may require EVIDENCE OF INSURABILITY (EOI).

GUARANTEED ISSUE AMOUNTS and EOI REQUIREMENTS: Guaranteed issue amounts are only valid if this is the first time you have been eligible for this benefit. If you have waived this benefit previously, you will be required to provide Evidence of Insurability (EOI) for any amounts elected.

Specifically, during open enrollment you may be required to provide EOI if you:

- Elect coverage amounts greater than your current elections
- Adding coverage this year after waiving last year

You may NOT be required to provide Insurance of Eligibility if you are:

- Electing coverage amounts equal to or lesser than your current election amount
- Adding coverage for the first time, if this is the first time you have been eligible for coverage

NOTE: Select [VIEW EXISTING ELECTION](#) link at the top of this page will show your current elections

EVIDENCE OF INSURABILITY REQUIREMENTS:

If you elect coverage which requires EOI, a link will be emailed to you from The Hartford and must be completed within five (5) days after receiving.

To Elect, select individual coverage amounts or select DECLINE

To designate a Beneficiary, select and enter Primary and Secondary percentages. Beneficiary percentages must both equal 100 percent. To add additional beneficiaries, select Add Beneficiary.

VOLUNTARY LIFE



Benefit coverage

☐ VOLUNTARY LIFE

Decline coverage

If you do not wish to enroll in a plan at this time, please click below:

☐ I would like to decline coverage

Save selection

The Hartford VOLUNTARY LIFE

This screen is where can enroll in additional EMPLOYEE PAID life insurance for yourself, your spouse, and your child(ren)

To participate, select the drop-down, and enter an ANNUAL amount you wish to contribute. Specific Plan coverage information can be viewed in the PLAN RESOURCES.

View the PLAN RESOURCES and EXISTING ELECTIONS via the links shown.

Please note: At age 65, your life voluntary insurance benefit reduces by 35%, then reduces by 50% of the benefit when you reach age 70.

When Do I Need Evidence of Insurability

- Any increase in coverage from last year will require the completion of an Evidence of Insurability form.
- If you were eligible to enroll last year but chose not to enroll, any election of coverage will require you to complete an Evidence of Insurability form.
- If you are a new hire or just became eligible, you may elect up to the Guaranteed Issue amount without completing an Evidence of Insurability form; any amount over the Guaranteed Issue amount will require you to complete an Evidence of Insurability form.
- After enrollment is complete, the form will be emailed.

Primary Beneficiaries	Secondary Beneficiaries
<input type="checkbox"/> Select All <input type="checkbox"/> [Redacted] (Child) <input type="checkbox"/> [Redacted] (Child) <input type="text" value="Percent 100"/> <input checked="" type="checkbox"/> [Redacted] (Spouse) <input type="checkbox"/> [Redacted] (Parent) Current total: 100 <input type="button" value="+ Add beneficiary"/>	Total percentages must add to 100 <input type="checkbox"/> Select All <input type="text" value="Percent 20"/> <input checked="" type="checkbox"/> [Redacted] (Child) <input type="text" value="Percent 20"/> <input checked="" type="checkbox"/> [Redacted] (Child) <input type="checkbox"/> [Redacted] (Spouse) <input type="text" value="Percent 50"/> <input checked="" type="checkbox"/> [Redacted] (Parent) Current total: 90 <input type="button" value="+ Add beneficiary"/>

Employee Election Amount \$ 50000	
Spouse Election Amount \$ 25000	
Child Election Amount \$ 10000	

The Hartford VOLUNTARY LIFE Beneficiaries

When electing the ADDITIONAL VOLUNTARY LIFE INSURANCE, you must select one or more beneficiaries. Both Primary AND Secondary Beneficiary amounts must total 100%, or the system will not let you move forward.

If you do not have any beneficiaries listed, you may add one by clicking ADD BENEFICIARY.

You may elect additional life insurance for yourself in increments of \$10,000, for your Spouse, in increments of \$5,000, and for your Child(ren), a flat \$10,000 for each child.

This screen only applies if you are a Classified 9 month employee. It is an acknowledgement of your Summer Billing Insurance program.

You will not see this screen if you are not a Classified 9 month employee.

SUMMER INSURANCE 9 MONTH

No existing election

IMPORTANT NOTIFICATION - Summer Insurance Coverage for Classified 9-Month Employees**SUMMER INSURANCE BILLING PROGRAM**

As a Benefitted 9-Month employee, there are months during the summer that your employee insurance premiums including any voluntary elections if applicable will not be withheld from your paycheck. For the months of June, July and August, any employee portion of insurance premiums due must be paid through the Summer Insurance Billing program.

Billing statements listing any employee-paid premiums due and due dates will be sent to the employee address on file prior to June 1. Premiums must be received by the due dates listed on the billing statements or a loss of coverage may result. Any coverage lost will not be eligible for reinstatement until the next open enrollment period unless a qualifying life event occurs.

RETROACTIVE TERMINATION FOR NON-RETURNING EMPLOYEES

As a Benefitted 9-Month employee, insurance coverage elections will remain in force during the summer months as long as all employee premiums are paid on time and in full. Should an employee not return to work in the fall, insurance may be terminated retroactively to the end of the month in which the employee last worked in their benefitted position. Any employee premiums paid for months not covered will be refunded to the employee accordingly.

IMPORTANT NOTE PER BOARD POLICY GDQB: Classified staff employees are expected to give two weeks written notice to the District prior to resigning employment.

By Acknowledging and selecting the box below, I am affirming I have read and agree to Summer Insurance Billing Program and Retroactive Terminations NonReturning Employees.

9 MONTH SUMMER INSURANCE

Benefit coverage	Employee Cost Pay Period / Month	View details
<input checked="" type="radio"/> ACKNOWLEDGEMENT	\$0.00 / \$0.00	▼

Review and Submit Screen

Once you have completed elections to your satisfaction, scroll to the bottom of the screen. Here you can select the REVIEW & SUBMIT button. This will take you to a screen that will allow you a last look before Confirming and Submitting.

Update	<input checked="" type="checkbox"/> HSA COMPATIBLE FSA 12 Election	Declined	▼
Update	<input checked="" type="checkbox"/> AETNA ACCIDENT PLAN Election	WAIVE AETNA ACCIDENT	DECLINE
Update	<input checked="" type="checkbox"/> AETNA HOSPITAL INDEMNITY PLAN Election	WAIVE AETNA HOSPITAL	DECLINE
Update	<input checked="" type="checkbox"/> VOLUNTARY LIFE	Declined	▼
Review & submit			

AETNA HOSPITAL INDEMNITY PLAN Election - WAIVE AETNA HOSPITAL

DECLINE

FSA DEPENDENT CARE - 12 Election - Declined

HSA COMPATIBLE FSA 12 Election - Declined

HLTH SAVINGS ACCT12 PRE - HLTH SAVINGS ACCT 12 PRETAX

HEALTH SAVINGS ACCOUNT 12 PRE

VOLUNTARY LIFE - Declined

Submit to HR		Employee cost	Employer cost
Clicking submit will send all your current elections to your HR department. Once you submit your elections you may not make additional changes online.	Total per pay period	\$0.00	\$768.91
	Total per month	\$0.00	\$768.91
	Total Annual	\$0.00	\$9,226.92


Confirm & submit

Confirm and Submit

After your final review coverage and Employee and Employer cost, click the CONFIRM & SUBMIT button.


Once submitted, an image of a “THUMBS UP” will appear. will appear on screen, which confirms enrollment is complete.

NOTE: Please click on the Print button to print a confirmation statement of your elections.



Your benefit selection has been submitted.

Return to benefits

 Print

Contact Information

For enrollment, Infinite Visions or eligibility issues, please contact your Weld County School District 6 Benefits Specialist:

Your Benefits Specialist: Michael Ringhand
Phone Number: 970.348.6114
Email: mringhand@greeleyschools.org



For questions relating to payroll, deductions or withholding for retirement, please contact your Weld County School District 6 Payroll Department:

Contact: Payroll Department
Phone Number: 970.348.6116



If you need assistance with a claim, finding an in-network provider, getting a prescription filled, please contact your Flood and Peterson Account Manager:

Your Account Manager: Linda Dolan
Phone Number: 970.506.3284 or toll-free at 800.356.2295
Email: ldolan@floodpeterson.com



Refer to following list if you need to contact one of your benefit providers.

MEDICAL – AETNA

Concierge Services – 888.247.1014
 7:00 a.m. – 5:00 p.m. Mountain
www.aetna.com



PHARMACY – AETNA

Member Services – 888.792.3862
 5:00 a.m. – 9:00 p.m. Mountain
www.aetna.com



NICE HEALTHCARE

DOWNLOAD THE APP IN IOS OR ANDROID
 EMAIL: SUPPORT@NICE.HEALTHCARE



RESOURCES FOR LIVING (EAP) - AETNA

Customer Service – 1-888-238-6232 (TTY: 711)
www.resourcesforliving.com – Username: D6 – Password EAP



MONUMENT

www.joinmonument.com; use code 7HA77



DENTAL – AETNA

Member Services – 877.238.6200
 8:00 a.m. – 6:00 p.m. Mountain
www.aetna.com



VISION - EYEMED

Enrollment Line – 866.723.0596

www.eyemedvisioncare.com**LIFE AND AD&D AND VOLUNTARY LIFE AND AD&D – THE HARTFORD**

Member Services – 888.563.1124 Fax – 866.954.2621

8:00 a.m. – 5:00 p.m. Mountain

Email: gbclaimcslife@thehartford.com**LEGALSHIELD / IDSHIELD – LEGALSHIELD**<https://accounts.v2.legalshield.com>

or download the app

**FLEXIBLE SPENDING ACCOUNTS – HEALTHEQUITY/WAGEWORKS**

Customer Service – 877.924.3967

Website Registration through www.wageworks.com:

Employee ID: Your SSN

Employer ID: PBSWCS

HealthEquity

WageWorks

HEALTH SAVINGS ACCOUNT – INSPIRA

Customer Service – 844.729.3539

www.inspirafinancial.com**VOLUNTARY BENEFITS – AETNA VOLUNTARY BENEFITS**

Customer Service – 800.607.3366 – Choose option 1 if you are a member, option 3 for plan questions

www.myaetnasupplemental.com (if already enrolled)www.aetna.com/insurance-producer/voluntary-benefits.html

(information only)

aetna

COBRA ENROLLEES – HEALTHEQUITY/WAGEWORKS

Participant Service Center – 877.864.9546

<https://cobraclient.wageworks.com/MainPortal/Auth/Login>

HealthEquity

WageWorks

SUMMER BILLING (CLASSIFIED 9 MONTH EMPLOYEES)

Contact Michael Ringhand – 970.348.6114

or via email at MRINGHAND@greeleyschools.org

Contact Linda Dolan – 970.506.3284

or via email at ldolan@floodpeterson.com**COLORADO QUITLINE**

800.QUIT.NOW (800.784.8669)

<https://www.coquitline.org/en-US>