

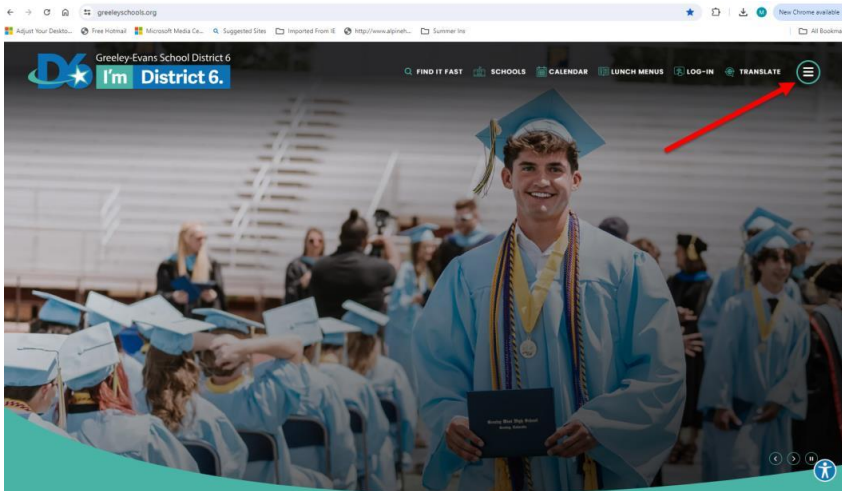
Instrucciones paso a paso para la inscripción en los beneficios



Greeley-Evans School District 6

I'm

District 6.



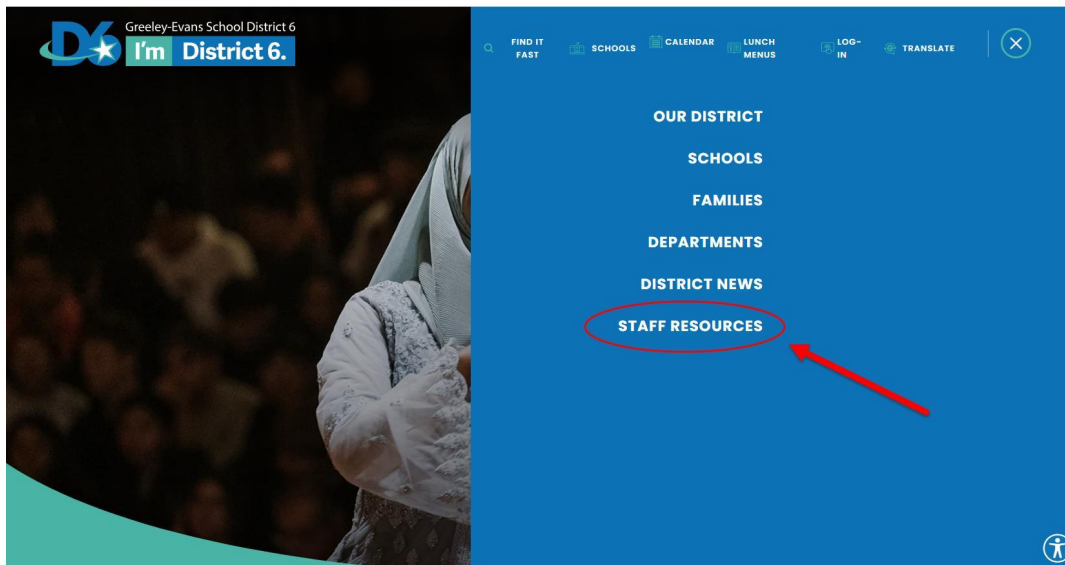
Desde un navegador Chrome, vaya a www.greeleyschools.org

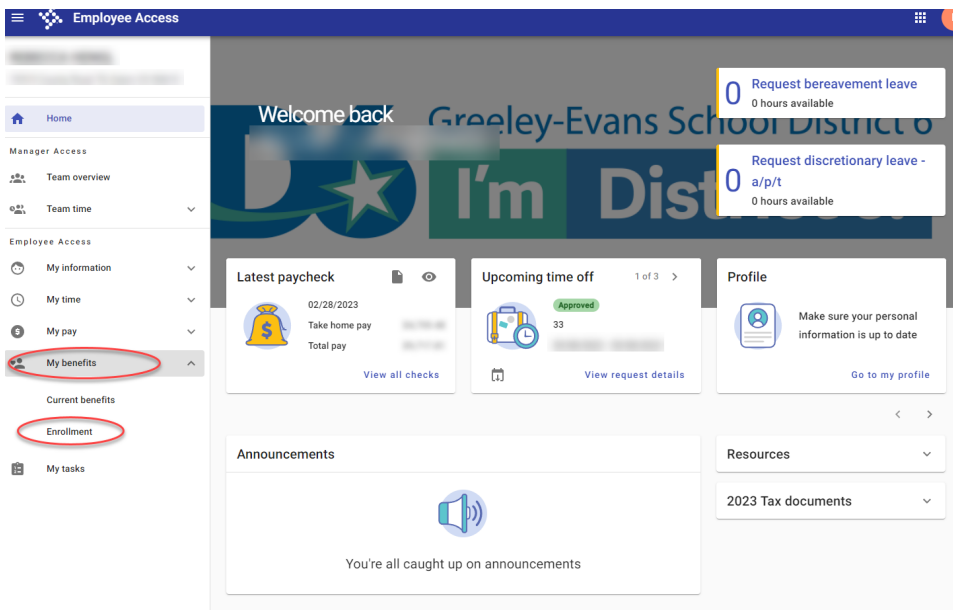
Haga clic en el menú desplegable de 3 barras

Haga clic en RECURSOS DE PERSONAL y luego EMPLEADO ACTIVO – acceso de empleado

Inicie sesión por medio del inicio de sesión OKTA.

Esto lo llevará a EMPLOYEE ACCESS Dashboard (Tablero de acceso para empleados).





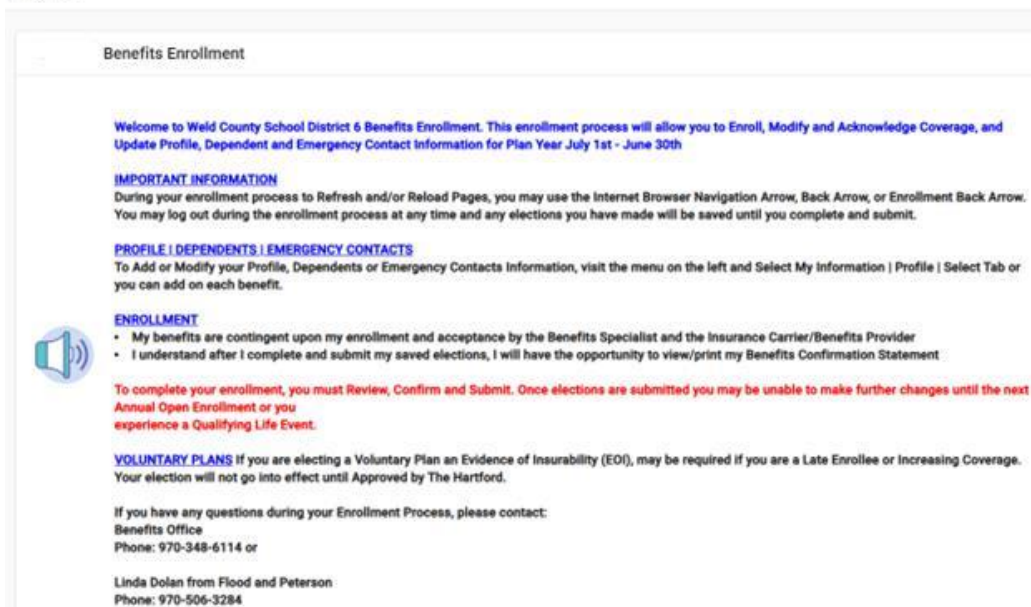
Haga clic en
MY BENEFITS
(Mis beneficios).

Haga clic en
ENROLLMENT
(Inscripción).

Pantalla de bienvenida

Esta pantalla contiene información sobre cómo inscribirse. Lea antes de continuar.

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

☒ YES, I ACKNOWLEDGE RECEIPT OF SBC

\$0.00 / \$0.00

Save selection

Resumen de beneficios

Esta pantalla le brinda la oportunidad de descargar el Resumen de beneficios para los planes de seguro médico, según se requiere. Para acceder a los documentos, haga clic en el enlace PLAN RESOURCES (Recursos del plan) en la parte superior derecha.

Debe aceptar que tiene acceso al Resumen de beneficios.

Opción de impuestos de la cuota

Esta pantalla le permitirá CAMBIAR la manera en que sus cuotas se deducen. La opción PREDETERMINADA es retener todas las cuotas ANTES DE IMPUESTOS. Si desea cambiar esta opción, indíquelo aquí y complete y envíe un FORMULARIO DE CAMBIO DE CLASE DE LA CUOTA disponible haciendo clic en el enlace RECURSOS DEL PLAN en la parte superior de la página.

IMPORTANTE: si simplemente hace clic en el botón Deduct Premium Post-Tax (Deducir cuotas después de impuestos), no se realizará el cambio. También debe completar y devolver el FORMULARIO DE CAMBIO DE CLASE DE LA CUOTA.

← 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

☒ Deduct premium pre-tax

\$0.00 / \$0.00

☐ 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](#)

Seguro médico

Esta pantalla le permitirá elegir o renunciar a un plan médico para usted o sus dependientes.

Se enumeran los cuatro planes. Expanda el plan para seleccionar el nivel de cobertura que desee (Empleado, Empleado + cónyuge, empleado + hijos o Empleado + familia).

Vea las ELECCIONES EXISTENTES por medio del enlace que se muestra.

Importante: los planes están en orden alfabético, no en el orden del precio de la cuota.

NICE

Esta pantalla simplemente le pide que acepte la cobertura del plan NICE, Si ha elegido un plan médico de AETNA.

Si ha renunciado a las opciones médicas, no será elegible para la cobertura en el plan NICE.

Expanda el menú desplegable y seleccione la opción que coincide con su elección de plan médico.

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
☐ Yes I Elected Medical	\$44.00 / \$44.00	\$0.00 / \$0.00	View details
☐ 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

Seguro dental

Esta pantalla es donde seleccionará inscribirse o renunciar al seguro DENTAL de AETNA.

Para seleccionar o renunciar a la cobertura, expanda la opción haciendo clic en el menú desplegable.

Vea los RECURSOS DEL PLAN y las ELECCIONES EXISTENTES por medio de los enlaces que se muestran.

Seguro de la vista

Esta pantalla es donde seleccionará inscribirse o renunciar al seguro VISION de EYEMED.

Para seleccionar o renunciar a la cobertura, expanda la opción haciendo clic en el menú desplegable.

Vea los RECURSOS DEL PLAN y las ELECCIONES EXISTENTES por medio de los enlaces que se muestran.

← 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
☐ 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
☐ DECLINE LIFE	\$0.00 / \$0.00	\$0.00 / \$0.00

Save selection

Seguro de vida pagado por District 6

Esta pantalla es donde seleccionará inscribirse o renunciar al seguro de VIDA pagado al 100% por District 6. El valor es lo que resulte menor de dos veces su salario anual o \$100,000.

Para seleccionar o renunciar a la cobertura, expanda la opción haciendo clic en el menú desplegable.

Vea los RECURSOS DEL PLAN y las ELECCIONES EXISTENTES por medio de los enlaces que se muestran.

Beneficiarios del seguro de vida pagado por District 6

Al elegir el SEGURO DE VIDA PAGADO POR DISTRICT 6, debe seleccionar uno o más beneficiarios. Ambas cantidades del beneficiario primario Y secundario deben sumar un total del 100% o el sistema no le permitirá continuar.

Si no tiene ningún beneficiario asignado, puede agregarlo haciendo clic en ADD BENEFICIARY (Agregar beneficiario).

THE HARTFORD LIFE INS. - \$100000

Benefit coverage	Employee Cost Pay Period / Month	Employer Cost Pay Period / Month
☒ ACKNOWLEDGE	\$0.00 / \$0.00	\$9.80 / \$9.80

Primary Beneficiaries

Secondary Beneficiaries

☐ Select All

Percent
50

☒

Percent
50

☒

☐

☐

Current total: 100

+ Add beneficiary

☐ Select All

Percent

☒

Percent

☒

☐

☐

Current total: 0

+ Add beneficiary

← 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

Cuenta flexible de gastos de cuidado de dependientes

Esta pantalla es donde se puede inscribir en una deducción ANTES DE IMPUESTOS para CUIDADO DE DEPENDIENTES.

Para participar, seleccione el menú desplegable e introduzca una cantidad ANUAL que desee aportar. Si no desea participar, haga clic en la opción DECLINE (Rechazar).

Vea los RECURSOS DEL PLAN y las ELECCIONES EXISTENTES por medio de los enlaces que se muestran.

Cuenta de ahorros de salud (HSA)

Esta pantalla es donde se puede inscribir en una CUENTA DE AHORROS DE SALUD (HSA). Esta cuenta solo es válida si selecciona uno de los planes MÉDICOS CON UN DEDUCIBLE ALTO DE AETNA.

Para participar, seleccione el menú desplegable e introduzca una cantidad ANUAL que desee aportar.

Vea los RECURSOS DEL PLAN y las ELECCIONES EXISTENTES por medio de los enlaces que se muestran.

← 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
☐ 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

Cuenta flexible de gastos

Esta pantalla es donde se puede inscribir en una CUENTA FLEXIBLE DE GASTOS. Esta cuenta solo es válida si selecciona uno de los planes MÉDICOS CON UN DEDUCIBLE ALTO DE AETNA.

Para participar, seleccione el menú desplegable e introduzca una cantidad ANUAL que desee aportar.

Vea los RECURSOS DEL PLAN y las ELECCIONES EXISTENTES por medio de los enlaces que se muestran.

Cuenta flexible de gastos compatible con la cuenta de ahorros de salud

Esta pantalla es donde puede inscribirse en una CUENTA FLEXIBLE DE GASTOS COMPATIBLE CON LA CUENTA DE AHORROS DE SALUD. Esta cuenta solo es válida si seleccionó uno de los planes MÉDICOS CON UN DEDUCIBLE ALTO DE AETNA. Este plan solo se puede usar para gastos de la VISTA y DENTALES. No puede usar esta cuenta para gastos médicos.

Para participar, seleccione el menú desplegable e introduzca una cantidad ANUAL que desee aportar.

Vea los RECURSOS DEL PLAN y las ELECCIONES EXISTENTES por medio de los enlaces que se muestran.

HSA COMPATIBLE FSA 9

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 \$3,200 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 9

Benefit coverage	Employer Cost Pay Period / Month	Employee Cost Pay Period / Month	View details
☐ LIMITED HSA SPENDING 9	\$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



Plan de accidentes de Aetna

Esta pantalla es donde se puede inscribir en un PLAN DE COBERTURA DE ACCIDENTES DE AETNA.

Para participar, seleccione en el menú desplegable el plan que desee y seleccione el nivel de cobertura. Puede ver información de la cobertura del plan específico en los RECURSOS DEL PLAN.

Vea los RECURSOS DEL PLAN y las ELECCIONES EXISTENTES por medio de los enlaces que se muestran.

Plan de indemnidad hospitalaria de Aetna

Esta pantalla es donde se puede inscribir en UN PLAN DE INDEMNIDAD HOSPITALARIA DE AETNA.

Para participar, seleccione el menú desplegable e introduzca una cantidad ANUAL que desee aportar. Puede ver información de la cobertura del plan específico en los RECURSOS DEL PLAN.

Vea los RECURSOS DEL PLAN y las ELECCIONES EXISTENTES por medio de los enlaces que se muestran.

← 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 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) 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

SEGURO DE VIDA VOLUNTARIO DE The Hartford

Esta pantalla es donde se puede inscribir en un seguro de VIDA adicional PAGADO POR EL EMPLEADO para usted, su cónyuge y sus hijos.

Para participar, seleccione el menú desplegable e introduzca una cantidad ANUAL que desee aportar. Puede ver información de la cobertura del plan específico en los RECURSOS DEL PLAN.

Vea los RECURSOS DEL PLAN y las ELECCIONES EXISTENTES por medio de los enlaces que se muestran.

¿Necesito prueba de asegurabilidad?

- Cualquier incremento en la cobertura respecto del año anterior, requerirá que complete un formulario de prueba de asegurabilidad.
- Si fue elegible para inscribirse el año anterior, pero decidió no hacerlo, cualquier elección de cobertura requerirá que complete un formulario de prueba de asegurabilidad.
- Si es un nuevo empleado o se acaba de volver elegible, puede elegir hasta la cantidad de emisión garantizada sin tener que completar el formulario de prueba de asegurabilidad; para cualquier cantidad superior a la cantidad de emisión garantizada, será necesario completar dicho formulario.
- Después de completar la inscripción, el formulario se le enviará por correo electrónico.

Primary Beneficiaries

☐ Select All

☐ [Redacted] (Child)

☐ [Redacted] (Child)

Percent

☒ [Redacted] (Spouse)

☐ [Redacted] (Parent)

Current total: 100

[+ Add beneficiary](#)

Secondary Beneficiaries

Total percentages must add to 100

☐ Select All

Percent

☒ [Redacted] (Child)

Percent

☒ [Redacted] (Child)

☐ [Redacted] (Spouse)

Percent

☒ [Redacted] (Parent)

Current total: 90

[+ Add beneficiary](#)

Employee Election Amount
\$ 50000

Spouse Election Amount
\$ 25000

Child Election Amount
\$ 10000

Beneficiarios del SEGURO DE VIDA VOLUNTARIO DE The Hartford

Al elegir el SEGURO DE VIDA VOLUNTARIO ADICIONAL, debe seleccionar uno o más beneficiarios. Ambas cantidades del beneficiario primario Y secundario deben sumar un total del 100% o el sistema no le permitirá continuar.

Si no tiene ningún beneficiario asignado, puede agregarlo haciendo clic en ADD BENEFICIARY (Agregar beneficiario).

Puede elegir seguro de vida adicional para usted en incrementos de \$10,000; para su cónyuge en incrementos de \$5,000, y para sus hijos por una suma global de \$10,000 para cada hijo.

Esta pantalla solo es aplicable si es empleado clasificado de 9 meses. Es una aceptación de su programa de seguro Summer Billing.

No verá esta pantalla si no es empleado clasificado de 9 meses.

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
☒ ACKNOWLEDGEMENT	\$0.00 / \$0.00	▼

Pantalla de revisión y envío

Cuando haya completado las elecciones a su satisfacción, desplácese hacia la parte inferior de la pantalla. Aquí puede seleccionar el botón REVIEW & SUBMIT (Revisar y enviar). Esto lo llevará a una pantalla que le permitirá una vista final antes de confirmar y enviar.

Update

HSA COMPATIBLE FSA 12 Election

Declined

▼

Update

AETNA ACCIDENT PLAN Election

WAIVE AETNA ACCIDENT

DECLINE

▼

Update

AETNA HOSPITAL INDEMNITY PLAN Election

WAIVE AETNA HOSPITAL

DECLINE

▼

Update

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

Confirmar y enviar

Después de la revisión final de la cobertura y del costo para el empleado y el empleador, haga clic en el botón CONFIRM & SUBMIT (Confirmar y enviar).

Cuando lo haya enviado, aparecerá una imagen de "PULGAR HACIA ARRIBA", lo que le confirmará que la inscripción está completa.

IMPORTANTE: haga clic en el botón Print (Imprimir) para imprimir una declaración de confirmación de sus elecciones.



Your benefit selection has been submitted.

Return to benefits

Print

Información de contacto

Si tiene problemas con la inscripción, su elegibilidad o Infinite Visions, comuníquese con su especialista de beneficios del condado escolar de Weld de District 6:

Su especialista de beneficios: Michael Ringhand
Número de teléfono: 970.348.6114
Correo electrónico: mringhand@greeleyschools.org



Si tiene preguntas sobre nómina, deducciones o retenciones para el retiro, comuníquese con el Departamento de nómina del condado escolar de Weld de District 6:

Contacto: Departamento de nómina
Número de teléfono: 970.348.6116



Si necesita asistencia con un reclamo, para encontrar un proveedor dentro de la red o surtir una receta, comuníquese con su administrador de cuentas de Flood and Peterson:

Su administrador de cuentas: Linda Dolan
Número de teléfono: 970.506.3284 o la línea sin costo 800.356.2295
Correo electrónico: ldolan@floodpeterson.com



Consulte la lista siguiente si tiene que comunicarse con uno de sus proveedores de beneficios.

PLAN MÉDICO: AETNA

Servicios de conserjería: 888.247.1014
 de 7:00 a.m. a 5:00 p.m., hora de la montaña
<https://www.aetna.com>



FARMACIA: AETNA

Servicio para miembros: 888.792.3862
 de 5:00 a.m. a 9:00 p.m., hora de la montaña
<https://www.aetna.com>



NICE HEALTHCARE

DESCARGUE LA APLICACIÓN EN IOS O ANDROID
 Correo electrónico: SUPPORT@NICE.HEALTHCARE



RECURSOS PARA VIVIR (EAP): AETNA

Atención al cliente: 1-888-238-6232 (TTY: 711)
www.resourcesforliving.com – Nombre del usuario: D6 –
 Contraseña: EAP



MONUMENT

www.joinmonument.com y use el código **7HA77**



PLAN DENTAL: AETNA

Servicio para miembros: 877.238.6200
 de 8:00 a.m. a 6:00 p.m., hora de la montaña
<https://www.aetna.com/about-us/login.html>



PLAN DE LA VISTA: EYEMED

Línea para inscripciones: 866.723.0596

www.eyemedvisioncare.com



SEGURO DE VIDA Y POR MUERTE ACCIDENTAL Y PÉRDIDA DE EXTREMIDADES (AD&D) Y SEGURO DE VIDA VOLUNTARIO Y POR AD&D: THE HARTFORD

Servicios para miembros: 888.563.1124 Fax: 866.954.2621

de 8:00 a.m. a 5:00 p.m., hora de la montaña

Correo electrónico: gbclaimcslife@thehartford.com

**LEGALSHIELD / IDSHIELD: LEGALSHIELD**

<https://accounts.v2.legalshield.com>

o descargue la aplicación

**CUENTAS FLEXIBLES DE GASTOS: HEALTHEQUITY/WAGEWORKS**

Atención al cliente: 877.924.3967

Registro en el sitio web a través de www.wageworks.com:

Identificación de empleado: Su número del Seguro social

ID del empleado: PBSWCS

HealthEquity

WageWorks

CUENTA DE AHORROS DE SALUD: INSPIRA

Atención al cliente: 844.729.3539

<https://member.eyemedvisioncare.com/member/en>

**BENEFICIOS VOLUNTARIOS: AETNA VOLUNTARY BENEFITS**

Atención al cliente: 800.607.3366 – Seleccione la opción 3 para preguntas sobre el plan

www.myaetnasupplemental.com (si ya se inscribió)

www.aetna.com/insurance-producer/voluntary-benefits.html

(solo información)

aetna

INSCRITOS EN COBRA: HEALTHEQUITY/WAGEWORKS

Centro de servicio para participantes: 877.864.9546

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

HealthEquity

WageWorks

SUMMER BILLING (EMPLEADOS CLASIFICADOS DE 9 MESES)

Contacte a Michael Ringhand: 970.348.6114

o por correo electrónico en MRINGHAND@greeleyschools.org

Contacte a Linda Dolan: 970.506.3284

o por correo electrónico en ldolan@floodpeterson.com

**LÍNEA PARA DEJAR DE FUMAR DE COLORADO**

800.QUIT.NOW (800.784.8669)

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

