



Greeley-Evans School District 6

I'm

District 6.

## 2025 Employee Benefits Guide

Effective July 1, 2025 – June 30, 2026

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**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the Medicare Part D Notice(s) on page 32 of this guide for more details.**

## Eligibility

**Full-time employees are eligible for benefits; you are a full time employee if you are:**

- A Certified employee .5 FTE or more
- An A/P/T or a Classified employee working at least 30 hours per week

New hire coverage begins the first of the month following your date of hire or benefitted position start date if hired part time.

**Your eligible dependents include:**

- Your spouse or same sex domestic partner
- All natural, adopted or stepchildren, to the end of the month in which they turn 26
- Disabled children of any age who are (or become) physically or mentally incapable of self-support while covered by our employee benefits program.

## Annual Open Enrollment

Your Benefits open enrollment begins on April 7, 2025, and continues through April 18, 2025. The benefits you choose during open enrollment become available on July 1, 2025, and continue through June 30, 2026.

Open Enrollment is the time to consider your benefit needs and make new choices. All benefit eligible employees must complete an online enrollment to:

- Enroll or Waive in one of the Aetna Medical Plans
- Enroll or Waive in the Aetna Dental Plan
- Enroll or Waive in the EyeMed Vision Plan
- Enroll or Waive in the WCSD6 sponsored Life Plan – this is a 100% employer paid benefit
- Add or delete eligible dependents
- Enroll or re-enroll in an HSA account, applicable only if enrolled in a high deductible medical plan
- Enroll or re-enroll in the Flexible Spending Account or Limited Flexible Spending Account
- Enroll or waive in Aetna Voluntary Plans

## Making Changes After Open Enrollment

After open enrollment, changes to your elections can only be made if you experience a qualifying life event, which would trigger a Special Enrollment Period (SEP).

***This would apply even if you waived coverage for yourself or your dependents.***

Examples of a qualifying life event include but are not limited to:

- Marriage
- Divorce or Legal separation
- Registered domestic partnership status change
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you, your spouse or registered domestic partner
- Coverage you or your dependents previously enrolled in that is ending
- Commencement or termination of adoption proceedings
- Change in your spouse's or registered domestic partner's benefits or employment status
- Change in Medicare eligibility

You must request changes to your benefits coverage within 30 days of the qualified life event; additional information or documentation of the event may be required. If requests are not made within this window, you will have to wait until the next open enrollment period to make changes to your benefits coverage unless you experience another special enrollment or qualifying life event. ***To request special enrollment or obtain more information, contact the Benefits Office at 970.348.6114***

\*This notice is relevant for healthcare coverages subject to the HIPAA portability rules

## Important Updates for the 2025-2026 Plan Year



### Medical

- **Important Change:** This open enrollment, there are two plans to choose from that are the same as last year:
  - Aetna HNO OA Copay
  - Aetna HNO OA HSA
- Both plan choices are in-network only but still offers both Banner and UCHealth as in-network providers – remember that if you have a true emergency while outside of Colorado, your emergency will be treated the same as an emergency in-network

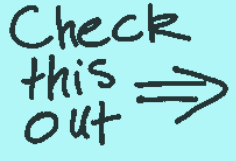
Examples of Local Facilities/Providers Included in All Plans	
Banner Fort Collins Medical Center	Medical Center of the Rockies
Banner North Colorado Medical Center	Orthopaedic & Spine Center of the Rockies
Banner Surgery Center	Poudre Valley Hospital
Banner Urgent Care	The Little Clinic
Family Physicians of Greeley	The Point Sports Medicine
Greeley Endoscopy Center	UCHealth Greeley Hospital
Greeley Medical Clinic	UCHealth Medical Clinic
Longs Peak Hospital	Women's Clinic of Northern Colorado

- The Choice POS II HSA will not be an option for the 2025-2026 plan year

If you are enrolled in the HNO OA HSA plan, please note:

- In compliance with 2025 IRS regulations for high deductible health plans (HDHPs), **effective July 1, 2025, deductibles will increase as follows:**
  - **\$1,650** for individual coverage, up from \$1,600 in 2024
  - **\$3,300** for family coverage, up from \$3,200 in 2024
  - The maximum out of pocket **is not changing** (\$3,000 Individual / \$6,000 Family)

### Nice Healthcare



Still no copays for Nice PCP and urgent care services, with 550 prescriptions covered for free

**The District still pays 100% of the cost of the premium for this benefit**

**Dental** – No changes to benefits or rates

**Vision – Improved Benefit!** Increasing the frame and contact benefit to a \$150 allowance

**Voluntary Life** (NOTE: This does NOT affect your District 6-paid life insurance plan if elected)

- Any increase in coverage will require you to complete an Evidence of Insurability form
- If you were eligible to enroll last year and chose not to enroll, any election of coverage will require you to complete an Evidence of Insurability form
- If you are newly hired or just became eligible for benefits, 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

**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.

**Voluntary Benefits (Accident & Hospital Indemnity Plans)** – No change to benefits or rates





## Benefits Costs for 2025-2026

District 6 covers at least 50% of the cost to you, your spouse, your child(ren) or family for medical insurance.

Aetna HNO OA Copay Plan	Total Monthly Premium	District 6 Pays Monthly on Your Behalf	Your Monthly Cost
Employee Only	\$800.00	<b>\$728.00</b>	\$72.00
Employee + Spouse	\$1,682.00	<b>\$841.00</b>	\$841.00
Employee + Child(ren)	\$1,522.00	<b>\$761.00</b>	\$761.00
Employee + Family	\$2,402.00	<b>\$1,201.00</b>	\$1,201.00

Aetna HNO OA HSA Plan	Total Monthly Premium	District 6 Pays Monthly on Your Behalf	Your Monthly Cost
Employee Only	\$728.00	<b>\$728.00</b>	\$0.00
Employee + Spouse	\$1,530.00	<b>\$765.00</b>	\$765.00
Employee + Child(ren)	\$1,384.00	<b>\$728.00</b>	\$656.00
Employee + Family	\$2,184.00	<b>\$1,092.00</b>	\$1,092.00

Nice Healthcare	Total Monthly Premium	District 6 Pays Monthly on Your Behalf	Your Monthly Cost
Employee Only	\$44.00	<b>\$44.00</b>	\$0.00
Employee + Spouse	\$44.00	<b>\$44.00</b>	\$0.00
Employee + Child(ren)	\$44.00	<b>\$44.00</b>	\$0.00
Employee + Family	\$44.00	<b>\$44.00</b>	\$0.00



Aetna Dental	Total Monthly Premium	District 6 Pays Monthly on Your Behalf	Your Monthly Cost
Employee Only	\$35.00	<b>\$35.00</b>	\$0.00
Employee + Spouse	\$67.00	<b>\$35.00</b>	\$32.00
Employee + Child(ren)	\$80.00	<b>\$35.00</b>	\$45.00
Employee + Family	\$120.00	<b>\$35.00</b>	\$85.00

EyeMed Vision	Total Monthly Premium	District 6 Pays Monthly on Your Behalf	Your Monthly Cost
Employee Only	\$6.32	<b>\$6.32</b>	\$0.00
Employee + Spouse	\$10.03	<b>\$6.32</b>	\$3.71
Employee + Child(ren)	\$10.52	<b>\$6.32</b>	\$4.20
Employee + Family	\$15.75	<b>\$6.32</b>	\$9.43



## Medical Cost & Benefits

Your Monthly Cost	Aetna HNO OA Copay Plan	Aetna HNO OA HSA Plan
Employee Only	\$72.00	\$0.00
Employee + Spouse	\$841.00	\$765.00
Employee + Child(ren)	\$761.00	\$656.00
Employee + Family	\$1,201.00	\$1,092.00
Benefit Highlights	In-Network You Pay	In-Network You Pay
Plan Year Deductible	\$750 Individual / \$2,250 Family	<b>\$1,650 Individual / \$3,300 Family</b>
Plan Year Out-of-Pocket (OOP) Max	\$3,500 Individual / \$7,000 Family	\$3,000 Individual / \$6,000 Family
Coinsurance	80% after deductible	90% after deductible
Preventive Care	No charge	No charge
Routine Office Visit	\$25 copay	Deductible then 10%
Specialist Office Visit	\$50 copay	Deductible then 10%
Mental Health Visit	\$50 copay	Deductible then 10%
Urgent Care	Deductible then \$75 copay	Deductible then 10%
Emergency Room Visit	Deductible then \$200 copay/visit	Deductible then 10%
Ambulance	Deductible then 20%	Deductible then 10%
Inpatient Hospital	\$150 copay then deductible then 20%	Deductible then 10%
Outpatient Surgery	\$75 copay/visit then deductible then 20%	Deductible then 10%
Diagnostic X-Ray/Lab	Deductible then 20%	Deductible then 10%
Complex Radiology (MRI/PET/CAT)	\$150 copay/visit then deductible then 20%	Deductible then 10%
Retail (30-day supply)		Plan deductible then copays apply
Tier 1	\$10 copay	\$10 copay
Tier 2	\$40 copay	\$30 copay
Tier 3	\$70 copay	\$50 copay
Specialty	Copay as noted above for generic or brand	Copay as noted above for generic or brand
Mail Order (90-day supply)	3x retail copay	2.5x retail copay

For more detailed information about each plan's medical benefits and limitations, please consult the plan Summary of Benefits and Coverage (SBC). You can find them at: <https://bit.ly/D6BenefitsEnrollment2025>



## Finding a Provider

Go to [www.aetna.com/docfind](https://www.aetna.com/docfind):

**Find a doctor, dentist or hospital**

We're bringing together trusted care for you. You get one of the largest nationwide networks of doctors, hospitals and walk-in clinics — plus the convenience of MinuteClinic® locations.

**Have a member account?**

Log in to find doctors, dentists, hospitals, and other providers that accept your plan.

[Find care](#) [Find a pharmacy](#)

**Don't have a member account?**

You can search without logging in. Choose a plan to find doctors, hospitals and providers that accept it.

Plan from an employer > Aetna Medicare plan >  
 Individual health plan > Aetna Medicaid plan >  
 Individual dental plan > Aetna Vision Preferred plan >

If you have a member account, you may click on Member login.

You also have the option to search as a guest. Click on Plan from an employer.



## Directory of Health Care Professionals

### Already a member?

Not registered with Aetna yet?

[Login to Secure Site](#)   [Register Now](#)

**Why Register?**  
You will be able to find all your coverage information online when you need it.

**Searching as a member is better**  
You Can:

- ✓ Get results for your plan
- ✓ View cost estimates
- ✓ Select a primary care doctor

### Continue as a guest

Please enter your **home** location (zip, city, county or state) to access providers specific to your plan benefits.

Enter location here

**Traveling?** You can change your location after you select your plan

**Look within**

25 Miles

0 Miles   100 Miles

[Search](#)

Login if you have already registered. If you have not set up a member account, and your enrollment is active, you may click on Register Now and go through the setup.

You also have the option to **Continue as a guest**.

Enter the location by zip code, city or state then click on the Search button.



To look up providers for the Aetna HNO OA Copay plan or the Aetna HNO OA HSA plan, scroll down until you see the following plan name:

**Aetna Health Network Only<sup>SM</sup> (Open Access)**

Click on the select button then click on the Continue button.

### Select a Plan



Enter plan name to narrow list below, e.g. Managed Choice

*Show all plans (including those not in my area)*

#### Aetna Open Access Plans

☐ Aetna Choice<sup>®</sup> POS II (Open Access)

☒ Aetna Health Network Only<sup>SM</sup> (Open Access)

Continue

☐ Aetna Health Network Option<sup>SM</sup> (Open Access)

☐ Aetna Select<sup>SM</sup> (Open Access)

☐ Elect Choice<sup>®</sup> EPO (Open Access)

☐ Managed Choice<sup>®</sup> POS (Open Access)

☐ North Carolina State Health Plan - Effective 2025

### Select a Plan



Enter plan name to narrow list below, e.g. Managed Choice

*Show all plans (including those not in my area)*

#### Dental PPO/PDN with PPO II and Extend Network

☒ Dental PPO/PDN with PPO II and Extend<sup>SM</sup>

Continue

To find a Dental provider, scroll down until you see the following name:

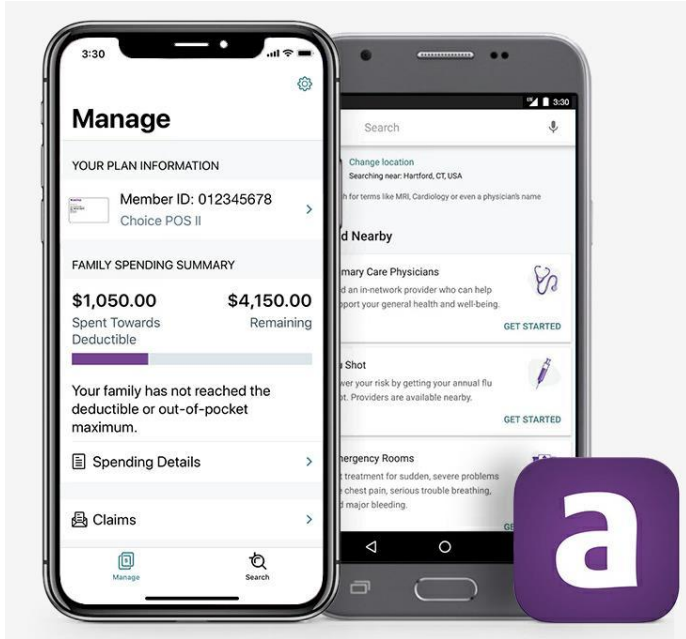
**Dental PPO/PDN with PPO II and Extend<sup>SM</sup>**

Click on the select button then click on the Continue button.

## The Aetna Health<sup>SM</sup> App

### Manage your benefits right from your phone

Discover a smarter, simpler way to take charge of your health plan and benefits. With the Aetna Health app, you can:



With the mobile app, you can:

- **Pull up your ID card whenever you need it**
- View your health plan summary and get detailed information about what's covered
- Track spending and progress towards meeting your deductible for you and your family
- See claims details and pay claims for your whole family.
- Search for providers, procedures and medications
- Get cost estimates before you get care
- Speak with a doctor by phone or video 24/7 from anywhere with Teladoc®
- Receive personalized health reminders.

### Two ways to download the Aetna Health app:

- Text **AETNA** to **90156** to download the Aetna Health app\*
- Download from the App Store or Google Play (you will see this icon)



\*Standard text messaging rates may apply.

**Please note the Aetna Health App will not be available to you to use until your enrollment becomes effective.**

## Prescriptions

Know the cost of your medicines ahead of time by going to [Aetna.com](https://www.aetna.com) and logging in to your member website. Go to the “Pharmacy” section or use the Aetna Health app to search costs. Get cost estimates for generic or brand name drugs, and find out if a prescription requires prior authorization, step therapy or has quantity limits.

You can do a lot more on your member website, like find a pharmacy near you. Or you can find detailed information on prescription drugs, including any potential interactions or possible side effects.

### CVS Caremark Mail Service Pharmacy™

#### Mail service perks:

- Fast reorders with no trips to the pharmacy
- Free standard shipping to your home, job or wherever you choose
- Privacy, since your medicine arrives in unmarked secure packaging

#### How to Get Started:

- Call or go online – Call 1.888.792.3862 (TTY: 711) or go to [Aetna.com](https://www.aetna.com) to log in to the member website, or use the Aetna Health app.
- Request mail service – by phone or online – you can also print out an order form and send to Aetna.
- Get refills – It is easy to reorder online, by phone or mail.

### Pharmacy Discount Cards

You may have seen a commercial on television or read an ad in a magazine describing the benefits of using a pharmacy discount card – so what is a pharmacy discount card? It is a discount card that can provide significant savings for prescription medication. These cards are also known as drug discount cards or Rx discount cards. They are provided by different companies that have agreements with many pharmacies around the country.

Examples of prescription discount cards include:

- GoodRx
- SingleCare
- HelpRx
- ScriptSave WellRx
- RxSaver

These programs have websites that can help you save money every month by helping you find the lowest prescription prices at your local pharmacies. Many have a mobile app you can download to your phone as well. By using their price comparison tool on their mobile app or their website, you could save on many FDA-approved drugs—brand-name and generic. Think of it as an Expedia for prescription drugs.



**Please note that if you use a pharmacy discount card or coupon when filling a prescription, it WILL NOT be processed through your medical insurance and consequently it IS NOT applied to your deductible or out-of-pocket maximum.**




## Nice Healthcare

Remember: To be eligible for Nice, you must be enrolled in a District medical plan. **However, your eligible dependents DO NOT need to be enrolled in a District medical plan to use Nice.**

### When to Use Nice®


EVERYDAY CARE WHENEVER YOU NEED IT

\$0 copay for these services




#### Routine Checkups

Annual Wellness Exam - Sports Physicals - Child Checkups




#### Chronic Care

High Blood Pressure - High Cholesterol - Thyroid Conditions - Diabetes




#### Sick Care

Cold/Flu - Strep Throat - Sinus & Ear Infection - UTIs - Pink Eye - Rashes




#### Short-Term Mental Health

Anxiety - Depression - Grief & Loss




#### Virtual Physical Therapy

Back Pain - Neck Pain - Injury Recovery



#### Imaging

X-Rays - EKGs



#### 35+ Labs

Blood Work - A1c

### Make the most of your Nice benefit

**Have you used Nice for your annual physical? If your answer is no, you may be missing out on a valuable benefit!**

If you are on a maintenance medication for a chronic condition, *your medication may be one of the 550+ drugs that are **free** through Nice.*

- To receive a prescription through Nice, a Nice clinician must prescribe it
- Nice can also write prescriptions for non-covered medications as well – you will have to use your health insurance or pay cash for these non-covered medications
- Nice does not prescribe controlled substances or specially regulated medications

Nice also has **35+ labs** that are **free** to you during an in-person visit.

**If your prescription is not one of the 550+ free medications, be sure to show your Aetna ID card so you don't have to pay full price.**

**If the prescription is for a dependent with no other coverage, use one of the apps listed on page 12 (like GoodRx or SimpleCare) to see if a discount coupon is available.**



## Getting Started With Your Nice benefits



### Step 1: Download the Nice App

In your app store, search for "Nice Healthcare" and download it to your mobile device. Otherwise, you can go to [www.nice.healthcare](http://www.nice.healthcare) to create and access your account.

### Step 2: Create Your Nice Account

Open the app and select "Sign Up". Using your personal email address, fill out the required fields.

### Step 3: Sign Into Your Account

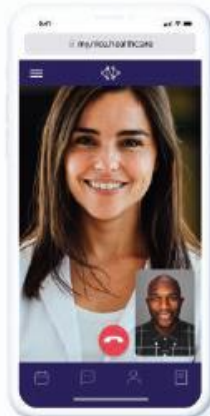
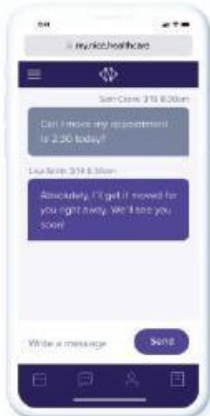
Open the app and select "Log In". Enter your email and password and you'll be taken to your homepage.

### Step 4: Add Dependents if Necessary

On the homepage, click the "Accounts" button and select "Add Patient" on the bottom of the next screen. Fill out the necessary information and repeat for each dependent.



Use The Nice App for In-Home and Virtual Care, Managing Prescriptions, Live Physical Therapy and More!



### Step 5: Complete the Intake Form

On the homepage, click the "Book Appointment" button. Select the patients and complete the Intake form\*.

**\*This process will take 15-20 minutes, but only needs to be completed before your first visit. Schedule future visits in under 5 minutes.**

### Step 6: Schedule Your First Visit

On the next screen, choose the appointment type (video or chat), preferred provider (if any), preferred date and time slot. Complete the remaining steps and you'll see your appointment on your homepage.

## Aetna Dental Cost & Benefits

	Monthly Premium	Your Cost per Month
Employee Only	\$35.00	\$0.00
Employee + Spouse	\$67.00	\$32.00
Employee + Child(ren)	\$80.00	\$45.00
Family	\$120.00	\$85.00

Type of Service	In-Network	Out-of-Network
Policy Year Deductible	\$50 per individual / \$100 per family	
Policy Year Maximum	\$1,500	
Dependent Eligibility	To age 26	
Preventive	100%	100%
Basic Services - Periodontics/Endodontics	80%	80%
Major Services	50%	50%
Orthodontics	50%	50%
Lifetime Maximum	\$1,500 per eligible person	
Age Limitation	Dependent children to age 19, no Adult coverage	

**You will not receive an ID card, but if you are enrolled in medical, your member ID for medical and dental are the same.** If you are only enrolled in dental, you will receive a letter that includes your dental information, including member ID. You can also find your dental information by logging onto the member website at [www.aetna.com](http://www.aetna.com) or through the Aetna mobile app.



### ★What is “balance billing”?

- Balance billing is additional amounts a non-participating (out-of-network) dentist charges you for the difference between the dental carrier's allowed amount and the dentist's fee.
- Participating (in-network) dentists agree to accept the dental carrier's allowed fee and charge you only the copays and deductibles, when applicable.
- Non-participating (out-of-network) dentists may charge you the difference between the dental carrier's allowed amount and their fee and may also require you to pay the full charge up front.

## EyeMed Vision Cost & Benefits

	Monthly Premium	Your Cost Per Month
Employee Only	\$6.32	\$0.00
Employee + Spouse	\$10.03	\$3.71
Employee + Child(ren)	\$10.52	\$4.20
Family	\$15.75	\$9.43

Type of Service	In-Network	Out-of-Network
Exam – Every 12 months	\$10 copay	Reimbursed up to \$40
Lenses – Every 12 months		
Single	\$25 copay	Reimbursed up to \$40
Lined Bifocal	\$25 copay	Reimbursed up to \$60
Lined Trifocal	\$25 copay	Reimbursed up to \$80
Lenticular	\$25 copay	Reimbursed up to \$80
Frames – Every 12 months	<b>\$150 allowance then 20% off balance over \$150</b>	Reimbursed up to \$45
Contacts (in lieu of glasses) – Every 12 months		
Medically Necessary	\$0 copay, paid in full	Reimbursed up to \$210
Conventional Elective	<b>\$150 allowance, 15% off balance over \$150</b>	Reimbursed up to \$125
Disposable Elective	<b>\$150 allowance plus balance over \$150</b>	Reimbursed up to \$125
Laser Vision Correction	15% off retail price or 5% off promotional price	In-network only

Please note you may not receive an ID card in the mail from EyeMed, however it is not required to receive services. You are identified by the subscriber's SSN.

### To find a vision provider:

- Go to [www.eyemed.com/en-us](http://www.eyemed.com/en-us);
- Click on "Find an Eye Doctor"
- Input you zip code
- In the "Choose Network" drop-down box, select the **Access Network**
- Click on "What else is important" drop-down and select an item that is important to you – you don't have to select anything from this box
- Click on "Get Results"

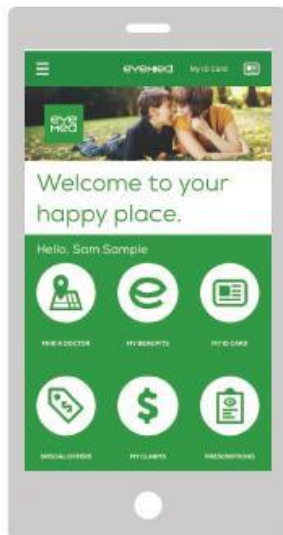


## EYEMED MOBILE APP

# On the go? Now your benefits are, too.

**NEW LOOK. FRESH FEATURES. SAME GREAT BENEFITS. WHENEVER YOU NEED THEM.**

Our revamped EyeMed Mobile App brings you fresh new features to help you get the most from your EyeMed experience—anytime, anywhere.



## The features you love plus new features to explore

- See benefits and eligibility at-a-glance
- Track your claims
- Grab special offers to help you save more
- Find an in-network eye doctor with the Provider Locator
- View your ID card at-a-shake
- Set upcoming exam and contact lens replacement reminders
- Get answers to your FAQs
- Access interactive vision guides to help you see and live your best
- Use Facial recognition, Touch ID and Apple Wallet for Apple users

## USING THE OLD APP?

Make sure you download the newest version of the app to keep up with our latest features, as older versions will no longer be supported. Download the new app, enter your existing login info (no need to re-register) and you're all set.

Check out the App Store or Google Play to download the new app

**INDEPENDENT  
PROVIDER  
NETWORK**



**LENSCRAFTERS**

**PEARLE  
VISION**

**OPTICAL**





## Resources for Living – Your Employee Assistance Program

Available to all WCSD 6 Employees and their Household Members



### Resources for Living

To access services:

1-888-238-6232 (TTY: 711) / [resourcesforliving.com](https://resourcesforliving.com)

Username: D6 / Password: EAP



### Weld County School District 6

Resources for Living is an employer-sponsored program, available at no cost to you and all members of your household. Children living away from home can access services up to age 26.

Services are confidential and available 24 hours a day, 7 days a week.

#### Emotional wellbeing support



You can access up to 8 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face-to-face, online with televideo or by phone. Services are free and confidential. We're always here to help with a wide range of issues including:

- Anxiety
- Relationship support
- Depression
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Self-esteem and personal development
- Substance misuse and more

#### Chat therapy



Send secure text messages to your counselor, who will respond within one working day up to five days a week. A week of texting counts as one session. You can also schedule to meet online for 30-minute televideo sessions. Each televideo session counts as one visit. Working with a counselor can help you:

- Lower your stress even when life keeps you super-busy
- Make time for self-care
- Set and work toward your goals

Work on the same kinds of issues you'd see a counselor face-to-face to talk about. Chat therapy is for individual counseling for members 13 years of age and older.

**Remember: You have 8 face-to-face or virtual visits per issue per plan year**

# Resources for Living®

## Daily life assistance



Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Care for older adults
- Caregiver support
- Special needs
- Pet care
- Community resources/basic needs
- Summer programs for kids
- Household services and more

## Legal services



You can get a free 30-minute consultation with a participating attorney for each new legal topic. Some of the areas of law and issues covered include:

- Family or domestic law
- Civil and criminal law
- Wills and estate planning
- Real estate and more

If you opt for services beyond the initial consultation you can get a 25 percent discount. You also have free access to legal documents and forms on your member website.

\*Services must be related to the employee or an eligible household member. Exclusions include work-related and lack of merit issues. Discount does not include flat legal fees, contingency fees and plan mediator services.

## Financial services



Simply call for a free 30-minute phone consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions

You can get a 25 percent discount on standard tax preparation services. You also have access to financial articles, calculators and a financial assessment on your member website.

\*Services must be for financial matters related to the employee or an eligible household member.

## Online resources



Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Videos and podcasts
- Articles, blogs and self-assessments
- Mobile app
- Child and adult care provider search tool
- Live and on-demand webinars and more

### Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

### Mind Companion Self-care

You have access to evidence-based support tools to help manage depression, anxiety, stress, substance misuse and more.

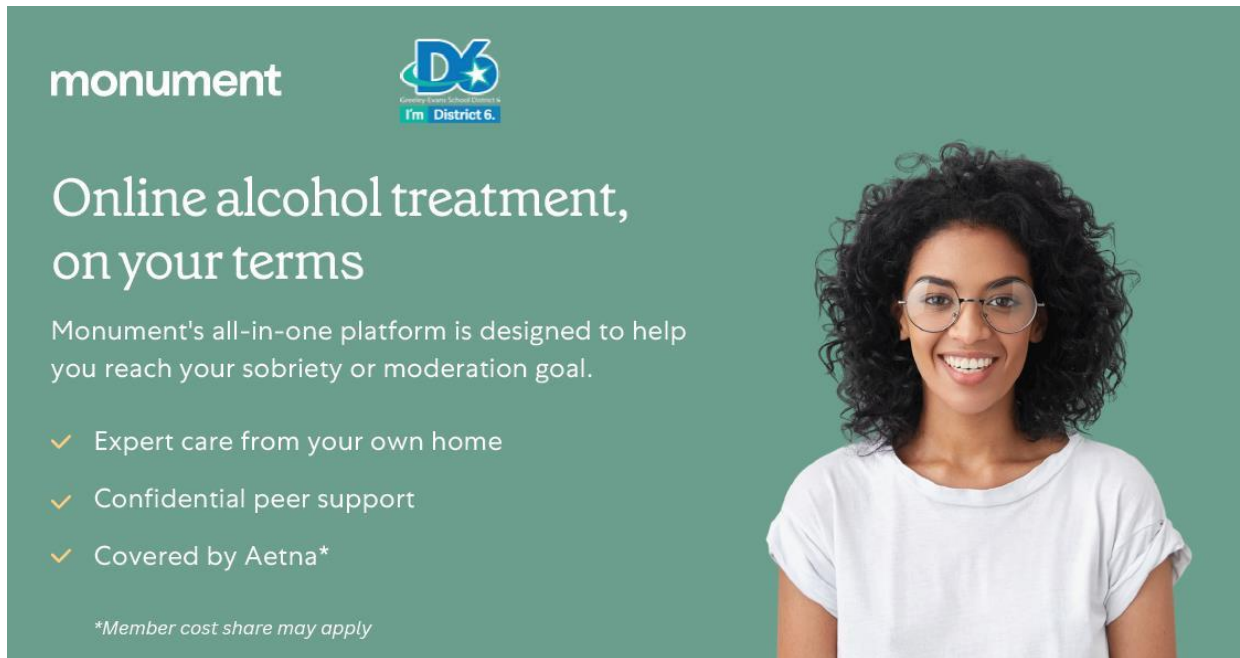
## Additional services



Identity theft services — One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

## Monument: Online Alcohol Treatment on Your Terms

Monument offers evidence-based virtual tools for anyone looking to change their relationship with alcohol. Monument is inclusive of goals for sobriety or moderation, and each individual gets a customized care plan. The program also provides resources for friends & family and company leaders who are looking to support others.



**monument**

**Online alcohol treatment, on your terms**

Monument's all-in-one platform is designed to help you reach your sobriety or moderation goal.

- ✓ Expert care from your own home
- ✓ Confidential peer support
- ✓ Covered by Aetna\*

\*Member cost share may apply

### What you can access with Monument



**Individual therapy**



**Physician care + medication options**



**Moderated support groups**



**24/7 anonymous forum**

The community forum and support groups are available in all 50 states. Therapy and medication-assisted treatment are currently available in Arizona, California, Colorado, Connecticut, Florida, Georgia, Iowa, Kentucky, Maryland, Michigan, Mississippi, New Jersey, New York, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Texas, Virginia, Washington, and Washington D.C.

Virtual appointments are available with physicians and therapists to help members quit drinking or cut back. Treatment is covered by Aetna (member cost share may apply).

Access to Monument's holistic platform is free for D6 employees, with virtual appointments subject to standard Aetna plan provisions. Visit Monument to get started; use referral code 7HA77.

## Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged savings account owned by you and that is required by law to be combined with a high deductible health plan (HDHP). You can use this account to pay for qualified medical expenses, like deductibles, copays and coinsurance.

If you leave Weld County School District 6 for any reason, your HSA goes with you. You can continue to contribute to your account for as long as you are enrolled in a qualified HDHP. You can also continue to withdraw your funds, tax free, for qualified medical expenses, regardless of your health plan type. If you withdraw funds before age 65 for non-qualified medical expenses, regular income taxes plus a 20% penalty may apply. At age 65, you may withdraw your HSA funds, tax free, to pay health expenses and certain insurance premiums (excluding Medigap policy premiums). At age 65, distributions for non-medical expenses will be treated as gross income, without incurring tax penalties.

### You are eligible for an HSA:

- If you enroll in the Aetna **OA HMO HSA plan**
- If you are not covered under another medical plan that is not a high deductible health plan (HDHP)
- If you have not enrolled in a general-purpose flexible spending account (FSA) or health reimbursement arrangement (HRA) in the same year (and neither has your spouse)
- If you are not enrolled in Medicare benefits
- If you are not claimed as a “dependent” on someone’s tax return

### 2025 Annual HSA Contribution Limits

- \$4,300 for individual coverage
- \$8,550 for family coverage
- Individuals aged 55 or older may be eligible to make a catch-up contribution of \$1,000

If you enroll in an HSA in the middle of the year, you are allowed to make a full year’s contribution, provided you are eligible on December 1 of that year and you remain eligible for HSA contributions for at least the 12-month period following that year.



### Medicare Information

Once your Medicare coverage begins, you cannot contribute to your HSA. If you continue to contribute to your HSA after Medicare coverage starts, you may have to pay a tax penalty. To continue contributing to your HSA, you shouldn’t apply for Medicare, Social Security or Railroad Retirement Board (RRB) benefits.

**Note:** Premium-free Part A coverage begins 6 months back from the date you apply for Medicare (or Social Security/RRB benefits), but no earlier than the first month you were eligible for Medicare. To avoid a tax penalty, you should stop contributing to your HSA at least 6 months before you apply for Medicare.

You can only enroll in Part B at certain times. If you have an HSA with a HDHP based on your or your spouse’s current employment, you may be eligible for a Special Enrollment Period (SEP) to enroll in Part B later without a lifetime late enrollment penalty. If you qualify, you can wait to enroll in Medicare until you (or your spouse) stop working or lose your employer group health plan coverage based on that employment.

You can withdraw money from your HSA after you enroll in Medicare to help pay for medical expenses (like deductibles, premiums, coinsurance or copays).

## Flexible Spending Accounts (FSA)

A Flexible Spending Account (FSA), also called a “flexible spending arrangement,” is a pre-tax special account that you put money into and can be used to pay for certain out-of-pocket healthcare costs, like medical, dental and vision care expenses.

Contributions to your FSA may come out of your paycheck before any taxes or PERA contributions are calculated. This means that you may not pay federal income tax, state income tax, Social Security tax or PERA contributions on the portion of your paycheck you contribute to your FSA.

Please indicate an annual election amount during enrollment and only contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan year (July 1, 2025 through June 30, 2026). If you do not use all the money you contribute, it **will not** be refunded to you or carried forward to a future plan year. *You may only change your election during the plan year if you experience a Qualifying Life Event, including a marriage, a divorce or a birth.*



### Why Enroll in an FSA?

- You can save an average of 30% on a wide variety of eligible healthcare expenses by paying for them on a pre-tax basis
- You can access the full amount of your annual election amount on the first day of your plan year (July 1)
- You can choose from several convenient, no-hassle payment and reimbursement options
- You may defer amounts for your eligible dependents, even if they are not enrolled in your insurance plan

#### Healthcare FSA

A Healthcare FSA can be used for eligible medical, dental and vision care expenses – like deductibles, copays and coinsurance.

**You may defer up to \$3,300 for Plan Year 2025 for qualified medical expenses for yourself and/or your dependents.**

#### HSA Compatible FSA

If you are participating in an HSA, you are not permitted to be covered by a traditional Healthcare FSA. However, you may enroll in a Limited Purpose FSA to help save for eligible out-of-pocket dental and vision expenses. **General medical expenses are not eligible.**

**You may defer up to \$3,300 for Plan Year 2025 for qualified dental and vision expenses for yourself and/or your dependents.**

#### Dependent Care FSA

A Dependent Care FSA (DCFSA) is used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare.

**You may defer \$416.67 per month up to \$5,000 (or \$2,500 if married and filing separately) per calendar year.**

HealthEquity

WageWorks



## EZ Receipts Mobile App

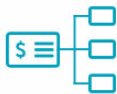
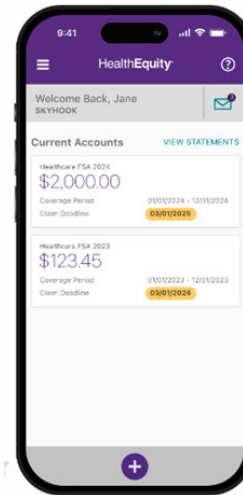
### Key Features and Benefits of the HealthEquity/WageWorks EZ Receipts Mobile App

The HealthEquity/WageWorks EZ Receipts app makes managing your benefits quick, easy, and completely mobile. It automates and streamlines everything. This handy free app works with these WageWorks benefits:

- HealthEquity/WageWorks Healthcare Flexible Spending Account (FSA)
- HealthEquity WageWorks Dependent Care FSA
- HealthEquity/WageWorks HSA-Compatible FSA

### Web Portal in Your Pocket for On-the-Go Convenience

The HealthEquity/WageWorks EZ Receipts mobile app puts the power of the WageWorks web portal in the palm of your hand. It's so easy to use! Functions include:



#### On-the-go access and history

Access all account types wherever you go.



#### Photo documentation

Take a photo with your device to initiate claims and payments.



#### Send payments and reimbursements

Send payments to providers or reimburse yourself for out-of-pocket expenses.



#### Manage debit card transactions

Link your debit card transactions to claims and documentation.



#### Initiate claims and view their status

View the status of claims as well as link payments and documentation to claims.

### Download the Free App

Download from the iTunes App Store or Google Play – it's free (you will see this icon)



## Life and AD&D Insurance

Life insurance provides financial assistance to families in the event of death. Knowing this, Weld County School District 6 has provided you with a valuable benefit – Group Term Life Insurance from The Hartford. **Weld County School District 6 pays 100% of the cost for this benefit.** This is a brief outline of your life insurance and does not include all the terms of coverage. For all the details, please see your certificate.

### Basic Life Benefit

The benefit amount is the payment your family or beneficiary will receive if you pass away. All benefits end upon termination of employment with WCSD 6.	2x base annual earnings rounded to the next higher \$1,000 subject to a maximum of \$100,000
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### AD&D Benefit

AD&D Insurance pays a benefit to your beneficiary if your death is caused by an accident. You may also receive a portion of this benefit if an accident results in the loss of sight or a limb. All benefits end upon termination of employment with WCSD 6.	2x base annual earnings rounded to the next higher \$1,000 subject to a maximum of \$100,000
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## Voluntary Life/AD&D Insurance

You have the option of electing voluntary life/AD&D coverage for yourself, your spouse (including common law, civil union or domestic partner) and your children. You may only enroll your spouse and children if you elect coverage for yourself. The cost for this coverage is paid for 100% by you.

Coverage	Minimum Benefit	Maximum Benefit	Purchase Increments	*Guaranteed Issue Amount
Employee	\$10,000	\$300,000	\$10,000	\$150,000
Spouse	\$5,000	\$250,000	\$5,000	\$35,000
Child	\$10,000	\$10,000	\$10,000	\$10,000

**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.

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

## Aetna Voluntary Benefits

Aetna voluntary benefits offer a financial safety net to help you with funding out-of-pocket medical expenses as well as non-medical expenses (like mortgage payments, day care or bills). **Coverage is guaranteed and Aetna won't ask you any questions about your health.** Premiums are paid through payroll deduction. **You can choose to have your benefits direct deposited into your bank account, or you can opt to receive a check.**

### Accident Plan

An Aetna Accident Plan can help you manage unexpected costs in the event of an accident. It pays you cash to help you pay for the health care costs and other expenses when you have a covered injury. If you have a covered injury under your Aetna Accident Plan, you can file a claim and receive cash benefits for certain covered treatments.

Initial Care Covered Benefit	Plan 1	Plan 2
Ground Ambulance	\$300	\$300
Air Ambulance	\$1,500	\$1,500
Initial Treatment – Emergency room	\$100	\$150
Initial Treatment – Physician's Office or Urgent Care	\$100	\$150
X-ray	\$25	\$50
Medical Imaging	\$100	\$150
Follow-up Care Covered Benefit	Plan 1	Plan 2
Accident Follow-up	\$50 (2 visits, 6 visits)*	\$50 (3 visits, 9 visits)*
Appliances	\$50	\$100
Prosthetic Device/Artificial Limb		
One	\$500	\$750
Multiple	\$1,000	\$1,500
Pain Management (Epidural Anesthesia)	\$50	\$100
Therapy Services	\$15 (10 visits)	\$25 (10 visits)
Chiropractic Treatment	\$15 (10 visits)	\$25 (10 visits)
*Accident Follow-up maximum visits per Accident, per plan year		
Hospital Care Covered Benefit	Plan 1	Plan 2
Inpatient Hospital Admission - initial day	\$500	\$1,000
Inpatient ICU Admission - initial day	\$1,000	\$2,000
Inpatient Hospital Daily	\$100	\$200
Inpatient ICU Daily	\$200	\$400
Inpatient Rehabilitation Unit Daily	\$50	\$100
Observation Unit	\$100	\$100
Surgical Care Covered Benefit	Plan 1	Plan 2
Blood/Plasma/Platelets	\$300	\$400
Eye Injury	\$200	\$300
Ruptured Disc	\$500	\$750
Tendon/Ligament/Rotator Cuff		
Single	\$500	\$750
Multiple	\$1,000	\$1,500
Torn Knee Cartilage		
Surgery (with repair)	\$500	\$750
Cranial, Open Abdominal and Thoracic	\$500	\$750
Hernia	\$100	\$150
Surgery (with no repair) - Exploratory or Arthroscopic		

Fractures and Dislocations Covered Benefit	Plan 1	Plan 2
Dislocations – Closed Reduction*		
Hip	\$2,000	\$3,000
Knee (except Patella)	\$1,000	\$1,500
Ankle - Bone or Bones of the Foot (other than Toes)	\$500	\$750
Collarbone (Sternoclavicular)	\$400	\$600
Lower Jaw	\$400	\$600
Shoulder (Glenohumeral)	\$400	\$600
Elbow	\$400	\$600
Wrist	\$400	\$600
Bone or Bones of the Hand (other than Fingers)	\$400	\$600
Collarbone (Acromioclavicular and separation)	\$100	\$150
One Toe or One Finger	\$100	\$150
Fractures - Closed Reduction*		
Skull (except Bones of the Face or Nose), Depressed	\$2,750	\$4,125
Skull (except Bones of the Face or Nose), Non-Depressed	\$2,750	\$4,125
Hip, Thigh (Femur)	\$1,150	\$1,725
Vertebrae, Body of (excluding Vertebral Processes)	\$750	\$1,125
Pelvis (including Ilium, Ischium, Pubis, Acetabulum except Coccyx)	\$750	\$1,125
Leg (Tibia and/or Fibula Malleolus)	\$750	\$1,125
Bones of the Face or Nose (except Mandible or Maxilla)	\$400	\$600
Upper Jaw, Maxilla (except Alveolar Process)	\$400	\$600
Upper Arm between Elbow and Shoulder (Humerus)	\$400	\$600
Lower Jaw, Mandible (except Alveolar Process)	\$400	\$600
Collarbone (Clavicle, Sternum)	\$400	\$600
Shoulder Blade (Scapula)	\$400	\$600
Vertebral Process	\$400	\$600
Forearm (Radius and/or Ulna)	\$300	\$450
Kneecap (Patella)	\$300	\$450
Hand / Foot (except Fingers, Toes)	\$300	\$450
Ankle	\$300	\$450
Wrist	\$300	\$450
Rib	\$150	\$225
Coccyx	\$150	\$225
Finger, Toe	\$150	\$225
*Open reduction pays 2.0 times the closed reduction benefit value		
Transportation/Lodging Assistance Covered Benefit	Plan 1	Plan 2
Lodging	\$100	\$100
Transportation	\$200	\$250
AD&D and Paralysis Benefits Covered Benefit	Plan 1	Plan 2
Accidental Death		
Employee	\$25,000	\$50,000
Insured Spouse	\$12,500	\$25,000
Insured Children	\$12,500	\$25,000
Accidental Death Common Carrier		
Employee	\$50,000	\$100,000
Insured Spouse	\$25,000	\$50,000
Insured Children	\$25,000	\$50,000
Accidental Dismemberment		
One Hand, Foot or Eye	\$2,500	\$5,000
One Hand and One Foot, One Hand & Eye, One Foot & Eye	\$5,000	\$10,000
Both Hands, Both Feet or Both Eyes	\$5,000	\$10,000
Paralysis		
Paraplegia	\$2,500	\$5,000
Quadriplegia	\$5,000	\$10,000

Other Accidental Injuries Covered Benefit	Plan 1	Plan 2
Burn		
2nd Degree (greater than 5% of total body surface)	\$500	\$1,000
3rd Degree (less than 5% of total body surface)	\$750	\$1,500
3rd Degree (between 5% and 10% of total body surface)	\$3,000	\$6,000
3rd Degree (greater than 10% of total body surface)	\$9,000	\$18,000
Burn Skin Graft	50% of Burn Benefit	50% of Burn Benefit
Coma	\$5,000	\$10,000
Concussion	\$100	\$150
Dental Treatment		
Extractions	\$50	\$75
Crown	\$150	\$225
Laceration		
Without Stitches	\$25	\$25
With Stitches (less than 7.5cm)	\$75	\$75
With Stitches (between 7.6cm and 20cm)	\$300	\$300
With Stitches (greater than 20cm)	\$600	\$600

Monthly Rates	Plan 1	Plan 2
Employee Only	\$6.22	\$9.64
Employee +Spouse	\$10.93	\$16.85
Employee + Child(ren)	\$13.60	\$21.20
Family	\$17.48	\$27.14





## 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, the Aetna Hospital Indemnity Plan.

Important features include:

- It's affordable and you won't be turned down for health reasons
- Covered benefits include payments for planned and unplanned events
- Payments are made directly to you
- Your premium payments can be made through payroll deductions at work

Covered Benefits for Inpatient Stays	Plan 1	Plan 2	Plan 3
Hospital Stay – Admission Maximum 1 stay per plan year	\$500	\$1,000	\$1,500
Hospital Stay – Daily Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital Maximum 30 days per plan year	\$50	\$100	\$150
Hospital stay - (ICU) Daily Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital. Maximum 30 days per plan year	\$100	\$200	\$300
Observation unit Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury. Maximum 1 day per plan year	\$100	\$100	\$200
Substance abuse stay - Daily Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse. Maximum 30 days per plan year	\$50	\$100	\$150
Mental disorder stay - Daily Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders. Maximum 30 days per plan year	\$50	\$100	\$150
Rehabilitation unit stay - Daily Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury. Maximum 30 days per plan year	\$25	\$50	\$75

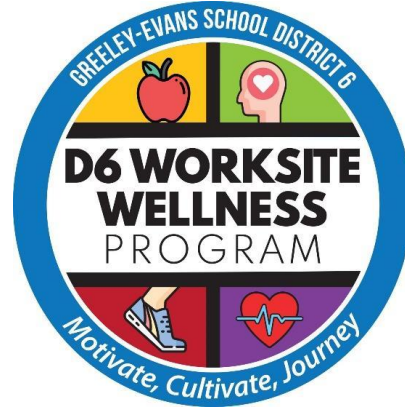
**Important Note: All daily inpatient stay benefits begin on day two and count toward the plan year maximum**

Monthly Rates	Plan 1	Plan 2	Plan 3
Employee Only	\$6.51	\$12.83	\$19.35
Employee +Spouse	\$14.56	\$28.69	\$43.25
Employee + Child(ren)	\$11.28	\$22.07	\$33.35
Family	\$18.62	\$36.49	\$55.11



## D6 Worksite Wellness Program

District 6 values the health and wellbeing of its employees. In an effort to improve the health of all employees, increase productivity, decrease absenteeism, and have a healthier workforce, the district has had the Worksite Wellness Program in place since 2002. In 2013, the Worksite Wellness Program was recognized by the Wellness Council of America (WELCOA) for its outstanding achievement in health promotion WELCOA presented District 6 with the "Well Workplace Gold Award". District 6 has earned the Health Links Certified Healthy Workplace Leader recognition since 2017, the American Heart Association's Bronze Award since 2017 and Aetna's Above and Beyond Workplace Well-Being Winner (Silver, Gold and Platinum levels) since 2020.



The program is planned by the Worksite Wellness Committee, a group of individuals who are passionate about improving the health of their friends and colleagues. This team meets on a monthly basis to plan, implement, monitor, and evaluate the Worksite Wellness Program. **LEARN MORE INFORMATION ABOUT THE COMMITTEE AND HOW IT OPERATES.** Contact us at [DISTRICT6-WELLNESS@GREELEYSCHOOLS.ORG](mailto:DISTRICT6-WELLNESS@GREELEYSCHOOLS.ORG).

**Vision:** D6 staff will motivate, cultivate and journey with one another in well-being.

**Mission:** Creating lifelong healthy, engaged and high performing role models for our students and community.

### Overarching Goals

1. Engage Administration in supporting, role modeling, and communicating wellness in the workplace.
2. Raise awareness of preventive care needed for optimal health.
3. Create healthier work environments and foster a culture of wellness.
4. Offer wellness programs in the areas of healthy eating, physical activity, medical self-care and mental health.



## Medicare Part D Notice - Creditable

### Important Notice from Weld County School District 6 About Your Prescription Drug Coverage and Medicare

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Weld County School District 6 and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Weld County School District 6 has determined that the prescription drug coverage offered by Weld County School District 6's medical plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

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

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

If you decide to join a Medicare drug plan, your current Weld County School District 6 coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Weld County School District 6 coverage, you will be able to get this coverage back during the next annual open enrollment period.

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

You should also know that if you drop or lose your current coverage with Weld County School District 6 and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently

be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Weld County School District 6 changes. You also may request a copy of this notice at any time.

#### **For More Information About Your Options Under Medicare Prescription Drug Coverage**

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call 1.800.772.1213 (TTY 1.800.325.0778).

Date: July 1, 2025  
 Client Name: Weld County School District 6  
 Contact: Michael Ringhand  
 Address: 1025 9<sup>th</sup> Avenue, Greeley, CO 80631  
 Phone: 970.348.6114

A hard copy of this notice is available upon request at no cost. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

## **Compliance Notices**

To review the following updated notices, please request them from Michael Ringhand by calling 970-348-6114 or by going to the following website: [2025-26 Compliance Documents](#)

- Newborns' and Mothers' Health Protection Act
- Women's Health and Cancer Rights Act
- Notice of Privacy Practices
- Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)
- Health Insurance Marketplace Coverage Options and Your Health Coverage



## 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](http://www.aetna.com)



### PHARMACY – AETNA

Member Services – 888.792.3862  
 5:00 a.m. – 9:00 p.m. Mountain  
[www.aetna.com](http://www.aetna.com)



### NICE HEALTHCARE

DOWNLOAD THE APP IN IOS OR ANDROID  
 EMAIL: [SUPPORT@NICE.HEALTHCARE](mailto:SUPPORT@NICE.HEALTHCARE)



### RESOURCES FOR LIVING (EAP) - AETNA

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



### MONUMENT

[www.joinmonument.com](http://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](http://www.aetna.com)





**VISION - EYEMED**

Enrollment Line – 866.723.0596

[www.eyemedvisioncare.com](http://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](mailto: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](http://www.wageworks.com):

Employee ID: Your SSN

Employer ID: PBSWCS

**HEALTH SAVINGS ACCOUNT – INSPIRA**

Customer Service – 844.729.3539

[www.inspirafinancial.com](http://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](http://www.myaetnasupplemental.com) (if already enrolled)[www.aetna.com/insurance-producer/voluntary-benefits.html](http://www.aetna.com/insurance-producer/voluntary-benefits.html)

(information only)

**COBRA ENROLLEES – HEALTHEQUITY/WAGeworks**

Participant Service Center – 877.864.9546

<https://cobraclient.wageworks.com/MainPortal/Auth/Login>**SUMMER BILLING (CLASSIFIED 9 MONTH EMPLOYEES)**

Contact Michael Ringhand – 970.348.6114

or via email at [MRINGHAND@greeleyschools.org](mailto:MRINGHAND@greeleyschools.org)

Contact Linda Dolan – 970.506.3284

or via email at [ldolan@floodpeterson.com](mailto:ldolan@floodpeterson.com)**COLORADO QUITLINE**

800.QUIT.NOW (800.784.8669)

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

Prepared compliments of:



The information in this Enrollment Guide describes highlights of your benefits program, taken from various benefit plan summaries and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible.

Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this Enrollment Guide. In the case of any discrepancy between this Enrollment Guide and the official plan documents, the language in the official plan documents shall prevail as accurate; please refer to the plan-specific documents published by each of the respective carriers for detailed plan information.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.

