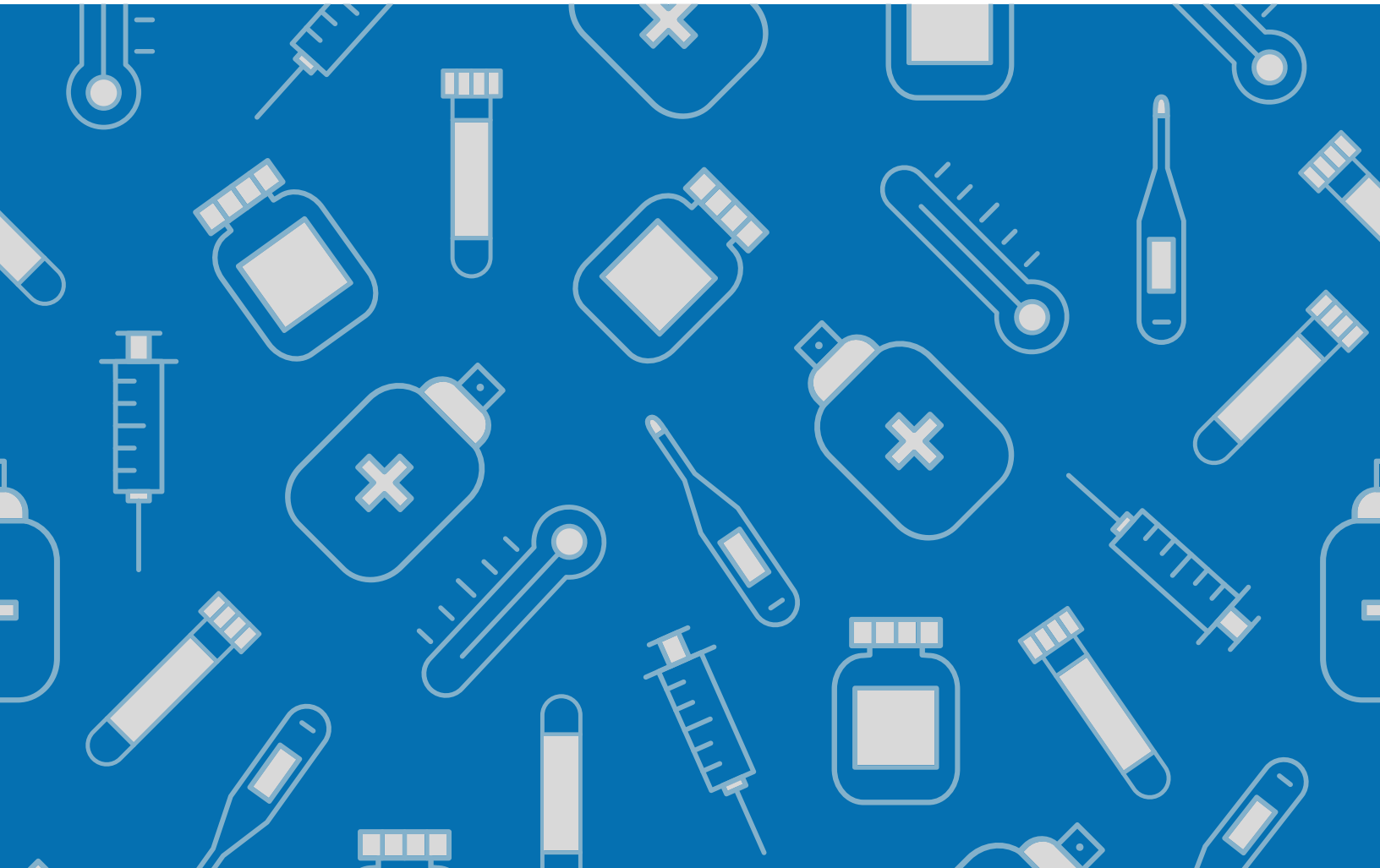


2025 EMPLOYEE BENEFITS GUIDE

2024-2025 SCHOOL YEAR
BENEFIT PLANS EFFECTIVE
JANUARY 1, 2025 - DECEMBER 31, 2025



BENEFITS

BUILT FOR YOU


Welcome to your 2025 Employee Benefits Guide, your single source document for the information you need to make informed decisions about your health plans. This guide is intended to provide an overview of the benefits offered to eligible employees, including:

- Medical, vision and dental coverage
- Flexible spending accounts (Healthcare & Dependent Care)
- [Leaves](#) noted in the CBA (Collective Bargaining Agreement) pdf (<https://drive.google.com/drive/folders/0B9MaDzRyHSiT1FCdDdrTzB3UFk?resourcekey=0-pG2Z1QEVxYH7jyQ27WHBMQ>)

Wellness resources are also featured to help you create and achieve a more balanced, healthier, and productive well-being.

Additional information, policies and forms about these employee benefits and others are available online in your Employer Portal.

All benefits are subject to change and there is no guarantee that these benefits will be continued indefinitely. The summaries included are not meant to provide complete details about any or all plans or policies.

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5. Plan Highlights (Medical, Dental, Vision)

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HEALTH PLAN - Guidelines

ELIGIBILITY

All regular employees working 30 or more hours per week are eligible to enroll in ECSD Medical, Vision and Dental plan, as well as Flexible Spending Accounts.

Dependent Eligibility

You may enroll your eligible dependent(s) in our medical, dental and vision plan.

Eligible dependents include:

- Your legal spouse/Common-Law partner
- Your children/Common-Law partner's children up to age 26
- Dependent children who are physically or mentally incapable of self-support are eligible for extended coverage beyond age 26.

Dependent Documentation

To enroll any **new** dependents, you must provide appropriate documentation to verify their eligibility. If documentation is not provided within 30 days of enrollment, your dependents' coverage will be denied.

- Spouse: Copy of Marriage Certificate
- Common-Law partner: Affidavit [LINK](#)
- Children: Copy of the child's birth certificate, naming you or your spouse as the child's parent, or appropriate court order or adoption decree naming you or your spouse as the child's legal guardian. If stepchildren, you must also provide documentation that verifies your marriage or Common-Law partnership.

ENROLLMENT

Coverage for newly hired/rehired or newly eligible employees begins on the first day of the month following 30 days of employment (e.g. start date is August 1st; coverage is effective September 1st. Or start date is May 7th; coverage is effective July 1st). Those who choose to waive benefits will still be enrolling in Life coverage.

Qualifying Events and Dropping Dependents: Generally, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period. However, you may drop a dependent at anytime and they will be covered through the end of the month or you can change your benefit elections during the year if you experience one of the following qualifying life events.

- **Change in marital status**
 - Marriage
 - Death of spouse
 - Divorce
 - Legal separation
- **Change in number of dependents**
 - Marriage
 - Birth
 - Death
 - Adoption of child or placement of a child for adoption
- **Change in coverage status**
 - Loss or gain of other coverage by the employee or dependent
- **Change in individual coverage status due to aging out**
 - In the event that an employee loses eligibility on their parent's plan, due to aging out (26)



You must contact complete your qualifying event change **online** in Employee Communities within 30 days of these events. [Click HERE](#)

PAYING FOR COVERAGE

Employer-Paid Benefits

You automatically receive the following benefits, which are fully paid for by ECSD:

- \$50,000 in Basic Life and AD&D* Insurance [Click HERE](#)
- Employee Assistance Program (EAP)

Pre-tax or Post-tax Benefits

You and ECSD share the cost of medical/dental/vision coverage based on the plan(s) you choose. ECSD pays the majority of the cost, but keep in mind that the decisions you make when you access care help drive the total cost of the plan.

- Your cost for medical, dental and vision coverage can be paid pre or post-taxes*.
- Any contributions you make to your Health Care FSA and/or Dependent Care FSA are made on a pre-tax basis.

Pre-tax benefits reduce your yearly taxable income. This means that the amount of income in your pay that is used to calculate your taxes is reduced because your premiums have already been deducted. In general, this reduces your federal and state income tax liability.

This can also affect your highest average salary (HAS) in calculating your retirement benefits under PERA. *If you are within four years of retirement and you are at your highest career salary level, pretax premiums could reduce your PERA benefit.* Therefore, you should consider carefully the effect of salary reductions. For more information about PERA benefits, call 800-759-7372.

Remember that with pre-tax deductions, your take-home pay will be greater, but your PERA contribution and Medicare Tax (where applicable) will be based on your reduced salary.

*Pre-tax is the default option for insurance premiums deductions. If you wish to have those deducted post-taxes, please fill out the form found here: [RapidIdentity → Informed K-12 Forms Icon → Discontinue Pre-Taxing Insurance Premiums](#)

School Year – Coverage & Premiums

Employees have different work calendars based on their roles, so how are premiums deducted? *Does coverage end if you are not working?*

- Hourly employees who work less than 260 days per year will have their premiums pro-rated based on their work year, and evenly deducted from each of their paychecks so that they can maintain coverage for the months that they do not work until the start of the next school year. *Example: employee works from August to first days of June. The premiums for 12 months (August to August) will be deducted between August-May so that the employee has coverage during June, July and August.*
- Salaried employees (including teachers) that are paid year-round will have their premiums deducted throughout the year.



PLAN SUMMARY

The insurance coverage offered by ECSD combines **medical, prescription, dental, and vision insurance**. This means that should you enroll, you will enjoy *all* of these plans. You cannot select some and waive others.

CEBT, Colorado Employer Benefit Trust, is our insurance provider. UMR is the plan administrator.

RATES

Plan Year – January 1st to December 31st, 2025

CEBT PPO4			
BI-WEEKLY NON-WELLNESS			
	Employee Premium	Employer Premium	Total
Employee Only	\$71.50	\$539.00	\$610.50
Employee + Spouse	\$412.00	\$806.50	\$1,218.50
Employee + Child(ren)	\$369.00	\$720.00	\$1,089.00
Family	\$529.00	\$1,178.00	\$1,707.00
2 Married Employees + Childr(en)	\$290.00	\$1,417.00	\$1,707.00

CEBT PPO6			
BI-WEEKLY NON-WELLNESS			
	Employee Premium	Employer Premium	Total
Employee Only	\$71.50	\$463.50	\$535.00
Employee + Spouse	\$299.00	\$806.50	\$1,105.50
Employee + Child(ren)	\$269.50	\$720.00	\$989.50
Family	\$371.50	\$1,177.00	\$1,548.50
2 Married Employees + Childr(en)	\$290.00	\$1,258.50	\$1,548.50

***See **page 14** for Wellness Incentive information!



MEDICAL PLAN HIGHLIGHTS

The table below summarizes the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. This comparison of coverage is intended only as a general description for the principle in network features of the benefit plans. If there are questions about a particular benefit or the coverage tier, please refer to the full plan document that is posted on the www.cebt.org website for specific coverage details. (Click [here](#) for PPO4, Click [here](#) for PPO6)

MEDICAL PLAN	PPO4	PPO6
Provider Network	United Healthcare	United Healthcare
Office Visit (Primary Specialty)	\$40 Copay \$40 Copay	\$50 Copay \$50 Copay
Deductible (Single Family)	\$1,500 \$3,000 Embedded	\$3,000 \$6,000 Embedded
Coinsurance (In Out)	20% In *40% Out	20% In *40% Out
Out of Pocket Single (In Out)	\$4,000 \$8,000	\$5,000 \$10,000
Out of Pocket Family (In Out)	\$8,000 \$16,000	\$10,000 \$20,000
Inpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
Rx Retail (30 day supply)	Generic \$20 Preferred \$40 Non-Preferred \$60	Generic \$20 Preferred \$40 Non-Preferred \$60
Rx Mail Order (90 day supply)	2 X Copay	2 X Copay
Preventative Visit	Covered 100%	Covered 100%
Physical, Occupational, and Speech Therapy	\$40 Copay	\$50 Copay
	Pre-authorization required. 20 visit maximum per separate therapy.	
Chiropractic	*\$40 Copay 20 Visits per year	*\$50 Copay 20 Visits per year
Teladoc	Covered 100%	Covered 100%
Telehealth	\$40 Copay	\$50 Copay
Advanced Imaging (CT, PET, MRI)	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
X-ray	\$40 Copay office setting Outpatient setting Deductible + 20% to OOP Max	\$50 Copay office setting Outpatient setting Deductible + 20% to OOP Max
Lab	\$40 Copay	\$50 Copay
Urgent Care	\$75 Copay	\$75 Copay
Ambulance	*Deductible + 20%	*Deductible + 20%
Emergency Care	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max

*Charges are subject to Usual & Customary (U&C). These charges are considered in excess of the Reasonable Reimbursement, the Recognized Amount, the Usual and Customary charge, the Negotiated Rate, or the fee schedule. Exclusions under this category do not apply to payments that may be required under the No Surprises Act. Preventative Services – will be processed following the Federal Patient Protection and Affordable Care Act. For more information on these services go to <https://cebt.org/resources/benefit-booklets>.

PPO Note: Combination of PPO and Non PPO out of pocket limit will never exceed the Non PPO out of pocket limit.

PPO Plan deductibles fall under the definition of an Embedded deductible where any single member of a family doesn't have to meet the full family deductible for the after-deductible benefits to kick in. Once they meet the individual deductible, plan benefits will start to pay.



DENTAL PLAN HIGHLIGHTS

Delta Dental PPO Plus Premier Plan A



It's important to have regular dental exams and cleanings so problems are detected before they become painful – and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. The CEBT dental plan uses the Delta Dental network. You can go to any dentist of your choosing with this plan, but it is in your best interest to find a Delta Dental provider. There are 3 different network levels you can access: **PPO Dentist, Premier Dentist, and Non-Participating Dentist**. You will receive the best benefit and the deepest discounts by choosing a PPO dentist. Delta Dental providers offer the greatest savings and protection from balance-billing for covered services. Please refer to the [official plan document](https://www.deltadental.com/us/en/member/find-a-dentist.html) for additional information on coverage and exclusions. Locate a Delta Dental network dentist at <https://www.deltadental.com/us/en/member/find-a-dentist.html>.

COVERED SERVICES	DENTAL A
Prevention First	Diagnostic and Preventive services do not count against the annual maximum when you see a PPO or Premier provider for all services.
Right Start for Kids	Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.
Annual Max	\$2,000
Deductible (Single Family)	\$50 \$150
Preventative Services	Covered at 100% routine exams & cleanings 2 times per cal year, bitewing x-rays once per cal year, full mouth x-rays eligible once in a 5-year period
Basic Services	Covered at 80% emergency treatment, space maintainers, simple extractions, anesthesia and restorative fillings, oral surgery, endodontics, periodontics, root canal
Major Services	Covered at 50% crowns, partial or full dentures, implants
Orthodontia Services	Covered at 50% with lifetime max of \$2,000. Includes adults and dependent children through age 26
<p>PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.</p> <p>Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.</p> <p>Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non- participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.</p>	



VISION PLAN HIGHLIGHTS



The vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can choose any provider; however, you always save money if you see in-network providers. CEBT offers vision benefits through VSP, which is the network of vision providers you can access. If you would like to find a provider, you are able to go to www.VSP.com. Right on the front page you can enter your zip code to pull up local providers. Please note that the benefit year is a rolling 12 months. The table below summarizes key features of the vision plan. Please refer to the [official plan document](#) for additional information on coverage and exclusions.

*****ID cards are not issued for this plan; your ID number is your Social Security Number.**



Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major diseases.

COVERED SERVICES	VISION B
Carrier Network	VSP
Benefit Frequency	Exam and Lenses eligible every 12 months Frames eligible every 24 months 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam. Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.
Routine Exam	\$15 Copay
Lenses, per pair	
Single	\$15 Copay
Bifocal	\$15 Copay
Trifocal	\$15 Copay
Lenticular	\$15 Copay
Frames	\$160 Allowance
Contact	\$160 Allowance



PLAN EXTRAS

BENEFITS OFFERED WITH YOUR HEALTH PLAN

CEBT Health & Wellness Center (*Marathon Health*)

This center offers an affordable and convenient option for primary care for a variety of common illnesses and injuries (diagnose, treatment and prescription). In addition to sick care, you have access to a full range of health assessment, coaching and disease management services* (see list below)

Why use this benefit?

- It is **completely free** for you and dependents on your plan (children 2 and older). You don't have a co-pay, and prescriptions dispensed on-site are free as well!
- Little or no waiting time for schedule appointments.
- You get more time with your physician: full 20 minutes for sick and coaching visits; 45-60 for comprehensive health reviews.

You have access to three health center locations in Gypsum, Rifle, and Glenwood Springs. Gypsum is the closest center located at 35 Lindbergh Dr. Ste 100, Gypsum (**Phone#970-431-2871**). To schedule an appointment, **call your center or go online to my.marathon-health.com**



Prevention

Health Screenings

- Annual exams
- Blood pressure
- Body mass index
- Cholesterol
- Glucose
- School, camp, and sports physicals

Health Coaching

- Nutrition
- Physical activity
- Tobacco cessation
- Stress management
- Weight loss



Lab Services

Blood work and lab tests processed at the center include hemoglobin A1C, lipid panel, glucose, rapid strep, mono, urinalysis, oxygen saturation, and pregnancy. Additional lab tests can also be drawn and sent to an outside lab for processing.



Sick Visits

- Bronchitis
- Common cold
- Constipation
- Cough
- Diarrhea
- Eye infections
- Headache
- Joint pain
- Nausea and vomiting
- Nosebleed
- Sinus infections
- Skin infections
- Strep throat



Medications

- Common medications dispensed onsite
- Other prescriptions sent to pharmacies
- Preventive medications are provided at no charge*
- Controlled substances such as narcotics are not dispensed at the health center
- Consultation required with a provider to ensure oversight of your medical treatment

***Members can get acute care meds and preventive/chronic condition meds (i.e. Blood Pressure) for free, but cannot continue to do refills through the health center indefinitely. Refills will need to go through pharmacy benefit with CVS.**

Health Center Locations and Phone Numbers

Rifle: 707 Wapiti Avenue, Suite 201-A | 970-440-8085

Glenwood Springs: 1901 Grand Avenue, Suite 200 | 970-440-8087

Gypsum: 35 Lindbergh Drive, Suite 110 | 970-431-2871



Do you have questions about your coverage? Do you need assistance finding recommended providers in your area, or cost for a procedure?

Optavise is a Health Advocate program completely independent from your insurance provider, so you have access to an **unbiased healthcare expert** to help you navigate your plan and make informed decisions. They provide:

- Specific procedures cost and quality options report for your area.
- Help finding in-network providers and prescription drug clarification.
- Support and tools needed to understand medical bills, making sure there are no unnecessary or overpriced charges.
- Claims review, billing resolution, disputes handling.

This benefit is offered to you, dependents included in your plan, and it is also available for your parents and parents-in-law (Medicare participants)!

How do you access Optavise?

More information here: 866-253-2273 or <https://member.optavise.com/#/landing>



Planning a surgery can be overwhelming and expensive. Your CEBT plan offers a supplemental benefit for non-emergency surgeries that provides top-quality care, a better experience and **no expenses for the procedure!**

How does it work? When a doctor recommends surgery, you can call SurgeryPlus. They will help you find a board-certified surgeon with an extensive history of quality. They set up your initial consultation and walk you through each step of the planning process. If there aren't any SurgeryPlus surgeons near you, SurgeryPlus plans your travel to a SurgeryPlus surgeon, which is paid by CEBT.

Why use it?

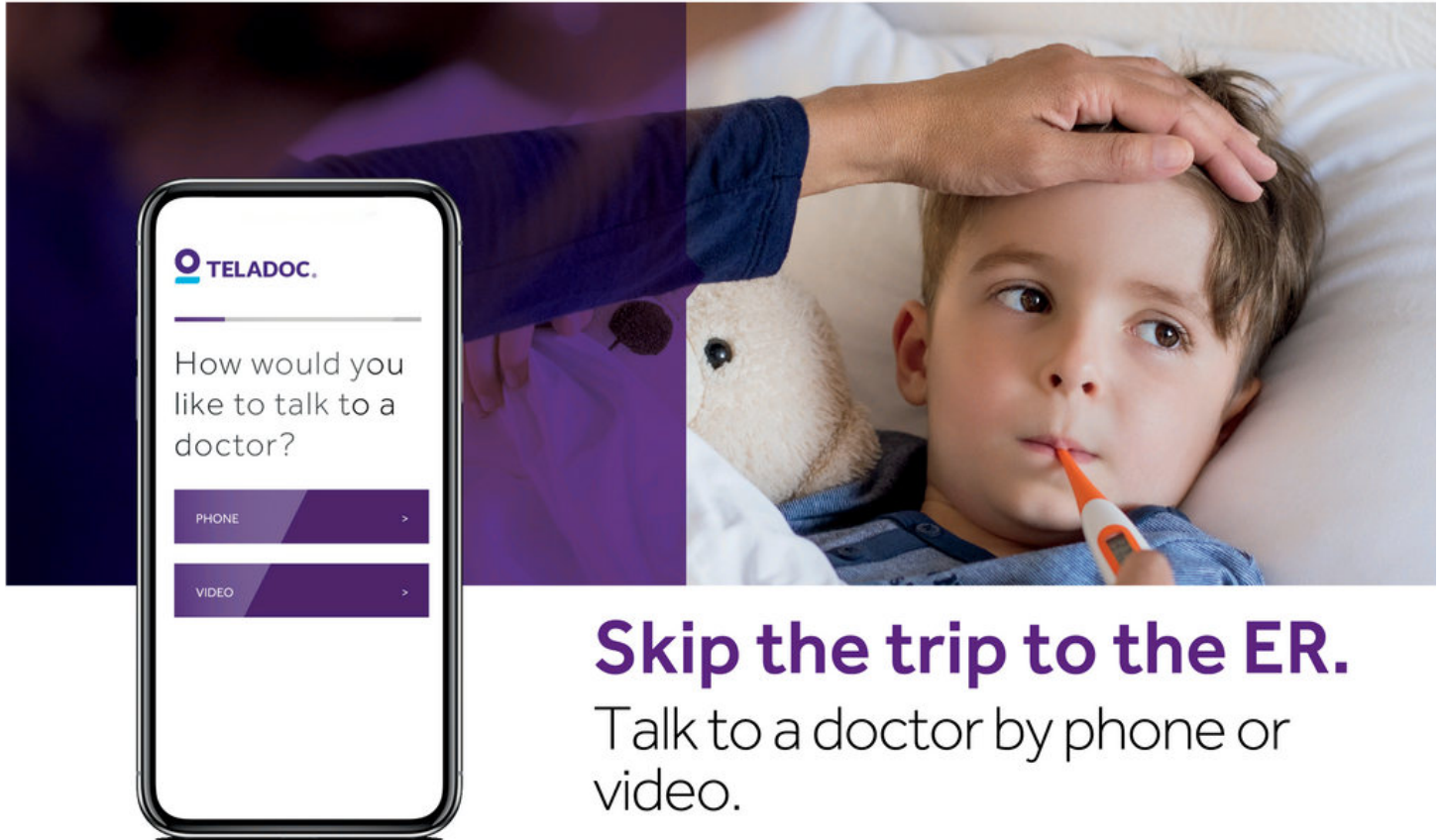
-You get access to a premier network of high-performing surgeons for each individualized need. This is a different network from your medical plan. SurgeryPlus covers hundreds of planned surgeries, including knee/hip replacement, ACL repair, endoscopy and more.

-You save money! CEBT will pay for the procedure. What is not covered? Diagnostic studies and imaging; physical therapy; durable medical equipment; prescriptions; lab work; pre-operative labs and testing.

-You get full-concierge service. What does this mean? A Care Advocate will be assigned to you to help you locate the best-fitting provider, schedule all appointments, coordinate medical record transfers and travel and follow up with you post-procedure to ensure top satisfaction with your procedure experience.

For more information, call a Care Advocate at 855-200-6675, visit cebt.org, or visit your member portal at cebt.surgeryplus.com

Teladoc provides 24/7/365 access to U.S. board certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care fast. CEBT pays for the full cost of the consult so there is **NO COPAY** for members to use Teladoc. Click [here](#) to learn more.



Skip the trip to the ER.

Talk to a doctor by phone or video.

When it's not an emergency, you've got Teladoc. Our doctors are here for you 24/7, by phone or video.



Avoid the long wait times of an urgent care or the ER



Our licensed physicians help with conditions like the flu, bronchitis, rashes, sinus infections, and more



Talk to a doctor from wherever you are for free

Made available by
CEBT
Benefit by Trust

Feel better for free without leaving the house.

Visit [Teladoc.com/CEBT](https://www.teladoc.com/CEBT) | Call 1-800-TELADOC (835-2362)

Download the app



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HEALTHCARE BLUEBOOK Healthcare Bluebook.

With HCBB you can look up services and procedures in different facilities and compare providers on cost and quality. Shop around! Compare and save.

Did you know that in-network prices for the same procedure can vary by over 500%, depending on the facility you choose? In healthcare, higher price does not mean better quality; this tool exposes the truth about price and quality variation and empowers you to make informed decisions about your healthcare.

How does it work? Healthcare Bluebook's system color-codes facilities to indicate their quality rankings for inpatient procedures, and their cost rankings in comparison to the "Fair Price" (evaluation of allowed amounts -or discounted amounts- from medical claims and pricing, including a variety of data sources).

Why use it?

-It helps you save money on hundreds of the most common medical services and procedures by showing you the cost ranges in your area, and providing you with a selection of Fair Price providers.

-It helps you identify price/quality variations.

-You **get rewarded**: If you use this tool to search a procedure (prior to having it completed) and go to a Fair Price facility, you can receive a reward in the form of a debit card that can vary from \$25-\$1,500 depending on the type of service.

Get more information on healthcarebluebook.com/cc/CEBT or call 800-341-0504.

TRIAD EMPLOYEE ASSISTANCE PROGRAM (EAP)



ECSD employees have access to counseling and support services focused on helping you maintain both a healthy and productive life and work. Find assistance with emotional, work stress, family care, relationships, or day-to-day issues. Look for preferred providers in the area to receive six personal, consultations (in-person or telehealth) per person, per issue, per year. ***You also now can receive six free life coaching sessions per person per year.** This benefit is extended to employees, their spouse or domestic partner, and dependents 26 and under.

Triad also offers Legal and Financial Support. Call them for a free consultation. **970-242-9536 or 877-679-1100**

Go to: www.triadeap.com / Code: eap

Available to all ECSD employees.

MODERN HEALTH



CEBT has partnered with Modern Health to expand your mental health benefits. Modern Health is a free personalized mental health benefit designed to support your emotional, professional, social, physical, and financial health – all in a single, secure platform. This benefit will cover:

- One-on-one therapy and coaching sessions
- Unlimited chat and text with therapists and coaches
- Unlimited live and on-demand group sessions
- A library of self-service digital mental health resources

This benefit will cover **8 free therapy and 8 free coaching sessions per year.**

To register, visit: my.joinmodernhealth.com / Company name: cebt



Shift Your Mindset - Change Your Health

Omada is a virtual care program that combines data-powered human coaching, connected devices, peer support and tailored curriculum to help members achieve their health goals and make sustainable lifestyle changes. The digital care solution offers four programs that focus on pre-diabetes (prevention), diabetes, hypertension, & musculoskeletal issues. Click [here](#) to learn more.

What you'll get with Omada:

- ✓ Dedicated health coach & care team
- ✓ Interactive weekly lessons
- ✓ Smart devices, delivered to your door
- ✓ Healthier lifestyle in 10 minutes a day | anywhere, anytime
- ✓ Long term results through habit & behavior change

Do what works for you

Find healthy habits and routines that work for you.

24/7 access to support

From weekly lessons to online community, get all the tools you need to face any challenge head-on.

You decide what 'healthy' means

Try new things you actually enjoy, rather than avoiding foods you "can't eat" or things you "shouldn't do."

UMR CANCER RESOURCE SERVICES PROGRAM



A program designed for personal support following a cancer diagnosis. Cancer Resource Services (CRS) will provide guidance, direction, and support through tenured oncology nurses as well as access to quality Cancer Centers of Excellence (COE). Learn more [here](#).

UMR MATERNITY CARE



Get the support you need when considering having a baby, or you are already expecting. UMR Maternity CARE can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby. Learn more [here](#).

GET STARTED



Your first step is to enroll in the Maternity CARE program.

Call 1-888-438-8105 OR Scan the QR code to complete the enrollment form online.

THE STANDARD TRAVEL ASSISTANCE



You and your family are covered with Travel Assistance with your group insurance through The Standard. Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night. Offering aid before and during your trip including:

- Visa, weather, and currency exchange information
- Credit card and passport replacement
- Missing baggage and emergency cash coordination
- Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home
- Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond
- Evacuation arrangements in the event of a natural disaster, political unrest and social instability

***Download the "Assist America" app or call 800.872.1414 Reference CEBT, policy # 645869, to receive services.**



Would you like to save \$600 on insurance?

For every plan year, we offer you an option to save on insurance premiums by getting your health status assessed to identify any risks or opportunities and help you improve your health! Follow the steps below by the deadlines provided to receive the full year's incentive in your paycheck.

Wellness Incentive Activities

1. **Complete a Visit** - Complete any visit over video, phone, or in-person at the CEBT Health & Wellness Center annually between January 1 and November 30.
2. **Complete the Health Risk Assessment (HRA)** - Complete the Health Risk Assessment in the Marathon eHealth portal (my.marathon-health.com) annually between January 1 and November 30. (If you have questions navigating the portal, call 970-431-2871 for assistance)
3. **Complete a Biometric Screening** - Biometric screenings will be held bi-annually (every other year) beginning in 2023. This means you need to complete a screening every other year (2023, 2025, 2027, and so on). Your screening is valid for two years, so this activity does not need to be completed every year.

Flu Shots

Flu shots will be available in the fall. ***Flu shots are optional and are not required for your wellness incentive.***

CEBT Health & Wellness Center in Gypsum

35 Lindbergh Drive, Suite 110 | 970-431-2871

How can you receive the health insurance premium discount?

If you wish to receive or continue receiving the health insurance premium discount, the deadline to complete the Wellness Incentive Activities is **November 30 each year**. All activities must be completed to be eligible for the premium discount.

Note: Your premium discount will begin or continue the month (or two, depending on the payroll cutoff) following incentive completion if all steps are not completed by November 30.

FLEXIBLE SPENDING ACCOUNTS



Flexible Spending Accounts (FSAs) are a great way to save money for eligible expenses and to lower your taxable income. You can use that tax-free money to pay for eligible out-of-pocket health care and dependent care expenses.

*****This benefit requires annual enrollment*** Please utilize your CEBT online community account to enroll!**

Independent from your Health Insurance Plan. You can enroll in FSA without being enrolled in Medical/Dental/Vision and vice versa.

ECSO offers the following FSA options, administered by **WEX (formerly Discovery Benefits)**

Medical FSA

- Pay for eligible medical, dental, and vision care expenses such as copays, coinsurance, deductibles, medical supplies and equipment, mental health and substance abuse treatment, orthodontia, and eyeglasses and contact lenses for yourself and your eligible dependents.
- Enroll, set an annual election amount, and this amount will be available the first day of the plan year.
- **Contribute up to \$3,200 per year.**
- Use the debit card to pay for qualified expenses OR pay out-of-pocket and request reimbursement later.
- Unused contributions up to \$610 carry over to the following year.
- Enrollment periods are the ones detailed under the "enrollment" section of this guide.

Dependent Care FSA

- Pay for eligible dependent care (for a child under age 13) or adult care expenses, including day care, care for a disabled spouse or dependent, after-school care, and many types of summer camps. This account is NOT for a dependent's health expenses.
- Contribute between up to **\$5,000 per family per year** (\$2,500 if you are married and filing taxes separately).
- Enrollment periods are the ones detailed under the "enrollment" section of this guide.

For list of qualified expenses or more information, please visit www.wexinc.com/discovery-benefits/

WEX makes it easy for participants to maximize their savings with a Flexible Spending Account.

1

One card, one online account and one mobile app for all benefits



User-friendly technology that improves ease of accessing funds



Numerous carrier integrations



Transparent claim tracking and fast payment processing



Ongoing education to help participants make the most of funds



LEAVE - VACATIONS - HOLIDAYS

The following is a summary of our policies regarding leaves and time off. Please review the Employee Portal for full guidelines.

Paid Leave

What it is: All leave that does not qualify as maternity/paternity, military, jury duty and professional leave. E.g. illness or disability of employee or immediate family, doctors' appointments, other personal reasons.

What you use it for: To cover any absence from work including illness, bereavement, and religious holidays. As a reminder, to maximize student learning, staff members are encouraged to not use paid leave for activities that can be scheduled outside of the school day.

Eligibility: Employees working 20 hours or more, on a regular basis.

Accrual: One day of paid leave (equivalent to your work day) is credited for each 18 days worked.

Prior Year Accumulated Leave

What it is: Unused Paid Leave (above) rolls into this leave annually.

What you use it for: Only for absence due to illness or bereavement, and only after current Paid Leave hours are exhausted.

Eligibility: Employees that have exhausted their Paid Leave accruals, for situations mentioned above.

More details: It has no monetary value, unless the employee accrues 20+ years of continuous service, in which case up to 100 days will be paid out upon termination of employment.

Volunteer Sick Leave Bank

What it is: A source of leave days for employees who sustain a serious illness or accident.

What you use it for: Absence for continuous serious personal illness or injury.

Eligibility: Employees working 20 hours or more, on a regular basis.

In order to participate, employees must donate one day of Paid Leave to this bank upon hire/rehire, or during open enrollment. You only have to donate ONCE, unless employment is terminated (and you are rehired after) or the bank has insufficient balance.

Employee to Employee Paid Leave Donation

If an employee is experiencing a serious situation that prevents them from working and they have exhausted all of their available leave, and sick leave bank if applicable, the employee can receive a maximum of 60 donated days from their colleagues.

Donation: The Donor can only donate from their current years Paid Leave. Donations will expire at the end of the school year.

[RapidIdentity>Informed K-12 Forms Icon> Employee to Employee Paid Leave Donation](#)



LEAVE - VACATIONS - HOLIDAYS (CONT'D)

Vacations

Paid vacation days can be used for any reason for which the employee requires time off from work.

Eligibility:

- 1. Administrative employees who work full-time year-round (260 days).
- 2. Non-administrative support staff who work 4 or more hours per day on a year-round basis (260 days, and Preschool Plus employees).

Accrual:

- 1. 10 working days per year.
- 2. 5/6 of a working day is accrued each month (based on employee's hours per day).

This accrual rate increases based on seniority.

The below list reflects accruals for an employee working 8 hours per day.

6-10 years	15 days per year
11 years	16 days per year
12 years	17 days per year
13 years	18 days per year
14 years	19 days per year
15 years	20 days per year (maximum)

More details: Employees can accumulate up to 18-month worth of accruals. Any vacation time earned prior to the present 18 months will be forfeited.

Holidays

All ECSD employees receive paid time off during observed holidays that fall on the employee's work schedule. For full list of Paid Holidays, please review the 2024 - 2025 Employee Calendar found in the Employee Portal.



OTHER ECSD BENEFITS

The following is a summary of other benefits offered by ECSD. Please review the Employee Portal for full guidelines and requirements.

PERA Retirement

PERA benefits take the place of Social Security for ECSD employees. The benefits are pre-funded, which means while a member is working, he or she contributes **11%** of their income into the plan. ECSD, as the employer, also contributes **21.4%** of employees' income to the pension fund. This is a benefit for ALL employees. For more information, please visit <https://www.copera.org/members>.

Mountain Strong Employee Assistance Program (EAP)

The Mountain Strong Employee Assistance Program is a behavioral health benefit offered to employees to assist with personal challenges and/or work-related difficulties that may impact their job performance, mental and/or physical health, and emotional well-being. Mountain Strong provides coverage for individuals, family and couples therapy, as well as medication management services. Employees receive **six personal consultations per person, per issue, per year**. This benefit is extended to employees, their spouse or domestic partner, and dependents 26 and under. Appointments are available in-person or virtually through telehealth. All information is kept confidential. Questions? We are here to help! Feel free to email: support@mountainstrong.org or call (970) 422-3037.

Tax Sheltered Annuity

Employees have the option to contribute to Individual Retirement Accounts through payroll deduction. The district does not match contributions. Enrollment is optional. For more information, visit www.copera.org and follow this path on the Employee Portal for enrollment form: **RapidIdentity → Informed K-12 Forms Icon → Salary Reduction Agreement for Tax Sheltered Annuity**

Available to all ECSD employees.

Colorado Mountain College Tuition Waiver

Up to five credits per semester are **free**. Tuition waiver only (you will be responsible for class materials and other fees). **RapidIdentity → Informed K-12 Forms Icon → Colorado Mountain College ECSD Tuition Waiver**

Available to all employees working on a regular basis (no substitutes).

Tuition Reimbursement

Eligible employees can request up to \$1,500 per fiscal year for tuition reimbursement (so long as they are taking coursework at an accredited college and earn a letter grade of B- or higher). Alternatively, a lump sum to obtain a National Board Certification may be requested.

Access the electronic K12 forms through RapidIdentity using the following path:

RapidIdentity → Informed K-12 Forms Icon → Tuition Reimbursement

*If you are unsure if a class or course qualifies for this benefit, please email eaglehr@eagleschools.net

Available to employees working 20 hours or more per week.

Ski Pass Discount

In mid-to late-October, HR informs the staff of the Vail Resorts pass discount for the year. If you would like to access this discount, please use the following path: **RapidIdentity → Informed K-12 Forms Icon → Ski Pass Discount Request**

Available to employees working 30 hours or more per week.

Recreation Center Discounts

The Avon and Gypsum recreation centers offer membership discounts to ECSD employees. Please contact the recreation center front desks to access this benefits.

Available to employees working 20 hours or more per week.



VOLUNTARY BENEFITS (LINCOLN FINANCIAL & ATLANTIC AMERICAN)



Enclosed in the rest of the guide you will find the brochures for the voluntary products available to you through **Lincoln Financial** as well as a new whole life policy through **Atlantic American**.

To self-enroll in the voluntary benefits or to schedule a personalized appointment with a Benefits Educator to learn more voluntary benefit options, use the QR code or link below.



Company Identifier: **ecsd**

<https://ecsd.benefitsinfo.com>

For claim issues, please contact the benefit vendors directly using the contact information below.

Lincoln Financial Contact Information

800-423-2765

LincolnFinancial.com

Atlantic American Contact Information

Claims Inquiries: (866)-458-7502 or groupclaims@atlam.com

Claim Submissions: mycoverage.atlam.com

Supporting claims documents should be mailed or faxed to:

PO Box 105652, Atlanta, GA 30348-5185

claims@atlam.com

Fax: (404) 926-4067



Full-Time Employees at Eagle County Schools:

Benefits At-A-Glance

Accident Insurance

The Lincoln Group Accident Insurance:

- Provides cash benefits if you or a covered family member is accidentally injured
- Features group rates for Eagle County Schools employees
- Benefits are focused on the family, safety and accident prevention

Emergency Treatment	Your Cash Benefit
Ambulance	\$300
Air ambulance	\$1,500
Emergency care	\$200
X-ray (within 60 days of the accident)	\$40 at initial visit
Initial care visit	\$100
Major diagnostic exam	\$200

Fractures*	Your Cash Benefit
Fingers, toes	\$125
Ankle, arm (elbow to wrist), elbow, foot (except toes), hand (except fingers), kneecap, rib, shoulder blade, vertebral process, wrist	\$575
Coccyx, collarbone, lower jaw, sternum	\$675
Arm (shoulder to elbow), bones of the face, nose, upper jaw	\$1,125
Leg (knee to ankle), pelvis, skull non-depressed, vertebral body	\$2,250
Hip, leg (hip to knee)	\$3,375
Skull depressed	\$4,500
Surgical treatment	2x nonsurgical benefit
Chip fracture	25% of fracture benefit

*Fracture benefits listed are nonsurgical. Treatment for the fracture must occur within 90 days of the accident. The combined maximum of all fractures is two times the highest fracture payable.

No money is due at enrollment. Your premium simply comes out of your paycheck.

Dislocations*	Your Cash Benefit
Fingers, toes	\$125
Collarbone (acromio and separation), elbow, hand (except fingers), lower jaw, shoulder, wrist	\$575
Ankle, collarbone (sternoclavicular), foot (except toes)	\$1,125
Knee (except kneecap)	\$2,250
Hip	\$3,375
Surgical treatment	2x nonsurgical benefit
Partial dislocation	25% of dislocation benefit

*Dislocation benefits listed are nonsurgical. Treatment for the dislocation must occur within 90 days of the accident. The combined maximum of all dislocations is two times the highest dislocation payable.

Specific Injuries	Your Cash Benefit
Blood, plasma, platelets	\$375
2 nd or 3 rd degree burns: based upon surface area burned	\$100-\$10,000
Skin grafts	25% of burn benefit
Concussion	\$150
Dental crown	\$150
Dental extraction	\$75
Eye (surgical repair)	\$300
Eye (removal of foreign object)	\$150
Laceration: based upon the need for and length of sutures	\$35-\$400
Traumatic brain injury	\$5,000
Surgical benefits:*	
Arthroscopic	\$150
Cranial	\$1,125
Hernia	\$150
Thoracic/open abdominal	\$1,500
Ligaments, tendons, rotator cuff	\$750
Knee cartilage	\$750
Ruptured disc	\$750
Surgical repair under general anesthesia	\$225
Surgical repair under conscious sedation	\$125

*Benefits will be paid up to two times the highest surgical benefit payable for all surgeries.

Hospitalization and ongoing care	Your Cash Benefit
Accident hospital admission	\$1,000
Accident intensive care admission	\$1,500
Accident hospital daily confinement	\$200
Accident intensive care daily confinement	\$400
Alternative care/rehab facility daily confinement	\$150
Physician follow-up visits (up to 2 visits)	\$75
Physical, occupational and chiropractic therapy (up to 6 sessions)	\$35
Epidural/cortisone pain management (up to 1 injection)	\$75
Medical mobility devices	\$75
Wheelchair (expected use less than one year)	\$150
Wheelchair (expected use one year or more)	\$300
Prosthesis (per limb)	\$750

Moving Vehicle Benefits	Your Cash Benefit
Moving vehicle injury	\$100
Moving vehicle death	\$2,500
Safe driver injury/death: seat belt	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: air bag	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: motor vehicle helmet	Additional 25% of motor vehicle injury or death benefit
Safe rider: other helmet (bicycle, scooter, skateboard, etc.)	\$100

Wellness Benefit	
You receive a cash benefit every year you and any of your covered family members complete a single covered assessment test	\$100

Additional Plan Benefits	
Portability	Included

Benefit Exclusions

Accident insurance covers many injuries that result from a covered event; though, the policy does have some exclusions. These are:

1. disease, physical or mental infirmity, sickness, or medical or surgical treatment of these;
2. suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane;
3. voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when:
 - a. prescribed or administered by a physician, and
 - b. taken in accordance with the physician's instructions;
4. committing or attempting to commit a felony;
5. war or any act of war, declared or undeclared;
6. participation in a riot, insurrection or rebellion of any kind;
7. military duty, including the Reserves or National Guard;
8. travel or flight in or on any aircraft, except:
 - a. as a fare-paying passenger on a regularly scheduled commercial flight; or
 - b. as a passenger, pilot or crew member in the group policyholder's aircraft while flying for the group policyholder's business, provided:
 - i. the aircraft has a valid U.S. airworthiness certificate (or foreign equivalent); and
 - ii. the pilot has a valid pilot's certificate with a nonstudent rating authorizing him to fly the aircraft;
9. driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred;
10. cosmetic or elective surgery;
11. being incarcerated in any type of penal or detention facility;
12. participating in, practicing for, or officiating any semi-professional or professional sport;
13. riding in or driving in any motor driven vehicle for race, stunt show or speed test;
14. an injury sustained while residing outside the U.S., U.S. territories, Canada or Mexico for more than 12 months;
15. bungee cord jumping, mountaineering or base jumping;
16. skydiving, parachuting or jumping from any aircraft for recreational purposes;

This is not intended as a complete description of the insurance coverage offered. While benefit amounts stated in this summary are specific to your coverage, other items may summarize our standard product features and not the specific features of your coverage. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A policy will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

Benefits may vary by state, have limits on the number of services provided, or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information.

Insurance products (policy series GL401) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products (policy series GL401) are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

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Group Accident Insurance | Benefits At-A-Glance

ACC-ENRO-BRC001-CO

Accident Insurance Premium

Here's how little you pay with group rates

As an Eagle County Schools employee, you can take advantage of this accident insurance plan for less than \$0.42 a day. Plus, you can add loved ones to the plan for just a little more.

Accident Coverage	Monthly Premium
Employee only	\$12.45
Employee & spouse	\$21.59
Employee & child/children	\$24.45
Employee & family	\$33.22

Note: The premiums for this coverage will not change due to your age. The premium for employee & child/children and employee & family coverage includes all children.

The Lincoln National Life Insurance Company
Please see prior page for product information.



Full-Time Employees at Eagle County Schools

Benefits At-A-Glance

Critical Illness Insurance

The Lincoln Critical Illness Insurance plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event while insured under this plan
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for Eagle County Schools employees
- Includes access to a Personal Health Advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

Coverage for you

Critical Illness Insurance | Employee

Guaranteed coverage amount	\$20,000
Maximum coverage amounts	Choice of \$10,000 and \$20,000

Guaranteed Coverage Amounts

- You can choose from the coverage amounts above without providing evidence of insurability (documentation of your health history). Amounts above the guaranteed amount will require evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required.

Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

Critical Illness Insurance | Spouse

Guaranteed coverage amounts	\$10,000
Maximum coverage amounts	Choice of \$5,000 and \$10,000 (up to 50% of the employee coverage amount)

Guaranteed Coverage Amounts

- You can choose from the coverage amounts for your spouse without providing evidence of insurability (documentation of your spouse's health history). Amounts above the guaranteed amount will require evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required.

Coverage for your dependent children

You can elect Critical Illness Insurance for your dependent children when you choose coverage for yourself.

Critical Illness Insurance | Dependent Children

Guaranteed coverage amounts	\$2,500
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Guaranteed Coverage Amounts

- You can choose from the coverage amount above for your dependent children.

No money is due at enrollment. Your premium simply comes out of your paycheck.

Core Benefits

Covered Conditions	
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
Renal (kidney) failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Arterial/vascular disease	25%
Noninvasive cancer (in situ)	30%
Additional Childhood Conditions	
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 diabetes	100%
Supplemental Conditions	
Advanced COPD	100%
AIDS	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced multiple sclerosis	25%
Benign brain tumor	50%
Wellness Benefit	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening or immunization	\$100
Additional Plan Feature(s)	
Health Advocate Services	Included
Portability	Included

Note: See the policy for details and specific requirements for each of these features.

Benefit Exclusions

The plan includes only covered conditions or losses that are diagnosed while this insurance is in force. Benefits are not payable for any covered conditions or loss caused or contributed to by:

1. suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
2. committing or attempting to commit a felony;
3. war or any act of war, declared or undeclared;
4. participation in a riot, insurrection or rebellion of any kind; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months.

Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest is not payable if the event occurs during a medical procedure.

During the first 12 of coverage benefits will not be payable for a pre-existing condition. A "pre-existing" condition is one in which you or an insured dependent receive treatment during the 12 months prior to the effective date of coverage. Treatment means consultation, care, and services provided or prescribed by a Physician for which symptoms exist.

If you are a participant in a Critical Illness plan which this plan replaces and are diagnosed with a pre-existing condition, we will consider whether the condition was payable under the prior plan when determining if it will be payable under this plan.

A complete list of benefit exclusions is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Health advocacy services are provided by Health Advocate, Inc. (Plymouth Meeting, PA), the nation's leading healthcare advocacy company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment.

Insurance products (policy series GL501) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products (policy series GL501) are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

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Group Critical Illness Insurance | Benefits At-A-Glance

Critical Illness Insurance Premium

Here's how little you pay with group rates.

Group Rates for You

Employee | Monthly Premiums

Employee Age Range	\$10,000	\$20,000
0 - 24	\$3.51	\$7.02
25 - 29	\$5.01	\$10.02
30 - 34	\$6.36	\$12.72
35 - 39	\$8.32	\$16.64
40 - 44	\$12.15	\$24.30
45 - 49	\$18.42	\$36.84
50 - 54	\$25.96	\$51.92
55 - 59	\$35.09	\$70.18
60 - 64	\$49.92	\$99.84
65 - 69	\$70.55	\$141.10
70 - 99	\$80.29	\$160.58

Group Rates for Your Spouse

Spouse | Monthly Premiums

Employee Age Range	\$5,000	\$10,000
0 - 24	\$1.76	\$3.51
25- 29	\$2.51	\$5.01
30- 34	\$3.18	\$6.36
35- 39	\$4.16	\$8.32
40- 44	\$6.08	\$12.15
45- 49	\$9.21	\$18.42
50- 54	\$12.98	\$25.96
55- 59	\$17.55	\$35.09
60- 64	\$24.96	\$49.92
65- 69	\$35.28	\$70.55
70- 99	\$40.15	\$80.29

Group Rates for Your Dependent Children

Dependent Children | Monthly Premiums

Age Range	\$2,500
0 - 99	\$1.28

The Lincoln National Life Insurance Company

Please see prior page for product information.

Group Critical Illness Insurance | Benefits At-A-Glance

Full-Time Employees of Eagle County Schools

Benefits At-A-Glance

Voluntary Term Life and AD&D Insurance

The Lincoln Term Life and AD&D Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Provides an additional cash benefit to your loved ones if you die — or to you if you lose a limb or your eyesight — in a covered accident
- Features group rates for Eagle County Schools employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee	
Newly hired employee guaranteed coverage amount	\$150,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000 or \$20,000
Maximum coverage amount	5 times your annual salary (\$500,000 maximum in increments of \$10,000)
Minimum coverage amount	\$10,000
AD&D coverage amount	Equal to the life insurance amount chosen
Spouse	
Newly hired employee guaranteed coverage amount	\$30,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$5,000 or \$10,000
Maximum coverage amount	50% of the employee coverage amount (\$250,000 maximum in increments of \$5,000)
Minimum coverage amount	\$5,000
AD&D coverage amount	Equal to the life insurance amount chosen
Dependent Children	
6 months to age 26 guaranteed coverage amount	\$10,000
Age 14 days to 6 months guaranteed coverage amount	\$250

What your benefits cover

Employee Coverage

Guaranteed Life and AD&D Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$150,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by \$10,000 or \$20,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 5 times your annual salary (\$500,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- Your coverage amount will reduce by 35% when you reach age 65; an additional 25% of the original amount when you reach age 70; and an additional 15% of the original amount when you reach age 75.

Spouse Coverage - You can secure term life and AD&D insurance for your spouse if you select coverage for yourself.

Guaranteed Life and AD&D Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to 50% of your coverage amount (\$30,000 maximum) for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by \$5,000 or \$10,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$10,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 50% of your coverage amount (\$250,000 maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 35% when an employee reaches age 65, an additional 25% when an employee reaches age 70, and an additional 15% when an employee reaches age 75.

Dependent Children Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options: \$10,000

Voluntary Life and AD&D Insurance Benefits At-A-Glance

Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included
Seat Belt & Airbag	Included with AD&D
Common Carrier	Included with AD&D

Benefit Exclusions

Like any insurance, this term life and AD&D insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

For AD&D, benefits will not be paid if death results from suicide, or death/dismemberment occurs while:

- Inflicting or attempting to inflict injury to one's self
- Participating in a riot or as a result of war or act of war
- Serving as a member of the military, including the Reserves and National Guard
- Committing or attempting to commit a felony
- Deliberately inhaling gas (such as carbon monoxide) or using drugs other than those prescribed by a physician and administered as prescribed
- Flying in a non-commercial airplane or aircraft, such as a balloon or glider
- Driving while intoxicated (with a blood alcohol level of .08 grams or more per 100 milliliters of blood)

In addition, the AD&D insurance policy does not cover sickness or disease, including the medical and surgical treatment of a disease.

A complete list of benefit exclusions is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. *TravelConnect®* travel assistance services are provided by On Call International, Salem NH. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. ComPsych® and On Call International are not Lincoln Financial Group companies and Lincoln Financial Group does not administer these Services. Each independent company is solely responsible for its own obligations. Coverage is subject to contract language that contains specific terms, conditions, and limitations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.



Monthly Voluntary Life and AD&D Insurance Premium

Here's how little you pay with group rates.

Employee Age Range	Life & AD&D Premium Rate Factor
0 - 24	0.0000750
25 - 29	0.0000850
30 - 34	0.0001050
35 - 39	0.0001150
40 - 44	0.0001650
45 - 49	0.0002350
50 - 54	0.0004150
55 - 59	0.0006350
60 - 64	0.0006850
65 - 69	0.0012950
70 - 74	0.0025250
75 - 79	0.0075350
80 - 99	0.0162550

Group Rates for You

The estimated monthly premium for life and AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$10,000) by the employee age-range premium factor.

$$\begin{array}{ccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\ \text{coverage amount} & & & \text{premium factor} & & \text{monthly premium} \end{array}$$

Note: Rates are subject to change and can vary over time.

Employee Age Range	Life & AD&D Premium Rate Factor
0 - 24	0.0000750
25 - 29	0.0000850
30 - 34	0.0001050
35 - 39	0.0001150
40 - 44	0.0001650
45 - 49	0.0002350
50 - 54	0.0004150
55 - 59	0.0006350
60 - 64	0.0006850
65 - 69	0.0012950
70 - 74	0.0025250
75 - 79	0.0075350
80 - 99	0.0162550

Group Rates for Your Spouse

The estimated monthly premium for life and AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$5,000) by the employee age-range premium factor.

$$\begin{array}{ccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\ \text{coverage amount} & & & \text{premium factor} & & \text{monthly premium} \end{array}$$

Note: Rates are subject to change and can vary over time.

Dependent Children Monthly Premium for Life Insurance Coverage

Coverage Amount	Monthly Premium
\$10,000	\$2.00

Group Rates for Your Dependent Children

One affordable monthly premium covers all of your eligible dependent children.

Note: You must be an active Eagle County Schools employee to select coverage for a spouse and/or dependent children. To be eligible for coverage, a spouse or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.

The Lincoln National Life Insurance Company

Please see prior page for product information.

Voluntary Life and AD&D Insurance At-A-Glance

Benefits At-A-Glance

Voluntary Long-term Disability Insurance

The Lincoln Long-term Disability Insurance Advantage Plan:

- Provides a cash benefit after you are out of work for 180 days or more due to injury, illness, or surgery
- Features group rates for Eagle County Schools employees
- Includes *EmployeeConnect*SM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

Long-term Disability

Monthly benefit amount	60% of your monthly salary, limited to \$10,000 per month
Elimination period	180 days
Coverage period for your occupation	24 months
Maximum coverage period	Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- The 180-day elimination period can be met through either total disability (out of work entirely) or partial disability (working with a reduced schedule or performing different types of duties).

Coverage Period for Your Occupation

- This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation).
- You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period (benefit duration).

Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse.

Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

Additional Plan Benefits	
Premium Waiver	Included
Progressive Income Benefit	Included
Family Income Benefit	Included
Portability	Included

Open Enrollment

- When you are first offered this coverage (and during approved open enrollment periods), you can take advantage of this important coverage with no health examination.

Benefit Exclusions & Reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- You are not under the regular care of a doctor when you request disability benefits
- Your disability occurs while you are committing a felony or participating in a riot
- Your disability occurs while you are imprisoned for committing a felony
- Your disability occurs while you are residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

EmployeeConnectSM services are provided by ComPsych[®] Corporation, Chicago, IL. ComPsych[®] and GuidanceResources[®] are registered trademarks of ComPsych[®] Corporation. ComPsych[®] is not a Lincoln Financial Group[®] company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL3001) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.



Voluntary Long-term Disability Insurance

Here’s how little you pay with group rates.

Your estimated monthly premium is determined by multiplying your monthly salary amount (up to \$16,667) by your age-range premium rate. If your monthly salary exceeds \$16,667, multiply \$16,667 by your premium rate.

\$

monthly salary

X

premium rate

= \$

monthly premium

Age Range	Premium Rate
0 - 24	0.00100
25 - 29	0.00100
30 - 34	0.00150
35 - 39	0.00260
40 - 44	0.00400
45 - 49	0.00550
50 - 54	0.00709
55 - 59	0.00899
60 - 64	0.00759
65 - 69	0.00589
70 - 74	0.00510
75 - 99	0.00510

Benefits At-A-Glance**Voluntary Short-term
Disability Insurance****The Lincoln Short-term Disability Insurance Plan:**

- Provides a cash benefit when you are out of work for up to 26 weeks due to injury, illness, surgery, or recovery from childbirth
- Provides a partial cash benefit if you can only do part of your job or work part time
- Features group rates for Eagle County Schools employees
- Offers a fast, no-hassle claims process

Short-term Disability

Weekly benefit amount	60% of your weekly salary, limited to \$2,000 per week
Sickness elimination period	7 days
Accident elimination period	7 days
Maximum coverage period	26 weeks

Sickness Elimination Period

- You must be out of work for 7 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 8.

Accident Elimination Period

- You must be out of work for 7 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 8.

Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

Benefits Integration

- Your short-term disability benefits can coordinate with income from other sources, such as continued income or sick pay from your employer, during your disability.
- This allows you to receive up to 100% of your pre-disability income.

Additional Plan Benefits	
5% Rehabilitation Assistance	Included
Premium Waiver	Included
Family Income Benefit	Included
Portability	Included

Open Enrollment

- When you are first offered this coverage (and during approved open enrollment periods), you can take advantage of this important coverage with no health examination.

Benefit Exclusions & Reductions

Like any insurance, this short-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- You are not under the regular care of a doctor when you request disability benefits

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.



Voluntary Short-term Disability Premium

Your estimated monthly premium is determined by multiplying your weekly salary amount (up to \$3,333) by the premium rate of 0.03840. If your weekly salary exceeds \$3,333, multiply \$3,333 by 0.03840.

\$	
	weekly salary
X	0.03840
	premium rate
= \$	
	monthly premium

The Lincoln National Life Insurance Company
Please see prior page for product information.

Voluntary Short-term Disability Insurance Premium Calculation

GROUP WHOLE LIFE INSURANCE and Living Care Benefits



Give yourself protection for a lifetime

Many people buy life insurance to provide financial protection for those left behind. What if your life insurance could also provide benefits if you suffer from a permanent health condition and you require ongoing care from a family member or professional caregiver?

Value of Whole Life insurance

- Permanent Life insurance
- Living Care benefits for chronic illnesses
- Guaranteed premiums and death benefits
- Accumulates cash value¹
- Payroll-deducted premiums
- Coverage can be taken with you if you change jobs or retire, billed directly to you at home

Atlantic American's Whole Life & Living Care plan combines the guarantees of permanent life insurance with the benefits of living care protection. Our living care benefits can assist you when you need to take care of ongoing expenses that arise from a chronic medical condition.

This hybrid life product is ideal if you want to:

- Leave a death benefit to loved ones after you die
- Provide benefits for the costly expenses associated with care, particularly over long periods of time
- Lifelong coverage through retirement with no increase in premiums

How can Living Care benefits help?



¹Access to cash values through borrowing or partial surrenders will reduce the policy's cash value and death benefit, increase the chance the policy will lapse, and may result in a tax liability if the policy terminates before the death of the insured.

GROUP WHOLE LIFE INSURANCE

The ABC's of Living Care¹ benefits

Long-term chronic illnesses can have a significant impact on an individual's quality of life, both physically and financially. These types of illnesses often require ongoing medical treatment and care, which can be costly and financially devastating for individuals and their families. Atlantic American's Whole Life plan allows you to access a portion of your life insurance benefits while living. We call this Living Care.

You may not have a long-term illness now, but let's consider how you may use a hybrid life plan.

Living Care¹ ABC's

Example Election:

Whole Life
\$70,000



Living Care
6.25% up to 32 months



Death
Restoration

A

What if you need care for a long-term illness?

You are able to use our Living Care benefit with a maximum **monthly benefit \$4,375**, for up to **32 months**.

When you pass away, your beneficiary still receives a **Death Benefit of 50%**, or **\$35,000**.

Use it all and get restored

B

What if you need care for a brief period of time?

You could have a serious illness that leaves you needing care for a brief period. **You use only \$28,000** for your care, before passing away.

The remainder of your policy, **\$42,000**, is paid to your beneficiary as a **death benefit**.

Use some and leave some

C

You could pass away, without ever needing care

The entire **\$70,000** face amount of your policy will be paid as a **death benefit** to your beneficiaries.

Keep it all as a legacy

¹The Living Care Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Living Benefits may not be available in all states or may be named differently. Please consult your policy for complete details. This hypothetical example does not guarantee or predict actual performance. This is an example for illustrative purposes only. Actual policy amounts and payments will depend on benefits purchased, death and living benefits.

GROUP WHOLE LIFE INSURANCE

Summary of Benefits

Atlantic American Employee Benefits' Group Whole Life insurance plan includes the benefits listed below. Each benefit is subject to conditions for payment as detailed in the certificate.



PLAN INFORMATION

Available To Employee	ISSUE AGES	BENEFIT AMOUNT
	18-70	Up to \$70,000 in \$10,000 increments
Spouse Coverage*	18-65	Up to \$20,000, in \$10,000 increments - up to 100% of employee election. Based on spouse age.
Dependent Coverage*	15 days - age 25	\$10,000 - up to 100% of employee election. Term rider continues to age 26 at which point they may choose to convert to an individual policy, up to 5x the Child's coverage amount, on a guarantee issue basis.

ADDITIONAL PLAN DETAILS

Portability	Included
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RIDERS

Employee	Accelerated Death Benefit for Terminal Illness Rider - Insured can receive up to 50% of elected face amount during their life when there are diagnosed with a terminal illness that leaves them with a life expectancy of 12 months or less.
	Waiver of Premium Rider - Plan premiums are waived during disability period when insured has been disabled for 6 months. Included on issue ages 18-65; terminates at age 70.
	Accelerated Death Benefit for Chronic Illness Rider with Extension of Benefits Rider - Provides a 6.25% monthly benefit, up to 200% of certificate face amount.
	Restoration of Benefits Rider - Restores 50% of the death benefit for the beneficiary in the event the Acceleration for Chronic Illness Rider is exhausted.
Spouse	Accelerated Death Benefit for Terminal Illness Rider
	Accelerated Death Benefit for Chronic Illness Rider with Extension of Benefits Rider - 6.25% monthly benefit, up to 200% of certificate face amount.
	Restoration of Benefits Rider - Restores 50% of the death benefit for the beneficiary in the event the Acceleration for Chronic Illness Rider is exhausted.
Dependent(s)	Children's Term Rider

All benefit amounts are Guarantee Issue

* Employee coverage is required in order to elect spouse and/or dependent coverage.

Exclusions, Limitations and Other Plan Information

GROUP WHOLE LIFE

EXCLUSIONS – No Benefits are provided for the following, nor will We pay any expenses incurred as a result of any Loss which is caused by, or sustained while, or incurred for, directly or indirectly: 1) suicide – If the Insured, whether sane or insane, dies by Suicide, within two (2) years* from the Effective Date, Our liability will be limited to an amount equal to the premiums paid for this Certificate.

* 1 year in CO, MO, ND.

OTHER LIMITATIONS AND EXCLUSIONS – The policy and riders have other elimination periods, exclusions and limitations that may affect coverage. Please refer to your certificate for full details.

DELAYED EFFECTIVE DATE PROVISION – Atlantic American Employee Benefits will postpone the Effective Date of an eligible Spouse/Dependent, other than a newborn child's coverage if, on that date, he or she is: 1) confined to a hospital or other health care facility; 2) home confined; or 3) unable to perform two or more daily living activities. In that case, we will postpone the Effective Date of his or her coverage until the day after the date: (a) of his or her discharge from such facility; (b) his or her home confinement ends; or (c) he or she is no longer requires assistance with two or more activities of daily living. If a Spouse/Dependent was covered under a prior plan at replacement, this language will not apply to the amount of coverage that was in force with the prior plan.

QUALIFYING CHRONIC ILLNESS – a Chronic Illness: 1) that was Diagnosed no more than twelve (12) months prior to the date We received a claim for benefits under this Rider; 2) that has continued while this Rider has been In Force for at least ninety (90) consecutive Days; 3) which was not caused by a mental or nervous disorder (except organically demonstrable disorders, such as Alzheimer's or senile dementia), alcoholism or drug addiction; and 4) which is expected to be Permanent.

PORTABILITY OPTION – If you, an employee, lose eligibility for this insurance, coverage can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue coverage.

COVERED CHILDREN AND GRANDCHILDREN – Children are covered if the child is a natural, step, or legally adopted child and dependent of the employee. A grandchild is covered if the child is a dependent of the employee and filed as such on their federal tax returns. Children/grandchildren must reside in the U.S. to receive coverage.

CONVERSION – Within the 31-day period after the expiration date of the term insurance on each Dependent Child, such term insurance may be converted to a new whole life policy without evidence of insurability up to 5x the term rider coverage amount.

EXPIRATION OF CHILDREN TERM INSURANCE – The term insurance on each Dependent Child will expire on the earlier of 1) the end of the month of the child's 26th birthday; or 2) the date the Certificate matures or becomes paid up for its full Face Amount.

GROUP WHOLE LIFE INSURANCE



\$8,910

was the monthly median cost for a private room in a nursing home facility in 2021.

<https://bit.ly/3Fflouk>

chance that someone turning 65 will need long-term care services in their remaining years.

<https://bit.ly/3uTPdxs>

almost
70%

Group Whole Life policy form series B 21803 GMP, Accelerated Death Benefit Rider for Terminal Illness form B 21803 R1 ACL, Accelerated Death Benefit Rider for Chronic Illness form B 21803 R12 CIACL, Restoration of Benefits Rider for Chronic Illness form B 21803 R13 ROBCI, Extension of Benefits Rider form B 21803 R14 EOBR, Children's Term Insurance Rider form B 21803 R8 CTR, Waiver of Premium for Disability Rider form B 21803 R9 WPD, and Accidental Death and Dismemberment Rider form B 21803 R10 ADD underwritten by Bankers Fidelity Life Insurance Company®. Limitations and exclusions apply; the terms and conditions in the actual policy and certificate provisions control. Refer to the specific policy and certificate for details. Application to determine eligibility may be required. The Policy, any optional Riders and the benefits therein are subject to availability and may vary by state. This is only a summary of products and services offered; actual offerings may vary by group size and other underwriting or legal considerations. This is a solicitation of insurance and an independent agent may call on you.

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Group Customer Care

(866) 458-7502

groupcustomercare@atlam.com

aaemployeebenefits.com



Easy access to coverage

MyCoverage is an easy-to-use website that allows you to access coverage and benefit information 24/7, update your profile and more.

mycoverage.atlam.com



This benefit summary provides selected highlights of the Eagle County School District employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. Eagle County School District reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.