

# 2025

## PUEBLO COUNTY SCHOOL DISTRICT 70 BENEFITS GUIDE

**LOOK INSIDE** ●●●●●●●●

for details about your benefits options

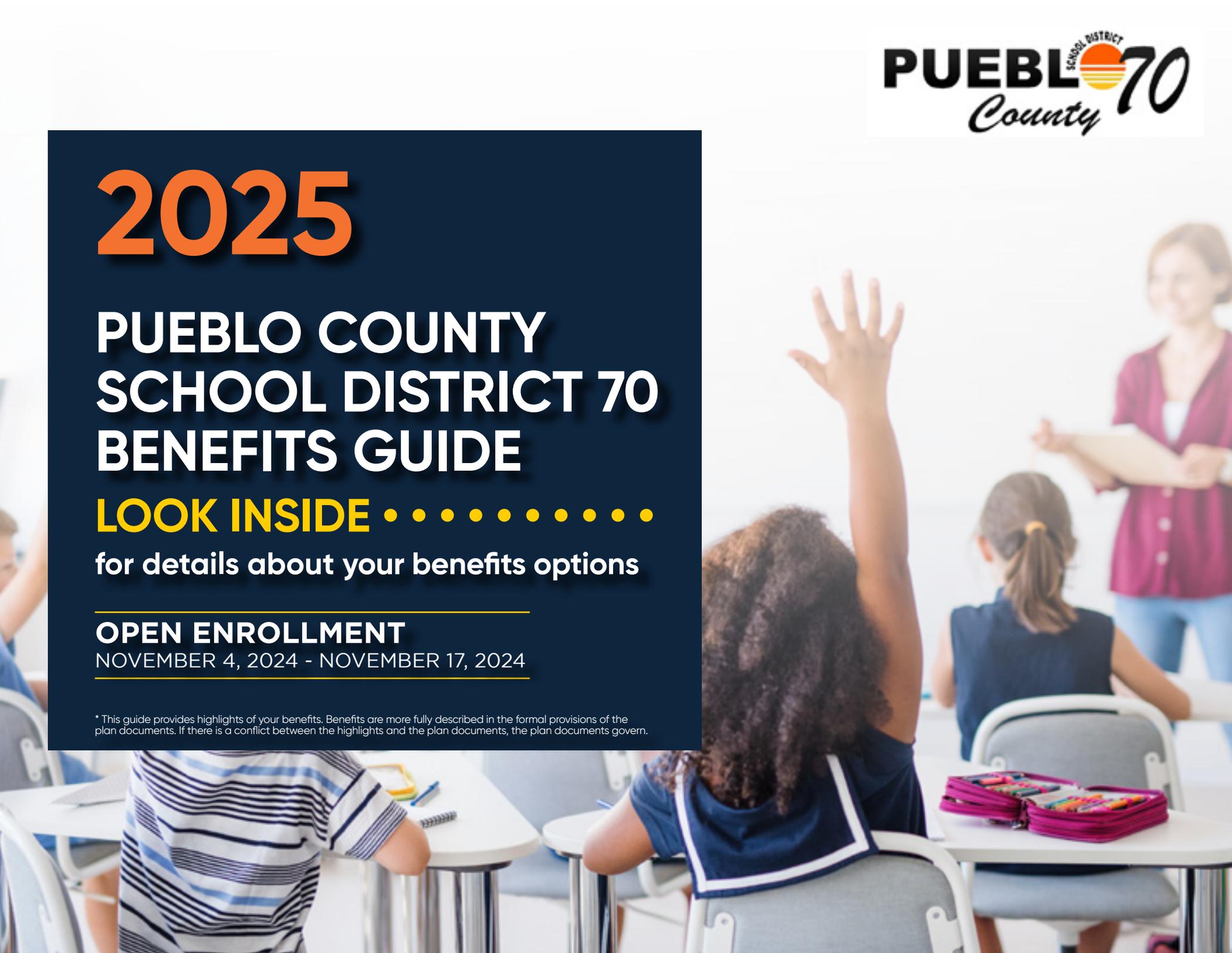
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**OPEN ENROLLMENT**

NOVEMBER 4, 2024 - NOVEMBER 17, 2024

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\* This guide provides highlights of your benefits. Benefits are more fully described in the formal provisions of the plan documents. If there is a conflict between the highlights and the plan documents, the plan documents govern.



# BENEFITS GUIDE

This Enrollment Guide is intended to provide only a general overview of the 2025 employee benefit programs for eligible employees of Pueblo County School District 70. This Enrollment Guide is not a Summary Plan Description and does not provide, nor is it intended to provide complete details of any benefit plan. The benefit provisions discussed within this publication are subject to change, for any reason, both before and after implementation of the benefit program. If information found here contradicts an actual plan document or contract, the legal plan document will prevail. Neither receipt of this publication nor participation in any company plan benefit is intended to be a contract of employment, implied or otherwise.

## PREFACE

The Benefits Guidebook is intended to provide information needed to understand:

- What administrative steps you must take to enroll.
- Where you can go to get more information or assistance regarding any of the plans offered by Pueblo County School District 70.
- What benefits are available for the January 1, 2025, through December 31, 2025 plan year.



**If you have any questions regarding any of the benefit plans, please do not hesitate to call the Benefits Department at 719-295-6516.**



### Important Announcements

- **Open enrollment will be November 4, 2024 - November 17, 2024.**
- **This is an ACTIVE enrollment. You MUST enroll or waive coverage. If you fail to make elections, you WILL NOT have coverage for the upcoming plan year.**

# IMPORTANT CONTACTS

<b>Personnel Services Center - Benefits</b>	719-295-6516 Office 719-647-3206 Fax	<a href="mailto:hr@district70.org">hr@district70.org</a>
<b>Medical Insurance</b> Cigna	1-800-997-1654 Group #00651240	<a href="http://www.cigna.com">www.cigna.com</a>
<b>Dental Insurance</b> Delta Dental	1-800-610-0201 Group #DD000002427	<a href="http://www.deltadentalco.com">www.deltadentalco.com</a>
<b>Vision Insurance</b> VSP	1-800-877-7195 Group #40156377	<a href="http://www.vsp.com">www.vsp.com</a>
<b>PERA</b>	1-800-759-7372	<a href="http://www.copera.org">www.copera.org</a>
<b>American Fidelity</b>	1-800-662-1113	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
<b>Employee Assistance Program</b>	719-564-9039	<a href="http://www.aforp.com">www.aforp.com</a>
<b>IVisions</b>	<a href="https://tyler-puebloschooldistrict70co.okta.com/">https://tyler-puebloschooldistrict70co.okta.com/</a>	
<b>Benefits Broker</b>	719-545-4840	David Vecchio: <a href="mailto:dvecchio@benefitsbroker.com">dvecchio@benefitsbroker.com</a> Alex Smith: <a href="mailto:asmith@benefitsbroker.com">asmith@benefitsbroker.com</a> Braden Shirley: <a href="mailto:bshirley@benefitsbroker.com">bshirley@benefitsbroker.com</a>

## IVISIONS

All employees are issued an IVisions account upon hire. Once you log into your account, you will be able to view your paystubs, W2, time off and complete any tasks that have been assigned to you. If you leave employment your account will be converted to a former employee account.

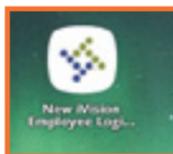
## EMPLOYEE INFORMATION CHANGES

You can update your address, phone number and emergency contacts through the IVisions portal. Once your information is received, your information will be updated in your benefit plans.

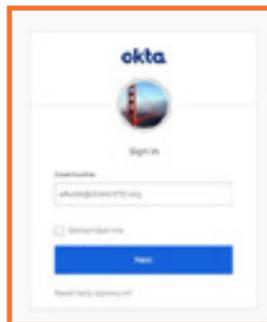
# IVISIONS LOGIN INSTRUCTIONS

1. First Go to Classlink using this link: <https://launchpad.classlink.com/pueblo> if the link does not work, log in using your Google credentials.

2. Once logged into Classlink locate and click on the icon shown below. Make sure it says "New iVisions Employee login"



3. When you click on the link you will be redirected to the login page.



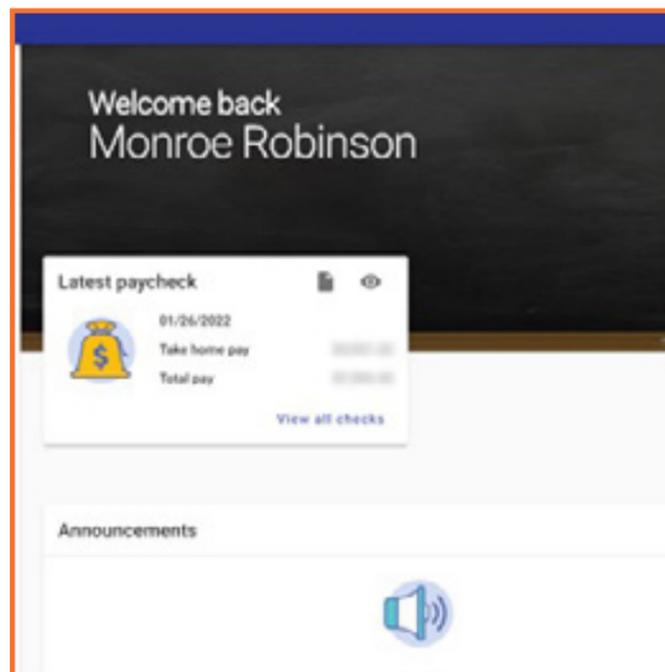
4. The next screen will ask you for your password. This password is your Active Directory password. The same password is used for your Office 365 account and your Enrich account. If you do not know this password, please contact IT tech support at 549-6195. Or your local area technicians:

- Mesa: ext 16132, 295-6132
- Pueblo West: ext 16135, 295-6135
- Mountain: ext 12420, 295-6420

5. Once you get logged in the system will ask you a couple of questions to match up your account.

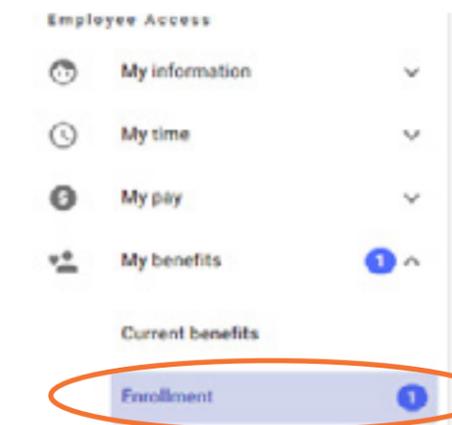
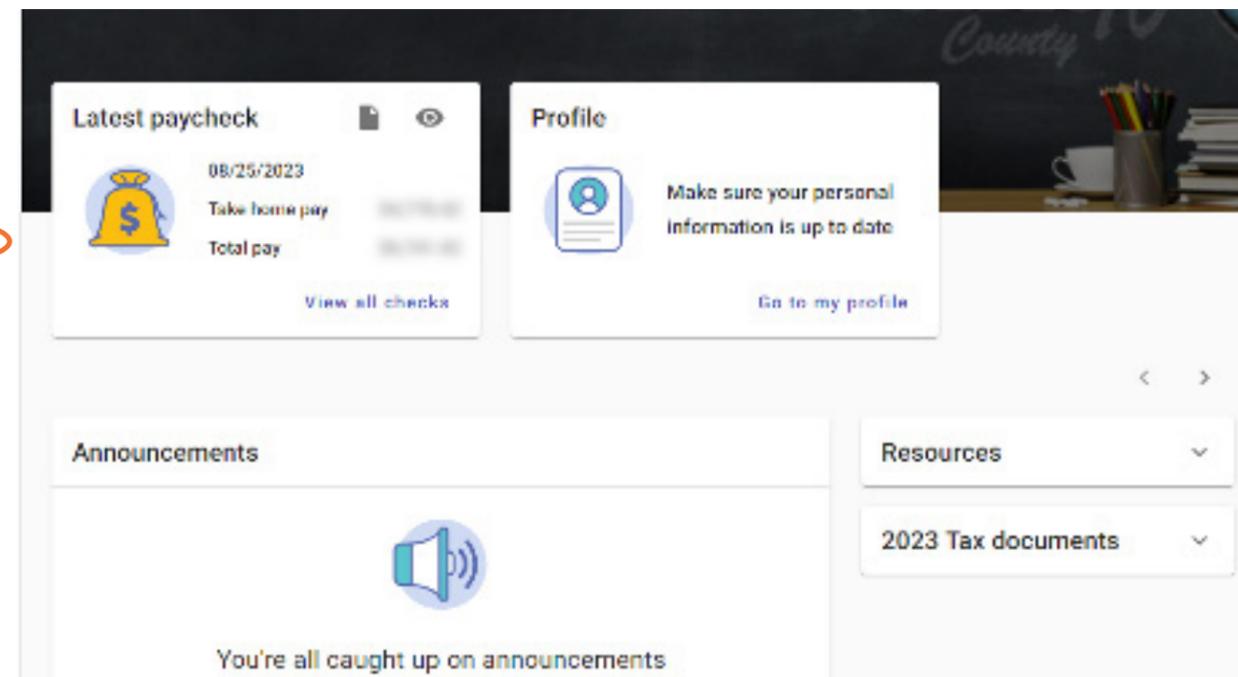
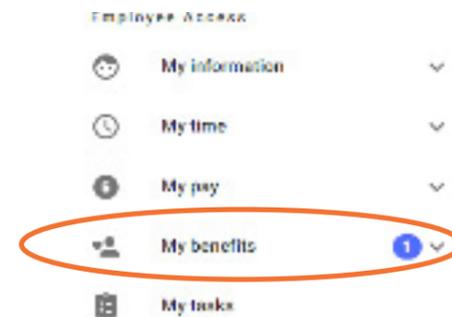
The first "Email address" is your district email address. The second "Last four of SSN" is the last four digits of your social security number. The third "Birthdate" Make sure you change this field and enter your birthday, it prepopulates with today's date and many people miss this step. The last is "Zip Code" This is the zip code you have listed on your iVisions account.

6. Once done click on the submit button at the bottom. This is your new iVisions login! From now on when you sign in you will go directly to this page. If you want to bookmark the page, please bookmark it while you are logged into the interface. If you bookmark it once you are logged out you will get a blank page the next time you try to log in.



# HOW TO ENROLL IN YOUR BENEFITS

Log into your iVisions portal through Classlink or by going to [www.district70.org](http://www.district70.org). Then click on staff, staff links, then click on iVisions. Once you are in your iVisions portal, click on My Benefits, then Enrollment. You will need to elect or decline each of the benefits available to you.



Benefit	Plan	Per pay period/monthly	Actions
<input type="radio"/> Summary of Benefits and Coverage	No selections made	\$0.00	<a href="#">Make selection</a>
<input type="radio"/> Medical Insurance	No selections made	\$0.00	<a href="#">Make selection</a>
<input type="radio"/> Dental Insurance	No selections made	\$0.00	<a href="#">Make selection</a>
<input type="radio"/> Visions Insurance	No selections made	\$0.00	<a href="#">Make selection</a>

# BENEFITS OVERVIEW

## ELIGIBILITY

- Any employee working 4 or more hours per day

## NEW HIRES

As a new hire employee or when you have a qualifying life event, you must choose your benefit elections and complete your enrollment forms within 30 days from your date of hire or life event. If you do not make your elections during this time frame, you will have to wait until the next Open Enrollment Period to choose benefits.

## ENROLLMENT DEADLINES

**NEW HIRES:** You must enroll within 31 days from your hire date. After the 31-day enrollment period, you will not be eligible to make a coverage change until the next open enrollment period, or until you have a qualifying event.

## ELIGIBLE DEPENDENTS

- A legal spouse, common-law spouse, domestic partner, or Colorado Civil Union.
- A married or unmarried child, age 26 and younger, or dependent child over age 26 who is permanently disabled.
- An adopted child or a child placed with you for adoption.
- An unmarried child that you or your spouse has court-ordered custody if or legal guardianship. (Legal guardianship is established by the court, whereby a minor child is placed under the supervision of a guardian who, under the terms of the legal guardianship, is legally responsible for the care and custody of the child. It allows the guardian to access services for the child something that would not be possible without the legal guardianship status).

## BENEFIT CHANGES

Your Benefit elections can only be changed during Open Enrollment or if you experience a qualifying life event. If you experience a Qualifying Life Event and would like to make changes to your benefits please contact the Benefits Department at 719-295-6516.

You will need to provide appropriate documentation of your qualifying life event within 30 days of the event date to the Benefits Department to make any changes. If you do not make changes within the day window, you will have to wait until the next open enrollment period or your next qualifying life event.

## QUALIFYING EVENT EFFECTIVE DATE

Your new benefit elections made as a result of a qualifying event will go into effect on the first day of the month following the qualifying event date, except in situations where the person cannot be enrolled for a full month, such as a: marriage, divorce, or death.

# CIGNA MEDICAL INSURANCE

CIGNA MEDICAL PLAN OPTIONS					
BENEFIT ANALYSIS	OAP 2500	OAP 1250	OAP 500	Primary Advantage	HDHP w/HSA PPO
<b>Preventive Care</b>	Covered at 100%				
<b>Office Copay (Primary Care/ Specialty)*</b>	\$30/\$60	\$30/\$60	\$40/\$80	\$0/ \$60	Deductible then 30%
<b>Hospital Copays</b>	Deductible then 20%	Deductible then 20%	\$1,000 per admit	\$1,000 Per Admit	Deductible then 30%
<b>Urgent Care / Emergency Room</b>	\$60/\$500 copay then 20% after deductible	\$60/\$500 copay then 20% after deductible	\$80/\$500	\$60/ \$500	Deductible then 30%
<b>Major Diagnostics</b>	Deductible then 20%	Deductible then 20%	\$500	30%	Deductible then 30%
<b>X-Ray/Lab</b>	\$0	\$0	\$0	\$0	\$0
<b>Deductible Individual/Family</b>	\$2,500/\$5,000	\$1,250/ \$3,750	\$500/\$1,000	\$0	\$3,500/\$7,000
<b>Coinsurance</b>	20%	20%	Copays	Copays or 30%	30%
<b>Out-of-Pocket Individual/Family</b>	\$6,000/\$12,000	\$5,000/\$10,000	\$6,000/\$12,000	\$7,500/\$15,000	\$6,000/\$12,000
<b>Pharmacy**</b>	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$5/\$20/\$80	Medical Deductible then 30%

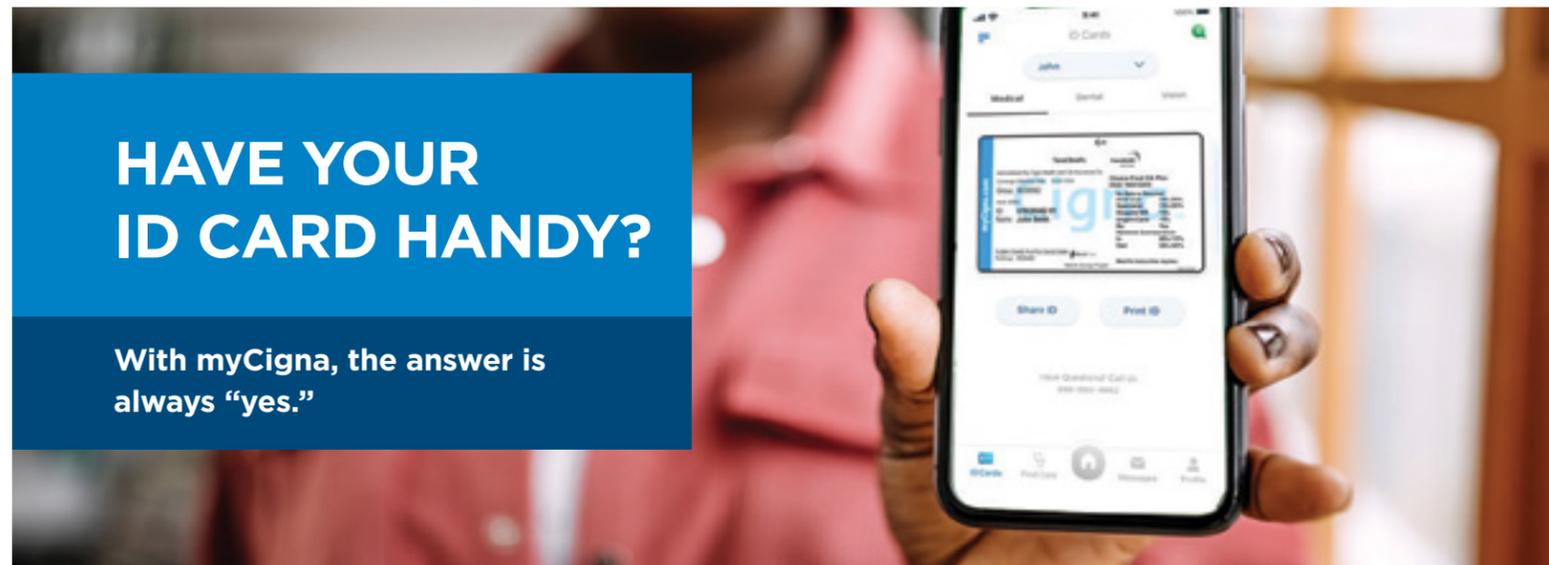
\*Cigna does not require a PCP on any plan and referrals are not required to receive specialty care.

\*\*All plans have access to the Preventive Medication Program. Certain preventive prescription medications and over-the-counter (OTC) products are available to you at no cost-share under PPACA.

# NO COST-SHARE (\$0) PREVENTIVE MEDICATIONS

**Certain preventive medications are available at no cost-share to you. Log in to the myCigna app to see a full list of medications covered at no cost. Below is a list of example medications:**

JARDIANCE lancets lancing device lancing device/ lancets LEVEMIR LEVEMIR FLEXPEN LEVEMIR FLEXTOUCH LYUMJEV LYUMJEV	KWIKPEN LYUMJEV TEMPO PEN sprintec sronyx syeda tarina 24 fe tarina fe tarina fe 1-20 eq taysofy tilia fe tri femynor	tri-estarylla tri-legest fe tri-linyah tri-lo-estarylla KYLEENA LILETTA MIRENA PARAGARD T380-A SKYLA NICORETTE nicotine gum	nicotine lozenge nicotine patch NICOTROL NICOTROL NS FLUZONE HIGH- DOSE FLUZONE HIGH- DOSE QUAD FLUZONE QUAD FLUZONE QUAD PEDI GARDASIL 9	HAVRIX HEPLISAV-B HIBERIX INFANRIX DTAP perry prenatal prenatal atenolol- chlorthalidone benazepril benazepril-hctz betaxolol tablet bisoprolol	bisoprolol-hctz bumetanide tablet candesartan candesartan-hctz captopril flvoxamine flvoxamine er paroxetine paroxetine cr paroxetine er PAXIL PAXIL CR
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**Big news:** You never have to worry about misplacing your ID card. It's always right there on myCigna®, whenever and wherever you need it.\*

**Accessing your digital ID cards is easy.**

 Log in to <b>myCigna.com</b> or the <b>myCigna App</b>	 <b>ID Cards</b> Click or tap "ID Cards"	
 View your card(s), as well as any dependents' card(s)**	 Email cards directly to doctors	 Save your digital ID cards in your Apple Wallet

**Not registered on myCigna yet?**  
It's quick and easy.  
Visit myCigna.com® or scan  
the QR code to download the  
myCigna App® and register now.



*You will not be receiving a physical ID card in the mail. Be sure to download the myCigna app to access your digital ID Card.*

# CIGNA TELEHEALTH: MDLIVE

**Cigna provides access to telehealth services as part of your medical plan.**

MDLIVE lets you get the care you need – including most prescriptions (when appropriate) – for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office. When, where and how it works best for you!

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on MDLIVE, you can speak with a doctor for help with:

- › Sore throats
- › Allergies
- › Urinary tract infections
- › Headaches
- › Rashes
- › and more
- › Stomachaches
- › Acne
- › Fevers
- › Shingles
- › Colds and flu
- › Bronchitis



**Download the myCigna App and you will be able to access telehealth providers.**

# MEDICAL PLAN COST COMPARISON

BEST CASE SCENARIOS - CERTIFIED/CLASSIFIED EMPLOYEES					
PLANS	OAP 2500	OAP 1250	OAP 500	Primary Advantage	HDHP
These scenarios show the annual cost of premium only and assume that all enrolled members only use preventive care at in-network providers.					
<b>OUT OF POCKET COSTS</b>					
<b>Employee Only Coverage - Annual Premium</b>	\$3,151.56	\$4,126.32	\$4,254.72	\$4,148.88	\$1,238.76
<b>Preventive Services Only</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL ANNUAL COST</b>	<b>\$3,151.56</b>	<b>\$4,126.32</b>	<b>\$4,254.72</b>	<b>\$4,148.88</b>	<b>\$1,238.76</b>
<b>Employee + Spouse Coverage - Annual Premium</b>	\$14,165.04	\$14,274.36	\$14,544.96	\$14,321.40	\$8,305.80
<b>Preventive Services Only</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL ANNUAL COST</b>	<b>\$14,165.04</b>	<b>\$14,274.36</b>	<b>\$14,544.96</b>	<b>\$14,321.40</b>	<b>\$8,305.80</b>
<b>Employee + Child(ren) Coverage - Annual Premium</b>	\$12,711.36	\$12,141.12	\$12,385.92	\$12,183.48	\$6,732.72
<b>Preventive Services Only</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL ANNUAL COST</b>	<b>\$12,711.36</b>	<b>\$12,141.12</b>	<b>\$12,385.92</b>	<b>\$12,183.48</b>	<b>\$6,732.72</b>
<b>Family Coverage - Annual Premium</b>	\$16,103.28	\$18,540.96	\$18,863.28	\$18,596.76	\$15,384.48
<b>Preventive Services Only</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL ANNUAL COST</b>	<b>\$16,103.28</b>	<b>\$18,540.96</b>	<b>\$18,863.28</b>	<b>\$18,596.76</b>	<b>\$15,384.48</b>

# MEDICAL PLAN COST COMPARISON

# MEDICAL PLAN COST COMPARISON

## WORST CASE SCENARIOS - CERTIFIED/CLASSIFIED EMPLOYEES

PLANS	OAP 2500	OAP 1250	OAP 500	Primary Advantage	HDHP
These scenarios show the annual cost of premium and assume that all enrolled members have large medical expenses and reach the plan maximum out of pocket for in-network providers.					
OUT OF POCKET COSTS					
Employee Only Coverage - Annual Premium	\$3,151.56	\$4,126.32	\$4,254.72	\$4,148.88	\$1,238.76
Employee reaches out of pocket maximum	\$6,000.00	\$5,000.00	\$6,000.00	\$7,500.00	\$6,000
<b>Total Annual Cost</b>	<b>\$9,151.56</b>	<b>\$9,126.32</b>	<b>\$10,254.72</b>	<b>\$11,648.88</b>	<b>\$7,238.76</b>
Employee + Spouse Coverage - Annual Premium	\$14,165.04	\$14,274.36	\$14,544.96	\$14,321.40	\$8,305.80
Out of pocket maximum reached by member 1	\$6,000.00	\$5,000.00	\$6,000.00	\$7,500.00	\$6,000
Out of pocket maximum reached by member 2	\$6,000.00	\$5,000.00	\$6,000.00	\$7,500.00	\$6,000
<b>Total Annual Cost</b>	<b>\$26,165.04</b>	<b>\$24,274.36</b>	<b>\$26,544.96</b>	<b>\$29,321.40</b>	<b>\$20,305.80</b>
Employee + Child(ren) Coverage - Annual Premium	\$12,711.36	\$12,141.12	\$12,385.92	\$12,183.48	\$6,732.72
Out of pocket maximum reached by member 1	\$6,000.00	\$5,000.00	\$6,000.00	\$7,500.00	\$6,000
Out of pocket maximum reached by member 2	\$6,000.00	\$5,000.00	\$6,000.00	\$7,500.00	\$6,000
<b>Total Annual Cost</b>	<b>\$24,711.36</b>	<b>\$22,141.12</b>	<b>\$24,385.92</b>	<b>\$27,183.48</b>	<b>\$18,732.72</b>
Family Coverage - Annual Premium	\$16,103.28	\$18,540.96	\$18,863.28	\$18,596.76	\$15,384.48
Out of pocket maximum reached by member 1	\$6,000.00	\$5,000.00	\$6,000.00	\$7,500.00	\$6,000
Out of pocket maximum reached by member 2	\$6,000.00	\$5,000.00	\$6,000.00	\$7,500.00	\$6,000
<b>Total Annual Cost</b>	<b>\$28,103.28</b>	<b>\$28,540.96</b>	<b>\$30,863.28</b>	<b>\$33,596.76</b>	<b>\$27,384.48</b>

## BEST CASE SCENARIOS - 4 DAY CLASSIFIED EMPLOYEES

PLANS	OAP 2500	OAP 1250	OAP 500	Primary Advantage	HDHP
These scenarios show the annual cost of premium only and assume that all enrolled members only use preventive care at in-network providers.					
OUT OF POCKET COSTS					
Employee Only Coverage - Annual Premium	\$2,794.20	\$3,768.96	\$3,897.36	\$3,791.52	\$881.40
Preventive Services Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL ANNUAL COST</b>	<b>\$2,794.20</b>	<b>\$3,768.96</b>	<b>\$3,897.36</b>	<b>\$3,791.52</b>	<b>\$881.40</b>
Employee + Spouse Coverage - Annual Premium	\$13,271.88	\$13,381.20	\$13,651.80	\$13,428.24	\$7,412.64
Preventive Services Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL ANNUAL COST</b>	<b>\$13,271.88</b>	<b>\$13,381.20</b>	<b>\$13,651.80</b>	<b>\$13,428.24</b>	<b>\$7,412.64</b>
Employee + Child(ren) Coverage - Annual Premium	\$11,818.20	\$11,247.96	\$11,492.76	\$11,290.32	\$5,839.56
Preventive Services Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL ANNUAL COST</b>	<b>\$11,818.20</b>	<b>\$11,247.96</b>	<b>\$11,492.76</b>	<b>\$11,290.32</b>	<b>\$5,839.56</b>
Family Coverage - Annual Premium	\$15,210.12	\$17,647.80	\$17,970.12	\$17,703.60	\$14,491.32
Preventive Services Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL ANNUAL COST</b>	<b>\$15,210.12</b>	<b>\$17,647.80</b>	<b>\$17,970.12</b>	<b>\$17,703.60</b>	<b>\$14,491.32</b>

# MEDICAL PLAN COST COMPARISON

## WORST CASE SCENARIOS - 4 DAY CLASSIFIED EMPLOYEES

PLANS	OAP 2500	OAP 1250	OAP 500	Primary Advantage	HDHP
These scenarios show the annual cost of premium and assume that all enrolled members have large medical expenses and reach the plan maximum out of pocket for in-network providers.					
<b>OUT OF POCKET COSTS</b>					
<b>Employee Only Coverage - Annual Premium</b>	\$2,794.20	\$3,768.96	\$3,897.36	\$3,791.52	\$881.40
<b>Employee reaches out of pocket maximum</b>	\$5,000.00	\$4,000.00	\$5,000.00	\$6,500.00	\$5,000
<b>Total Annual Cost</b>	<b>\$7,794.20</b>	<b>\$7,768.96</b>	<b>\$8,897.36</b>	<b>\$10,291.52</b>	<b>\$5,881.40</b>
<b>Employee + Spouse Coverage - Annual Premium</b>	\$13,271.88	\$13,381.20	\$13,651.80	\$13,428.24	\$7,412.64
<b>Out of pocket maximum reached by member 1</b>	\$5,000.00	\$4,000.00	\$5,000.00	\$6,500.00	\$5,000
<b>Out of pocket maximum reached by member 2</b>	\$5,000.00	\$4,000.00	\$5,000.00	\$6,500.00	\$5,000
<b>Total Annual Cost</b>	<b>\$23,271.88</b>	<b>\$21,381.20</b>	<b>\$23,651.80</b>	<b>\$26,428.24</b>	<b>\$17,412.64</b>
<b>Employee + Child(ren) Coverage - Annual Premium</b>	\$11,818.20	\$11,247.96	\$11,492.76	\$11,290.32	\$5,839.56
<b>Out of pocket maximum reached by member 1</b>	\$5,000.00	\$4,000.00	\$5,000.00	\$6,500.00	\$5,000
<b>Out of pocket maximum reached by member 2</b>	\$5,000.00	\$4,000.00	\$5,000.00	\$6,500.00	\$5,000
<b>Total Annual Cost</b>	<b>\$21,818.20</b>	<b>\$19,247.96</b>	<b>\$21,492.76</b>	<b>\$24,290.32</b>	<b>\$15,836.56</b>
<b>Family Coverage - Annual Premium</b>	\$15,210.12	\$17,647.80	\$17,970.12	\$17,703.60	\$14,491.32
<b>Out of pocket maximum reached by member 1</b>	\$5,000.00	\$4,000.00	\$5,000.00	\$6,500.00	\$5,000
<b>Out of pocket maximum reached by member 2</b>	\$5,000.00	\$4,000.00	\$5,000.00	\$6,500.00	\$5,000
<b>Total Annual Cost</b>	<b>\$25,210.12</b>	<b>\$25,647.80</b>	<b>\$27,970.12</b>	<b>\$30,703.60</b>	<b>\$24,491.32</b>

# DELTA DENTAL INSURANCE

## DELTA PPO PLUS PREMIER

COVERAGE TYPE	
Deductible	Individual Deductible - \$0.00 PPO Family Deductible - \$0.00 PPO
Annual Maximum Benefit	\$1,000 per member, per calendar year
Orthodontia Lifetime Max	\$1,500 per person
NETWORK	PPO DENTIST
DIAGNOSTIC & PREVENTIVE SERVICES	
Oral Exams & Cleanings	100%
Sealants	100%
Bitewing X-Rays	100%
Full-mouth X-Rays	100%
Fluoride	100%
Space Maintainers	100%
BASIC SERVICES	
Fillings	80%
Simple Extractions	80%
Oral Surgery	80%
Endodontics/Periodontics	80%
MAJOR SERVICES	
Crowns / Implants	50%
Dentures / Bridges	50%
ORTHODONTIC SERVICES	
Orthodontic Services	50%



**RIGHT START 4 KIDS** is a unique plan design enhancement that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible, when in-network providers are seen. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are available but are not eligible for the RS4K 100% coverage level. Right Start 4 Kids is subject to limitations, exclusions, and annual maximum.

# VSP VISION INSURANCE

VSP Choice		
BENEFIT	DESCRIPTION/COPAY	FREQUENCY
<b>Routine Eye Exam</b>	\$10	Every 12 months
<b>Materials (Frames &amp; Lenses)</b>	\$20 copay • \$170 featured frame brands allowance • \$150 frame allowance • 20% savings on the amount over your allowance • \$150 Walmart/Sam's Club frame allowance • \$80 Costco frame allowance • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Every 12 months
<b>Lens Enhancements</b>	• Standard progressive lenses: \$0 • Premium progressive lenses: \$95-\$105 • Custom progressive lenses: \$150-\$175 • Average savings of 30% on other lens enhancements	Every 12 months
<b>Contacts (Instead of Glasses)</b>	\$20 copay • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Every 12 months
<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b>                      Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</p> <p><b>Routine Retinal Screening</b>                      No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</p> <p><b>Laser Vision Correction</b>                      Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</p>	



# CERTIFIED/CLASSIFIED EMPLOYEE MONTHLY RATES

2025 MEDICAL - CIGNA				
	Plan	Premium	District Amount	Employee Amount
<b>Employee Only</b>	OAP 2500	\$804.97	\$542.34	\$262.63
<b>Employee Only</b>	OAP 1250	\$886.20	\$542.34	\$343.86
<b>Employee Only</b>	OAP 500	\$896.90	\$542.34	\$354.56
<b>Employee Only</b>	Primary Advantage	\$888.08	\$542.34	\$345.74
<b>Employee Only</b>	HDHP	\$645.57	\$542.34	\$103.23
	Plan	Premium	District Amount	Employee Amount
<b>Employee + Spouse</b>	OAP 2500	\$1,854.83	\$674.41	\$1,180.42
<b>Employee + Spouse</b>	OAP 1250	\$1,863.94	\$674.41	\$1,189.53
<b>Employee + Spouse</b>	OAP 500	\$1,886.49	\$674.41	\$1,212.08
<b>Employee + Spouse</b>	Primary Advantage	\$1,867.86	\$674.41	\$1,193.45
<b>Employee + Spouse</b>	HDHP	\$1,366.56	\$674.41	\$692.15
	Plan	Premium	District Amount	Employee Amount
<b>Employee + Child(ren)</b>	OAP 2500	\$1,733.69	\$674.41	\$1,059.28
<b>Employee + Child(ren)</b>	OAP 1250	\$1,686.17	\$674.41	\$1,011.76
<b>Employee + Child(ren)</b>	OAP 500	\$1,706.57	\$674.41	\$1,032.16
<b>Employee + Child(ren)</b>	Primary Advantage	\$1,689.70	\$674.41	\$1,015.29
<b>Employee + Child(ren)</b>	HDHP	\$1,235.47	\$674.41	\$561.06
	Plan	Premium	District Amount	Employee Amount
<b>Employee + Family</b>	OAP 2500	\$2,016.35	\$674.41	\$1,341.94
<b>Employee + Family</b>	OAP 1250	\$2,219.49	\$674.41	\$1,545.08
<b>Employee + Family</b>	OAP 500	\$2,246.35	\$674.41	\$1,571.94
<b>Employee + Family</b>	Primary Advantage	\$2,224.14	\$674.41	\$1,549.73
<b>Employee + Family</b>	HDHP	\$1,956.45	\$674.41	\$1,282.04
2025 DENTAL - DELTA				
	Plan	Premium	District Amount	Employee Amount
<b>Employee Only</b>	Delta Dental	\$26.00	\$22.30	\$3.70
<b>Employee + Family</b>	Delta Dental	\$80.20	\$22.30	\$57.90
2025 VISION - VSP				
	Plan	Premium	District Amount	Employee Amount
<b>Employee Only</b>	VSP	\$6.65	\$0.00	\$6.65
<b>Employee + Family</b>	VSP	\$18.35	\$0.00	\$18.35

# 4 DAY CLASSIFIED EMPLOYEE MONTHLY RATES

(PARAPROFESSIONAL, INSTRUCTIONAL AIDES, FOOD SERVICE)

MEDICAL - CIGNA				
	Plan	Premium	District Amount	Employee Amount
Employee Only	OAP 2500	\$804.97	\$572.12	\$232.85
Employee Only	OAP 1250	\$886.20	\$572.12	\$314.08
Employee Only	OAP 500	\$896.90	\$572.12	\$324.78
Employee Only	Primary Advantage	\$888.08	\$572.12	\$315.96
Employee Only	HDHP	\$645.57	\$572.12	\$73.45
	Plan	Premium	District Amount	Employee Amount
Employee + Spouse	OAP 2500	\$1,854.83	\$748.84	\$1,105.99
Employee + Spouse	OAP 1250	\$1,863.94	\$748.84	\$1,115.10
Employee + Spouse	OAP 500	\$1,886.49	\$748.84	\$1,137.65
Employee + Spouse	Primary Advantage	\$1,867.86	\$748.84	\$1,119.02
Employee + Spouse	HDHP	\$1,366.56	\$748.84	\$617.72
	Plan	Premium	District Amount	Employee Amount
Employee + Child(ren)	OAP 2500	\$1,733.69	\$748.84	\$984.85
Employee + Child(ren)	OAP 1250	\$1,686.17	\$748.84	\$937.33
Employee + Child(ren)	OAP 500	\$1,706.57	\$748.84	\$957.73
Employee + Child(ren)	Primary Advantage	\$1,689.70	\$748.84	\$940.86
Employee + Child(ren)	HDHP	\$1,235.47	\$748.84	\$486.63
	Plan	Premium	District Amount	Employee Amount
Employee + Family	OAP 2500	\$2,016.35	\$748.84	\$1,267.51
Employee + Family	OAP 1250	\$2,219.49	\$748.84	\$1,470.65
Employee + Family	OAP 500	\$2,246.35	\$748.84	\$1,497.51
Employee + Family	Primary Advantage	\$2,224.14	\$748.84	\$1,475.30
Employee + Family	HDHP	\$1,956.45	\$748.84	\$1,207.61
DENTAL - DELTA				
	Plan	Premium	District Amount	Employee Amount
Employee Only	Delta Dental	\$26.00	\$22.30	\$3.70
Employee + Family	Delta Dental	\$80.20	\$22.30	\$57.90
VISION - VSP				
	Plan	Premium	District Amount	Employee Amount
Employee Only	VSP	\$6.65	\$0.00	\$6.65
Employee + Family	VSP	\$18.35	\$0.00	\$18.35

# HEALTH SAVINGS ACCOUNT

This benefit allows you to pay for certain expenses with pre-tax dollars — pay that is not subject to Federal Income Taxes, Social Security Taxes or State Income Taxes for medical care, dental care, vision care, glasses, contacts, LASIK eye surgery, prescriptions, chiropractic services, long-term care insurance premiums, etc.

## ELIGIBILITY

Any eligible employee enrolled in a High Deductible Health Plan

## CARRYOVER

You can carry over your unused funds from year to year, even if you change health plans or change jobs.

## WHO PAYS

You can make pre-tax payroll contributions, or submit after-tax contributions via check or online within the following 2025 IRS limits:

### Employee Only High Deductible Health Plan Coverage:

- 2025: \$4,300

### Family High Deductible Health Plan Coverage:

- 2025: \$8,550

### Age 55+ Additional Catch-Up:

- \$1,000



# FLEXIBLE SPENDING ACCOUNTS

## GENERAL INFORMATION

If you would like a tax break and some health stretching your spendable income, you may want to consider the Flexible Spending Account (FSA) Options. This benefit allows you to pay for certain expenses with pre-tax dollars — pay that is not subject to Federal Income Taxes, Social Security Taxes or, as applicable, State Income Taxes. You decide how much of your pre-tax pay will go into a flexible spending account each year.

## ELIGIBILITY

All regular Full-time and Part-time employees

## COVERAGE EFFECTIVE DATE

Effective on the first of the month on or after the hire date, status change date, or qualifying event date

## PLAN CHOICES & MAXIMUM CONTRIBUTIONS

### Healthcare Flexible Spending Account:

Maximum Contribution: \$3,300/plan year

Covered expenses may include expenses not paid by your Medical, Dental, and Vision Plans, including your deductibles, copayments, or procedures and services not covered by the health plan and approved by the IRS.

### Limited Purpose Flexible Spending Account:

Maximum Contribution: \$3,330/plan year

Covered expenses only include eligible vision and dental expenses. This account can be used in conjunction with a Health Savings Account.

## CARRYOVER

You can carryover up to \$660 of your unused healthcare FSA balance remaining at the end of the plan year to use in the following year.

## FORFEITURE

If you do not incur eligible expenses equal to your contribution, the Internal Revenue Service will require that the unused portion of your account balance that exceeds \$610 is forfeited. "Use it, or Lose it."

## WHO PAYS

Contributions are made by the employee on a pre-tax basis



# ADDITIONAL BENEFITS

## AMERICAN FIDELITY

American Fidelity's supplemental benefits are available to complement your core health insurance products such as medical, dental, and vision. Many benefits are paid directly to you so you can use the money where you need it most.

- Long Term Disability Income Insurance
- Limited Benefit Accident Only Insurance
- Limited Benefit Individual Cancer Insurance
- Limited Benefit Hospital Indemnity Insurance
- Limited Benefit Critical Illness Insurance
- Life Insurance

American Fidelity can be reached at 800-365-9247 or <https://americanfidelity.com/>

## PUBLIC EMPLOYEES RETIREMENT ASSOCIATION (PERA)

Membership in the Public Employees' Retirement Association is mandatory for full and part time employees. The employee contributes 11.00% of the salary and the School District contributes 21.40% of the employee's salary toward retirement benefits.

PERA can be reached at 1-800-759-7372 or [www.copera.org](http://www.copera.org)



## YMCA

District 70 will pay \$10 toward your monthly YMCA membership.

# EMPLOYEE ASSISTANCE PROGRAM

The Association has bargained an Employee Assistance Program. This program provides all employees with a program, through Associates for Psychotherapy, to support their mental well-being. They can be reached at 719-564-9039.

This plan provides employees with five (5) individual visits with a counselor for employees and everyone in their household. The EAP also offers support groups and classes for a variety of life events and issues.

All services are completely confidential, no information is ever shared with the school district.

## SERVICES AVAILABLE

- **Individual Counseling**  
Five free visits for you and anyone in your immediate family.
- **Stress Management**  
Classes and support groups, free or for a nominal fee, to help you manage stress.
- **Anxiety and Depression**  
Develop strategies to help make life issues more manageable and less stressful.
- **Family Relationships**  
Help with strengthening family bonds and dealing with family issues, including divorce and family loss.



# PAID TIME OFF

## ANNUAL LEAVE

District 70 recognizes the importance of our employees having time away from work. Based on your classification and work schedule each regular employee will accrue annual leave each year.

Annual leave may be used for the personal illness or disability of the teacher or classified employee or for the illness, disability or death of a member of the teacher's or classified employee's "immediate family", i.e., the teacher's or classified employee's mother, father, brothers, sisters, spouse, children, son-in-law, daughter-in-law, father-in-law, mother-in-law, grandparents, or any person living in the teacher's or classified employee's home, or to fulfill personal business.

- Teachers will accrue 12 days
- 10 month classified employees will accrue 11 days
- 12 month classified employees will accrue 13 days

Employees who are hired after the start of the school year will accrue time on a pre-rated basis.

## VACATION

12 month classified employees earn vacation according to the following schedule:

- During their first year of continuous employment an employee accrues .4167 days per month.
- Employees with 1-6 years of continuous employment accrue .8333 days per month.
- Employees with 7-14 years of continuous employment accrue 1.0 days per month.
- Employees with 15-19 years of continuous employment accrue 1.4167 days per month.
- Employees with 20 or more years of continuous employment earn 1.667 days per month.

## HOLIDAYS

12 Month employees are granted 14 paid holidays each year.

# HORIZONTAL MOVEMENT

Employees can submit documentation to move horizontally on the salary schedule two times per year. The deadline to have all documentation submitted is August 15th and January 15th. Click on the appropriate form you need [Certified](#) or [Classified](#) Horizontal movement.

# VOLUNTARY BENEFITS

KANSAS LIFE GROUP TERM LIFE INSURANCE	VOLUNTARY DEPENDENT LIFE INSURANCE
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School District 70 pays in full the premium for Employee Group Term Life Insurance. Eligible employees are provided a benefit amount of either \$12,000/\$24,000. Coverage reduces 35 percent of the original amount at age 65. Coverage reduces 55 percent of the original amount at age 70. Coverage reduces 70 percent of the original amount at age 75. Coverage terminates at retirement.

Available through Kansas Life. The benefit amount for your spouse is \$5,000 and will cease at age 70. The benefit amount for your child(ren) is \$2,500.

*Children 14 days to 6 months \$250 6 months to 19 years (or age 25 if full-time student) \$2,500*

**Section 125 Flexible Benefit Plan Administered by American Fidelity**

Section 125 is a benefit plan, sometimes called a cafeteria plan, which allows you, the employee, to spend benefit dollars for benefits prior to taxation of those dollars. The benefits that you select are then paid for with the benefit dollars available for your use through a salary reduction agreement with your employer. Salary reduction means that you are able to use “pre-tax” dollars to pay for certain benefits that you may have previously paid for with “after-tax” dollars. Section 125 Cafeteria Plan will result in a reduction in your gross pay for tax purposes, PERA Retirement, disability and other benefits.

**Tax Sheltered Annuities (TSA)**

Voluntary Tax Sheltered Annuities (TSA’s) are available through payroll deduction. The following companies have been approved to offer TSA’s in our School District.

- AMERICAN FIDELITY
- AXA ADVISORS
- HORACE MANN
- METLIFE
- PERA 401k
- PERA 457
- WADDELL/REED
- SECURITIES BENEFITS
- COREBRIDGE FINANCIAL

