2026

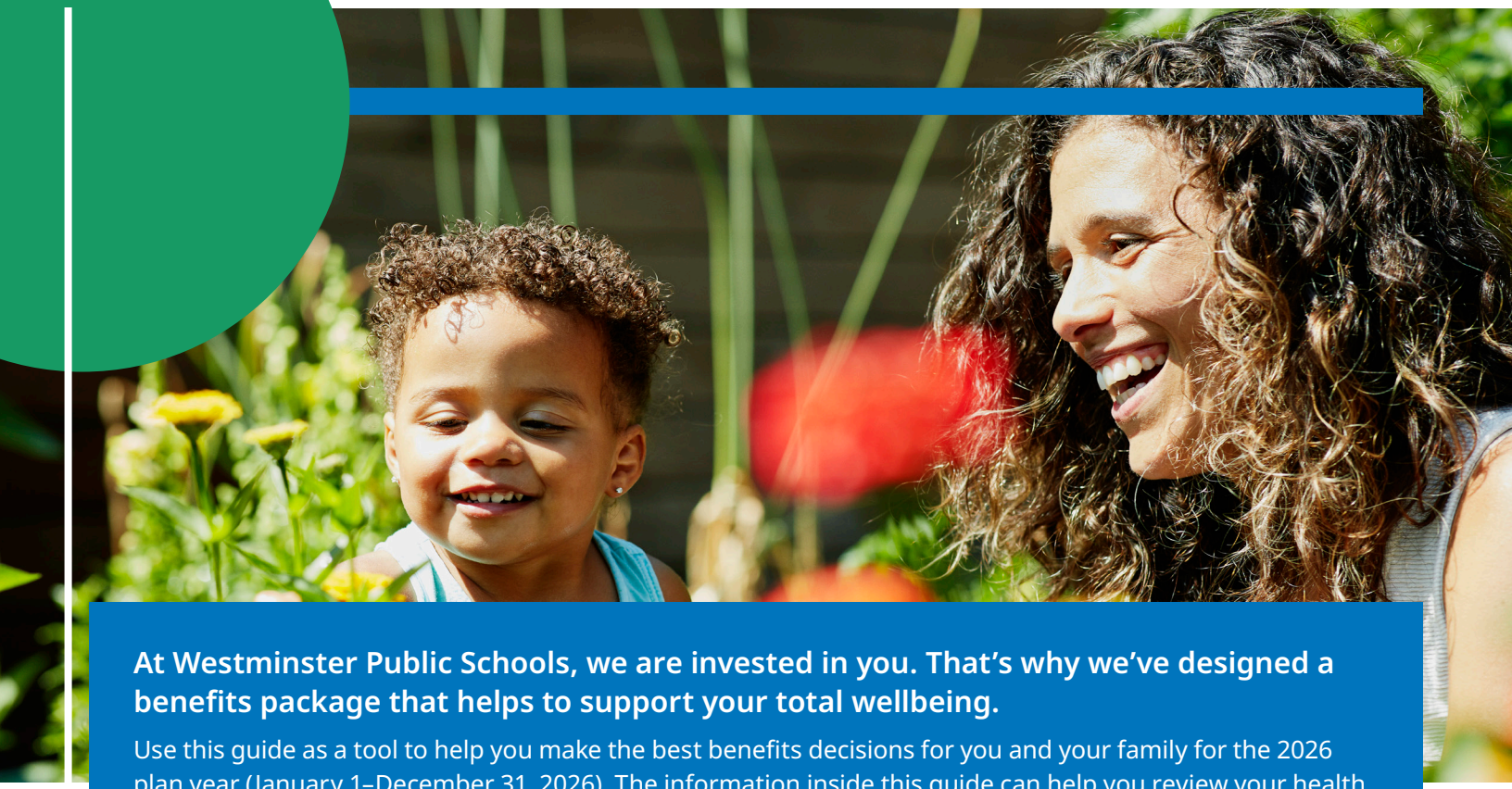
BENEFITS GUIDE

BENEFIT PLANS EFFECTIVE

JANUARY 1–DECEMBER 31, 2026

Westminster Public Schools

Where Education is Personal



At Westminster Public Schools, we are invested in you. That's why we've designed a benefits package that helps to support your total wellbeing.

Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2026 plan year (January 1–December 31, 2026). The information inside this guide can help you review your health coverage options, check out tax savings opportunities, and learn about voluntary benefits options.

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Eligibility

If you are scheduled to work at least 20 hours per week, you are eligible for benefits on the first day of the month following your initial paycheck.

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- **Your spouse or partner:** This includes your legal spouse, civil union partner, or same-sex domestic partner.
- **Your child(ren):** This includes your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian) as well as children of any age who are physically or mentally unable to care for themselves.

Enrollment

You can only sign up for benefits or change your benefits at the following times.

- Within 31 days of joining Westminster Public Schools as a new employee.
- During the annual benefits open enrollment period.
- Within 31 days of a qualifying life event.

The choices you make at this time will remain in place through December 31, 2026, unless you experience a qualifying life event as described on page 4. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

How To Enroll

Enroll in CORE benefits through the WPS Employee Portal:

1. Go to **wps.org**.
   - Select Menu.
   - Select Human Resources.
   - Select Employee Portal.
2. The link will take you to a login screen.
   - If you've already registered, click on Next.
   - If you have NOT registered, the screen will prompt you to register your account. It will ask for your work email, be sure to enter the whole email address (jschmoe@wps.org) then enter the last for of your SSN and your personal home zip code.

     Note: The information is what you have on file with Payroll and Human Resources.
3. Once you have successfully logged in, select My information.
   - Select Profile.
   - Select Dependents and add all dependent(s) that you wish to add to any of your benefits, including spouse, domestic partner, and children. You may skip this step if you are not adding any dependents.
4. Go back to the side toolbar and select My benefits.
   - Select Enrollment.
   - Complete each step in the portal.
   - Review your enrollment then select Confirm & Submit.
5. Please make sure you see a thumbs up image before closing your browser and you have successfully submitted your benefits enrollment!

To enroll in voluntary benefits, visit **enroll.thehartfordatwork.com/enroll** or call 855-EZ-NROLL (855-396-7655). A personal benefits counselor can help you review your voluntary plan options through The Hartford.

Changing Your Benefits

Due to IRS regulations, once you have made your elections for 2026, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Birth or adoption of an eligible child.
- Marriage, divorce, or legal separation.
- Spouse's work status changed affecting their benefits.
- Death of your spouse or covered child.
- Child's eligibility for benefits changed.
- Qualified Medical Child Support Order.

To request a benefits change, notify Human Resources within 31 days of the qualifying life event. Change requests submitted after 31 days cannot be accepted. You do need to provide proof of the event, such as a marriage license or birth certificate.

Key Terms To Know

Take the first step to understanding your benefits by learning these four common terms.

Copay

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.

Deductible

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.

Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.

Out-of-Pocket Maximum

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services the rest of the year.

Medical Benefits

Kaiser Permanente | kp.org | 303-338-3800

Westminster Public Schools offers three medical plan options through Kaiser Permanente.

The **DHMO 1000** and the **220 High HMO** plans provide in-network coverage only. Locate a Kaiser Permanente network provider at **kp.org**.

If you enroll in the **POS** plan, you will receive the highest level of benefits and pay less out of your pocket by using a Kaiser Permanente network provider. You have the option to use First Health network providers and out-of-network providers; however, you will pay more out of your pocket for services provided by non-Kaiser Permanente providers. Locate a First Health network provider by calling 855-364-3184 or visit **choiceproducts-colorado.kaiserpermanente.org/3-tier-point-of-service-plan/**.

The table below summarizes the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	DHMO 1000 In network only	220 High HMO In network only	POS In network	POS First Health	POS Out of network
Plan Year Deductible Individual/Family	$1,000/$3,000	None/None	$1,000/$2,000	$2,000/$4,000	$3,500/$10,500
Out-of-Pocket Maximum Individual/Family	Includes deductible, copays, and coinsurance				
	$3,500/$7,000	$4,000/$8,000	$3,000/$6,000	$4,000/$8,000	$8,000/$24,000
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	40% after ded.
Physician Services					
Primary Care Physician	$30 copay[1]	$25 copay	$35 copay[1]	$50 copay[1]	40% after ded.
Specialist	$45 copay[1]	$40 copay	$50 copay[1]	$65 copay[1]	40% after ded.
Urgent Care	$45 copay[1]	$75 copay	$50 copay		
Lab/X-Ray					
Diagnostic Lab	Plan pays 100%[3]	Plan pays 100%	Plan pays 100%[3]	20% after ded.	40% after ded.
Diagnostic X-Ray	10% after ded.	Plan pays 100%	10% after ded.	20% after ded.	40% after ded.
High-Tech Services (MRI, CT, PET)	10% after ded.	$250 copay per test	10% after ded.	20% after ded.	40% after ded.
Hospital Services					
Inpatient	10% after ded.	$1,000 copay	10% after ded.	20% after ded.	40% after ded.
Outpatient Surgery Center/Hospital	$500/10% after ded.	$500/$1,000 copay	$500 copay/10% after ded.	20% after ded.	40% after ded.
Emergency Room	10% after ded.	$500 copay	10% after ded.		
Therapies[2] (PT, OT, Speech)	$30 copay[1]	$25 copay	$35 copay	$50 copay	40% after ded.
Chiropractic[2]	$30 copay	$25 copay	$35 copay	$35 copay	Not covered
Vision					
Refractive Exam	$30 copay[1]	$25 copay	$35 copay[1]	$50 copay	40% after ded.
Prescription Drugs					
Generic	$25 copay	$15 copay	$25 copay	$30 copay	50%
Brand	$50 copay	$40 copay	$40 copay	$45 copay	50%
Non-Preferred Brand	$70 copay	$60 copay	50%	50%	50%
Specialty	20% up to $250	20% up to $250	20% up to $250	20% up to $250	50%
Mail Order (Up to a 90-day supply)	2x retail copay	2x retail copay	2x retail copay	2x retail copay	Not covered

(1) Additional services received during visit are subject to deductible and coinsurance. (2) 20 visits per therapy per year. (3) 100% covered in a plan medical office or in a contracted free-standing facility. 10% after deductible in a Plan Hospital.

Medical Benefits

Kaiser Permanente and Cigna Partnership

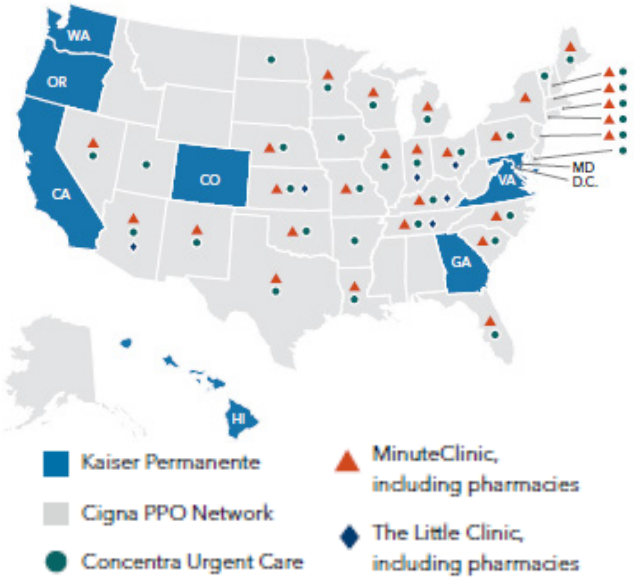
More care options are available when you are away from home or out of the Kaiser Permanente service area.

Urgent and emergency care anywhere in the world

No matter when or where you need to receive urgent or emergency care[3], you can file a claim for reimbursement. At many locations outside of Kaiser Permanente service areas, you will only pay your copay or coinsurance with no claim required.

Access these clinics and providers when outside of the Kaiser Permanente service area to get care when you need:

- Cigna PPO Network[4] providers—visit **cigna.com** to find providers in this network
- MinuteClinics, including pharmacies[5]
- Concentra clinics[5]
- Little Clinic



Find care near you

Out-of-area dependents

Kaiser Permanente will cover certain routine, continuing, and follow-up care while an eligible dependent is outside of any Kaiser Permanente service area.

The limited out-of-area services an eligible dependent may receive are for covered, non-urgent medical needs.

Medically necessary, urgent, and emergency care are always covered for eligible dependents while outside of the service area.

Support while you're away

Need help finding care or learning what's covered while you're away? Call the Away from Home Travel Line at 951-268-3900 (TTY 711),[6] visit kp.org/travel, or scan the QR code.

(1) When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. (2) If you have an HSA-qualified deductible plan, you may need to pay the full charges for scheduled phone appointments and video visits until you reach your deductible. Once you reach your deductible, you won't pay anything for scheduled phone appointments and video visits. (3) If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage or other coverage documents. (4) The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. (5) MinuteClinic and Concentra payment experiences vary by plan. (6) This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

Medical Benefits

Medical Costs

Listed below are the monthly costs for medical insurance. The amount you pay for coverage is deducted from your paycheck.

Level of Coverage	DHMO 1000	220 High HMO	POS
Employee Only	$0.00	$86.98	$157.39
Employee + Spouse	$273.69	$447.64	$642.23
Employee + Child(ren)	$95.73	$247.93	$418.20
Employee + Family	$899.60	$1,168.35	$1,469.00

Preventive Care

In-network preventive care is 100% free for medical plan members.

You won't have to pay anything out of your pocket when you receive in-network preventive care. Practice preventive care and reap the rewards of a healthier future.

Preventive care helps keep you healthier long-term.

An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective.

Preventive care helps keep your costs low.

With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.

Preventive care keeps your health up to date.

Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.

Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design.

Learn more about preventive care at kp.org.

Medical Benefits

Kaiser Permanente members have access to the following tools and resources.

My Health Manager

Connect to your health information through My Health Manager at **kp.org**. My Health Manager is accessible 24 hours a day, seven days a week.

Once you've registered, you can:

- **Manage** the care you receive at any Kaiser Permanente medical office.
- **View** lab results.
- **Pay** bills online.
- **Refill** prescriptions.
- **See** what screenings, immunizations, and tests you may be due for.

KP Mobile App

Download the KP app to access all the convenient features of My Health Manager on your smartphone. The mobile app makes it easy to manage your health no matter where you are—at home, at work, and when you're on the go.

Using the app, here's what you can do right from your smartphone:

- **Email** your doctor's office.
- **View** most lab test results.
- **Refill** most prescriptions.
- **Schedule** or cancel routine appointments.
- **Access** a digital version of your membership card.

DispatchHealth

Kaiser Permanente members in Denver, Boulder, Longmont, and Castle Rock can contact DispatchHealth directly for in-home urgent care and have peace of mind knowing DispatchHealth is in-network. DispatchHealth works directly with Kaiser Permanente to process billing for home visits and the cost will be the same as an in-person urgent care visit.

Care is available 7 days a week, including holidays, 8 a.m.–10 p.m. Call 888-905-0858 or visit **dispatchhealth.com** to request services.

Medical Benefits

Chat With A Doctor

Kaiser Permanente has made it easier for you and your family to get the care you need. The Chat With A Doctor program allows you to connect online in real time for medical advice with a Kaiser Permanente doctor, at no cost. For your convenience, members can also send pictures through the chat.

Members who are registered on **kp.org** can simply log in and click on "Chat With A Doctor Online." Chat with a pharmacist and chat with a financial adviser options are now available.

Online chat is available from 7 a.m.–11 p.m., 365 days a year.

Kaiser Permanente Member Services

Kaiser Permanente offers a wide range of mental health and addiction services, no referral needed.

Get the mental and emotional support you need:

- **Headspace Care:** Text an emotional support coach for anxiety, stress, relationships, and more.
- **Calm app:** Get help with sleep, stress, anxiety, depression, meditation, and resilience.
- **Kaiser Permanente mental health therapist or psychiatrist:** Schedule a visit or choose from an extensive network of more than 8,000 affiliated providers (including Denver Family Therapy Center, Krupnick Counseling Associates, SonderMind, and Westside Behavioral Care).

Visit the below websites for these resources and more:

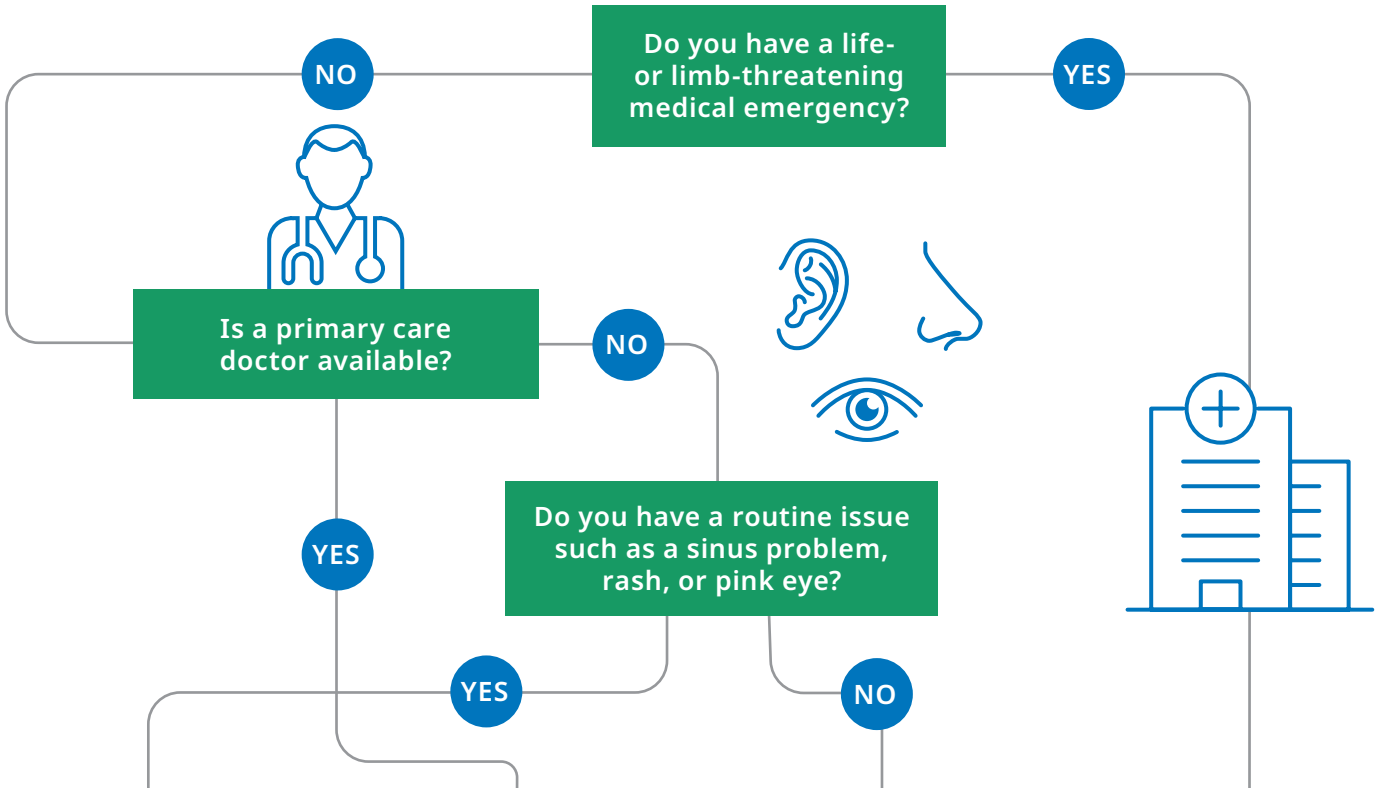
- Mental health care: **kp.org/mentalhealth**
- Coaching and self-care tools: **kp.org/coachingapps/co** and **kp.org/selfcare**
- Healthy recipes: **kp.org/foodforhealth**

For additional information regarding your Kaiser Permanente benefits and resources, visit the **Westminster Public Schools Digideck**.

Medical Benefits

Know Where to Go for Care

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



Use Virtual Care

Get care without leaving your house. An appointment with a physician is available from your phone or computer.

Log into **kp.org** to make an appointment.

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Go to Your Primary Care Doctor

For care during normal office hours, it's usually best to see your primary care doctor. He or she can provide follow-up care and refer you to a specialist, if needed.

$$

Go to an Urgent Care Center

Urgent care centers typically don't require an appointment and are often open after normal business hours. Plus, in-network urgent care centers provide faster and much less expensive care than the ER.

$$$

Go to the Emergency Room

In the case of a true medical emergency, go to the ER. At the ER, true emergencies are treated first. Other cases must wait—sometimes for hours—and it will cost a lot more to get care at the ER.

$$$$

Dental Benefits

Delta Dental of Colorado (Delta Dental) | deltadentalco.com | 303-741-9300

Westminster Public Schools offers a dental insurance plan through Delta Dental of Colorado.

The plan provides in- and out-of-network benefits, allowing you the freedom to choose any dentist.

- You will pay less out of your pocket when you see a Delta Dental PPO dentist.
- Delta Dental PPO and Premier dentists file claims directly with Delta Dental and accept Delta Dental's reimbursement in full. When you see a PPO or Premier dentist, you will only be responsible for your deductible and coinsurance up to Delta Dental's approved amount, as well as any charges for non-covered services.
- If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you will be billed the total amount the dentist charges (called balance-billing).
- When you see a PPO or Premier provider, covered diagnostic and preventive services do not count toward your calendar year maximum.

The table below summarizes key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Dental Plan		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Plan Year Deductible Individual/Family	$50/$150		
Plan Year Benefit Maximum	$2,000	$2,000	$2,000
Preventive Care (Oral exams, cleanings, x-rays)	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	20% after ded.	20% after ded.	20% after ded.
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after ded.	50% after ded.	50% after ded.
Orthodontia Services (Adult and children)	50%	50%	50%
Orthodontia Lifetime Maximum	$2,000	$2,000	$2,000

Late Enrollee Penalty

If you do not enroll in the dental plan when first eligible, or re-enroll, you will be considered a "late enrollee" and will have a 12-month waiting period on basic, major, and orthodontics services. The "late enrollee" penalty does not apply to those covered by another group dental plan who enroll within 31 days of loss of the other dental coverage and to children who are enrolled on any anniversary prior to their fourth birthday.

Dental Costs

Listed below are the monthly costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Dental Plan
Employee Only	$0.00
Employee + One	$29.59
Employee + Family	$83.04

Vision Benefits

VSP | vsp.com | 800-877-7195

Westminster Public Schools offers a vision insurance plan through VSP.

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider.

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Vision Plan	
	In Network	Out of Network
Eye Exam (Every 12 months)	$10 copay	Reimbursement up to $45
Standard Plastic Lenses (Every 12 months) Single/Bifocal/Trifocal	$10 copay	Reimbursement up to $30/$50/$65
Frames (Every 12 months)	$250 allowance + 20% off balance	Reimbursement up to $70
Contact Lenses (Every 12 months in lieu of standard plastic lenses)	$225 allowance	Reimbursement up to $105

Vision Costs

Listed below are the monthly costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Vision Plan
Employee Only	$0.00
Employee + Spouse	$7.90
Employee + Child(ren)	$9.02
Employee + Family	$18.65

Plan Extras

- Anti-glare and UV protection covered in full
- LightCare coverage allows you to use your frame and lens benefit to get non-prescription eyewear from your VSP network doctor
- Additional $50 toward VSP featured frame brands

Flexible Spending Accounts

Alerus | alerusrb.com | 877-661-4787

Westminster Public Schools offers two flexible spending account (FSA) options through Alerus.

The Alerus mobile app is the fastest, most convenient way for you to access and manage your account, keeping you up-to-date on your expenses and account details without slowing you down. Use the app to: view account activity, check card status, submit receipts, file claims, and more.

Health Care FSA

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars.

The health care FSA maximum contribution is $3,400 for the 2026 calendar year.

Dependent Care FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

You may contribute up to $7,500 to the dependent care FSA for the 2026 plan year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect $3,750 for the 2026 plan year.

How To Use An FSA

1 Contribute

Decide how much to contribute to your FSA on a plan year basis up to the maximum allowable amounts. This amount will be evenly divided by the number of pay periods and deducted on a pre-tax basis from your paycheck.

2 Pay

Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at **alerusrb.com**. Keep all receipts in case Alerus requires you to verify the eligibility of a purchase.

3 Use it or lose it

For the health care FSA, at the end of the plan year, you can roll over $680 from your health care FSA to use in future years. Any amount in excess of $680 will be forfeited. Dependent care FSA dollars are use it or lose it (no roll over allowed).

Life and AD&D Benefits

The Hartford | thehartford.com | 800-523-2233

Westminster Public Schools' comprehensive benefits package includes financial protection for you and your family in the event of an accident or death.

Basic Life and AD&D Insurance

Westminster Public Schools automatically provides basic life and AD&D insurance through The Hartford to all benefits-eligible employees **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. Please refer to the WPS Employee Portal for more information. **Please be sure to keep your beneficiary designations up to date.**

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental coverage. Use the calculator at **thehartford.com** to find the right amount for you.

Supplemental Life and AD&D Insurance

Westminster Public Schools provides you the option to purchase supplemental life insurance for yourself, your spouse, and your dependent children through The Hartford. You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Benefits will reduce to 60% at age 75 and to 40% at age 80.

If you elect coverage when first eligible, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by The Hartford.

- **Employee:** $10,000 increments up to $500,000 or 5x annual salary, whichever is less; guarantee issue: $150,000
- **Spouse:** $5,000 increments up to $250,000, not to exceed 50% of the employee's election; guarantee issue: $50,000
- **Dependent children:** $1,000 increments up to $10,000 (birth to 23 years of age; 25 years if student); guarantee issue: $10,000

If you enroll in supplemental life and AD&D insurance, Westminster Public Schools will provide the first increments of coverage for you, your spouse, and your dependent children **AT NO COST**.

- **Employee:** $10,000 provided by Westminster Public Schools.
- **Spouse:** $5,000 provided by Westminster Public Schools.
- **Dependent child(ren):** $1,000 provided by Westminster Public Schools.

Long-Term Disability Benefits

The Hartford | thehartford.com | 800-523-2233

Westminster Public Schools automatically provides long-term disability (LTD) insurance through The Hartford to all benefits-eligible employees at no cost.

LTD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

- **Benefit:** 66.67% of regular earnings up to $10,000
- **Elimination period:** 90 days
- **Benefit duration:** Social Security normal retirement age or maximum benefit duration schedule

Voluntary Benefits

The Hartford | thehartford.com | 866-547-4205

Westminster Public Schools provides you the option to purchase accident, critical illness, and hospital indemnity insurance through The Hartford.

The cost of a plan does not change once you join; no matter how many claims you have. A $50 wellness benefit is available each year for covered employees and spouses enrolled in the hospital and critical illness plans who complete a wellness exam.

To enroll in voluntary benefits, visit **enroll.thehartfordatwork.com/enroll** or call 855-EZ-NROLL (855-396-7655). A personal benefits counselor can help you review your voluntary plan options through The Hartford.

Accident Insurance

Accident insurance can help you pay for injuries that occur on or off the job—whether common or severe. If you enroll now, you are guaranteed base coverage without having to answer any medical questions. You'll receive 24 hour coverage and your benefit will pay a lump-sum directly to you in the event of a covered accident.

Critical Illness Insurance

This option will pay a lump-sum benefit directly to you if you are diagnosed with a serious illness. When you enroll, receive up to $30,000 guaranteed issue coverage to ensure you peace of mind in the event of a serious illness. You must be actively working when diagnosed to receive this benefit.

Hospital Indemnity Insurance

This option will pay benefits that help you with costs associated with a hospital visit such as a covered accident, illness, or childbirth. This benefit pays you a lump-sum upon admittance so that you can choose how best to cover your expenses.

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

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

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

Voluntary Benefits

How to File a Claim

Review the action steps below to help you with your claim.

	Accident Insurance	Critical Illness Insurance	Hospital Indemnity Insurance
When should a claim be filed?	After a physician has diagnosed you or a covered dependent with a covered illness. After you or a covered dependent have undergone a health screening and are eligible for a wellness or health screening benefit.	After you or your covered dependents receive services performed as a result of an accident. After you or a covered dependent have undergone a health screening and are eligible for a wellness or health screening benefit.	After you or a covered dependent have had a hospital stay as the result of a covered illness or injury. After you or a covered dependent receive services performed as a result of a covered illness or injury (if included in the policy). After you or your dependent have undergone a health screening and are eligible for a wellness or health screening benefit.
Who can file a claim?	Anyone insured under the policy, or an authorized representative, can file a claim at any time, from anywhere.		
How can you file a claim?	◦ **Online: thehartford.com/benefits/myclaim** > Quick Links > " Complete Your Claim Form Online" ◦ **Phone (accident/health screening benefit only):** 866-547-4205, Monday–Friday, 8:00 a.m. to 6:00 p.m. EST ◦ **Mail:** The Hartford Supplemental Insurance Benefit Department P.O. Box 99906 Grapevine, TX 76099 Fax: 469-417-1952		
What information will you need to provide when submitting your claim?	◦ The form will ask you to provide some information about you, and if you're filing the claim for a dependent, their information as well. ◦ Then, select which type of claim you're filing. Continue through the form, only filling out the relevant sections. ◦ In the Benefit Information section, check off each box that applies to the event or services you received as a result of your covered illness and/or accident and/or hospital stay. ◦ Be sure you sign the Authorization to Obtain and Disclose Information (which helps us obtain information for the claim from medical providers, if needed) and sign the claim form itself. Note: In addition to filling out the form, you'll also need to provide supporting documentation to prove the claim. Examples of documents include: ER, urgent care, physician visit or hospital discharge papers; exam, lab or test results/reports; physician notes; Explanation of Benefits (EOBs) from your health insurance provider; itemized medical or hospital bills; or medical records. Please call The Hartford for help with your claim submission. By thoroughly completing the form and gathering documentation, your claim is processed as quickly as possible. The Hartford may also need to work with medical providers to fully prove your claim, but we'll let you know during the claims process if this is necessary.		
What happens next?	1. Your claim will be reviewed the claim and The Hartford will contact you with any questions or to request additional information needed for your claim. 2. The Hartford will determine if you might be eligible for additional benefits based on other insurance policies you've purchased. 3. Once the claim has been approved, benefits will be paid in 3–10 business days. 4. If you filed your claim online, check your claim status at **thehartford.com/benefits/myclaim**. Or call 866-547-4205 for claims status or questions.		

Employee Assistance Program

Resources for Living | resourcesforliving.com | 866-252-4468

Assistance is always available for you. The employee assistance program (EAP) services are provided AT NO COST to you and your household through Resources for Living.

Your EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to **five free face-to-face** visits per person, per issue, per year with a licensed counselor.

Tools and Resources

Browse tools and resources to help you make life's big decisions with budget trackers, wellness self-assessments, and more.

Care Options

Find child and elder care to support you and your family's day-to-day needs.

Legal and Financial Guidance

Receive guidance for buying a home, planning for retirement, budgeting, and more.

Support All Year

Connect with a mental health professional about addiction, family, and individual counseling.

When is the best time to use your EAP?

- When you feel burnt out or stretched thin, call to connect with a counselor to find relief.
- When you need help finding care for your child or loved one, call to find care solutions.
- When you need someone to talk to with 24/7 support, you can connect when it's convenient.
- When you're not sure of the next step to take, reach out for legal and financial planning.

Don't hesitate to reach out whenever you need it. No personal information is ever shared with Westminster Public Schools and access to the EAP is completely confidential.

Access your EAP by calling 866-252-4468 or visiting **resourcesforliving.com** and use the following login credentials:

- **Username:** Westminster
- **Password:** eap

Notes

Notes

Contacts

If you have any questions regarding your benefits or the material contained in this guide, please contact your Human Resources department.

Sheryl McCoy, Human Resources Benefits Specialist

720-542-5068

smccoy@wps.org

Provider/Plan	Policy Number	Phone Number	Website
Medical | Kaiser Permanente	00228	303-338-3800	kp.org
Medical | First Health (POS plan Enrollees)	00228	855-364-3184	kp.org/kpic-colorado
Dental | Delta Dental of Colorado	1490	303-741-9300	deltadentalco.com
Vision | VSP	30020045	800-877-7195	vsp.com
Flexible Spending Accounts | Alerus	N/A	800-279-3200	alerusrb.com
Life and AD&D Insurance | The Hartford	GLT-677941	800-523-2233	thehartford.com
Supplemental Life Insurance | The Hartford	GLT-677941	800-523-2233	thehartford.com
Long-Term Disability Insurance | The Hartford	GLT-677941	800-523-2233	thehartford.com
Voluntary Benefits | The Hartford	GLT-677941	866-547-4205	thehartford.com
Voluntary Benefits | Resources for Living	N/A	866-252-4468	resourcesforliving.com (username: Westminster; password: eap).

This summary of benefits is not intended to be a complete description of the terms and Westminster Public Schools insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Westminster Public Schools maintains its benefit plans on an ongoing basis, Westminster Public Schools reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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