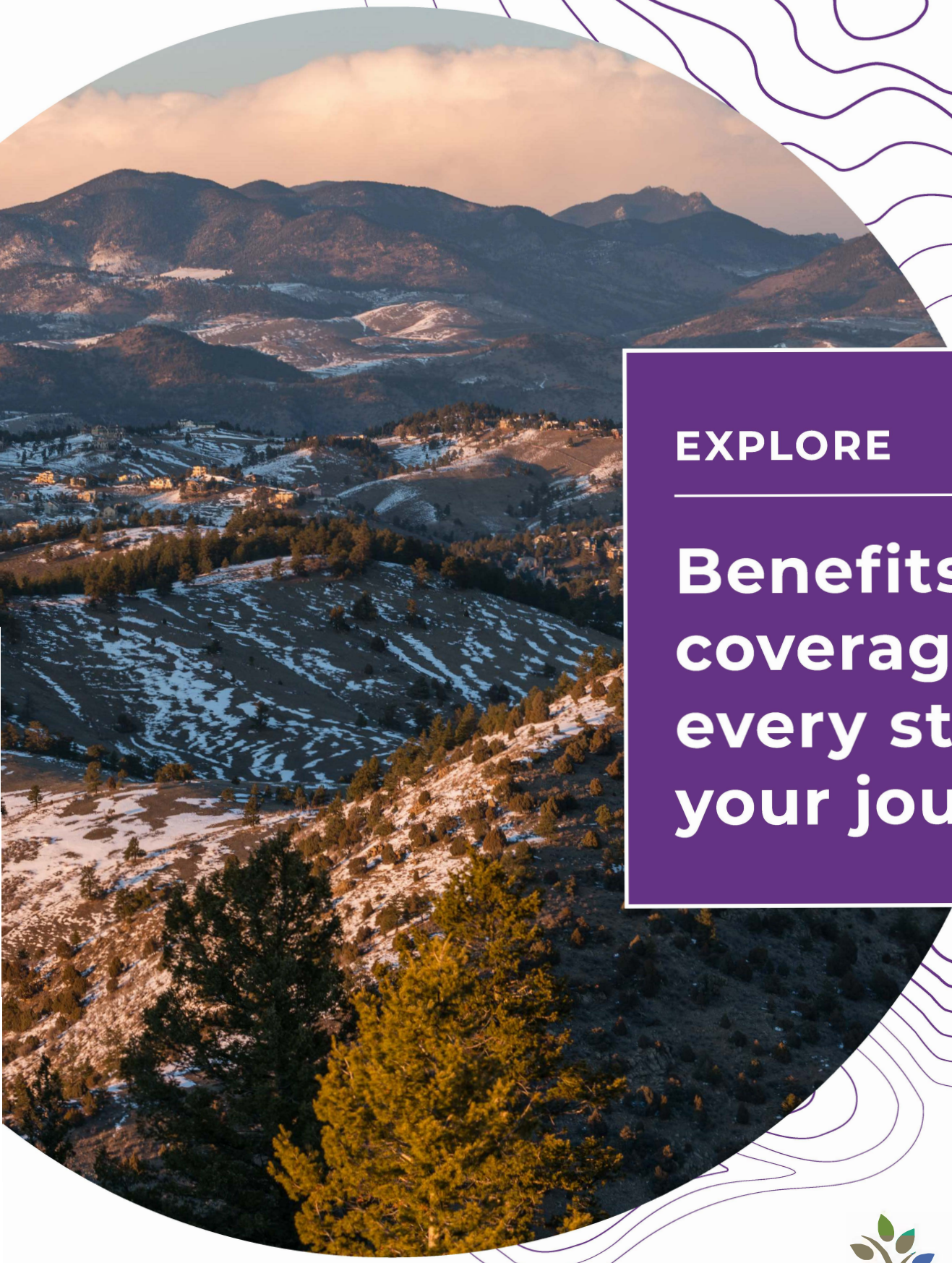

EXPLORE

Benefits coverage for every step of your journey

JEFFCO PUBLIC SCHOOLS

Charter Employees • 2026–2027 Jeffco Public Schools Benefits Booklet

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Benefits Built for You

At Jeffco Public Schools, we care about you. That's why we offer benefits that support you at every stage of your life.

Review this guide to learn about the benefits available to you for the 2026–2027 plan year (July 1, 2026, through June 30, 2027). Then, choose the options that are best for you and your family.

Contact the Employee Benefits Department for more information regarding the material contained in this guide.

Phone: 303-982-6527

Email: **Benefits@jeffco.k12.co.us**

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Who Is Eligible

Charter School employees who are regularly scheduled to work at least 30 hours per week in one or more standard hour jobs are eligible for all of the benefits described in this guide.

Charter School employees who are regularly scheduled to work 20 hours to less than 30 hours per week are eligible to purchase dental, vision, and voluntary employee, spouse, and child life insurance.

All employees, regardless of scheduled hours, including substitutes, are eligible to contribute to the Jeffco TSA/403(b), the PERA 40l(k) and/or the PERA 457 voluntary retirement savings plans.

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse or common-law spouse*.
- Your children under age 26, including stepchildren, legally-adopted children, children placed with you for adoption, and those for whom you have legal guardianship, regardless of student or marital status, residence, or level of financial support they receive from you.
- Your children of any age who are physically or mentally unable to care for themselves; proof that the disability began prior to age 26 is required.

*Additional documentation is required; contact the Employee Benefits Department for details. Note: You may be required to provide documentation to support dependent eligibility.

Ineligible Dependents

Covering ineligible dependents adds unnecessary costs to the health plans.

Examples of **INELIGIBLE** dependents include a grandchild, niece, nephew, parent, sister, brother, friend, boyfriend, and girlfriend.

Adding an ineligible dependent is fraudulent, and you will be responsible for reimbursing the plan for expenses incurred in error. Furthermore, it may be cause for termination of employment.

Important Note

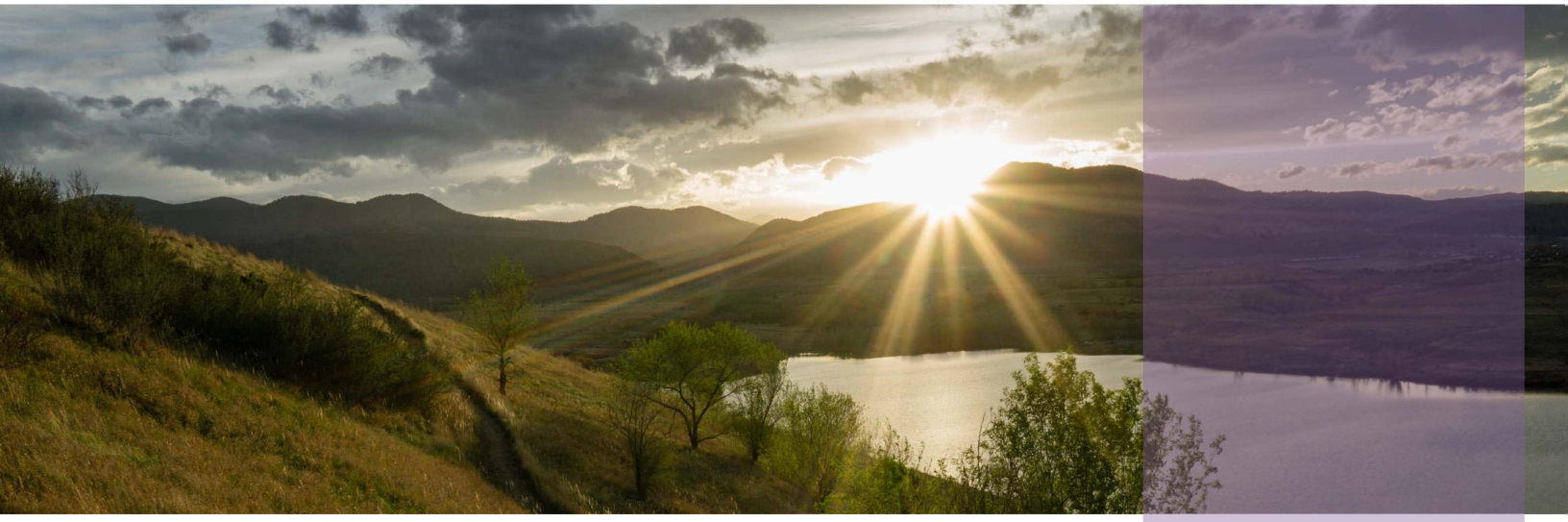
If you have a job change, like a transfer or hours increase, or if you are returning from a leave of absence, you will be eligible for benefits as early as the first of the month after the job change or return from leave. You will need to re-enroll or enroll in benefits.

ATTENTION: You only have 30 calendar days from the job change or return from leave to enroll in benefits. Once your enrollment has been submitted and finalized, coverage is prospective and begins on the first of the following month.

Benefits Coverage Effective Date

Month of Hire or Rehire*	Effective Date for Medical, Dental, Vision, Health Savings Account, Life, and Disability Coverage	First Paycheck Deduction for Medical, Dental, Vision, and Voluntary Life Coverage	First Paycheck Deduction for Health Savings Account
January	March 1	End of February	End of March
February	April 1	End of March	End of April
March	May 1	End of April	End of May
April	June 1	End of May	End of June
May	July 1	End of June	End of July
June	August 1	End of July	End of August
July	September 1	End of August	End of September
August	October 1	End of September	End of October
September	November 1	End of October	End of November
October	December 1	End of November	End of December
November	January 1	End of December	End of January
December	February 1	End of January	End of February

*You may be eligible sooner if you have been rehired by Jeffco Public Schools within 26 weeks of your last day of active work and were full time at the time of termination. Contact the Employee Benefits Department for details.



When to Enroll

You can enroll in benefits or change your benefit elections at the following times:

- During the annual benefits enrollment period (May of each year).
- Within 30 days of your initial hire date (as a newly-hired employee) or effective date of transfer into a benefits-eligible position.
- Within 30 days of your rehire or return from leave date.
- Within 30 days of experiencing a qualifying life event.

Annual Benefits Enrollment Period

During the 2026 benefits enrollment period, log into the ESS web portal to:

- Enroll in coverage for the first time.
- Change plans.
- Cancel coverage.
- Add or remove dependents.
- Change the tax status of your deductions.

Benefits Website

Visit and bookmark the Benefits website on the **#TeamJeffco Intranet** to learn more about your benefits options and stay tuned to important benefits updates throughout the year.

New Hires: Visit the **Benefits Information for New Hires** site designed especially for when you're making your initial enrollment decisions.

Annual Open Enrollment

The 2026 open enrollment period is open from May 4, 2026 through May 22, 2026. Outside of this period, benefits enrollment is closed except to new hires within the first 30 days of employment, or to employees who have experienced a qualifying job change or qualifying life event.

How to Enroll

Your benefits enrollment will be completed online using ESS/Access Jeffco. **You will not be able to enroll until you are actively at work in your new position.**

Benefit elections must process overnight before they will be reflected in the HR system. The day after you submit your benefit elections you are encouraged to check your jeffco.k12.co.us email for a confirmation statement.

IMPORTANT: Please review the confirmation statement to ensure your choices were made correctly and the appropriate dependents have been included on your coverage. If you need to make corrections, you must do so while still in your benefits enrollment period. Please contact the Employee Benefits Department at 303-982-6527 if you need to have your enrollment reopened.

Need Enrollment Assistance or Have Benefits Questions?

Employee Benefits
303-982-6527
Monday–Friday 7:30 a.m.–4:00 p.m.
benefits@jeffco.k12.co.us

Changing Your Benefits

Due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual benefits enrollment period. The only exception is if you have a qualified life event.

An IRS-approved "change in status," may include:

- The addition of a dependent through birth, adoption, or marriage.
- The loss of a dependent through divorce or death, or if your child reaches the maximum age limit (26 years old) for coverage.
- A change in your or your dependent's employment status from full time to part time, or vice versa, or loss/gain of employment, resulting in the loss or gain of coverage.
- An unpaid leave of absence taken by you or your spouse.
- A change in your dependent's employer-provided coverage (i.e., annual enrollment).
- Enrollment in the public Marketplace during the Marketplace annual enrollment period.
- A change in hours to less than full-time status, even though medical benefits are still available to the employee.
- A change in you or your dependent's eligibility for Medicaid, Medicare, and/or CHIP. *

Termination of Coverage

Your benefits will end the last day of the month in which employment ends. Upon termination of coverage, you and your dependents may be eligible to continue your health coverage through the provisions of COBRA. COBRA rates may be found on the **#TeamJeffco Intranet** Benefits website.

*60 days for changes due to Medicaid, Medicare, and CHIP

Submit a Change Within 30 Days

Election changes must be consistent with your status change.

To make a qualified change, you must submit a benefits change form with documentation of the change to the Employee Benefits Department **within 30 days of the date of the status change. No changes will be allowed beyond the 30-day limit.***

Most coverage changes are effective the first of the month following receipt of your written request and required documentation.

For more information, or to access change forms, visit the **Benefits website** on the TeamJeffco intranet site under Human Resources, Employee Benefits.

BENEFIT PLAN COSTS

Employer Contribution

Full-time Charter School employees are eligible to receive a non-taxable employer contribution to offset the cost of medical insurance.

Your Benefit Plan Costs

Your employer will contribute up to $600 per month (not to exceed the cost of your coverage). Your employer may contribute additional flex dollars to help offset the cost of your benefits. Please check with your school for details.

Monthly medical rates after your employer contribution[1]

	Kaiser Permanente Colorado Network			UnitedHealthcare Choice Network	
Level of Coverage	KP DHMO	KP HDHP I $2,500 *HSA Eligible*	KP HDHP II $4,000 *HSA Eligible*	Surest $0 Deductible	UHC HDHP $4,000 *HSA Eligible*
Employee Only	$207.05	$97.10	$0.00	$438.02	$501.59
Employee + Spouse	$1,014.10	$794.21	$599.62	$1,476.02	$1,603.18
Employee + Child(ren)	$933.40	$724.50	$539.64	$1,372.21	$1,493.01
Employee + Family	$1,579.04	$1,282.04	$1,019.52	$2,202.62	$2,374.28
Split-Contract Family[1] (Two charter-school employees)	$979.04	$682.04	$419.52	$1,602.62	$1,774.28

(1) Refer to page 11 for details.

Monthly dental and vision rates

Level of Coverage	Delta Dental PPO	Delta Dental PPO+ Premier	EyeMed Vision Plan
Employee Only	$40.81	$53.48	$9.68
Employee + Spouse	$81.63	$106.96	$19.37
Employee + Child(ren)	$81.63	$106.96	$19.37
Employee + Family	$122.44	$160.43	$29.05

Monthly voluntary employee supplemental life insurance rates

You may purchase 1x salary (to a maximum of $200,000), 2x salary (to a maximum of $400,000), or 3x salary (to a maximum of $600,000).

Age[1]	Employee Rate—Per $1,000 of coverage
<30	$0.04
30-34	$0.05
35-39	$0.06
40-44	$0.09
45–49	$0.13
50-54	$0.20
55-59	$0.34
60-64	$0.52
65-69[2]	$0.94
70+[2]	$1.44

(1) Your age is determined each June 1. (2) Coverage amount is reduced by 35%.

Monthly voluntary spouse and dependent life insurance rates

Level of Coverage	Spouse Coverage
$10,000	$3.00
$20,000	$6.00
$25,000	$7.50

Level of Coverage	Child(ren) Coverage*
$2,500	$0.30
$5,000	$0.60
$10,000	$1.20

*Covers dependent children under age 26.

Monthly voluntary short-term disability insurance rates

Employee Rate—Per $100 of monthly earnings
$0.706

Before-Tax Versus After-Tax Deductions

You have the option of having the medical, dental, and vision plan costs deducted before or after taxes are calculated. On the benefit enrollment form in ESS/Access Jeffco, you will see that the benefit plans are listed twice—with before-tax and after-tax options.

By taking your deductions on a before-tax basis, you will not pay federal or state taxes on the amount of your deductions. Whether or not you make PERA contributions on your before-tax deductions, and whether it is an advantage to your future PERA benefit calculation to take your deductions on an after-tax basis in the years leading up to retirement, depends on when your PERA membership begins.

Important Note

Contributions to a **health savings account** (HSA) are made on a before-tax basis. You are required to make PERA contributions on the amounts you contribute to an HSA regardless of your PERA membership date.

If Your PERA Membership Began Prior to July 1, 2019

Before-Tax Benefit Deductions

- Your medical, dental, and vision benefits are deducted before federal and state taxes or PERA contributions are calculated; you are taxed on the remaining balance (you pay less taxes with this option).
- This reduces the amount of eligible earnings reported to PERA.
- Because PERA calculates retirement benefits based on the average of your three highest years' salary, if you are not close to retirement age, electing before-tax deductions may be your best option.

Important Update

PERA regulations were updated with the adoption of Colorado SB 18-200. As a result, employees who begin PERA membership as of July 1, 2019, or later will be subject to a different tax treatment that impacts their before-tax deductions due to an amended definition of "PERA-eligible earnings."

If Your PERA Membership Begins July 1, 2019, or Later:

You may take deductions on a before-tax basis, which saves federal and state taxes, but you and your employer will be subject to making PERA contributions on the amount of your before-tax deductions.

If Your PERA Membership Began Prior to July 1, 2019

After-Tax Deductions

- Taxes are calculated before benefit costs are deducted (you pay more taxes with this option).
- Your PERA-eligible earnings include your benefit deductions.
- If you are within four years of retiring, this is often your best option since PERA calculates retirement benefits based on the average of your three highest years' salary (with a potential fourth year earnings limit).

If Your PERA Membership Begins July 1, 2019, or Later

Before-Tax Benefit Deductions

- Your medical, dental, and vision benefits are deducted before federal and state taxes are calculated; you are taxed on the remaining balance (you pay less taxes with this option). You will make PERA contributions on the amount of your before-tax deductions.
- Your PERA-eligible earnings are not reduced under this method. Therefore, there is no longer any need to adjust the tax status of your deductions as you near retirement age.
- Most people will elect the before-tax option because their PERA reportable earnings will remain the same under either method, but they will pay less federal and state taxes.

After-Tax Deductions

- Taxes are calculated before benefit costs are deducted (you pay more taxes with this option). You'll pay federal and state taxes and make PERA contributions on the amount of your after-tax deductions.

Electing Coverage if You and Your Spouse are Both Jeffco Public Schools Employees at the same Charter School

If you and your spouse are both full-time employees at the same Charter School and you wish to enroll in family coverage, a split-contract arrangement may be established upon request. This arrangement allows us to aggregate you, your spouse, and your children and report them as one family unit to the insurance carriers. This special arrangement provides an increased employer contribution toward the family premium, aggregates your premium, and accumulates your costs toward the deductible and out-of-pocket limits.

In order to be covered under this option, you must complete the request to add a split-contract online form in ESS prior to enrolling for coverage. You will be notified once your form has been approved, at which time you can enroll for medical benefits. **In the event of a job or marital status change that would affect your eligibility for a split-contract arrangement, you must notify the Employee Benefits Department immediately. You will be responsible for repaying any amounts overpaid.**

Here's How It Works:

One employee enrolls themselves, their spouse, and their children for medical coverage. They receive double the employer contribution to help offset the cost of medical coverage.

Their spouse will enroll in the split-waive medical plan option, since they will be covered as a dependent under the enrolling spouse's plan.

MEDICAL INSURANCE—KAISER PERMANENTE

The Kaiser plans provide in-network benefits only (except in the case of a true emergency situation). The coinsurance amounts listed reflect the percentage that you pay. Please refer to the official plan documents posted on the **Benefits Intranet Site** for additional information on coverage and exclusions.

	Kaiser Permanente Colorado Network		
	KP DHMO	**KP HDHP I $2,500**	**KP HDHP II $4,000**
Plan Year Deductible Individual/Family	$1,500/$3,000 *Each member has an individual deductible*	$2,500/$ 5,000 *Family ded. applies if covering dependents*	$4,000/$8,000 *Each member has an individual deductible*
Plan Year Out-of-Pocket Max Individual/Family *Includes deductible, coinsurance, and copays*	$4,000/$8,000 *Each member has an individual OOP max*	$4,000/$8,000[1] *Family OOP max. applies if covering dependents*	$6,450/$12,900 *Each member has an individual OOP max*
Pay for Care with Pre-Tax Dollars Eligible to fund an HSA	No	Yes	Yes
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Office Visits & Virtual Care Primary Care Office Visit Primary Care Virtual Visit Specialist Office Visit Specialist Virtual Visit Mental Health Office Visit Mental Health Virtual Visit	 $0 copay $0 copay $25 copay $0 copay $0 copay $0 copay	 30% after ded. $0 cost-no ded 30% after ded. $0 cost - no ded 30% after ded. $0 cost -no ded	 35% after ded. $0 cost - no ded 35% after ded. $0 cost - no ded 35% after ded. $0 cost - no ded
Routine Diagnostic Test (x-ray, lab, ultrasound)	$0 copay	30% after ded.	35% after ded.
Complex Imaging (MRI, CT)	20% after ded.	30% after ded.	35% after ded.
Urgent Care	$35 copay	30% after ded.	35% after ded.
Emergency Room	20% after ded.	30% after ded.	35% after ded.
Ambulance	20% up to $500	30% after ded.	35% after ded.
Maternity Prenatal/Postnatal Preventive Care Delivery	 Plan pays 100% 20% after ded.	 Plan pays 100% 30% after ded.	 Plan pays 100% 35% after ded.
Inpatient Hospitalization	20% after ded.	30% after ded.	35% after ded.
Outpatient Surgery Hospital Ambulatory Surgical Center	 20% after ded. $500 copay	 30% after ded. 20% after ded.	 35% after ded. 25% after ded.
Rehabilitative Therapies Chiropractic Occupational/Speech Therapy Physical Therapy	 Not covered Plan pays 100% Plan pays 100%	 Not covered 30% after ded. 30% after ded.	 35% after ded. 35% after ded. 35% after ded.
Fertility (diagnosis and treatment)	Visit **kp.org** for cost estimate	Visit **kp.org** for cost estimate	Visit **kp.org** for cost estimate
Retail Pharmacy (30-day supply) Preventive Tier 1 Tier 2 Tier 3	 $0 copay $15 copay $30 copay $50 copay	 $0 copay $15 copay after ded. $30 copay after ded. $50 copay after ded.	 $0 copay $20 copay after ded. $40 copay after ded. $60 copay after ded.
Mail Order Pharmacy	2x retail copay	2x retail copay after ded.	2x retail copay after ded.
Specialty Retail Pharmacy	20% up to $250	Tier 1, Tier 2 or Tier 3 copay applies after ded.	Tier 1, Tier 2 or Tier 3 copay applies after ded.

(1) For the Kaiser Permanente HDHP I ($2,500), if you cover dependents (e.g., spouse or children), the individual deductible and out-of-pocket max do not apply. You must satisfy the **full family deductible** before the plan begins to pay toward services.

MEDICAL INSURANCE—SUREST/UHC

The Surest and UnitedHealthcare (UHC) plans provide in-network benefits only (except in the case of a true emergency situation). The coinsurance amounts listed reflect the percentage that you pay. Please refer to the official plan documents posted on the **Benefits Intranet Site** for additional information on coverage and exclusions.

	UnitedHealthcare Choice Network	
	Surest $0 Deductible	**UHC HDHP $4,000**
Plan Year Deductible Individual/Family	$0/$0	$4,000/$8,000 *Each member has an individual deductible*
Plan Year Out-of-Pocket Max Individual/Family Includes deductible, coinsurance, and copays	$6,000/$12,000 *Each member has an individual OOP max*	$6,450/$12,900 *Each member has an individual OOP max*
Pay for Care with Pre-Tax Dollars Eligible to fund an HSA Eligible to fund a healthcare FSA	No Yes	*You cannot fund both an HSA and an FSA* Yes Yes
Preventive Care	Plan pays 100%	Plan pays 100%
Office Visits & Virtual Care Primary Care Office Visit Primary Care Virtual Visit Specialist Office Visit Specialist Virtual Visit Mental Health Office Visit Mental Health Virtual Visit	$40–$150 copay $0 copay $40–$150 copay $0–$150 copay $0 copay $0–$100 copay	35% after ded. 0% after ded. 35% after ded. 0% after ded. 35% after ded. 0% after ded.
Routine Diagnostic Test (x-ray, lab, ultrasound)	$0 copay	35% after ded.
Complex Imaging (MRI, CT)	$150–$2,400 copay	35% after ded.
Urgent Care	$90 copay	35% after ded.
Emergency Room	$1,000 copay (waived if admitted)	35% after ded.
Ambulance	$600 copay	35% after ded.
Maternity Prenatal/Postnatal Preventive Care Delivery	Plan pays 100% $1,850–$3,500 copay	Plan pays 100% 35% after ded.
Inpatient Hospitalization	$600–$4,500 copay	35% after ded.
Outpatient Surgery Hospital Ambulatory Surgical Center	$70–$4,500 copay	35% after ded. 35% after ded.
Rehabilitative Therapies Chiropractic Occupational/Speech Therapy Physical Therapy	$35 copay $20–$200 copay $20–$200 copay	35% after ded. 35% after ded. 35% after ded.
Services Covered by ZERO Card	Plan pays 100%	Plan pays 100% after ded.
Fertility (treatment of underlying causes only)	$100–$1,500 copay	35% after ded.
Retail Pharmacy (30-day supply) NO CVS PHARMACY Preventive Tier 1 Tier 2 Tier 3 Tier4	$0 copay $10 copay $35 copay $60 copay 20% up to $250	$0 copay $20 copay after ded. $40 copay after ded. $60 copay after ded.
Mail Order Pharmacy	2x retail copay	2x retail copay after ded.
Specialty Retail Pharmacy		20% up to $250 after ded.

For copays displayed as a range: Visit **https://surest.care/Jeffco-2026** to see exact copays listed by provider and location.

KAISER PERMANENTE HEALTH PLANS

Need Help Comparing Kaiser Permanente Plans and Benefits?

Call the pre-enrollment line to speak with a specialist at 800-514-0985, Monday–Friday from 8 a.m. to 7 p.m.

Or, visit the Kaiser pre-member website at **choose.kp.org/jeffersoncountyps**.

Reminder: Fertility Benefits

All three Kaiser Permanente plans include robust fertility services:

- Up to three completed egg retrievals.
- Coverage for IUI, IVF, GIFT, and ZIFT.
- Infertility drugs at the same cost share as other prescription medications.

KAISER PERMANENTE®

Kaiser Permanente Network

- Access the exclusive Kaiser Permanente network, including more than 22,000 affiliated providers across Colorado.
- Coverage for out-of-state dependents is included under all three plans.
- Urgent and emergency care is covered worldwide at the in-network level.

Medical Excellence

- #1 on the 2025 Best Health Insurance Companies list by insure.com.
- 332 Kaiser Permanente doctors recognized as "Top Doctors" by 5280 Magazine in 2024, more than any other healthcare organization in Colorado.
- Over 40 Kaiser Permanente specialty departments, one of the largest multispecialty medical groups in Colorado.
- Complex Care Management teams to guide you when you need it most.

Mental Health and Wellness Care

- Schedule an in-person or virtual appointment with a behavioral specialist or our affiliated providers; no referral needed in most cases.
- Take advantage of a no-cost annual mental health wellness visit.
- No cost self-care apps such as Headspace and Calm for help with sleep, stress, anxiety, depression, meditation, resilience, and more.

Convenient Care Options

- 24/7 on-demand virtual care—by video or phone.
- Visit a doctor, fill prescriptions, and get labs or x-rays done—all under one roof at many Kaiser Permanente medical offices.
- **Rx home delivery:** Order most prescriptions by mail (no charge for shipping) or use convenient same-day or next-day delivery service (a fee and some restrictions apply).

Award-Winning Mobile App

- Receive reminders for screenings, immunizations, and labs.
- Schedule appointments, view your medical records, and order prescriptions.
- Pay bills and use tools to get cost estimates for care.

surest™
A UnitedHealthcare Company

Surest $0 Deductible Health Plan

The Surest plan has eliminated deductibles and coinsurance so you can see an actual price—not a percentage—before making an appointment or receiving treatment. Preventive care is free, and so are most virtual visits.

For everything else like an office visit, childbirth, or surgery, health care services have fixed copays that you can look up in the Surest app and shop around for lower costs.

UnitedHealthcare Choice Network

Surest members have access to the broad, national UHC network of doctors, hospitals, and clinics. Virtual primary, specialty and urgent care is also available 24/7 through the Surest app.

Included Programs That Support Your Health and Budget

- Mental health and wellness resources through Talkspace
- Free second medical opinions through 2nd.MD
- Receive certain medical procedures completely free of charge through ZERO (see page 16)
- No-cost virtual physical therapy through Kaia

Simple to Understand and Budget for Your Care

Surest eliminates the hidden cost of care. Seeing how much your visit or procedure will cost up front provides peace of mind.

John sees a specialist 4 times per year. His wife is planning a surgery and takes 3 prescriptions. He looks up these costs in the Surest app to know exactly how much these services will cost out of pocket.

He can be sure he will pay just the prices on the app and not have to meet a deductible or pay a surprise bill for coinsurance. He can also compare copays at different locations.

Get Personalized Benefits Recommendations

Contact ZERO to Save Money on Medical Procedures

Visit **zero.health** or call 855-816-0001 to speak to a Personal Health Assistant.

zero

ZERO

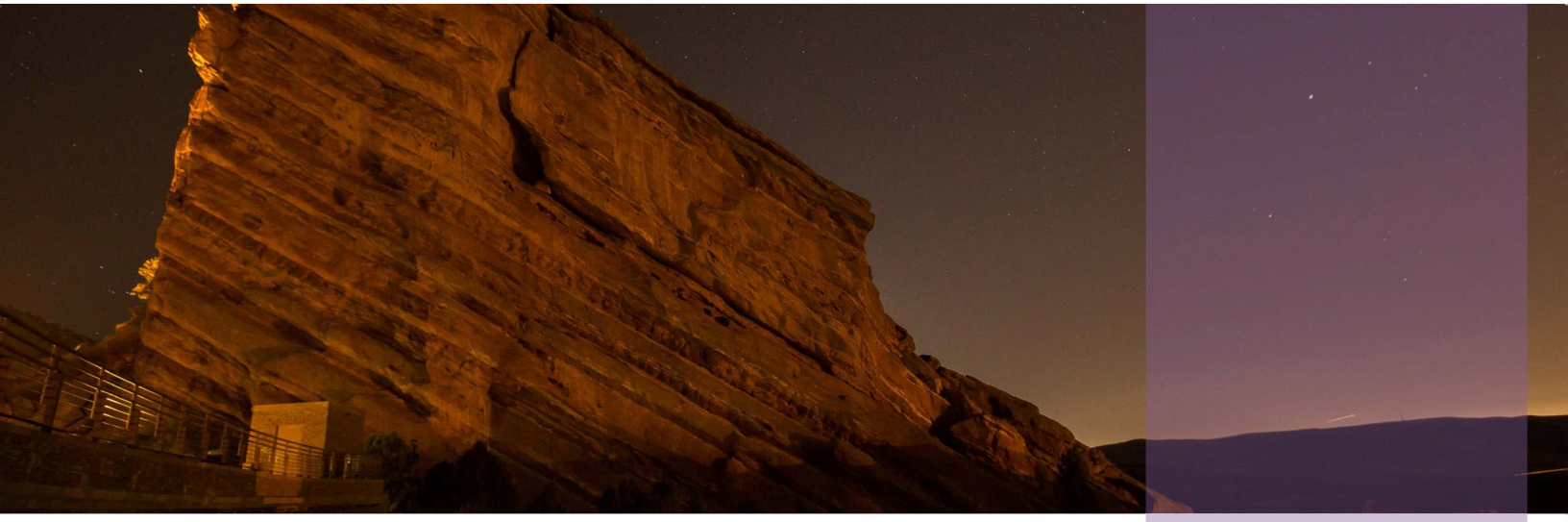
Jeffco Public Schools provides members enrolled in the Surest and UnitedHealthcare HDHP plans with access to ZERO.

ZERO is a benefit that allows you to pay $0 for the Surest plan and $0 after deductible for the UHC HDHP for certain procedures and services such as:

- Orthopedic surgery
- Spine surgery
- General surgery
- Labs
- Imaging
- Physical therapy
- Gastrointestinal
- Ear, nose, and throat
- Pain management
- Sleep studies
- Women's health
- And more

A Personal Health Assistant will help you find a healthcare provider that works best for you and will take care of all of the details of your appointment on your behalf. By using ZERO, you get to save all of your hard earned cash and get the care you need for $0 on the Surest plan and $0 after deductible for the UHC HDHP!

Connect with a Personal Health Assistant via chat on the ZERO app, call 855-816-0001, or email **help@zero.health**.



If you enroll in the Kaiser Permanente or UnitedHealthcare HDHP, you may be eligible to fund a health savings account (HSA) through Optum Bank.

An HSA is a savings account that you can use to pay out-of-pocket IRS-eligible health care expenses with pre-tax dollars.

2026 HSA Contribution Maximums

Contributions to an HSA cannot exceed the annual IRS contribution maximums:

- Employee only: $4,400
- All other tiers: $8,750

Individuals age 55+ by December 31 may make an additional $1,000 annual catch-up contribution to their HSA.

HSA contributions are PERA-includible. You will make PERA contributions on your HSA contributions.

HSA Eligibility

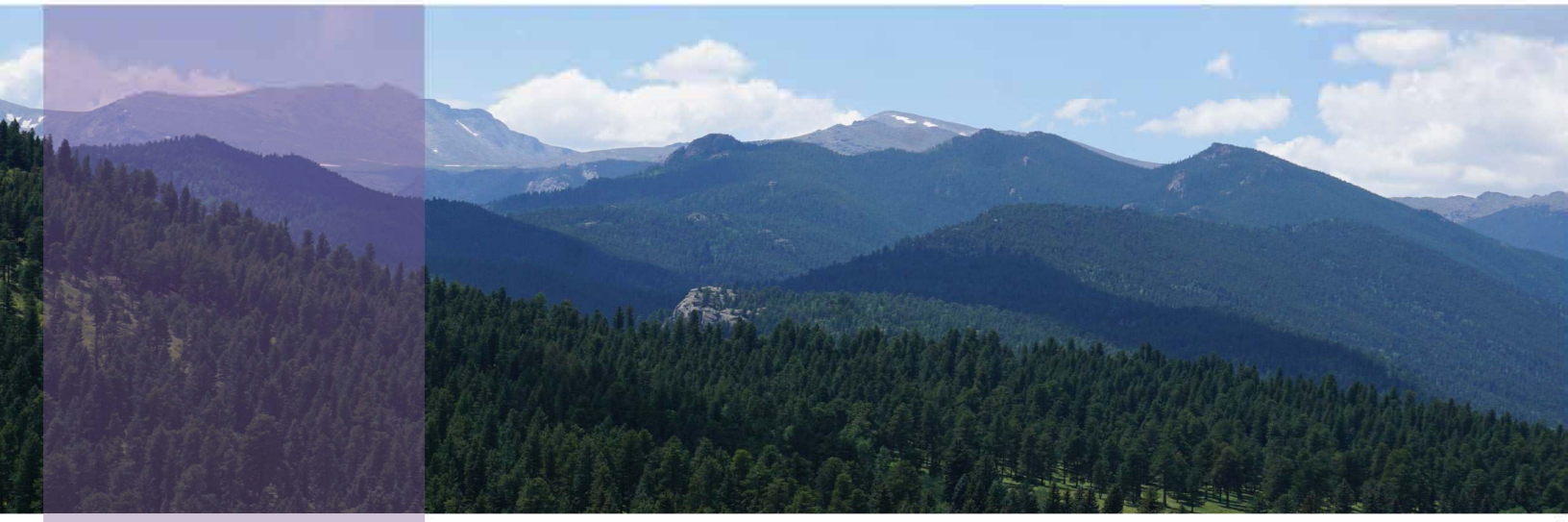
You are eligible to fund an HSA if you are enrolled in the Kaiser Permanente or UnitedHealthcare HDHP and aren't disqualified from participating due to any of the following:

- You are covered by a non-HSA eligible medical plan or you and/or your spouse are enrolled in a healthcare FSA or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, Medicaid or TRICARE.

Refer to **IRS Publication 969** for additional eligibility details.

Open Your HSA

If you enroll in the Kaiser Permanente HDHP I or II or the UnitedHealthcare HDHP, you can elect to open and fund a health savings account (HSA).



Benefit Election Examples

Sam contributes $4,400 to his HSA. He will have contributed the full IRS-allowable amount to his HSA to help cover his in-network deductible amount.

Linda and her husband are over the age of 55 and contribute the maximum amount ($9,750) to their HSA. Their goal is to maximize their savings for anticipated healthcare expenses in retirement.

Five Reasons to Fund an HSA

1. **Get a discount on health care expenses**
   When you use an HSA for health care expenses you save money. This is because HSA contributions are tax deductible. For example, when you receive a $400 bill from your primary care physician and you pay with your HSA, you are saving between $100 and $140 dollars based on your tax rate.
2. **Keep the money in your HSA, no matter what**
   When a deposit is made into your HSA it stays there until you need it. The money is yours to keep even if you move to a different medical plan or change employers. Plus, there are no vesting requirements or forfeiture provisions.
3. **Prepare for future medical expenses**
   You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses—even during retirement. Consider funding your HSA with your retirement in mind. You'll have money to cover your health care expenses so you can use your other retirement savings for day-to-day needs.
4. **Use your HSA for anyone in your family**
   Funds in your HSA can be used for your health care expenses and those of your spouse and IRS-eligible dependents, even if they are not covered by an HDHP.
5. **Invest your HSA dollars**
   You have the ability to invest your HSA savings in a variety of mutual fund offerings. The money that you earn through investing is not taxed when spent on eligible expenses. You can use that money for future medical expenses or save for retirement.

DENTAL BENEFITS

Jeffco Public Schools offers two dental plans—the Delta Dental PPO and the Delta Dental PPO+ Premier plan. Locate a network provider at **deltadentalco.com**.

The PPO Plan provides in-network benefits only. All services must be provided by a PPO network dentist.

The PPO+ Premier Plan provides in- and out-of-network benefits, allowing you the freedom to choose any dentist. The amount you pay varies based on the provider you visit.

- 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 Delta Dental dentist, you will only be responsible for your deductible and coinsurance, as well as any charges for non-covered services up to Delta Dental's approved amount.
- If you choose to see an out-of-network dentist, you will be billed the total amount the dentist charges (called balance-billing) and will incur additional out-of-pocket expenses. You will be responsible for filing the claim for reimbursement.

The table below summarizes the key features of the dental plans. The coinsurance amounts listed reflect the amounts you pay.

	Delta Dental PPO	Delta Dental PPO+ Premier		
	PPO Network Provider	PPO Network Provider	Premier Network Provider	Out-of-Network Provider
Plan Year Deductible Individual/Family	$100/$300	$50/$150[1]		
Plan Year Benefit Max	$1,250	$1,500		
Preventive Services[1][2] Sealants, oral exams, cleanings, x-rays, fluoride treatment	No cost	No cost	No cost	20% after ded.[3]
Basic Services Fillings, simple extractions, oral surgery, periodontics, endodontics	20% after ded.	10% after ded.	20% after ded.	40% after ded.[3]
Major Services Dentures, bridges, crowns, onlays, night splints/occlusal splints, TMJ evaluation/services, implants	50% after ded.	40% after ded.	50% after ded.	70% after ded.[3]
Right Start 4 Kids Applicable to dependent children under age 13	Preventive, basic, and major services are covered at 100% with no deductible or coinsurance	Preventive, basic, and major services are covered at 100% with no deductible or coinsurance		Not covered
TMJ Lifetime Max	$1,000	$1,500		
Orthodontia Services Limited to dependent children under age 26; no coverage for adults	50%	50%	75%	Not covered
Orthodontia Lifetime Max	$1,500	$2,000[1]		

(1) Combination of in and out of network. (2) Preventive care exams, cleanings, and x-rays are not subject to the deductible and do not count toward the plan year maximum. (3) Subject to balance billing.

VISION BENEFITS

Jeffco Public Schools offers a vision coverage through EyeMed. Plan members have the freedom to choose any eye care provider, but will maximize their benefits, and pay less out of their pocket, when an EyeMed network provider is used. Additionally, if a non-network provider is used, the plan member will be responsible for submitting a claim to EyeMed for reimbursement. Locate a network provider at **eyemedvisioncare.com** (choose the ACCESS network).

EyeMed plan members receive the following discounts:

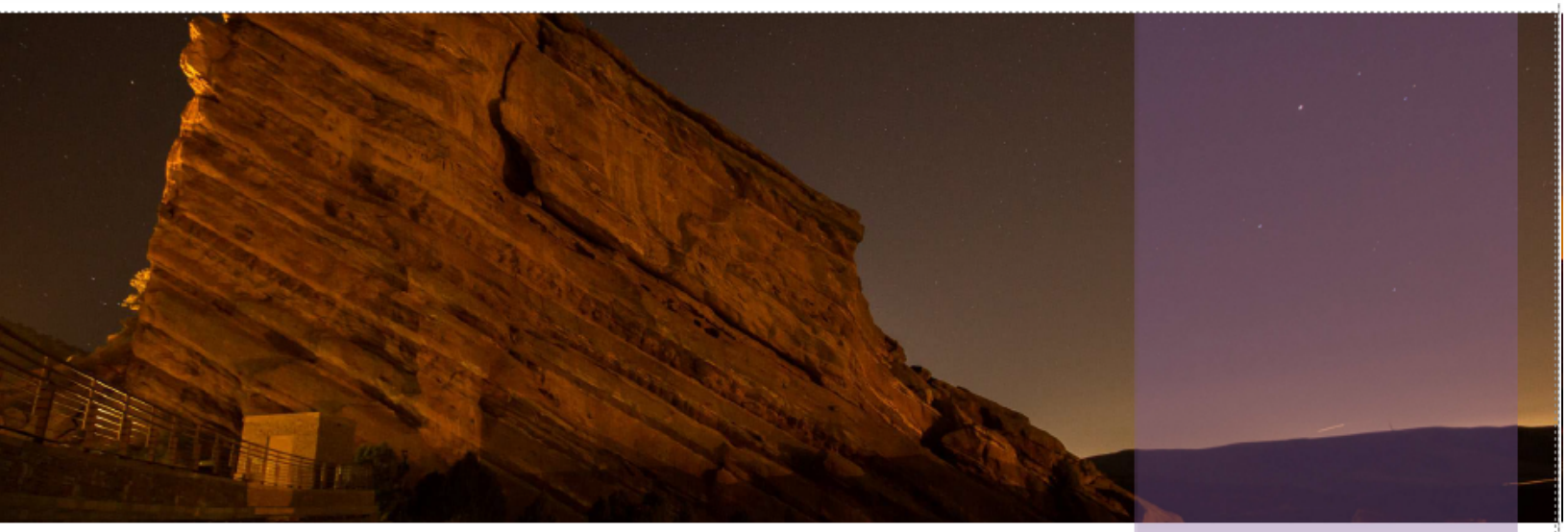
- 40% off additional eyewear purchases.
- 20% off non-prescription sunglasses.
- 20% off remaining balance beyond plan coverage.

EyeMed members also enjoy discounts on hearing services, which may be extended to family members not covered by the EyeMed Vision.

The table below summarizes the key features of the EyeMed Vision.

	EyeMed Vision	
	In-Network	Out-of-Network
Eye Exam Every plan year (children to age 19 are eligible for two exams every plan year)	$0 copay	Up to $45 allowance
Lenses Every plan year in lieu of contact lenses (children to age 19 are eligible for two sets of lenses every plan year)	Includes polycarbonate lenses for children and adults	
Single	$0 copay	Up to $35 allowance
Bifocal (standard)	$0 copay	Up to $50 allowance
Trifocal (standard)	$0 copay	Up to $65 allowance
Standard Progressive	$0 copay	Up to $70 allowance
Frames Every plan year	$150 allowance + 20% off balance	Up to $90 allowance
Contact Lenses Every plan year in lieu of lenses		
Elective	$150 allowance + 15% off balance*	Up to $105 allowance
Medically Necessary	$0 copay	Up to $210 allowance
Laser Correction	15% off retail or 5% off promo	N/A
Low Vision Benefit		
Supplemental Testing	$0 copay	Up to $125 allowance
Low Vision Aids	25% up to $1,000 allowance	25% up to $1,000 allowance

* The 15% discount off of the remaining balance is only applicable for conventional elective contact lenses. This discount does not apply to disposable elective contact lenses.



Life insurance is an important element of your income protection planning, especially for those who depend on you for financial security.

Basic Life Insurance

Your employer provides full- and part-time employees with basic life insurance **AT NO COST**. Eligible employees are automatically enrolled. Your life benefit is equal to 2x eligible annual base salary, with a minimum of $5,000 and a maximum of $300,000.[1]

In the event of your death, your beneficiary will receive your basic life benefit.

Imputed Income

Any basic life insurance amount paid by an employer that provides a benefit greater than $50,000 is considered imputed income by the IRS. Imputed income is the value the IRS assumes you would pay to purchase a similar policy in the private market—based on your age and the amount of coverage. The IRS considers this value to be income, and thus, if your employer-provided basic life coverage is greater than $50,000, the imputed income associated with the plan will be added to your earnings for tax purposes, and the additional taxes you owe as a result will be withheld from your paycheck.

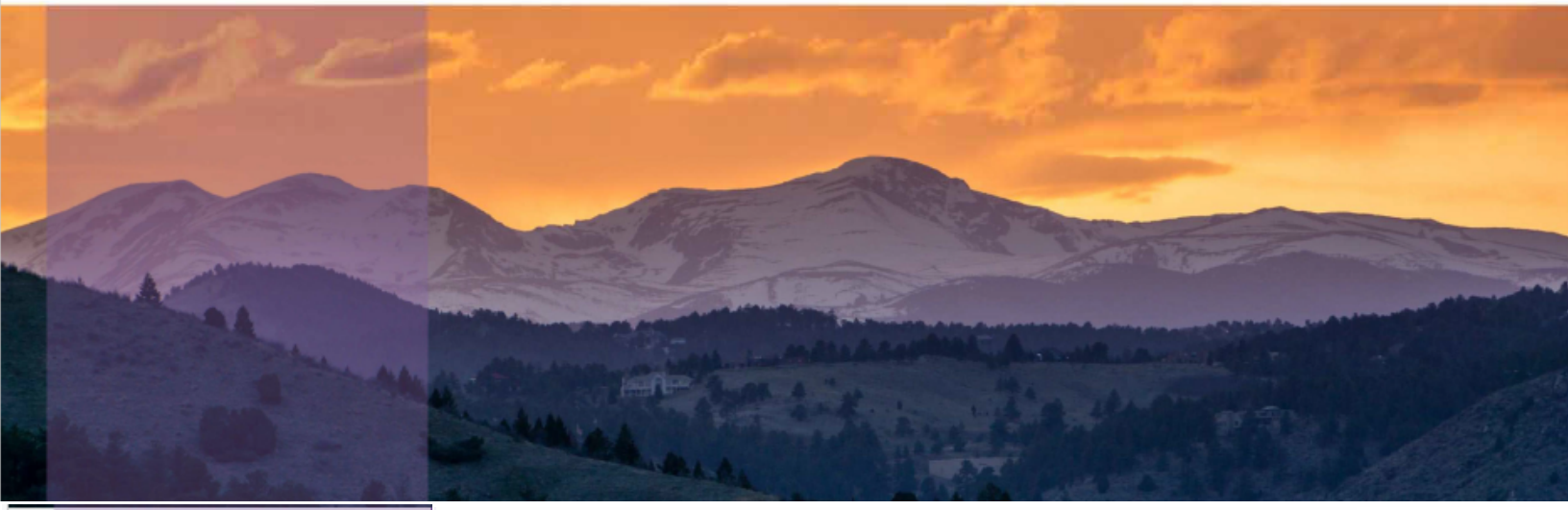
(1) Benefits will be reduced by 35% for employees age 65+.

Update Your Beneficiaries

Review your beneficiary designations on all your accounts, including life insurance, banks, brokerage accounts, PERA, and your 401(k), 403(b), and 457 plans.

This is especially important if you recently got married, divorced, or had a baby.

Keeping your beneficiaries up to date ensures that your money goes to the people you want to have it.



Benefit Election Examples

Anna elects supplemental life insurance of 2x her salary and $25,000 of life insurance for her spouse. When the baby is born, she plans to add $10,000 of child life insurance.

Linda and her husband, who also works for Jeffco Public Schools, both elect supplemental life insurance of 3x their salary. Linda also elects $10,000 of child life insurance.

Voluntary Supplemental Life Insurance

You have the option to purchase voluntary supplemental life insurance for yourself, your spouse, and your child(ren) through after-tax payroll deductions.

Detailed rate information is available on page 8. For employee life insurance, the monthly premium cost is based on the coverage level and age as of June 1 (on an annual basis). Monthly spouse and dependent child(ren) rates are a flat amount based on the coverage amount elected.

IMPORTANT: During the annual benefits enrollment period you may buy up one level of life insurance without completing evidence of insurability, including going from no coverage to 1x your eligible annual base salary. As a newly-eligible employee, you may elect voluntary life insurance in any amount listed below.

Employee Supplemental Life Insurance

Employees may purchase supplemental life insurance for themselves in the following amounts:

- 1x your eligible annual base salary—up to $200,000
- 2x your eligible annual base salary—up to $400,000
- 3x eligible annual base salary—up to $600,000

Spouse Life Insurance

You may purchase spouse life insurance for your eligible spouse in the following amounts: $10,000, $20,000, or $25,000.

IMPORTANT: During the annual benefits enrollment period, you may buy up one level of life insurance without completing evidence of insurability.

Dependent Child Life Insurance

You may purchase life insurance for your eligible dependent child(ren) up to age 26 in the following amounts: $2,500, $5,000, or $10,000.

Voluntary Short-Term Disability Insurance

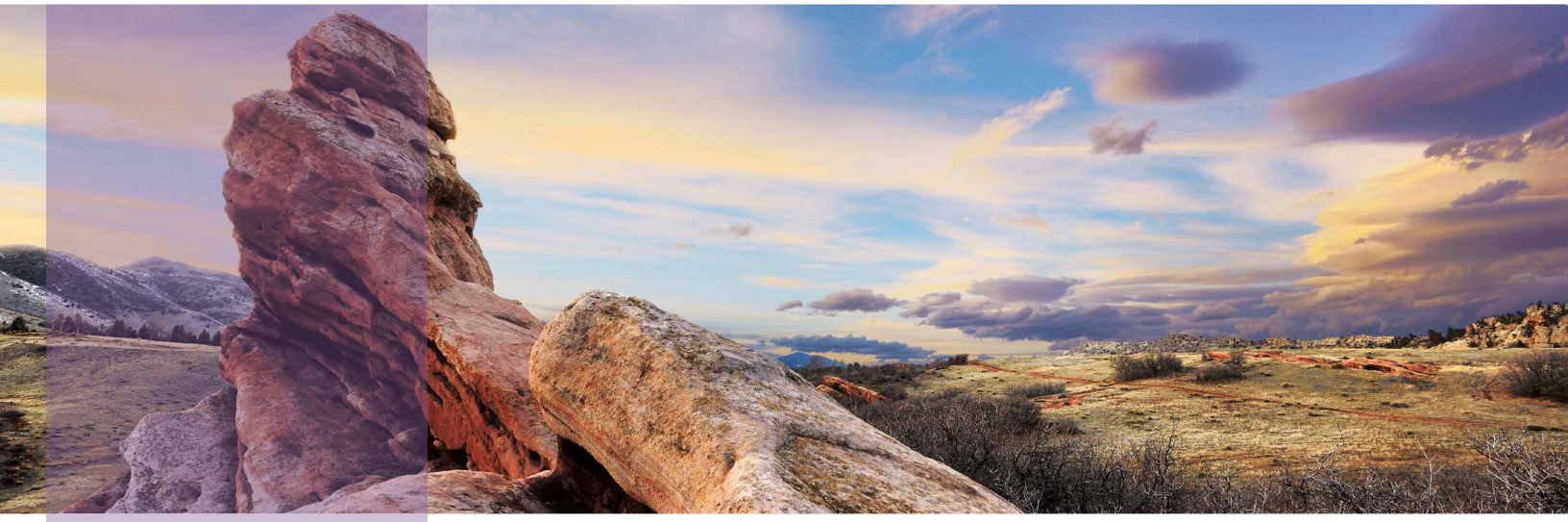
Full-time employees have the option to purchase voluntary short-term disability (STD) insurance. Eligible employees do not need to complete evidence of insurability if coverage is elected when they are first eligible.

- **Benefit:** 60% of salary up to $2,308 per week (not taxable)
- **Elimination period:** 14 consecutive days
- **Benefit duration:** 166 days following the elimination period.

Note: Employees of New America School are provided short-term disability benefits through their school and are not eligible for the benefits described above. Please check with your school's Human Resources contact if you have questions.

PERA Disability Benefits

Employees with at least five years of PERA participation may be eligible for PERA-provided disability benefits after a 60-day absence from work due to a qualifying illness or injury. You will be required to apply for this benefit.



Best Saving Practices to Consider

The impact of an early start. Your decision to start today could give you quite a bit more income at retirement than starting five years from now.

Contribute what you can afford. Start at a number that feels comfortable to you. You can always change it later. The important thing is to start investing right away and to keep increasing your contribution as your salary increases.

Invest more, pay less in taxes. All three plans offer you the option to contribute on a before-tax or after-tax Roth basis.

PERA defined Benefit Plan—Required for All Jeffco Public Schools Employees

All Charter School employees participate in the Public Employees' Retirement Association (PERA) defined benefit plan. As of July 1, 2025, employees are required to contribute 11% of PERA-eligible salary to the plan. Jeffco Public Schools is required to contribute an amount equal to 21.40% of your eligible salary in 2026.

Note: These contribution amounts are correct at the time of publication, but are subject to adjustment based on the financial condition of the PERA plan.

Your PERA retirement benefit is based on your age, PERA service credit at retirement, and highest average salary. Learn more about the PERA defined benefit plan at **copera.org**.

Voluntary Savings Plans

Will your PERA benefit be enough for you to live comfortably in retirement? Depending on your lifestyle, you may need additional income so that you can live the retirement life of your dreams. To help you reach your savings goals, employees, without regard to scheduled hours, including variable hour employees such as substitutes, are eligible to enroll in the following voluntary retirement plans: Jeffco Public Schools TSA/403(b) plan, PERA 401(k), and PERA 457(b). You may start, change, or stop your contributions monthly.

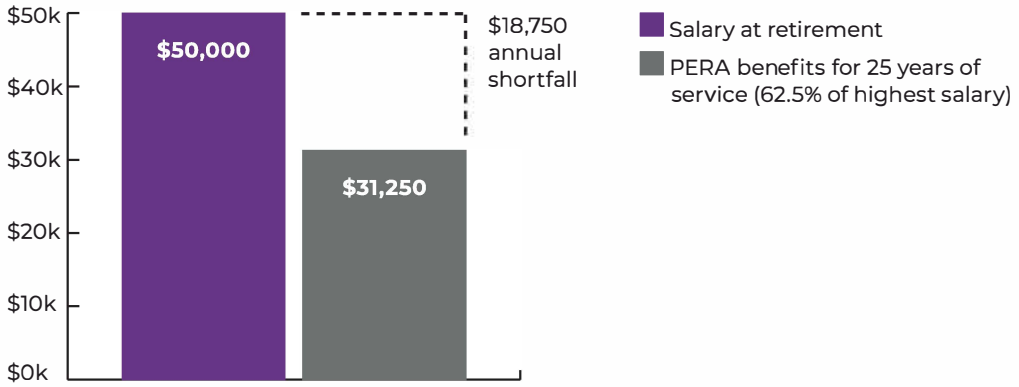
Bridge the Financial Gap to Retirement

No matter where you are in your career, it's never too early—or too late—to look ahead. But you may need a little extra along the way, because your PERA benefits may only take you so far.

But don't worry. Your Jeffco Public Schools TSA/403(b) Plan is here to help you bridge the financial gap to retirement and start saving for the future you deserve.

Identify Your Gap

Determine how much you may need to reach your long-term goals and live the lifestyle you want down the road. Even if you enjoy a long and successful career at Jeffco Public Schools, your PERA benefits may not provide as much retirement income as you might think.



Close the Gap

Once you make the important decision to enroll in your Jeffco Public Schools TSA/403(b) Plan (which is quick and easy to do online at **empowermyretirement.com**), you'll be ready to put your best financial foot forward right away. Starting today will give you more time to save and your money more time to grow. And it doesn't take much for all your hard work to pay off.

Save 1% More

A 1% deferral increase for someone making $30,000 would initially be $25 per month, and could potentially yield a lot more in monthly retirement income.

Of course, long term, 1% of salary won't be enough, so you will need to increase your contributions over time to reach your retirement goals.

Coinsurance
The percentage a plan member must pay of the allowed amount for covered health services once he or she has met the plan year deductible.

Copay
The flat dollar amount a Kaiser Permanente or Surest DHMO member pays for certain services, including office visits and prescription drugs. Kaiser Permanente and UnitedHealthcare HDHP members pay a copay for prescription drugs after they meet their plan year deductible.

Non-Embedded Deductible—Kaiser Permanente HDHP I ($2,500)
For individual coverage, the individual deductible is the amount a member must pay each plan year before the plan starts paying toward covered services. When covering dependents, the individual deductible does not apply. The family deductible must be met, by one individual or by a combination of family members, before the plan begins to pay.

Embedded Deductible—Kaiser Permanente DHMO, Kaiser Permanente HDHP II ($4,000), UnitedHealthcare HDHP, and the Delta Dental dental plans
For individual coverage, the individual deductible is the amount an individual member must pay each plan year before the plan starts paying toward covered services. When enrolling dependents, the family deductible is the maximum deductible amount the employee and their covered dependents must pay each plan year, individually or as a family, before the plan begins to pay. Each family member also has an individual deductible. If the individual deductible is met before the family deductible, he or she will begin paying coinsurance before the rest of the family.

Explanation of Benefits (EOB)
A statement from the insurance vendor that is sent to a plan member explaining how and why benefit payments were or were not made. A typical EOB includes the following: service date, provider name, description of service(s) performed, doctor's fee/amount allowed by the insurer, and the amount the patient/member is responsible for.

Health Savings Account (HSA)
A tax-advantaged savings account that can be used to pay for qualified health care costs, which is only offered to employees enrolled in the UnitedHealthcare HDHP or Kaiser Permanente HDHP options. HSA funds can be used to pay for qualified medical expenses during the plan year or in future years (unused funds rollover from one year to the next).

Network Provider
A group of doctors, hospitals, and/or other health care providers that contract with an insurance vendor to provide quality health care services at a discounted rate.

Out-of-Pocket Maximum (OOP Max)
Under the medical plans, the OOP Max is the most a member will pay for covered services during the plan year. When covering dependents under the Kaiser Permanente HDHP I ($2,500), the individual out-of-pocket limit does not apply.

Preventive Care
Medical, dental, and vision care aimed at keeping a member healthy and detecting and treating any health problems early. In-network preventive care is covered at 100%, is not subject to the deductible, and typically includes routine physical exams, immunizations, and teeth cleanings.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). Please note, this enrollment does not include a COBRA subsidy.

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e., legal separation, divorce, cessation of dependent status, death of an employee, termination of employment).
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within **30 days** after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage). Please note, this enrollment does not include a COBRA subsidy.

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within **60 days** of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within **60 days** after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:
Employee Benefits Department
Phone: 303-982-6527
Email: **Benefits@jeffco.k12.co.us**

Continuation Coverage Under COBRA

COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family, who are covered under the Jeffco Public Schools's plan, when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Jeffco Public Schools's plan and under federal law, refer to the Jeffco Public Schools's "General Notice of Continuation Coverage Rights Under COBRA", available through the Benefits website. You may also contact the Employee Benefits Department to request a copy of this notice.

HIPAA Privacy and Security Notice

The Health Insurance Portability and Accountability Act of 1996 deals, in part, with ensuring that protected health information which identifies you is kept private. You have the right to inspect and obtain a copy of certain protected health information maintained by the Jeffco Public Schools Welfare Benefit Plans (the "Plan"). Also, if you believe the protected health information the Plan has about you is incorrect or incomplete, you have the right to request that the information be amended. The Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information will be used or maintained by the Plan. This Notice of Privacy Practices is available to you. If you would like a copy of the Notice of Privacy Practices, contact the Employee Benefits Department or visit the Benefit website.

Notice About Your Prescription Drug Coverage and Medicare

If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. This notice is distributed to all employees age 64 and older by October 15. You may also obtain the notice on the Benefits website or by contacting the Employee Benefits Department.

- This notice states that the Jeffco Public Schools Kaiser Permanente HDHP I ($2,500) prescription drug coverage is considered creditable.
- This notice states that the Jeffco Public Schools Kaiser Permanente HDHP II ($4,000) prescription drug coverage is considered creditable.
- This notice states that the Jeffco Public Schools Kaiser Permanente Deductible HMO plan prescription drug coverage is considered creditable.
- This notice states that the Jeffco Public Schools Surest $0 Deductible plan prescription drug coverage is considered credible.
- This notice states that the Jeffco Public Schools UnitedHealthcare HDHP $4,000 plan prescription drug coverage is considered creditable.

To obtain more information, contact the:
Employee Benefits Department
Phone: 303-982-6527
Email: **Benefits@jeffco.k12.co.us**

MEDICARE PART D CREDITABLE COVERAGE NOTICE

IMPORTANT NOTICE FROM JEFFERSON COUNTY PUBLIC SCHOOLS ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Jefferson County Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Jefferson County Public Schools has determined that the prescription drug coverage offered by the Jefferson County Public Schools Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to wait to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go 63 continuous days or longer without "creditable" prescription drug coverage (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. However, there are some important exceptions to the late enrollment penalty.

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are "special enrollment periods" that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes "creditable" prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. See the Jefferson County Public Schools Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage With Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the Jefferson County Public Schools Plan due to your employment (or someone else's employment, such as a spouse or parent), your coverage under the Jefferson County Public Schools Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your Jefferson County Public Schools prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information, or call 303-982-0842. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Jefferson County Public Schools changes. You also may request a copy.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- Visit **medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **socialsecurity.gov**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Name of Entity/Sender: Adam Barnett
Contact Position/Office: Executive Director of Total Rewards
Address: 1829 Denver West Drive Bldg. #27, Golden, CO 80401
Phone Number: 303-982-0842

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

Women's Health and Cancer Rights Notice

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

The Jefferson County Public Schools Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator at:
Adam Barnett
Executive Director of Total Rewards
303-982-0842

CONTACT INFORMATION

Questions? Contact us

If you have any questions regarding your benefits or the material contained in this guide, please contact the Jeffco Public Schools Employee Benefits Department.

Address: 1829 Denver West Drive #27, Golden, CO 80401

Phone: 303-982-6527

Email: **Benefits@jeffco.k12.co.us**

	Contact Number	Website
Medical Plans— Kaiser Permanente Surest UnitedHealthcare	303-338-3800 866-683-6440 866-314-0335	choose.kp.org/jeffersoncountyps https://surest.care/Jeffco-2026 myuhc.com
ZERO Health	855-816-0001	zero.health
Dental— Delta Dental of Colorado	800-610-0201	deltadentalco.com
Vision—EyeMed	866-723-0513	eyemedvisioncare.com
Health Savings Account—Optum Bank	866-234-8913	optumbank.com
Voluntary Short-Term Disability—The Standard	800-378-2395	standard.com
Jeffco TSA/403(b) Plan—Empower Retirement	800-701-8255	empowermyretirement.com
PERA Retirement Savings Plans—Colorado PERA	800-759-7372	copera.org

This guide contains highlights of the benefits options available to you through Jeffco Public Schools. They are not complete descriptions of the benefits. Jeffco Public Schools may terminate, withdraw, or modify any benefit described in this guide, in whole or in part, at any time. The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan document(s), the official documents will govern.

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