



Dedicated to Excellence
Cherry Creek Schools

Balance your health and well-being

Benefit Enrollment Guide

▶ **Get Started**

Note: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please reference the Notices starting on page 25 for more information.

2026

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Benefits Overview

Life is unpredictable, but you can count on Cherry Creek School District's benefits to help you feel your best now, while creating a healthy and financially secure future.

Our commitment to your well-being extends beyond insurance coverage. You also have access to ways to set aside federal tax-free dollars, free Employee Assistance Program (EAP) counseling for when life gets challenging, year-round benefits education, and our growing Wellness Champions Network — all designed to complement your core benefits. Read on to learn more.

Take action! You are strongly encouraged to participate in an enrollment session to review benefit offerings and confirm that your benefits continue to meet your needs. HSA and FSA elections WILL NOT rollover. Open Enrollment is your only opportunity to elect or change benefits during the year, unless you have a Qualifying Event such as a marriage, divorce, or the birth of a child.

2026 – 2027 Benefit Highlights

Important Information for 2026/2027:

- ✓ We continue to offer **four medical options with UnitedHealthcare (UHC)** to give you flexibility and choice of coverage.
- ✓ **Virtual care** on the EPO/PPO plan is \$0! On the HDHP plans, virtual care is fully covered after meeting your deductible!
- ✓ Current **Health Savings Account (HSA)** and **Flexible Spending Account (FSA)** elections WILL NOT rollover. You must actively enroll to continue to participate in these accounts. CCSD continues to provide HSA contributions, helping to lower your potential out-of-pocket medical expenses.
- ✓ **Health Savings Account (HSA) funding provided by the district** is \$2,000 for individuals and \$4,000 for families for full-time employees. For part-time employees, funding is \$1,000 for individuals and \$2,000 for families.
- ✓ **Life and AD&D Insurance and Long-Term Disability** with enhanced coverage and streamlined claims support will now be provided by our new vendor Voya.
- ✓ **NEW: Hospital Indemnity Insurance**, provided by our new vendor Voya, has been added to help cover the costs of a hospital stay (such as when having a baby).
- ✓ Learn about increased benefit amounts with **Accident and Critical Illness Insurance** plans.
- ✓ During Open Enrollment, you will have a chance to attend a meeting hosted by Organizational Wellness. These meetings will provide updates and answer questions to help you select benefits that fit you and the needs of your family. Visit www.benefitsgo.com/cherrycreekschools and go to the “**Benefits Overview**” page and then “**Benefits Information Sessions**” to join the meeting that fits your schedule.



Scan here or visit

www.benefitsgo.com/cherrycreekschools

to learn more about your benefits and view Open Enrollment details.



Benefit Offerings 2026 – 2027

- Medical Insurance
- Prescription Benefits
- Dental Insurance
- Vision Insurance
- Health Savings Account (HSA)
- Medical Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)
- Life/Accidental Death and Dismemberment (AD&D) Insurance
- Supplemental Life and AD&D Insurance
- Long-Term Disability Insurance
- Accident and Critical Illness Insurance
- Hospital Indemnity Insurance
- Permanent Life with Long-Term Care Coverage
- Identity Theft Protection
- Employee Assistance Program (EAP)
- Organizational Wellness Program

Eligibility & Enrollment

You are eligible for benefits if you are a regular employee working at least 50% of a full-time equivalency (FTE) in an eligible group. For complete eligibility rules and details, visit www.benefitsgo.com/cherrycreekschools. Go to “Benefits Overview” and review the “Eligibility Rules” tab.

If you are a new hire in an eligible group, your benefits take effect the first of the month after your first 30 days of continuous employment. **You may also enroll eligible dependents, including:**

- Your legal or common law spouse. Proof of marriage or a signed common law affidavit must be provided.
- Your dependent children up to age 26. Children may include biological, legally adopted, step-children, and children for whom you have permanent court-appointed legal guardianship. With the exception of legal guardianship, dependent children do not have to reside in the household of the employee. Proof of relationship (legal adoption papers, legal custody papers, etc.) is required when enrolling a new dependent. Foster children may not be enrolled.
- Your domestic partner. Proof of relationship such as coresidency and a signed domestic partner affidavit. Please see a tax advisor for assistance on how this may impact your taxes.
- Unmarried children 26 years of age or older and incapable of self-support due to mental incompetence or severe physical handicap, as certified by a physician and by the insurance carriers.

Only those dependents who meet the eligibility requirements can enroll in coverage.

When to Enroll

If you are a new hire, you must enroll in or waive benefits within 30 days of your hire date.

Open Enrollment is held every spring. During this period, you can enroll in new benefits, add or drop dependents from coverage, and determine HSA and FSA contributions. **HSA and FSA elections WILL NOT automatically renew.**

Outside of Open Enrollment, you may only add or drop dependents within 30 days of a qualifying event such as marriage or divorce, birth of a child, adoption, loss of other coverage due to spouse unemployment, etc. Contact the Benefits Office for a complete list.

How to Enroll from April 27 to May 8, 2026



Virtual Counselor Appointment: Make an appointment for a one-on-one video call with a Benefits Counselor. The counselor can view your enrollment screen, answer questions, and help you complete your enrollment. Appointments are available **Monday – Friday, 7 a.m. to 4 p.m. (MT)** and are available in Spanish. **NOTE: Use of your camera is optional.**

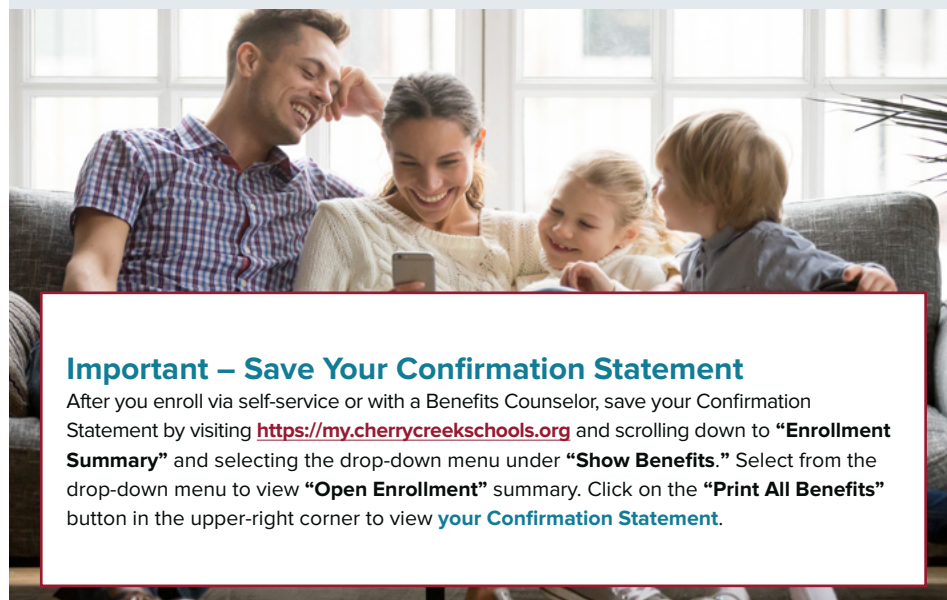
Visit <https://www.benefitsgo.com/cherrycreekschoolswebscheduler> to schedule.



By Phone: Speak with a Benefits Counselor who will explain your options, answer your questions, and take your elections over the phone. Assistance is available in Spanish by request. Call **1-800-960-7659, Monday – Friday, 8 a.m. to 5 p.m. (MT).**



Online Self-Service: The enrollment system is available 24/7 during the enrollment period. Visit <https://my.cherrycreekschools.org> to enroll. Your enrollment is complete after you click “Submit” and receive the following message, “Your benefit elections were saved.”



Important – Save Your Confirmation Statement

After you enroll via self-service or with a Benefits Counselor, save your Confirmation Statement by visiting <https://my.cherrycreekschools.org> and scrolling down to “Enrollment Summary” and selecting the drop-down menu under “Show Benefits.” Select from the drop-down menu to view “Open Enrollment” summary. Click on the “Print All Benefits” button in the upper-right corner to view [your Confirmation Statement](#).

UHC Hospital by Network

Cherry Creek School District will continue to offer four (4) medical plan options for you and your family. These four options fall within two (2) networks: **Colorado Doctors Network (CODN)** and **Choice Plus Network (CPN)**. The **CODN** is a narrow network providing high quality providers and services at lower costs. The **CPN** is a broader network providing a larger selection of high quality providers, and therefore at slightly higher costs in some cases. The chart at the right provides you with an understanding of the hospitals available by network.



The CODN plan options are more affordable options, with better discounts. If your providers and hospitals are within the CODN, we recommend you enroll in either of the two plans offered (EPO or HDHP) to take advantage of lower costs.



For additional questions about networks, please contact a Benefits Counselor by calling **1-800-960-7659, Monday – Friday, 8 a.m. to 5 p.m. (MT)**, during Open Enrollment, **April 27 – May 8, 2026**, or by making a virtual appointment at <https://www.benefitsgo.com/cherrycreekschoolswebscheduler>.

HOSPITALS	CO DOCTOR'S NETWORK	CHOICE PLUS NETWORK
Advent Health	X	X
Boulder Community Foothills Hospital		X
Children's Hospital Colorado	X	X
Denver Health		X
HCA HealthOne	X	X
Intermountain Health		X
Longmont United Hospital	X	X
Longs Peak Hospital Longmont		X
McKee Medical Center	X	X
Medical Center of the Rockies		X
National Jewish Health		X
North Colorado Medical Center	X	X
North Suburban Medical Center	X	X
Ortho Colorado Hospital – St. Anthony	X	X
Platte Valley Medical Center	X	X
Saint Joseph Hospital	X	X
St. Anthony Hospital Central	X	X
St. Anthony Hospital North	X	X
St. Francis Hospital – Interquest	X	X
Swedish Medical Center	X	X
UC Health		X
University of Colorado Hospital Aurora		X

Medical Insurance

Healthcare needs are different for everyone. For the 2026/2027 plan year, you can choose one of four plans through **UnitedHealthcare (UHC)**. CCSD offers multiple options, so that you can choose coverage that best suits your needs and budget. Employees who enroll in a High Deductible Health Plan (HDHP) may be eligible for HSA contributions from the District. To help you make the best decision for you and your family, the previous page outlines the hospitals by network. Visit www.benefitsgo.com/cherrycreekschools and select “**Important Resources**” for a Summary of Benefits and Coverage for each plan. To find an in-network provider, visit www.exploreuhcplans.com/CCSD. Click “**Provider Search**” in the upper right-hand corner of the page.

	UHC CO DOCTORS HDHP 6000	UHC CO DOCTORS EPO 2500	UHC CHOICE PLUS HDHP 6000	UHC CHOICE PLUS PPO 2500
	In-Network	In-Network	In-Network	In-Network
Out-of-Network Coverage	Not available except in an emergency; see benefit summary for details		Yes; for coverage and copays, see benefit summary for details	
Annual Deductible (Individual/Family)	\$6,000 / \$12,000	\$2,500 / \$5,000	\$6,000 / \$12,000	\$2,500 / \$5,000
Out-of-Pocket Limit (Individual/Family)	\$7,500 / \$15,000	\$5,000 / \$10,000	\$7,500 / \$15,000	\$5,000 / \$10,000
Annual District HSA funding FT (Individual/Family) PT (Individual/Family)	\$2,000 / \$4,000 \$1,000 / \$2,000	N/A	\$2,000 / \$4,000 \$1,000 / \$2,000	N/A
Preventive Care	No charge	No charge	No charge	No charge
Primary Care Physician (PCP)	20% coinsurance, after deductible	Office and virtual visits: \$25 copay, deductible does not apply	20% coinsurance, after deductible	Office and virtual visits: \$25 copay, deductible does not apply
Specialist	20% coinsurance, after deductible	Office visit: \$60 copay; deductible does not apply	20% coinsurance, after deductible	Office visit: \$60 copay; deductible does not apply
Virtual Health	100% covered, after deductible	\$0	100% covered, after deductible	\$0
Urgent Care	20% coinsurance, after deductible	\$75 copay, deductible does not apply	20% coinsurance, after deductible	\$75 copay, deductible does not apply
Hospital Services	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible
ER Services Outpatient	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible
Inpatient Hospital Room and Board	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient Surgery (Includes Bariatric Surgery)	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible
X-ray/Diagnostic/Lab	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible
Acupuncture Services (Limited to 20 Treatments per Year)	20% coinsurance, after deductible	\$60 copay, deductible does not apply	20% coinsurance, after deductible	\$60 copay, deductible does not apply
Maternity Care	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. Review the Summary Plan Description (SPD) for a list of preventive care services.

Mental Health & Prescription Benefits

Mental Health, Behavioral Health, and Substance Abuse Services

Visit www.benefitsgo.com/cherrycreekschools and select “Important Resources” for a Summary of Benefits and Coverage for each plan.

	UHC CO DOCTORS HDHP 6000	UHC CO DOCTORS EPO 2500	UHC CHOICE PLUS HDHP 6000	UHC CHOICE PLUS PPO 2500
	In-Network	In-Network	In-Network	In-Network
Inpatient	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient	20% coinsurance, after deductible	\$25 copay, deductible does not apply	20% coinsurance, after deductible	\$25 copay, deductible does not apply

Prescription Benefits

Prescription — Retail 31-Day Supply/Mail Order 90-Day Supply				
Generic Formulary Non-Formulary	20% coinsurance up to \$250 per drug dispensed	\$10 retail / \$20 mail order \$40 retail / \$80 mail order \$60 retail / \$120 mail order	20% coinsurance up to \$250 per drug dispensed	\$10 retail / \$20 mail order \$40 retail / \$80 mail order \$60 retail / \$120 mail order
Specialty	20% coinsurance up to \$250 per drug dispensed	20% coinsurance up to \$250 per drug dispensed	20% coinsurance up to \$250 per drug dispensed	20% coinsurance up to \$250 per drug dispensed

Paying for Your Medications

With the High Deductible Health Plans, you pay the full cost of prescriptions until you meet the deductible, after which you will pay 20% until you reach the out-of-pocket maximum. You can use your Health Savings Account (HSA) dollars to pay for your prescriptions until the deductible is met.

On the EPO and PPO plans, you will pay copays or 20% coinsurance for your prescription drugs until you reach the out-of-pocket maximum, after which the drugs are covered at 100%. **Note:** Copays do not count towards your annual deductible.

To learn about the costs of a particular medication, you can call UnitedHealthcare and provide your member ID or CCSD's Group Number: 927351.

- UHC CO Doctor's Plans: **1-844-376-0313**
- UHC Choice Plus Plans: **1-844-860-0266**

Transferring Care

New to UnitedHealthcare? Before your plan goes into effect, here are a few tips:

- Fill all open prescriptions with your current provider before your plan's start date.
- Initiate a transfer of your prescriptions to a new network pharmacy, if necessary.
- If switching providers, request a transfer of medical records prior to your start date.
- Consider whether you'll need to continue active treatment for a chronic or acute condition.

If you are currently receiving medical treatment or have a scheduled procedure from an out-of-network provider, you can complete the UHC Transition of Care form at www.exploreuhcplans.com/CCSD to avoid disruptions in care.

Dental Benefits

Cherry Creek School District offers two dental plans through Delta Dental of Colorado, the Delta Preferred Plan (PPO) and the Delta Exclusive Provider Plan (EPO). The PPO Plan includes the option of composite resin fillings on anterior and posterior teeth and Right Start 4 Kids (RS4K), which provides coverage for children up to age 13 at 100% coinsurance for covered preventive, basic, and major services in-network only at PPO/Premier Dentists.*

To find an in-network dental provider, visit www.deltadentalco.com.

	PPO		EPO
	PPO/Premier Dentist	Non-Participating Dentist	PPO Dentist
Annual Deductible	\$50 / Individual \$150 / Family	\$50 / Individual \$150 / Family	None
Annual Benefit Maximum	\$1,500		None
Orthodontic Lifetime Maximum Child and Adult Orthodontia	\$2,000		None
Preventive Services Exams, Cleanings, X-rays, Adult Fluoride Treatments	0% coinsurance	20% coinsurance, after deductible	No copay
Basic Services Fillings, Root Canal Therapy, Oral Surgery, Posterior Composites	20% coinsurance, after deductible / 50% coinsurance after deductible	50% coinsurance, after deductible	Copays vary
Major Services Extractions, Crowns, Bridgework, Dentures	50% coinsurance, after deductible (implants included)	50% coinsurance, after deductible (implants included)	Copays vary (implants excluded)
Orthodontic Services	50% coinsurance, after deductible	50% coinsurance, after deductible	\$668 – \$2,203; additional copays may apply; all eligible enrollees covered

*If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are not eligible for the RS4K 100% coverage level.

Visit www.benefitsgo.com/cherrycreekschools for full benefit summary details.

Vision Benefits

Vision coverage is provided by Vision Service Plan (VSP). Benefits include covered annual eye exams and affordable options for prescription glasses or contacts. To see if the provider of your choice is in the VSP Choice Network or to print a Member Vision Card, visit www.vsp.com.

IN-NETWORK	
Eye Examination (Once every 12 months)	\$0 copay at Premier Providers \$15 at other VSP Network Providers
Retinal Screening (Once every 12 months)	\$0 copay at Premier Providers \$39 maximum at VSP Network Providers
Lenses (Once every 12 months)	
Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses	Included in prescription glasses
Progressive Lenses	Standard: \$0 Premium: \$95 – \$105 Custom: \$150 – \$175
Frames (Once every 24 months)	\$190 featured frame brands allowance \$170 retail allowance \$95 allowance at Costco 20% off amount over allowance
Contacts (Once every 12 months; instead of glasses)	
Contact Exam — Fitting, Evaluation	Up to \$60
Contact Lenses	\$170 allowance; materials copay does not apply

Contact Member Services for out-of-network provider costs.

Visit www.benefitsgo.com/cherrycreekschools for full benefit summary details.



Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-efficient way to pay for eligible medical, dental, and vision expenses, while also helping you build a financial safety net for future healthcare costs.

Out-of-pocket medical expenses can add up quickly. As healthcare costs may become your largest expense over time, a Health Savings Account offers a smart way to build financial protection for your future healthcare needs.

Cherry Creek School District contributes to the account every year, and you can also contribute pre-tax money to your HSA through payroll deductions and use it any time for qualified healthcare expenses.

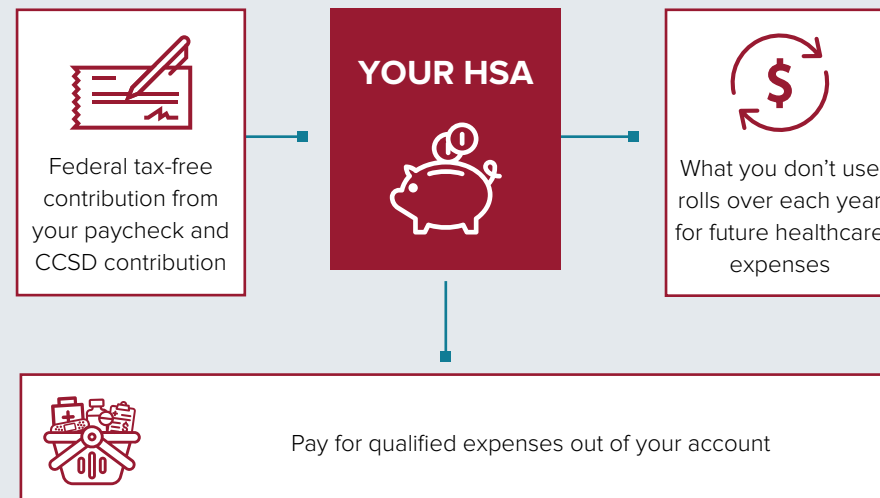
Whatever you don't use rolls over for future years and may, in some circumstances, be invested. The account is yours even if you leave the District. Better yet, HSAs provide tax advantages.

You must actively enroll in the HSA each year. You are not automatically re-enrolled.

You must enroll in both an HDHP medical plan and the HSA to receive the District contributions.

Visit HSABank.com/HSABank/Learning-Center/Frequently-Asked-Questions to learn more about the benefits of having a Health Savings Account.

Individuals age 55 or older can contribute an additional \$1,000 annually as catch-up contributions.



HSA Eligibility

You are not eligible for a Health Savings Account if you:

- Are enrolled in a plan that is not a qualified high deductible plan, such as the EPO or PPO
- Have a medical FSA or your spouse has a medical FSA as of July 1, 2026
- Are enrolled in TRICARE, Medicare, or Medicaid
- Have received Veteran's Benefits within the prior three months
- Are covered by another medical plan, such as a spouse's plan, that is not a qualified high deductible plan

	2026 IRS CONTRIBUTION LIMIT	CCSD ANNUAL CONTRIBUTION (FT/PT)	CCSD MONTHLY CONTRIBUTION (FT/PT)	EMPLOYEE ANNUAL MAX CONTRIBUTION (FT/PT)
Individual Coverage	\$4,400*	\$2,000 / \$1,000	\$167 / \$83	\$2,400 / \$3,400
Family Coverage	\$8,750*	\$4,000 / \$2,000	\$333 / \$167	\$4,750 / \$6,750

*Total IRS contribution limits for 2026 include both District funding and employee contributions. Individuals age 55 or older can make an additional \$1,000 in "catch up" contributions.

NOTE: Amounts change yearly per IRS guidelines.

Flexible Spending Accounts (FSAs)

Cherry Creek School District offers two types of Flexible Spending Accounts (FSAs) — a Medical FSA and a Dependent Care FSA. These accounts allow you to set aside federal pre-tax dollars to pay for eligible medical or dependent care expenses.

Please note: These accounts are separate, so you may choose to participate in one, both, or neither. **You cannot use money from the Medical FSA to cover expenses eligible under the Dependent Care FSA or vice versa.**

How Flexible Spending Accounts Work

1. Determine the dollar amount you would like to set aside for your Medical and/or Dependent Care FSA, keeping in mind the annual maximums listed to the right.
2. Each month, 1/12 of your annual FSA election will be deducted from your salary pre-tax and will be deposited to your FSA debit card.
3. As you incur medical or dependent care expenses, you may either submit a claim form to receive reimbursement or use your FSA debit card to pay expenses at the point of sale, such as at the doctor's office or pharmacy. When you use your FSA debit card to pay, you are not required to submit receipts for reimbursement.

For tax purposes, it is always a good idea to retain receipts for all of your Medical and Dependent Care FSA expenses each year.

You must actively enroll in the FSAs each year. You are not automatically re-enrolled.

Important!

Per IRS rules, if you and/or your spouse have a Medical FSA, you are not eligible to open a Health Savings Account (HSA) or to receive District funding. If you are enrolled in a medical plan that offers an HSA, you are not eligible for the Medical FSA. Refer to the Medical FSA and HSA FAQs by visiting www.benefitsgo.com/cherrycreekschools and selecting "Important Resources."

	2026 MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Medical Flexible Spending Account (Available when electing the Medical EPO or PPO plan)	\$3,400	Copays, deductibles, orthodontia, over-the-counter medications, etc.*
Dependent Care Flexible Spending Account	\$7,500 (\$3,750 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, summer camps, etc.*

**See IRS Publications 502 and 503 for a complete list of covered expenses.
NOTE: Limits may vary for highly compensated employees.*

Did You Know?

Items You Might Not Realize Are Medical FSA Eligible:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts
- Travel pillows
- Motion sickness bands



Scan or [click here](#) for a list of FSA-covered expenses.



Accident Insurance

Accident Insurance helps cover the out-of-pocket medical expenses that can follow an accident. Benefits are paid directly to you — not to a doctor or hospital — and you can use the money however you choose. Benefit amounts are based on the type of injury and treatment needed.

Accident Insurance is a voluntary benefit for which you pay 100% of the premium. This premium will be deducted from your paycheck on a post-tax basis. You may add your dependents to the Accident Insurance coverage even if they are not covered under your medical, dental, or vision plan.

Please note: This plan is not a replacement for medical insurance.

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required if you enroll when you are first eligible.
-  **Family Coverage:** Coverage options are available for your spouse and children as riders to your coverage.*

Covered accident-related expenses include:

- X-rays — \$100
- Hospital Confinement — \$325
- Emergency Room Treatment — \$325
- Physical Therapy — \$60
- Urgent Care Treatment — \$250
- Follow-Up Doctor Treatment — \$150

**If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*



Wellness Benefit

The Accident Plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening such as a mammogram, chest X-ray, physical exam, or colonoscopy.



How Accident Insurance Works

Pat loves working in the backyard garden on the weekends. One day while carrying some supplies, they trip and sprain their ankle and break their big toe!

The accident requires not only a trip to the emergency room, but also physician follow-up visits, and physical therapy treatments. Fortunately, Pat has **Accident Insurance** which helps cover the out-of-pocket medical costs, including the deductible and coinsurance.



LEARN MORE



How Pat's Accident Benefit Was Calculated:

Medical Service	Sample Benefit
Emergency Room	\$325
Dislocation	\$1,700
Fracture	\$300
Physician Follow-Up	\$150
Physical Therapy Visits (6)	\$360 (\$60 per visit)

TOTAL SAMPLE BENEFIT \$2,835

Benefit amount is based on coverage amounts for specific benefits under the Accident Insurance Plan. See plan summary for detailed list of plan benefits and coverage amounts.

Exclusions and limitations are described in the policy/certificate of coverage, posted on www.benefitsgo.com/cherrycreekschools.



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Critical Illness Insurance

Critical Illness Insurance pays a lump-sum benefit directly to you in the event you or a covered family member is diagnosed with a covered condition. You can use this benefit to help pay for deductibles and coinsurance, or simply to replace lost earnings from being out of work.

Critical Illness Insurance is a voluntary benefit for which you pay 100% of the premium. This premium will be deducted from your paycheck on a post-tax basis. You may add your dependents to the Critical Illness Insurance coverage even if they are not covered under your medical, dental, or vision plan.

The lump-sum amount you receive is based on the coverage level you elect (\$10,000, \$20,000, \$30,000, or \$40,000) when you enroll.

Please note: This plan is not a replacement for medical insurance.

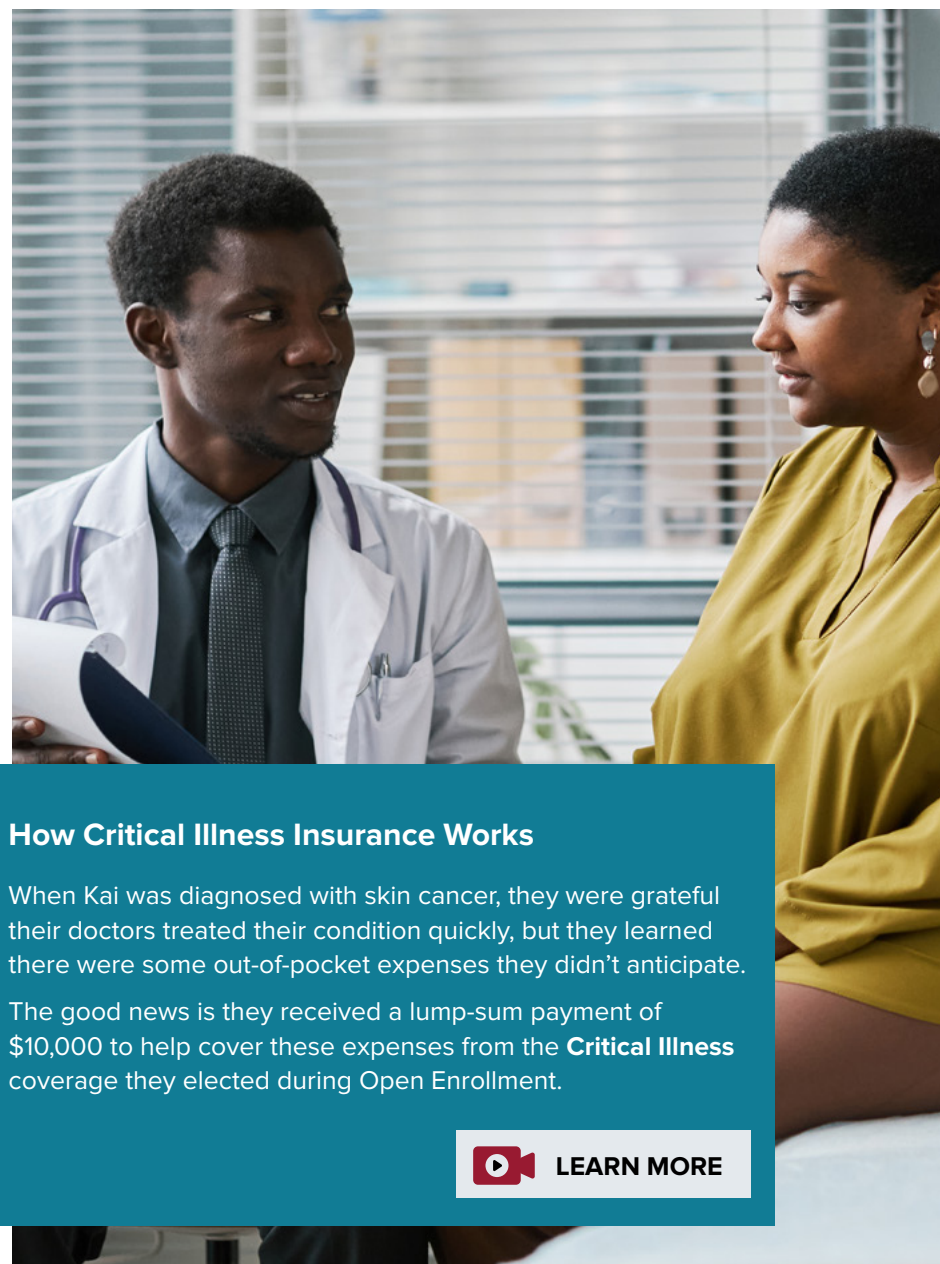
Plan Features

 **Guaranteed Acceptance:** There are no health questions or physical exams required if you enroll when you are first eligible.

 **Family Coverage:** You can elect to cover your spouse and children.*

Covered illnesses include:

- Heart Attack
- Stroke
- Coronary Artery Bypass Surgery†
- Major Organ Transplant
- Cancer
- Alzheimer's Disease
- Sudden Cardiac Arrest
- Down Syndrome (Child)
- Type 1 Diabetes (Child)
- Multiple Sclerosis
- Cerebral Palsy (Child)
- Congenital Birth Defects (Child)



How Critical Illness Insurance Works

When Kai was diagnosed with skin cancer, they were grateful their doctors treated their condition quickly, but they learned there were some out-of-pocket expenses they didn't anticipate.

The good news is they received a lump-sum payment of \$10,000 to help cover these expenses from the **Critical Illness** coverage they elected during Open Enrollment.



LEARN MORE

**If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*

†The coverage pays 25% of the face amount of the policy once per lifetime for coronary artery bypass surgery. Exclusions and limitations are described in the policy/certificate of coverage, posted on www.benefitsgo.com/cherrycreekschools.



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CONTACTS

NEW! Hospital Indemnity Insurance

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

Please note: This plan is not a replacement for medical insurance.

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required if you enroll when you are first eligible.
-  **Family Coverage:** You can elect to cover your spouse and children.*
-  **Payroll Deduction:** Premiums are paid through convenient payroll deductions.



Wellness Benefit

The plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.



How Diane's Hospital Indemnity Benefit Was Calculated:

Medical Service	Sample Benefit	Total
Hospital Admission	\$1,000 per admission	\$1,000
Hospital Confinement	\$200 per day (2 days)	\$400
Newborn Hospital Confinement	\$600 one-time benefit	\$600
TOTAL SAMPLE BENEFIT		\$2,000

How Hospital Indemnity Insurance Works

Mike and Diane are excited to welcome a new addition to their family. Diane is admitted to the hospital where she gives birth to a healthy baby girl. Mom and baby stay in the hospital for two days. Luckily, the couple has **Hospital Indemnity Insurance** to help cover their medical bills. Diane receives a benefit for being admitted to the hospital and an additional benefit for each day of her and her baby's inpatient stay.



LEARN MORE

Benefit amount is based on coverage amounts for specific benefits under the Hospital Indemnity Insurance Plan. See plan summary for detailed list of plan benefits and coverage amounts. Exclusions and limitations are described in the policy/certificate of coverage, posted on www.benefitsgo.com/cherrycreekschools.

**If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*



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CONTACTS

What's Your Best Fit?



COLLINS FAMILY

Ages: Mark, 45; Laura, 40; Emma, 7; and Justin, 5
Medical Status: Mark has high cholesterol, Laura suffers mild depression, Emma sees an allergist, and both children are active in soccer and little league
Financial Risk Factors: Heart disease; injury risks

Because they are high consumers of healthcare, the Collins family needs a plan with low out-of-pocket costs. Mark and Laura choose the **UHC CO Doctors EPO 2500 plan** because the deductibles are low and the pharmacy coverage is great for their monthly prescriptions.

Emma's provider is through Children's Hospital, which is in the Colorado Doctor's network.

They also add **Accident Insurance** in case the kids' sports activities result in injuries, and they submit their yearly physicals to earn the **wellness benefit** of \$50 per covered person per calendar year.

Laura catches a bad cold and uses the \$0 **telehealth benefit** costing Laura nothing to get care!

Mark opens a **Medical FSA** and contributes \$3,400 via pre-tax payroll deductions to cover eligible healthcare expenses throughout the year.

Mark and Laura select the CCSD-provided **Basic Life Insurance** and add Emma and Justin as beneficiaries.



LISA & CARLY

Ages: 32 and 30
Medical Status: Very healthy and starting their fertility journey toward their path to parenthood
Financial Risk Factor: Their fertility journey to parenthood could be an expensive one

Lisa and Carly typically enroll in the medical plan with the lowest premium. They are planning to have a child, so it makes sense to elect the plan with the lowest out-of-pocket costs. They choose the **UHC CO Doctors HDHP**.

They also elect **Hospital Indemnity Insurance** to help cover their deductible and coinsurance when the baby is born.

Lisa has a pink eye, so Lisa utilizes the **telehealth benefit**. After the deductible is met, telehealth is covered at 100%, which is a more affordable benefit than going to an in-person provider! Lisa also received care faster due to telehealth versus going in person.

Looking ahead to the baby's arrival, Lisa and Carly use the **Dependent Care FSA** to set aside pre-tax dollars for childcare.



RICK

Age: 60
Medical Status: Active with health concerns
Financial Risk Factor: High blood sugar concerns could result in diagnosis of type 1 diabetes

Rick enrolls in the **UHC Choice Plus HDHP** and opens an HSA and receives the CCSD funding contribution. Rick receives triple-tax savings with his monthly HSA contributions.

Rick's health has recently required frequent doctor check-ins for his high blood sugar. He enrolls in **Critical Illness Insurance** to support a possible diagnosis of type 1 diabetes. Rick will be able to use the cash benefits for deductibles and coinsurance, so he can manage his health with a referral to a specialist from the Choice Plus network.

Rick also enrolls in **Hospital Indemnity Insurance**, which will pay out a \$50 health screening benefit for physical exams and will issue a cash benefit if he needs to be admitted into a hospital. Rick can use this cash to manage deductibles, coinsurance, and cover everyday bills.

For additional wellness support and healthy tips, Rick takes advantage of the Wellness programs available through **CCSD's EAP**.

Examples are provided for illustrative purposes only.

Life & Accidental Death and Dismemberment Insurance (AD&D)

To ensure you and your family have peace of mind in the event of serious injury or passing, Cherry Creek School District automatically enrolls all benefits-eligible employees in Life Insurance and Accidental Death and Dismemberment (AD&D) coverage, at no cost to you.

Basic Life: Your beneficiaries will receive a lump-sum benefit if you pass away while employed by Cherry Creek School District.

AD&D: If you are seriously injured or lose your life in an accident, you will be eligible for a benefit equal to your Basic Life coverage.

CLASS 1	Eligible Administrators & Pro Tech Employees	3X salary to a max of \$750,000
CLASS 2	All other full-time and regular part-time Certified, Classified, and Other Benefits-Eligible Employees	\$75,000

To confirm or update beneficiaries, please update in Oracle on the Benefits page during Open Enrollment or by reporting an "update beneficiary" life event.

Supplemental Life and AD&D

In addition to District-paid Basic Life and AD&D Insurance, you may purchase additional coverage for yourself and/or your family (spouse and/or children). This is a voluntary benefit, so you will pay 100% of this premium after tax for this additional coverage. During 2026/2027 enrollment, employees may increase coverage in \$10,000 increments up to a total of \$250,000 without Evidence of Insurability (EOI). Spouses may increase coverage in \$10,000 increments up to maximum coverage of \$40,000 without EOI. Any maximum coverage exceeding these amounts is subject to EOI approval.

Evidence of Insurability is a health questionnaire that may be required when you elect or increase Supplemental Life coverage.

SUPPLEMENTAL LIFE OPTIONS	
Employee	Up to \$500,000 in increments of \$10,000; \$250,000 maximum amount without EOI for initial enrollment
Spouse	Up to \$500,000 in increments of \$10,000; \$40,000 maximum amount without EOI for initial enrollment (not to exceed 100% of the employee amount)
Children	Up to \$10,000 in increments of \$2,500; \$10,000 maximum amount without EOI for initial enrollment

AD&D Insurance

SUPPLEMENTAL AD&D OPTIONS	
Employee	Up to \$500,000 in increments of \$10,000
Employee and Family	If you choose to add family members to your coverage, they will receive a percentage of your total principal sum as follows: Family: Your spouse will be covered for 50% of the coverage amount you elect, and each child will be covered for 10%. No children: Your spouse will be covered for 60% of the coverage amount you elect. No spouse: Each child will be covered for 15% of the coverage amount you elect.

Premiums for Supplemental Life and AD&D Insurance are determined by your age and/or spouse's age. Your premium will increase as you and your spouse age and change rate groups. Any increase in coverage made after your initial eligibility period requires Evidence of Insurability. Please visit www.benefitsgo.com/cherrycreekschools under "Important Resources" to review the policy exclusions and limitations, which may affect benefits payable.

Future enrollments will be limited to **\$20,000** per year. During future annual enrollments, employees may increase coverage by up to \$20,000 without Evidence of Insurability (EOI), provided the increase does not cause total coverage to exceed the \$250,000 guaranteed issue limit. Any increase that results in coverage over \$250,000 will require EOI.

Long-Term Disability

Long-Term Disability Insurance provides a steady income stream in the event you become disabled. Cherry Creek School District automatically enrolls benefits-eligible employees in Long-Term Disability coverage and pays 100% of your premium.

Instead of having to deplete your savings or depend on Social Security or spousal income, Long-Term Disability pays 60% of your monthly earnings, up to \$8,000 per month. Your benefits begin the latter of the exhaustion of your Sick Leave or 60 days after you are out of work.

Note: This amount may be reduced if you have other sources of earnings or another disability policy. Benefit payments may continue to the age of 65, if you become disabled before the age of 60.

Did You Know?

It's estimated that **1 in 4** 20-year-olds will experience a disability for 90 days or more before they reach age 67.



Social Security Administration, Disability Fact Sheet, 2023

Employee Assistance Program (EAP)

Mines & Associates

Cherry Creek School District provides comprehensive medical plans through UnitedHealthcare to help you live a healthy life. But your mental health and financial well-being are just as important.

Our Employee Assistance Program (EAP) is there to help you through difficult situations at work and at home. All employees and immediate household family members are eligible for Mines & Associates.

What's Included?

- Up to **six free and confidential counseling sessions (in-person or virtual)** per life situation, per contract year (7/1 – 6/30)
- Assistance with finding childcare, eldercare, pet care, and more
- Free 30-minute legal consult per legal/financial matter and 25% discount on select services after consult
- Four free wellness coaching sessions, four free parental coaching and/or lactation sessions, and access to the online resource library

How to Access

Text: Send **CCSDEAP** to **1-800-873-7138**; no specific keywords needed

Call: **1-800-873-7138**, Monday – Friday, 6:30 a.m. to 6 p.m. (MT); crisis support available 24/7/365

Scan the QR Code at right or visit: www.minesandassociates.com



Permanent Life with Long-Term Care Coverage

Enroll in Coverage Built for a Lifetime

Permanent Life Insurance gives your family financial protection as a cost-effective benefit that helps cover final expenses such as funeral costs, credit card debt, and medical bills. This policy also includes Long-Term Care (LTC) coverage, which will pay for services and accommodations if you need assistance with your activities of daily living.

Plan Features

-  **Guaranteed Acceptance:** No physical exams are required to apply for coverage for eligible employees (although health questions may be asked).
-  **Family Coverage:** You can purchase coverage for yourself and your spouse.
-  **Portable Coverage:** You can take your policy with you if you leave Cherry Creek School District or retire.
-  **Affordable:** Premiums do not increase as you age. The policy builds cash value, which you can eventually use to make premium payments or pay urgent expenses while you are still alive.

What Is Long-Term Care (LTC) Coverage?

LTC pays for services to care for you when you can no longer perform activities of daily living on your own, such as meal preparation and housekeeping or personal care services like bathing, dressing, eating, and moving around. The plan will pay 6% of the death benefit up to 34 months for eligible long-term care.*

Scan here to learn more about long-term care



*Benefits are paid after a 90-day elimination period where the policy holder is certified of not being capable of performing two of six activities of daily living, or experiencing cognitive impairment, by a licensed healthcare practitioner.

Did You Know?

60% of us will need assistance with things like getting dressed or making meals at some point in our lives.

The U.S. Department of Health & Human Services, 2022

-  **Coverage for Your Needs:** You can purchase the precise amount of coverage that is right for your needs. \$20,000, \$40,000, or \$60,000 for employees, and \$10,000, \$20,000 or \$30,000 for your spouse.
-  **Benefits:** Included benefits are Accelerated Death Benefit for Long-Term Care with restoration and extension of benefits AND Accelerated Death Benefit for Terminal Illness or Condition of up to 75% of the elected amount.

Who Can Benefit from Long-Term Care Coverage?



Young Adult

Receive the care you need if you are injured or diagnosed with a chronic illness that prevents you from performing activities of daily living.



Parents

Life Insurance protects your family if something happens to you. Elect coverage for your spouse and child(ren) to cover them, too.



Pre-retirees

Shield your assets with coverage that continues in retirement and ensure you can receive the care you need at home or a skilled nursing facility.

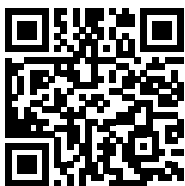
Identity Theft Protection

Digital thieves constantly discover new ways to extract your personal information, open credit accounts in your name, sell your sensitive data on the dark web, and take over your financial accounts.

Comprehensive Identity Theft Protection through Norton LifeLock monitors multiple gateways into your identity and credit and alerts you of fraudulent activity.

Identity + Device Security Features

- LifeLock Identity Alert System
- Credit Monitoring
- Investment & 401(k) Activity Alerts
- Dark Web Monitoring
- Social Media Monitoring
- Password Manager
- Device Security
- Secure VPN
- Privacy Monitor
- Parental Control
- Child Identity Protection
- Million Dollar Protection
- Digital Protection
- Secure Cloud Backup



To learn more, scan the QR code or visit www.Norton.com/BenefitPremier. Already a member? Don't forget to cancel your existing membership just before your benefit effective date by calling **1-800-607-9174**.

Plan Features



Prevent

- Norton technology blocks nine million threats a day
- Helps block members' information on public WiFi
- Includes award-winning Norton anti-virus software



Detect

- Monitors for threats to members' identities
- Alerts by phone, text, email, or mobile app when a potential threat is detected



Restore & Reimburse

- Identity Restoration Agents work to resolve identity theft issues
- Reimbursement of funds stolen due to identity theft up to \$1 million



Ari had no idea someone had stolen their identity until they received an alert from their credit card company about a change to their login credentials.

Fortunately, they had **Identity Theft Protection**, which caught the first signs of danger. It locked down all their accounts and instituted protocols to eliminate further threats to Ari's information and identity.

Organizational Wellness

Looking after students, co-workers, and loved ones often means you put your own well-being and interests last. Let's change that!

The Organizational Wellness Initiative aims to make CCSD a place where practicing positive habits is enjoyable and encouraged, and connecting to health resources is simple.

Free Rec Center Passes for CCSD Employees

CCSD has purchased passes in bulk from Aurora Parks and Rec, Denver Parks and Rec, Parker Rec Center and Fieldhouse, Trails Rec Center, and the YMCA of Metro Denver. All employees with a CCSD badge can get free day passes at the recreation centers that fall within each of those rec districts.

Details

- To get a free day pass, show your CCSD ID badge at the front desk.
- Day passes are only good for employees. They do not cover family members or friends.
- You may get a day pass as often as you would like.
- CCSD purchased a large number of passes, however, once they are exhausted, there is no guarantee more will be available.



Scan here to learn more about this program and other great employee wellness offerings!



We Focus on Five Areas of Wellness:

- ✓ **Physical** – being active, balancing nutrition, engaging in preventive care, sleeping well, substance use, and addiction prevention
- ✓ **Financial** – managing debt, increasing investments and savings, planning for retirement
- ✓ **Intellectual** – engaging in professional development, providing and embracing feedback to improve performance, practicing growth mindset
- ✓ **Social/Emotional** – increasing mindfulness, managing stress, developing meaningful relationships, building resiliency, developing mental health/substance use awareness and response skills
- ✓ **Culture Climate** – solving problems collaboratively, engaging in meaningful conversations that build trust, creating an environment of physical and psychological safety, cultivating a strong sense of belonging and community, fostering equity and inclusion

Explore Your Wellness Benefits

Visit the “**Employee Wellness**” tile on <https://my.cherrycreekschools.org> to view programs by focus area and to see more details on plan information. See the Wellness Champion in your building for information on how to get involved.

Contact Information

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE	ADDITIONAL INFORMATION
Medical & Prescription	UnitedHealthcare	UHC CO Doctors participants call: 1-844-376-0313 UHC Choice Plus participants call: 1-844-860-0266	www.exploreuhcplans.com/CCSD	For information about limitations and exceptions, see the plan or policy documents at www.myuhc.com
Health Savings Account and Flexible Spending Accounts	HSA Bank	1-800-357-6246	www.HSABank.com/HSABank/About/Contact-us	View account details online: www.HSABank.com
Dental	Delta Dental of Colorado	Customer Service: 1-303-741-9305 1-800-610-0201	www.deltadentalco.com	Submit claims online: www.deltadentalco.com
Vision	VSP	1-800-877-7195	www.vsp.com	Email VSP Member Services: www.vsp.com/contact-email-member.html
Accident, Critical Illness, & Hospital Indemnity Insurance Life & Accidental Death and Dismemberment (AD&D) Long-Term Disability (LTD)	Voya	Customer Service: Accident, Critical Illness, and Hospital Indemnity: 1-877-236-7564 Life & AD&D: 1-800-955-7736 LTD: 1-888-305-0602	https://presents.voya.com/EBRC/CherryCreek	Submit claims online: www.voya.com/claims Email Claims@voyacom
Permanent Life Insurance with Long-Term Care Coverage	The Standard	1-800-521-3535	www.standard.com/ahlevb/cherrycreek	Register to Access My Benefits Go to https://mybenefits.standard.com and click "Create an account" Enter your SSN, ZIP, and Birth date Choose your User ID and Password
Employee Assistance Program	Mines & Associates	1-800-873-7138	www.minesandassociates.com	Company Code: ccsdeap
Identity Theft Protection	Norton LifeLock	1-800-607-9174	Learn more at: www.Norton.com/BenefitPremier	
COBRA	Wex	1-866-451-3399	wexinc.com/contact/health	Email forms to COBRAemployerservices@wexhealth.com

Find More Information

Plan documents, FAQs, videos, and more are posted on www.benefitsgo.com/cherrycreekschools under "Important Resources." If you can't find what you're looking for, contact a Benefits Counselor at **1-800-960-7659** and to enroll from **April 27 – May 8, 2026**, during Open Enrollment.

2026 – 2027 Employee Premiums

Below are the monthly employee contribution amounts for benefits effective July 1, 2026.

Medical Plans

	UHC CO DOCTORS HDHP 6000		UHC CO DOCTORS EPO 2500		UHC CHOICE PLUS HDHP 6000		UHC CHOICE PLUS PPO 2500	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$205.34	\$465.15	\$177.89	\$505.76	\$430.77	\$658.75	\$402.74	\$710.30
Employee + Spouse	\$1,302.31	\$1,376.12	\$1,245.05	\$1,456.16	\$1,625.85	\$1,699.66	\$1,613.49	\$1,824.60
Dual Employee (Employee + CCSD Spouse)*	\$410.68	N/A	\$355.78	N/A	\$861.54	N/A	\$805.48	N/A
Employee + Child(ren)	\$1,212.08	\$1,312.88	\$1,149.38	\$1,387.48	\$1,527.53	\$1,628.33	\$1,508.61	\$1,746.71
Family	\$1,913.45	\$2,044.18	\$1,964.85	\$2,232.88	\$2,398.76	\$2,529.49	\$2,517.51	\$2,785.54
Dual Employee Family (Employee + CCSD Spouse + Child(ren))*	\$1,422.02	N/A	\$1,470.63	N/A	\$1,907.33	N/A	\$2,023.29	N/A
Cherry Creek School District HSA Yearly Contribution								
Single	\$2,000.00	\$1,000.00	N/A		\$2,000.00	\$1,000.00	N/A	
+1 or Family Coverage	\$4,000.00	\$2,000.00			\$4,000.00	\$2,000.00		

*Only available when both CCSD employees are FT.

Delta Dental Plans

MONTHLY RATES	PPO PLAN	EPO PLAN
Employee Only	\$38.76	\$13.93
Employee + Spouse	\$71.68	\$37.87
Dual Employee (Employee + CCSD Spouse)	\$65.99	\$27.33
Employee + Child(ren)	\$88.08	\$46.69
Family	\$122.39	\$64.78
Dual Employee Family (Employee + CCSD Spouse + Child(ren))	\$106.48	\$59.44

VSP Vision Plan

MONTHLY RATES	
Employee Only	\$4.67
Employee + Spouse	\$9.29
Dual Employee (Employee + CCSD Spouse)	\$8.74
Employee + Child(ren)	\$8.96
Family	\$14.77
Dual Employee Family (Employee + CCSD Spouse + Child(ren))	\$13.67



2026 – 2027 Employee Premiums

Voya Critical Illness Insurance

EMPLOYEE MONTHLY RATES				
Employee Age	\$10,000 Coverage	\$20,000 Coverage	\$30,000 Coverage	\$40,000 Coverage
Under 25	\$2.70	\$5.40	\$8.10	\$10.80
25–29	\$2.90	\$5.80	\$8.70	\$11.60
30–34	\$3.20	\$6.40	\$9.60	\$12.80
35–39	\$4.00	\$8.00	\$12.00	\$16.00
40–44	\$5.30	\$10.60	\$15.90	\$21.20
45–49	\$7.80	\$15.60	\$23.40	\$31.20
50–54	\$11.40	\$22.80	\$34.20	\$45.60
55–59	\$16.60	\$33.20	\$49.80	\$66.40
60–64	\$22.80	\$45.60	\$68.40	\$91.20
65–69	\$31.90	\$63.80	\$95.70	\$127.60
70+	\$44.90	\$89.80	\$134.70	\$179.60

CHILD(REN) MONTHLY RATES	
\$10,000 Coverage	\$1.20
\$20,000 Coverage	\$2.40
\$30,000 Coverage	\$3.60
\$40,000 Coverage	\$4.80

SPOUSE MONTHLY RATES				
Spouse Age	\$10,000 Coverage	\$20,000 Coverage	\$30,000 Coverage	\$40,000 Coverage
Under 25	\$3.20	\$6.40	\$9.60	\$12.80
25–29\$	\$3.50	\$7.00	\$10.50	\$14.00
30–34	\$3.80	\$7.60	\$11.40	\$15.20
35–39	\$4.40	\$8.80	\$13.20	\$17.60
40–44	\$5.90	\$11.80	\$17.70	\$23.60
45–49	\$8.80	\$17.60	\$26.40	\$35.20
50–54	\$13.50	\$27.00	\$40.50	\$54.00
55–59	\$21.40	\$42.80	\$64.20	\$85.60
60–64	\$29.10	\$58.20	\$87.30	\$116.40
65–69	\$36.30	\$72.60	\$108.90	\$145.20
70+	\$48.00	\$96.00	\$144.00	\$192.00



2026 – 2027 Employee Premiums

Voya Accident Insurance

MONTHLY RATES	ON/OFF JOB COVERAGE
Employee Only	\$6.93
Employee + Spouse	\$12.04
Employee + Child(ren)	\$13.37
Family	\$18.48

Voya Hospital Indemnity

MONTHLY RATES	ON/OFF JOB COVERAGE
Employee Only	\$15.26
Employee + Spouse	\$32.57
Employee + Child(ren)	\$23.16
Family	\$40.47

Identity Theft Protection

MONTHLY RATES	
Employee Only	\$9.99
Family	\$18.98

Permanent Life with LTC Coverage

EMPLOYEE & SPOUSE MONTHLY RATES

The premium cost for this benefit is determined by your age, tobacco status, and the amount of coverage you elect. Call a Benefits Counselor at **1-800-960-7659** for rates and to enroll from **April 27 – May 8, 2026**, during Open Enrollment.

You can also view rates at <https://www.benefitsgo.com/cherrycreekschools> under “Important Resources” or during your enrollment at <https://my.cherrycreekschools.org>.

Note: Every effort has been made to ensure the information in this document is accurate. However, if there is any inconsistency between this document and the applicable plan documents, the official plan documents will always govern.



Important Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained free of charge by calling **1-720-554-4485**.

Enclosed are important notices about your rights under your health and welfare plan Cherry Creek School District Health and Welfare Plan the “Plan.” The information in the accompanying guide provides updates to your existing SPDs as of July 1, 2026, and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Cherry Creek School District reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Cherry Creek School District Health and Welfare Plan (the “Plan”) that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Cherry Creek School District Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Cherry Creek School District, Human Resources
4610 S. Ulster St., Suite 1001
Denver, CO 80237

If you have any questions, please contact the Cherry Creek School District Human Resources Office at **1-720-554-4485**.

Patient Protection Notice

Cherry Creek School District Health and Welfare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Cherry Creek School District Health and Welfare Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in-network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Cherry Creek School District Human Resources at **1-720-554-4485**.

Women’s Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). 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 lymphedema.

These benefits will be provided 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, call your plan administrator at **1-720-554-4485**.

Newborns’ and Mothers’ Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Cherry Creek School District Human Resources for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

Important Notice from Cherry Creek School District About Your Prescription Drug Coverage and Medicare

Medicare Part D Notice of Creditable Coverage

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

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

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

When Can You Join a Medicare Drug Plan?

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

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

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Cherry Creek School District coverage will not be affected.

Your Cherry Creek School District coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

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

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may

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

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

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

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

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

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help:

- Visit Social Security on the web at www.ssa.gov, or
- Call **1-800-772-1213**. TTY users should call **1-800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: July 1, 2026

Name of Entity/Sender: Cherry Creek School District

Contact: Benefits Office

4610 S. Ulster St., Suite 1001

Denver, CO 80237

Phone Number: **1-720-554-4485**

General Notice of Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end.

For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Cherry Creek School District Human Resources or COBRA Administrator.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an

additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of the date of the Social Security Administration's disability determination; the date of the covered employee's termination of employment or reduction in hours. You must also provide this notice within 18 months after the covered employee's termination or reduction in hours in order to be entitled to this extension. You must provide the notice by notifying the benefits office.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan

coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit
<https://www.medicare.gov/medicare-and-you>.

NOTE: <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Cherry Creek School District Benefits Supervisor
4610 S. Ulster St., Suite 1001
Denver, CO 80237
1-720-554-4485

HIPAA 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 enroll yourself and your dependents in the Cherry Creek School District group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). 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 Cherry Creek School District Human Resources at **1-720-554-4485**.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility:

- 1. ALABAMA** – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447
- 2. ALASKA** – Medicaid The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>
- 3. ARKANSAS** – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)
- 4. CALIFORNIA** – Medicaid Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov
- 5. COLORADO** – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado
Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442
- 6. FLORIDA** – Medicaid
Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268
- 7. GEORGIA** – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2
- 8. INDIANA** – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584
- 9. IOWA** – Medicaid and CHIP (Hawki)
Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562
- 10. KANSAS** – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
- 11. KENTUCKY** – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kyconnect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
- 12. LOUISIANA** – Medicaid
Website: <https://www.ldh.la.gov/healthy-louisiana>
Medicaid Customer Service Line: 1-888-342-6207
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website: <https://www.ldh.la.gov/lahipp>
LaHIPP phone: 1-877-697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

13. **MAINE** – Medicaid Enrollment Website:
https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711
14. **MASSACHUSETTS** – Medicaid and CHIP Website:
<https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711 Email: masspremassistance@accenture.com
15. **MINNESOTA** – Medicaid Website:
<https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672
16. **MISSOURI** – Medicaid Website:
<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005
17. **MONTANA** – Medicaid Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov
18. **NEBRASKA** – Medicaid Website:
<http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
19. **NEVADA** – Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900
20. **NEW HAMPSHIRE** – Medicaid Website:
<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. **NEW JERSEY** – Medicaid and CHIP Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)
22. **NEW YORK** – Medicaid Website:
https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831
23. **NORTH CAROLINA** – Medicaid Website:
<https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100
24. **NORTH DAKOTA** – Medicaid Website:
<https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825
25. **OKLAHOMA** – Medicaid and CHIP Website:
<http://www.insureoklahoma.org>
Phone: 1-888-365-3742
26. **OREGON** – Medicaid Website:
<http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075
27. **PENNSYLVANIA** – Medicaid and CHIP
Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website:
<https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)
28. **RHODE ISLAND** – Medicaid and CHIP Website:
<http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rlte Share Line)
29. **SOUTH CAROLINA** – Medicaid Website:
<https://www.scdhhs.gov> Phone: 1-888-549-0820
30. **SOUTH DAKOTA** – Medicaid Website: <http://dss.sd.gov>
Phone: 1-888-828-0059
31. **TEXAS** – Medicaid Website:
<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493
32. **UTAH** – Medicaid and CHIP Medicaid Utah's Premium Partnership for Health Insurance (UPP) Website:
<https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website:
<https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website:
<https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>
33. **VERMONT** – Medicaid Website:
<https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427
34. **VIRGINIA** – Medicaid and CHIP Website:
<https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924
35. **WASHINGTON** – Medicaid Website:
<https://www.hca.wa.gov/>
Phone: 1-800-562-3022
36. **WEST VIRGINIA** – Medicaid and CHIP Website:
<https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone:
1-855-MyWVHIPP (1-855-699-8447)
37. **WISCONSIN** – Medicaid and CHIP Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002
38. **WYOMING** – Medicaid Website:
<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1260

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for
Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 6156



Dedicated to Excellence
Cherry Creek Schools

NOTE: Actual plan provisions for Cherry Creek School District ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of the plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.