

Douglas County School District

2026-2027

Benefits Eligibility



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A - General Eligibility

An individual, (other than an individual who is working on a post-retirement arrangement), employed by Douglas County School District (District), in a regular full-time or part-time position (or positions) for 20 hours or more per week for at least 9 months (at least 169 days per school year) (or 0.5 FTE, in the case of a licensed employee) during the school year or other relevant period based on the individual's classification is eligible to enroll in the District's medical, dental and vision insurance plans and the District's Section 125 Plan.

Individuals who do not meet the description above are not eligible to enroll in the District's medical, dental, and vision insurance plans or the District's Section 125 Plan. These ineligible categories of employees include, but are not limited to: 1) Employees scheduled to work fewer than 20 hours per week for at least 9 months (at least 169 days per school year) (in other words, less than a part-time employee or less than 0.5 FTE in the case of licensed employees); 2) Temporary Employees; 3) Substitutes; and 4) Retired Employees.

A new employee must complete and submit an enrollment in Workday within 30 days of the employee's hire date to participate in District benefits for the current plan year. A new employee (and eligible dependents) who are not enrolled during that initial 30-day period may enroll only during a future open enrollment period, unless there is a family or employment change in status that, per IRS definitions, permits mid-year enrollment.

After your timely submission of enrollment materials, all benefits or coverage will generally be effective the first day of the month following your hire date. For example, if your date of hire is August 15, your coverage will be effective September 1. If your date of hire is September 1, your coverage will be effective October 1st. New licensed staff hired with a contract start date of July 1 will have a benefits coverage start date of August 1. For the Short-Term Disability (STD) and Long-Term Disability (LTD) plans, employees become eligible for coverage on the first day of the month following completion of 180 days of service.

B - Paid Leaves of Absence

An employee on an authorized paid leave of absence who otherwise meets the eligibility requirements for insurance coverage above will continue his or her medical, dental, vision, and life insurance coverage during such leave of absence.

C - Unpaid Leaves of Absence and Certain Terminations

An employee on a leave of absence under the Family and Medical Leave Act (FMLA) will have insurance coverage continued for the lesser of: (1) the period of the leave, or (2) 12 weeks (or 26 weeks within a single 12-month period, if the employee is the spouse, son,

daughter, parent or next of kin of a member of the armed forces and is caring for that person) and the leave qualifies as FMLA military caregiver leave, provided that the required employee contributions (at the same level as an active employee) are timely paid and the employee has not canceled the insurance coverage.

An employee on a leave of absence under the Uniformed Services Employment and Reemployment Act (“USERRA”), may continue his or her health, dental, and vision coverage while on USERRA leave. While on USERRA leave for less than 31 days, the employee must make the same contribution as is required for an active employee. If on USERRA leave for 31 days or longer, the employee must timely pay the full cost (employee plus District contribution) of coverage.

The District has declined to participate in the Colorado Family and Medical Leave Insurance Program (FAMLI), as permitted by Colo.Rev.Stat. § 8-13.3-522. The Family Care Act, Colo. Rev. Stat. § 8-13.3-201 et seq., may also impact your eligibility for benefits. During an authorized, unpaid leave of absence, insurance coverage will not be terminated unless you initiate a cancellation or do not make the required payment on a timely basis; provided, however, that any termination of insurance coverage will be in accordance with applicable law, including the Family and Medical Leave Act and/or the Family Care Act.

An employee on an authorized, unpaid leave of absence, that has expired FMLA benefits, is allowed to continue medical, dental, vision, provided the employee elects COBRA continuation. All other coverages, such as basic life and voluntary life insurance, shall be terminated at expiration of FMLA eligibility. If you are on a Leave of Absence due to your sickness or injury, including Total Disability, then coverage for all Covered Persons may be continued until the last day of the month which is on or next follows the date which is 12 months after the date you stopped Active Employment. This continuation of coverage includes all riders that were in effect on the date before the Leave of Absence began.

An employee (i) whose employment with the District is terminated, (ii) who was enrolled at the time of such termination in a District medical, dental, or vision insurance plan, (iii) who is reemployed by the District within 30 days of such termination, and, (iv) who is, as of such reemployment, eligible and timely enrolls as described in the first and fourth paragraphs of A., will be re-enrolled, as of the first day of re-employment with the District, in the same District medical, dental, and/or vision insurance plan(s) that the employee was enrolled in as of such termination (to the extent that such re-employment is within the same plan year under the District’s Section 125 Plan, as of such termination, and subject to the fourth paragraph of A.), and any Section 125 Plan elections previously made with respect to such plan year under the Section 125 Plan shall be reinstated as of such re-employment (subject to the fourth paragraph of A.).

An employee (i) whose employment with the District is terminated on or after the last day of an academic year, (ii) who was enrolled at the time of such termination in a District medical, dental, or vision insurance plan, (iii) who is re-employed by the District on or before the first day of the subsequent academic year, (iv) who is described in the first and fourth paragraphs of A., and (v) who is not described in the previous paragraph, may re-enroll, as of the first day of reemployment with the District, in the same District medical, dental, and/or vision insurance plan(s) that the employee was enrolled in as of such termination (subject to the fourth paragraph of A.). An employee in this situation will not be reinstated in any previous Section 125 Plan elections (other than with respect to medical, dental and/or vision employee premiums). Within 30 days of your re-employment by the District, such employees may make new elections with respect to District medical, dental, or vision insurance plans and new Section 125 Plan elections, with such new elections taking effect the first day of the month after your reemployment date.

If, in either situation described in the above two paragraphs, a District medical, dental, or vision insurance plan in which a re-employed employee was previously enrolled is not offered by the District when such employee is re-employed by the District, the District will determine which District insurance plan such employee will or may re-enroll in.

D - Dependents Eligible for Health, Dental, and Vision Insurance

An eligible dependent for medical, dental, and vision insurance purposes is any individual who meets any one of the following criteria:

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

You will be asked to provide written documentation for covered dependents as proof of eligibility to participate in our plans.

E - Eligibility to Enroll in a Health Savings Account

The Health Savings Account allows you to pay for qualifying medical expenses incurred for you, your spouse, and your eligible tax dependents through a tax-advantaged trust or custodial account that belongs to you.

To be eligible to enroll in a Health Savings Account:

1. You must be covered under the District high deductible health plan (currently, the UHC HDHP Plan or the Kaiser HDHP) on the first day of the month.
2. You may not have disqualifying non-high deductible health plan coverage.
3. You may not be covered by a General-Purpose Health Flexible Spending Account.
4. You may not be another person's tax dependent for tax purposes.
5. You may not be enrolled in Medicare Part A, Part B, or Part D, or any other Medicare benefit.
6. You may not be enrolled in TriCare or TriCare for Life

You will be required to certify your eligibility to maintain a Health Savings Account prior to being permitted to enroll in a Health Savings Account.

F - Foster Children

Expenses for a foster child who is placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction are eligible for reimbursement from your Health Flexible Spending Account, Health Savings Account, or Dependent Care Flexible Spending Account; however, a foster child is not eligible for coverage under the medical, dental, or vision insurance plans.

G - Where to Get More Information

This is not a complete description or discussion of eligibility. You should consult the most recent versions of the following IRS publications for more information regarding whether an individual is your dependent for tax purposes.

Publication 17, [Your Federal Income Tax](#)

Publication 501, [Dependents, Standard Deduction, and Filing Information](#)

Publication 503, [Child and Dependent Care Expenses](#)

Publication 969, [Health Savings Accounts and Other Tax-Favored Health Plans](#)

H - Changes in Enrollment

Open Enrollment: The District's plan year coincides with its fiscal year, which runs from July 1 to June 30. Open enrollment is held in April / May each year, during which time you may change your enrollments in District benefit plans. The effective date of these changes will be July 1st.

Change in Status/Special Enrollment: For purposes of medical, dental, vision (and related premiums), and the health flexible spending account, you may not change your enrollment decisions during the plan year unless you have a change in status or special enrollment event, which include, but is not limited to, the following:

Birth or adoption of a child or change of legal custody of a child.

Marriage, legal separation or divorce.

Death of a dependent.

An enrolled dependent ceases to satisfy the definition of dependent.

For purposes of medical, dental and vision only, you previously declined enrollment for you or your dependent(s) while other health insurance or group health insurance was in effect, and you or your dependent(s) lose eligibility for such other coverage (or the employer stops contributing toward your dependent's other coverage).

If one of these events occurs, you must notify the Benefits Team by completing a qualifying event in Workday within thirty (30) days of the event to change your enrollment status. In general, your election change must be consistent with the change in status. You will be required to provide written evidence of insurability or documentation of loss of coverage.

Changes in coverage will be effective at such time as the Administrator shall prescribe, but not earlier than the first pay period beginning after the election is completed in Workday, except in the case of birth, adoption, or change in legal custody in which case the child's coverage will be effective on the date the child is born or acquired.

Other change in status or special enrollment events may allow a change in your enrollment. Please check the Douglas County School District Section 125 Plan or contact the Human Resources Benefits Department for more details.

For purposes of dependent life insurance, changes in enrollment during the plan year may only be made in accordance with the guidelines provided by the dependent life insurance carrier.

I - When Coverage Ends

You may cancel your enrollment in any of the District benefit plans during the open enrollment period or under the change in status or special enrollment provisions outlined above. Otherwise, your enrollment in District benefit plans will terminate in accordance with the following:

Licensed: Insurance Coverage is in effect until June 30th provided the employee finishes the academic school year. Otherwise, coverage ends on the last day of the month worked.

Administration, Pro-Tech: Insurance coverage is in effect through the end of the month of your termination date.

Classified: Insurance coverage is in effect through the end of the month of your termination date.

J – Proof of Eligibility

You will be required to provide proof of marital or domestic partnership status or a dependent's eligibility as a condition of enrolling your spouse, civil union partner, or dependent. Douglas County School District reserves the right to request that you provide proof of your marital or domestic partnership status, or a dependent's eligibility, at any time. If you fail to provide such proof or it is determined that a person you enrolled was not eligible to be enrolled, coverage may be denied. In addition, civil and criminal penalties could apply if you enrolled an ineligible person.

This document contains more details than the documents provided by any one carrier. In the event of a conflict between this document, the District Section 125 Plan and the documents provided by any carrier, the benefit eligibility description in this document, and the District Section 125 Plan govern benefits eligibility as well as when coverage begins and ends.

Please be sure to contact the Benefits Department if you have questions regarding benefit eligibility.

Please consult with your own tax professional regarding your own situation, particularly regarding special rules for divorced or separated parents.