



2023 Employee Benefits Guide

Effective July 1, 2023 – June 30, 2024



Greeley-Evans School District 6

I'm

District 6.

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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 see the Medicare Part D Notice(s) on page 27 of this guide for more details.

Eligibility

You are eligible for benefits if you are:

- A Full-time employee
- A Certified employee .5 FTE or more
- An A/P/T or a Classified employee working at least 30 hours per week

New hire coverage begins the first of the month following your date of hire or benefitted position start date if hired part time.

Your eligible dependents include:

- Your spouse or same sex domestic partner
- All natural, adopted or stepchildren, to the end of the month in which they turn 26
- Disabled children of any age who are (or become) physically or mentally incapable of self-support while covered by our employee benefits program.

Annual Open Enrollment

Your Benefits Open Enrollment period begins on April 3, 2023, and continues through April 14, 2023. The benefits choices you make during open enrollment become available on July 1, 2023, and continue through June 30, 2024. Open Enrollment is the time to consider your benefit needs and make new choices. **All benefit eligible employees must complete an online enrollment to:**

- Enroll or Waive in one of the Aetna Medical Plans
- Enroll or Waive in the Aetna Dental Plan
- Enroll or Waive in the EyeMed Vision Plan
- Enroll or Waive in the WCSD6 sponsored Life Plan – this is a 100% employer paid benefit
- Add or delete eligible dependents
- Enroll or re-enroll in an HSA account, applicable only if enrolled in a high deductible medical plan
- Enroll or re-enroll in the Flexible Spending Account or Limited Flexible Spending Account
- Enroll or waive in Aetna Voluntary Plans

Making Changes After Open Enrollment

After open enrollment, changes can only be made to your coverage if you experience a Qualifying Life Event, including:

- Change in legal marital status (marriage, divorce, legal separation)
- Domestic partnership status change
- Birth or adoption of a child
- Change in child's dependent status
- Death of spouse, child or qualified dependent
- Change in residence due to an employment transfer for you, your spouse or domestic partner
- Commencement or termination of adoption proceedings
- Change in spouse's or domestic partner's benefits or employment status
- Change in Medicare or Medicaid eligibility

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage, or if the employer stops contributing towards your or your dependents' other coverage. 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 the Benefits Office at 970.348.6114.

Important Changes for 2023 Open Enrollment

➤ New Enrollment Platform

- Open Enrollment is now through Employee Access – For Instructions click [HERE](#).
- Plans appear in Alpha order, NOT lowest premium first –be sure to look carefully at the plan you are selecting
- Elections will not be defaulted to your current elections – if you want to see what you have currently selected, click button to VIEW EXISTING ELECTIONS

 [View existing election](#)

➤ Medical Plan Enhancements

- The District now contributes more towards premiums for dependent coverage options!
 - ✓ If you have additional dependents on your plan, the District will now pay a portion of your dependent premium cost!
 - ✓ If your dependents are currently on a different plan, such as a spouse or partner, check our new spouse, child and family rates out and see if it will save you money to switch them over to the District 6 plans

➤ Welcome to NICE Healthcare – New added benefit for medical plan participants

- Covers anyone in your household, even if they are not enrolled on your District 6 Aetna medical plan
- **In-person and virtual visits are at \$0 copay; if you are on one of the HSA plans, you do not have to meet your deductible and you will not be charged a fee**
- Health professional will consult with you at home, work or virtually – you decide what works best for you
- Schedule a NICE visit for:
 - ✓ Primary Care – Physicals, feeling under the weather, sick child, chronic conditions (like high blood pressure, high cholesterol)
 - ✓ Behavioral Health – Preventive therapy
 - ✓ Labs – 35+ labs are included at no charge
 - ✓ X-rays & EKG's – At home or at work!
 - ✓ Medication – Over 550 common prescriptions available **at no charge**
 - ✓ In-Network Specialist referrals, and MORE!

➤ Dental Plan Enhancements

- The dental plan now covers posterior composite fillings
- The dental network has expanded to Dental PPO/PDN with PPO II and Extend™
- The cost for preventative services is no removed from the Maximum Benefit Allowance

- **Voluntary Life Insurance Plan** (NOTE: This does NOT affect your District 6-paid life insurance plan)
 - **Any increase in coverage will require you to complete an Evidence of Insurability**
 - If you were eligible to enroll last year and chose not to enroll, any election of coverage will require you to complete an Evidence of Insurability
 - If you are a new hire or just became eligible, you may elect up to the Guaranteed Issue amount without completing an Evidence of Insurability form; any amount over the Guaranteed Issue amount will require you to complete an Evidence of Insurability
- **New Wellness Program – Navigate**
 - Replaces Wellbeats for workout programs
 - Replaces Attain for wellness challenges and rewards
 - ✓ Attain is sunsetting effective July 1 – if you have a balance owing for an Apple watch you received through the Attain program, that balance will be forgiven
 - Find healthy recipes, searchable by ingredient
 - Track accomplishments to earn incentives (water challenges, biometric screening results, walking challenges, wellbeing programs, volunteering, weight tracking, healthy eating challenges, etc.)
 - Syncs with wearable devices and other apps like Fitbit
 - Mobile App available for easy access
- **For access to the BENEFITS ENROLLMENT CLASSROOM 2023-24** plan year, click [HERE](#). If you have trouble accessing the first classroom, click [HERE](#) to enter the second classroom (both contain the same information).



Benefits Costs for 2023-2024

District 6 is covering at least 1/2 of the cost to you, your spouse, your child(ren) or family for medical insurance.

Aetna AWH HNO	Total Monthly Premium	District 6 Pays Monthly on Your Behalf	Your Monthly Cost
Employee Only	\$808.16	\$728.73	\$79.43
Employee + Spouse	\$1,726.70	\$863.35	\$863.35
Employee + Child(ren)	\$1,531.62	\$765.81	\$765.81
Employee + Family	\$2,507.12	\$1,253.56	\$1,253.56

Aetna AWH HSA IN	Total Monthly Premium	District 6 Pays Monthly on Your Behalf	Your Monthly Cost
Employee Only	\$728.73	\$728.73	\$0.00
Employee + Spouse	\$1,557.28	\$778.64	\$778.64
Employee + Child(ren)	\$1,381.29	\$728.73	\$652.56
Employee + Family	\$2,261.18	\$1,130.59	\$1,130.59

Aetna HLTH Network HNO	Total Monthly Premium	District 6 Pays Monthly on Your Behalf	Your Monthly Cost
Employee Only	\$930.11	\$728.73	\$201.38
Employee + Spouse	\$1,987.22	\$993.61	\$993.61
Employee + Child(ren)	\$1,762.74	\$881.37	\$881.37
Employee + Family	\$2,885.16	\$1,442.58	\$1,442.58

Aetna MNGD Choice HSA	Total Monthly Premium	District 6 Pays Monthly on Your Behalf	Your Monthly Cost
Employee Only	\$895.67	\$728.73	\$166.94
Employee + Spouse	\$1,913.42	\$956.71	\$956.71
Employee + Child(ren)	\$1,697.28	\$848.64	\$848.64
Employee + Family	\$2,778.06	\$1,389.03	\$1,389.03

Nice Healthcare	Total Monthly Premium	District 6 Pays Monthly on Your Behalf	Your Monthly Cost
Employee Only	\$39.00	\$39.00	\$0.00
Employee + Spouse	\$39.00	\$39.00	\$0.00
Employee + Child(ren)	\$39.00	\$39.00	\$0.00
Employee + Family	\$39.00	\$39.00	\$0.00

Aetna Dental	Total Monthly Premium	District 6 Pays Monthly on Your Behalf	Your Monthly Cost
Employee Only	\$35.00	\$35.00	\$0.00
Employee + Spouse	\$67.00	\$35.00	\$32.00
Employee + Child(ren)	\$80.00	\$35.00	\$45.00
Employee + Family	\$120.00	\$35.00	\$85.00

EyeMed Vision	Total Monthly Premium	District 6 Pays Monthly on Your Behalf	Your Monthly Cost
Employee Only	\$5.18	\$5.18	\$0.00
Employee + Spouse	\$8.22	\$5.18	\$3.04
Employee + Child(ren)	\$8.62	\$5.18	\$3.44
Employee + Family	\$12.91	\$5.18	\$7.73



Choosing a Medical Plan

Weld County School District 6 plans offers four plans from which to choose. **Plans appear in Alpha order, NOT lowest premium first – be sure to look carefully at the plan you are choosing.**

AWH HNO

- Copay plan – copays for office visits and prescriptions, deductible and coinsurance for major services
- Network – Aetna Whole HealthSM – Colorado Front Range Health Network Only, which is focused on Banner doctors and facilities
- Embedded deductible and out-of-pocket maximum – No single individual on a family plan will be subject to more than the individual deductible
- **No out-of-network benefits except for emergency care**

AWH HSA IN

- High deductible health plan – all medical costs apply to a deductible before insurance pays
- Network – Aetna Whole HealthSM – Colorado Front Range Health Network Only, which is focused on Banner doctors and facilities
- Non-embedded deductible and out-of-pocket maximum – On a family plan, the entire family deductible must be met before any coinsurance is applied for any individual family members; deductible and out-of-pocket maximum can be met either by one member or a combination of several members
- **No out-of-network benefits except for emergency care**

HLTH Network HNO

- Copay plan – copays for office visits and prescriptions, deductible and coinsurance for major services
- Network – Aetna Health Network OnlySM (Open Access); providers on this plan include Banner doctors and facilities, some UCHHealth doctors and facilities
- Embedded deductible and out-of-pocket maximum – No single individual on a family plan will be subject to more than the individual deductible
- **No out-of-network benefits except for emergency care**

MNGD Choice HSA

- High deductible health plan – all medical costs apply to a deductible before insurance pays
- Network – Aetna Managed[®] Choice POS (Open Access) network and providers on this plan include Banner doctors and facilities as well as UCHHealth doctors and facilities
- Non-embedded deductible and out-of-pocket maximum – On a family plan, the entire family deductible must be met before any coinsurance is applied for any individual family members; deductible and out-of-pocket maximum can be met either by one member or a combination of several members
- **Includes out-of-network benefits**

All four of the District's medical plans include the following features:

- Enrollment in Nice Healthcare
- Preventive care covered at 100%, as long as you use an in-network provider
- Prescription drug coverage
- Teladoc options for virtual visits
- Deductible and out-of-pocket maximums accumulate on a plan year July 1 through June 30, so deductibles and out-of-pocket maximums reset to \$0 on July 1

Medical Cost & Benefits

Your Cost	Aetna AWH HNO	Aetna AWH HSA IN	Aetna HLTH Network HNO	Aetna MNGD Choice HSA
Employee Only	\$79.43	\$0.00	\$201.38	\$166.94
Employee + Spouse	\$863.35	\$778.64	\$993.61	\$956.71
Employee + Child(ren)	\$765.81	\$652.56	\$881.37	\$848.64
Employee + Family	\$1,253.56	\$1,130.59	\$1,442.58	\$1,389.03
Benefit Highlights	In-Network You Pay	In-Network You Pay	In-Network You Pay	In-Network You Pay
Plan Year Deductible	\$750 Individual \$2,250 Family	\$1,500 Individual \$3,000 Family	\$750 Individual \$2,250 Family	\$1,500 Individual \$3,000 Family
Plan Year Out-of-Pocket (OOP) Max	\$3,500 Individual \$7,000 Family	\$3,000 Individual \$6,000 Family	\$3,500 Individual \$7,000 Family	\$3,000 Individual \$6,000 Family
Coinsurance	80% after deductible	90% after deductible	80% after deductible	90% after deductible
Preventive Care	No charge	No charge	No charge	No charge
Routine Office Visit	\$25 copay	Deductible then 10%	\$25 copay	Deductible then 10%
Specialist Office Visit	\$50 copay	Deductible then 10%	\$50 copay	Deductible then 10%
Virtual Visit	\$25 copay	\$49 fee until deductible is met; after deductible 10%	\$25 copay	\$49 fee until deductible is met; after deductible 10%
Mental Health Visit	\$50 copay	Deductible then 10%	\$50 copay	Deductible then 10%
Urgent Care	Deductible then \$75 copay	Deductible then 10%	Deductible then \$75 copay	Deductible then 10%
Emergency Room Visit	Deductible then \$200 copay/visit	Deductible then 10%	Deductible then \$200 copay/visit	Deductible then 10%
Ambulance	Deductible then 20%	Deductible then 10%	Deductible then 20%	Deductible then 10%
Inpatient Hospital	\$150 copay then deductible then 20%	Deductible then 10%	150 copay then deductible then 20%	Deductible then 10%
Outpatient Surgery	\$75 copay/visit then deductible then 20%	Deductible then 10%	\$75 copay/visit then deductible then 20%	Deductible then 10%
Diagnostic X-Ray/Lab	Deductible then 20%	Deductible then 10%	Deductible then 20%	Deductible then 10%
Complex Radiology (MRI/PET/CAT)	\$150 copay/visit then deductible then 20%	Deductible then 10%	\$150 copay/visit then deductible then 20%	Deductible then 10%
Prescription Deductible	None	Deductible then copays apply until the OOP max is met	None	Deductible then copays apply until the OOP max is met
Retail (30-day supply)				
Tier 1	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Tier 2	\$40 copay	\$30 copay	\$40 copay	\$30 copay
Tier 3	\$70 copay	\$50 copay	\$70 copay	\$50 copay
Specialty	Copay as noted above for generic or brand	Copay as noted above for generic or brand	Copay as noted above for generic or brand	Copay as noted above for generic or brand
Mail Order (90-day supply)	3x retail copay	2.5x retail copay	3x retail copay	2.5x retail copay

For more detailed information about each plan's medical benefits and limitations, please consult the plan Summary of Benefits and Coverage (SBC). You can find them at:

<https://classroom.google.com/c/NDgzOTczOTYwNzQ5/m/NTE4MTEzNDE4MDk1/details>.

Nice Healthcare



When to Use Nice

EVERYDAY CARE WHENEVER YOU NEED IT



“

They were so personable and made me feel as comfortable as possible, and really made time to learn about me and my health issues. I highly recommend Nice.

Angela K.
Nice Healthcare Patient



Routine Checkups

Annual Wellness Exam - Sports Physicals - Child Checkups



Chronic Care

High Blood Pressure - High Cholesterol - Thyroid Conditions
- Diabetes



Sick Care

Cold/Flu - Strep Throat - Sinus & Ear Infection - UTIs - Pink Eye - Rashes



Short-Term Mental Health

Anxiety - Depression - Grief & Loss



Virtual Physical Therapy

Back Pain - Neck Pain - Injury Recovery



Imaging

X-Rays - EKGs



35+ Labs

Blood Work - A1c



All this care and more!

Download the app to get started.



Getting Started With Your Nice benefits



Step 1: Download the Nice App

In your app store, search for "Nice Healthcare" and download it to your mobile device. Otherwise, you can go to www.nice.healthcare to create and access your account.

Step 2: Create Your Nice Account

Open the app and select "Sign Up". Using your personal email address, fill out the required fields.

Step 3: Sign Into Your Account

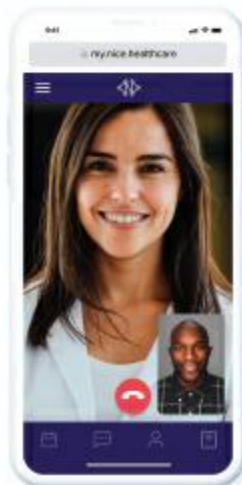
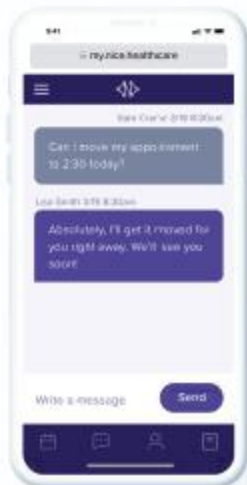
Open the app and select "Log In". Enter your email and password and you'll be taken to your homepage.

Step 4: Add Dependents if Necessary

On the homepage, click the "Accounts" button and select "Add Patient" on the bottom of the next screen. Fill out the necessary information and repeat for each dependent.



Use The Nice App for In-Home and Virtual Care, Managing Prescriptions, Live Physical Therapy and More!



Step 5: Complete the Intake Form

On the homepage, click the "Book Appointment" button. Select the patients and complete the Intake form*.

***This process will take 15-20 minutes, but only needs to be completed before your first visit. Schedule future visits in under 5 minutes.**

Step 6: Schedule Your First Visit

On the next screen, choose the appointment type (video or chat), preferred provider (if any), preferred date and time slot. Complete the remaining steps and you'll see your appointment on your homepage.

Mental Health Therapy at Nice

SHORT-TERM MENTAL HEALTH SUPPORT

This program helps patients self-manage their mild to moderate mental health needs. We address a broad range of issues to support daily functioning and self-care. It is not intended to address serious mental illness or be long-term in nature.



How does it work?

Patients must first schedule a primary care visit using the Nice app. If therapy is a good fit, their clinician will refer them to our mental health team for a consultation.

Initial consultations will briefly determine the patient's needs and priorities. At the end of the consultation, the therapist will set expectations for the remaining course of treatment and will schedule a follow up appointment, if appropriate.

Patients may be placed on a waitlist until an appointment becomes available at which point they will be contacted through the Nice app.

Nice does not prescribe controlled substances or antipsychotic medications.

Who's eligible?

- Must be 18 years old or older
- Must receive a Nice clinician's referral

A good fit for:

- Depression
- Anxiety
- Parenthood or other life transitions
- Relationship and family issues
- Maternal mental health
- Grief and loss
- Work related stress

Not a good fit for:

- Those already in therapy
- Suicidal ideation
- Substance abuse
- Other complex needs

Prescriptions

Know the cost of your medicines ahead of time by going to [Aetna.com](https://www.aetna.com) and logging in to your member website. Go to the “Pharmacy” section or use the Aetna Health app to search costs. Get cost estimates for generic or brand name drugs, and find out if a prescription requires prior authorization, step therapy or quantity limits.

You can also do a lot more on your member website, like find a pharmacy near you. You can find detailed information on prescription drugs, including any potential interactions or possible side effects.

CVS Caremark Mail Service Pharmacy™

Mail service perks:

- Fast reorders with no trips to the pharmacy
- Free standard shipping to your home, job or wherever you choose
- Privacy, since your medicine arrives in unmarked secure packaging

How to Get Started:

1. Call or go online – Call 1.888.792.3862 (TTY: 711) or go to [Aetna.com](https://www.aetna.com) to log in to our member website, or use the Aetna Health app.
2. Request mail service – by phone or online – you can also print out an order form and send to Aetna.
3. Get refills – It’s easy to reorder online, by phone or mail.

Pharmacy Discount Cards

You may have seen a commercial on television or read an ad in a magazine describing the benefits of using a pharmacy discount card – so what is a pharmacy discount card? It is a discount card that can provide significant savings for prescription medication. These cards are also known as drug discount cards or Rx discount cards. They are provided by different companies that have agreements with many pharmacies around the country.

Examples of prescription discount cards include:

- GoodRx
- SingleCare
- HelpRx
- ScriptSave WellRx
- RxSaver

These programs have websites that can help you save money every month by helping you find the lowest prescription prices at your local pharmacies. Many have a mobile app you can download to your phone as well. By using their price comparison tool on their mobile app or their website, you could save on many FDA-approved drugs—brand-name and generic. Think of it as an Expedia for prescription drugs.



Please note that if you use a pharmacy discount card or coupon when filling your prescription, it WILL NOT be processed through your medical insurance and consequently IS NOT applied to your deductible or out-of-pocket maximum.

Mental Health and Your Medical Plan

Autism Management

Your Aetna health plan covers autism spectrum disorder treatment. If you or your child has autism spectrum disorder, you've likely faced some challenges. Maybe it's finding providers who specialize in autism. Or getting the most from your health plan.

Good news – your behavioral health plan covers treatment with applied behavioral analysis (ABA), which is considered one of the most effective treatments for autism spectrum disorder.

For assistance from your autism advocate, call **1.866.724.0604 (TTY: 711), option 5**.

AbleTo Support

The AbleTo program provides virtual, personalized support that can help you feel better. You'll learn how to better manage your emotions and improve your overall health. Your mental and physical health can improve in as little as eight weeks. Plus, this program is already included in your Aetna membership. Consider AbleTo support if you've had one of these health conditions or life changes:

- Depression, anxiety or panic attacks
- Chronic pain/pain management
- Grief and loss
- Diabetes/weight loss
- Cardiovascular disease
- Caregiver stress (child, elder or person with autism)
- Digestive health issues
- Cancer diagnosis and recovery
- Respiratory issues
- Infertility or postpartum depression
- Alcohol or substance use disorder
- Military transition

To Join the Program

- If your claims data shows you may benefit from this program, an Aetna or AbleTo representative will call you to explain how it works and why it can help you. In most cases there is no cost to you.*
- Or you can contact Aetna at:
 - ✓ AbleTo.com/Aetna
 - ✓ Call **1.844.330.3648** Monday-Friday 9am-8pm ET
 - ✓ Tell your Aetna case manager you'd like to participate

*All program costs are submitted as claims with no employee cost. Members with a high-deductible health plan are required to meet plan deductibles before costs are covered.

WorkIt-Health

What is WorkIt Health? It is an evidence-based online treatment program for Substance Use Disorders, offering personalized convenient therapy, coaching, Medication Assisted Treatment (MAT), digital learning, and peer support. WorkIt Health is an innovative, multi-level solution, designed to meet members where they are.

Contact workithealth.com/aetna or call **1.877.777.2671**.

Employee Assistance Program

Available to all WCSD 6 Employees and their Household Members

Resources for Living

You can access up to 8 counseling sessions per issue per year. Call 24 hours a day for in-the-moment emotional well-being support. Counseling sessions are available face-to-face, via televideo or chat therapy. Services are free and confidential.

Emotional well-being support

- Relationship support
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Depression and anxiety
- Substance misuse
- Self-esteem and personal development

Daily life assistance

- Child care, parenting and adoption
- Summer programs for kids
- School and financial aid research
- Care for older adults
- Caregiver support
- Special needs
- Pet care
- Home repair and improvement

To access EAP services
1-888.238.6232 (TTY: 711)
Resourcesforliving.com
Username: D6
Password: EAP

Talkspace

Talkspace is an online therapy platform that makes it easy and convenient for you to connect with a licensed behavioral therapist. With Talkspace, you can send unlimited text, video and audio messages to your dedicated therapist via web browser or the Talkspace mobile app. You can also schedule real-time 30-minute video sessions.

To get started messaging a licensed therapist:

- Log in to your member website, go to Services>Talkspace online therapy and select "Sign up for Talkspace".
- Indicate your unique needs and preferences for therapy.
- You will be shown three potential providers based on your preferences.
- Choose a therapist and begin messaging the very same day.
- Remember there is no limit to the number of messages you can send your therapist each day.

One week of therapy counts as one visit. Each televideo session also counts as one visit. You will continue to work with the same therapist unless your request to change providers. Your therapist will reply to your texts daily, during their business hours, five days per week.

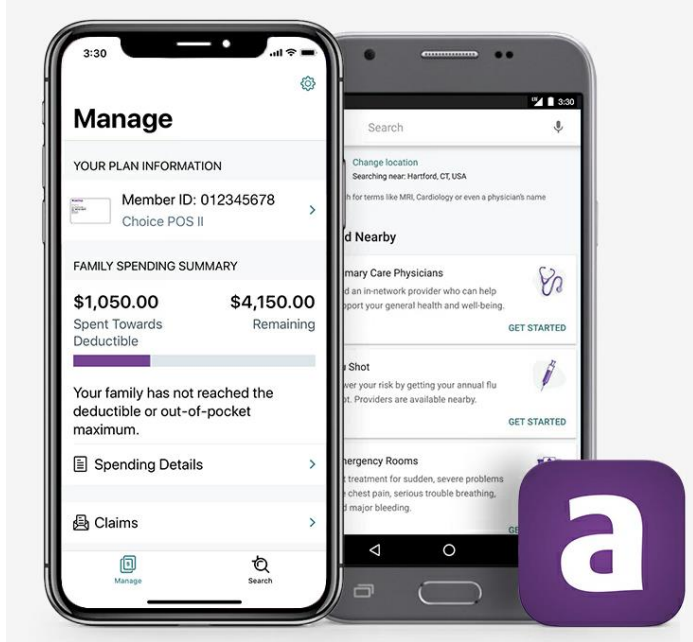


Chat therapy is for individual counseling for members 13 years of age and older. Chat therapy should not be considered for meeting requirements for employment, school enrollment, disability or legal documentation. Chat therapy and televideo sessions in the same week count as multiple sessions.

The Aetna HealthSM App

Manage your benefits right from your phone

Discover a smarter, simpler way to take charge of your health plan and benefits. With the Aetna Health app, you can:



With the mobile app, you can:

- Pull up your ID card whenever you need it
- View your health plan summary and get detailed information about what's covered
- Track spending and progress towards meeting your deductible for you and your family
- See claims details and pay claims for your whole family.
- Search for providers, procedures and medications
- Get cost estimates before you get care
- Speak with a doctor by phone or video 24/7 — from anywhere with Teladoc®
- Receive personalized health reminders.

Two ways to download the Aetna Health app:

- Text **AETNA** to **90156** to download the Aetna Health app*
- Download from the App Store or Google Play (you will see this icon)



*Standard text messaging rates may apply.

Please note the Aetna Health App will not be available to you to use until your enrollment becomes effective

Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged savings account owned by you and that is required by law to be combined with a high deductible health plan (HDHP). You can use this account to pay for qualified medical expenses, like deductibles, copays and coinsurance.

If you leave Weld County School District 6 for any reason, your HSA goes with you. You can continue to contribute to your account for as long as you are enrolled in a qualified HDHP. You can also continue to withdraw your funds, tax free, for qualified medical expenses, regardless of your health plan type. If you withdraw funds before age 65 for non-qualified medical expenses, regular income taxes plus a 20% penalty may apply. At age 65, you may withdraw your HSA funds, tax free, to pay health expenses and certain insurance premiums (excluding Medigap policy premiums). At age 65, distributions for non-medical expenses will be treated as gross income, without incurring tax penalties.

You are eligible for an HSA:

- If you enroll in the Aetna **AWH HSA IN** or the **MNGD CHOICE HSA**
- If you are not covered under another medical plan that is not a high deductible health plan (HDHP)
- If you have not enrolled in a general-purpose flexible spending account (FSA) or health reimbursement arrangement (HRA) in the same year (and neither has your spouse)
- If you are not eligible for *AND* enrolled in Medicare benefits
- If you are not claimed as a “dependent” on someone’s tax return

2023 Annual HSA Contribution Limits

- \$3,850 for individual coverage
- \$7,750 for family coverage
- Individuals age 55 or older may be eligible to make a catch-up contribution of \$1,000

If you enroll in an HSA in the middle of the year, you are allowed to make a full year’s contribution, provided you are eligible on December 1 of that year and you remain eligible for HSA contributions for at least the 12-month period following that year.



Once your Medicare coverage begins, you cannot contribute to your HSA. If you continue to contribute to your HSA after Medicare coverage starts, you may have to pay a tax penalty. To continue contributing to your HSA, you shouldn’t apply for Medicare, Social Security or Railroad Retirement Board (RRB) benefits.

Note: Premium-free Part A coverage begins 6 months back from the date you apply for Medicare (or Social Security/RRB benefits), but no earlier than the first month you were eligible for Medicare. To avoid a tax penalty, you should stop contributing to your HSA at least 6 months before you apply for Medicare.

You can only enroll in Part B at certain times. If you have an HSA with a HDHP based on your or your spouse’s current employment, you may be eligible for a Special Enrollment Period (SEP) to enroll in Part B later without a lifetime late enrollment penalty. If you qualify, you can wait to enroll in Medicare until you (or your spouse) stop working or lose your employer group health plan coverage based on that employment.

You can withdraw money from your HSA after you enroll in Medicare to help pay for medical expenses (like deductibles, premiums, coinsurance or copays).

Flexible Spending Accounts (FSA)

A Flexible Spending Account (FSA), also called a “flexible spending arrangement”, is a pre-tax special account that you put money into and can be used to pay for certain out-of-pocket healthcare costs, like medical, dental and vision care expenses.

Contributions to your FSA may come out of your paycheck before any taxes or PERA contributions are calculated. This means that you may not pay federal income tax, state income tax, Social Security tax or PERA contributions on the portion of your paycheck you contribute to your FSA.

Please indicate an annual election amount during enrollment and only contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan year (July 1, 2023 through June 30, 2024). If you do not use all the money you contribute, it **will not** be refunded to you or carried forward to a future plan year. *You may only change your election during the plan year if you experience a Qualifying Life Event, including a marriage, a divorce or a birth.*



Why Enroll in an FSA?

- You can save an average of 30% on a wide variety of eligible healthcare expenses by paying for them on a pre-tax basis
- You can access the full amount of your annual election amount on the first day of your plan year (July 1)
- You can choose from several convenient, no-hassle payment and reimbursement options
- You may defer amounts for your eligible dependents, even if they are not enrolled in your insurance plan

Healthcare FSA

A Healthcare FSA can be used for eligible medical, dental and vision care expenses – like deductibles, copays and coinsurance.

You may defer up to \$3,050 for Plan Year 2023 for qualified medical expenses for yourself and/or your dependents.

HSA Compatible FSA

If you are participating in an HSA, you are not permitted to be covered by a traditional Healthcare FSA. However, you may enroll in a Limited Purpose FSA to help save for eligible out-of-pocket dental and vision expenses. **General medical expenses are not eligible.**

You may defer up to \$3,050 for Plan Year 2023 for qualified dental and vision expenses for yourself and/or your dependents.

Dependent Care FSA

A Dependent Care FSA (DCFSA) is used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare.

You may defer \$416.67 per month up to \$5,000 (or \$2,500 if married and filing separately) per calendar year.

HealthEquity

WageWorks

EZ Receipts Mobile App

This free app is a quick and easy way to manage your HealthEquity/WageWorks benefits. It puts the power of the HealthEquity/WageWorks web portal in the palm of your hand. Download this free app to your iPhone or Android mobile device, log in to your Health Equity/WageWorks account, and check your balances, submit claims, snap and submit photos of receipts—all on the go!

Manage Your Health Equity/WageWorks Account Any Time, Anywhere

- Snap and submit photos of your receipt each time you use your card to make it easy to verify card transactions later
- File claims, view transactions and check account balances on the go
- Sign up for email and text alerts for the ultimate mobile convenience

Key Features and Benefits of the HealthEquity/WageWorks EZ Receipts Mobile App

The HealthEquity/WageWorks EZ Receipts app makes managing your benefits quick, easy, and completely mobile. It automates and streamlines everything. This handy free app works with these WageWorks benefits:

- HealthEquity/WageWorks Healthcare Flexible Spending Account (FSA)
- HealthEquity WageWorks Dependent Care FSA
- HealthEquity/WageWorks HSA-Compatible FSA

Web Portal in Your Pocket for On-the-Go Convenience

The HealthEquity/WageWorks EZ Receipts mobile app puts the power of the WageWorks web portal in the palm of your hand. It's so easy to use! Functions include:

- Snap and save photos of receipts to verify your payment card transactions
- File a claim and get reimbursed quickly
- View transactions and account balances
- View and edit your account profile
- Set your communication preferences and sign up to receive important WageWorks benefit account information via text message and email
- Sign up for direct deposit as your preferred reimbursement method
- Have your dependent care provider sign directly in the app to create an electronic receipt
- Maintain a list of providers so you don't have to retype contact information

Download the Free App

Download from the iTunes App Store or Google Play – it's free (you will see this icon)



Dental Cost & Benefits

	Monthly Premium	Your Cost per Pay Month
Employee Only	\$35.00	\$0.00
Employee + Spouse	\$67.00	\$32.00
Employee + Child(ren)	\$80.00	\$45.00
Family	\$120.00	\$85.00

Type of Service	In-Network	Out-of-Network
Policy Year Deductible	\$50 per individual / \$100 per family	
Policy Year Maximum	\$1,500	
Dependent Eligibility	To age 26	
Preventive	100%	100%
Basic Services - Periodontics/Endodontics	80%	80%
Major Services	50%	50%
Orthodontics	50%	50%
Lifetime Maximum	\$1,500 per eligible person	
Age Limitation	Dependent children to age 19, no Adult coverage	

New This Year!

- Your preventive care will no longer apply to the annual maximum
- Posterior composite fillings will be covered under Basic Services
- The dental network has been expanded – see below

To see if your dentist is in network or to find an in-network dentist:

- Go to www.aetna.com/docfind
- Select Dentist (Primary Care) or Dentist (Specialist) from the Provider types or type a name in the “Who or what are you looking for?” box
- Enter your ZIP code in the “Where?” box and click “Search”
- Choose “**Dental PPO/PDN with PPO II and ExtendSM**” from the “Select a Plan” drop-down menu



No dental ID cards are sent to members. Once your enrollment is effective, if you would like an ID card, call Member Services at 1.877.238.6200 and request one be mailed to you. You can print one by logging into the member website at www.aetna.com. Your ID card can also be found on the Aetna mobile app.

★What is “balance billing”?

Balance billing is additional amounts a non-participating (out-of-network) dentist charges you for the difference between the dental carrier’s allowed amount and the dentist’s fee. Participating (in-network) dentists agree to accept the dental carrier’s allowed fee and charge you only the copays and deductibles, when applicable. Non-participating (out-of-network) dentists may charge you the difference between the dental carrier’s allowed amount and their fee and may also require you to pay the full charge up front.

Vision Cost & Benefits

	Monthly Premium	Your Cost Per Pay Month
Employee Only	\$5.18	\$0.00
Employee + Spouse	\$8.22	\$3.04
Employee + Child(ren)	\$8.62	\$3.44
Family	\$12.91	\$7.73

Type of Service	In-Network	Out-of-Network
Exam – Every 12 months	\$10 copay	Reimbursed up to \$40
Lenses – Every 12 months		
Single	\$25 copay	Reimbursed up to \$40
Lined Bifocal	\$25 copay	Reimbursed up to \$60
Lined Trifocal	\$25 copay	Reimbursed up to \$80
Lenticular	\$25 copay	Reimbursed up to \$80
Frames – Every 12 months	\$130 allowance then 20% off balance over \$130	Reimbursed up to \$45
Contacts (in lieu of glasses) – Every 12 months		
Medically Necessary	\$0 copay, paid in full	Reimbursed up to \$210
Conventional Elective	\$130 allowance, 15% off balance over \$130	Reimbursed up to \$125
Disposable Elective	\$130 allowance plus balance over \$130	Reimbursed up to \$125
Laser Vision Correction	15% off retail price or 5% off promotional price	In-network only

Please note you will receive a paper ID card in the mail from EyeMed, however it is not required to receive services. You are identified by the subscriber's SSN

To find a vision provider:

- Go to www.eyemed.com/en-us;
- Click on "Find an Eye Doctor"
- Input you zip code
- In the "Choose Network" drop-down box, select the **Access Network**
- Click on "What else is important" drop-down and select an item that is important to you – you don't have to select anything from this box
- Click on "Get Results"



Life and AD&D Insurance

Life insurance provides financial assistance to families in the event of death. Knowing this, Weld County School District 6 has provided you with a valuable benefit – Group Term Life Insurance from The Hartford. **Weld County School District 6 pays 100% of the cost for this benefit.** This is a brief outline of your life insurance and does not include all the terms of coverage. For all the details, please see your certificate.

BASIC LIFE BENEFIT

The benefit amount is the payment your family or beneficiary will receive if you pass away. All benefits end upon termination of employment with WCSD 6.	2x base annual earnings rounded to the next higher \$1,000 subject to a maximum of \$100,000
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AD&D BENEFIT

AD&D Insurance pays a benefit to your beneficiary if your death is caused by an accident. You may also receive a portion of this benefit if an accident results in the loss of sight or a limb. All benefits end upon termination of employment with WCSD 6.	2x base annual earnings rounded to the next higher \$1,000 subject to a maximum of \$100,000
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Voluntary Life/AD&D Insurance

You have the option of electing voluntary life/AD&D coverage for yourself, your spouse (including common law, civil union or domestic partner) and your children. You may only enroll your spouse and children if you elect coverage for yourself. The cost for this coverage is paid for 100% by you.

Coverage	Minimum Benefit	Maximum Benefit	Purchase Increments	*Guaranteed Issue Amount
Employee	\$10,000	\$300,000	\$10,000	\$150,000
Spouse	\$5,000	\$250,000	\$5,000	\$35,000
Child	\$10,000	\$10,000	\$10,000	\$10,000

- **Any increase in coverage from last year will require the completion of an Evidence of Insurability form.**
- If you were eligible to enroll last year but chose not to enroll, any election of coverage will require you to complete an Evidence of Insurability form.
- If you are a new hire or just became eligible, you may elect up to the Guaranteed Issue amount without completing an Evidence of Insurability form; any amount over the Guaranteed Issue amount will require you to complete an Evidence of Insurability form.
- After enrollment is complete, the form will be emailed to you.

Voluntary Benefits

Aetna voluntary benefits offer a financial safety net to help you with funding out-of-pocket medical expenses as well as non-medical expenses (like mortgage payments, day care or bills). Coverage is guaranteed and Aetna won't ask you any questions about your health. Premiums are paid through payroll deduction. You can choose to have your benefits direct deposited into your bank account, or you can opt to receive a check.

Accident Plan

An Aetna Accident Plan can help you manage unexpected costs in the event of an accident. It pays you cash to help you pay for the health care costs and other expenses when you have a covered injury. If you have a covered injury under your Aetna Accident Plan, you can file a claim and receive cash benefits for certain covered treatments.

Initial Care Covered Benefit	Plan 1	Plan 2
Ground Ambulance	\$300	\$300
Air Ambulance	\$1,500	\$1,500
Initial Treatment – Emergency room	\$100	\$150
Initial Treatment – Physician's Office or Urgent Care	\$100	\$150
X-ray	\$25	\$50
Medical Imaging	\$100	\$150
Follow-up Care Covered Benefit	Plan 1	Plan 2
Accident Follow-up	\$50 (2 visits, 6 visits)*	\$50 (3 visits, 9 visits)*
Appliances	\$50	\$100
Prosthetic Device/Artificial Limb		
One	\$500	\$750
Multiple	\$1,000	\$1,500
Pain Management (Epidural Anesthesia)	\$50	\$100
Therapy Services	\$15 (10 visits)	\$25 (10 visits)
Chiropractic Treatment	\$15 (10 visits)	\$25 (10 visits)
*Accident Follow-up maximum visits per Accident, per plan year		
Hospital Care Covered Benefit	Plan 1	Plan 2
Inpatient Hospital Admission - initial day	\$500	\$1,000
Inpatient ICU Admission - initial day	\$1,000	\$2,000
Inpatient Hospital Daily	\$100	\$200
Inpatient ICU Daily	\$200	\$400
Inpatient Rehabilitation Unit Daily	\$50	\$100
Observation Unit	\$100	\$100
Surgical Care Covered Benefit	Plan 1	Plan 2
Blood/Plasma/Platelets	\$300	\$400
Eye Injury	\$200	\$300
Ruptured Disc	\$500	\$750
Tendon/Ligament/Rotator Cuff		
Single	\$500	\$750
Multiple	\$1,000	\$1,500
Torn Knee Cartilage		
Surgery (with repair)	\$500	\$750
Cranial, Open Abdominal and Thoracic	\$500	\$750
Hernia	\$100	\$150
Surgery (with no repair) - Exploratory or Arthroscopic		

Fractures and Dislocations Covered Benefit	Plan 1	Plan 2
Dislocations – Closed Reduction*		
Hip	\$2,000	\$3,000
Knee (except Patella)	\$1,000	\$1,500
Ankle - Bone or Bones of the Foot (other than Toes)	\$500	\$750
Collarbone (Sternoclavicular)	\$400	\$600
Lower Jaw	\$400	\$600
Shoulder (Glenohumeral)	\$400	\$600
Elbow	\$400	\$600
Wrist	\$400	\$600
Bone or Bones of the Hand (other than Fingers)	\$400	\$600
Collarbone (Acromioclavicular and separation)	\$100	\$150
One Toe or One Finger	\$100	\$150
Fractures - Closed Reduction*		
Skull (except Bones of the Face or Nose), Depressed	\$2,750	\$4,125
Skull (except Bones of the Face or Nose), Non-Depressed	\$2,750	\$4,125
Hip, Thigh (Femur)	\$1,150	\$1,725
Vertebrae, Body of (excluding Vertebral Processes)	\$750	\$1,125
Pelvis (including Ilium, Ischium, Pubis, Acetabulum except Coccyx)	\$750	\$1,125
Leg (Tibia and/or Fibula Malleolus)	\$750	\$1,125
Bones of the Face or Nose (except Mandible or Maxilla)	\$400	\$600
Upper Jaw, Maxilla (except Alveolar Process)	\$400	\$600
Upper Arm between Elbow and Shoulder (Humerus)	\$400	\$600
Lower Jaw, Mandible (except Alveolar Process)	\$400	\$600
Collarbone (Clavicle, Sternum)	\$400	\$600
Shoulder Blade (Scapula)	\$400	\$600
Vertebral Process	\$400	\$600
Forearm (Radius and/or Ulna)	\$300	\$450
Kneecap (Patella)	\$300	\$450
Hand / Foot (except Fingers, Toes)	\$300	\$450
Ankle	\$300	\$450
Wrist	\$300	\$450
Rib	\$150	\$225
Coccyx	\$150	\$225
Finger, Toe	\$150	\$225
*Open reduction pays 2.0 times the closed reduction benefit value		
Transportation/Lodging Assistance Covered Benefit	Plan 1	Plan 2
Lodging	\$100	\$100
Transportation	\$200	\$250
AD&D and Paralysis Benefits Covered Benefit	Plan 1	Plan 2
Accidental Death		
Employee	\$25,000	\$50,000
Insured Spouse	\$12,500	\$25,000
Insured Children	\$12,500	\$25,000
Accidental Death Common Carrier		
Employee	\$50,000	\$100,000
Insured Spouse	\$25,000	\$50,000
Insured Children	\$25,000	\$50,000
Accidental Dismemberment		
One Hand, Foot or Eye	\$2,500	\$5,000
One Hand and One Foot, One Hand & Eye, One Foot & Eye	\$5,000	\$10,000
Both Hands, Both Feet or Both Eyes	\$5,000	\$10,000
Paralysis		
Paraplegia	\$2,500	\$5,000
Quadriplegia	\$5,000	\$10,000

Other Accidental Injuries Covered Benefit	Plan 1	Plan 2
Burn		
2nd Degree (greater than 5% of total body surface)	\$500	\$1,000
3rd Degree (less than 5% of total body surface)	\$750	\$1,500
3rd Degree (between 5% and 10% of total body surface)	\$3,000	\$6,000
3rd Degree (greater than 10% of total body surface)	\$9,000	\$18,000
Burn Skin Graft	50% of Burn Benefit	50% of Burn Benefit
Coma	\$5,000	\$10,000
Concussion	\$100	\$150
Dental Treatment		
Extractions	\$50	\$75
Crown	\$150	\$225
Laceration		
Without Stitches	\$25	\$25
With Stitches (less than 7.5cm)	\$75	\$75
With Stitches (between 7.6cm and 20cm)	\$300	\$300
With Stitches (greater than 20cm)	\$600	\$600

Monthly Rates	Plan 1	Plan 2
Employee Only	\$6.22	\$9.64
Employee +Spouse	\$10.93	\$16.85
Employee + Child(ren)	\$13.60	\$21.20
Family	\$17.48	\$27.14

Hospital Indemnity Plan

Medical plans help you pay for covered out-of-pocket costs when you're in the hospital, but they don't cover all expenses. For a little help paying these other costs, the Aetna Hospital Indemnity Plan.

Important features include:

- It's affordable and you won't be turned down for health reasons
- Covered benefits include payments for planned and unplanned events
- Payments are made directly to you
- Your premium payments can be made through payroll deductions at work

Covered Benefits for Inpatient Stays	Plan 1	Plan 2	Plan 3
Hospital Stay – Admission	\$500	\$1,000	\$1,500
Maximum 1 stay per plan year			
Hospital Stay – Daily	\$50	\$100	\$150
Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital			
Maximum 30 days per plan year			
Hospital stay - (ICU) Daily	\$100	\$200	\$300
Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital.			
Maximum 30 days per plan year			

Observation unit Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury. Maximum 1 day per plan year	\$100	\$100	\$200
Substance abuse stay - Daily Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse. Maximum 30 days per plan year	\$50	\$100	\$150
Mental disorder stay - Daily Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders. Maximum 30 days per plan year	\$50	\$100	\$150
Rehabilitation unit stay - Daily Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury. Maximum 30 days per plan year	\$25	\$50	\$75

Important Note: All daily inpatient stay benefits begin on day two and count toward the plan year maximum

Monthly Rates	Plan 1	Plan 2	Plan 3
Employee Only	\$6.51	\$12.83	\$19.35
Employee +Spouse	\$14.56	\$28.69	\$43.25
Employee + Child(ren)	\$11.28	\$22.07	\$33.35
Family	\$18.62	\$36.49	\$55.11



D6 Worksite Wellness Program

District 6 values the health and wellbeing of its employees. To improve the health of all employees, increase productivity, decrease absenteeism, and have a healthier workforce, the District established the Worksite Wellness Program in 2002. The program has earned recognition through the American Heart Association, Aetna, Health Links, and WELCOA. The Worksite Wellness Committee, a group of individuals who are passionate about improving the health of their friends and colleagues, meets on a monthly basis to plan, implement, monitor, and evaluate the program. Each site has a Worksite Wellness Champion who leads the efforts and programming at their site.

Vision: D6 staff will motivate, cultivate and journey with one another in well-being

Mission: Creating lifelong healthy, engaged and high performing role models for our students and community

Health Nut of the Month Program

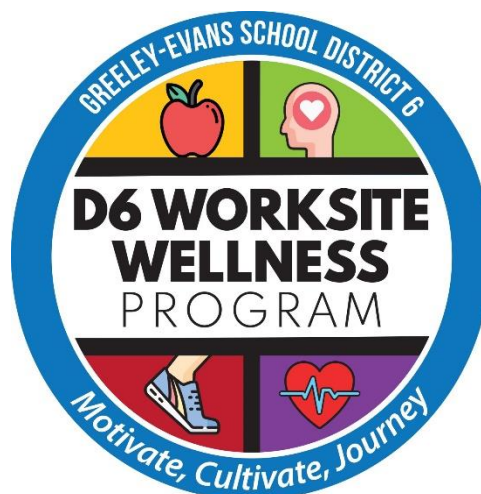
Do you know a D6 employee that is a role model to others for healthy living?

Nominate them for the Health Nut of the Month! They will receive recognition on our webpage and Facebook page + a subscription to the wellness magazine of their choice and a gym bag with wellness goodies! Email your nomination to district Wellness Coordinator.

www.greeleyschools.org/worksitewellness

www.facebook.com/d6worksitewellness

Contact your Wellness Coordinator, **Rachel Hurshman**, at rhurshman@greeleyschools.org



Medicare Part D Notice - Creditable

Important Notice from Weld County School District 6 About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Weld County School District 6 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. Weld County School District 6 has determined that the prescription drug coverage offered by the Weld County School District 6 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 15 to December 7.

However, if you lose 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 Weld County School District 6 coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Weld County School District 6 coverage, you will be able to get this coverage back during the next annual open enrollment period.

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 Weld County School District 6 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 nineteen 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 Weld County School District 6 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 (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call 1.800.772.1213 (TTY 1.800.325.0778).

Date:	July 1, 2023
Client Name	Weld County School District 6
Contact:	Michael Ringhand
Address	1025 9 th Avenue Greeley, CO 80631
Phone:	970.348.6114

A hard copy of this notice is available upon request at no cost. 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).

Compliance Notices

To review the following updated notices, please click on this link

<https://classroom.google.com/c/NDgzOTczOTYwNzQ5/m/NTE4MTMyNTQ4NDk5/details>

- Newborns' and Mothers' Health Protection Act
- Women's Health and Cancer Rights Act
- Patient Protections
- Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)
- Health Insurance Marketplace Coverage Options and Your Health Coverage

Contact Information

For enrollment, Infinite Visions or eligibility issues, please contact your Weld County School District 6 Benefits Specialist:

Your Benefits Specialist: Michael Ringhand
Phone Number: 970.348.6114
Email: mringhand@greeleyschools.org



For questions relating to payroll, deductions or withholding for retirement, please contact your Weld County School District 6 Payroll Department:

Contact: Payroll Department
Phone Number: 970.348.6116



If you need assistance with a claim, finding an in-network provider, getting a prescription filled, please contact your Flood and Peterson Account Manager:

Your Account Manager: Linda Dolan
Phone Number: 970.506.3284 or toll-free at 800.356.2295
Email: ldolan@floodpeterson.com



Refer to following list if you need to contact one of your benefit providers.

MEDICAL – AETNA

Concierge Services – 888.247.1014

7:00 a.m. – 5:00 p.m. Mountain

<https://www.aetna.com/about-us/login.html>



PHARMACY – AETNA

Member Services – 888.792.3862

5:00 a.m. – 9:00 p.m. Mountain

<https://www.aetna.com/about-us/login.html>



NICE HEALTHCARE

DOWNLOAD THE APP IN IOS OR ANDROID

[HTTPS://WWW.NICE.HEALTHCARE](https://www.nice.healthcare)

EMAIL: SUPPORT@NICE.HEALTHCARE



EMPLOYEE ASSISTANCE PROGRAM (EAP) - AETNA

Customer Service – 1-888-238-6232 (TTY: 711)

www.resourcesforliving.com – Username: D6 – Password EAP

Or go to www.talkspace.com/rfl



DENTAL – AETNA

Member Services – 877.238.6200

8:00 a.m. – 6:00 p.m. Mountain

<https://www.aetna.com/about-us/login.html>



VISION - EYEMED

Enrollment Line – 866.723.0596

<https://member.eyemedvisioncare.com/member/en>**LIFE AND AD&D AND VOLUNTARY LIFE AND AD&D – THE HARTFORD**

Member Services – 888.563.1124 Fax – 866.954.2621

8:00 a.m. – 5:00 p.m. Mountain

Email: gbclaimcslife@thehartford.com

**LEGALSHIELD / IDSHIELD – LEGALSHIELD**<https://accounts.v2.legalshield.com>

or download the app

**FLEXIBLE SPENDING ACCOUNTS – HEALTHEQUITY/WAGEWORKS**

Customer Service – 877.924.3967

Website Registration through www.wageworks.com:

Employee ID: Your SSN

Employer ID: PBSWCS

HealthEquity

WageWorks

HEALTH SAVINGS ACCOUNT - PAYFLEX

Customer Service – 844.729.3539

<https://member.eyemedvisioncare.com/member/en>**VOLUNTARY BENEFITS – AETNA VOLUNTARY BENEFITS**

Customer Service – 800.607.3366 – Choose option 3 for plan questions

www.myaetnasupplemental.com (if already enrolled)www.aetna.com/insurance-producer/voluntary-benefits.html

(information only)

aetna

COBRA ENROLLEES – HEALTHEQUITY/WAGEWORKS

Participant Service Center – 877.864.9546

www.conexis.com

HealthEquity

WageWorks

SUMMER BILLING (CLASSIFIED 9 MONTH EMPLOYEES)

Contact Michael Ringhand – 970.348.6114

or via email at MRINGHAND@greeleyschools.org

Contact Linda Dolan – 970.506.3284

or via email at ldolan@floodpeterson.com**COLORADO QUITLINE**

800.QUIT.NOW (800.784.8669)

<https://www.coquitline.org/en-US>

Prepared by:



The information in this Enrollment Guide describes highlights of your benefits program, taken from various benefit plan summaries and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible.

Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this Enrollment Guide. In the case of any discrepancy between this Enrollment Guide and the official plan documents, the language in the official plan documents shall prevail as accurate; please refer to the plan-specific documents published by each of the respective carriers for detailed plan information.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.

