

Effective July 1, 2021 thru June 30, 2022



**REQUIRED:**

**All employees who are eligible for benefits must complete their benefit elections or waive benefits through the Infinite Visions web portal by April 16, 2021**

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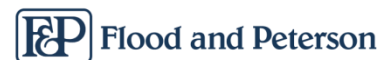
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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the Medicare Part D Notice(s) contained in this booklet for more details.

# Contact Information

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



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

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



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

## MEDICAL

Aetna  
Member Services – 888.247.1014  
7:00 a.m. – 5:00 p.m. Mountain  
[www.aetna.com](http://www.aetna.com)



## PHARMACY

Aetna  
Member Services – 888.792.3862  
5:00 a.m. – 9:00 p.m. Mountain  
[www.aetna.com](http://www.aetna.com)



## DENTAL

Aetna  
Member Services – 877.238.6200  
8:00 a.m. – 6:00 p.m. Mountain  
[www.aetna.com](http://www.aetna.com)



**No more ID cards. When you visit the dentist's office just give your personal information. If you would like an ID card, once your enrollment is effective, you can print one by logging in to your member website at [www.aetna.com](http://www.aetna.com), or by using the Aetna mobile app or by calling Member Services.**

## 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](mailto:gbclaimcslife@thehartford.com)



## VISION

EyeMed  
Enrollment Line – 866.723.0596  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)



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.

### **FLEXIBLE SPENDING ACCOUNTS**

HealthEquity formerly WageWorks

Customer Service – 877.924.3967

Website Registration through [www.wageworks.com](http://www.wageworks.com):

Employee ID: Your SSN

Employer ID: PBSWCS

### **HEALTH SAVINGS ACCOUNT**

PayFlex

Customer Service – 844.729.3539

[www.aetna.com](http://www.aetna.com)

### **VOLUNTARY BENEFITS**

Aetna Voluntary Benefits

Customer Service – 800.607.3366 – Choose option 3 for plan questions

[www.myaetnasupplemental.com](http://www.myaetnasupplemental.com) (if already enrolled)

[www.aetna.com/insurance-producer/voluntary-benefits.html](http://www.aetna.com/insurance-producer/voluntary-benefits.html) (for information only)

### **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

LiveWell

Customer Service – 866.831.2181

[www.livewellworklife.com](http://www.livewellworklife.com)

Company Code – SchoolDistrict6

### **COBRA ENROLLEES**

HealthEquity formerly WageWorks

Participant Service Center – 877.864.9546

[www.cobra.wageworks.com](http://www.cobra.wageworks.com)

### **SUMMER BILLING (CLASSIFIED 9 MONTH EMPLOYEES)**

Contact Michael Ringhand – 970.348.6114

or via email at [MRINGHAND@greeleyschools.org](mailto:MRINGHAND@greeleyschools.org)

Contact Linda Dolan – 970.506.3284

or via email at [ldolan@floodpeterson.com](mailto:ldolan@floodpeterson.com)

### **COLORADO QUITLINE**

800.QUIT.NOW (800.784.8669)

[Colorado.quitlogix.org](http://Colorado.quitlogix.org)



Greeley-Evans School District 6



# Are You Eligible for Benefits?

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 date of hire.

Your eligible dependents include:

- Your spouse or same sex domestic partner
- All natural, adopted or step children, 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.

## Your Benefits Open Enrollment

Your Benefits Open Enrollment period begins on April 5, 2021 and continues through April 16, 2021. The benefits choices you make during open enrollment become available on July 1, 2021 and continue through June 30, 2022. 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 – please note 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

**REQUIRED: All employees who are eligible for benefits must complete their benefits elections or waive benefits through the Infinite Visions web portal by April 16, 2021.**

## How Do You Make Changes after Open Enrollment

After Open Enrollment, you can only make changes to your coverage if you experience a qualified 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 other qualified dependent
- Change in residence due to an employment transfer for you, your spouse or domestic partner
- Change in spouse's or domestic partner's benefits or employment status
- Change in eligibility for Medicare or Medicaid

**You must notify the Benefits Department of your qualified event within 30 days of occurrence to be eligible to make a change.**

# 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.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. To request special enrollment or obtain more information, contact the Benefits Office at 970.348.6114.

Note: Additional information may be required if the plan requires that persons declining coverage under the plan state, in writing, the reason(s) for declining coverage.

\* This notice is relevant for healthcare coverages subject to the HIPAA portability rules.



## Special Enrollment Period





**Your Benefits Open Enrollment period begins on April 5, 2021 and continues through April 16, 2021. All employees who are eligible for benefits must complete their benefits elections or waive benefits through the Infinite Visions web portal by April 16, 2021.**

- **Medical – Aetna** – No change to benefits – Please review rates
- **Dental – Aetna** – No change to benefits – No change to rates
- **Vision – EyeMed** – No change to benefits – No change to rates
- **Life/AD&D** – No change to benefits
- **Health Savings Account – PayFlex** – 2021 contributions limits – **\$3,600 individual / \$7,200 family (pretax)**
- **Dependent Care Flexible Spending Account – HealthEquity formerly WageWorks** – No change to contributions limits for 2021
- **Healthcare Flexible Spending Account – HealthEquity formerly WageWorks** – 2021 contribution limit – **\$2,750 maximum**
- **HSA-Compatible Flexible Spending Account – HealthEquity formerly WageWorks** – 2021 contribution limit – **\$2,750 maximum**
- **Voluntary Benefit Options – Aetna**
  - Accident Plan – No change to benefits – No change to rates
  - Hospital Indemnity Plan – No change to benefits – No change to rates
  - Critical Illness Plan – No change to benefits – No change to rates
- **Employee Assistance Program (EAP) – LiveWell** – No change to benefits



# Your Benefits Costs 2021-2022

Medical	Aetna AWH HSA IN		
	Monthly Premium	Employer Contribution	Employee Cost Per Month
Employee Only	\$629.53	\$629.53	\$0.00
Employee + Spouse	\$1,343.17	\$629.53	\$713.64
Employee + Child(ren)	\$1,191.59	\$629.53	\$562.06
Family	\$1,949.46	\$629.53	\$1,319.93

Medical	Aetna AWH HNO		
	Monthly Premium	Employer Contribution	Employee Cost Per Month
Employee Only	\$697.94	\$629.53	\$68.41
Employee + Spouse	\$1,489.10	\$629.53	\$859.57
Employee + Child(ren)	\$1,321.07	\$629.53	\$691.54
Family	\$2,161.29	\$629.53	\$1,531.76

Medical	Aetna MNGD CHOICE HSA		
	Monthly Premium	Employer Contribution	Employee Cost Per Month
Employee Only	\$773.31	\$629.53	\$143.78
Employee + Spouse	\$1,649.92	\$629.53	\$1,020.39
Employee + Child(ren)	\$1,463.76	\$629.53	\$834.23
Family	\$2,394.66	\$629.53	\$1,765.13

Medical	Aetna HLTH NETWORK HNO		
	Monthly Premium	Employer Contribution	Employee Cost Per Month
Employee Only	\$803.15	\$629.53	\$173.62
Employee + Spouse	\$1,713.50	\$629.53	\$1,083.97
Employee + Child(ren)	\$1,520.14	\$629.53	\$890.61
Family	\$2,486.91	\$629.53	\$1,857.38

Dental	Aetna Dental		
	Monthly Premium	Employer Contribution	Employee Cost per Month
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
Family	\$120.00	\$35.00	\$85.00

Vision	EyeMed Vision		
	Monthly Premium	Employer Contribution	Employee Cost Per Month
Employee Only	\$5.18	\$5.18	\$0.00
Employee + Spouse	\$8.22	\$5.18	\$3.04
Employee + Child(ren)	\$8.62	\$8.18	\$3.44
Family	\$12.91	\$5.18	\$7.73

# Choosing a Medical Plan

When selecting your plan in Infinite Visions during open enrollment, use the following key to help you understand what the plan names mean.

IVisions Plan Name	AWH HSA IN	AWH HNO	MNGD CHOICE HSA	HLTH NETWORK HNO
Online Find a Doctor Search Plan Name	Aetna Whole Health <sup>SM</sup> – Colorado Front Range Health Network Only	Aetna Whole Health <sup>SM</sup> – Colorado Front Range Health Network Only	Managed Choice <sup>®</sup> POS (Open Access)	Aetna Health Network Only <sup>SM</sup> (Open Access)
Plan Type	HSA plan	Copay plan	HSA plan	Copay plan
Network Coverage	In-network only benefits	In-network only benefits	In-network and out-of-network benefits	In-network only benefits
Primary Providers	Consists primarily of Banner facilities	Consists primarily of Banner facilities	Expanded network of providers	Expanded network of providers
Specialist Referral	No referrals required	No referrals required	No referrals required	No referrals required

Confused about which plan you should select? Think about the following when making your choice:

- What network works best for you – Do you prefer specific doctors or hospitals? Be sure to check to see if they are in-network on the plan you are considering.
- What kind of services do you need during the year – Do you... visit a chiropractor? ...have frequent doctor or urgent care visits? ...get ongoing tests? ...take medications? ...have surgery planned? Compare the costs for these services under each plan.
- Words to know – Understanding these terms will help you compare plans.



Copay - A set fee you pay instead of coinsurance



Deductible - The amount you have to pay before your plan pays anything



Coinsurance - After the deductible, your cost share (for example, you pay 20% and the plan pays 80%)



Out-of-Pocket Maximum - The most you will have to pay before the plan pays 100% of eligible expense

# Health Plan Assist Tool

## What is Health Plan Assist™

Health Plan Assist is an innovative software product that helps you estimate your annual out-of-pocket costs and premium responsibility for the medical plans offered by Weld County School District 6 and allows you to make comparisons between two or more of these plans.

## What does Health Plan Assist do for you?

- Benchmarks your estimated utilization against national averages;
- Estimates out-of-pocket costs and premium responsibility for better planning;
- Compares the current medical plan(s) offered by your employer to the Silver Benchmark plan design available on the Health Insurance Marketplace; and
- Helps determine how much to set aside in your HSA, FSA or personal savings account.

## What do you need to do? 3 Easy Steps -- 5 Quick Minutes

Go to [www.healthplanassist.com](http://www.healthplanassist.com); Access Code: WCSD

The screenshot shows the Health Plan Assist website interface. At the top right, the text "HEALTH PLAN Assist" is displayed. A large red banner contains the text "WELCOME TO HEALTH PLAN ASSIST!" followed by a sub-header "As you tell us about yourself, we'll help you plan for your next year of medical expenses and answer common questions along the way." Below the banner, a light blue box contains the text "Let's start by accessing your account." with a red question mark icon. Underneath, a red link says "Please Review Instructions for Accessing Health Plan Assist Site". The main form area is white and contains the text "Sign-in to calculate your benefit expenses." followed by two input fields: "Enter your email" and "Enter your access code". Below these fields is a link "Need to register? Click Here" and a red "SIGN-IN >>" button.

All new users will need to register. If you registered last year, you need only enter your email and the access code listed in bold above. After entering your registered email address and company access code to gain entry to Weld County School District 6's model, you can within minutes complete the following:

1. Demographics – Enter information about you and your family members, such as age, gender and zip code.
2. Benefit Plans – Choose the Medical plan that will cover you and your family members.
3. Utilization (Medical and Rx) – Indicate whether you consider yourself a high, medium or low user of healthcare services.

Please note that your information is confidential and will not be shared.

# Selecting a Primary Care Doctor

## Why it matters

Every team needs a leader, and the primary care doctor you pick will lead your healthcare team. Your doctor gets to know you and your medical history and sees you for your annual wellness exam and preventive screenings. Should you get sick, your primary care doctor can treat you and help guide you on important health decisions as well as direct your care across other specialties and facilities in your network.

## How to choose or change a doctor after you're a member

All members should register at the secure member site, [www.aetnavigators.com](http://www.aetnavigators.com); you will need your member ID card or social security number. You only need to register once. After you have registered, you will be able to login and search DocFind® for a primary care provider (PCP) in your network: **Aetna Whole Health<sup>SM</sup> – Colorado Front Range Health Network Only**, **Aetna Managed Choice® POS (Open Access)** or the **Aetna Health Network Only<sup>SM</sup> (Open Access)**.

- Click on Choose/change my primary care doctor under the Find Care tab
- Select yourself or another member
- Add your primary care doctor's name and seven digit Provider ID
- Submit and repeat for other dependents

If you need assistance in finding a primary care doctor, please contact your Flood and Peterson Account Manager, Linda Dolan at 970.506.3284 or via email at [ldolan@floodpeterson.com](mailto:ldolan@floodpeterson.com).

# Finding a Medical Provider

- Go to [www.aetna.com/docfind](http://www.aetna.com/docfind)
- If you are a member and have already set up a login for the Aetna Navigator, select Login to Secure Site; if you have not set up a login, you may click on Register Now and go through the setup; you also have the option to **Continue as a guest**

The screenshot displays the Aetna DocFind website. At the top, there is a navigation bar with links for 'Contact Us', 'En Español', and 'Login'. Below this is the Aetna logo, with a red arrow pointing to the 'Login' link and the text 'For DocFind in Spanish'. The main heading is 'Directory of Health Care Professionals'. Below this, a welcome message reads 'Welcome! Search Aetna's directory of Doctors and Facilities'. The interface is divided into two main sections: 'Already a member?' and 'Continue as a guest'. The 'Continue as a guest' section is active, showing a form to 'Where do you want to find a Provider?' with a text input field for 'Enter a 5-digit zip code, city, state, or county'. Below this is a 'Look within' section with a slider set to '25 Miles' and a 'Search' button.

Select the plan you are enrolled in (or considering enrolling in):

If you are enrolled in or interested in the AWH HSA IN or the AWH HNO, the plan name you would select from the drop down menu is **(CO) Aetna Whole Health<sup>SM</sup> – Colorado Front Range Health Network Only**

### Select a Plan

Enter plan name to narrow list below, e.g. Managed Choice

[Show all plans \(including those not in my area\)](#)

Aetna Whole Health Plans

☐

(CO) Aetna Whole Health<sup>SM</sup> - Colorado Front Range Aetna Select

☐

(CO) Aetna Whole Health<sup>SM</sup> - Colorado Front Range Choice POSII

☒

(CO) Aetna Whole Health<sup>SM</sup> - Colorado Front Range Health Network Only

☐

(CO) Aetna Whole Health<sup>SM</sup> - Colorado Front Range Health Network Option

☐

(CO) Aetna Whole Health<sup>SM</sup> - Colorado Front Range Managed Choice POS (Open Access)

Continue

If you are enrolled in or interested in the MNGD CHOICE HSA, the plan name you would select from the drop down menu is **Managed Choice POS<sup>®</sup> (Open Access)**

Aetna Open Access Plans

☐

Aetna Choice<sup>®</sup> POS II (Open Access)

☐

Aetna Health Network Only<sup>SM</sup> (Open Access)

☐

Aetna Health Network Option<sup>SM</sup> (Open Access)

☐

Aetna Select<sup>SM</sup> (Open Access)

☐

Elect Choice<sup>®</sup> EPO (Open Access)

☒

Managed Choice<sup>®</sup> POS (Open Access)

Continue

If you are enrolled in or interested in the HLTH NETWORK HNO, the plan name you would select from the drop down menu is **Aetna Health Network Only<sup>SM</sup> (Open Access)**

**Aetna Open Access Plans**

☐

Aetna Choice<sup>®</sup> POS II (Open Access)

☒

Aetna Health Network Only<sup>SM</sup> (Open Access)

☐

Aetna Health Network Option<sup>SM</sup> (Open Access)

☐

Aetna Select<sup>SM</sup> (Open Access)

☐

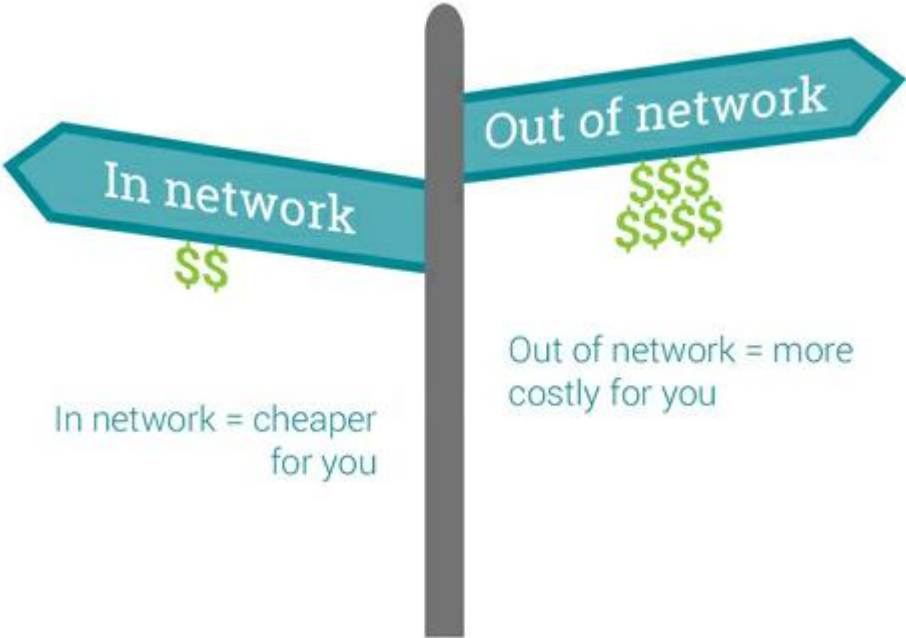
Elect Choice<sup>®</sup> EPO (Open Access)

☐

Managed Choice<sup>®</sup> POS (Open Access)

Continue

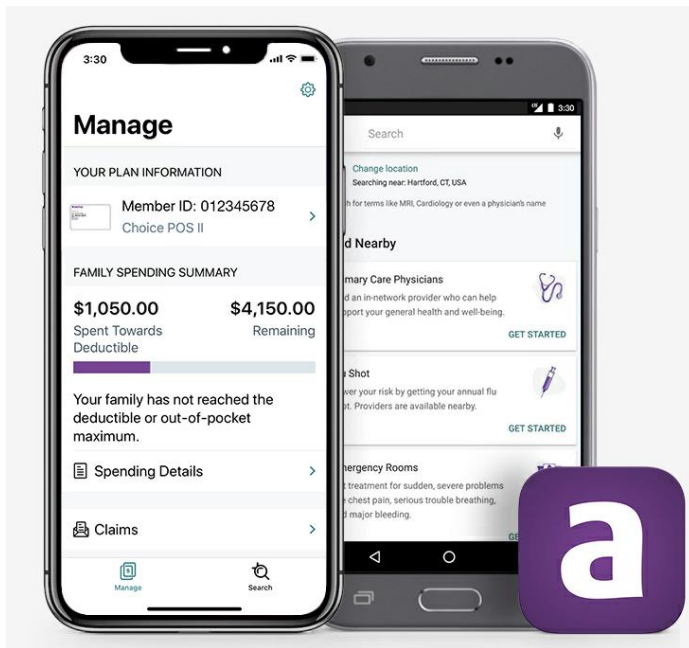
If you need assistance in finding a medical provider, please contact your Flood and Peterson Account Manager, Linda Dolan, at 970.506.3284 or via email at [ldolan@floodpeterson.com](mailto:ldolan@floodpeterson.com).



# The Aetna Health<sup>SM</sup> 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:



- ✓ 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 your FREE 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)

To learn more, visit us at [www.aetna.com/mobile](http://www.aetna.com/mobile)

\*Standard text messaging rates may apply.



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

# Enrolling Online – IVisions Benefits Enrollment Portal

**REQUIRED: All employees who are eligible for benefits must complete their benefit elections or waive benefits through the Infinite Visions web portal by April 16, 2021.**

## 1. Welcome Instructions

## 2. Reason For Change

## 3. Employee Information

## 4. Emergency Contacts

## 5. Dependent Information

## 6. Beneficiary Information

## 7. SUMMARY OF BENEFITS

## 8. PREMIUM TAXATION OPTION

## 9. MEDICAL INSURANCE

## 10. DENTAL INSURANCE

## 11. VISION INSURANCE

## 12. LIFE INSURANCE

## 13. HLTH SAVINGS ACCT12 PRE

## 14. FSA DEPENDENT CARE - 12

## 15. FSA HEALTH CARE - 12

## 16. HSA COMPATIBLE FSA 12

## 17. AETNA ACCIDENT PLAN

## 18. AETNA HOSPITAL INDEMNITY PLAN

## 19. AETNA CRITICAL ILLNESS PLAN

## 20. Benefit Enrollment Confirmation Statement

## Welcome Instructions

Welcome to the Weld County School District 6 Benefits Online Enrollment. The Benefits Enrollment process will step you through several screens where you will be able to elect your benefits and voluntary deductions.

Below are helpful tips on your automated enrollment process:

- Please use the PREVIOUS and NEXT buttons at the bottom of each page to avoid navigation problems. Do not use the BACK button on your internet browser.
- You may log out during the process and any elections you've made up to that point will be saved until you return to complete them or the enrollment period expires.
- Please be aware that your benefit elections are not complete and cannot be activated until you 'SUBMIT' them.

### IMPORTANT PLEASE READ

By clicking "NEXT" below, I am certifying that I understand the following:

- My benefits are contingent upon my enrollment and acceptance by my HR representative and by the insurance carrier or benefit provider.
- I understand that during this process I will have the opportunity to view a summary illustrating the status of my benefit elections as represented by this system.
- If I wish to obtain a copy of the statement in paper form, it is my responsibility to print the summary while using this system.
- Once I have submitted my elections by clicking the 'SUBMIT' button on the final page, I will be unable to make further changes to my elections until the next open enrollment period or if I qualify for a Life Event Change.

If you have any questions during this process, please contact the Benefits Office at 970-348-6114, or Linda Dolan from Flood and Peterson at 970-506-3284.

Next >>

On the

[www.greeleyschools.org](http://www.greeleyschools.org)

website, click on the "Staff Resources" tab to go to Infinite Visions.

Remember: This is the same website that you use to access your paystub each payday.

You will then click on the "Login" icon in the top right corner.

Once you have successfully logged in, click on the "Benefits" tab and then the "HR Benefits Enrollment" tab. Please read the Welcome Instructions and click on "Next" to continue.

Once you have arrived at the "Reason for Change" screen, the appropriate selection will automatically be selected for you.

Click "Next>>."

## 1. Welcome Instructions

## 2. Reason For Change

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## 14. FSA DEPENDENT CARE - 12

## 15. FSA HEALTH CARE - 12

## 16. HSA COMPATIBLE FSA 12

## 17. AETNA ACCIDENT PLAN

## 18. AETNA HOSPITAL INDEMNITY PLAN

## 19. AETNA CRITICAL ILLNESS PLAN

## 20. Benefit Enrollment Confirmation Statement

## Reason For Change

You are currently eligible to enroll for benefits based on the option designated below.

- ☐ New Hire
- ☒ Life Event
- ☐ Open Enrollment

<< Previous

Next >>



1. Welcome Instructions
2. Reason For Change
3. Employee Information
4. Emergency Contacts
5. Dependent Information
6. Beneficiary Information
7. SUMMARY OF BENEFITS
8. PREMIUM TAXATION OPTION
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## Employee Information

Following is the mailing address and street address we currently have on record for you. Your mailing address is your primary address, while your street address is a secondary address.

To make a change to your information, visit the SELF SERVICE MENU BAR ABOVE AND SELECT PROFILE. Note that changes to your contact information must be reviewed and processed and therefore will not be reflected on this benefits enrollment form.

Employee Mailing Address:

City:  State:  Zip Code:

Employee Street Address:

City:  State:  Zip Code:

Home Phone:  Unlisted ☐

Work Phone:  Work Ext:

Cell Phone:

Smoker: ☐

The Employee Information screen will be pre-loaded with your Employee Information.

Please confirm that the information on this screen is accurate. If it is not, click on **“Self Services”** click on **“Profile”** and then click on modify and you will be able to update your personal information, then click submit.

Once completed, click **“Next>>.”**

Once you have completed the update, return to Benefits Enrollment. You will be required to review your Emergency Contact information. You may update this information, if you would like to, on this screen.

Once completed, click **“Next>>.”**

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## Emergency Contacts

Following is the emergency contact information we currently have on file for you. Please review and update, if necessary.

To change or add emergency contact information, click on the magnifying glass next to the name or select 'Add Contact'.

	Contact Name	Primary Phone	Alt. Phone	Comments
				

Add Contact

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## Dependent Information

Use this screen to enter your dependent information. Dependents include your Spouse or Domestic Partner, as well as children. Make sure to include all dependents you will want covered on any insurance plan. By adding all your dependents here, you will later be able to identify which dependents should be covered on each plan.

To add or change dependent information, select 'Add Dependent' or click on the magnifying glass next to the dependent's name.

	Active	Name	Date of Birth	Gender	SSN	Relation	FT Student
	<input checked="" type="checkbox"/>						<input type="checkbox"/>
	<input checked="" type="checkbox"/>						<input type="checkbox"/>
	<input checked="" type="checkbox"/>						<input type="checkbox"/>

Add Dependent

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You are now on the Dependent Information screen.

If you wish to cover any of your eligible dependents on any insurance plan, you will need to add their information on this screen.

You will be required to complete each field with a yellow light bulb before you are permitted to move forward in the process.

Once completed, click "Next>>."

Be sure to review your Life Insurance Beneficiary Information to make sure that it is accurate. If you need to add to or update this information, you may do so on this screen.

You will have the opportunity later in the enrollment process to specify more than one beneficiary and corresponding percentages.

Once completed, click "Next>>."

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## Beneficiary Information

Use this screen to enter your beneficiary information including primary and contingent (secondary) beneficiaries. Make sure to include all beneficiaries you will want associated with any applicable insurance plan. By adding all your beneficiaries here, you will later be able to identify which beneficiaries should be associated on each applicable plan and allocate percentage amounts.

To add or change beneficiary information, select 'Add Beneficiary' or click on the magnifying glass next to the beneficiary's name. If you would like to designate a Trust in lieu of a beneficiary, you will have the opportunity to do so once you select 'Add Beneficiary'.

	Name	Date of Birth	SSN	Relation	Phone Number

Add Beneficiary

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## SUMMARY OF BENEFITS

[CLICK HERE FOR SUMMARY OF BENEFITS](#)

Under the law, insurance companies and group health plans will provide you with a concise document detailing, in plain language, simple and consistent information about health plan benefits and coverage. This summary of benefits and coverage document will help you better understand the coverage you have and for the first time, allow you to easily compare different coverage options. It will summarize the key features of the plan or coverage, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions.

**DURING OPEN ENROLLMENT:** To download the SBC to review plan options and comparisons please click on the link above. You can also view the full plan document located in the Information Center under Employee Resources.

**NEW HIRES:** If you are enrolling prior to June 30th, please visit the SELF SERVICE | EMPLOYEE RESOURCES INFORMATION CENTER.

Please select the box provided below to 'Acknowledge' receipt of the SBC.

Benefits Coverage	Your Per Pay Period Cost
<input checked="" type="checkbox"/> SUMMARY OF BENEFITS-YES, I ACKNOWLEDGE RECEIPT OF SBC	\$0.00

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You are now on the Summary of Benefits page.

The instructions for downloading your Summary of Benefits (SBC) document can be found in this section.

Please check the box indicating you have received your SBC.

Once completed, click "Next>>."

Please elect whether you would like insurance premiums and HSA contributions deducted pre or post tax from your paycheck.

For current employees, your deductions will be set up as either pre-tax or post-tax, just as they are now.

Once completed, click "Next>>."

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## PREMIUM TAXATION OPTION

[CLICK HERE FOR PREMIUM CLASS CHANGE FORM AND MORE INFORMATION ON WHAT EFFECT CHANGING THIS MAY HAVE ON YOUR PAYCHECK](#)



You have the option to have your premiums withheld on either a PRE-TAX or POST-TAX basis.

For currently enrolled employees, your deductions for the upcoming plan year will be withheld with the same taxation class status as they are currently. Current elections are listed in green below.

For first-time enrollees, your premiums will default to PRE-TAX unless you change it by selecting the POST-TAX PREMIUM OPTION selection below. To finalize this change you must complete and submit the PREMIUM CLASS CHANGE FORM, accessible via the link above.

The premiums affected will be medical, dental, vision and contributions to your HSA account.

**IMPORTANT-PLEASE READ:** If you would like to change your premium withholding at this time you MUST complete a premium class change form. You may access the form via the link above. This form must be completed and returned to the Benefits office by the following form submission deadline:

**OPEN ENROLLMENT-**Form submission deadline is five (5) business days after the close of open enrollment.

**ALL OTHER ENROLLMENTS-** Form submission deadline is five (5) business days after enrollment is complete.

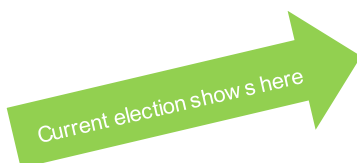
**PLEASE NOTE:** The pre-tax option will potentially decrease both your taxable wage AND your PERA reportable wage, which is used in calculating your retirement benefit. Please choose accordingly depending upon how you wish it to affect your taxable/reportable wage.

For further explanation of pre-tax vs. post-tax, click link above.

Current Election: PREMIUM TAXATION OPTION-Deduct premium pre-tax

Benefits Coverage	Your Per Pay Period Cost
<input checked="" type="checkbox"/> PREMIUM TAXATION OPTION-Deduct premium pre-tax	\$0.00
<input type="checkbox"/> PREMIUM TAXATION OPTION-Deduct premium post-tax	\$0.00

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You are now on the Medical Insurance information screen.

You will be required to select the medical plan and level of coverage (employee only, employee + spouse, etc.) you wish to enroll in or waive coverage entirely.

Be sure to specify which dependents you wish to have covered.

Once completed, click “**Next>>**.”

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## MEDICAL INSURANCE

Select the medical plan you would like to enroll in. If applicable, indicate which of your dependents are to be covered on that plan. If you do not wish to enroll in a medical plan, select the 'WAIVE COVERAGE' option.

**NOTE:** For life event changes only, you may change the coverage level (spouse, child(ren), family, etc.) but you may not change the primary plan (HSA or Open access) until open enrollment.

If you need to add additional dependents, revisit the 'Dependent Information' screen.

**NEW HIRES:** If you are enrolling prior to June 30th, please visit the SELF SERVICE | EMPLOYEE RESOURCES INFORMATION CENTER.

Current Election: AWH HNO CL12 PRE-EMPLOYEE ONLY

Benefits Coverage	Your Per Pay Period Cost	Employer Contribution
<input type="checkbox"/> AWH HSA IN CL12 PRE-EMPLOYEE ONLY	\$0.00	\$629.53
<input type="checkbox"/> AWH HSA IN CL12 PRE-EMPLOYEE + SPOUSE	\$713.64	\$629.53
<input type="checkbox"/> AWH HSA IN CL12 PRE-EMPLOYEE + CHILD(REN)	\$562.06	\$629.53
<input type="checkbox"/> AWH HSA IN CL12 PRE-EMPLOYEE + FAMILY	\$1,319.93	\$629.53
<input type="checkbox"/> AWH HNO CL12 PRE-EMPLOYEE ONLY	\$68.41	\$629.53
<input type="checkbox"/> AWH HNO CL12 PRE-EMPLOYEE + SPOUSE	\$859.57	\$629.53
<input type="checkbox"/> AWH HNO CL12 PRE-EMPLOYEE + CHILD(REN)	\$691.54	\$629.53
<input type="checkbox"/> AWH HNO CL12 PRE-EMPLOYEE + FAMILY	\$1,531.76	\$629.53
<input type="checkbox"/> MNGD CHOICE HSA CL12 PRE-EMPLOYEE ONLY	\$143.78	\$629.53
<input type="checkbox"/> MNGD CHOICE HSA CL12 PRE-EMPLOYEE + SPOUSE	\$1,020.39	\$629.53
<input type="checkbox"/> MNGD CHOICE HSA CL12 PRE-EMPLOYEE + CHILD(REN)	\$834.23	\$629.53
<input type="checkbox"/> MNGD CHOICE HSA CL12 PRE-EMPLOYEE + FAMILY	\$1,765.13	\$629.53
<input type="checkbox"/> HLTH NETWRK HNO CL12 PRE-EMPLOYEE ONLY	\$173.62	\$629.53
<input type="checkbox"/> HLTH NETWRK HNO CL12 PRE-EMPLOYEE + SPOUSE	\$1,083.97	\$629.53
<input type="checkbox"/> HLTH NETWRK HNO CL12 PRE-EMPLOYEE + CHILD(REN)	\$890.61	\$629.53
<input type="checkbox"/> HLTH NETWRK HNO CL12 PRE-EMPLOYEE + FAMILY	\$1,857.38	\$629.53
<input type="checkbox"/> WAIVE AETNA MEDICAL-DECLINE MEDICAL	\$0.00	\$0.00

Please Specify Covered Dependents

<input type="checkbox"/>	Name	Relation
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

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Greeley-Evans School District 6

I'm District 6.

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## DENTAL INSURANCE

[CLICK HERE FOR DENTAL BENEFIT PLAN SUMMARIES](#)

Select the dental coverage you would like to enroll in. If applicable, indicate which of your dependents are to be covered on that plan. If you do not wish to enroll in a dental plan, select the 'WAIVE COVERAGE' option.

If you need to add additional dependents, revisit the 'Dependent Information' screen.

**NEW HIRES:** If you are enrolling prior to June 30th, please visit the SELF SERVICE | EMPLOYEE RESOURCES INFORMATION CENTER.

Current Election: AETNA DENTAL CL12 PRE-EMPLOYEE + CHILD(REN)

Benefits Coverage	Your Per Pay Period Cost	Employer Contribution
<input type="checkbox"/> AETNA DENTAL CL12 PRE-EMPLOYEE ONLY	\$0.00	\$35.00
<input type="checkbox"/> AETNA DENTAL CL12 PRE-EMPLOYEE + SPOUSE	\$32.00	\$35.00
<input checked="" type="checkbox"/> AETNA DENTAL CL12 PRE-EMPLOYEE + CHILD(REN)	\$45.00	\$35.00
<input type="checkbox"/> AETNA DENTAL CL12 PRE-EMPLOYEE + FAMILY	\$85.00	\$35.00
<input type="checkbox"/> WAIVE AETNA DENTAL-DECLINE DENTAL	\$0.00	\$0.00

Please Specify Covered Dependents

	Name	Relation
<input type="checkbox"/>		Spouse
<input checked="" type="checkbox"/>		Child
<input checked="" type="checkbox"/>		Child

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You are now on the Dental Insurance information screen.

You will be required to select the level of coverage (employee only, employee + spouse, etc.) you wish to enroll in or waive coverage entirely.

Be sure to specify which dependents you wish to have covered.

Once completed, click “Next>>.”

You are now on the Vision Insurance information screen.

You will be required to select the level of coverage (employee only, employee + spouse, etc.) you wish to enroll in or waive coverage entirely.

Be sure to specify which dependents you wish to have covered.

Once completed, click “Next>>.”

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## VISION INSURANCE

[CLICK HERE FOR VISION BENEFIT PLAN SUMMARIES](#)

Select the vision coverage you would like to enroll in. If applicable, indicate which of your dependents are to be covered on that plan. If you do not wish to enroll in a vision plan, select the 'WAIVE COVERAGE' option.

If you need to add additional dependents, revisit the 'Dependent Information' screen.

**NEW HIRES:** If you are enrolling prior to June 30th, please visit the SELF SERVICE | EMPLOYEE RESOURCES INFORMATION CENTER.

Current Election: EYEMED VISION CL12 PRE-EMPLOYEE + FAMILY

Benefits Coverage	Your Per Pay Period Cost	Employer Contribution
<input type="checkbox"/> EYEMED VISION CL12 PRE-EMPLOYEE ONLY	\$0.00	\$5.18
<input type="checkbox"/> EYEMED VISION CL12 PRE-EMPLOYEE + SPOUSE	\$3.04	\$5.18
<input type="checkbox"/> EYEMED VISION CL12 PRE-EMPLOYEE + CHILD(REN)	\$3.44	\$5.18
<input checked="" type="checkbox"/> EYEMED VISION CL12 PRE-EMPLOYEE + FAMILY	\$7.73	\$5.18
<input type="checkbox"/> WAIVE EYEMED VISION-DECLINE VISION COVERAGE	\$0.00	\$0.00

Please Specify Covered Dependents

	Name	Relation
<input checked="" type="checkbox"/>		Spouse
<input checked="" type="checkbox"/>		Child
<input checked="" type="checkbox"/>		Child

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## LIFE INSURANCE

[CLICK HERE FOR ADDITIONAL INFORMATION ON THE LIFE INSURANCE BENEFIT](#)

The district provides life insurance coverage at NO COST to you while you are employed with the District. Select the box below to acknowledge receipt of the coverage and designate your beneficiaries below.

The life is based on two times your annual salary with a maximum benefit of \$100,000.

**PLEASE NOTE:** The current salary used to calculate your benefit insurance coverage provided amount may not reflect your next year's fiscal year salary yet. Your insurance coverage provided amount may be updated accordingly.

**NEW HIRES:** If you are enrolling prior to June 30th, please visit the SELF SERVICE | EMPLOYEE RESOURCES INFORMATION CENTER.

To designate a beneficiary, indicate the appropriate percentage to be allocated to that beneficiary. Percentages must be indicated for both primary and contingent beneficiaries. Both columns must total 100% individually. A single beneficiary can have amounts in both the primary and contingent columns. To add additional beneficiaries, revisit the 'Beneficiary Information' screen.

Benefits Coverage	Your Per Pay Period Cost	Employer Contribution
<input type="checkbox"/> THE HARTFORD LIFE INS.-ACKNOWLEDGE	\$0.00	\$9.80
<input type="checkbox"/> WAIVE THE HARTFORD LIFE-WAIVE THE HARTFORD LIFE	\$0.00	\$0.00

Please Specify Beneficiaries			
Name	Relation	Primary	Contingent
	Spouse	100	0
	Child	0	50
	Child	0	50
Totals (each column must total 100%):		100	100

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You will now have the opportunity to enroll in life insurance and identify your primary and contingent beneficiary elections.

### Please note:

- You must select whole percentages.
- The percentages for the primary and for the contingent beneficiaries must total 100% in **both** columns.
- A primary beneficiary is the first person to receive benefit; the contingent beneficiary will receive benefit if the primary beneficiary is deceased.

Once completed, click "Next>>."

For employees enrolling in the AWH HSA IN or the MNGD CHOICE HSA you may contribute to a Health Savings Account. Enter the amount of your annual election here.

If you would like more information on how an HSA works, please turn to page 43-44.

Please note that this option is for employees who enroll in the AWH HSA IN or the MNGD CHOICE HSA only.

Once completed, click "Next>>."

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## HLTH SAVINGS ACCT12 PRE

[CLICK HERE FOR ADDITIONAL HSA INFORMATION](#)

If you are interested in contributing funds into an HSA Savings Account, you must designate the total **ANNUAL** amount you would like deducted between the effective date of your coverage through the end of the plan year on June 30th.

As noted by federal law, for the calendar year, the annual contribution limits are:  
\$3600 for individual coverage  
\$7200 for family coverage

If you do not wish to contribute funds, you must enter \$0.00.

**NEW HIRES:** If you are enrolling prior to June 30th, please visit the SELF SERVICE | EMPLOYEE RESOURCES INFORMATION CENTER.

**IMPORTANT:** For more information, you may visit Payflex Website or [CLICK HERE](#)

ENTER ANNUAL CONTRIBUTION AMOUNT

Current Election: HLTH SAVINGS ACCT 12 PRE-HEALTH SAVINGS ACCOUNT  
12 PRE \$0.00

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## FSA DEPENDENT CARE - 12

[CLICK HERE FOR ADDITIONAL FSA INFORMATION](#)

If you are interested in enrolling in a Dependent Care Flexible Spending Account, enter the total **ANNUAL** amount you would like deducted between the effective date of your coverage through the end of the plan year on June 30th. The maximum amount that can be elected is \$5000 (or \$2500 if married, filing separately).

**NEW HIRES:** If you are enrolling prior to June 30th, please visit the SELF SERVICE | EMPLOYEE RESOURCES INFORMATION CENTER.

**IMPORTANT:** For more information, you may visit WageWorks Website or [CLICK HERE](#)

ENTER [ANNUAL](#) CONTRIBUTION AMOUNT

Current Election: FSA DEPENDENT CARE - 12-FLEX 125 DEPENDENT \$0.00

\$0

☒ do not wish to participate in this plan.

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You will have the opportunity to elect to participate in the Dependent Care Flexible Spending Account program. Please note that this is for **day care** expenses. Medical expenses are covered under the FSA explained on page 45.

If you would like to participate, please fill in an **annual** election amount. If you wish to waive this coverage, please click the box to waive.

9 month employees' confirmation statement will reflect an annual (12 month) amount, not a 9 month amount.

Once completed, click **"Next>>."**

You will have the opportunity to elect to participate in Health Care Flexible Spending Account program. See page 45 for more information.

If you would like to participate, please fill in an **annual** election amount. If you wish to waive this coverage, please click the box to waive.

9 month employees confirmation statement will reflect an annual (12 month) amount, not a 9 month amount.

Please note that this option is for employees that enroll in the AWH HNO or the HLTH NETWORK HNO only.

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## FSA HEALTH CARE - 12

[CLICK HERE FOR ADDITIONAL FSA INFORMATION](#)

If you are interested in enrolling in a Medical Flexible Spending Account, enter the total **ANNUAL** amount you would like deducted between the effective date of your coverage through the end of the plan year on June 30th. The maximum amount that can be elected is \$2750 per plan year.

**NEW HIRES:** If you are enrolling prior to June 30th, please visit the SELF SERVICE | EMPLOYEE RESOURCES INFORMATION CENTER.

**IMPORTANT:** For more information, you may visit WageWorks Website or [CLICK HERE](#)

ENTER [ANNUAL](#) CONTRIBUTION AMOUNT

Current Election: \$0.00

☐ do not wish to participate in this plan.

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## HSA COMPATIBLE FSA 12

[CLICK HERE FOR ADDITIONAL HSA COMPATIBLE FSA INFORMATION](#)

If you are interested in enrolling in a HSA Compatible Flexible Spending Account (FSA), enter the total **ANNUAL** amount you would like to deduct between the effective date of your coverage through the end of the plan year on June 30th. The maximum amount that can be elected is \$2750 per plan year. The expenses are limited to dental and vision care services/products that meet the IRS definition of qualified expenses.

**NEW HIRES:** If you are enrolling prior to June 30th, please visit the [SELF SERVICE | EMPLOYEE RESOURCES INFORMATION CENTER](#).

**IMPORTANT:** For more information, you may visit Payflex Website or [CLICK HERE](#)

ENTER **ANNUAL CONTRIBUTION AMOUNT**

Current Election: HSA - COMPATIBLE FSA 12-LIMITED HSA SPENDING 12 \$0.00

\$0

☒ do not wish to participate in this plan.

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If you enrolled in the AWH HSA IN or the MNGD CHOICE HSA, you may elect an HSA-compatible FSA. See page 46 for more information. **Please note this account is for dental and vision only.**

If you would like to participate, please fill in an **annual** election amount. If you wish to waive this coverage, please click the box to waive.

9 month employees confirmation statement will reflect an annual (12 month) amount, not a 9 month amount.

Please note that this option is for employees who enroll in the AWH HSA IN or the MNGD CHOICE HSA only.

You are now on the Aetna Accident Plan information screen.

You will be required to select the level of coverage (employee only, employee + spouse, etc.) you wish to enroll in or waive coverage entirely.

Be sure to specify which dependents you wish to have covered.

Once completed, click **"Next>>."**

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## AETNA ACCIDENT PLAN

[CLICK HERE FOR AETNA ACCIDENT PLAN](#)

You are eligible to elect AETNA ACCIDENT PLAN.

While you don't know when an accident will happen, you can be prepared for it. An Aetna Accident Plan can help you manage unexpected costs.

It pays you cash to help you pay for health care costs and other expenses when you have a covered injury.

While medical plans typically cover a serious illness, they don't cover the additional expenses that come with it. The Aetna Accident Plan can help you. .

To Enroll, or Waive please select a box below

**IMPORTANT:** For more information, you may call AETNA at 800-607-3366 Enter Option #3 or click the link to visit their website. [CLICK HERE](#).

By electing an AETNA benefit, I am affirming that I have read and agree to the AETNA Plan Disclosures.

Current Election: AETNA ACCIDENT PLAN 1-EMPLOYEE + CHILD(REN)

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> AETNA ACCIDENT PLAN 1-EMPLOYEE ONLY	\$6.22
<input type="checkbox"/> AETNA ACCIDENT PLAN 1-EMPLOYEE + SPOUSE	\$10.93
<input checked="" type="checkbox"/> AETNA ACCIDENT PLAN 1-EMPLOYEE + CHILD(REN)	\$13.60
<input type="checkbox"/> AETNA ACCIDENT PLAN 1-EMPLOYEE + FAMILY	\$17.48
<input type="checkbox"/> AETNA ACCIDENT PLAN 2-EMPLOYEE ONLY	\$9.64
<input type="checkbox"/> AETNA ACCIDENT PLAN 2-EMPLOYEE + SPOUSE	\$16.85
<input type="checkbox"/> AETNA ACCIDENT PLAN 2-EMPLOYEE + CHILD(REN)	\$21.20
<input type="checkbox"/> AETNA ACCIDENT PLAN 2-EMPLOYEE + FAMILY	\$27.14
<input type="checkbox"/> WAIVE AETNA ACCIDENT-DECLINE	\$0.00

Please Specify Covered Dependents

<input type="checkbox"/>	Name	Relation
<input type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

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## AETNA HOSPITAL INDEMNITY PLAN

[CLICK HERE FOR AETNA HOSPITAL INDEMNITY PLAN](#)

You are eligible to elect AETNA 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, there's the Aetna Hospital Indemnity Plan. You can use it to help with your deductible and coinsurance costs. Or for things like a mortgage, child care or utility bills.

Select a box below to **Enroll** or **Waive** coverage.

**IMPORTANT:** For more information, you may call AETNA at 800-607-3366 Enter Option #3 or click the link to visit their website: [CLICK HERE](#).

By electing a Aetna benefit, I am affirming that I have read and agree to the Aetna Plan Disclosures.

Current Election: **WAIVE AETNA HOSPITAL-DECLINE**

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> AETNA HOSPITAL IND PLAN 1-EMPLOYEE ONLY	\$6.51
<input type="checkbox"/> AETNA HOSPITAL IND PLAN 1-EMPLOYEE + SPOUSE	\$14.56
<input type="checkbox"/> AETNA HOSPITAL IND PLAN 1-EMPLOYEE + CHILD(REN)	\$11.28
<input type="checkbox"/> AETNA HOSPITAL IND PLAN 1-EMPLOYEE + FAMILY	\$18.62
<input type="checkbox"/> AETNA HOSPITAL IND PLAN 2-EMPLOYEE ONLY	\$12.83
<input type="checkbox"/> AETNA HOSPITAL IND PLAN 2-EMPLOYEE + SPOUSE	\$28.69
<input type="checkbox"/> AETNA HOSPITAL IND PLAN 2-EMPLOYEE + CHILD(REN)	\$22.07
<input type="checkbox"/> AETNA HOSPITAL IND PLAN 2-EMPLOYEE + FAMILY	\$36.49
<input type="checkbox"/> AETNA HOSPITAL IND PLAN 3-EMPLOYEE ONLY	\$19.35
<input type="checkbox"/> AETNA HOSPITAL IND PLAN 3-EMPLOYEE + SPOUSE	\$43.25
<input type="checkbox"/> AETNA HOSPITAL IND PLAN 3-EMPLOYEE + CHILD(REN)	\$33.35
<input type="checkbox"/> AETNA HOSPITAL IND PLAN 3-EMPLOYEE + FAMILY	\$55.11
<input checked="" type="checkbox"/> WAIVE AETNA HOSPITAL-DECLINE	\$0.00

Please Specify Covered Dependents

<input type="checkbox"/>	Name	Relation
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

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You are now on the Aetna Hospital Indemnity Plan information screen.

You will be required to select the level of coverage (employee only, employee + spouse, etc.) you wish to enroll in or waive coverage entirely.

Be sure to specify which dependents you wish to have covered.

Once completed, click **"Next>>."**

You are now on the Aetna Critical Illness Plan information screen.

Please indicate if you would like more information or waive coverage entirely. **Please note that Aetna will reach out to you directly to enroll in the Critical Illness Plan and advise how much your monthly premium will be. Your monthly premium is calculated based on your age, coverage tier and the value of coverage you select.**

Once completed, click **"Next>>."**

## HR Benefits Enrollment

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## AETNA CRITICAL ILLNESS PLAN

[CLICK HERE FOR AETNA CRITICAL ILLNESS PLAN](#)

You are eligible to elect AETNA CRITICAL ILLNESS PLAN.

Recovering from a critical illness can be hard and expensive. Most medical plans aren't designed to cover out-of-pocket costs like utility bills, transportation to doctor appointments or alternative treatments. Unfortunately, these expenses can come at a time when you're missing work and your paycheck. An Aetna Critical Illness Plan pays you cash to help you pay for health care costs and other expenses when you are diagnosed with a covered condition. While medical plans typically cover a serious illness, they don't cover the additional expenses that come with it. The Aetna Critical Illness Plan can help you.

**IMPORTANT:** Please note that Aetna will reach out to you directly to enroll in the Critical Illness Plan and advise how much your monthly premium will be. Your monthly premium is calculated based on your age, coverage tier and value of coverage you select. Click the link to visit their website: [CLICK HERE](#).

If you would like additional information to enroll, select the Yes, I'm Interested and a Representative from Aetna will contact you or select Waive.

Current Election: **WAIVE AETNA CRITICAL-DECLINE**

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> AETNA CRITICAL ILLNESS -YES, I AM INTERESTED	\$0.00
<input checked="" type="checkbox"/> WAIVE AETNA CRITICAL-DECLINE	\$0.00

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## SUMMER INSURANCE 9 MONTH

### IMPORTANT NOTIFICATION - Summer Insurance Coverage for Classified 9-Month Employees

#### SUMMER INSURANCE BILLING PROGRAM

As a Benefitted 9-Month employee, there are months during the summer that your employee insurance premiums including any voluntary elections if applicable will not be withheld from your paycheck. For the months of June, July and August, any employee portion of insurance premiums due must be paid through the Summer Insurance Billing program.

Billing statements listing any employee-paid premiums due and due dates will be sent to the employee address on file prior to June 1. Premiums must be received by the due dates listed on the billing statements or a loss of coverage may result. Any coverage lost will not be eligible for reinstatement until the next open enrollment period unless a qualifying life event occurs.

#### RETROACTIVE TERMINATION FOR NON-RETURNING EMPLOYEES

As a Benefitted 9-Month employee, insurance coverage elections will remain in force during the summer months as long as all employee premiums are paid on time and in full. Should an employee not return to work in the fall, Insurance may be terminated retroactively to the end of the month in which the employee last worked in their benefitted position. Any employee premiums paid for months not covered will be refunded to the employee accordingly.

**IMPORTANT NOTE PER BOARD POLICY GDQB:** Classified staff employees are expected to give two weeks written notice to the District prior to resigning employment.

**By Acknowledging and selecting the box below, I am affirming I have read and agree to Summer Insurance Billing Program and Retroactive Terminations NonReturning Employees.**

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> SUMMER INSURANCE 9 MONTH-Yes, I Acknowledge Summer Insurance	\$0.00

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If you are a Classified 9-month employee, you are now on the Summer Insurance 9 Month information screen.

You are required to acknowledge and affirm the terms of the Summer Billing Program. Be sure to read this page carefully, and if you have questions, contact your Benefits Department.

Once completed, click "Next>>."



Once you have successfully completed all the steps of the enrollment process, you will see a “Benefit Enrollment Confirmation Statement”. Please be sure to review your benefit elections and the corresponding premium amounts to make sure that they are accurate. If they are correct, click on “Submit”. You may want to print a copy of this statement for your records.

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## Benefit Enrollment Confirmation Statement

Weld County School District 6

Outlined below are the benefits you have selected. To review your elections before submitting your enrollment, you may click the 'VIEW/PRINT STATEMENT' button for a Draft Confirmation. You MUST click the 'SUBMIT' button below to complete your enrollment.

If you wish to make a change you can modify your elections by clicking on the 'PREVIOUS' button.

Birth Date:	Effective: 7/1/2021	
Gender:		
E-Mail:		
Date and Time:	03/11/2021 4:08:36 PM	
Your Selection	Your Per Period Cost Employer Contributions	
<u>MEDICAL INSURANCE</u>		
AWH HMO CERT PRE-EMPLOYEE ONLY	\$68.41	\$629.53
<u>DENTAL INSURANCE</u>		
AETNA DENTAL CERT PRE-EMPLOYEE ONLY	\$0.00	\$35.00
<u>VISION INSURANCE</u>		
EYEMED VISION CERT PRE-EMPLOYEE ONLY	\$0.00	\$5.18
<u>AETNA ACCIDENT PLAN</u>		
AETNA ACCIDENT PLAN 1-EMPLOYEE ONLY	\$6.22	-
<u>AETNA HOSPITAL INDEMNITY PLAN</u>		
WAIVE AETNA HOSPITAL-DECLINE	\$0.00	-
<u>AETNA CRITICAL ILLNESS PLAN</u>		
WAIVE AETNA CRITICAL-DECLINE	\$0.00	-
<u>SUMMARY OF BENEFITS</u>		
SUMMARY OF BENEFITS-YES, I ACKNOWLEDGE RECEIPT OF SBC \$0.00		-
<u>PREMIUM TAXATION OPTION</u>		
PREMIUM TAXATION OPTION-Deduct premium pre-tax	\$0.00	-
<u>LIFE INSURANCE</u>		
THE HARTFORD LIFE INS.-ACKNOWLEDGE: \$100,000.00	\$0.00	\$9.80
<u>LIFE INSURANCE Beneficiaries</u>		
<u>Flex Spending Elections</u>		
FSA DEPENDENT CARE - 12: \$0.00	\$0.00	-
FSA HEALTH CARE - 12: \$0.00	\$0.00	-
<hr/>		
Amount to be deducted each pay check	\$74.63	-

I understand the benefits choices I have made and authorize the District to take payroll deductions for all benefits elected. I understand that the choices I have made on this form will remain in effect until the next open enrollment period, unless I qualify for a life event change (defined in the official plan documents).

You MUST click the 'SUBMIT' button below to complete your benefit elections.

View/Print Statement

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Submit

Once you click on “Submit”, you will not be permitted to change your benefit elections.

Be sure to click “logout.”

# Medical Cost & Plan Highlights – Aetna AWH HSA IN

	Monthly Premium	Employer Contribution	Employee Cost Per Month
Employee Only	\$629.53	\$629.53	\$0.00
Employee + Spouse	\$1,343.17	\$629.53	\$713.64
Employee + Child(ren)	\$1,191.59	\$629.53	\$562.06
Family	\$1,949.46	\$629.53	\$1,319.93

Benefits Highlights	In-Network Only	
Plan Year Deductible	Non-Embedded – The entire Family deductible must be met before plan pays 90% for any individual family member; it can be met either by one member or a combination \$1,500 individual \$3,000 Family	
Plan Year Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	
Preventive Care Visit Routine Office Visit/PCP Visit Specialist Visit Virtual Visit	No charge Deductible then plan pays 90% Deductible then plan pays 90%; no referral required \$40 consult fee until deductible is met, after deductible is met, plan pays 90%	
Inpatient Hospitalization Outpatient Surgery Diagnostic X-Ray and Lab Imaging (MRI/PET/CAT)	Deductible then plan pays 90% Deductible then plan pays 90% Deductible then plan pays 90% Deductible then plan pays 90%	
Urgent Care Emergency Room Ambulance	Deductible then plan pays 90% Deductible then plan pays 90% Deductible then plan pays 90%	
Pharmacy Deductible	Retail Pharmacy (30 day supply) After the plan deductible is met, the following copays apply until the out-of-pocket maximum is met	Mail Order (90-day supply)
Tier 1 Generic	\$10 copay	\$25 copay
Tier 2 Brand	\$30 copay	\$75 copay
Tier 3 Non-Preferred/Non-Formulary	\$50 Copay	\$125 copay

# Medical Cost & Plan Highlights – Aetna AWH HNO

	Monthly Premium	Employer Contribution	Employee Cost Per Month
Employee Only	\$697.94	\$629.53	\$68.41
Employee + Spouse	\$1,489.10	\$629.53	\$859.57
Employee + Child(ren)	\$1,321.07	\$629.53	\$691.54
Family	\$2,161.29	\$629.53	\$1,531.76

Benefits Highlights	In-Network Only	
Plan Year Deductible	Embedded - No single individual on a family plan will be subject to more than the individual deductible \$750 Individual \$2,250 Family	
Plan Year Out-of-Pocket Maximum	\$3,500 Individual \$7,000 Family	
Preventive Care Visit	No charge	
Routine Office Visit/PCP Visit	\$25 copay	
Specialist Visit	\$50 copay; no referral required	
Virtual Visit	\$25 copay	
Inpatient Hospitalization	\$150 per admission copay then deductible then plan pays 80%	
Outpatient Surgery	\$75 per admission copay then deductible then plan pays 80%	
Diagnostic X-Ray and Lab	Deductible then plan pays 80%	
Imaging (MRI/PET/CAT)	Deductible then \$150 copay per visit	
Urgent Care	<b>After you meet your deductible</b> , a \$75 copay will apply	
Emergency Room	<b>After you meet your deductible</b> , a \$200 copay per visit will apply (copay waived if admitted)	
Ambulance	Deductible then coinsurance	
Pharmacy	Retail Pharmacy (30 day supply)	Mail Order (90-day supply)
Tier 1 Generic	\$10 copay	\$30 copay
Tier 2 Brand	\$40 copay	\$120 copay
Tier 3 Non-Preferred/Non-Formulary	\$70 Copay	\$210 copay

# Medical Cost & Plan Highlights – Aetna Mngd Choice HSA

	Monthly Premium	Employer Contribution	Employee Cost Per Month
Employee Only	\$773.31	\$629.53	\$143.78
Employee + Spouse	\$1,649.92	\$629.53	\$1,020.39
Employee + Child(ren)	\$1,463.76	\$629.53	\$834.23
Family	\$2,394.66	\$629.53	\$1,765.13

Benefits Highlights	In-Network		Out-of-Network
Plan Year Deductible	Non-Embedded - The entire Family deductible must be met before plan pays 90% for any individual family member; it can be met either by one member or a combination		
	\$1,500 Individual \$3,000 Family		\$1,500 Individual \$3,000 Family
Plan Year Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family		\$6,000 Individual \$12,000 Family
Preventive Care Visit	No charge		Deductible then plan pays 70%
Routine Office Visit/PCP Visit	Deductible then plan pays 90%		Deductible then plan pays 70%
Specialist Visit	Deductible then plan pays 90%; no referral required		Deductible then plan pays 70%
Virtual Visit	\$40 consult fee until deductible is met, after deductible is met, plan pays 90%		In-network only
Inpatient Hospitalization	Deductible then plan pays 90%		Deductible then plan pays 70%
Outpatient Surgery	Deductible then plan pays 90%		Deductible then plan pays 70%
Diagnostic X-Ray and Lab	Deductible then plan pays 90%		Deductible then plan pays 70%
Imaging (MRI/PET/CAT)	Deductible then plan pays 90%		Deductible then plan pays 70%
Urgent Care	Deductible then plan pays 90%		Deductible then plan pays 90%
Emergency Room	Deductible then plan pays 90%		Deductible then plan pays 90%
Ambulance	Deductible then plan pays 90%		Deductible then plan pays 90%
Retail Pharmacy	Retail (30 day supply)	Mail Order (90-day supply)	In-network only
Deductible	After the plan deductible is met, the following copays apply until the out-of-pocket maximum is met		
Tier 1 Generic	\$10 copay	\$25 copay	
Tier 2 Brand	\$30 copay	\$75 copay	
Tier 3 Non-Preferred/Non-Formulary	\$50 Copay	\$125 copay	

# Medical Cost & Plan Highlights – Aetna HLTH NETWORK HNO

	Monthly Premium	Employer Contribution	Employee Cost Per Month
Employee Only	\$803.15	\$629.53	\$173.62
Employee + Spouse	\$1,713.50	\$629.53	\$1083.97
Employee + Child(ren)	\$1,520.14	\$629.53	\$890.61
Family	\$2,486.91	\$629.53	\$1,857.38

Benefits Highlights	In-Network Only	
Plan Year Deductible	Embedded - No single individual on a family plan will be subject to more than the individual deductible \$750 Individual \$2,250 Family	
Plan Year Out-of-Pocket Maximum	\$3,500 Individual \$7,000 Family	
Preventive Care Visit	No charge	
Routine Office Visit/PCP Visit	\$25 copay	
Specialist Visit	\$50 copay; no referral required	
Virtual Visit	\$25 copay	
Inpatient Hospitalization	\$150 per admission copay then deductible then plan pays 80%	
Outpatient Surgery	\$75 per admission copay then deductible then play pays 80%	
Diagnostic X-Ray and Lab	Deductible then play pays 80%	
Imaging (MRI/PET/CAT)	Deductible then \$150 copay per visit	
Urgent Care	<b>After you meet your deductible</b> , a \$75 copay will apply	
Emergency Room	<b>After you meet your deductible</b> , a \$200 copay per visit will apply (copay waived if admitted)	
Ambulance	Deductible then coinsurance	
Pharmacy	Retail Pharmacy (30 day supply)	Mail Order (90-day supply)
Tier 1 Generic	\$10 copay	\$30 copay
Tier 2 Brand	\$40 copay	\$120 copay
Tier 3 Non-Preferred/Non-Formulary	\$70 Copay	\$210 copay

# 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 to log in to our member website, or download 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.

If you need help, call toll-free 24/7 1.888.792.3862 (TTY: 711).

Know the cost of your medicines ahead of time by going to 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 how to get the most value from your plan.

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

## 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.

**However, 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.**



# Preventive Care

## Prevention is the best medicine

When your doctor diagnoses a health condition early, you may be able to delay or even prevent its problems. Getting early treatment can make your condition easier to manage and puts you in control of your health.

## Your doctor plays a key role in your care

They may suggest:

- Screening tests, which find health problems before symptoms appear
- Diagnostic tests, physicals and self-exams, which find health problems early in their course

Your doctor may also use guidelines to recommend screenings based on your age, health, gender, lifestyle habits, family history and, if you're a woman, on whether you are preparing for pregnancy. If you're thinking about getting a test, it's a good idea to talk with your doctor about what the test is, what it costs and what happens if you need further testing. Together, decide what's right for you.

Adult screenings are intended to find health issues as you age. And many are part of your annual preventive exam. Talk with your doctor about which screenings are right for you.

Preventive Screening	Age Group	Recommendation
Alcohol and tobacco use	Everyone	Annually
Blood pressure	Everyone	Annually unless your doctor recommends more frequent checks
Breast cancer	Women aged 50-74	Mammogram every 2 years; talk with your doctor to decide if you need them more often
Cervical cancer	Women beginning at age 21	Pap smear for women 21–65 years of age every 3 years; women 30–65 years of age may have a Pap smear and human papillomavirus (HPV) testing every 5 years
Cholesterol	Everyone beginning at age 35	Annually
Colorectal cancer	Everyone beginning at age 45	Every 10 years; talk to your doctor
Depression	Everyone	Annually
Diabetes	Everyone	Glucose test every 3 year; talk to your doctor if you are at increased risk.
Lung cancer	Current or former smokers aged 55-80	Annually
Osteoporosis	Women under age 65	For post-menopausal women; or under age 65 at increased risk for osteoporosis
Sexually transmitted diseases	Everyone	Annually
Vision	Everyone	Annually
Weight	Everyone	Annually

# Is it Preventive or Diagnostic

You benefit both financially and health-wise when you get your annual medical checkup. Preventive care helps you avoid more serious and costly health problems down the road. Plus, there is no copay or deductible/coinsurance.

But did you know that, depending on the situation, the same test or service can be considered preventive (100% covered) or diagnostic (you share the cost)?

Preventive Care Services	Diagnostic Services
Helps you stay healthy by checking for disease before you have symptoms or feel sick	Checks for disease after you have symptoms or because of a known health issue
Can include flu shots and other vaccinations, physical exams, lab tests and prescriptions	Can include physical exams, lab tests and prescriptions
100% covered when delivered by an in-network provider	You pay your share of the cost

If you're unsure why a test was ordered, ask your doctor. And don't forget to schedule your preventive care visits. Many people use a key date like their birthday or anniversary as a reminder to make their appointments each year.



# Know Where to Go



**ER or urgent care?** The emergency room shouldn't be your first choice unless there's a true emergency

Consider urgent care for...	Go to the emergency room for...
Symptoms, pain or conditions that are not life-or limb-threatening but require quick medical attention <ul style="list-style-type: none"><li>✓ You already know the diagnosis but are unable to get a same day appointment with your PCP</li><li>✓ Earache</li><li>✓ Sore throat</li><li>✓ Rashes</li><li>✓ Sprains</li><li>✓ Broken fingers or toes</li><li>✓ Fever up to 104 degrees</li></ul>	Serious or life threatening conditions that require immediate treatment that you can only get at a hospital, such as: <ul style="list-style-type: none"><li>✓ Chest pain or severe abdominal pain</li><li>✓ Trouble breathing</li><li>✓ Loss of consciousness</li><li>✓ Severe bleeding that can't be stopped</li><li>✓ Large broken bones</li><li>✓ Major injuries from a car crash, fall or other accident</li><li>✓ Fever above 104 degrees</li></ul>

## Finding an urgent care is easy

Get familiar with the urgent care and walk-in clinics in your neighborhood before you need them. Here's how:

1. **Before you visit a local urgent care center, log into to Aetna Navigator to be sure the facility you are considering is an in-network provider.** [www.aetnavigators.com](http://www.aetnavigators.com)
2. Click on "Find a Doctor."
3. Select "Urgent Care Facilities" or "Walk-In Clinics."

Below are two examples of in-network providers for all four plans, including the AWH HNO IN HSA plan and the AWH HNO copay plan:

### **Banner Urgent Care, Greeley**

2015 35th Avenue  
Greeley, CO 80634  
Phone: (970)-810-4155  
Online: [bannerhealth.com](http://bannerhealth.com)  
Hours: 7:30 am – 7:30 pm, 7 days per week  
Closed on major holidays

### **Banner Urgent Care, Loveland**

2555 E. 13<sup>th</sup> Street, Suite 110  
Loveland, CO 80537  
Phone: (970)-820-4264  
Online: [bannerhealth.com](http://bannerhealth.com)  
Hours: 7:30 am – 7:30 pm, 7 days per week  
Closed on major holidays

## Other Non-Emergency Care Options

Your medical plan offers plenty of options when you need care or advice, but it's not an emergency:

### Extended Hours at Banner Facilities

The following primary care physicians have extended or weekend hours (\*extended hours are outside of an 8:00 a.m. to 5:00 p.m. timeframe):

<b>Banner Health Clinic – Berthoud, CO*</b> 401 10th Street Berthoud, CO 80513 Phone: (970)-532-4910	<b>Banner Health Clinic – Eaton, CO*</b> 100 S. Cherry Avenue, Suite 1 Eaton, CO 80615 Phone: (970)-454-3838	<b>Banner Health Clinic – Ft. Collins, CO*</b> 303 Colland Drive Ft. Collins, CO 80525 Phone: (970)-821-3031
<b>Banner Health Center – Ft. Collins</b> 4700 Lady Moon Drive Ft. Collins, CO 80528 Phone: (970)-821-4500	<b>Banner Health Center – Drake*</b> 702 – A, W Drake Road Ft. Collins, CO 80526 Phone: (970)-821-460	<b>Pediatric Associates of Northern Colorado *</b> 1330 Oakridge Dr, Suite 100 Fort Collins, CO 80525 Phone: (970) 484-4871
<b>Rocky Mountain Family Physicians, PC*</b> 1124 E. Elizabeth St., Bldg. C Fort Collins, CO 80524 Phone: (970) 484-0798	<b>Banner Health Clinic – Greeley, CO*</b> Internal Medicine 2001 70th Avenue, 3rd Floor Greeley, CO 80634 Phone: (970)-810-5660	<b>Banner Health Clinic – Greeley, CO*</b> 5623 W 19th Street Greeley, CO 80634 Phone: (970)-810-9011
<b>Banner Health Clinic – Pediatrics</b> 2001 70th Avenue, 3rd Floor Greeley, Co 80634 Phone: (970)-810-5828	<b>Family Medical Practice*</b> 2918 W 10th St Greeley CO 80634 Phone: (970) 352-3274	<b>Family Physicians of Greeley, LLP*</b> <b>Cottonwood Office</b> 2420 W. 16th St. Greeley CO 80634 Phone: (970) 353-7668
<b>Family Physicians of Greeley, LLP*</b> <b>Central Office</b> 2520 W. 16th St. Greeley CO 80634 Phone: (970) 356-2520	<b>Family Physicians of Greeley, LLP*</b> <b>West Office</b> 6801 W. 20th St., Suite 101 Greeley CO 80634 Phone: (970) 378-8000	<b>Banner Health Clinic – Johnstown, CO*</b> 222 Johnstown Center Drive Johnstown, CO 80534 Phone: (970)-587-4974
<b>Family Physicians of Greeley, LLP</b> <b>Johnstown Office</b> 257 Johnstown Center Drive Johnstown, CO 80534 Phone: (970) 587-7881	<b>Banner Health Clinic – Loveland, CO*</b> Family Practice 2701 Madison Sq. Drive Loveland, CO 80538 Phone: (970)-820-5000	<b>Banner Health Clinic – Loveland, CO*</b> 2923 Ginnala Drive Loveland, CO 80538 Phone: (970)-820-6660
<b>Banner Health Center – SW Loveland*</b> 1230 14th Street SW Loveland, CO 80537 Phone: (970)-820-3999	<b>Banner Health Clinic – Pediatrics*</b> 2555 E 13th Street, Suite 130 Loveland, CO 80537 Phone: (970)-820-5437	<b>Healing Arts Family Medicine LLC</b> 3320 W. Eisenhower Loveland, CO 80537 Phone: (970) 669-2849
<b>Loveland Youth Clinic</b> 2021 Boise Avenue Loveland, Co 80538 Phone: (970) 669-3298	<b>Banner Health Clinic – Windsor, CO*</b> Family Practice 1300 Main Street Windsor, CO 80550 Phone: (970)-686-5646	

## **Aetna 24-Hour Nurse Line**

### **Talk to a Registered Nurse Anytime**

#### **By Phone**



Call our toll-free number to talk to registered nurses. They can share information on a range of healthy topics\*. The nurses can help you:

- Learn about medical procedures and treatment options.
- Improve how you talk with your doctor and other health care providers.
- Find out how to describe your symptoms better.
- Ask the right questions.
- Tell your doctor about your eating, exercise and lifestyle habits.

Call anytime (United States only). Nurses are available 24-hours a day. To reach a nurse, call 1.800.556.1555. You can call as many times as you need – at no extra cost. Your covered family members can use it too.

TDD/TTY: Dial 711 and ask the operator to dial 1.800.556.1555. Select the option to speak to a nurse.

#### **Online Source for Health Information**

Prefer to go online for health information? Check out the 24-Hour Nurse Line page on your member website. Here's what you can do:

- Send us an email.
- Use our symptom checker.
- Learn about treatment options and health risks.
- Research a medicine, and more.

It explains things in terms that are easy to understand. And it's easy to get to — once you're a member, just go to Aetna.com and log in.

The 24-Hour Nurse Line can provide helpful information and possibly prevent an unneeded trip to the emergency room (ER). That can be a money-saver. Plus, you'll be able to make smarter health decisions. You'll have reliable information you can trust — and it's only a phone call or click away.

## Aetna Teladoc

### When would you use Teladoc?

- When you need care now
- If you're considering the ER or urgent care center *for a non-emergency issue*
- When you are on vacation, on a business trip, or away from home
- For short-term prescription



### What kind of conditions would you use Teladoc for?

Teladoc physicians can treat many medical conditions. Top select diagnoses include:

- Sinus problems
- Urinary tract infection
- Pink eye
- Bronchitis
- Upper respiratory infection
- Rash
- Nasal congestion
- Allergies
- Flu
- Cough
- Ear infection
- General anxiety

## Take a doctor with you

 [Teladoc.com/Aetna](https://teladoc.com/Aetna)

 1-855-Teladoc (835-2362)

### Set up an account

Visit the Teladoc website and click "Set up account".

### Provide medical history

Log in and complete the "My Medical History" tab.

### Request a consult

A Teladoc doctor is always just a call or click away.

Teladoc is not just for the medical conditions listed above. If something is weighing on you, talking it over can help. Connect with one of Teladoc's caring professionals 7 days a week via web or mobile app from where you are most comfortable.

Some of the issues Teladoc's Behavioral Health Service can help with are:

- Anxiety
- Depression
- Stress/PTSD
- Family and marriage issues
- Panic disorder
- Grief

Teladoc's Behavioral Health is available to members and eligible dependents 18 years and older. Behavioral Health visits are conducted by video.

**You can also use the Aetna App to access Teladoc and Behavioral Health Teladoc. Schedule a doctor visit, manage your medical history, or even send a prescription to the nearest pharmacy – all from your mobile phone**



### What is the cost for a Teladoc consult?

- Talk to a doctor anytime for \$40 or less (less than an urgent care or ER visit, Teladoc's cost is never more than a doctor visit)
- Talk to a Behavioral Health doctor anytime for \$80 to \$90, depending upon the certification of the provider
- Talk to a Dermatologist anytime for \$75

If you are on this plan	You will pay
AWH HNO or HLTH NETWORK HNO	Consult fee based on the type of service (General Medical, Behavioral Health, Dermatology)
AWH HSA IN or MNGD CHOICE HSA	Consult fee based on the type of service (General Medical, Behavioral Health, Dermatology) until deductible is met, then subject to coinsurance

## Aetna Behavioral Health AbleTo Support

<p><b>Manage life's changes</b></p> <p>Some life events can be overwhelming. Like having a baby. Or finding out you have diabetes or heart disease. You may also feel emotions like:</p> <ul style="list-style-type: none"><li>• Worry</li><li>• Depression</li><li>• Confusion</li><li>• Anger</li></ul> <p>All these feelings are normal. But they can make it harder for you to take control and make healthy changes.</p> <p>And it's important to feel that you can control the condition, instead of it controlling you.</p>	<p><b>Real help that fits your schedule</b></p> <p>Aetna's AbleTo program can help you:</p> <ul style="list-style-type: none"><li>• Work through these normal emotions</li><li>• Understand and stick with your treatment plan</li><li>• Know the types of changes you need to make</li><li>• Feel like you are in control of your health and your life</li></ul> <p>AbleTo is part of your Aetna membership. But it's not like traditional program. It makes it easy to get the help you need.</p>
<p><b>Support when and where you need it</b></p> <p>Aetna has teamed up with AbleTo, a leading behavioral health provider, to offer this convenient program. The goal is to make it easy for you to complete the program. And help you see that you are in control and can make healthy changes.</p>	<p><b>You'll work with two AbleTo specialists for eight weeks</b></p> <p>Once a week with a therapist to address emotional challenges like depression, stress and anxiety that can come with a medical diagnosis</p> <p>Once a week with a behavior coach to identify health goals and develop an action plan</p>
<p><b>Real help that works</b></p> <p>Meet face-to-face with your team using online video. Or you can simply talk on the phone, if you prefer. This removes the time and hassle of driving to appointments.</p> <p>Plus, you choose the times that work best for you. During the day, in the evening or on weekends.</p>	<p>That's two sessions a week and a final meeting with your therapist. Sixteen sessions total. And it's all part of your Aetna membership.</p>

**Consider AbleTo support if you have experienced one of these health conditions or life changes:**

- Infertility
- Breast and prostate cancer recovery
- Heart issues
- Diabetes

- Digestive health
- Pain management
- Breathing problems
- Alcohol and substance abuse
- Depression, anxiety or panic

- Postpartum depression
- Caregiving (child, elder or autism)
- Grief and loss
- Military transitions



The Infertility Support Program is designed for women and men who are managing infertility and the emotions that can come with it.

**It's easy to get started**

If your claim data shows you would benefit from this program, an Aetna or AbleTo representative will call you to explain how it works and how it can help you. In most cases, there is no cost to you.\*

You'll be asked to confirm some information for privacy purposes.

Or, you can let us know that you're interested in participating by calling AbleTo at **1-855-773-2354**, Monday – Friday from 9 a.m. – 8 p.m. ET. You can ask questions, and an AbleTo staff member will ask you some screening questions.

You can also tell your Aetna case manager that you'd like to participate.



**95%** of AbleTo graduates recommend the program to others<sup>1</sup>

**Choose AbleTo support and get real help that fits your schedule.** Just call **1-855-773-2354** or contact your Aetna case manager.

\*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.



# Dental Cost & Plan Highlights – Aetna

	Monthly Premium	Employee Cost Per 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

Benefits Highlights	In-Network	Out-of-Network
Policy Year Deductible	\$50 per individual; \$100 per family	
Policy Year Maximum	\$1,250 per person	
Dependent Eligibility	To age 26	
Diagnostic & Preventive Services	100%	100%
Waiting Period	None	
Basic Services – Includes Periodontics / Endodontics	80%	80%
Waiting Period	None	
Major Services	50%	50%
Waiting Period	None	
Orthodontics Lifetime Maximum	\$1,500 per eligible person	
Orthodontics Services	50%	50%
Waiting Period	None	
Age Limitations	Dependent children to age 19; no Adult coverage	

## ★What is “balance billing”?

Balance billing is additional amounts a non-participating (out-of-network) dentist charges you for the difference between Aetna’s allowed amount and the dentist’s fee. Participating (in-network) dentists agree to accept Aetna’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.

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

- Go to [www.aetna.com/docfind](http://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 a plan from the “Select a Plan” drop down menu

The plan name you would select from the drop down menu is “Dental PPO/PDN with PPO II”

# Vision Cost & Plan Highlights – EyeMed

	Monthly Premium	Employee Cost Per 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

Benefits Highlights	In-Network	Out-of-Network
Exam Copay Frequency	\$10 copay Every 12 months	Member reimbursed up to \$40
Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses Lenticular Lenses Frequency	\$25 copay \$25 copay \$25 copay \$25 copay Every 12 months	Member reimbursed up to \$40 Member reimbursed up to \$60 Member reimbursed up to \$80 Member reimbursed up to \$80
Frame Benefit Frequency	\$130 allowance; then 20% off balance over \$130 Every 12 months	Member reimbursed up to \$45
Medically Necessary Contacts (In lieu of glasses) Conventional Elective Contacts (In lieu of glasses) Disposable Elective Contacts (In lieu of glasses) Frequency	\$0 copay; paid in full \$125 allowance; 15% off balance over \$125 \$125 allowance plus balance over \$125 Every 12 months	Member reimbursed up to \$210 Member reimbursed up to \$125 Member reimbursed up to \$125
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used	
Laser Vision Correction	15% off retail price or 5% off promotional price	In-network only

## To find a vision provider:

- Go to [www.eyemed.com/en-us](http://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 – The Hartford

Losing a loved one is hard enough without worrying about financial obligations. Knowing that, Weld County School District 6 has provided you with a valuable benefit – Group Term Life Insurance from The Hartford. 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
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

**Waiver of Premium Provision for Permanently and Totally Disabled Employees** – If you are unable to work at any reasonable job (any for which you are suited to perform due to education, training or experience), you may be eligible to have your life insurance coverage extended at no cost.

**Terminal Illness** – You may be eligible to receive up to 50% of your basic life insurance coverage if diagnosed with a terminal or serious medical condition.

**Travel Assistance with ID Theft Protection** – Travel Assistance with ID Theft Protection includes pre-trip information to help you feel more secure while traveling. It can also help you access professional across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less. ID Theft services are available to you and your family at home or when you travel.

In the case of a serious medical emergency when traveling, obtain emergency medical services first (contact the local “911”). Then contact Travel Assist to alert them to your situation by calling 1.800.243.6108. Just provide your employer’s name (Weld Country School District 6), a phone number where you can be reached, nature of the problem, Travel Assistance Identification Number **GLD-09012** and your policy number of 805767.

**EstateGuidance® Will Services** – As an employee with a Group Life insurance policy from The Hartford, you have access to EstateGuidance® Will Services provided by ComPsych®.1. This free service helps you create a simple, legally binding will online, saving you the time and expense of a private legal consultation. Other advantages include:

- Online assistance from licensed attorneys should you have questions
- Unlimited revisions at no additional charge
- Additional estate planning services are also available for purchase, including the creating of a living will or a final arrangements document that allows you to specify burial or cremation preferences; funeral or memorial services options

Visit [www.estateguidance.com](http://www.estateguidance.com) and use code **WILLHLF**.

**Funeral Concierge Services** – The Hartford’s Funeral Concierge Service offers a suite of online tools to help guide you through key decisions. It allows for pre-planning, documentation of wishes, and even offers cost comparison of funeral-related expenses. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant savings. And Express Pay guarantees beneficiaries can receive payment in as little as 48 hours. Find out more by calling 1.866.854.5429 or visiting [www.everestfuneral.com/hartford](http://www.everestfuneral.com/hartford) and use code **HFEVLC**.

**Beneficiary Assist® Counseling and HealthChampion<sup>SM2</sup>** – The Hartford offers Beneficiary Assist counseling services, where compassionate professionals can help you or your beneficiaries cope with emotional, financial and legal issues that can arise after a loss. Includes unlimited phone contact for legal advice, financial planning and emotional counseling, and five face-to-face sessions for up to a year from the date a claim is filed.

HealthChampion offers support if you've become disabled from an accident or are diagnosed with a critical illness. You'll receive guidance on health care options, helpful resources and help with timely and fair resolutions of issues. Learn more by calling 1.800.411.7239.

**Conversion of Your Life Policy** – If your Life coverage ends or is reduced, you can convert your term life policy to a Whole Life Policy. You may convert your basic coverage into a Whole Life Policy with rates based on your age at that time by paying premiums directly to The Hartford. Whole life insurance is generally more expensive than term insurance, so a change in your premium may apply. For policy conversion, contact The Hartford at 888.563.1124. **You only have 31 days from the date your coverage ends to convert your policy without answering any medical questions.**

## Health Savings Account – PayFlex

Want to reduce your taxable income and increase your take-home pay? Enroll in an HSA today and start saving money for eligible health care expenses for you, your spouse and your tax dependents.

### Are you eligible for an HSA?

To enroll in an HSA, you must be enrolled in a qualified high-deductible health plan (HDHP) – Weld County School District 6 offers two such plans – the **AWH HSA IN** and the **MNGD CHOICE HSA**. In addition, you **cannot** have:

- Other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible
- A general-purpose healthcare flexible spending account (FSA) or health reimbursement arrangement (HRA) in the same year (and neither can your spouse)
- Medicare or TRICARE
- Veterans Affairs (VA) medical benefits that have been used in the prior three months — except in cases where the hospital care or medical services were for a service connected disability
- Someone claim you as a “dependent” on their tax return

### What do people love about the HSA?

- You can contribute pretax and post-tax dollars
- **For 2021, you can contribute up to \$3,600\* individual and \$7,200\* family (pretax) annually**
- Unused funds roll over from year to year
- Your HSA stays with you even if you switch employers, change health plans or retire
- If you have an HSA somewhere else, you can transfer the balance to your new HSA
- Your money can earn interest — plus, you can enjoy investment options

### Some common eligible expenses may include:

- Deductibles, copays and coinsurance
- Eligible prescriptions
- Vision care, including LASIK eye surgery
- Dental care, including orthodontia

\*The maximum contribution limits are subject to change annually.

\*\*Please note that not all states provide favorable income tax treatment for HSAs.

## Pay the PayFlex way

Once funds are available in your HSA, PayFlex makes it easy to pay for your eligible expenses.

- **Use the PayFlex Card®, your account debit card:** When you use the PayFlex debit card, your expense is automatically paid from your account
- **Pay yourself back:** Pay for eligible expenses with cash, check or your personal credit card. Then withdraw funds from your HSA to pay yourself back; you can even have your payment deposited directly into your checking or savings account
- **Pay your provider:** Use the PayFlex online feature to pay your provider directly from your account

## Take care of your HSA and it may grow

- There aren't many accounts where you can make tax-free contributions and tax-free withdrawals, and enjoy tax-free growth\*\* -- so why not use your HSA to help maximize your potential to save for your future?
- Once you have a minimum balance (typically \$1,000) in your HSA, you can open an investment account. There are a variety of mutual funds to choose from. There are also no transfer or trading fees and no minimum investment amount for a trade request.

**Considering a PayFlex HSA?** Get started by visiting [payflex.com](https://payflex.com).

## HSA tips to remember

- View the Internal Revenue Service (IRS) contribution limits and a list of common eligible expense items on the PayFlex member website.
- Annual contribution limits include contributions made by both you and your employer (if applicable).
- You can make a one-time, tax-free transfer from an Individual Retirement Account (IRA). This amount counts toward your HSA annual contribution limit.
- If you're age 55 or older, you can contribute up to an additional \$1,000 annually.
- If you use your HSA for ineligible expenses, you'll need to pay income taxes and a 20 percent penalty tax on that amount. **Note:** If you're age 65 or older or disabled at the time of this withdrawal, you won't have to pay the penalty tax. However, you're still responsible for paying income taxes.
- Save your itemized statements, detailed receipts and any Explanation of Benefits (EOB) statements for your expense records.

## What happens to my HSA when I sign up for Medicare?

You can't contribute to your HSA once your Medicare coverage begins. If you contribute to your HSA after your Medicare coverage starts, you may have to pay a tax penalty. If you'd like to continue contributing to your HSA, you shouldn't apply for Medicare or Social Security.

**Note:** Premium-free Part A coverage begins 6 months back from the date you apply for Medicare (or Social Security), 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.



## Download the PayFlex Mobile App

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



# Dependent Care Flexible Spending Account – HealthEquity formerly WageWorks

A Dependent Care Flexible Spending Account (DCFSA) is a pre-tax benefit account used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare.

## Why Enroll in a DCFSA?

- You can save an average of 30% on eligible dependent care expenses like preschool, summer day camp, before/after school programs, child or elder daycare, and more
- You can reduce your overall tax burden – funds are withdrawn from your paycheck for deposit into your account before taxes are deducted
- You can choose from several convenient, no-hassle payment and reimbursement options

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

Contributions to your DCFSA 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 DCFSA. You should contribute the amount of money you expect to pay out-of-pocket for eligible dependent care expenses for the plan year (July 1, 2021 through June 30, 2022). **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.**

Please indicate an annual election amount during enrollment. Remember, you can only change your election during the plan year if you experience a Qualifying Life Event, including a marriage, a divorce or a birth.

# Healthcare Flexible Spending Account – HealthEquity formerly WageWorks

A Healthcare Flexible Spending Account (FSA) is a pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan or elsewhere.

## Why Enroll in a Healthcare 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
- No waiting – you can access the full amount of your annual election amount on the first day of your plan year
- You can choose from several convenient, no-hassle payment and reimbursement options

**You may defer up to \$2,750 per plan year for qualified medical expenses for yourself and/or your dependents.**

Contributions to your Healthcare 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. You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan year (July 1, 2021 through June 30, 2022). **If you do not use the money you contribute, it will not be refunded to you or carried forward to a future plan year.**

Please indicate an annual election amount during enrollment. You may defer amounts for your eligible dependents, even if they are not enrolled in your insurance plan. Remember, you can only change your election during the plan year if you experience a Qualifying Life Event, like a marriage or a birth.

**Please note you are only eligible for the Healthcare FSA if you enroll in the AWH HNO or the HLTH NETWORK HNO.**

# HSA-Compatible Flexible Spending Accounts – HealthEquity formerly WageWorks

If you are participating in an HSA, you are not permitted to be covered by a traditional Healthcare FSA. An HSA-Compatible Flexible Spending Account (FSA) is a pre-tax benefit account that helps you save on this plan year's eligible out-of-pocket dental and vision expenses. However, general medical expenses are not eligible.

## Why Enroll in an HSA-Compatible 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
- No waiting – you can access the full amount of your annual election amount on the first day of your plan year
- You can choose from several convenient, no-hassle payment and reimbursement options

**You may defer up to \$2,750 per plan year for qualified dental and vision expenses for yourself and/or your dependents.**

Contributions 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. You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan year (July 1, 2021 through June 30, 2022). **If you do not use the money you contribute, it will not be refunded to you or carried forward to a future plan year.**

Please indicate an annual election amount during enrollment. You may defer amounts for your eligible dependents, even if they are not enrolled in your insurance plan. Remember, you can only change your election during the plan year if you experience a Qualifying Life Event, like a marriage or a birth.

**Please note you are only eligible for the limited flexible spending account if you are enrolled in the AWH HSA IN or the MNGD CHOICE HSA.**

## WageWorks EZ Receipts Mobile App

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

### Manage Your 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 WageWorks EZ Receipts Mobile App

The 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:

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



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

The 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)





# Voluntary Benefits – Aetna

Aetna Voluntary Benefits offers additional protection for you and your family by providing a financial safety net to help you with medical and non-medical expenses, and provides you with options for funding out-of-pocket medical expenses. The following plans will be available to you:

## Accident Plan

While you don't know when an accident will happen, you can be prepared for it. 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.

When you have a covered injury under your Aetna Accident Plan, send them your claim and they will mail you a check. You can use the money to pay for:

- Everyday expenses like mortgage payments, day care or bills
- Doctors bills, coinsurance or to help cover your medical plan's deductible

Premiums are easy to pay through payroll deduction. Your benefits payment will be sent directly to you. Your coverage is guaranteed. Aetna won't ask you any questions about your health.

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

## Consider the statistics:



About **two-thirds** of disabling injuries suffered by American workers aren't work related. That means they're **not covered by workers' compensation.**<sup>1</sup>



**2.6+** million children are seen in **emergency departments** for injuries related to sports and recreation each year.<sup>2</sup>

## 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, there's the Aetna Hospital Indemnity Plan. You can use it to cover your deductible and coinsurance costs, or for things like a mortgage, child care or utility bills.

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



63% Of Americans Don't Have Enough Savings To Cover A \$500 Emergency<sup>3</sup>



## Critical Illness Plan

Recovering from a critical illness can be hard – and expensive. While medical plans typically cover a serious illness, they don't cover the additional expenses that come with it. The Aetna Critical Illness Plan can help you. When you are diagnosed with a critical illness that's covered under your Aetna Critical Illness Plan (such as heart attack, stroke, major organ failure and end-stage renal failure), send us your claim and we will mail you a check. You can use the money to pay for:

- Everyday expenses like rent, child care or grocery bills
- Doctors bills, coinsurance or to help cover your medical plan's deductible

Premiums are easy to pay through payroll deduction. Your benefits payments will be sent directly to you. Your coverage is guaranteed. Aetna won't ask you any questions about your health.

Face Amounts Covered Benefit	Low	High
Employee Face Amount	\$10,000	\$20,000
Spouse Face Amount	50% of EE Face Amount	50% of EE Face Amount
Child(ren) Face Amount	50% of EE Face Amount	50% of EE Face Amount
Plan Features Covered Benefit	% of Face Amount (EE)	% of Face Amount (EE)
Subsequent Critical Illness Diagnosis Benefit <i>Diagnosis of a different Critical Illness</i>	100% after 180 days	100% after 180 days
Recurrence Critical Illness Diagnosis Benefit <i>Diagnosis of the same Critical Illness</i>	100% after 180 days	100% after 180 days
Recurrence Cancer (invasive) Diagnosis Benefit	100% after 180 days	100% after 180 days
Recurrence Carcinoma in Situ Diagnosis Benefit (non-invasive) <i>Diagnosis of another cancer (invasive) or carcinoma in situ</i>	100% after 180 days	100% after 180 days
Critical Illness Covered Benefit	% of Face Amount (EE)	% of Face Amount (EE)
Heart Attack (Myocardial Infarction)	100%	100%
Stroke	100%	100%
Coronary Artery Condition Requiring Bypass Surgery	25%	25%
Major Organ Failure	100%	100%
End-Stage Renal Failure	100%	100%
Paralysis	100%	100%
Loss of Sight (Blindness)	100%	100%
Loss of Speech	100%	100%
Loss of Hearing	100%	100%
Occupational HIV	100%	100%
Coma	100%	100%
Benign Brain Tumor	100%	100%
Third-Degree Burns	100%	100%
Alzheimer's Disease	25%	25%
Parkinson's Disease	25%	25%
Lupus	25%	25%
Multiple Sclerosis	25%	25%
Muscular Dystrophy	25%	25%
Cancer Covered Benefit		
Cancer (invasive)	100%	100%
Carcinoma in Situ (non-invasive)	25%	25%
Skin Cancer <i>Skin cancer benefit provides coverage for invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic</i>	\$1,000	\$1,000
Additional Plan Benefits Covered Benefit		
Health Screening Maximum 1 day per plan year	\$50	\$50
*Covered Health Screenings		
Lipoprotein profile (serum plus HDL, LDL & triglycerides)	Prostate Specific Antigen (PSA) Test	
Fasting blood glucose test	Flexible sigmoidoscopy	
Digital rectal exams (DRE)	Colonoscopy	
Carotid Doppler Ultrasound	Virtual colonoscopy	
Electrocardiogram (EKG, ECG)	Carcinoembryonic Antigen (CEA)	
Echocardiogram (ECHO)	Cancer Antigen (CA) Test 15-3 (breast cancer)	
Chest x-ray (CXR)	Mammography	
Thermography	Breast Ultrasound	
Ultrasound screening for abdominal aortic aneurysms	Cancer Antigen (CA) Test 125 (ovarian cancer)	
Bone marrow screening	Pap smears	
Adult [and child] immunizations	Cytologic Screening	
HPV vaccine (Human Papillomavirus)	ThinPrep Pap Test	
Bone mass density measurement (DEXA, DXA)	Skin cancer screening	
Hemoccult stool analysis	Serum protein electrophoresis (blood test for myeloma)	
Doppler screenings for peripheral vascular disease/arteriosclerosis		

# Non-Tobacco Rates

Age	\$10,000 Face Amount				\$20,000 Face Amount			
	Employee	Employee + Spouse	Employee + Child(ren)	Family	Employee	Employee + Spouse	Employee + Child(ren)	Family
<20	\$3.41	\$5.51	\$3.41	\$5.51	\$5.21	\$8.10	\$5.21	\$8.10
20-24	\$3.85	\$6.18	\$3.85	\$6.18	\$6.10	\$9.43	\$6.10	\$9.43
25-29	\$4.46	\$7.09	\$4.46	\$7.09	\$7.31	\$11.26	\$7.31	\$11.26
30-34	\$5.29	\$8.33	\$5.29	\$8.33	\$8.96	\$13.74	\$8.96	\$13.74
35-39	\$6.58	\$10.28	\$6.58	\$10.28	\$11.55	\$17.63	\$11.55	\$17.63
40-44	\$8.90	\$13.75	\$8.90	\$13.75	\$16.19	\$24.58	\$16.19	\$24.58
45-49	\$12.72	\$19.49	\$12.72	\$19.49	\$23.83	\$36.05	\$23.83	\$36.05
50-54	\$19.04	\$28.98	\$19.04	\$28.98	\$36.48	\$55.03	\$36.48	\$55.03
55-59	\$28.07	\$42.53	\$28.07	\$42.53	\$54.54	\$82.14	\$54.54	\$82.14
60-64	\$39.73	\$60.02	\$39.73	\$60.02	\$77.86	\$117.12	\$77.86	\$117.12
65-69	\$54.29	\$81.86	\$54.29	\$81.86	\$106.96	\$160.80	\$106.96	\$160.80
70+	\$68.26	\$102.83	\$68.26	\$102.83	\$134.91	\$202.74	\$134.91	\$202.74

Age	\$10,000 Face Amount				\$20,000 Face Amount			
	Employee	Employee + Spouse	Employee + Child(ren)	Family	Employee	Employee + Spouse	Employee + Child(ren)	Family
<20	\$4.64	\$7.29	\$4.64	\$7.29	\$7.68	\$11.65	\$7.68	\$11.65
20-24	\$5.39	\$8.41	\$5.39	\$8.41	\$9.17	\$13.89	\$9.17	\$13.89
25-29	\$6.41	\$9.95	\$6.41	\$9.95	\$11.22	\$16.97	\$11.22	\$16.97
30-34	\$7.81	\$12.04	\$7.81	\$12.04	\$14.00	\$21.15	\$14.00	\$21.15
35-39	\$9.99	\$15.31	\$9.99	\$15.31	\$18.37	\$27.70	\$18.37	\$27.70
40-44	\$13.89	\$21.17	\$13.89	\$21.17	\$26.17	\$39.42	\$26.17	\$39.42
45-49	\$20.33	\$30.83	\$20.33	\$30.83	\$39.04	\$58.73	\$39.04	\$58.73
50-54	\$30.98	\$46.82	\$30.98	\$46.82	\$60.36	\$90.72	\$60.36	\$90.72
55-59	\$46.20	\$69.66	\$46.20	\$69.66	\$90.80	\$136.39	\$90.80	\$136.39
60-64	\$65.84	\$99.13	\$65.84	\$99.13	\$130.08	\$195.34	\$130.08	\$195.34
65-69	\$90.37	\$135.93	\$90.37	\$135.93	\$179.12	\$268.93	\$179.12	\$268.93
70+	\$113.91	\$171.26	\$113.91	\$171.26	\$226.22	\$339.59	\$226.22	\$339.59

Consider the statistics:



Approximately 63% of Americans have no emergency savings<sup>1</sup>

and ...



Someone in the U.S. has a stroke every 40 seconds.<sup>2</sup>



Someone in the U.S. has a heart attack every 34 seconds.<sup>3</sup>

# Employee Assistance Program – Live Well Solutions

## Available to WCSD 6 Employees and Household Members

Live Well means we must attend to our emotional as well as our physical health. Personal and career related concerns can get in the way of maintain a healthy and balanced life. Your employer, in partnership with Live Well Solutions, provides **you and your household members** with resources to assist in dealing with personal or workplace concerns affecting your life at no cost to WCSD 6 employees. Services available to you include:

- EAP face-to-face counseling
- 24 hour crisis hotline – 866-831-2181
- Telephonic work/life resources
- On-line resources

The EAP provides professional, confidential counseling to assist you find solutions to the stressors of your busy life. Local EAP counselors are available to discuss any issue that causes you concern. Some of these issues may include:

- Stress & Anxiety
- Material/Relationship
- Family
- Alcohol & Substance Abuse
- Grief & Loss
- Parenting
- Workplace Concerns
- Anger

Employees and their household members may request assistance in the following areas dealing with common work/life concerns:

- Financial/Legal: personal financial planning, debt counseling, tax consultation, real estate, wills, divorce/child custody.
- Child/Elder Care: prenatal preparation, adoption, parenting skills, child care, education, after school programs, specialty camps, retirement planning, adult retirement communities, assisted living facilities, adult day care, etc.

Please visit the Live Well Solutions website for access to self help questionnaires, interactive tools, and additional resources in key work/life areas.

**Go to: [www.livewellworklife.com](http://www.livewellworklife.com)**

**Select: On-line Living Well Resources**

**Company Code: SchoolDistrict6**



# D6 Worksite Wellness Program

District 6 values the health and wellbeing of its employees. In an effort 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

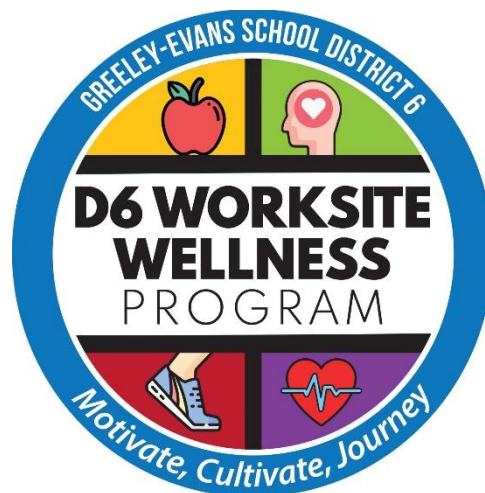
Do you know a D6 employee that is a role model to others for healthy living?

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](http://www.greeleyschools.org/worksitewellness)

[www.facebook.com/d6worksitewellness](https://www.facebook.com/d6worksitewellness)

Contact Wellness Coordinator, **Rachel Hurshman**, with questions or concerns: [rhurshman@greeleyschools.org](mailto:rhurshman@greeleyschools.org)





# Notices

## Newborns' and Mothers' Health Protection Act

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

For more details, call Michael Ringhand at 970.348.6114 to request a copy of your SPD.

## 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 Weld County School District 6's plan.

If you would like more information on WHCRA benefits, call Michael Ringhand at 970.348.6114.

## Patient Protections

Among other reforms, the Affordable Care Act (ACA) imposes the following requirements on group health plans and group or individual health insurance coverage that are referred to as "patient protections." These patient protections relate to the choice of a health care professional and became effective for plan years beginning on or after Sept. 23, 2010.

On June 28, 2010, the Departments of Health and Human Services (HHS), Labor and the Treasury issued interim final rules regarding these health plan coverage mandates.

1. If a group health plan or group or individual health insurer requires a participant to designate a primary care provider, the participant must be able to choose any participating primary care provider who is able to accept the participant as a patient. This rule includes the designation of a pediatrician as the primary care provider for a child.
2. Plans that provide coverage for obstetrical and/or gynecological care (OB/GYN care) and require the patient to designate an in-network primary care provider may not require preauthorization or referral for a female participant seeking ob-gyn care. However, a plan may still require the ob-gyn provider to follow any policies or procedures regarding referrals, prior authorization for treatments and the provision of services.
3. For a more detailed statement of these patient protection rights, call your Michael Ringhand at 970.348.6114 and request a copy of your SPD.

## Elimination of Certificates of Creditable Coverage

Certificates of creditable coverage will no longer be issued by your medical carrier due to the elimination of pre-existing condition limitations for all plans under PPACA.

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### ***Our Company's Pledge to You***

This notice is intended to inform you of the privacy practices followed by the Weld County School District 6 Benefits Plan (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on July 1, 2021.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Weld County School District 6 requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

### ***Protected Health Information***

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

### ***How We May Use Your Protected Health Information***

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of Weld County School District 6 for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

## ***Your Rights***

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures. Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

## ***Our Legal Responsibilities***

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Michael Ringhand  
Weld County School District 6  
1025 9<sup>th</sup> Avenue  
Greeley, CO 80631  
970.348.6114  
mringhand@greeleyschools.org

## ***Complaints***

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

## **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](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: July 1, 2021  
Client Name Weld County School District 6  
Contact: Michael Ringhand  
Address 1025 9<sup>th</sup> Avenue  
Greeley, CO 80631  
Phone: 970.348.6114

**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.**

### 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](http://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](http://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](http://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, 2021.. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442

ALASKA – Medicaid	FLORIDA – Medicaid
<p>The AK Health Insurance Premium Payment Program</p> <p>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a></p> <p>Phone: 1-866-251-4861</p> <p>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a></p> <p>Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></p>	<p>Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a></p> <p>Phone: 1-877-357-3268</p>
ARKANSAS – Medicaid	GEORGIA – Medicaid
<p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a></p> <p>Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p>Phone: 678-564-1162 ext 2131</p>
CALIFORNIA – Medicaid	INDIANA – Medicaid
<p>Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a></p> <p>Phone: 916-445-8322</p> <p>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>	<p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></p> <p>Phone 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	MONTANA - Medicaid
<p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></p> <p>Phone: 1-800-694-3084</p>
KANSAS – Medicaid	NEBRASKA – Medicaid
<p>Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a></p> <p>Phone: 1-800-792-4884</p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>
KENTUCKY – Medicaid	NEVADA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></p> <p>Medicaid Phone: 1-800-992-0900</p>
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a></p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:</p>	<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></p>



<a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: -800-977-6740. TTY: Maine relay 711	CHIP Phone: 1-800-701-0710
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>OREGON – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH DAKOTA – Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269



To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

## **New Health Insurance Marketplace Coverage Options and Your Health Coverage**

### **PART A: General Information**

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

### ***What is the Health Insurance Marketplace?***

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### ***Can I Save Money on my Health Insurance Premiums in the Marketplace?***

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### ***Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?***

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be

eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.56% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### ***How Can I Get More Information?***

For more information about your coverage offered by your employer, please check your summary plan description or contact Michael Ringhand at 970.348.6114 or via email at [mringhand@greeleyschools.org](mailto:mringhand@greeleyschools.org).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

**OBM No. 1210-0149**  
**(expires 6-30-2024)**

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Weld County School District 6		4. Employer Identification Number (EIN) 84-6002058
5. Employer address 1029 9 <sup>th</sup> Avenue		6. Employer phone number 970.348.6114
7. City Greeley	8. State Colorado	9. Zip Code 80631
10. Who can we contact about employee health coverage at this job? Michael Ringhand		
11. Phone number (if different from above)		12. Email address mringhand@greeleyschools.org

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:
    - All full-time employees;
    - Certified employees .5 FTE or more;
    - A/P/T and Classified employees working at least 30 hours per week
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:
    - Spouse or same sex domestic partner;
    - All dependent children, regardless of student/marital status or financial dependency, to the end of the month in which they turn 26
    - Disabled children of any age who are (or become) physically or mentally capable of self-support while covered by our employee benefits program
  - ☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**\*\*** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

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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 your Benefits Specialist.