

BE WELL.

SAVE WELL.

LIVE WELL.

2024 — 2025

BENEFIT ENROLLMENT GUIDE



Dedicated to Excellence
Cherry Creek Schools



BENEFITS OVERVIEW

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

Our commitment to your well-being extends beyond insurance coverage. Making it easy to set aside tax-free dollars, offering free EAP counseling when life gets challenging, year-round benefits education, and the growing Wellness Champions Network are complements to your core benefits. Read on to learn more!

REMINDER: You must actively enroll to receive benefits in 2024-2025. Current medical, dental and vision plans WILL NOT automatically renew. HSA and FSA elections must also be renewed on an annual basis.

2024–2025 BENEFITS HIGHLIGHTS

- ✓ UnitedHealthcare will be the sole medical carrier. All employees who elect medical coverage will choose a plan provided by UnitedHealthcare. **Kaiser will no longer be offered.**
- ✓ Four medical options will be offered with UnitedHealthcare to give you flexibility and choice of coverage.
- ✓ **NEW:** UnitedHealthcare plans will now include coverage for bariatric surgery and acupuncture treatments.
- ✓ **NEW:** Domestic partners can be enrolled in coverage as eligible dependents.
- ✓ Visit www.uhcvirtual.com/CCSD to learn about UnitedHealthcare, the steps to transfer care, view their digital tools, and search for a provider.
- ✓ HSA contributions will continue to be provided by CCSD for eligible employees, significantly lowering potential out-of-pocket medical expenses.
- ✓ To help you navigate this change for you and your family, Organizational Wellness will host meetings to update employees and answer questions. Visit the Backyard for more information.

BENEFITS OFFERINGS 2024-2025

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

ELIGIBILITY AND ENROLLMENT

ELIGIBILITY

You are eligible for benefits if you are a regular employee working at least 50% of a full-time equivalency (FTE) in an eligible group.

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

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

Only those dependents meeting the eligibility requirements can enroll in coverage.

WHEN TO ENROLL

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

Annual Open Enrollment is held every spring. During this period, you can enroll in new benefits, add or drop dependents from coverage, and determine HSA and FSA contributions. **You must actively enroll to receive benefits in 2024-2025. Current medical, dental, vision, and HSA and FSA elections WILL NOT automatically renew.**

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

HOW TO ENROLL FROM APRIL 29 TO MAY 10, 2024



Virtual Counselor Appointment: Enroll online with support from a Benefits Counselor. The Counselor can share their screen, answer questions, and complete your enrollment. Visit www.benefitsgo.com/cherrycreekschoolswebscheduler to schedule a personalized web meeting.



By Phone: Speak with a Benefits Counselor who will explain your options, answer your questions, and take your elections over the phone.

1-800-960-7659, 8 a.m. to 5 p.m. (MT), Monday – Friday



Online Self-Service: Visit my.cherrycreekschools.org and click on the "Open Enrollment" tile to log in and complete your enrollment online, available 24/7.

IMPORTANT:
After you enroll via self-service or with a Benefits Counselor, save your Confirmation Statement. To do so, click on "Benefits" after you log in and then click the "Your Benefits" tile. Select "Open Enrollment" in the drop-down menu, and then click "CCSD Employee Benefits" to view and save your confirmation statement.

MEDICAL

Health care needs are different for everyone. For the 2024/2025 plan year, you can choose one of four plans through **UnitedHealthcare**. We offer multiple options so you can choose the coverage level best suited to your needs and budget. The Colorado Doctor's Plan will continue to be offered and we will also offer the Choice Plus plan with an expanded network of doctors. Employees who enroll in a High Deductible Health Plan (HDHP) may be eligible for HSA contributions from the District. Visit the **Backyard Benefits** page for a Summary of Benefits and Coverage for each plan.

Benefit	UHC CO Doctors HDHP 6000	UHC CO Doctors DHMO 2500	UHC Choice Plus HDHP 6000	UHC Choice Plus DHMO 2500
	In-Network	In-Network	In-Network	In-Network
Out-of-Network Coverage	N.A.		Yes	
Annual Deductible (Individual/Family)	\$6,000 / \$12,000	\$2,500 / \$5,000	\$6,000 / \$12,000	\$2,500 / \$5,000
Out of Pocket Limit (Individual/Family)	\$6,000 / \$12,000	\$4,500 / \$9,000	\$6,000 / \$12,000	\$4,500 / \$9,000
Annual District HSA funding FT (Individual/Family) PT (Individual/Family)	\$3,000 / \$6,000 \$1,500 / \$3,000	N/A	\$3,000 / \$6,000 \$1,500 / \$3,000	N/A
Preventive Care	No charge	No charge	No charge	No charge
Primary Care Physician (PCP)	Office & virtual visits: No charge, after deductible	Office and virtual visits: No charge	Office & virtual visits: No charge, after deductible	Office and virtual visits: No charge
Specialist	Office visit: no charge, after deductible Virtual care services: no charge, after deductible	Office visit: \$40 copay; deductible does not apply Virtual visits are covered at the same cost share as in the office.	Office visit: no charge, after deductible Virtual care services: no charge, after deductible	Office visit: \$40 copay; deductible does not apply Virtual visits are covered at the same cost share as in the office.
Hospital Services	No charge, after deductible	20% coinsurance, after deductible	No charge, after deductible	20% coinsurance, after deductible
ER Services Outpatient	No charge, after deductible	20% coinsurance, after deductible	No charge, after deductible	20% coinsurance, after deductible
Inpatient Hospital Room and Board	No charge, after deductible	20% coinsurance, after deductible	No charge, after deductible	20% coinsurance, after deductible
Outpatient Surgery (Includes Bariatric Surgery)	No charge, after deductible	20% coinsurance, after deductible	No charge, after deductible	20% coinsurance, after deductible
X-Ray/Diagnostic/Lab	No charge, after deductible	No charge	No charge, after deductible	No charge
Urgent Care	No charge, after deductible	No charge	No charge, after deductible	No charge
Acupuncture Services (Limited to 20 treatments per year)	No charge, after deductible	20% coinsurance, after deductible	No charge, after deductible	20% coinsurance, after deductible
Maternity Care	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.			

MENTAL HEALTH

Mental Health, Behavioral Health, and Substance Abuse Services	UHC CO Doctors HDHP 6000	UHC CO Doctors DHMO 2500	UHC Choice Plus HDHP 6000	UHC Choice Plus DHMO 2500
	In-Network	In-Network	In-Network	In-Network
Inpatient	No charge, after deductible	20% coinsurance, after deductible	No charge, after deductible	20% coinsurance, after deductible
Outpatient	No charge, after deductible	No charge	No charge, after deductible	No charge

PRESCRIPTION

Retail 31-day supply/ Mail Order 90-day supply	UHC CO Doctors HDHP 6000	UHC CO Doctors DHMO 2500	UHC Choice Plus HDHP 6000	UHC Choice Plus DHMO 2500
	In-Network	In-Network	In-Network	In-Network
Generic Formulary Non-Formulary	No charge retail and mail order, after deductible	\$10 retail /\$20 mail order \$20 retail /\$40 mail order \$35 retail /\$70 mail order	No charge retail and mail order, after deductible	\$10 retail /\$20 mail order \$20 retail /\$40 mail order \$35 retail /\$70 mail order
Specialty	No charge retail & mail order, after deductible	20% coinsurance up to \$250 per drug dispensed	No charge retail & mail order, after deductible	20% coinsurance up to \$250 per drug dispensed

PAYING FOR YOUR MEDICATIONS

With the High Deductible Health Plans, you pay the full cost of prescriptions using your Health Savings Account until you meet the deductible, after which you will pay \$0.

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

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

- UnitedHealthcare Members Help Line at **1-877-844-4999**, CCSD's Group Number **927351**

TRANSFERRING CARE

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

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

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

DENTAL

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

Benefit	PPO		EPO
	PPO/Premier Dentist	Non-Participating Dentist	PPO Dentist
Annual Deductible	None	\$50 / Individual \$150 / Family	None
Annual Benefit Maximum	\$1,500		None
Orthodontic Lifetime Maximum (Child and adult orthodontia)	\$1,500	\$1,500	None
Preventive Services Exams, Cleanings, X-rays	100%	80%	No copay
Basic Services Fillings, Root Canal Therapy, Oral Surgery, Posterior Composites	80% / 50%	50%	Copays vary
Major Services Extractions, Crowns, Bridgework, Dentures	50% (implants included)	50% (implants included)	Copays vary (implants excluded)
Orthodontic Services	50%	50%	\$668 – \$2,203; additional copays may apply; all eligible enrollees covered

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

VISION

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

Benefit	Frequency	In-Network (Choice Network)
Eye Examination	Once every 12 months	\$0 copay at Premier Providers
Polycarbonate lenses for children	Once every 12 months	\$15 materials copay
Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses	Once every 12 months	\$15 materials copay
Progressive Lenses	Once every 12 months	Standard - \$0 Premium - \$95 – \$105 Custom - \$150 – \$175
Frames	Once every 24 months	\$190 featured frame brands allowance \$170 retail allowance \$95 allowance at Costco 20% off amount over allowance
Contact Exam - Fitting, Evaluation	Once every 12 months	Up to \$60 copay
Contact Lenses - If you elect contacts instead of lenses/frames	Once every 12 months	\$170 allowance; materials copay does not apply

CONTACT MEMBER SERVICES FOR OUT-OF-NETWORK PROVIDER COSTS.

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a tax-efficient way to pay for medical, dental, and vision expenses (and more!) while providing an opportunity to build a safety net for future expenses.

The HSA is yours to keep, so unspent dollars roll forward and earn tax-free interest, and if you leave the District, the HSA goes with you!

Cherry Creek School District contributes \$3,000 per year for individuals and \$6,000 per year for families (full-time) who enroll in the HDHP and are eligible to open an HSA.

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

These contributions greatly reduce your out-of-pocket costs, and cut the annual deductible in half! You can also make pre-tax contributions to your HSA Bank account through payroll deductions to stretch your healthcare dollars even further.

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

	2024 IRS Contribution Limit	CCSD Annual Contribution (FT/PT)	CCSD Monthly Contribution (FT/PT)	Employee Annual Max Contribution (FT/PT)
Individual Coverage	\$4,150	\$3,000/\$1,500	\$250/\$125	\$1,150/\$2,650
Family Coverage	\$8,300	\$6,000/\$3,000	\$500/\$250	\$2,300/\$5,300

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



HSA ELIGIBILITY

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

- Are enrolled in a plan that is not a qualified high deductible plan, such as the DHMO
- Have a medical FSA or your spouse has a medical FSA as of July 1, 2024
- Are enrolled in TRICARE, Medicare, or Medicaid
- Have received Veteran's Benefits within the prior three months
- Are covered by another medical plan, such as a spouse's plan, that is not a qualified high deductible plan

FLEXIBLE SPENDING ACCOUNTS

Cherry Creek School District offers two types of Flexible Spending Accounts — a Medical FSA and a Dependent Care FSA. These accounts allow you to set aside pre-tax dollars to pay for certain medical or dependent care expenses. Please note: These accounts are separate, so you may choose to participate in one, both, or neither. **You cannot use money from the Medical FSA to cover expenses eligible under the Dependent Care FSA or vice versa.**

How Flexible Spending Accounts Work

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

For tax purposes, it is always a good idea to retain receipts for all of your medical and dependent care FSA expenses each year.



IMPORTANT!

Per IRS rules, if you have and/or your spouse has a Medical FSA, you are ineligible to open a Health Savings Account (HSA) and receive District funding. Please refer to the Medical FSA and HSA FAQs on the Backyard Benefits page for more information.

**YOU MUST ACTIVELY RE-ENROLL IN THE FSA's EACH YEAR.
YOU ARE NOT AUTOMATICALLY RE-ENROLLED.**

Plan	2024 Maximum Contribution	Examples of Covered Expenses
Medical Flexible Spending Account (available when electing the Medical DHMO plan)	\$3,200	Copays, deductibles, orthodontia, over-the-counter medications, etc.*
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, summer camps, etc.*

*See IRS Publications 502 and 503 for a complete list of covered expenses.

ACCIDENT & CRITICAL ILLNESS INSURANCE

Accident Insurance and Critical Illness Insurance are voluntary benefits for which you pay 100% of the premium, deducted from your paycheck post-tax. You may add your dependents to these plans even if they are not covered under your medical, dental, or vision plans. **Please note: These plans are not replacements for medical insurance.**

Critical Illness & Accident Plan Features	
 GUARANTEED ACCEPTANCE There are no health questions or physical exams required if you enroll when you are first eligible.	 FAMILY COVERAGE Coverage options are available for your spouse and children as riders to your coverage. †

ACCIDENT INSURANCE

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

	WELLNESS BENEFIT RIDER The Accident Plan provides an annual benefit if you or your covered dependents complete a covered health screening such as a mammogram, chest x-ray, Covid-19 test, or colonoscopy. Employee - \$50, Spouse - \$50, Children - \$25 (annual maximum of \$100 for all children)
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Covered accident-related expenses include:

- Injury Treatment
- Hospitalization
- Emergency Room Treatment
- Physical Therapy
- Transportation
- Urgent Care Treatment

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance pays a lump-sum benefit directly to you in the event you or a covered family member are diagnosed with a covered condition. You can use this benefit to help pay for deductibles and coinsurance, or simply to replace lost earnings from being out of work. **Several enhancements were made for the 2024 — 2025 plan year! A few are listed below. For a complete list, visit the Backyard.**

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

Examples of Covered Illnesses

- Heart Attack
- Stroke
- Coronary Artery Bypass Surgery*
- Major Organ Transplant
- Cancer
- Alzheimer's Disease

NEW Enhancements for 2024 — 2025

- Sudden Cardiac Arrest
- Down Syndrome (Child)
- Type 1 Diabetes (Child)

IMPORTANT!

For those currently enrolled in Critical Illness, you must submit your wellness claims within 12 months of date of service and prior to 6/30/2024. Starting 7/1/2024 the wellness benefit will only be available under the Accident Plan.

*These plans are not a replacement for medical insurance. * The coverage pays 25% of the face amount of the policy once per lifetime for coronary bypass surgery. Exclusions and limitations are described in the policy/certificate of coverage, posted on the Backyard. † If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*

LIFE AND AD&D

To provide you and your family with a sense of security if you are seriously injured or pass away, Cherry Creek School District automatically enrolls all benefits-eligible employees in Life Insurance and Accidental Death and Dismemberment (AD&D) coverage, at no cost to you (for employee-only).

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

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

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

To confirm or update beneficiaries, please update in Oracle on the benefits page during open enrollment or by reporting an "update beneficiary" life event.

SUPPLEMENTAL LIFE AND AD&D

SUPPLEMENTAL LIFE

In addition to District-paid Basic Life and AD&D Insurance, you may buy more coverage for yourself as well as for your spouse and/or children. This is a Voluntary Benefit, so you will pay 100% of the premium for these additional coverages after tax. **Employees can increase their current enrollment amount up to \$20,000 without having to complete an Evidence of Insurability (EOI) for this year only!**

Supplemental Life Options	
Employee	Up to \$500,000 in increments of \$10,000; \$200,000 maximum amount guaranteed coverage
Spouse	Up to \$500,000 in increments of \$10,000; \$30,000 maximum amount guaranteed coverage (not to exceed 100% of the employee amount)
Children	Up to \$10,000 in increments of \$2,500; \$10,000 maximum amount guaranteed coverage (\$500 for children under 6 months old)

AD&D INSURANCE

Supplemental AD&D Options	
Employee	Up to \$500,000 in increments of \$10,000.
Option A	If you choose to cover your spouse and children, your spouse would be covered up to 50% of your benefit and your children would be covered up to 10% of your benefit
Option B	If you don't have children, then your spouse gets coverage at 60% of your election
Option C	If you choose to cover only your children, the benefit amount would be 15% of your amount

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

PERMANENT LIFE INSURANCE WITH LONG-TERM CARE

Permanent Life Insurance completes your family’s protection as a cost-effective benefit for final expenses such as funeral costs, credit card debt, and medical bills. The policy also includes additional benefits of Long-Term Care coverage (LTC) and an Accelerated Death Benefit for Terminal Conditions.

Plan Features

-  **Guaranteed Acceptance:** No physical exams are required to apply for coverage for eligible employees (although health questions may be asked).
-  **Family Coverage:** You can purchase coverage for yourself and your spouse.
-  **Portable Coverage:** You can take your policy with you if you leave the District or retire.
-  **Coverage for Your Needs:** You can purchase the precise amount of coverage that is right for your needs - \$20,000, \$40,000, or \$60,000 for employees and \$10,000, \$20,000 or \$30,000 for your spouse.
-  **Policy Builds Cash Value:** As the policy builds cash value, you can eventually use it to make premium payments or to pay urgent expenses while you are still alive.
-  **Riders:** Additional included benefits are Accelerated Death Benefit for Long-Term Care with restoration and extension of benefits AND Accelerated Death Benefit for Terminal Illness or Condition of up to 75% of the elected amount.
-  **Locked-In Rates:** Premiums do not increase as you age.*

The premium cost for this benefit is determined by your age, tobacco status, and the amount of coverage you elect. **Locking in a lower premium now will help you save money in the future.**

WHAT IS LONG-TERM CARE (LTC) COVERAGE?

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

LIFE INSURANCE COMPARISON CHART		
District-paid Basic Term Life	Voluntary Supplemental Term Life	Permanent Life Insurance
100% District-paid	Employee pays the premium and it increases as you age	Employee pays the premium and rates stay the same over time
Death benefit only	Death benefit & accelerated death benefit	Death benefit, LTC benefit, accelerated death benefit for terminal illness or condition
You can convert to an individual policy if you leave the District.	You can convert to an individual policy that you can continue if you leave the District.	You can keep the policy as long as you pay the premiums
Coverage for employee only	Coverage available for employee, spouse, and children	Coverage available for employee and spouse

**You will have one opportunity to enroll in this plan, if you decide to elect a different coverage amount in the future you would have to cancel existing coverage and re-elect the plan at the next Open Enrollment event for a different amount. You can elect coverage for your dependents in the future if you don't elect coverage for them at the initial enrollment. **Benefits are paid after a 90-day elimination period when certified chronically ill by a licensed health care practitioner.*

IDENTITY THEFT PROTECTION

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

Comprehensive Identity Theft Protection with NortonLifeLock monitors multiple gateways into your identity and credit and alerts you of fraudulent activity.

Identity + Device Security Features:

- LifeLock Identity Alert™ System
- Credit Monitoring
- Investment & 401(k) Activity Alerts
- Dark Web Monitoring
- Social Media Monitoring
- Password Manager
- Device Security
- Secure VPN
- Privacy Monitor
- Secure Cloud Backup



PREVENT

- Norton technology blocks 9M threats a day
- Helps block members' information on public WIFI
- Includes award-winning Norton anti-virus software



DETECT

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



RESTORE & REIMBURSE

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

LONG-TERM DISABILITY

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

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

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



DID YOU KNOW?



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

Social Security Administration, Disability Insurance, Facts 2021

EMPLOYEE ASSISTANCE PROGRAM

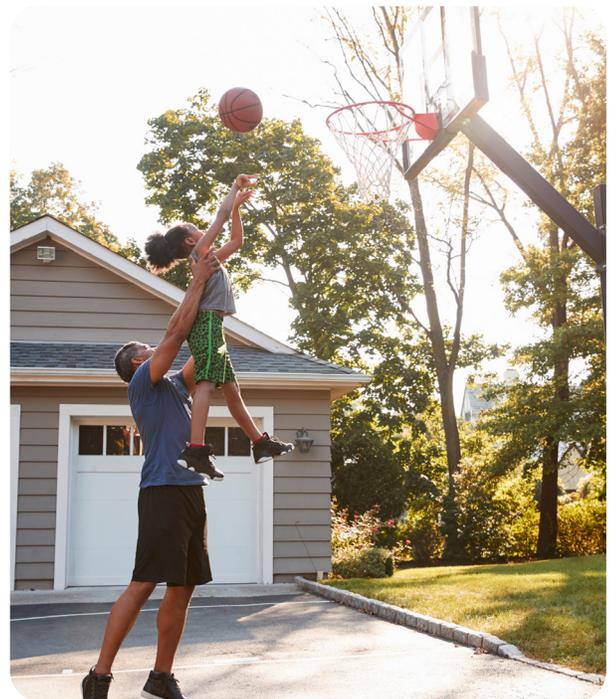
Mines & Associates

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

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

What's included?

- Free, in-person help for short-term issues (limited to six sessions per person, per issue, per year)
- Assistance with finding childcare, eldercare, and pet care
- Free 30-minute legal consult per legal/financial matter & 25% discount on select services after the initial consult
- Wellness sessions, access to the online resource library, and mindfulness services



Learn more by calling **1-800-873-7138** or visit www.minesandassociates.com to create your account with our company code: **ccsdeap**.

ORGANIZATIONAL WELLNESS

Looking after students, co-workers, and loved ones often means you put your own well-being and interests last.

LET'S CHANGE THAT!

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

We focus on five areas of wellness:

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

HEALTHY HABIT HUB WELLNESS PROGRAM

Join Cherry Creek School District's FREE wellness program to get active, eat better, and live well. Healthy Habit Hub offers a fun, interactive program with friends!

- **Daily Cards:** Get helpful tips that are relevant to your current interests and goals.
- **Journeys@:** Make simple changes to improve your health, one step at a time.
- **Challenges:** Team up or go head to head to challenge your coworkers and track healthy habits.
- **Social Groups:** Discuss your favorite hobbies and find a like-minded community to support your healthy changes.
- **Healthy Habits:** Select healthy habits to work toward and track your progress every day.

How to Register

- **New members:** visit join.virginpulse.com/CCSD or scan the QR code
- **Existing members:** sign in at member.virginpulse.com
- Accept the terms and conditions
- Download the Virgin Pulse mobile app by searching "Virgin Pulse" in the App Store or Google Play



ELEVATION HEALTH FITNESS PORTAL

All CCSD employees, spouses, and dependents have access to the Elevation Health fitness portal. Once registered, you'll have free use of their live virtual and recorded yoga and fitness classes, as well as virtual cooking demonstrations, on demand video library, and other health and wellness content. Plus each quarter you can participate in wellness workshops, health seminars, and fresh new podcasts.

How to Get Started

- 1 . Head to: www.elevationfitnessportal.com/signup/cherry-creek-school-district or scan the QR code
- 2 . Enter your name, email address and create a password
- 3 . Click **REGISTER**



Explore Your Wellness Benefits

Visit the Employee Wellness tile on my.cherrycreekschools.org to view programs by focus area and to see more details on plan information. See the Wellness Champion in your building for information on how to get involved.

CONTACTS

Benefit	Administrator	Phone	Website	Additional Information
Medical & Prescription	UnitedHealthcare	UHC CO Doctors participants call 1-844-376-0313	www.uhcvirtual.com/CCSD www.welcometouhc.com	For information about limitations and exceptions, see the plan or policy documents at www.uhcvirtual.com/CCSD
		UHC Choice Plus participants call 1-844-860-0266		
Health Savings Account, Flexible Spending Accounts, and COBRA	HSA Bank	1-800-357-6246	www.HSABank.com	View account details online: www.HSABank.com
Dental	Delta Dental	Customer Service: 1-303-741-9305 1-800-610-0201	www.deltadentalco.com	Submit claims online: www.deltadentalco.com
Vision	VSP	1-800-877-7195	www.vsp.com	Email VSP Member Services: www.vsp.com/contact-email-member.html
Accident & Critical Illness Insurance	Voya	Customer Service: 1-877-236-7564	https://presents.voya.com/EBRC/CherryCreek	Submit claims online: https://presents.voya.com/EBRC/CherryCreek Click on "File A Claim"
Life & Accidental Death & Dismemberment	Lincoln Financial Group	1-800-423-2765	www.LincolnFinancial.com	Please contact the policyholder's employer for further detail and instructions on filing a claim
Long-Term Disability				Submit a claim online at LincolnFinancial.com. Use the portal to check claim status. To register, you may need to enter a company code, provided by your employer
Permanent Life Insurance with Long-Term Care Coverage	Allstate	1-800-521-3535	www.allstatebenefits.com/my-benefits	Register to Access My Benefits Go to www.allstatebenefits.com/mybenefits and click "Register your account today" Enter your account info: SSN, ZIP, and Birth date Choose your User ID and Password
Employee Assistance Program	Mines & Associates	1-800-873-7138	www.minesandassociates.com	Company Code: ccsdeap
ID Theft Protection	Norton Lifelock	1-800-607-9174	Learn more at: www.lifelockbusinesssolutions.com/EmployeeBenefits/BenefitPremier	

IT'S ALL IN THE BACKYARD!

Plan documents, FAQs, videos, and more are posted on the Backyard Benefits page. If you can't find what you're looking for, the Benefits Office would be happy to help!

Phone: 1-720-554-4485

Email: benefits@cherrycreekschools.org

2024–2025 EMPLOYEE PREMIUMS

Below are the monthly employee contribution amounts for benefits effective July 1, 2024.

MEDICAL PLANS

Monthly Rates	UHC CO Doctors HDHP 6000		UHC CO Doctors DHMO 2500		UHC Choice Plus HDHP 6000		UHC Choice Plus DHMO 2500	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$104.89	\$271.29	\$0.00	\$316.13	\$242.81	\$396.71	\$188.12	\$491.75
Employee + Spouse	\$823.27	\$864.67	\$766.45	\$1,037.81	\$1,082.03	\$1,110.93	\$1,129.21	\$1,388.07
Dual Employee (Employee + CCSD Spouse)*	\$156.68	N/A	\$0.00	N/A	\$485.62	N/A	\$376.24	N/A
Employee + Child(ren)	\$773.55	\$852.89	\$757.99	\$1,052.54	\$1,039.07	\$1,105.91	\$1,130.54	\$1,412.59
Family	\$1,167.23	\$1,268.58	\$1,260.13	\$1,619.87	\$1,545.67	\$1,634.52	\$1,795.88	\$2,143.12
Dual Employee Family (EE+CCSD Spouse+Child(ren))*	\$620.55	N/A	\$670.44	N/A	\$1,069.17	N/A	\$1,219.67	N/A
Cherry Creek Health Saving Account Yearly Contribution								
Single	\$3,000.00	\$1,500.00	N/A		\$3,000.00	\$1,500.00	N/A	
+1 or Family Coverage	\$6,000.00	\$3,000.00			\$6,000.00	\$3,000.00		

*Only available when both CCSD employees are FT

DELTA DENTAL PLANS

Monthly Rates	PPO Plan	EPO Plan
Employee Only	\$33.14	\$11.32
Employee + Spouse	\$61.34	\$33.08
Dual Employee (Employee + CCSD Spouse)	\$55.65	\$22.54
Employee + Child(ren)	\$75.30	\$40.78
Family	\$104.64	\$56.59
Dual Employee Family (EE+CCSD Spouse+Child(ren))	\$88.73	\$51.25

VSP VISION PLAN

Monthly Rates	
Employee Only	\$4.08
Employee + Spouse	\$8.32
Dual Employee (Employee + CCSD Spouse)	\$7.77
Employee + Child(ren)	\$8.02
Family	\$13.23
Dual Employee Family (EE+CCSD Spouse+Child(ren))	\$12.13

VOYA CRITICAL ILLNESS INSURANCE

Employee Monthly Rates			
EE Age	\$10,000 Coverage	\$20,000 Coverage	\$30,000 Coverage
Under 25	\$2.70	\$5.40	\$8.10
25–29	\$2.90	\$5.80	\$8.70
30–34	\$3.20	\$6.40	\$9.60
35–39	\$4.00	\$8.00	\$12.00
40–44	\$5.30	\$10.60	\$15.90
45–49	\$7.80	\$15.60	\$23.40
50–54	\$11.40	\$22.80	\$34.20
55–59	\$16.60	\$33.20	\$49.80
60–64	\$22.80	\$45.60	\$68.40
65–69	\$31.90	\$63.80	\$95.70
70+	\$44.90	\$89.80	\$134.70

Spouse Monthly Rates			
Spouse Age	\$5,000 Coverage	\$10,000 Coverage	\$15,000 Coverage
Under 25	\$1.60	\$3.20	\$4.80
25–29	\$1.75	\$3.50	\$5.25
30–34	\$1.90	\$3.80	\$5.70
35–39	\$2.20	\$4.40	\$6.60
40–44	\$2.95	\$5.90	\$8.85
45–49	\$4.40	\$8.80	\$13.20
50–54	\$6.75	\$13.50	\$20.25
55–59	\$10.70	\$21.40	\$32.10
60–64	\$14.55	\$29.10	\$43.65
65–69	\$18.15	\$36.30	\$54.45
70+	\$24.00	\$48.00	\$72.00

Child(ren) Monthly Rates	
\$5,000	\$0.60
\$10,000	\$1.20
\$15,000	\$1.80

PERMANENT LIFE WITH LTC COVERAGE

Employee & Spouse Monthly Rates

The premium cost for this benefit is determined by your age, tobacco status, and the amount of coverage you elect. Call a **Benefits Counselor at 1-800-960-7659** for rates and to enroll from April 29 – May 10, 2024 during Open Enrollment. You can also view rates at my.cherrycreekschools.org and review within your enrollment via the self-service access.

VOYA ACCIDENT INSURANCE

Monthly Rates	On/Off Job Coverage
Employee Only	\$6.93
Employee + Spouse	\$12.04
Employee + Child(ren)	\$13.37
Family	\$18.48

ID THEFT PROTECTION

Monthly Rates	
Employee Only	\$9.99
Family	\$18.98

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

IMPORTANT NOTICES

ABOUT THIS GUIDE

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. Cherry Creek School District reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

REMINDER OF AVAILABILITY OF PRIVACY NOTICE

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

Cherry Creek School District, Human Resources
4700 S. Yosemite St.
Greenwood Village, CO
80111

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: See the UnitedHealthcare Summary of Benefits and Coverage (SBC) for your elected benefit plan. If you would like information on WHCRA benefits, call your plan administrator at 1-720-554-4433.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT DISCLOSURE

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

obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted and you will continue to pay the same amount as if you were not absent. If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Tasha Logan in Human Resources for more information.

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

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Your Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Cherry Creek School District and about your options under Medicare's prescription

drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Cherry Creek School District has determined that the prescription drug coverage offered by the DMHO and HDHP Medical Plan through UnitedHealthcare is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Cherry Creek School District coverage will be affected. If you decide to join a Medicare drug plan and drop your current Cherry Creek School District coverage, be aware that you and your dependents may not be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Cherry Creek School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage:

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

For more information about your options under Medicare Prescription Drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage visit www.medicare.gov. Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number. Call 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at: www.socialsecurity.gov or call: 1-800-772-1213 (TTY: 1-800-325-0778)

Date: April 22, 2021

Name of Entity/Sender: Cherry Creek School District

Contact: Benefits Office

Address: 4700 S. Yosemite St.,
Greenwood Village, CO 80111

Phone Number: 1-720-554-4485.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage

and, therefore, whether or not you are required to pay a higher premium (a penalty).

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts and trust agreements.
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description governing the plan on the rules governing your COBRA continuation coverage rights.
- Reduce or eliminate exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have credible coverage from another plan. You should be provided a certificate of credible coverage, free of charge, from your group health plan or health insurance issuer when:
 - You lose coverage under the plan;
 - You become entitled to elect COBRA continuation coverage;
 - You request it up to 24 months after losing coverage.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court.
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay

these costs and fees. This should occur if the court finds your claim frivolous.

Assistance with Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website:

<https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>

Or you may write to the:
Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

CONTINUATION COVERAGE RIGHTS UNDER COBRA Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

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

It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

What is COBRA Continuation Coverage?

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

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will

become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

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

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

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

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

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

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. Any qualified beneficiary who does not elect COBRA within the 60-day election period specified in the election notice will lose his or her right to elect COBRA.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts

until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of the date of the Social Security Administration's disability determination; the date of the covered employee's termination of employment or reduction in hours; and the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction in hours. You must also provide this notice within 18 months after the covered employee's termination or reduction in hours in order to be entitled to this extension. You must provide the notice by notifying the benefits office.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Other Coverage Options

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

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

Plan Contact Information

For further information regarding the plan and COBRA continuation, please contact:
Cherry Creek School District Benefits Supervisor 9150 E Union Ave,
Greenwood Village, CO 80111
1-720-554-4433



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

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 9.5% 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.¹

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 Benefits Office

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

¹ 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.

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 Cherry Creek School District #5		4. Employer Identification Number (EIN) 84-6000861	
5. Employer address 4700 South Yosemite Street		6. Employer phone number 1-720-554-4485	
7. City Greenwood Village	8. State Colorado	9. ZIP code 80111	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address benefits@cherrycreekschools.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:

Regular employees working at least 50% of a full-time equivalency (FTE) in an eligible group.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Your legal or common law spouse, domestic partner, your dependent children up to age 26 such as biological, legally adopted, step-children, and children for whom you have permanent court-appointed legal guardianship, unmarried children 26 years of age or older and incapable of self support due to mental incompetence or severe physical handicap, as certified by a physician and by the insurance carriers.

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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website:
<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website:
<https://www.chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicicaid.la.gov or
www.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website:
https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspreassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<https://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website:
<http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://www.healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <https://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP
(1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



Dedicated to Excellence
Cherry Creek Schools

NOTE: This statement is intended to summarize the benefits you receive from Cherry Creek School District. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.