



2021 New Hire Benefits Enrollment Guide



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Welcome

At St. Vrain Valley Schools our employees are the foundation of our success. To support you during the moments that matter most, we offer a wide range of benefits, programs and resources that are competitive, diverse and flexible to meet your needs. You can customize a selection of benefits that are exactly right for your personal situation.

Use this guide now to enroll and keep it as a reference throughout the year. Please review it carefully and make your elections before the deadline. **If you enroll, your benefits will be effective on the first day of the month following 31 days of eligible employment.** For instance, if you are hired on February 2, you are eligible for benefits on April 1. No changes will be allowed at any other time unless you have a Qualified Life Event (such as a birth, death, divorce, marriage, etc.).

If you have any questions about your benefit choices or about how to enroll, please reach out to get the answers you need. Then you'll be sure to have the benefits you need for the year ahead.





How to Enroll



WHO IS ELIGIBLE?

If you work 17.5 hours or more per week, you are eligible for benefits. These family members are also eligible for benefits:

- **Your legal spouse**
- **Your children under the age of 26, regardless of student, dependency or marital status**
- **Your dependent children of any age who are physically or mental unable to care for themselves**



HOW TO ENROLL

Review this guide to make sure you understand your benefit options. Then login to Infinite Visions (IV) at **iv.svvsd.org** to enroll. Click **Login** on the upper right corner of the screen. For password help, contact the Help Desk at ext. 57730. Once you submit your elections, you will not be able to change them until the next Open Enrollment period, unless you have a Qualified Life Event.



WHEN TO ENROLL

Your enrollment materials will be sent to you via district email approximately two-three weeks prior to your benefits eligibility date. Your enrollment deadline will be specified in your enrollment packet.

HOW TO MAKE CHANGES

You may only change your benefit elections during the year if you experience a Qualified Life Event. You must contact the Benefits Office within 31 days (60 days for a qualifying Medicaid/CHIP event), or you will have to wait until the next Open Enrollment period to make changes (unless you experience another Qualified Life Event). **Documentation needed:**

Change in marital status

- **Copy of marriage certificate**
- **Copy of divorce/separation agreement**
- **Copy of death certificate**

Change in number of dependents

- **Copy of birth certificate or copy of legal adoption papers**
- **Copy of birth certificate plus a copy of the marriage certificate between employee and spouse**
- **Copy of death certificate**

Change in employment

- **Notification of increase or reduction of hours that changes coverage status**
- **Notification of spouse's employment status change that results in a loss or gain of coverage**





Medical Plans

The district strives to deliver innovative health and wellness programs to you and your family that include quality care, comprehensive coverage and easy access to doctors and other healthcare providers of your choice. Our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

You can choose from any of the district's three medical Plans — each medical Plan offers:

- **Comprehensive health care benefits**
- **In-network preventive care covered at 100%**
- **Coverage for eligible children through age 25**
- **Prescription drug coverage**

CHOOSE THE PLAN THAT'S RIGHT FOR YOU

One of the differences between the Plans is the amount of money you'll pay when you need care. The Plans have different:

- **Annual deductible amounts – the amount you pay each year for eligible in-network and out-of-network charges before the Plan begins to pay**
- **Copay and coinsurance – money you pay toward the cost of covered services**

UMR Choice Plus Plan

The self-insured UMR Choice Plus Plan is a Preferred Provider Organization (PPO) Plan that offers a large network of contracted doctors, hospitals and other providers to choose from whenever care is needed. The Plan is administered through UMR. When you enroll in this Plan, the district will contribute funds to a Health Reimbursement Account (HRA) to assist in paying a portion of your upfront deductible. Some in-network care is subject to a copay (if you visit a Premium Designated Provider) and some care, is subject to an upfront deductible and coinsurance (if you visit a Choice Plus PPO Provider).

UMR Direct Care Plan

The Direct Care Plan offers insured employees and dependents unlimited, no-cost primary care, same- and next-day appointments and extended one-on-one time with physicians when you visit a Nextera Healthcare Network provider. Additionally, the Direct Care Plan features low copays when you visit in-network doctors, ER, Urgent Care, labs and imaging services, through the nationwide United Healthcare Choice Plus PPO or Premium Designated Provider network making it easier to predict your out-of-pocket costs.

Kaiser Permanente (DHMO) Plan

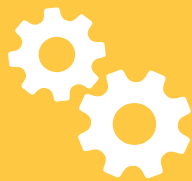
The district offers a Deductible Health Maintenance Organization (DHMO) Plan through Kaiser Permanente that offers a low upfront deductible and copays when care is received through Kaiser Permanente doctors, partner hospitals and other health care facilities. (Out-of-network coverage is only available in urgent care and emergency situations where you become injured or unexpectedly ill while outside the service area.)



UMR HEALTH PLAN EXTRAS

Zero Card

Zero Card is available to participants in both UMR Plan options at no additional premium cost. Through Zero Card, when you or your covered family members use a contracted Zero Card provider for a covered service, you pay zero dollars — no copays, deductibles or coinsurance — for dozens of covered services including physical therapy, sleep studies, surgeries, orthopedics, labs, x-rays, advanced imaging (such as CT, MRI and ultrasounds) and more. **Enrollment is automatic when you enroll in the UMR Choice Plus or Direct Care plans.**



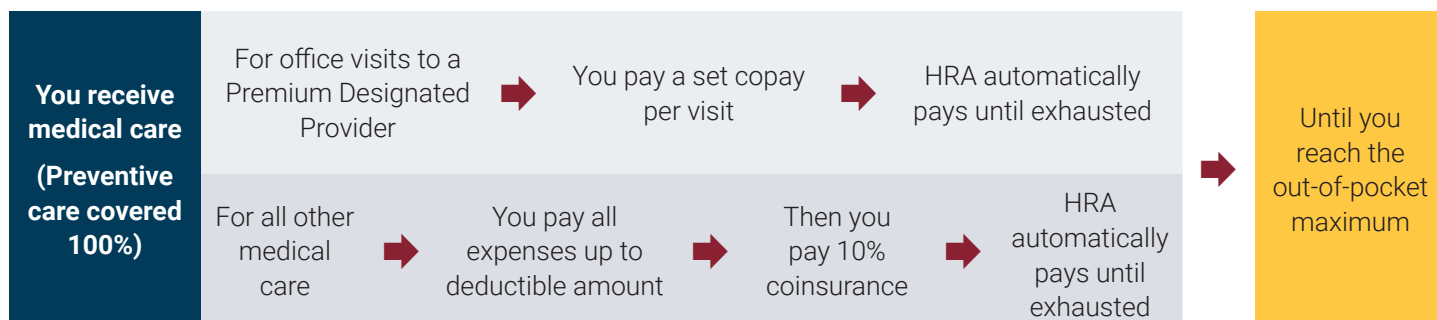
How the Plans Work

UMR CHOICE PLUS PLAN WITH HRA

The amount you pay for services when you enroll in the UMR Choice Plus plan depends on where you receive your care:

United Healthcare Choice Plus PPO Network

- You are responsible for a copay or you pay a \$2,000 individual or \$4,000 family deductible plus 10% coinsurance for in-network care--depending on whether the provider is a Premium Designated Provider or simply participates in the Choice Plus PPO network.



Out-of-Network Care

- You pay a \$4,000 individual or \$8,000 family deductible and 50% coinsurance for out-of-network care

UMR DIRECT CARE PLAN

Under the Direct Care PPO plan, you have three options for receiving care and what you pay for services depends on where you receive them. Your in-network options include:

UHC Premium Designated Providers

- \$0 copay (not subject to deductible) for primary care
- \$30 copay (not subject to deductible) for specialty care

Nextera Healthcare Direct Primary Care Network

- No cost urgent, primary and chronic care office/virtual visits (not subject to copays, deductibles or coinsurance)
- Priority appointments (same- and next-day access depending on medical need)
- Exceptional, personalized patient care including extended appointment times and after-hours access via phone, secure video and text with your Nextera provider

United Healthcare Choice Plus PPO Network

- You know ahead of time how much you will owe for most covered services
 - \$30 office visits (primary care, chiropractic and emotional health)
 - \$60 office visits (specialists)
 - \$50 labs & X-rays
 - \$75 urgent care visits
 - \$200 emergency room visits
 - \$200 MRI, CT scans
 - No-cost preventive care visits
- You pay a \$2,000 individual or \$4,000 family deductible plus 20% coinsurance for other in-network care



How the Plans Work

DIRECT CARE (CONTINUED)



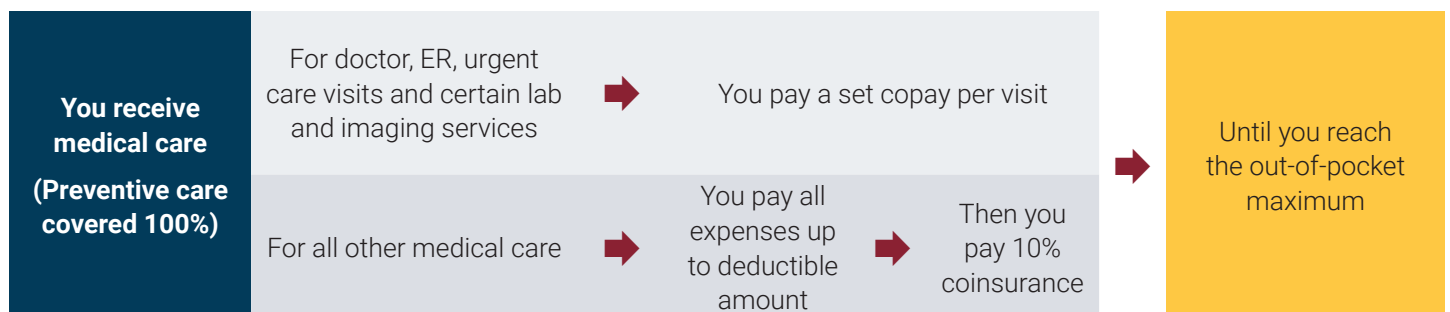
Out-of-Network Care

- You pay a \$4,000 individual or \$8,000 family deductible plus 50% coinsurance for out-of-network care

KAISER DHMO PLAN

Kaiser Permanente Doctors and Partner Facilities

- You know ahead of time how much you will owe for most covered services
 - \$25 office visits (primary care and emotional health)
 - \$40 office visits (specialists)
 - \$0 labs
 - \$100 MRI, CT scans
 - \$50 urgent care visits
 - \$250 emergency room visits
 - No cost preventive care visits
- You pay a \$250 individual or \$500 family deductible plus 10% coinsurance for other in-network care



MEDICAL PLAN COMPARISON

UMR Choice Plus with HRA				UMR Direct Care		Kaiser (DHMO)		
MEDICAL PLAN COMPARISON	IN-NETWORK		OUT-OF-NETWORK	IN-NETWORK		OUT-OF-NETWORK	IN-NETWORK	
	Premium Designated Network	Choice Plus PPO		Nextera Network/ Premium Designated Network	Choice Plus PPO			
	Calendar Year Deductible							
	Individual	\$2,000		\$4,000	\$2,000		\$4,000	\$250
	Family	\$4,000		\$8,000	\$4,000		\$8,000	\$500
	Calendar Year Out-of-Pocket Maximum (Includes Deductible)							
	Individual	\$4,000		\$8,000	\$4,000		\$8,000	\$4,000
	Family	\$8,000		\$16,000	\$8,000		\$16,000	\$8,000
		YOU PAY			YOU PAY			YOU PAY
	Coinsurance							
Preventive Care	\$0		50%*	\$0		\$0	\$0	
Office Visits (PCP/SCP)	\$0/\$30	10%	50%*	\$0/\$30	\$30/\$60	50%*	\$25/\$40	
Mental Health Outpatient (Physician's Office)	10%*		50%*	\$30		50%*	\$25	
Physical Therapy	10%*		50%*	\$30		50%*	\$25	
Chiropractic	10%*		50%*	\$30		50%*	N/A	
Labs	10%*		50%*	\$50		50%*	\$0	
X-Rays	10%*		50%*	\$50		50%*	\$10%*	
MRI, CAT, PET & Nuclear Medicine	10%*		50%*	\$200		50%*	\$100	
Durable Medical Equipment	10%*		50%*	20%*		50%*	10%*	
Hospital Services	10%*		50%*	20%*		50%*	10%	
Urgent Care	10%*		10%*	\$75		20%*	\$50	
Emergency Room	10%*		10%*	\$200		\$200	\$150	
Pharmacy								
Retail Rx (up to 30-day supply)								
Tier 1 - Generic	\$10		Not covered	\$10		Not covered	\$15	
Tier 2 - Name Brand, Preferred	20% (max. \$50)			20% (max. \$50)			\$40	
Tier 3 - Name Brand, Non-Preferred	25% (max. \$75)			25% (max. \$75)			\$60	
Tier 4 - Specialty	25% (max. \$125)			25% (max. \$125)			20% (max. \$250)	
Retail 90-Day Program/Mail Order							MAIL ORDER	
Tier 1 - Generic	\$25		Not covered	\$25		Not covered	\$30	
Tier 2 - Name Brand, Preferred	20% (max. \$125)			20% (max. \$125)			\$80	
Tier 3 - Name Brand, Non-Preferred	25% (max. \$187.50)			25% (max. \$187.50)			\$120	
	Choice Plus			Direct Care		Kaiser Permanente		
Access to HRA?	Yes			No		No		
Access to Zero Card?	Yes			Yes		No		
Access to Nextera Direct Primary Care	No			Yes		No		
Access to Premium Designated Providers	Yes			Yes		No		

* After deductible



Using the HRA (Choice Plus Plan Only)



The district contributes to a Health Reimbursement Account (HRA) for each employee who enrolls in the Choice Plus HRA health Plan. You can use HRA money to pay for eligible medical expenses for you and your covered dependents. Employees cannot contribute into an HRA and HRA provider payments are not taxed to the employee and payments are not taxed to you upon distribution.

1

Get Free Preventive Care

In-network preventive care is covered at 100% with no deductible. You pay \$0 out-of-pocket for your annual physical, well-woman visit, mammogram, colonoscopy, routine immunizations and other eligible services.

2

Pay for Your Other Medical Expenses

You pay for additional medical expenses as you incur them until your annual deductible is met or your HRA is depleted, whichever comes first. Your deductible amount depends on your coverage tier.

3

HRA Limitations

Your HRA helps you cover your copays and deductible. St. Vrain contributes up to \$750 (employee only) or \$1,500 (dependent or family coverage) annually to your HRA. The contribution is prorated depending on your enrollment date. Unused funds from your HRA roll over to the next year, but your fund balance cannot exceed \$2,000 for individual coverage or \$4,000 if you cover your dependent(s).

Please note: Funds available for reimbursement are limited to the balance in your HRA.

HOW THE PLAN WORKS

John enrolls his family of three in the UMR Choice Plus HRA Plan. John receives a \$1,500 contribution from the district for the 2021 Plan Year. He has a \$2,000 annual individual deductible and a \$4,000 annual family deductible.

Year 1: Son Tyler has strep throat; John injures his foot and needs an X-ray.		Year 2: Wife Mary is hospitalized; Son Tyler breaks his arm.	
HRA Fund as of January 1		HRA Balance (\$1,145 rollover + \$1,500 New HRA fund as of January 1 contribution)	
\$1,500		\$2,645	
Expenses		Expenses	
<ul style="list-style-type: none"> 2 office visits x \$90 		<ul style="list-style-type: none"> 2 office visits x \$90 	
\$180		\$180	
<ul style="list-style-type: none"> Urgent Care visit for injured foot 		<ul style="list-style-type: none"> Hospital stay 	
\$100		\$1,500	
<ul style="list-style-type: none"> Foot X-ray 		<ul style="list-style-type: none"> Annual physicals for entire family 	
\$75		\$0	
<ul style="list-style-type: none"> Annual physicals for entire family 		<ul style="list-style-type: none"> Annual OB/GYN exam for John's spouse 	
\$0		\$0	
<ul style="list-style-type: none"> Annual OB/GYN exam for John's spouse 			
\$0			
Amount paid from HRA Expenses		Amount paid from HRA Expenses	
\$355		\$1,680	
Amount paid by John		Amount paid by John	
\$0		\$0	
Amount rolled over to Year 2:		Amount rolled over to Year 3:	
\$1,145		\$965	



Dental Plans

Your dental health is an important part of your overall wellness. Dental insurance gives you a reason to smile — it's affordable and covers preventive care (including regular checkups) as well as fillings, bridges, crowns and other dental services.

Delta Dental Value Plan				Delta Dental Classic Plan		
	IN NETWORK (PPO)	PREMIER	OUT-OF- NETWORK	IN NETWORK (PPO)	PREMIER	OUT-OF- NETWORK
Calendar Year Deductible						
Individual	\$50			\$50		
Family	\$100			\$100		
Calendar Year Maximum Benefit						
Per Individual	\$1,000 per individual (all services combined)			\$1,750 per individual (all services combined)		
	YOU PAY			YOU PAY		
Preventive Care						
Exams, Cleanings, X-rays, Fluoride Treatments, Space Maintainers, Sealants	\$0	20%	30%	\$0	20%	20%
Basic Services						
Fillings, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	20%*	20%*	40%*	20%*	20%*	20%*
Major Procedures						
Crowns, Occlusal Guards, Inlays/Onlays, Dentures and Bridgework, Implants	50%*	50%*	60%*	50%*	50%*	50%*
Orthodontia						
Child and adult	N/A			50% up to a lifetime maximum benefit of \$1,000 per individual; deductible waived		

* After deductible

When you enroll in the Dental Plan, you may visit any dentist you choose, but in-network providers offer larger discounts, will write off amounts that exceed the Delta Dental contracted rates and can file your claims for you. If you prefer to see an out-of-network provider, keep in mind, since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discounted rate.

The monthly premium amount you pay for your coverage is based on who you cover and which Plan you choose.





Vision Plan

VSP Vision Plan		
	VSP CHOICE NETWORK	NON-PARTICIPATING PROVIDER
	YOU PAY	REIMBURSEMENT
Cost		
Exam	\$10 copay	Up to \$45
Covered Services – Lenses		
Single Lenses	\$10 copay	Up to \$30
Bifocals	\$10 copay	Up to \$50
Trifocals	\$10 copay	Up to \$65
Frames	Balance over \$140 allowance (\$160 for featured frame brands); 20% discount on amounts that exceed allowance	Up to \$70
Covered Services – Contacts in lieu of Frames/Lenses		
Contacts - Elective	Up to \$140	Up to \$105
Benefit Frequency		
Exams	Once every calendar year	Once every calendar year
Lenses	Once every calendar year	Once every calendar year
Frames	Once every calendar year	Once every calendar year
Contacts	Once every calendar year	Once every calendar year

You may elect vision care coverage, which provides affordable, quality vision care nationwide.

Although vision care services and supplies are covered in- and out-of-network, your benefits are generally greater when you use in-network providers.

Your monthly premium costs are based on the family members you choose to cover.





Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. The money you contribute into an FSA is taken from your pay before your taxes are calculated which decreases your taxable income and increases your take-home pay. **There are two types of FSAs — the Health Care FSA and the Dependent Care FSA:**



HEALTH CARE FSA

Used to pay for a variety of medical, dental, and vision expenses for you, your spouse and your dependents, including copays, coinsurance, deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.



DEPENDENT CARE FSA

Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.

VS

Health Care FSA

Contribute up to \$2,750 per year, pre-tax.

Receive a debit card to pay for eligible medical expenses or submit claims and be reimbursed.

Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor and more.

Under the Plan's grace period, you may incur eligible expenses between January 1 of the current plan year and March 15 of the following year. Claims must be submitted by **March 31** of the following year, or remaining funds will be forfeited.

If you do not submit claims by **March 31**, unused dollars will be forfeited per IRS regulations for pre-tax contributions.



Dependent Care FSA

Contribute up to \$5,000 per year, pre-tax, or \$2,500 if married and filing separate tax returns.

You must submit claims and be reimbursed (funds must be available in your account) if you enroll in this FSA; no debit cards are provided.

Can only be used to pay for eligible dependent care expenses including day care, after-school programs (for a child under the age of 13) and elder care programs.

Under the Plan's grace period, you may incur eligible expenses between January 1 of the current plan year and March 15 of the following year. Claims must be submitted by **March 31** of the following year, or remaining funds will be forfeited.

If you do not submit claims by **March 31**, unused dollars will be forfeited per IRS regulations for pre-tax contributions.



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

It's important to give some serious thought to what expenses and income needs your dependents would have if something happened to you. To make sure you have financial protection, the district offers several different types of Life and AD&D insurance through The Hartford.

Basic Life Insurance. This coverage is provided to regular status employees who work at least 10 hours per week. You are automatically enrolled at no cost to you even if you don't elect medical coverage.

AD&D insurance is provided as part of your Basic Life coverage and provides you specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies).

Coverage Level	Coverage Amount
Employee	\$40,000 (APT coverage is \$150,000) - Benefits reduce by 35% at age 70, 55% at age 75 and 70% at age 80.

VOLUNTARY LIFE COVERAGE

Voluntary Life insurance for you, your spouse and children can help protect your family during times of loss. This coverage is provided to regular status employees who work at least 17.5 hours per week. If you purchase additional life insurance for yourself, you may also purchase coverage for your spouse and dependent children.

Coverage For	Coverage Available	Guaranteed Issue
Employee	Increments of \$10,000 up to a maximum of \$500,000	\$100,000
Spouse	Increments of \$5,000 up to \$250,000 – not to exceed 50% of Employee coverage	\$50,000
Child(ren)	Increments of \$2,000 to a maximum of \$10,000. \$1,000 for children 2 weeks to 6 months	\$10,000 (ages 6 months through age 25) \$1,000 (ages 2 weeks through 6 months)

Age	Monthly Employee/Spouse Rate per \$1,000
< 25	\$0.033
25–29	\$0.033
30–34	\$0.039
35–39	\$0.060
40–44	\$0.108
45–49	\$0.154
50–54	\$0.235
55–59	\$0.374
60–64	\$0.612
65–69	\$1.007
70–74	\$1.623
75–79	\$2.894
Child Rate	\$0.05

Calculate Your Cost

To calculate your cost for coverage, take your desired insurance amount divided by 1,000 and multiply by your age banded rate which equals the monthly premium.

EXAMPLE:

43 year old wanting \$50,000 of life insurance.

$\$50,000/1,000 = 50 \times \$0.108 = \$5.40$ month





Additional Benefits from The Hartford



BENEFICIARY COUNSELING SERVICES

The Hartford's Beneficiary Counseling Program is a free service available to assist your beneficiary in coping with the emotional, financial, and legal issues that can arise after a loss or in the event of a terminal illness. This service includes unlimited phone contact with a counselor, attorney, or financial Planner for up to a year and up to five face-to-face sessions.

On a confidential basis, you have access 24 hours a day, seven days a week at 1-800-411-7239 to:

- **Loss counseling;**
- **Financial professionals; and**
- **Legal professionals.**

FUNERAL PLANNING AND CONCIERGE SERVICES

Making hard decisions at a time of loss can be overwhelming. The Hartford's Funeral and Concierge online service can help guide you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers, often resulting in significant financial savings. As a covered employee under The Hartford's Group Life policy, you and family members have access to all the tools and resources available under the Life Conversations program. Learn more by calling 1-866-854-5429 or by visiting www.everestfuneral.com/hartford. When prompted, use the code: HFEVLC.

IDENTITY THEFT PROTECTION

Unfortunately, identity theft is on the rise. But identity theft protection provided through The Hartford can help outsmart these criminals, preventing fraud, detecting fraudulent activity on a daily basis, and resolving identity theft issues you may face. Protection is provided two ways: educational materials to help prevent identity theft; and access to caseworkers who can help you resolve problems that result from identity theft. Services are available to you, your spouse and dependent children through age 25. To access services, call 1-800-243-6108 or 1-202-828-5885 if you are outside the U.S.

ESTATE GUIDANCE WILL SERVICES

Whether you have simple or complex legal needs, this program, offered by The Hartford, provides access to attorneys for estate planning and will preparation. Services include online will preparation, online assistance from licensed attorneys, and additional estate planning services available for purchase. Visit estateguidance.com/wills and use the code: WILLHLF.

TRAVEL ASSISTANCE PROGRAM

If you're looking for peace of mind while traveling, consider the Travel Assistance program offered through The Hartford. It offers toll-free emergency assistance to you, your spouse and your dependents 24 hours a day, seven days a week when you're traveling 100 miles or more from your primary home for 90 days or less. The program can assist with pre-trip planning, medical referrals and evacuations during travel. For assistance, call 1-800-243-6108 or 1-202-828-5885 (collect) if you are outside of the U.S.



Income Protection



If you have a serious injury or illness that keeps you from working, how would you pay your bills? Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury.

VOLUNTARY SHORT-TERM DISABILITY (STD)

Pregnancy, a scheduled surgery or an unplanned illness or injury could keep you off the job and without income for an extended period of time. STD can protect part of your paycheck should you become disabled.

This voluntary, employee-paid benefit is available to eligible Certified, Classified and Professional/Technical employees who work 17.5 hours per week or more. It replaces 60% of your salary, to a maximum of \$1,500 per week, if you can't work due to a covered non-work-related accident or illness.

Benefits begin on the 15th day of your disability and continue during the period of your disability (maximum 24 weeks). Because you pay the full premium cost with after-tax dollars, your disability benefit is not treated as taxable income.

The district does not administer the program other than withholding the monthly premium for your coverage from your paycheck. Coverage and process questions should be directed to The Hartford at 1-800-549-6514. If you do not enroll during your initial eligibility period, and decide to enroll at a later date, you are not covered by STD until the district receives notification that you have completed Evidence of Insurability (EOI) requirements and are approved for coverage by The Hartford. If required, late entrants are responsible for the cost of a physical exam or other costs incurred as part of the late application process.

Calculate Your Cost

- Take your annual salary
- Divide by 52 (weeks in a year)
- Multiply by 60% (weekly benefits)
- Divide by \$10
- Multiply by your age-banded rate
- This is your monthly premium

EXAMPLE:

32 year old, making \$40,000/year.

$\$40,000 / 52 \text{ weeks per year} =$
 $\$769.23 \times 60\% = \$461.54 / \$10 =$
 $\$46.15 \times \$0.913 = \text{\textbf{\$42.14 month}}$

Age Band	Rate/\$10 of Weekly Benefit
<25	\$1.11
25-29	\$1.15
30-34	\$0.913
35-39	\$0.60
40-44	\$0.363
45-49	\$0.375
50-54	\$0.425
55-59	\$0.488
60-64	\$0.525
65+	\$0.588



Income Protection

SICK LEAVE BANK

Classified, Professional/Technical, and Certified employees are eligible to participate in one of two voluntary Sick Leave Banks that allows employees to donate a portion of their paid leave balance into a Sick Leave Bank to assist other participating employees.

This program provides salary and benefits continuation for eligible employees in the event of a personal extended illness or injury which renders the member incapable of working. Eligible employees may join as a newly hired employee or during Benefits Open Enrollment with contribution(s) from their paid leave hours in the amount equal to the number of hours worked per day.

Refer to the applicable handbook for information regarding how to access the Sick Leave Bank. All Sick Leave Bank requests will be reviewed by a board and are not subject to grievance procedures. You are not eligible to apply for Sick Leave Bank hours while on worker's compensation or PERA Short-Term Disability.

Certified (Licensed) Employees – Eligibility

Eligible Members: All teachers are defined in Article 1.1 in the Agreement, exclusive of foreign exchange teachers

- You are a member of the Sick Leave Bank
- You have provided HR with a doctor's note identifying the illness/injury and expected recovery time through the Leave of Absence process
- You have exhausted all paid leave
- You have completed 20 days of Diff Dock (the difference between your daily rate and the daily rate paid to a substitute, whether or not you actually need a substitute)
- Your request is made no later than 30 calendar days after you return to work.

Benefit: Members may be granted up to 60 days of leave from the Sick Leave Bank in a single academic year

Classified, Professional/Technical Employees – Eligibility

Eligible Members: All benefits-eligible Classified and Professional/Technical employees who work at least 17.5 hours per week

- You have been enrolled in the Sick Leave Bank for at least 1 full year (12 months) immediately prior to the start of your Leave of Absence
- You are on a Leave of Absence approved by Human Resources
- You have exhausted all paid leave
- You have completed 10 days of unpaid leave
- Your request is made no later than 30 calendar days after you return to work.

Benefit: Members may be granted up to 50 days of leave from the Sick Leave Bank in a single academic year

COLORADO PUBLIC EMPLOYEES' RETIREMENT ASSOCIATION (PERA) STD & DISABILITY RETIREMENT

Coverage is available at no cost to PERA members with five or more years of service credit.

Short-Term Disability

After 60 days of a covered disability, the PERA STD Plan through Unum provides a benefit of up to 60% of pre-disability earnings for up to 22 months.

Disability Retirement

Vested PERA members who are totally disabled may qualify for disability retirement.

Coverage and claims questions should be directed to PERA at 1-800-759-7372.



Planning for Retirement

PENSION FUND (PERA)

Instead of paying into Social Security, St. Vrain employees participate in the Colorado Public Employees' Retirement Association (PERA) defined benefit pension fund. You contribute a mandatory 10% of your monthly gross salary into PERA and the district contributes an amount equivalent to 20.9% of your gross salary to help fund the PERA system.

You are not directly entitled to these contributions, but they do indirectly benefit you by helping to fund a lifetime benefit for current and future PERA retirees. After working five years under PERA covered employment, you become vested in the pension Plan and are eligible to receive retirement payments once you reach retirement age.

Retirement benefits are determined based on age and service. For additional information, contact PERA at 1-800-759-7372 or online at www.copera.org.

PERAPLUS OPTIONAL RETIREMENT PLANS

The PERA pension fund provides a strong financial foundation, but may not be enough to meet all your retirement income needs, so the district offers several ways to save additional amounts towards retirement:

- **PERAPlus 401(k) Plan**
- **PERAPlus 457(b) Plan**
- **PERA Roth Option**

The 401(k) and 457(b) Plans allow you to save additional amounts up to the IRS deferral limit on a pre-tax basis (plus catch up contributions if you are age 50 or older) to invest and save for retirement. Roth contributions are taxed before your money is contributed to the Plan. Earnings and qualified distributions are not taxed.

For more information, please contact PERA at 1-800-759-7372 or online at www.copera.org.





Focus on Wellness

We are committed to helping you prevent illnesses and achieve wellness. Did you know that your district medical Plans pay 100% of the cost for preventive care? This means you and your dependents receive recommended preventive services like immunizations and screenings at no cost to you.

WHAT IS PREVENTIVE CARE?

Preventive care includes services that help you stay healthy, including:

- **Vaccines that protect your health by preventing diseases and other problems**
- **Screenings to check for diseases early when they may be easier to treat**
- **Education to help you make health decisions**

HEALTH COACHING AND WORKSITE WELLNESS

St. Vrain is committed to establishing a culture of health and wellness that encourages lifelong healthy behaviors and attitudes, fosters a healthy work environment and improves the quality of life for our employees and community.

Complimentary, Onsite Health Coaching

The district provides free, onsite access to highly-qualified Nurse Health Coaches who are available to meet one-on-one or in a group setting to provide personalized support on how to improve or maintain your health. They can assist with a wide range of long- and short-term wellness and lifestyle coaching, disease management support and chronic care outreach. There is no cost to benefit-eligible employees to participate in the coaching program.



Worksite Wellbeing Programming

The district has received multiple awards in recent years relating to our wellness programming including most recently, the Health Champion designation by the American Diabetes Association (2017) and the Bronze Level Healthy Workplace designation from the American Heart Association (2018, 2019).

The district offers a wide range of wellness initiatives for our staff including onsite lunch-and-learns, district paid flu shots and onsite biometric health screenings, group wellness challenges and more!

If you are interested in improving your overall health, check out our wellness blog at: <https://blogs.svvsd.org/wellness>.

If you are interested in serving as a worksite health advocate contact Karl Weaver at the phone number below:

Contacts

Karl Weaver, Wellness Coordinator
1-303-702-7921

Dana Ballare-Davidson,
Nurse Health Coach
1-720-318-6950

Jerri Mason, Nurse Health Coach
1-303-702-7912

Lori Hartmann, Health Coach
(Kaiser Permanente members)
1-303-306-2519



Employee Assistance Program

Guidance Resources, the district's Employee Assistance Program, provides support, resources and information for personal and work life issues. Additionally, the program offers you and your eligible family members access to licensed counselors who can help with the following:

- **Stress**
- **Marital or family problems**
- **Anxiety and depression**
- **Substance abuse (alcohol and/or drugs)**
- **Financial issues**
- **Child care issues – including identifying schools, daycare, tutors, and more**
- **Aging parents**
- **Pet care**
- **Maintenance and repair providers**
- **Community volunteer opportunities**

Through the district-paid EAP, you and your family can receive immediate support and guidance, as well as assessments and referrals for further services.

It's important to note that all EAP conversations are voluntary and strictly confidential.

In addition, there's never a cost to you when you contact an EAP counselor; the district pays the full cost.

However, if you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical Plan.





Benefit Costs

St. Vrain Valley School District pays the full cost of some of your benefits but other benefits require you to pay all or a portion of the monthly plan premiums. Unless you elect differently, most monthly premiums will be deducted from your paycheck on a pre-tax basis.

	Full-Time 100%	Part-Time 75%	Part-Time 50%
CERTIFIED FTE	30+ HRS/WEEK = .857-1.0 FTE	23-29.99 HRS/WEEK = .657-.8569 FTE	17.5-22.99 HRS/WEEK = .50-.6569 FTE
CLASSIFIED/APT	30+ HRS/WEEK = .75-1.0 FTE	23-29.99 HRS/WEEK = .575-.7499 FTE	17.5-22.99 HRS/WEEK = .4375-.5749 FTE
	EMPLOYEE SHARE	EMPLOYEE SHARE	EMPLOYEE SHARE
UMR CHOICE PLUS			
Employee Only (EE)	\$47.00	\$227.30	\$407.59
Employee + Spouse	\$541.86	\$792.37	\$1,042.88
EE + Child(ren)	\$462.29	\$692.31	\$922.34
EE + Family	\$914.44	\$1,218.26	\$1,522.07
UMR DIRECT CARE			
Employee Only (EE)	\$47.00	\$232.50	\$418.01
Employee + Spouse	\$401.33	\$697.31	\$993.28
EE + Child(ren)	\$328.13	\$603.62	\$879.10
EE + Family	\$750.88	\$1,100.15	\$1,449.43
KAISER PERMANENTE			
Employee Only (EE)	\$47.00	\$182.72	\$318.44
Employee + Spouse	\$672.44	\$814.02	\$955.59
EE + Child(ren)	\$422.46	\$583.76	\$745.07
EE + Family	\$926.44	\$1,094.47	\$1,262.50
DELTA DENTAL OF COLORADO – VALUE PLAN			
Employee Only (EE)	\$0.00	\$5.98	\$11.96
Employee + Spouse	\$27.26	\$33.24	\$39.22
EE + Child(ren)	\$41.85	\$47.83	\$53.81
EE + Family	\$70.77	\$76.75	\$82.73
DELTA DENTAL OF COLORADO – CLASSIC PLAN			
Employee Only (EE)	\$11.45	\$17.43	\$23.41
Employee + Spouse	\$51.77	\$57.75	\$63.73
EE + Child(ren)	\$73.34	\$79.32	\$85.30
EE + Family	\$116.13	\$122.11	\$128.09
VISION SERVICE PLAN (VSP)			
Employee Only (EE)	\$7.63	\$7.63	\$7.63
Employee + Spouse	\$15.30	\$15.30	\$15.30
EE + Child(ren)	\$16.09	\$16.09	\$16.09
EE + Family	\$26.17	\$26.17	\$26.17



Important Contacts

Coverage	Contact	Phone	Website
Medical Group #76412955 (UMR) Group #06238 (Kaiser)	UMR Nextera Healthcare Kaiser Permanente	1-844-212-1134 1-720-724-7500 1-800-632-9700	www.umar.com www.nexterahealthcare.com/svvsd www.kp.org
UMR Health Plan Extras	Alight Solutions (health care navigation and concierge services) Zero Card Nextera Healthcare	1-800-513-1667 1-855-816-0001 1-720-724-7500	www.member.alight.com www.zero.health www.nexterahealthcare.com/svvsd
Pharmacy Group #UMR412955 (UMR) Group #06238 (Kaiser)	CVS/Caremark Kaiser Permanente Mail Order	1-855-297-2178 1-866-523-6059	www.caremark.com www.kp.org (Kaiser)
Dental Group #11566	Delta Dental of Colorado	1-800-610-0201	www.deltadentalco.com
Vision Group #30009137	VSP	1-800-877-7195	www.vsp.com
Health Reimbursement Account	UMR	1-800-826-9781	www.umar.com
Flexible Spending Accounts	P&A Group	1-800-688-2611	www.padmin.com
Life and AD&D Group #GL677437	The Hartford	1-888-563-1124	www.thehartford.com
Short-Term Disability Group #GRH-677437	The Hartford PERA	1-888-563-1124 1-800-759-7372	www.thehartford.com www.copera.org
Pension Plan	Public Employees Retirement Association (PERA)	1-800-759-7372	www.copera.org
Benefits	Vicki Mair	1-303-682-7341	mair_vicki@svvsd.org holt_lori@svvsd.org gunderson_delene@svvsd.org Benefits App: mymobilewalletcard.com/svvsd
	Lori Rose Holt (Employees Last Name A-L)	1-303-682-7337	
	Delene Gunderson (Employees Last Name M-Z)	1-303-682-7383	
Employee Assistance Program (EAP)	ComPsych	1-855-699-6908	www.guidanceresources.com Company Web ID: SVVSD
Sick Leave Bank	Rachel Romero	1-303-682-7282	

Notes

Handwriting practice lines consisting of multiple horizontal dotted lines for tracing and writing practice.

Notes

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This brochure highlights the main features of the St. Vrain Valley Schools Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. St. Vrain Valley Schools reserves the right to change or discontinue its employee benefits plans at any time.