



2025 New Hire Benefits Guide

Table of Contents

Welcome.....	2
Eligibility.....	3
Medical	4
Using Your HRA (Choice Plus Plan Only)	7
Dental.....	8
Vision Plan.....	9
Flexible Spending Accounts (FSA)	10
Life and Accidental Death & Dismemberment (AD&D) Insurance.....	11
Additional Benefits from The Hartford	12
Income Protection.....	14
Planning for Retirement.....	16
Focus on Wellness.....	17
Employee Assistance Program (EAP).....	18
Benefit Costs.....	19
Important Contacts	20

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 enrollment 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, contact a member of the Benefits Team to get the answers you need.



Eligibility

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



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 on Employee Access on the left side of the screen. Then, click on My Benefits, Enrollment. 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

Enrollment materials will be sent to you, via your district email, approximately 2-3 weeks prior to your benefits eligibility date. Your enrollment deadline will be specified in the enrollment letter.

How to Make Changes

You may only change your benefit elections during the plan year if you experience a Qualified Life Event. You must contact the Benefits Office within 31 days of the qualifying life event (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).

Qualified Life Event		Documentation Needed
Change in marital status	Marriage	Copy of marriage certificate
	Divorce/Legal Separation	Copy of divorce/separation agreement
	Death	Copy of death certificate
Change in number of dependents	Birth or adoption	Copy of birth certificate or copy of legal adoption papers
	Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
Change in employment	Change in your eligibility status (i.e., full time to part time)	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	Notification of spouse's employment status change that results in a loss or gain of coverage



Medical

Medical insurance is essential to your well-being, and our Medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

How a Health Plan Works

Preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference between the district's three health plan options is the amount of money you'll pay each pay period and 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.
- **Out-of-pocket maximums** — The most you will pay each year for eligible in-network and out-of-network services including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the calendar year.
- **Copay** — A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible, but do count toward your annual out-of-pocket maximum.
- **Coinsurance** — Once you've met your deductible, you and the plan share the cost of care, called coinsurance. For example, under the Direct Care plan, you pay 20% for covered services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.
- **Monthly premium amounts** — The amount you pay each month to purchase health insurance coverage for you and your covered family members.

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 health care 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

UMR Choice Plus Plan

The self-insured UMR Choice Plus Plan is a Preferred Provider Organization (PPO) Plan that offers a nationwide 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 or out-of-network Provider).

UMR Direct Care Plan

The UMR 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 UnitedHealthcare Choice Plus PPO or Premium Designated Provider network, making it easier to predict your out-of-pocket costs. Out-of-network and some in-network services are subject to a deductible and coinsurance.

Both UMR plans offer several Plan Extras, as outlined below.

UMR Plan Extras

Hinge Healthcare - An app-based program offering free virtual, personalized physical therapy. No need to take off work or drive to a therapist's office! No long wait times to schedule an appointment! You can complete therapy in your own home at a time that is convenient for you. Connect via text, email, phone call or video chat. Access is available to insureds, 18 years of age or older, who are enrolled in the UMR Choice Plus or Direct Care plans.

Origin Healthcare - Origin Healthcare brings health care services to you! Effective January 1, 2025, employees will be able to access acute care medical services that may have previously been provided in higher cost setting like the hospital, emergency room or infusion center. Now you can receive many of the same services in the comfort of your own home — including in-home labs, x-rays, hydration therapy, electrolyte replacement and some chemotherapy treatments! Origin provides post-surgical care at a lower cost — saving you and the district money! Origin services are available to insureds, 18 years of age or older, who are enrolled in either of the district's UMR health plans.

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, non-emergency surgeries, including tonsillectomies, sinus surgeries and gall bladder removal, orthopedics, including spinal fusions, knee, hip and shoulder surgeries, labs, X-rays and advanced imaging (such as CT, MRI and ultrasounds) and more. Access to Zero Card is automatic when you enroll in the UMR Choice Plus or Direct Care plans.

Nextera Healthcare (Available to Participants in the Direct Care Plan only)

- 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

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 typically only available in urgent care and emergency situations where you become injured or unexpectedly ill while outside the service area.)

Medical Plan Comparison	UMR Choice Plus with HRA			UMR Direct Care			Kaiser (DHMO)
	Tier 1 Premium Designated Network	Tier 2 Choice Plus PPO	Tier 3 Out-of-Network	Tier 1 Nextera Network or Premium Designated Network	Tier 2 Choice Plus PPO	Tier 3 Out-of-Network	In-Network
Calendar Year Deductible							
Individual/Family	\$2,500/\$5,000		\$5,000/\$10,000	\$2,500/\$5,000		\$5,000/\$10,000	\$250/\$500
Calendar Year Out-of-Pocket Maximum (Includes Deductible)							
Individual/Family	\$5,000/\$9,000		\$10,000/\$18,000	\$5,000/\$9,000		\$10,000/\$18,000	\$5,000/\$9,000
	You Pay						
Coinsurance or Copays							
Preventive Care	\$0		50%*	\$0		50%*	\$0
Office Visits (PCP/SCP)	\$0/\$30	10%	50%*	\$0/\$30	\$30/\$60	50%*	\$25/\$40
Mental Health Outpatient and Substance Abuse Services (Physician's Office)	10%*		10%*	\$30		\$30	\$25
Physical, Speech & Occupational Therapy	10%*		50%*	\$30		50%*	\$25
Chiropractic	10%*		50%*	\$30		50%*	N/A
Fertility Services	10%* (diagnosis only)		Not covered	20%* (diagnosis only)		Not covered	10%* (diagnosis and treatment)
Bariatric Surgery	Not covered		Not covered	Not covered		Not covered	50%*
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		50%*	\$50
Emergency Room	10%*		10%*	\$500		\$500	\$250
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	\$0 through PrudentRx program; 30% through CVS			\$0 through PrudentRx program; 30% through CVS			20% (max. \$250)
Retail 90-Day Program/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
Access to Origin Health?	Yes			Yes			No
Access to Hinge Health?	Yes			Yes			No

* After deductible

Using Your 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 the HRA and HRA payments are not taxed to you upon distribution.

Use Your HRA

Your HRA helps you cover your copays and deductible and, new for 2025, the district will contribute up to \$1,000 for employee-only coverage and \$2,000 for dependent or family coverage annually to your HRA. (Funds are prorated for New Hires based on the date your district health coverage is effective.) Unused funds from your HRA roll over to the next year, but your fund balance cannot exceed \$2,500 for individual coverage or \$5,000 if you cover your dependent(s).

Once your HRA is depleted, you are responsible for paying all remaining deductible expenses for the remainder of the Plan Year.

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 \$2,000 contribution from the district for the 2025 Plan Year. He has a \$2,500 annual individual deductible and a \$5,000 annual family deductible.

Year 1:	
Son Tyler has strep throat; John injures his foot and needs an X-ray.	
HRA Fund	
As of January 1	\$2,000
Expenses	
2 office visits x \$90	\$180
Urgent Care visit for injured foot	\$100
Foot X-ray	\$75
Annual physicals for entire family	\$0
Annual OB/GYN exam for John's spouse	\$0
Payments	
Amount paid from HRA (applied to deductible)	\$355
Amount paid by John	\$0
Amount rolled over to Year 2:	\$1,645

Year 2:	
Wife Mary is hospitalized; Son Tyler breaks his arm.	
HRA Balance	
(\$1,645 rollover + \$2,000 New HRA fund as of January 1 contribution)	\$3,645
Expenses	
2 office visits x \$90	\$180
Hospital stay	\$1,500
Annual physicals for entire family	\$0
Annual OB/GYN exam for John's spouse	\$0
Payments	
Amount paid from HRA (applied to deductible)	\$1,680
Amount paid by John	\$0
Amount rolled over to Year 3:	\$1,965

Dental

Your dental health is an important part of your overall wellness. When you enroll in either of the district's Delta Dental plans, 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 that since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discounted rate.

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					
Preventive Care						
Exams, Cleanings, X-rays, Fluoride Treatments ¹ , Space Maintainers ¹ , Sealants ¹	\$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 \$1,500 per individual; deductible waived		

* After deductible

¹ Subject to age limits

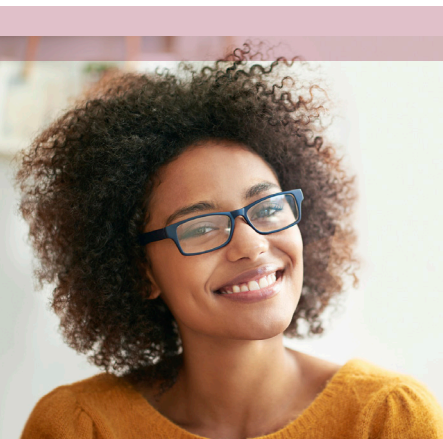


Vision Plan

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 \$180 allowance (\$200 for featured frame brands); 20% discount on amounts that exceed allowance	Up to \$70
Covered Services - Contacts in lieu of Frames/Lenses		
Contacts - Elective	Balance over \$180 allowance	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 coverage through the district's VSP Vision Plan, 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 (FSA)

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 even if your dependents aren't covered on the district's medical plans.

Dependent Care FSA

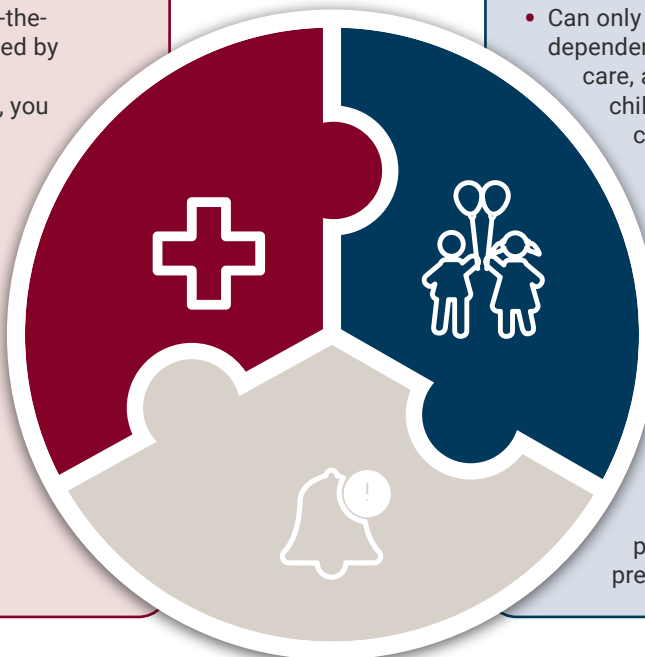
Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. **You cannot use your Health Care FSA to pay for Dependent Care expenses.**

Health Care FSA

- Contribute up to \$3,300 per year, pre-tax.
- Receive a debit card to pay for eligible medical expenses or submit claims and be reimbursed.
- Eligible expenses include medical and dental 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 and AD&D

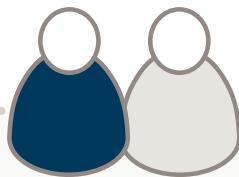
Provided at no cost to regular status employees who work at least 10 hours per week
\$40,000 Employee (APT coverage is **\$150,000**)

Voluntary Life Insurance



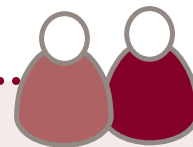
For You

Increments of **\$10,000** up to a maximum of **\$500,000**
(Guaranteed Issue Limit: \$250,000)



For Your Spouse

Increments of **\$5,000** not to exceed 50% of employee coverage up to **\$250,000**
(Guaranteed Issue Limit: \$50,000)



For Your Child

Increments of **\$2,000** to a maximum of **\$10,000**
(Guaranteed Issue Limit: \$10,000)

\$1,000 for children 2 weeks to 6 months
(Guaranteed Issue Limit: \$1,000)

Benefits reduce by 35% at age 70, 55% at age 75 and 70% at age 80.

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

Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect Voluntary Life coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). During the annual OE period if your current voluntary life coverage is less than the GI amount, you may add up to 2 increments of coverage without EOI. If the amount requested during OE is more than GI, you will need to provide EOI and be approved by The Hartford before the amount over GI becomes effective.

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



Additional Benefits from The Hartford

Additional Benefits are available **at no-cost** to employees covered under the district-provided Basic Life Insurance.

Ability Assist Counseling Services

We all experience everyday issues like job and relationship pressures, and some of us experience highly impactful issues like grief, loss or disability. That's why The Hartford has partnered with ComPsych to offer their Ability Assist Counseling Services. **The Ability Assist EAP program includes up to 3 face-to-face emotional or work-life counseling sessions per occurrence, per year, to all SVVSD employees who are covered on the district's Basic Life plan.** For access, via phone, call 1-800-964-3577. Your Web ID is: **HLF902** and in the Company Name field, enter **ABILI**.

Because both the district's EAP program and The Hartford's EAP program are operated by ComPsych, you should utilize the district's EAP plan first and then, if you require additional sessions, you should reach out to the Ability Assist folks to inquire about the three additional sessions through their program.

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.

Additional Benefits from The Hartford

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 the U.S.

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.



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.

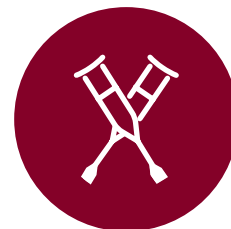
Age Band	Rate/\$10 of Weekly Benefit
<25	\$0.75
25-29	\$0.78
30-34	\$0.62
35-39	\$0.40
40-44	\$0.25
45-49	\$0.25
50-54	\$0.29
55-59	\$0.33
60-64	\$0.34
65+	\$0.39

Because you pay the full premium cost with after-tax dollars, your disability benefit is not treated as taxable income.

This voluntary, employee-paid benefit through The Hartford is available to eligible Certified, Classified and Professional/Technical employees who work 17.5 hours per week or more.

If elected, coverage is automatic for New Hires who enroll in the STD plan during their initial eligibility period. Requesting coverage during a subsequent enrollment period will require submission of EOI and approval by The Hartford.

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.

$\$40,000 / 52 \text{ weeks per year} = \$769.23 \times 60\% =$
 $\$461.54 / 10 = \$46.15 \times \$0.62 = \text{\$28.62 month}$

STD

60% STD replaces of your salary

Up to a maximum of **\$1,500** per week up to 24 weeks

Begins on the **15th day** of disability

Election is **REQUIRED**

Income Protection

Sick Leave Bank

Classified, Professional/Technical, and Certified employees are eligible to participate in one of two voluntary Sick Leave Banks that allow 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 employee 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	Classified, Professional/Technical Employees — Eligibility
Eligible Members: All teachers as 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.	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 60 days of leave from the Sick Leave Bank in a single academic year	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

The following coverages are 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 11% of your monthly gross salary into PERA and the district contributes an amount equivalent to 21.4% 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 for you to save additional amounts towards retirement.

Enrollments or contribution changes can be made at any time. To sign up for PERAPlus, here's how to get started:

- 401(k) Plan (pre-tax or Roth): To enroll, please fill out the Salary Reduction Agreement, which can be found on the district's website on the Financial Resources page under Payroll.
- 457 Plan (pre-tax or Roth): Contact PERA directly to set up a 457 Plan.

Elections can be updated as needed. If you have any questions or need assistance, contact a district payroll technician at payroll@svvdsd.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 offers a wide range of wellness initiatives for our staff including discounted memberships to local health clubs through the Active and Fit program, virtual and 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 website at www.svvsd.org/departments/human-resources/welcome-to-staff-wellness/.

If you are interested in serving as a worksite health advocate contact Connor O'Rourke at the phone number to the right.

Contacts

Connor O'Rourke
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 (EAP)

The stress of work, family issues or simply managing daily life can affect your work, health and family. Guidance Resources, the district's Employee Assistance Program, provides support, resources and information for those personal and work life issues for you and your eligible family members. Licensed counselors can help with the following:



Stress



Marital or family problems



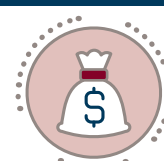
Anxiety and Depression



Substance abuse (alcohol and/or drugs)



Child care issues – including identifying schools, day care, tutors, and more



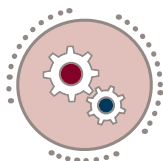
Financial issues



Aging parents



Pet care



Maintenance and repair providers



Community volunteer opportunities

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 **for up to 6 visits per episode.***

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.

*Refer to page 14 to see if you qualify for an additional 3 EAP visits through the Ability Assist Program.

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			
UMR Choice Plus			
Employee Only (EE)	\$51.00	\$253.93	\$456.85
EE + Spouse	\$541.86	\$829.57	\$1,117.27
EE + Child(ren)	\$462.29	\$725.63	\$988.96
EE + Family	\$850.00	\$1,220.75	\$1,591.50
UMR Direct Care			
Employee Only (EE)	\$51.00	\$257.52	\$464.05
EE + Spouse	\$442.67	\$764.57	\$1,086.47
EE + Child(ren)	\$361.93	\$662.55	\$963.17
EE + Family	\$772.10	\$1,161.16	\$1,550.21
Kaiser Permanente			
Employee Only (EE)	\$51.00	\$210.46	\$369.92
EE + Spouse	\$651.40	\$850.19	\$1,048.99
EE + Child(ren)	\$441.47	\$642.80	\$844.14
EE + Family	\$897.42	\$1,139.76	\$1,382.10
Delta Dental of Colorado – Value Plan			
Employee Only (EE)	\$0.00	\$6.24	\$12.49
EE + Spouse	\$28.46	\$34.70	\$40.95
EE + Child(ren)	\$43.69	\$49.93	\$56.18
EE + Family	\$73.89	\$80.13	\$86.38
Delta Dental of Colorado – Classic Plan			
Employee Only (EE)	\$12.89	\$19.13	\$25.38
EE + Spouse	\$56.05	\$62.29	\$68.54
EE + Child(ren)	\$79.13	\$85.37	\$91.62
EE + Family	\$124.95	\$131.19	\$137.44
Vision Services Plan (VSP)			
Employee Only (EE)	\$8.39	\$8.39	\$8.39
EE + Spouse	\$16.82	\$16.82	\$16.82
EE + Child(ren)	\$17.69	\$17.69	\$17.69
EE + Family	\$28.78	\$28.78	\$28.78

Important Contacts

Coverage	Phone	Website
UMR Health Plans		
Medical UMR • Group #76412955	1-844-212-1134	www.umar.com
UMR Health Plan Extras • Nextera Healthcare (Direct Care Plan only) (no-cost primary care services) • Zero Card (no-cost health services) • Hinge Health (no-cost pain relief and musculoskeletal care) • Origin Health (reduced-cost in-home health care)	1-720-724-7500	www.nexterahealthcare.com/svvsd
	1-855-816-0001	www.zero.health
	1- 855-902-2777	hinge.health/svvsd
	1-888-777-2718	https://originhc.com
Pharmacy CVS/Caremark PrudentRx • Group #UMR412955	1-855-297-2178	www.caremark.com
	1-800-578-4403	
Health Reimbursement Account UMR	1-800-826-9781	www.umar.com
Kaiser Permanente Health Plan		
Medical Kaiser Permanente • Group #06238 • Pre-Enrollment Information	1-800-632-9700 1-800-514-0985	www.kp.org
Pharmacy Kaiser Permanente Mail Order • Group #06238	1-866-523-6059	www.kp.org (Kaiser)
Other Plans		
Dental • Group #11566	1-800-610-0201	www.deltadentalco.com
Vision VSP • Group #30009137	1-800-877-7195	www.vsp.com
Flexible Spending Accounts P&A Group	1-800-688-2611	www.padmin.com
Life and AD&D The Hartford • Group #GL677437	1-888-563-1124	www.thehartford.com
Short-Term Disability The Hartford PERA • Group #GRH-677437	1-888-563-1124	www.thehartford.com
	1-800-759-7372	www.copera.org
Pension Plan Public Employees Retirement Association (PERA)	1-800-759-7372	www.copera.org Download the PERA App: copera.org/pera-mobile-app www.guidanceresources.com Company Web ID: SVVSD
Employee Assistance Program (EAP) ComPsych	1-855-699-6908	www.guidanceresources.com Company Web ID: SVVSD
District Contacts		
Benefits		Benefits App: mymobilewalletcard.com/svvsd
• Vicki Mair • Lori Rose Holt (Employees Last Name A-L) • Leticia Tapia (Employees Last Name M-Z)	1-303-682-7341	mair_vicki@svvsd.org
	1-303-682-7337	holt_lori@svvsd.org
	1-303-682-7383	tapia_leticia@svvsd.org
Sick Leave Bank/Leaves of Absence • Becca Ewer	1-303-682-7297	ewer_becca@svvsd.org

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.