

# 2026 New Hire Benefits Guide



# Table of Contents

Welcome.....	2
Eligibility.....	3
Medical .....	5
Using Your HRA.....	10
Dental.....	11
Vision Plan.....	12
Flexible Spending Accounts (FSA) .....	13
Life and Accidental Death & Dismemberment (AD&D) Insurance.....	14
Additional Benefits from The Hartford .....	15
Income Protection.....	17
Planning for Retirement .....	19
Focus on Wellness.....	20
Employee Assistance Program (EAP).....	21
Benefit Costs.....	22
Important Contacts .....	23
Important Notices.....	24

# 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

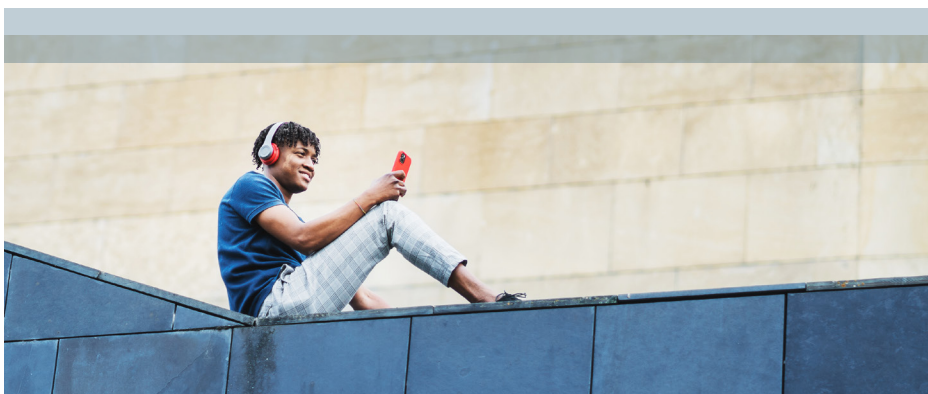
Review this guide to make sure you understand your benefit options. Then login to Infinite Visions (IV) at [iv.svvsd.org](http://iv.svvsd.org) to enroll. Click on Employee Access on the left side of the screen. Then, click on My Benefits, Enrollment. For password help, contact the Help Desk at ext. 57730. 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.

## District Benefits Website

This guide contains summary information only. For complete plan details, exclusions, official plan documents, and legal disclosures, visit the District Medical Benefits Website at [svvsd.org/benefits](http://svvsd.org/benefits).







## Changing Your Benefits

Your new hire benefits elections are generally in-force for the entire calendar year, and you'll get a new opportunity each year during Open Enrollment to change your benefits for the upcoming year. When qualifying events occur in your life, such as marriage, the birth of a child, or a change in other insurance coverage, you may request corresponding changes to your St. Vrain benefits within 31 days (or within 60 days for changes involving Medicare, Medicaid, or CHP+).

Qualifying Life Event	Documentation Needed
<b>You want to enroll yourself and/or a new family member due to birth, adoption, or marriage</b>	Copy of marriage certificate, birth certificate, court adoption or legal placement documentation effective no more than 31 days in the past.
<b>You want to remove a family member due to divorce, legal separation, or death</b>	Copy of divorce or legal separation documents; death certificate
<b>You want to enroll yourself or family due to a loss of other insurance coverage</b>	Copy of a COBRA notice or letter from the employer or insurance carrier showing the name(s) of the insured and end date of coverage no more than 31 days in the past. Note: Voluntary early termination of COBRA coverage is not considered a qualifying life event.
<b>You want to cancel benefits for yourself or family due to a gain of other insurance coverage (through your spouse's employer, Medicare, Medicaid, CHP+)</b>	Benefits enrollment statement or official letter showing the name(s) of the insured and the start date of coverage no more than 31 days in the past.

Note: The following situations are also qualifying events that may affect your benefits eligibility, but will be handled automatically by Human Resources: a change in employment status (termination, retirement, unpaid leave of absence, change in FTE); a child losing eligibility due to reaching age 26, unless mentally or physically disabled. The Benefits Office will notify you when changes in benefits eligibility occur.





# 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 plans 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

## Why Choose Kaiser Permanente?

Visit <https://choose.kp.org/svvsd> to browse the plan and included programs before you enroll.

Before you enroll, get your questions answered by calling KP's enrollment specialists at 1-800-514-0985 (Mon-Fri 8am - 6pm MT)

## Care Options and Locations

[kp.org/getcare](https://kp.org/getcare)

## Get the Most Out of Your Plan

- **Step 1:**  
**Create your online account**  
Once your plan starts on January 1, register for an account on [kp.org](https://kp.org) or in the KP app.
- **Step 2:**  
**Choose a primary care doctor – and change any time**  
Find and select a doctor based on your needs, preferences, and locations. You can change doctors any time you'd like.
- **Step 3:**  
**Get your prescriptions**  
They'll help you move prescriptions from your current pharmacy to Kaiser Permanente. If you need help choosing a doctor, transferring prescriptions or scheduling visits, call KP's New Member Connect Team at 844-639-8657 (TTY 711), Mon-Fri 8am-6pm MT or visit [kp.org/newmember](https://kp.org/newmember)

KP Members Enjoy Free Access to:



The **Kaiser Permanente DHMO Plan** provides a robust and integrated approach to your healthcare needs through more than 1,200 Kaiser Permanente physicians and 22,000 affiliated plan providers at locations across Colorado. This plan is designed to offer **integrated** care to help you achieve and maintain optimal health.

**How the Plan Works:** Kaiser Permanente offers combined care and coverage, which means you receive your care from providers within Kaiser Permanente's integrated network. Your doctor, specialists, and pharmacists have access to your entire medical history through your electronic health record so you never have to repeat your story. Your doctor acts as your health advocate and coordinates your care.

### Convenient Care Options

- 24/7 on-demand virtual care by video or phone
- Visit a doctor, fill prescriptions, and get labs or x-rays done all under one roof at most locations
- Order most prescriptions by mail (no charge for shipping) or get same-day or next-day delivery (a fee and some restrictions apply)
- You're covered for urgent and emergency care anywhere in the world – even at non-KP facilities

### Your Healthcare at Your Fingertips through the KP App

- Receive reminders for screenings, immunizations, and labs
- Schedule appointments, view your medical records, and order prescriptions
- Pay bills and use tools to get cost estimates for care

### Mental Health and Wellness Care

- Schedule an in-person or virtual appointment with a behavioral specialist or our affiliated providers; no referral needed in most cases
- Take advantage of a no-cost annual mental health wellness visit
- Members enjoy free access to mindfulness apps **Headspace** and **Calm** for help with sleep, stress, anxiety, depression, meditation, resilience, and more

### Specialized Benefits

- Reproductive Support Services: Covered services include office visits, lab tests, **IUI, IVF, GIFT, ZIFT**, standard fertility preservation services, and office-administered prescriptions
- Bariatric Surgery
- Gender Affirming Health Services

### Kaiser DHMO Plan – Your Costs At A Glance

Annual Deductible (In-Network)	\$250 Ind./\$500 Family
Annual Out-of-Pocket Maximum	\$5,000 Ind./\$9,000 Family
Primary Care Visit	\$25/visit
Specialist Visit	\$40/visit
Preventive Care/Screenings/Immunizations	No charge
Lab Tests	No charge
Imaging (CT/MRI/PET Scan)	\$100/test
Emergency Room	\$250/visit
Inpatient Hospital Stay	10% after deductible
Generic Drugs	\$15
Preferred-Brand Drugs	\$40
Non-preferred Brand Drugs	\$60
Preventive or Contraceptive Drugs	No charge





The **UMR Direct Care Plan** offers **unlimited, no-cost primary care, same- and next-day appointments, and extended one-on-one time with your physician** when you visit a Nextera Healthcare, now KerixHealth, facility. **Direct Primary Care** provides patients with substantial healthcare savings with decreased urgent care and emergency room visits and a more time with their personal physician.

#### UMR Direct Care Plan — Your Costs At A Glance

<b>Annual Deductible (In-Network)</b>	\$2,500 Ind./\$5,000 Family
<b>Annual Out-of-Pocket Maximum</b>	\$5,000 Ind./\$9,000 Family
<b>Primary Care Visit – Nextera Provider</b>	No charge
<b>Specialist Visit – Nextera Provider</b>	\$30/visit
<b>Preventive Care/Screenings/Immunizations</b>	No charge
<b>Lab Tests</b>	\$50/test
<b>Imaging (CT/MRI/PET Scan)</b>	\$200/test
<b>Emergency Room</b>	\$500/visit
<b>Inpatient Hospital Stay</b>	20% after deductible
<b>Generic Drugs</b>	\$10
<b>Preferred-Brand Drugs</b>	20% (max \$50)
<b>Non-preferred Brand Drugs</b>	25% (max \$75)
<b>Preventive or Contraceptive Drugs</b>	No charge
<b>Prudent Rx Specialty Drugs</b>	No charge

The **UMR Choice Plus with HRA Plan** offers a nationwide network of contracted providers and facilities, plus out-of-network benefits – allowing you the **freedom to choose where you get care**. Although you may seek care from any provider, your costs are lower when you visit a Choice Plus provider or Tier 1 Provider – and \$0 when you visit a ZERO Card provider.

#### Health Reimbursement Account (HRA)

When you enroll in the UMR Choice Plus with HRA Plan, the district contributes \$1,000 per year for individual coverage or \$2,000 per year for family coverage to an HRA. These funds are tax-free to you. It reimburses you automatically for eligible out-of-pocket expenses, such as deductibles and copays, when you use your medical plan. See page 11 of this guide for more details.

#### UMR Choice Plus with HRA Plan — Your Costs At A Glance

<b>Annual Deductible (In-Network)</b>	\$2,500 Ind./\$5,000 Family
<b>Annual Out-of-Pocket Maximum</b>	\$5,000 Ind./\$9,000 Family
<b>Primary Care Visit - UMR Tier 1 Provider</b>	No charge
<b>Specialist Visit - UMR Tier 1 Provider</b>	\$30/visit
<b>Preventive Care/Screenings/Immunizations</b>	No charge
<b>Lab Tests</b>	10% after deductible
<b>Imaging (CT/MRI/PET Scan)</b>	10% after deductible
<b>Emergency Room</b>	10% after deductible
<b>Inpatient Hospital Stay</b>	10% after deductible
<b>Generic Drugs</b>	\$10
<b>Preferred-Brand Drugs</b>	20% (max \$50)
<b>Non-preferred Brand Drugs</b>	25% (max \$75)
<b>Preventive or Contraceptive Drugs</b>	No charge
<b>Prudent Rx Specialty Drugs</b>	No charge

## Why Choose UMR?

### Included Programs to Support Your Health and Budget



Unlimited office visits without copays, greater access and one-on-one time with physicians, after-hours care, and same and next-day appointments. **Included with the UMR Direct Care Plan only.**

[nexterahealthcare.com/svvsd](https://nexterahealthcare.com/svvsd)



X-rays, CT scans, MRIs, surgeries, and hundreds of other services for \$0. That's right – ZERO.

[zero.health](https://zero.health)



Exercise therapy without leaving home. No copays, no office visits.

[hinge.health/svvsd](https://hinge.health/svvsd)



Hospital services that come to you - including labs, radiology studies, and IV therapies - at significantly less than you would pay in a hospital setting.

[originhc.com](https://originhc.com)



Reduce your out-of-pocket cost for specialty medications. **Click here for a list of covered medications or call 1-800-578-4403.**

## **Get the Most From Your UMR Plan**

Our UMR medical plans include programs that are designed to save you money. Know your options so you can get the appropriate care without paying more than you need to.



### Where to go for primary or specialist care

Examples: Family doctor, pediatrics, OB/GYN, cardiologist, dermatologist

Nextera Healthcare UMR Direct Care plan	UMR Tier 1 Providers	UMR Choice Plus Providers
<b>YOU PAY &gt;</b> \$0	\$0 Primary Care/\$30 Specialist	\$30 Primary Care/\$60 Specialist
Primary care visits and preventive visits are free. In many cases, you can even get an after-hours visit to avoid the emergency room or urgent care.	Pay lower copays for primary and specialty care when you visit a Tier 1 Provider.	Choice Plus PPO providers are in-network with your plan, but copays are higher for primary care and specialists visits than if you visit a Tier 1 Provider or Nextera provider.



### Where to go for procedures

Examples: X-rays, labs, imaging, outpatient surgery, physical therapy, and more

ZERO Card	UMR Choice Plus Providers
<b>YOU PAY &gt;</b> \$0	<b>YOU PAY &gt;</b> UMR Direct Care Plan: Applicable copay UMR Choice Plus with HRA: 10% after deductible
Call ZERO before any procedure (MRI, X-ray, surgery, etc.). Your doctor might refer you to a costly provider, but ZERO can redirect you to one that costs \$0.	You're covered for procedures within the UMR Choice Plus network, but applicable copays or coinsurance will apply.



### Where to go for virtual physical therapy



### Lower-cost hospital care

Examples: Infusions, IVs, chemotherapy

Hinge Health	Origin Health
<b>YOU PAY &gt;</b> \$0	<b>YOU PAY &gt;</b> UMR Direct Care Plan cost: \$75 copay UMR Choice Plus with HRA plan cost: 10% after deductible
Joint pain? Try virtual exercise therapy from the convenience of your own home. No appointment necessary. Start with a free online assessment to see if it's right for you.	You can receive many hospital services from the comfort of your own home, all at significantly less than you would pay in a hospital setting.



### In a life- or limb-threatening emergency

**Head to the nearest ER or call 9-1-1**

All emergency rooms are covered at the in-network level. Head to the emergency room closest to you – don't worry about where to go in a true emergency.	<b>YOU PAY &gt;</b> UMR Direct Care Plan: \$500 ER copay, plus 20% coinsurance after deductible for hospital, if admitted UMR Choice Plus with HRA Plan: 10% ER coinsurance after deductible, plus 10% hospital coinsurance after deductible, if admitted.
---------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Medical Plan Comparison	Kaiser DHMO	UMR Choice Plus with HRA			UMR Direct Care		
	Kaiser or Affiliate Providers	Tier 1 Providers	Choice Plus Providers	Out-of- Network	Nextera or Tier 1 Providers	Choice Plus Providers	Out-of- Network
Calendar Year Deductible							
Individual/Family	\$250/\$500	\$2,500/\$5,000		\$5,000/ \$10,000	\$2,500/\$5,000		\$5,000/ \$10,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)							
Individual/Family	\$5,000/\$9,000	\$5,000/\$9,000		\$10,000/ \$18,000	\$5,000/\$9,000		\$10,000/ \$18,000
You Pay							
Coinsurance or Copays							
Preventive Care	\$0	\$0		50%*	\$0		50%*
Office Visits (PCP/SCP)	\$25/\$40	\$0/\$30	10%*	50%*	\$0/\$30	\$30/\$60	50%*
Mental Health Outpatient and Substance Abuse Services (Physician's Office)	\$25	\$0		10%*	\$0		\$30
Physical, Speech & Occupational Therapy	\$25	10%*		50%*	\$30		50%*
Chiropractic	N/A	10%*		50%*	\$30		50%*
Fertility Services	10%* (diagnosis and treatment)	10%* (diagnosis only)		Not covered	20%* (diagnosis only)		Not covered
Bariatric Surgery	50%*	Not covered		Not covered	Not covered		Not covered
Labs	\$0	10%*		50%*	\$50		50%*
X-Rays	10%*	10%*		50%*	\$50		50%*
MRI, CAT, PET & Nuclear Medicine	\$100	10%*		50%*	\$200		50%*
Durable Medical Equipment	10%*	10%*		50%*	20%*		50%*
Hospital Services	10%*	10%*		50%*	20%*		50%*
Urgent Care	\$50	10%*		10%*	\$75		50%*
Emergency Room	\$250	10%*		10%*	\$500		\$500
Pharmacy - 30 Day Supply **							
Preventive	\$0	\$0		\$0	\$0		\$0
Generic Drugs	\$15	\$10		Not covered	\$10		Not covered
Brand-Name Drugs, Preferred	\$40	20% (max. \$50)			20% (max. \$50)		
Brand-Name Drugs, Non-Preferred	\$60	25% (max. \$75)			25% (max. \$75)		
Specialty	20% (max. \$250)	\$0 through PrudentRx program; 30% through CVS			\$0 through PrudentRx program; 30% through CVS		

\* After deductible

\*\* Review drug listings at: [mymobilewalletcard.com/svvsd](http://mymobilewalletcard.com/svvsd)

## Find Providers

Kaiser Colorado Network	UMR Tier 1 Network (Lowest-Cost Providers)	UMR Choice Plus Network	Nextera Healthcare, now KerixHealth (Lowest-Cost Providers)
<ul style="list-style-type: none"> <li>Visit <a href="http://kp.org/getcare">kp.org/getcare</a></li> <li>Click on "Colorado"</li> <li>Browse care options and look up locations</li> </ul>	<ul style="list-style-type: none"> <li>Visit <a href="http://umr.com/find-a-provider">umr.com/find-a-provider</a></li> <li>From the alphabetized list, select the "UnitedHealthcare Choice Plus with Premium Tiered Benefits Network"</li> <li>Select "View Providers"</li> <li>Look for the blue Tier 1 dot next to a provider's name</li> </ul>	<ul style="list-style-type: none"> <li>Visit <a href="http://umr.com/find-a-provider">umr.com/find-a-provider</a></li> <li>From the alphabetized list, select the "UnitedHealthcare Choice Plus Network"</li> <li>Select "View Providers"</li> </ul>	<ul style="list-style-type: none"> <li>Call 303-724-7500 or email <a href="mailto:getcare@kerixhealth.com">getcare@kerixhealth.com</a></li> <li>Same or next day appointments available with the UMR Direct Care Plan</li> </ul>

# Using Your HRA (Choice Plus Plan Only)

The Health Reimbursement Account (HRA) is an employer-provided reimbursement account designed to help you pay your annual deductible or copays. The district funds this account with \$1,000 for employee-only coverage or \$2,000 for employee-plus-dependents when you enroll in the UMR Choice Plus with HRA medical plan.

## How Reimbursement Works

When you have an eligible medical expense, the claim is usually submitted directly by your health plan. Once the expense is processed and applied to your deductible or copay, eligible amounts are automatically reimbursed from your HRA — no extra paperwork required. Reimbursements are typically made directly to your provider, reducing your out-of-pocket cost, but may also be paid to you if you've already covered the expense.

**Example:** If you see a doctor and owe \$100 toward your deductible, your doctor will bill the insurance plan. After processing, the plan applies the charge to your deductible, and the \$100 is reimbursed from your HRA, lowering or eliminating the cost billed to you.

## Balance Rollover

If you don't use the full allocation, a portion may carry over into the next year.

UMR Choice Plus Medical Coverage Level	Annual HRA Contribution	Maximum Rollover Amount	Maximum Balance
Employee-Only	\$1,000	\$1,500	\$2,500
Employee + Dependents	\$2,000	\$3,000	\$5,000

For detailed information, refer to the HRA Summary Plan Description on [svvsd.org/benefits](https://svvsd.org/benefits).







# 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 <sup>1</sup> , Space Maintainers <sup>1</sup> , Sealants <sup>1</sup>	\$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  
<sup>1</sup> Subject to age limits



# Vision Plan

VSP Vision Plan		
	VSP CHOICE NETWORK	NON-PARTICIPATING PROVIDER
	You Pay	Reimbursement
<b>Cost</b>		
<b>Exam</b>	\$10 copay	Up to \$45
<b>Covered Services – Lenses</b>		
<b>Single Lenses</b>	\$10 copay	Up to \$30
<b>Bifocals</b>	\$10 copay	Up to \$50
<b>Trifocals</b>	\$10 copay	Up to \$65
<b>Frames</b>	Balance over \$180 allowance (\$200 for featured frame brands); 20% discount on amounts that exceed allowance	Up to \$70
<b>Covered Services – Contacts in lieu of Frames/Lenses</b>		
<b>Contacts – Elective</b>	Balance over \$180 allowance	Up to \$105
<b>Benefit Frequency</b>		
<b>Exams</b>	Once every calendar year	Once every calendar year
<b>Lenses</b>	Once every calendar year	Once every calendar year
<b>Frames</b>	Once every calendar year	Once every calendar year
<b>Contacts</b>	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.

Vision ID Cards are not provided. Simply mention to your eye doctor that you have VSP insurance and they will look up your coverage by your Social Security number.



# 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

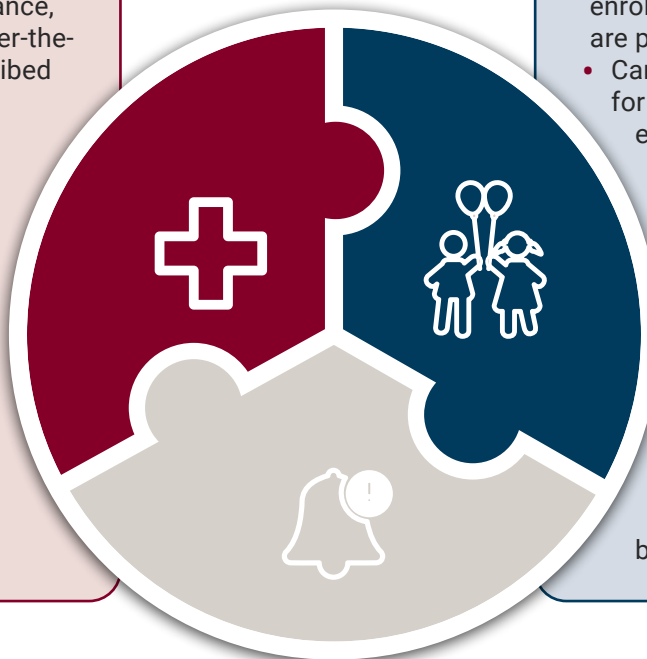
Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. **You cannot use your Health Care FSA to pay for Dependent Care expenses.**

### Health Care FSA

- Contribute up to \$3,400 in 2026, 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.

### Dependent Care FSA

- Contribute up to \$7,500 per year, pre-tax, or \$3,750 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.



# 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

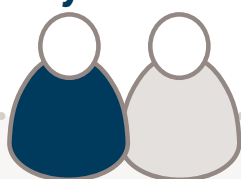
Provided at no cost to regular status employees who work at least 10 hours per week  
**\$40,000 Employee (APT coverage is \$150,000)**

## Voluntary Life Insurance



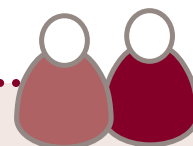
### For You

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 (as of January 1, 2026). For Spouse Voluntary Life, use the employee's age-banded rate as of January 1, 2026.

### EXAMPLE:

**43 year old wanting \$50,000 of life insurance.**  
 $\$50,000/1,000 = 50 \times \$0.108 = \$5.40$  per 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](http://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](https://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)

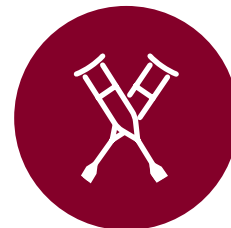
Pregnancy, a scheduled surgery or an unplanned illness or injury could keep you off the job and without income for an extended period of time. STD can protect part of your paycheck should you become disabled.

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.

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.

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

## STD

STD replaces **60%** of your salary; benefits are tax-free

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
<p><b>Eligible Members:</b> All teachers as defined in Article 1.1 in the Agreement, exclusive of foreign exchange teachers</p> <ul style="list-style-type: none"><li>• You are a member of the Sick Leave Bank</li><li>• You have provided HR with a doctor’s note identifying the illness/injury and expected recovery time through the Leave of Absence process</li><li>• You have exhausted all paid leave</li><li>• You have completed 15 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)</li><li>• Your request is made no later than 30 calendar days after you return to work.</li></ul>	<p><b>Eligible Members:</b> All benefits-eligible Classified and Professional/Technical employees who work at least 17.5 hours per week</p> <ul style="list-style-type: none"><li>• 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</li><li>• You are on a Leave of Absence approved by Human Resources</li><li>• You have exhausted all paid leave</li><li>• You have completed 10 days of unpaid leave</li><li>• Your request is made no later than 30 calendar days after you return to work.</li></ul>
<p><b>Benefit:</b> Members may be granted up to 60 days of leave from the Sick Leave Bank in a single academic year</p>	<p><b>Benefit:</b> Members may be granted up to 50 days of leave from the Sick Leave Bank in a single academic year</p>

## 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](http://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](mailto: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 [svvsd.org/wellness](https://svvsd.org/wellness).

If you are interested in serving as a worksite health advocate contact Chara Worthington at the phone number to the right.

### Contacts

**Chara Worthington**  
Wellness Technician  
303-702-7921

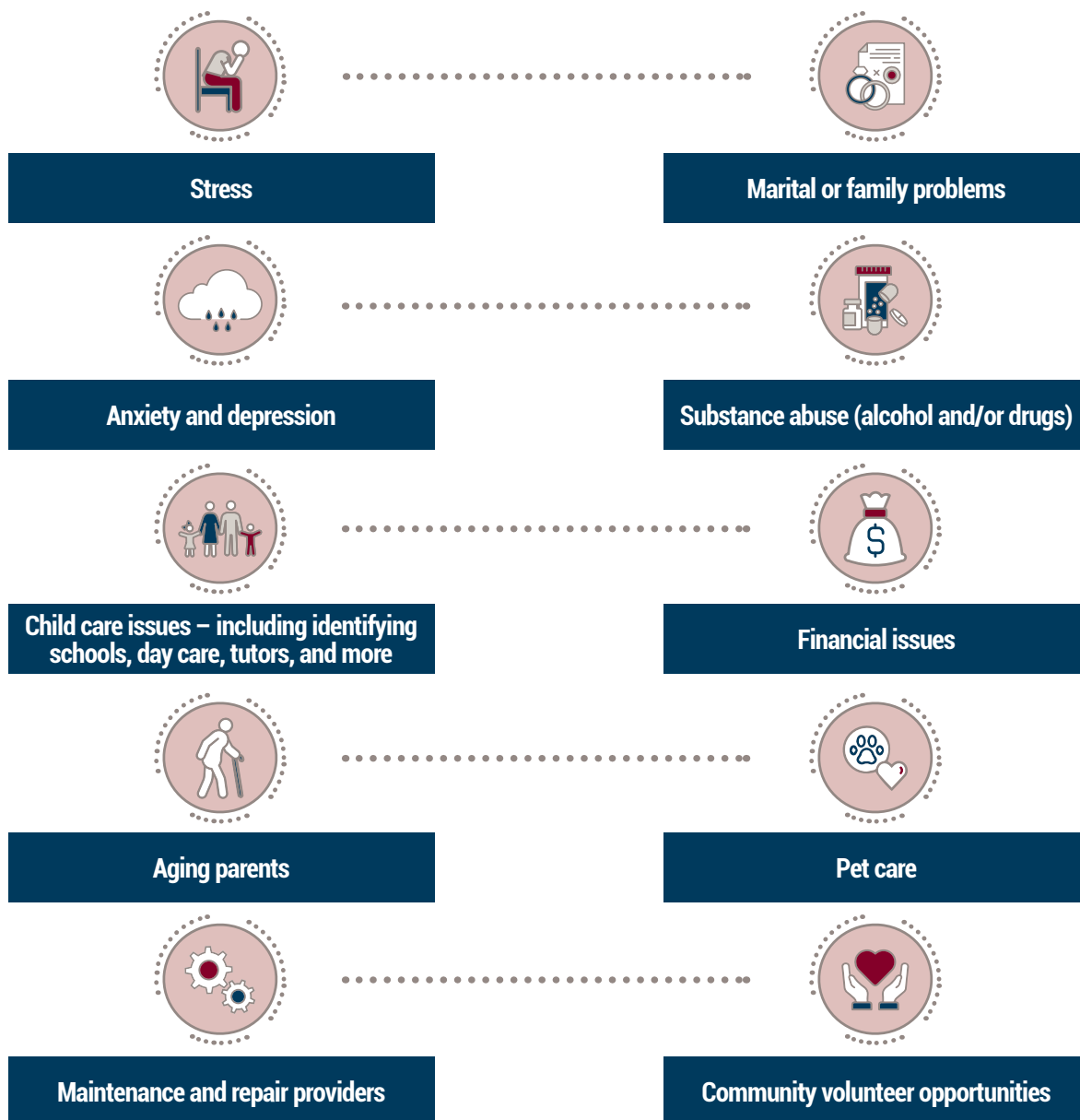
**Dana Ballare-Davidson**  
Nurse Health Coach  
720-318-6950

**Jerri Mason**  
Nurse Health Coach  
303-702-7912

**Lori Hartmann**  
Health Coach  
(Kaiser Permanente members)  
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:



**Call: 855-699-6908, 24 hours/day, 7 days/week, [www.guidanceresources.com](http://www.guidanceresources.com), Company Web ID: SVVSD**

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 16 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.

	100%	75%	50%
CERTIFIED	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			
<b>Kaiser DHMO</b>			
Employee Only	\$51.00	\$229.41	\$407.82
EE + Spouse	\$616.40	\$863.74	\$1,111.07
EE + Child(ren)	\$394.47	\$641.85	\$889.24
EE + Family	\$825.42	\$1,137.11	\$1,448.80
<b>UMR Direct Care</b>			
Employee Only	\$55.08	\$288.44	\$521.82
EE + Spouse	\$482.51	\$846.26	\$1,210.00
EE + Child(ren)	\$394.50	\$734.21	\$1,073.91
EE + Family	\$826.15	\$1,265.78	\$1,705.42
<b>UMR Choice Plus w/ HRA</b>			
Employee Only	\$55.08	\$304.39	\$553.71
EE + Spouse	\$585.21	\$950.34	\$1,315.46
EE + Child(ren)	\$494.65	\$832.24	\$1,169.82
EE + Family	\$909.50	\$1,368.47	\$1,827.44
<b>Delta Dental of Colorado – Value Plan</b>			
Employee Only	\$0.00	\$6.56	\$13.12
EE + Spouse	\$29.88	\$36.44	\$43.00
EE + Child(ren)	\$45.87	\$52.43	\$58.99
EE + Family	\$77.58	\$84.14	\$90.70
<b>Delta Dental of Colorado – Classic Plan</b>			
Employee Only	\$13.53	\$20.09	\$26.65
EE + Spouse	\$58.85	\$65.41	\$71.97
EE + Child(ren)	\$83.09	\$89.65	\$96.21
EE + Family	\$131.20	\$137.76	\$144.32
<b>Vision Services Plan (VSP)</b>			
Employee Only	\$8.79	\$8.79	\$8.79
EE + Spouse	\$17.62	\$17.62	\$17.62
EE + Child(ren)	\$18.53	\$18.53	\$18.53
EE + Family	\$30.15	\$30.15	\$30.15

# Important Contacts

Coverage	Phone	Website
<b>UMR Health Plans</b>		
<b>Medical</b> UMR • Group #76412955	844-212-1134	<a href="http://www.umar.com">www.umar.com</a>
<b>UMR Health Plan Extras</b> • Nextera Healthcare, a KerixHealth Company • Zero Card (no-cost health services) • Hinge Health (no-cost pain relief and musculoskeletal care) • Origin Health (reduced-cost in-home health care)	720-724-7500 855-816-0001 855-902-2777 888-777-2718	<a href="http://www.nexterahealthcare.com/svvsd">www.nexterahealthcare.com/svvsd</a> <a href="http://www.zero.health">www.zero.health</a> <a href="http://hinge.health/svvsd">hinge.health/svvsd</a> <a href="http://www.originhc.com">www.originhc.com</a>
<b>Pharmacy</b> CVS/Caremark Group #UMR412955 PrudentRx	855-297-2178 800-578-4403	<a href="http://www.caremark.com">www.caremark.com</a>
<b>Health Reimbursement Account</b> UMR	844-212-1134	<a href="http://www.umar.com">www.umar.com</a>
<b>Kaiser Permanente Health Plan</b>		
<b>Medical</b> Kaiser Permanente • Group #06238 • Pre-Enrollment Information	800-632-9700 800-514-0985	<a href="http://www.kp.org">www.kp.org</a>
<b>Pharmacy</b> Kaiser Permanente Mail Order • Group #06238	866-523-6059	<a href="http://www.kp.org">www.kp.org</a>
<b>Other Plans</b>		
<b>Dental</b> • Group #11566	800-610-0201	<a href="http://www.deltadentalco.com">www.deltadentalco.com</a>
<b>Vision</b> VSP • Group #30009137	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Flexible Spending Accounts</b> P&A Group	800-688-2611	<a href="http://www.padmin.com">www.padmin.com</a>
<b>Life and AD&amp;D</b> The Hartford • Group #GL677437	888-563-1124	<a href="http://www.thehartford.com">www.thehartford.com</a>
<b>Short-Term Disability</b> The Hartford PERA • Group #GRH-677437	888-563-1124 800-759-7372	<a href="http://www.thehartford.com">www.thehartford.com</a> <a href="http://www.copera.org">www.copera.org</a>
<b>Pension Plan</b> Public Employees Retirement Association (PERA)	800-759-7372	<a href="http://www.copera.org">www.copera.org</a> Download the PERA App: <a href="http://copera.org/pera-mobile-app">copera.org/pera-mobile-app</a>
<b>Employee Assistance Program (EAP)</b> ComPsych	855-699-6908	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> Company Web ID: SVVSD
<b>District Contacts</b>		
<b>Benefits</b> • Kristina De Ezpeleta, Benefits Manager • Lori Rose Holt, Benefits Technician (Employees Last Name A-L) • Leticia Tapia, Benefits Technician (Employees Last Name M-Z) • Chara Worthington, Wellness Technician	303-682-7341 303-682-7337 303-682-7383 303-702-7921	Benefits App: <a href="http://mymobilewalletcard.com/svvsd">mymobilewalletcard.com/svvsd</a> <a href="mailto:deezpeleta_kristina@svvsd.org">deezpeleta_kristina@svvsd.org</a> <a href="mailto:holt_lori@svvsd.org">holt_lori@svvsd.org</a> <a href="mailto:tapia_leticia@svvsd.org">tapia_leticia@svvsd.org</a> <a href="mailto:worthington_chara@svvsd.org">worthington_chara@svvsd.org</a>
<b>Sick Leave Bank/Leaves of Absence</b> Becca Ewer	303-682-7297	<a href="mailto:ewer_rebecca@svvsd.org">ewer_rebecca@svvsd.org</a>

# Important Notices

## HIPAA Privacy and Security Notice

The Health Insurance Portability and Accountability Act of 1996 deals, in part, with ensuring that protected health information which identifies you is kept private. You have the right to inspect and obtain a copy of certain protected health information maintained by St. Vrain Valley School District (the “Plan”). Also, if you believe the protected health information the Plan has about you is incorrect or incomplete, you have the right to request that the information be amended. The Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information will be used or maintained by the Plan. This Notice of Privacy Practices is available to you. If you would like a copy of the Notice of Privacy Practices, you may view and print them from the SVVSD Medical Benefits Website or request a free copy from the Benefits Manager at [deezpeleta\\_kristina@svvsd.org](mailto:deezpeleta_kristina@svvsd.org).

## Notice of HIPAA Special Enrollment Rights

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

However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children’s Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or

- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

For these enrollment opportunities, you will have 60 days – instead of 31 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the St. Vrain Valley School District group health plan. Note that this new 60-day extension doesn’t apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

To request special enrollment or obtain more information, contact:

- Kristina De Ezpeleta, Benefits Manager  
(303) 682-7341
- Lori Holt, Benefits Technician  
(employee last names A-L)  
(303) 682-7337
- Leticia Tapia, Benefits Technician  
(employee last names M-Z)  
(303) 682-7383

## General Notice of COBRA Continuation Coverage Rights

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 St. Vrain Valley School District health plan, when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the St. Vrain Valley School District plan and under federal law, refer to the St. Vrain Valley Schools “General Notice of Continuation Coverage Rights Under COBRA”, available at [svvsd.org/benefits](http://svvsd.org/benefits). You may also contact the Benefits Manager at [deezpeleta\\_kristina@svvsd.org](mailto:deezpeleta_kristina@svvsd.org) to request a free copy of this notice.



## Women's Health and Cancer Rights Act Notice

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 In-Network deductibles and coinsurance apply:

- UMR Choice Plus HRA Plan
  - Deductible (Individual/Family): \$2,500/\$5,000
  - Coinsurance: 10% after deductible
- UMR Direct Care Plan
  - Deductible (Individual/Family): \$2,500/\$5,000
  - Coinsurance: 20% after deductible
- Kaiser Permanente Deductible HMO Plan
  - Deductible (Individual/Family): \$250/\$500
  - Coinsurance: 10% after deductible

If you would like more information on WHCRA benefits, contact the Benefits Manager at [deezpeleta\\_kristina@svvsd.org](mailto:deezpeleta_kristina@svvsd.org).

## Notice Regarding Wellness Program

The St. Vrain Valley School District wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and, perhaps, whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric health screening, which will include a blood test measuring total cholesterol, HDL cholesterol, total cholesterol/HDL ratio, glucose as well as height, weight and waist circumference. You are not required to complete the HRA or to participate in the blood test or other medical examinations. However, employees who choose to participate in the wellness program will receive an incentive of up to \$40 for participating in the biometric health screening. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive. If you are unable to participate, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Interactive Health.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the district's wellness and disease management programs, as well as free health coaching and participation in other district-sponsored activities and programs. You are also encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the St. Vrain Valley School District may use aggregate information it collects to design a program based on identified health risks in the workplace, the St. Vrain Valley School District wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is Interactive Health (the district's biometric health screening partner), UMR or Kaiser Permanente (the district's employee health insurance plans) for the purpose of offering disease management programming or the district health coach if you opt to participate in the voluntary health coaching program in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Benefits Manager at [deezpeleta\\_kristina@svvsd.org](mailto:deezpeleta_kristina@svvsd.org).

## Medicare Part D Notice

This notice has information about your current prescription drug coverage with St. Vrain Valley School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not 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 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. St. Vrain Valley School District has determined that the prescription drug coverage offered by the St. Vrain Valley School District medical plans (UMR Choice Plus HRA plan, UMR Direct Care plan and the Kaiser Permanente DHMO plan) are, 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 annually from October 15th – 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 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 enroll in a Medicare prescription drug plan, your current UMR or Kaiser Permanente coverage will not be affected. In this case, the St. Vrain Valley School District plan will continue to pay primary or secondary as it did before you enrolled in a Medicare prescription drug plan. If you do decide to join a Medicare drug plan and drop your St. Vrain Valley School District coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the St. Vrain Valley School District plan.

## When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should know that if you drop or lose coverage with St. Vrain Valley School District and you 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 Part D premium may go up at least 1% of the Medicare base premium per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium may consistently be at least 19% higher than what most other people pay for 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 enroll in Part D.

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 annually before the next period you can join a Medicare drug plan and if this coverage through St. Vrain Valley School District changes. You may also 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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

If you have limited income and resources, extra help paying for a Medicare prescription drug coverage is available. For more information about this extra help, visit the Social Security website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to enroll in a Medicare prescription drug plan, you may need 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). For more information about this notice or your prescription drug coverage, contact:**

Kristina De Ezpeleta, Benefits Manager  
St. Vrain Valley School District  
395 S. Pratt Parkway  
Longmont, CO 80501  
303-682-7341





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.