Make your benefits a priority.

TO DO LIST:

- Take Spike to the groomer
- Pick up dry cleaning
- ENROLL FOR BENEFITS!
- Dental Appointment - Weds.

2020–21 Employee Benefits Guide

Dedicated to Excellence
Cherry Creek Schools
Our Benefits Philosophy

The health and well-being of Cherry Creek School District’s employee community is critical to our mission to help students to think, learn, achieve, and care.

Therefore, providing the highest quality benefits for as many employees as possible is a top priority.

What’s New?

We know that you want to have options. That is why we have simplified our benefits while maintaining choice and expanding our offerings.

And for the first time, Cherry Creek Schools will be contributing to employee health savings accounts for those who enroll in the high deductible plan and are HSA-eligible (see page 6).

We hope these enhancements and the others described in this guide will help you build financial and physical resilience for the exciting days and years ahead.

As part of your total compensation, Cherry Creek School District provides a full range of benefits to address your needs now and in the future. Basic Life, Accidental Death & Dismemberment, and Long-Term Disability Insurance are provided to eligible employees at no cost.

Snapshot of your 2020–21 Benefits:

› Medical Insurance
› Prescription Drug Benefits
› Health Savings Account (HSA)
› Dental Insurance
› Vision Insurance
› Critical Illness Insurance
› Accident Insurance
› Medical Flexible Spending Account (FSA)
› Dependent Care Flexible Spending Account (FSA)
› Life/Accidental Death & Dismemberment (AD&D) Insurance
› Supplemental Life Insurance
› Supplemental AD&D Insurance
› Long-Term Disability Insurance
› Employee Assistance Program
Eligibility

You are eligible for benefits if you are a regular employee working 50% of a full-time contract in an eligible group.

If you are a new hire in an eligible group, your benefits take effect the first of the month after your first 30 days of continuous employment.

You may also enroll eligible dependents, including:

- Your legal spouse, common law spouse, or civil union spouse. Proof of marriage or a signed common law affidavit must be provided.

- Your dependent children up to age 26. Children may include biological, legally adopted, step-children, and children for whom you have “permanent” court-appointed legal guardianship. With the exception of legal guardianship, dependent children do not have to reside in the household of the subscriber/employee. Proof of relationship (legal adoption papers, legal custody papers, etc.) is required by Cherry Creek School District when enrolling a new dependent. Foster children may not be enrolled.

- Unmarried children who are 26 years of age or older and incapable of self-support because of mental incompetence or severe physical handicap as certified by a physician and by the insurance carriers.

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

NOTE: The summaries in this guide are not legally binding, do not constitute a contract, and do not alter any original plan documents. This statement is intended to summarize the benefits offered from Cherry Creek School District. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. For additional information, please contact the Benefits Office.

When to Enroll

Annual Open Enrollment is held every spring. During this period, you can enroll in new benefits, add or drop dependents from coverage, and determine FSA and HSA contributions.

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

Two Ways to Enroll

By Phone – Call the Enrollment Center at to speak with a Benefits Counselor who will explain your options, answer your questions, and take your elections over the phone.

During Annual Open Enrollment – 1-800-960-7659, 8 a.m. – 5 p.m. (MST), Monday – Friday

Outside of Open Enrollment – 1-855-720-9918, 7 a.m. – 4 p.m. (MST), Monday – Friday

Online – Click on www.benefitsgo.com/cherrycreekschools. You will be asked to provide your employee ID number, home zip code, and your work email address. Then, log in and follow the prompts to complete your enrollment.
Cherry Creek School District offers two comprehensive medical plans through Kaiser Permanente: a Deductible HMO (DHMO) and a High Deductible Health Plan (HDHP) with health savings account. Employees who enroll in the HDHP may be eligible for health savings account contributions from the District. Visit the Backyard Benefits page for a Summary of Benefits and Coverage for each Kaiser health plan.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DMHO 2500</th>
<th>HDHP 6000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Annual Deductible (Individual/Family)</td>
<td>$2,500 / $5,000</td>
<td>$6,000 / $12,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (Individual/Family)</td>
<td>$4,500 / $9,000</td>
<td>$6,000 / $12,000</td>
</tr>
<tr>
<td>Annual District HSA funding FT (Individual/Family)</td>
<td>N/A</td>
<td>$3,000 / $6,000</td>
</tr>
<tr>
<td></td>
<td>PT (Individual/Family)</td>
<td>$1,500 / $3,000</td>
</tr>
<tr>
<td>Annual District HSA funding PT (Individual/Family)</td>
<td>N/A</td>
<td>$3,000 / $6,000</td>
</tr>
<tr>
<td>Effective Out of Pocket Maximum FT (Individual/Family)</td>
<td>N/A</td>
<td>$4,500 / $9,000</td>
</tr>
<tr>
<td></td>
<td>PT (Individual/Family)</td>
<td></td>
</tr>
<tr>
<td>Preventive Care, Routine Physical, Annual OB-GYN Visit/PAP, Mammogram/Prostate Screening, Immunizations</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>Office visit: $20 copay; 20% coinsurance for other covered services received during a visit; Telehealth (Video, Chat or phone) – No charge; 24 hr Nurseline – No charge</td>
<td>Office visit: No charge* Telehealth (Video, Chat or phone) – No charge* 24 hr Nurseline – No charge</td>
</tr>
<tr>
<td>Specialist</td>
<td>Office visit: $40 copay; 20% coinsurance for other covered services received during a visit; Telehealth (Video, Chat or phone) – No charge; 24 hr Nurseline – No charge</td>
<td>No charge* Telehealth (Video, Chat or phone) – No charge* 24 hr Nurseline – No charge</td>
</tr>
<tr>
<td>Hospital Services</td>
<td>20% coinsurance*</td>
<td>No charge*</td>
</tr>
<tr>
<td>ER Services</td>
<td>20% coinsurance*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Inpatient Hospital Room and Board</td>
<td>20% coinsurance*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Inpatient Surgery/Anesthesia</td>
<td>20% coinsurance*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>Ambulatory surgical center: $500 copay; Outpatient hospital: 20% coinsurance</td>
<td>No charge*</td>
</tr>
<tr>
<td>X-Ray/Lab Tests</td>
<td>X-ray: 20% coinsurance*; Lab: No charge</td>
<td>No charge*</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$40 copay; 20% coinsurance for covered services received during a visit</td>
<td>No charge*</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>20% coinsurance*</td>
<td>No charge*</td>
</tr>
</tbody>
</table>

**Mental Health Services and Substance Abuse Services**

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DMHO 2500</th>
<th>HDHP 6000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Inpatient</td>
<td>20% coinsurance*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Office visit: $20 copay; 20% coinsurance for other covered services received during a visit; Telehealth (Video, Chat or phone) – No charge; 24 hr Nurseline – No charge</td>
<td>Office visit: No charge* Telehealth (Video, Chat or phone) – No charge* 24 hr Nurseline – No charge</td>
</tr>
</tbody>
</table>

*after deductible is met*
## Prescription

### Paying for your Medications

If you are on the **Deductible HMO**, you will pay copays for your prescription drugs.

If you are on the **High Deductible Health Plan (HDHP)**, you will pay the full cost of the drug using your Health Savings Account until you meet the deductible, after which you will pay $0.

**Talk to your doctor about generics!** Generic medications have the same active ingredients as name brand medications and can really help stretch your dollars.

<table>
<thead>
<tr>
<th></th>
<th>DMHO 2500</th>
<th>HDHP 6000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td><strong>Generic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$10</td>
<td>No charge*</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Not covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialty</strong></td>
<td>20% coinsurance up to $250 per drug dispensed</td>
<td>No charge*</td>
</tr>
</tbody>
</table>

*after deductible is met

A list of commonly prescribed medications and their full cost can be found on the Backyard Benefits page.
NEW this year! Cherry Creek Schools will contribute $3,000 per year ($250 per month) for employee-only and $6,000 per year ($500 per month) for families* who enroll in the HDHP and are eligible to establish an HSA.

This funding cuts your deductible and out-of-pocket maximum in half!

A health savings account is a medical savings account that helps you pay for current and future health care expenses. They are **triple tax-protected**, unused funds **roll forward** from year to year, and the money **always belongs to you** – even if you leave the District.

**HSA Eligibility**

You can have a health savings account **unless** you:

› Are enrolled in TriCare, Medicare, Medicaid
› Have received Veteran’s Benefits within the prior 3 months
› Are enrolled in a plan that is not a qualified high deductible plan
› Have a medical FSA or if your spouse has a medical FSA
› Are covered by another medical plan

*Part-time employees will receive $1,500 year / $125 per month employee only, or $3,000 per year / $250 per month family.

<table>
<thead>
<tr>
<th></th>
<th>2020 IRS Contribution Limit</th>
<th>Cherry Creek Schools' Annual Contribution (FT/PT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Coverage</td>
<td>$3,550</td>
<td>$3,000/$1,500</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$7,100</td>
<td>$6,000/$3,000</td>
</tr>
<tr>
<td>55+ Catch-up Contribution</td>
<td>$1,000</td>
<td>--</td>
</tr>
</tbody>
</table>
## Dental

Cherry Creek Schools offers two dental insurance plans through Delta Dental of Colorado. Register as a member at [www.deltadentalco.com](http://www.deltadentalco.com) to view your claims and other benefit information. You can also print an ID card from the site.

<table>
<thead>
<tr>
<th></th>
<th>PPO (Preferred Option)</th>
<th>EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Selection</strong></td>
<td><strong>PPO Dentist</strong></td>
<td><strong>Premier and Non-Participating</strong></td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>None</td>
<td>$50 per plan year; limit 3 per family; deductible applies to all services</td>
</tr>
<tr>
<td><strong>Annual Benefit Maximum</strong></td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Orthodontic Lifetime Maximum</strong></td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>Exams, Cleanings, X-rays</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>Fillings, Root Canal Therapy, Oral Surgery</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>Extractions, Crowns, Bridgework, Dentures</td>
<td>50% (implants included)</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td>(Dependent children under age 19)</td>
<td>50%; no adult orthodontia</td>
</tr>
</tbody>
</table>

## Vision

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

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>In-Network (Choice Network)</th>
<th>Out-of-Network (any qualified non-network provider of your choice)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Examination</strong></td>
<td>Once every 12 months</td>
<td>$15 copay</td>
<td>Up to $45</td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polycarbonate lenses for children</td>
<td>Once every 12 months</td>
<td>$15 materials copay</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Single Vision Lenses</strong></td>
<td>Once every 12 months</td>
<td>$15 materials copay</td>
<td>Single Vision - Up to $30</td>
</tr>
<tr>
<td><strong>Lined Bifocal Lenses</strong></td>
<td>Once every 12 months</td>
<td>$15 materials copay</td>
<td>Lined Bifocal - Up to $50</td>
</tr>
<tr>
<td><strong>Lined Trifocal Lenses</strong></td>
<td>Once every 12 months</td>
<td>$15 materials copay</td>
<td>Lined Trifocals - Up to $65</td>
</tr>
<tr>
<td><strong>Progressive Lenses</strong></td>
<td>Once every 12 months</td>
<td>Standard - $0 Premium - $95 – $105 Custom - $150 – $175</td>
<td>Standard - Up to $50 Premium - Up to $50 Custom - Up to $50</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>Once every 24 months</td>
<td>$150 allowance $80 allowance at Costco 20% off amount over allowance</td>
<td>Up to $70</td>
</tr>
<tr>
<td><strong>Contact Exam - Fitting, Evaluation</strong></td>
<td>Once every 12 months</td>
<td>Up to $60 copay</td>
<td>Up to $60 copay</td>
</tr>
<tr>
<td><strong>Contact Lenses - If you elect contacts instead of lenses/frames</strong></td>
<td>Once every 12 months</td>
<td>$150 allowance; materials copay does not apply</td>
<td>Up to $105</td>
</tr>
</tbody>
</table>
New this year, employees have the opportunity to enroll in Critical Illness and/or Accident Insurance. Premiums for these coverages are paid 100% by the employee. You may add your dependents to these plans even if they are not covered under your medical, dental, or vision plans.

**Critical Illness Insurance**

Critical Illness Insurance pays a lump-sum benefit directly to you in the event you or a covered family member are diagnosed with a covered condition. You can use this benefit any way you choose, to help pay for deductibles and coinsurance, or simply to replace lost earnings from being out of work.

The benefit amount is based on the coverage level you elect — you choose the benefit amount ($10,000, $20,000 or $30,000) when you enroll. You do not have to be terminally ill to receive benefits.

**Examples of Covered Illnesses**

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

**Accident Insurance**

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

**Covered injuries and accident-related expenses include:**

- Injury Treatment
- Physical Therapy
- Hospitalization
- Transportation
- Emergency Room Treatment
- Lodging For Family

**Critical Illness & Accident Plan Features**

<table>
<thead>
<tr>
<th>GUARANTEED ACCEPTANCE</th>
<th>FAMILY COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no health questions or physical exams required.</td>
<td>Coverage options are available for your spouse and children as riders to your coverage.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WELLNESS BENEFIT RIDER</th>
</tr>
</thead>
</table>
| Provides an annual benefit if you or your covered dependents complete a covered health screening such as a mammogram, chest x-ray, or colonoscopy.  
Employee - $50 annually, Spouse - $50 annually, Children - $25 annually (annual maximum of $100 for all children) |

Your Benefits Counselor can help you calculate the cost of these benefits.

*The coverage pays 25% of the face amount of the policy once per lifetime for Coronary Artery Bypass Surgery and Alzheimer’s Disease.

*The policy/certificate of coverage or its provisions, as well as covered illnesses, may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.*
Flexible Spending Accounts enable you to put aside money for certain medical expenses or dependent care expenses and help you reduce your income taxes at the same time. Cherry Creek School District offers two types of FSAs — a Medical Health Care FSA and a Dependent Care FSA. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent care expenses. Please note: These accounts are separate — you may choose to participate in one, both, or neither. You cannot use money from the Medical Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

How Flexible Spending Accounts Work

1. Determine the dollar amount you would like to set aside for your medical and / or dependent care FSA, keeping in mind the annual maximums listed below.

2. Each month, 1/12 of your annual FSA election will be deducted from your salary pre-tax and will be deposited into your 24Hour Flex FSA debit card.

3. As you incur medical or dependent care expenses, you may either submit a claim form to receive reimbursement or use your 24Hour Flex FSA debit card to pay expenses at the point of sale, such as at the doctor’s office or pharmacy. When you use your FSA debit card to pay, you are not required to submit receipts for reimbursement.

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

IMPORTANT!
Per IRS rules, if you have and / or you spouse has a Medical FSA, this makes you ineligible to open a Health Savings Account and receive District funding! Please refer to the Medical and HSA FAQs on the Backyard Benefits page.

You must actively re-enroll in the FSAs each year.
You are not automatically re-enrolled.

<table>
<thead>
<tr>
<th>Plan</th>
<th>2020 Maximum Contribution</th>
<th>Examples of Covered Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Health Care Flexible Spending Account (available when electing the Medical DHMO plan)</td>
<td>$2,750</td>
<td>Copays, deductibles, orthodontia, over-the-counter medications, etc.*</td>
</tr>
<tr>
<td>Dependent Care Flexible Spending Account</td>
<td>$5,000 ($2,500 if married and filing separate tax returns)</td>
<td>Day care, nursery school, elder care expenses, summer camps, etc.*</td>
</tr>
</tbody>
</table>

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

Remember to calculate your expenses conservatively when making your FSA elections. IRS regulations require that you forfeit any money left in your account after the claims submission deadline.
Cherry Creek Schools wants to give you the peace of mind that comes with knowing your loved ones will be taken care of if something unthinkable were to happen to you.

That is why the District automatically enrolls all full time, benefits-eligible employees in Life Insurance and Accidental Death and Dismemberment coverage, at no cost to you (for employee only).

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

**Accidental Death and Dismemberment:** If you are seriously injured or lose your life in an accident, you will be eligible for a benefit up to your basic life coverage.

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>Administrators</td>
<td>3x Annual Salary to a maximum of $750,000</td>
</tr>
<tr>
<td>Class 2</td>
<td>Benefit Eligible Classified employees working 20 or more hours per week including Para Educators, ECE, and ECS ≤ 36 months</td>
<td>$25,000</td>
</tr>
<tr>
<td>Class 3</td>
<td>Benefit Eligible Classified employees working 20 or more hours per week including Para Educators, ECE, and ECS &gt; 37 months</td>
<td>$60,000</td>
</tr>
<tr>
<td>Class 4</td>
<td>Teachers, Nurses, Mental Health employees working ≤ 36 months</td>
<td>$50,000</td>
</tr>
<tr>
<td>Class 5</td>
<td>Teachers, Nurses, Mental Health employees working &gt; 37 months</td>
<td>$75,000</td>
</tr>
</tbody>
</table>

To confirm or update beneficiaries, please contact Unum. See page 14 for contact information.
Supplemental Life and AD&D

Supplemental Life

In addition to District-paid basic life and AD&D insurance, you may buy more coverage for yourself, and may also buy policies for your spouse and/or children. This is a voluntary benefit, and as such you will pay 100% of the premium for these additional coverages. If you purchase this coverage when you first become eligible for benefits, you may purchase up to $200,000 for yourself and up to $30,000 for your spouse without answering medical questions.

Supplemental Life Options

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Spouse</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td>Up to $500,000 in increments of $10,000; $200,000 maximum amount guaranteed coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spouse</strong></td>
<td>Up to $500,000 in increments of $10,000; $30,000 maximum amount guaranteed coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td>Up to $10,000 in increments of $2,500; $10,000 maximum amount guaranteed coverage ($500 for children under 6 months old)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Life Insurance Plan Comparison

<table>
<thead>
<tr>
<th>District-paid Basic Term Life</th>
<th>Voluntary Supplemental Term Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% District-paid</td>
<td>Employee pays premium</td>
</tr>
<tr>
<td>Death benefit only</td>
<td>Death benefit only</td>
</tr>
<tr>
<td>Coverage ends when you leave the District</td>
<td>Coverage ends when you leave the company</td>
</tr>
<tr>
<td>Coverage for employee only</td>
<td>Coverage options available for employee, spouse, and children</td>
</tr>
</tbody>
</table>

AD&D Insurance

Supplemental AD&D Options

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td>Up to $500,000 in increments of $10,000.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Option A</strong></td>
<td>If you choose to cover your spouse and children, your spouse would be covered up to 50% of your benefit (up to $250,000) and your children would be covered up to 10% of your benefit (up to $10,000)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Option B</strong></td>
<td>If you don’t have children, then your spouse gets coverage at 60% of your election (up to $250,000)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Option C</strong></td>
<td>If you choose to cover only your children, the benefit amount would be 15% of your amount (up to $10,000)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Premiums for Supplemental AD&D are determined by your age and/or spouse’s age. Your premium will increase as you and your spouse age and change rate groups. Any increase in coverage made after your initial eligibility period requires Evidence of Insurability.

*The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.*
Long-Term Disability insurance provides a steady income stream in the event you become disabled. Cherry Creek School District automatically enrolls benefits-eligible employees in Long-Term Disability coverage and pays 100% of your premium.

Instead of having to deplete your savings or depend on Social Security or spousal income, Long-Term Disability pays 60% of your monthly earnings, up to $8,000 per month. Your benefits begin 60 days after you become disabled.

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

Please visit the Backyard Benefits page to review the LTD policy.

Not all employee groups are eligible for LTD. Please review the policy for details. It can be found on the Backyard Benefits page.
Cherry Creek Schools provides a comprehensive medical plan through Kaiser Permanente so that you become or remain “symptom-free.” But your psychological and financial well-being are just as important.

Our Employee Assistance Program can help you address issues such as managing stress, quitting tobacco or alcohol abuse, managing conflict, work-life balance, improving your relationships, and can also provide financial and legal guidance.

**What’s included?**

FREE unlimited phone conversations and four (4) in-person consultations with experienced clinicians who can refer you to a local counselor or other resources for mental health, substance abuse, relationship-related issues, as well as help you find childcare and elder care support.

**A 25% DISCOUNT** for in-person or unlimited telephone conversations for:

- Legal issues including divorce, bankruptcy, and criminal actions
- Financial information including debt, retirement planning, and saving for college

Not ready to talk? No problem! Login to: [www.guidanceresources.com](http://www.guidanceresources.com) where you will find:

- Timely articles, HelpSheetsSM, tutorials, streaming videos and self-assessments
- “Ask the Expert” personal responses to your questions
- Child care, elder care, attorney and financial planner searches

Call anytime 1-888-628-4824, or visit [www.guidanceresources.com](http://www.guidanceresources.com)

Web ID: LFGsupport
Password: LFGsupport1
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Administrator</th>
<th>Phone</th>
<th>Website</th>
<th>Additional Information</th>
</tr>
</thead>
</table>
|                                               |                    |                               |                                           | PO Box 373150  
|                                               |                    |                               |                                           | Denver, CO 80237-3150                                                                 |
| Health Savings Account                        | HSA Bank           | 1-800-357-6246                 | www.HSABank.com                           | View account details and file reimbursement claims online:  
|                                               |                    |                               |                                           | www.HSABank.com                                                                          |
| Dental                                       | Delta Dental       | Customer Service: 1-303-741-9305 1-800-610-0201 | www.deltadentalco.com                    | Submit claims online:  
|                                               |                    |                               |                                           | www.deltadentalco.com                                                                  |
| Vision                                       | VSP                | 1-800-877-7195                 | www.vsp.com                               | Email VSP Member Services:  
|                                               |                    |                               |                                           | https://vsp.com/contact-email-member.html                                               |
| Critical Illness Insurance & Accident        | Voya               | Customer Service: 1-877-236-7564 | https://presents.voya.com/EBRC/CherryCreek | Submit claims online:  
| Insurance                                    |                    |                               |                                           | https://presents.voya.com/EBRC/CherryCreek  
|                                               |                    |                               |                                           | Click on “Start A Claim”                                                                 |
| Flexible Spending Accounts (Medical Health   | 24HourFlex         | Help Center: 1-303-369-7886 opt. 5  
| Care & Dependent Care)                       |                    | Customer Service: 1-800-651-4855 | www.24hourflex.com | Claim form mailing address:  
|                                               |                    |                               |                                           | 24hourflex.com  
|                                               |                    |                               |                                           | 2851 South Parker Road, #230  
|                                               |                    |                               |                                           | Aurora, CO 80014                                                                            |
| Life & Accidental Death & Dismemberment      | Unum               | 1-800-421-0344                 | www.unum.com                               | Submit claims online:  
|                                               |                    |                               |                                           | https://www.unum.com/employees/file-a-claim                                                                            |
| Long-Term Disability                         | Lincoln Financial  | 1-800-423-2765                 | www.LincolnFinancial.com                  | Claim form mailing address:  
| Group                                        |                    |                               |                                           | Lincoln National Life Insurance Company  
|                                               |                    |                               |                                           | PO Box 2609  
|                                               |                    |                               |                                           | Omaha NE 68103-2609  
|                                               |                    |                               |                                           | Or via email at disabilityclaims@lfg.com  
|                                               |                    |                               |                                           | Or via fax at 877.843.3950                                                                  |
| Employee Assistance Program/ Guidance        | Compsych           | 1-888-628-4824                 | www.Lincoln4Benefits.com or  
| Resources                                    |                    |                               | www.GuidanceResources.com               | User name = LFGsupport  
|                                               |                    |                               |                                           | Password = LFGsupport1                                                                                         |
| COBRA Administrator                          | 24HourFlex         | Help Center: 1-303-369-7886 opt. 5  
|                                               |                    | Customer Service: 1-800-651-4855 | www.24hourflex.com | Claim form mailing address:  
|                                               |                    |                               |                                           | 24hourflex.com  
|                                               |                    |                               |                                           | 2851 South Parker Road, #230  
|                                               |                    |                               |                                           | Aurora, CO 80014                                                                            |

Benefits education doesn’t end with this guide! Check out the Backyard Benefits page for:

- Summaries of benefits and coverage
- Informational brochures
- Benefits video library
- Extensive medical and health savings account FAQs
- And much more

**Can’t find what you’re looking for? Call the Benefits Office!**

benefits@cherrycreekschools.org

Phone: 1-720-554-4485
Important Notices

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

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

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

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

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

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

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

NEWBORN’S AND MOTHERS’ HEALTH PROTECTION ACT DISCLOSURE
Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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

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

MEDICARE PART D NOTICE OF CREDIBLE COVERAGE
Your Options
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Cherry Creek School District and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

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

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

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current credible prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Cherry Creek School District coverage will be affected. If you decide to join a Medicare drug plan and drop your current Cherry Creek School District coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

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

Date: April 20, 2020
Name of Entity/Sender: Cherry Creek School District
Contact: Benefits Office
Address: 4700 S. Yosemite St., Greenwood Village, CO 80111
Phone Number: 1-720-554-4485.

Remember: Keep this Credible Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).
YOUR ERISA RIGHTS

As a participant in the Cherry Creek School District benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits
You are entitled to:
- Examine, without charge, at the plan administrator’s office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Obtain, upon written request to the plan’s administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated summary plan description. The administrator may make a reasonable charge for the copies;
- Receive a summary report of the plan’s annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

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

Prudent Actions by Plan Fiduciaries
In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called “fiduciaries,” and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights
If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:
- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial. All of these actions must occur within certain time frames. Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:
  - You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
  - You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court.
  - You disagree with the plan’s decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
  - The plan fiduciaries misuse the plan’s money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees. This should occur if the court finds your claim frivolous.

Assistance With Your Questions
If you have questions about how your plan works, contact the Human Resources Department. You may consult the Summary Plan Description of the plan at any time without charge, if you are a participant or beneficiary.

If you have disputes concerning the qualified status of a domestic relations order or a medical child support order, then you may have an additional right to request a certificate ofcredibility from the administrator. The administrator must give you a certificate ofcredibility, unless you are not a participant or beneficiary.

If you request it up to 24 months after losing coverage, you have a right to:
- Appeal any denial.
- Obtain copies of documents relating to the decision without charge; and
- Enforce any denial of your rights under ERISA.

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

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:
- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:
- Your spouse dies;
- Your spouse’s employment ends are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (part A, part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if their lose coverage under the Plan because of any of the following qualifying events happen:
- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (part A, part B, or both); or
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a “dependent child.”

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

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

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. When the qualifying event is the death of the employee, the employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child’s losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee’s hours of employment, and the employee becomes entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

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

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

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

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

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)
If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –
ALABAMA – Medicaid
Website: https://www.myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: https://www.myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://www.dhs.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid
Website: https://www.myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 1-800-541-5555

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: https://www.colorado.gov/pacific/hcfc/child-health-plan-plus

FLORIDA – Medicaid
Website: https://www.flimedicaitdplrecovery.com/hipp/
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: https://www.medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: https://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.indianamedicaid.com/
Phone: 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563

NEBRASKA – Medicaid
Website: https://www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid
Medicaid Website: https://www.dhcpf.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhs.nh.gov/oi/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: https://www.state.nj.us/humanservices/dmas/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: https://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

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

RHODE ISLAND – Medicaid and CHIP
Website: https://www.eohhs.ri.gov/
Phone: 1-888-549-0820

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH DAKOTA – Medicaid
Website: https://www.dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: https://www.gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://www.medicaid.utah.gov/
CHIP Website: https://www.health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT – Medicaid
Website: https://www.greenmountaincare.org/
Phone: 1-800-250-8427

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://www.whyhealthcare.org
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565
Below are the monthly employee contribution amounts for benefits effective July 1, 2020. See your benefits guide or the Backyard benefits portal for plan details and enrollment instructions.

### Kaiser Medical Plans

<table>
<thead>
<tr>
<th>Monthly Rates</th>
<th>DHMO 2500</th>
<th>HDHP 6000</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Full-Time</td>
<td>Part-Time</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$30.00</td>
<td>$298.19</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$650.00</td>
<td>$911.37</td>
</tr>
<tr>
<td>Dual Employee (Employee + CCSD Spouse)*</td>
<td>$60.00</td>
<td>N/A</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$600.00</td>
<td>$903.37</td>
</tr>
<tr>
<td>Family</td>
<td>$1,200.00</td>
<td>$1,486.65</td>
</tr>
<tr>
<td>Dual Employee Family (EE+CCSD Spouse+Child(ren))*</td>
<td>$650.00</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Cherry Creek Health Saving Account Yearly Contribution**

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>+1 or Family Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Single</td>
<td>N/A</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>+1 or Family Coverage</td>
<td>N/A</td>
<td>$6,000.00</td>
</tr>
</tbody>
</table>

*Only available when both CCSD employees are FT

### Delta Dental Plans

<table>
<thead>
<tr>
<th>Monthly Rates</th>
<th>PPO Plan</th>
<th>EPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$27.68</td>
<td>$10.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$50.91</td>
<td>$29.76</td>
</tr>
<tr>
<td>Dual Employee (Employee + CCSD Spouse)</td>
<td>$50.91</td>
<td>$20.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$62.90</td>
<td>$36.68</td>
</tr>
<tr>
<td>Family</td>
<td>$87.40</td>
<td>$50.90</td>
</tr>
<tr>
<td>Dual Employee Family (EE+CCSD Spouse+Child(ren))</td>
<td>$87.40</td>
<td>$46.68</td>
</tr>
</tbody>
</table>

### VSP Vision Plan

<table>
<thead>
<tr>
<th>Monthly Rates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$6.55</td>
</tr>
<tr>
<td>Dual Employee (Employee + CCSD Spouse)</td>
<td>$6.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$6.32</td>
</tr>
<tr>
<td>Family</td>
<td>$10.42</td>
</tr>
<tr>
<td>Dual Employee Family (EE+CCSD Spouse+Child(ren))</td>
<td>$9.32</td>
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</table>
## Voya Critical Illness Insurance

### Employee Monthly Rates

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

### Spouse Monthly Rates

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

### Child(ren) Monthly Rates

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Monthly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>$0.60</td>
</tr>
<tr>
<td>$10,000</td>
<td>$1.20</td>
</tr>
<tr>
<td>$15,000</td>
<td>$1.80</td>
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</tbody>
</table>

## Voya Accident Insurance

<table>
<thead>
<tr>
<th>Monthly Rates</th>
<th>On/Off Job Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$6.93</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$12.04</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$13.37</td>
</tr>
<tr>
<td>Family</td>
<td>$18.48</td>
</tr>
</tbody>
</table>

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

× Take Spike to the groomer
× Pick up dry cleaning
× ENROLL FOR BENEFITS!
× Dental Appointment - Weds.