



2021 - 2022 Benefits Summary

WEBSITE: <https://www.dcsdk12.org/benefits>

CONTACT US: 720-433-0140

benefits@dcsdk12.org

EMPLOYEE BENEFITS OVERVIEW

Douglas County School District (DCSD) is committed to providing you and your eligible dependents with high quality, affordable benefit selections to support your health and well-being.

BENEFITS ELIGIBILITY

You are eligible to enroll in benefits if you work 20 hours a week for at least 9 months (at least 169 days).
(*Premium payment: If you are a 9, 10 or 11 month employee with elected benefits, you will be invoiced for each month that you receive no paycheck.*) Benefit rates are determined by full-time or part-time status as indicated below:

- Full-time employees work between 30 or more hours per week or .75 – 1.0 FTE (Full-Time Equivalent)
- Part-time employees work between 20 and 29.99 hours per week or .5 - .74 FTE (Full-Time Equivalent)

Coverage Start Dates

Event	Medical, Dental, Vision, FSA and HSA Benefit Effective Date	Voluntary Plans Benefit Effective Date	Life Insurance Benefit Effective Date	LTD, STDI Benefit Effective Date	Supplemental Life Insurance
New Hire Licensed (Contract Date 07/01)	09/01	09/01	10/01	09/01	Date coverage approved
New Hire Non-Licensed	First of the following month in which you work, i.e. hire date 02/10, effective date 03/01	Same as example hire date 02/10, effective date 03/01	First day of the month following 90 consecutive days hire date 02/10, 06/01	First day of the month following 60 consecutive days hire date 02/10, 05/01	Date coverage approved
New Hire Mid-Year Licensed	First of the following month in which you work, i.e. hire date 02/10, effective date 03/01	Same as example hire date 02/10, effective date 03/01	First day of the month following 90 consecutive days hire date 02/10, 06/01	First day of the month following 60 consecutive days hire date 02/10, 05/01	Date coverage approved
Open Enrollment	July 1	July 1	July 1	July 1	Date coverage approved
Employment Status Change	First of the following month	First of the following month	First of the following month	First of the following month	Date coverage approved

BENEFIT ENROLLMENT TIME FRAME

You have a 30-day window from your event date to enroll in Benefits. The event date is your hire date or employment status change.

What happens if I miss the 30-day enrollment period?

If you miss the 30-day enrollment period, you will not be able to enroll in or make changes to your benefit elections until the next annual Open Enrollment period, unless you experience an IRS-defined change in status. Enrollment changes must be consistent with your change in status.

QUALIFYING LIFE EVENT

You have an opportunity to change benefit elections annually during our Open Enrollment period or during other times of the year if you have a qualifying life event. You have 30 days to make changes due to a qualifying event. Change requests submitted after 30 days cannot be accepted. If initiation is between the 2nd and the end of the month, the effective date will be the first of the following month. The exception would be birth/adoption.

An IRS-approved “change in status,” may include:

- The addition of a dependent through birth, adoption, or marriage.
- The loss of a dependent through divorce or death, or if your child reaches the maximum age (26) limit for coverage.
- A change in your or your dependent’s employment status from full-time to part-time, or vice versa, or loss/gain of employment, resulting in the loss or addition of coverage.
- An unpaid leave of absence taken by you or your spouse.
- A change in your dependent’s employer-provided coverage (i.e., annual enrollment).
- A change in your or your dependents’ Medicaid, Medicare, and/or CHIP eligibility.
- Enrollment in the public Marketplace during the Marketplace annual enrollment period.
- A change in hours to less than full-time status, even though medical benefits are still available to the employee.

The change in coverage must be consistent with the gain or loss of coverage. For example: If you and your family were covered only under your spouse’s medical plan and that coverage has ended, you can only enroll in the coverage that was lost.

Please contact our HR Solutions Team for assistance by phone **720-433-0140** or email benefits@dcsdk12.org.

Termination of Coverage

Your benefit coverage will terminate on the last day of the month of your termination date. Upon termination of coverage, you and your dependents may be eligible to continue your coverage through the provisions of COBRA.

PAYING FOR YOUR BENEFITS:

Pre-tax Versus Post-Tax Elections

You may elect to have your medical, dental and vision premiums deducted from your paycheck on either a pre-tax or post-tax basis. Upon retirement your monthly PERA Pension Benefit is determined by your Highest Average Salary (HAS). If your current compensation will be included in PERA’s Highest Average Salary (HAS) you may wish to have your health insurance premiums taken out on a post-tax basis to ensure this does not reduce your reportable salary for pension purposes. PERA’s definition of pensionable (PERA-includable) salary is based on compensation for services rendered.

Please contact your tax advisor for help in determining whether to have your premiums deducted on a pre- or post-tax basis.

Premium Deductions

Premiums withheld are based on the effective date of benefits. If for any reason full premiums are not withheld, any uncollected premiums will be invoiced or withheld on your next paycheck.

DCSD MEDICAL INSURANCE OPTIONS

DCSD provides you choices to address unique healthcare needs. We offer four medical plan options—two Kaiser Permanente plans and two CIGNA/Allegiance plans.

Kaiser Permanente (KP)

To view providers in the Kaiser Network, go to: www.kp.org or call Customer Service: **303-338-3800**. Kaiser offers a [Telemedicine Option](#) (video visit) as approved by your provider.

High Deductible Health Plan (HDHP / HSA)

- [Preventive Medications](#) and [Preventive Health Screenings](#) are covered at no cost to members (no deductible, coinsurance, or copay).
- Office visits / emergency room visits not related to preventive care are paid for out-of-pocket until the member deductible is met.
- Provide in-network benefits only. A KP network provider (except in the case of a life- or limb-threatening emergency) must provide all services.

Health Maintenance Organization (Deductible HMO)

- Provide in-network benefits only. All services must be provided by a KP network provider (except in the case of a life- or limb-threatening emergency).
- You must select a primary care physician (PCP) for each covered family member.

CIGNA /Allegiance

To view providers in the CIGNA/Allegiance Network, go to: www.askallegiance.com/dcsd or call Customer Service: **800-259-0466**. [Teladoc](#) (video visit) is offered to our CIGNA/Allegiance members.

High Deductible Health Plan (HDHP / HSA)

- [Preventive Medications](#) and [Preventive Health Screenings](#) are covered at no cost to members (no deductible, coinsurance, or copay).
- Office visits / emergency room visits not related to preventive care are paid for out-of-pocket until the member deductible is met.

Preferred Provider Organization (PPO/OAP)

- You have access to a network of doctors, hospitals and other healthcare providers.
- You have the ability to see the doctor you want without a PCP to authorize treatment.

Key Terms

Deductible: The amount you must pay for medical expenses before the insurance plan will begin to pay.

Coinsurance: A form of cost-sharing where you and the insurance plan share expenses in a specified ratio after you meet your deductible (until you reach the out-of-pocket maximum).

Out-of-Pocket Maximum: The maximum amount of money you will pay during the plan year. The out-of-pocket maximum is the sum of your deductible and coinsurance payments.

Prescription drug copays count toward the out-of-pocket maximum.

To assist with your medical selection, please review the [Medical Comparison Chart](#) and [Plan Selector Tool](#).

Kaiser Permanente

DHMO		<u>Full-time Employee</u> Monthly Payroll Deduction Amount	<u>Part-time Employee</u> Monthly Payroll Deduction Amount	2021/2022 COBRA Rates
Employee		12.25	270.03	620.91
Employee + Spouse		535.10	817.75	1,272.88
Employee + Child(ren)		513.70	793.48	1,241.84
Family (Employee + Spouse + Children)		796.38	1,174.12	1,794.46

HDHP		<u>Full-time Employee</u> Monthly Payroll Deduction Amount	<u>Part-time Employee</u> Monthly Payroll Deduction Amount	2021/2022 COBRA Rates
Employee		8.73	170.16	414.82
Employee + Spouse		192.90	438.71	850.39
Employee + Child(ren)		172.46	419.83	829.65
Family (Employee + Spouse + Children)		350.34	658.86	1,198.85

CIGNA/Allegiance

PPO/OAP		<u>Full-time Employee</u> Monthly Payroll Deduction Amount	<u>Part-time Employee</u> Monthly Payroll Deduction Amount	2021/2022 COBRA Rates
Employee		71.66	321.48	781.50
Employee + Spouse		648.90	926.82	1,602.22
Employee + Child(ren)		631.82	903.54	1,563.13
Family (Employee + Spouse + Children)		970.37	1,336.24	2,258.77

HDHP		<u>Full-time Employee</u> Monthly Payroll Deduction Amount	<u>Part-time Employee</u> Monthly Payroll Deduction Amount	2021/2022 COBRA Rates
Employee		41.49	239.94	590.79
Employee + Spouse		304.56	608.98	1,211.26
Employee + Child(ren)		287.99	589.24	1,181.70
Family (Employee + Spouse + Children)		518.02	905.81	1,707.62

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in a HDHP, you can pay for medical expenses for you and your eligible dependent(s) using an HSA. If not spent, HSA funds can roll over and accumulate year to year. Additional resources are available through [HSA Bank](#).

HSA Eligibility: You are eligible to open and fund an HSA, if you meet all of the criteria below:

- You are enrolled in a HDHP with Kaiser Permanente or CIGNA/Allegiance.
- You are not covered by another health plan (unless it is an HSA-qualified plan).
- You are not enrolled in a Healthcare FSA at any time throughout the year.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE for Life.
- You have not received Veterans Administration Benefits in the last three months.

DCSD will help you start saving by contributing as follows:

DCSD Monthly HSA Contribution for Full-Time (.75 - 1.0 FTE): **\$100.00**

DCSD Monthly HSA Contribution for Part-Time (.5 - .74 FTE): **\$50.00**

HSA Contributions are posted at the end of each month.

You can enroll/make contribution changes in the HSA: login to Workday, click on Benefits, Change Benefits and choose the qualifying event type - HSA Contribution Changes. If initiation is between the 2nd and the end of the month, the effective date will be the first of the following month.

Accessing Your HSA Funds

Employee HSA Monthly Contributions will be administered through [HSA Bank](#). Your HSA account is an interest bearing account and funds are FDIC insured. HSA Bank is a division of Webster Bank, NA., askus@hsabank.com or Customer Service: 800-357-6246.

- 2021 Individual Annual IRS Maximum Contribution **\$3,600** (employee/employer and /or other party)
- 2022 Individual Annual IRS Maximum Contribution **\$3,650** (employee/employer and /or other party)
- 2021 Family Annual IRS Maximum Contribution **\$7,200** (employee/employer and/ or other party)
- 2022 Family Annual IRS Maximum Contribution **\$7,300** (employee/employer and/ or other party)

****Contributions, including the DCSD contribution, cannot exceed the annual IRS contribution maximums. Review your annual household Health Savings contribution***

FLEXIBLE SPENDING ACCOUNTS (FSA)

DCSD offers three FSA options: the Healthcare FSA, the Limited Purpose FSA and the Dependent Care FSA. These plans are administered by Pay Flex Systems. They can be accessed via www.payflex.com or Customer Service: **800-284-4885**. If you enroll in the High Deductible Health Plan (HDHP), you can **ONLY** enroll in the Limited Purpose FSA and/or Dependent Care FSA.

Healthcare FSA	Allows you to set aside money via a payroll deduction on a pre-tax basis to pay for eligible out-of-pocket expenses- deductibles, copays and other health expenses.	Annual Maximum Contribution (2021) \$2,750 (2022) \$2,850
Limited Purpose FSA	May only be used to reimburse dental and vision expenses.	Annual Maximum Contribution (2021) \$2,750 (2022) \$2,850
Dependent Care	Money can be set aside via a payroll deduction on a pre-tax basis for day care expenses . Eligible dependents are children under 13 years of age or spouse, or elderly parent who is physically or mentally unable to care for him/herself.	Annual Maximum Contribution (2021) \$5,000 (2022) \$5,000

How does an FSA Work?

- You will receive a debit card from Pay Flex; this can be used to pay for eligible healthcare expenses.
- You have a 2 ½-month grace period after June 30 to incur and submit eligible expenses. You have until September 15 to incur expenses and until September 28 to submit expenses.
- In compliance with IRS Regulations, if you do not use your flexible spending funds, you will forfeit those funds.
- IRS Guidance indicates during a plan year (07/01 – 06/30) you are limited to either contribute to a Healthcare Flexible Spending Plan or Limited Flexible Spending Plan. It is not permissible to have both within the same plan year.

VOYA VOLUNTARY BENEFIT PLANS

VOYA provides insurance that helps protect what you already have by paying cash benefits directly to you. DCSD offers the following voluntary insurance plans through VOYA: Critical Illness and Accident. You must elect medical insurance through DCSD in order to participate.

What is Critical Illness Insurance? ([Video Overview](#))

Critical Illness Insurance pays a lump-sum benefit, if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. Additional details available on [Voya's Critical Illness Summary](#). To file a claim select the [Voya Claims Process](#) link or to contact Voya by phone **888-238-4840**.

Features of Critical Illness Insurance include:

- **Guaranteed Issue:** No medical questions or tests required for coverage.
- **Flexible:** You can use the benefit money for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** Should you leave your current employer or retire, you can take your coverage with you.

Examples of how your Critical Illness Insurance benefit could be used (coverage amounts may vary):

- Medical expenses, such as deductibles and copays
- Home healthcare costs
- Mortgage payment/rent and home maintenance

Critical Illness Benefit

VOYA Critical Illness	Employee	Spouse	Children
Coverage Amount	\$5,000 to \$30,000	\$5000 to \$15,000 in increments of \$5,000	\$5,000 or \$10,000
Guaranteed Issue Limit	\$30,000	\$15,000	\$10,000
Benefit Reduction Schedule	50% at age 70	50% at age 70	
Benefit Waiting Period	0 days	0 days	0 days

Critical Illness Rates

Employee Coverage Monthly Rates		Spouse Coverage Monthly Rates		Child(ren) Coverage Monthly Rates	
Attained Age	Per \$1,000	Attained Age	Per \$1,000	Coverage Amount	Rate
Under 30	\$ 0.48	Under 30	\$ 0.44		
30-39	\$ 0.61	30-39	\$ 0.56	\$ 5,000	\$ 4.20
40-49	\$ 1.18	40-49	\$ 1.09	\$ 10,000	\$ 8.40
50-59	\$ 2.45	50-59	\$ 2.27		
60-64	\$ 4.18	60-64	\$ 3.87		
65-69	\$ 6.66	65-69	\$ 4.69		
70+	\$ 10.36	70+	\$ 9.57		

VOYA VOLUNTARY BENEFIT PLANS (cont'd)

What is Accident Insurance? ([Video Overview](#))

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. The amount paid depends on the type of injury and care received. You have the option to elect Accident Insurance to meet your needs. Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

You may qualify to receive benefits for items listed below, as long as they are the result of a covered accident. See the certificate of insurance and any riders for specific details. Additional details available on [Voya's Accident Summary](#). To file a claim select the [Voya Claims Process](#) link or to contact Voya by phone **888-238-4840**.

- Accident hospital care
- Follow-up care
- Common Injuries
- Emergency care benefits
- Home Healthcare costs
- Everyday expenses like utilities and groceries

Other features of Accident Insurance include:

- Guaranteed Issue: No medical questions or tests required for coverage.
- Flexible: You can use the benefit money for any purpose you like.
- Payroll deductions: Premiums are paid through convenient payroll deductions.

Who is eligible for Accident Insurance?

- Benefit-eligible employees
- Your spouse— under age 70. Coverage is available only if employee coverage is elected.
- Your child(ren)— to age 26. Coverage is available only if employee coverage is elected.

Accident Insurance Rates

VOYA Accident	Employee	Employee and Spouse	Employee and Children	Family
Monthly Rates	\$6.72	\$13.75	\$17.10	\$24.13

DENTAL INSURANCE

We offer two dental insurance plan options through Delta Dental of Colorado. To locate participating Delta Dental providers in your network, go to www.deltadentalco.com or call Customer Service: **800-610-0201**. To view additional benefits regarding each plan, please select the link in the benefit summary below.

DENTAL BENEFIT SUMMARY

<u>Preventive Basic - Group # 9626-2222</u>		<u>Premier Plan - Group # 9626-0001</u>	
Preventive & Diagnostic Services	100%	Preventive & Diagnostic Services	100%
Basic Services - Fillings & Extractions	0%	Basic Services- Fillings & Extractions	Up to 80%
Major Services - Root Canal, Crowns, Oral Surgery	0%	Major Services - Root Canal, Crowns, Oral Surgery	50%
Orthodontics - (Braces) Dependent Children to age 19	0%	Orthodontics - (Braces) Dependent Children to age 19	50% / \$1250 per person
Annual Maximum Benefit	\$300 / per person per year	Annual Maximum Benefit	\$2,000 / per person per year
Annual Deductible	\$0	Annual Deductible	\$50 -Individual / \$150-Family

Premier Right Start 4 Kids – covers children up to 13th Birthday @ 100% no deductible, this includes fillings, effective (effective 7/1/19).

Delta Dental Rates

Premier		<u>Full-time Employee</u> Monthly Payroll Deduction Amount	<u>Part-time Employee</u> Monthly Payroll Deduction Amount	2021/2022 COBRA Rates
Employee		25.59	32.47	42.31
Employee + Spouse		64.97	71.83	84.62
Employee + Child(ren)		74.82	81.67	95.21
Family (Employee + Spouse + Children)		126.00	132.83	150.20

Basic		<u>Full-time Employee</u> Monthly Payroll Deduction Amount	<u>Part-time Employee</u> Monthly Payroll Deduction Amount	2021/2022 COBRA Rates
Employee		0.00	6.89	14.57
Employee + Spouse		14.28	20.67	29.13
Employee +Child(ren)		17.22	24.11	32.77
Family (Employee + Spouse + Children)		35.13	42.02	51.70

VISION INSURANCE

Vision coverage is provided through Vision Service Plan (VSP) Group# 12058600. To locate a VSP Network provider, select the link www.vsp.com or Customer Service: **800-877-7195**. The table below summarizes the key features of the vision plan. Additional details are available in the [Vision Plan Summary](#).

Benefit	Description	Copay	Frequency
Well Vision Exam	Focus on your eyes and overall wellness	Copay - \$10	Per plan year
Frame	\$180 Allowance	Copay - Included in your prescription glasses	Per plan year
Lenses	Single vision, lined bifocal, and lined trifocal lenses, Polycarbonate lenses for dependent children	Copay - Included in your prescription glasses	Per plan year
Contacts (instead of glasses)	\$150 allowance for contacts; copay does not apply; Contact lens exam (fitting and evaluation)	Copay - up to \$60	Per plan year
Primary Eye Care	Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma, and diabetic retinopathy	Copay - \$20	As needed

Vision Service Plan

Vision		Full-time Employee Monthly Payroll Deduction Amount	Part-time Employee Monthly Payroll Deduction Amount	2021/2022 COBRA Rates
Employee		7.90	7.90	8.06
Employee + Spouse		17.81	17.81	18.17
Employee + Child(ren)		19.27	19.27	19.66
Family (Employee + Spouse + Children)		30.80	30.80	31.42

LIFE AND AD&D INSURANCE

Life and Accidental Death and Dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security. DCSD provides Basic Life and AD&D insurance to all benefits-eligible employees at no cost. You have the option to purchase Voluntary Life and AD&D insurance. Please be sure to keep your beneficiary designation(s) up-to-date in [Workday](#). You are eligible for Basic Life Insurance & AD&D on the first day of the calendar month following 90 consecutive days as an employee.

Basic Life and AD&D Insurance

DCSD automatically provides Basic Life and AD&D insurance to all benefits-eligible employees at no cost through Standard. Benefits reduce at age 70.

For additional information please select the link below:

[Classified / Certified Active employee of at least .5 FTE](#)

[Admin / Professional/ Technical active employee of at least .5 FTE](#)

Voluntary (Supplemental) Life and AD&D Insurance

To purchase supplemental life and AD&D insurance for yourself, your spouse and your children please review the information available in this [Standard Brochure](#).

- Current Staff Member with Life Insurance: You may increase Voluntary Life Insurance by one increment of \$10,000 up to \$150,000 without completing a statement of health known as **Evidence of Insurability (EOI)**. Increments over \$10,000 and amounts over \$150,000 will require an EOI. For Spouse Life any amount of increase will be subject to **Evidence of Insurability up to \$250,000**.
- Current Staff Member without Life Insurance: If you are not currently covered and choose to enroll, you will be required to complete a statement of health known as **Evidence of Insurability (EOI)**. The additional coverage will not take effect until approved by The Standard.
- New Staff Member: As a New Employee to Douglas County School District, you may elect up to the Guarantee Issue Amount of \$150,000 without completing a statement of health known as Evidence of Insurability (EOI). Amounts greater than the Guarantee Issue \$150,000 will be subject to Evidence of Insurability. This also applies to Spouse Life. You may elect up to the Guarantee Issue Amount of \$50,000 as a new employee.
- Spouse: **\$5,000 increments up to Guarantee Issue Amount of \$50,000**

Short Term & Long Term Disability Insurance

DCSD provides Short Term Disability and Long Term Disability insurance to eligible employees through the Standard. You are automatically enrolled in this benefit at no additional cost. You become eligible for Short Term Disability and Long-Term Disability on the first of the month following **60** consecutive days of employment. Disability insurance is designed to help you meet your financial needs, if you become unable to work due to an illness or injury.

Your Short Term Disability provides a weekly benefit of 70% replacement of your pre-disability earnings up to a maximum of \$1,500 per week.

PLANNING FOR YOUR RETIREMENT

Reaching your retirement objective requires careful planning to build your retirement financial resources. DCSD provides you with several options to accommodate different lifestyles:

Colorado Public Employees' Retirement Association (PERA) Pension

The following is from Colorado PERA "[Your PERA Benefits](#)" booklet. Please review the booklet for complete details surrounding your PERA pension plan.

For most members, PERA serves as a substitute for Social Security. PERA provides benefits to you when you retire, are disabled, or to your survivors upon your death. To review your PERA information visit the PERA website www.copera.org or contact PERA Customer Service at **800-759-7372**.

MetLife Retirement Plans

You have several options to defer a portion of your salary on a pre-tax basis to DCSD's Retirement Plans. The current plan options with the 457 and 403(b) allow you to reach the contribution limit for a 403(b) and still contribute the entire contribution limit to a 457 or vice versa. To view a comparison of plans please select [Retirement Plan Comparison](#).

To review your investment options login in to [MetLife](#) or by phone **800-543-2520**.

To start participating, login to [Workday](#), select the Benefits Worklet and click on Retirement Savings. If initiation is between the 2nd and the end of the month, the effective date will be the first of the following month.

PERA 401(k) Plan

This plan is offered through Colorado PERA. This plan offers you the opportunity to plan for your financial future. PERA's 401(k) and Roth 401(k) offer tax benefits by allowing participants to automatically save a portion of their salary and invest in a choice of 15 core investment funds or six asset allocation funds. To review additional fund selections, login to your PERA Account. To start participating, login to [Workday](#), select the Benefits Worklet and click on Retirement Savings. Elect a percentage to defer towards your retirement.

Douglas County School District Staff Wellness Program

The following Staff Wellness program activities are offered to all DCSD employees find out more on our [DCSD Staff Wellness website](#):

- **Group Exercise Classes:** Free weekly exercise and yoga classes are offered for employees. Check the monthly [Exercise Class calendar](#) for class times and details.
- **Wellness Challenges:** The DCSD Staff Wellness Program hosts a variety of wellness challenges throughout the year. Challenges focus on tracking physical activity, nutrition, stress management, and healthy lifestyle behaviors. Join individually or with a team of coworkers to earn incentives and prizes!
- **Wellness Classes:** Regular 30-60 minute classes on a variety of wellbeing topics are offered throughout the year.
- **Financial Wellness Support:** Free classes and activities to support your financial wellbeing. Also, check our employee discounts page for savings opportunities.
- **Staff Wellness Champions:** Messengers and motivators that assist in the implementation and coordination of wellness initiatives and create excitement around leading a healthy lifestyle.
- **DCSD Staff Wellness E-Newsletter:** The monthly Staff Wellness emails keep you informed about upcoming events, health programs, and classes.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

With AETNA's EAP, employees can confidentially address and resolve their day-to-day personal and workplace challenges resulting in a more focused and productive workforce.

DCSD provides up to six (6) free face-to-face sessions per employee and household member per issue per year. Counseling services are provided at no charge to employees and their household members. AETNA offers short-term counseling on all aspects of life, including:

- Emotional/Psychological Issues
- Difficulties in Relationships
- Stress & Anxiety Issues with Work or Family
- Alcohol & Drug Abuse
- Personal & Life Improvement
- Legal or Financial Issues
- Childcare Issues

Through the EAP you have access to qualified and experienced mental health professionals who can assist you in dealing with a range of personal and work related issues. The EAP is available 24 hours a day, 365 days a year. To get more information and resources visit www.resourcesforliving.com or by phone: **866-486-4334**.

Username: douglas county sd

Password: eap

READY TO ENROLL?

How to Enroll

To make your benefit elections login to [Workday](#).

- During Open Enrollment go to your Workday Inbox and complete the Open Enrollment Task.
- To update your benefits due to a qualifying event, go to the Benefits Worklet and select Change Benefits.

ID Cards

Medical ID cards will be mailed to the home address we have on file for you. Please verify that your address is correct in Workday.

- If you have elected Kaiser and have not received your ID card, contact Kaiser directly or visit their website to confirm coverage. You can make appointments and receive services from Kaiser even if you do not have an ID card in hand.
- If you have elected Cigna/Allegiance and have not received your ID cards, contact Cigna/Allegiance directly or visit their website to confirm coverage. You can also print out a temporary card from their website to use until your new card arrives.
- Both Delta Dental and VSP do not distribute ID cards. To receive services from a Delta Dental or VSP participating provider, the provider will only need your Social Security number to verify your enrollment in these plans. The dental or vision provider will confirm coverage before providing services.

BENEFIT PLANS CONTACT INFORMATION

Cigna/Allegiance

www.askallegiance.com/dcsd

Customer Service 800-259-0466

Group# 2001005

CIGNA

P.O. Box 188061

Chattanooga, TN 37422-8061

Payer ID 62308

Pharmacy

800-325-1404

Rx: BIN 017010

PCN 05190000

Group 0707885

CIGNA Home Delivery Pharmacy

800-835-3784

COBRA – 800-259-2738

Kaiser Permanente

www.kp.org

Denver/Boulder

Customer Service 303-338-3800

Toll Free: 1-800-632-9700

Email: CO.KP.EBS@kp.org

Group# 22330

Claims Department

Filing questions, Complaints, Appeals

Open: Monday - Friday

8:00 AM - 5:00 PM

**Kaiser Foundation Health Plan of
Colorado**

PO Box 373150

Denver, CO 80237-3150

Delta Dental

www.deltadentalco.com

Customer Service 800-610-0201

Group Numbers:

Preventive/PPO #9626-2222

Premier/PPO #9626-0001

Delta Dental of Colorado

PO Box 173803

Denver, CO 80217-3803

Vision Service Plan (VSP)

www.vsp.com

Customer Service 800-877-7195

Group# 12058600

HSA Bank

www.hsabank.com

Customer Service: 800-357-6246

HSA Bank

PO Box 939

Sheboygan, WI 53082-0939

Pay Flex Systems USA, Inc.

www.payflex.com

Customer Service 800-284-4885

Employer ID# 100636

Pay Flex Systems USA, Inc.

PO Box 981158

El Paso, TX 79998-1158

Standard Insurance Co.

www.standard.com

Customer Service 800-378-2395

Group #645797

Standard Insurance Co

1100 SW Sixth Ave.

Portland, OR 97204

VOYA/

ReliaStar Life Insurance Co

www.Voya.com

Policy #670855

Accident Insurance

Critical Illness Insurance

How to file a claim: 888-238-4840

Aetna

Employee Assistance

Program (EAP)

www.resourcesforliving.com

Customer Service 866-486-4334

Log in: douglas county sd

Password: eap

UNUM/

PERA Life Insurance

866-277-1649

Policy #595121

Retirement Information

PERA (Retirement)

www.copera.org

Customer Service 800-759-7372

PO Box 5800

Denver, CO 80217

PERA (401k)

www.coperaplus.org

Customer Service 833-426-7372

MetLife Resources (403b and 457)

Office 800-543-2520

MetLife Resources

6400 S Fiddlers Green Circle

Suite 600

Greenwood Village, CO 80111

Elena Cumberbatch-Lynch

ecumberbatch@centennial-state.com

Cell 303-875-3418

Miscellaneous

1-800-MEDICARE (1-800-633-4227)

www.medicare.gov

State Health Insurance Assistance

Program (SHIP)

1-866-550-2752

www.dora.colorado.gov/SHIP