



EMPLOYEE BENEFITS

Benefit plans effective January 1, 2022–December 31, 2022

The Westminster Public Schools Benefits Package

Benefits are an integral part of the overall compensation package provided by Westminster Public Schools. Within this Benefits Guide you will find important information on the benefits available to you for the 2022 plan year (January 1, 2022, through December 31, 2022). Please take a moment to review the benefits Westminster Public Schools offers to determine which plans are best for you.

This guide contains only general and summary information; it should not be considered a replacement for the more detailed information set forth in certificates of coverage or master plan documents produced by each insurance company. Every care is taken to assure the accuracy of this guide; however, in the event of any conflict between this guide and information produced by each insurance company, the insurance company's documents will be the final authority.

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Benefits Eligibility

Employees scheduled to work at least 20 hours per week are eligible for most benefits on the first of the month following their initial paycheck.

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse, civil union partner, or same-sex domestic partner.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

Enrollment

You can sign up for benefits or change your benefit elections at the following times:

- Within 31 days of your initial eligibility date (as a newly-hired employee).
- During the annual benefits open enrollment period.
- Within 31 days of experiencing a qualifying life event.

The choices you make at this time will remain the same through December 31, 2022. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

How to Enroll

Enroll through the ivisions portal.

1. Using any computer with an internet connection, log into ivisions at <https://ivisions.westminsterpublicschools.org>.
2. Move the cursor to the "Self Service" tab.
3. Move the cursor down and on "2022 Open Enrollment."
4. Scroll down the screen and click on the "Next" button. Review your contact information. If all the information is up to date, then click the "Next" button. Review "Emergency Contacts," "Dependent Information," and "Beneficiary Information." Read the information and follow the instructions.
5. Select the "Health Insurance" option. Then select "Next" on the other insurance information (Health).
6. Select the "Dental Insurance" option. Then select "Next" on the other insurance information (Dental).
7. Select the "Vision Insurance" option. Then select "Next" on the other insurance information (Vision).
8. Select "The Hartford Life Insurance." Then select "Next" on the other insurance information (Hartford).
9. Select the "Supplemental Insurance" option.
10. Review the benefit enrollment confirmation statement.
11. Click on "Submit."



Or, go to employeeconnects.com/wps and schedule time with your personal Benefit Counselor to review your benefits and get assistance enrolling.

Changing Your Benefits During the Year

Westminster Public Schools allows you to pay your portion of the medical, dental, and vision plan costs, and fund the flexible spending accounts, on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Change in your spouse's work status that affects his or her benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

To request a benefits change, notify Human Resources within 31 days of the qualifying life event. Change requests submitted after 31 days cannot be accepted.

Medical Insurance

Westminster Public Schools offers four medical plan options through Kaiser Permanente (Kaiser): the DHMO 500 plan, the 230 Low HMO plan, the 220 High HMO plan, and the Additional Choice Deductible Coinsurance (ACDC) plan.

The **DHMO 500**, the **230 Low HMO**, and the **220 High HMO** plans provide in-network coverage only. Locate a Kaiser network provider at www.kp.org.

If you enroll in the **ACDC** plan, you will receive the highest level of benefits and pay less out of your pocket by using a Kaiser network provider. You have the option to use First Health network providers and out-of-network providers; however, you will pay more out of your pocket for services provided by non-Kaiser providers. Locate a First Health network provider by calling 855-364-3184 or visit www.kp.org/kpic-colorado.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	DHMO 500	230 Low HMO	220 High HMO	ACDC Plan		
	In Network Only	In Network Only	In Network Only	In Network	First Health	Out of Network
Plan Year Deductible Individual/Family	\$500/\$1,500	None/None	None/None	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$10,500
Out-of-Pocket Max Individual/Family	Includes deductible, copay, and coinsurance					
	\$2,500/\$5,000	\$6,000/\$12,000	\$2,000/\$4,500	\$3,000/\$6,000	\$4,000/\$8,000	\$8,000/\$24,000
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	40% after ded.
Physician Services						
Primary Care Physician	\$30 copay ¹	\$30 copay	\$20 copay	\$35 copay ¹	\$50 copay ¹	40% after ded.
Specialist	\$45 copay ¹	\$50 copay	\$30 copay	\$50 copay ¹	\$65 copay ¹	40% after ded.
Urgent Care	\$45 copay ¹	\$75 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Lab/X-Ray						
Diagnostic Lab	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100% ³	20% after ded.	40% after ded.
Diagnostic X-Ray	10% after ded.	Plan pays 100%	Plan pays 100%	10% after ded.	20% after ded.	40% after ded.
High-Tech Services (MRI, CT, PET)	10% after ded.	\$150 copay per test	\$100 copay per test	10% after ded.	20% after ded.	40% after ded.
Hospital Services						
Inpatient	10% after ded.	\$750 copay	\$500 copay	10% after ded.	20% after ded.	40% after ded.
Outpatient Surgery Center/Hospital	\$500/10% after ded.	\$350/\$700 copay	\$200/\$500 copay	\$500 copay then, 10% after ded.	20% after ded.	40% after ded.
Emergency Room	10% after ded.	\$250 copay	\$250 copay	10% after ded.		
Therapies² (PT, OT, and Speech)	\$30 copay	\$30 copay	\$20 copay	\$35 copay	\$50 copay	40% after ded.
Chiropractic²	\$30 copay	\$30 copay	\$20 copay	\$35 copay	\$35 copay	Not covered
Vision						
Refractive Exam	\$30 copay ¹	\$30 copay	\$20 copay	\$35 copay ¹	\$50 copay	40% after ded.
Prescription Drugs						
Generic	\$15 copay	\$20 copay	\$15 copay	\$25 copay	\$30 copay	50%
Brand	\$40 copay	\$40 copay	\$30 copay	\$40 copay	\$45 copay	50%
Non-Preferred Brand	\$60 copay	\$60 copay	\$50 copay	50%	50%	50%
Specialty	20% up to \$250	20% up to \$250	20% up to \$250	20% up to \$250	20% up to \$250	50%
Mail Order (Up to a 90-day supply)	2x retail copay	2x retail copay	2x retail copay	2x retail copay	2x retail copay	Not covered

(1) Additional services received during visit are subject to deductible and coinsurance. (2) 20 visits per therapy per year. (3) 100% covered in a plan medical office or in a contracted free-standing facility. 10% after deductible in a Plan Hospital.



Medical Insurance

Preventive Care

The Kaiser medical plans cover in-network preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems.

Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam. Learn more about which preventive care services are covered at 100% at www.kp.org.

You won't have to pay anything—no deductible, copay, or coinsurance—for preventive services when:

- You get them from a doctor or other health care provider in the Kaiser network.
- The main purpose of your visit is to get preventive care.

Affordable Care Act Individual Mandate

You and your family members may be required to have health insurance. Mandates and penalties vary by your location. Visit www.healthcare.gov for more information.

Medical Insurance

Kaiser members have access to the following tools and resources.

Note: These services are only available to members in the Denver/Boulder service area.

My Health Manager

Connect to your health information through My Health Manager at www.kp.org. My Health Manager is accessible 24 hours a day, seven days a week.

Once you've registered, you can:

- **Manage** the care you receive at any Kaiser medical office.
- **View** lab results.
- **Pay** bills online.
- **Refill** prescriptions.
- **See** what screenings, immunizations, and tests you may be due for.



KP Mobile App

Download the Kaiser app to access all the convenient features of My Health Manager on your smartphone. The mobile app makes it easy to manage your health no matter where you are—at home, at work, and when you're on the go.

Using the app, here's what you can do right from your smartphone:

- **Email** your doctor's office
- **View** most lab test results
- **Refill** most prescriptions
- **Schedule** or cancel routine appointments
- **Access** a digital version of your membership card



DispatchHealth

Kaiser members in Denver, Boulder, Longmont, and Colorado Springs can contact DispatchHealth directly for in-home urgent care and have peace of mind knowing DispatchHealth is in-network. DispatchHealth works directly with Kaiser to process billing for home visits and the cost will be comparable to an in-person urgent care visit.

Care is available 7 days a week, including holidays, 8 a.m.–10 p.m. Call 888-905-0858 or download the app to request services.

Chat With A Doctor

Kaiser has made it easier for you and your family to get the care you need. The Chat With A Doctor program allows you to connect online in real time for medical advice with a Kaiser doctor, **at no cost**. For your convenience, members can also send pictures through the chat. Members who are registered on www.kp.org can simply log in and click on "Chat With A Doctor Online." Chat with a pharmacist and chat with a financial adviser options are now available.

Online chat is available 7 a.m.–10 p.m. on weekdays and 8 a.m.–10 p.m. on the weekends.

Dental Insurance

Westminster Public Schools offers a dental insurance plan through Delta Dental of Colorado (Delta Dental).

The plan provides in- and out-of-network benefits, allowing you the freedom to choose any dentist. The amount you pay varies based on whether you see a Delta Dental PPO dentist, Delta Dental Premier dentist, or out-of-network (non-participating) dentist.

- You will pay less out of your pocket when you see a Delta Dental PPO dentist.
- Delta Dental PPO and Premier dentists file claims directly with Delta Dental and accept Delta Dental’s reimbursement in full. When you see a PPO or Premier dentist, you will only be responsible for your deductible and coinsurance up to Delta Dental’s approved amount, as well as any charges for non-covered services.
- If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you will be billed the total amount the dentist charges (called balance-billing).
- When you see a Delta Dental PPO or Premier dentist, you are protected from balance-billing.
- When you see a PPO or Premier provider, covered diagnostic and preventive services do not count toward your calendar year maximum.

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Dental Plan		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Plan Year Deductible Individual/Family	\$50/\$150		
Plan Year Benefit Maximum	\$1,500	\$1,500	\$1,500
Preventive Care Oral exams, cleanings, x-rays	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services Periodontal services, endodontic services, oral surgery, fillings	20% after ded.	20% after ded.	20% after ded.
Major Services Bridges, crowns (inlays/onlays), implants, dentures (full/partial)	50% after ded.	50% after ded.	50% after ded.
Orthodontia Services (Adults and children)	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$1,500

Late Enrollee Penalty

If you do not enroll in the dental plan when first eligible, or re-enroll, you will be considered a “late enrollee” and will have a 12-month waiting period on basic, major, and orthodontics services. The “late enrollee” penalty does not apply to those covered by another group dental plan who enroll within 31 days of loss of the other dental coverage and to children who are enrolled on any anniversary prior to their fourth birthday.



Vision Insurance

Westminster Public Schools offers a vision insurance plan through VSP. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a VSP network provider at www.vsp.com.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Vision Plan	
	In Network	Out of Network
Eye Exam (every 12 months)	\$10 copay	Reimbursement up to \$45
Standard Plastic Lenses (every 12 months) Single/Bifocal/Trifocal	\$10 copay	Reimbursement up to \$30/\$50/\$65
Frames (every 12 months)	\$150 allowance + 20% off balance	Reimbursement up to \$70
Contact Lenses (every 12 months in lieu of standard plastic lenses)	\$130 allowance	Reimbursement up to \$105



Flexible Spending Accounts

Westminster Public Schools offers two flexible spending account (FSA) options—the health care FSA and the dependent care FSA—which allow you to pay for eligible health care and dependent care expenses with pre-tax dollars. The FSAs are administered by Alerus. Log into your account at www.alerusrb.com to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

How Does an FSA Work?

You decide how much to contribute to each FSA on a plan year basis up to the maximum allowable amounts. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the year.

You will receive a debit card from Alerus, which can be used to pay for eligible health care expenses at the point of service. If you do not use your debit card, or if you have dependent care expenses to be reimbursed, submit a claim form and a bill or itemized receipt from the provider to Alerus. Keep all receipts in case Alerus requires you to verify the eligibility of a purchase.

Health Care FSA

The health care FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible out-of-pocket expenses, such as deductibles, copays, and other health-related expenses, that are not paid by the medical, dental, or vision plans. Over-the-counter (OTC) medications are not eligible for reimbursement without a prescription.

You may contribute up to the IRS maximum (\$2,750) for the 2022 plan year.

Note: 2022 IRS maximums not released at time of printing. Amounts subject to change.

Dependent Care FSA

The dependent care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider).

You may contribute up to the IRS maximum to the dependent care FSA for the 2022 plan year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect half of the IRS maximum for the 2022 plan year.

Note: 2022 IRS maximums not released at time of printing. Amounts subject to change.

Alerus Mobile App



The Alerus mobile app is the fastest, most convenient way for you to access and manage your account, keeping you up-to-date on your expenses and account details without slowing you down. Use the app to: view account activity, check card status, submit receipts, file claims, and more.

Things to Consider Before Contributing to an FSA:

- **For the health care FSA, at the end of the plan year, you can roll over \$500 from your health care FSA to use in future years. Any amount in excess of \$500 will be forfeited.**
- **Dependent care FSA dollars are use it or lose it (no roll over allowed).**
- You cannot take income tax deductions for expenses you pay with your FSA(s).
- You cannot stop or change your FSA contribution(s) during the plan year unless you experience a qualifying life event.

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.

Basic Life and AD&D Insurance

Westminster Public Schools automatically provides basic life and AD&D insurance through The Hartford to all benefits-eligible employees **at no cost**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. Please refer to the portal at <https://ivisions.westminsterpublicschools.org> for more information.

Beneficiary Designations

Please be sure to keep your beneficiary designations up to date.

Supplemental Life Insurance

Westminster Public Schools provides you the option to purchase supplemental life insurance for yourself, your spouse, and your dependent children through The Hartford. You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Benefits will reduce to 60% at age 75 and to 40% at age 80.

If you elect coverage when first eligible, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by The Hartford.

- **Employee:** \$10,000 increments up to \$500,000 or 5x annual salary, whichever is less; guarantee issue: \$150,000
- **Spouse:** \$5,000 increments up to \$250,000, not to exceed 50% of the employee's election; guarantee issue: \$50,000
- **Dependent children:** \$1,000 increments up to \$10,000 (birth to 23 years of age; 25 years if student); guarantee issue: \$10,000

Westminster Public Schools will provide the first increments of coverage for you, your spouse, and your dependent children at no cost.

- **Employee:** \$10,000 provided by Westminster Public Schools.
- **Spouse:** \$5,000 provided by Westminster Public Schools.
- **Dependent child(ren):** \$1,000 provided by Westminster Public Schools.

Long-Term Disability Insurance

Westminster Public Schools automatically provides long-term disability (LTD) insurance through The Hartford to all benefits-eligible employees **at no cost**. LTD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

- **Benefit:** 66⅔% of regular earnings up to \$10,000
- **Elimination period:** 90 days
- **Benefit duration:** Social security normal retirement age or maximum benefit duration schedule

Voluntary Benefits

Westminster Public Schools provides you the option to purchase voluntary benefits through The Hartford. These benefits pay you when you or your family have expenses that your medical insurance does not cover. The Hartford offers three plans, critical illness, accident indemnity, and hospital confinement indemnity. The cost of a plan does not change once you join; no matter how many claims you have.

- **Accident policy:** Provides 24/7 coverage for on- and off-the-job accidents.
- **Hospital policy:** Provides benefits for sickness, accidents, and maternity. There is no waiting period for treatment.
- **Critical illness policy:** Provides coverage for cancer, heart attack, stroke, by-pass surgery, renal failure, carcinoma in situ, and more. You can choose a benefit amount of \$10,000, \$20,000, or \$30,000.
 - » A \$50 wellness benefit is available each year for covered employees and spouses enrolled in the hospital and critical illness plans who complete a wellness exam.

Benefit Plan Costs

Listed below are the monthly costs for medical, dental, and vision insurance.

Coverage Level	DHMO 500	230 Low HMO	220 High HMO	ACDC Plan
Employee Only	\$0.00	\$0.00	\$17.94	\$72.72
Employee + Spouse	\$131.78	\$256.16	\$335.88	\$445.44
Employee + Child(ren)	\$0.00	\$99.14	\$168.89	\$264.76
Employee + Family	\$748.60	\$940.77	\$1,063.93	\$1,233.21

Coverage Level	Dental Plan
Employee Only	\$0.00
Employee + One	\$29.59
Employee + Family	\$83.04

Coverage Level	Vision Plan
Employee Only	\$0.00
Employee + Spouse	\$9.16
Employee + Child(ren)	\$10.45
Employee + Family	\$21.60

EMPLOYEE BENEFITS

Benefit plans effective January 1, 2022–December 31, 2022

Important Contact Information

If you have any questions regarding your benefits or the material contained in this guide, please contact Human Resources.

Jasmine Casillas, Human Resource Benefits Specialist

Phone: 720-542-5068

Email: jacasillas@westminsterpublicschools.org

Provider/Plan	Policy Number	Contact Number	Website
Medical —Kaiser Permanente	00228	303-338-3800 Denver, Boulder, and Northern Colorado: 800-632-9700 Southern Colorado: 888-681-7878	www.kp.org
Medical —First Health (ACDC plan enrollees)	00228	855-364-3184	www.kp.org/kpic-colorado
Dental —Delta Dental of Colorado	1490	303-741-9300	www.deltadentalco.com
Vision —VSP	30020045	800-877-7195	www.vsp.com
Flexible Spending Accounts —Alerus	N/A	877-661-4787	www.alerusrb.com
Life and AD&D Insurance — The Hartford	GLT-677941	800-523-2233	www.thehartford.com
Supplemental Life Insurance — The Hartford	GLT-677941	800-523-2233	www.thehartford.com
Long-Term Disability Insurance — The Hartford	GLT-677941	800-523-2233	www.thehartford.com
Voluntary Benefits —The Hartford			www.thehartford.com

This summary of benefits is not intended to be a complete description of the terms and Westminster Public Schools insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Westminster Public Schools maintains its benefit plans on an ongoing basis, Westminster Public Schools reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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