DENVER PUBLIC SCHOOLS

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Denver Public Schools

Employee Benefits Guide

Benefit Plans Effective July 1, 2012–June 30, 2013

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Comprehensive Benefits Portfolio

The benefits offered by Denver Public Schools (DPS) are designed to provide a comprehensive benefits package for you and your eligible dependents. We encourage you to review your options and elect benefits that best suit your personal needs. Your Denver Public Schools benefits for 2012–2013 include:

DPS Paid
- Employee assistance program (EAP) and worklife services
- Disability insurance
- Basic life and accidental death and dismemberment (AD&D) insurance

Voluntary Insurance
- Voluntary life and AD&D insurance
- Voluntary long-term care (LTC) insurance

Additional Benefits
- Sick leave bank membership
- Personal accident, cancer, sickness, and intensive care
- Auto, home, and pet insurance
- Employee discount program
- Wellness initiative
- Retirement plans

Health Benefits
- Medical, dental, and vision coverage
- Health savings account (HSA)
- Flexible spending accounts (FSA)

Note: You may elect to have your medical, dental, and vision premiums deducted from your paycheck on either a pre-tax or post-tax basis. If you are within a few years of retirement, you may want to consider contributing on a post-tax basis and not participating in a flexible spending account (see page 16 of this guide for details).

Eligibility

All employees, <u>including</u> temporary employees, are eligible for the following benefits:
- DPS-paid employee assistance program (EAP)
- Employee discount program
- PERA pension

All employees, <u>excluding</u> temporary employees, are eligible for the following benefits:
- All voluntary insurance
- Retirement plans: 403(b), 457(b), 401(k)

Benefit eligibility varies for the following. Additional details regarding benefit eligibility is included in this guide. Temporary and daily substitute employees are not eligible for long-term disability, basic group life insurance, and AD&D.
- Basic long-term and PERA short-term disability
- Basic life insurance and AD&D

Employees working in a position that accrues sick leave may be eligible to become members of the Sick Leave Bank. Please see page 7 for details. To verify eligibility, please view the Sick Leave Bank Guidelines and Procedures at the <u>Sick Leave Bank Website</u>.

Health Benefits Eligibility

All full-time employees are eligible to enroll in benefits. Part-time (hourly) employees who work at least 20 hours a week (4 hours per day; .5 FTE) and have at least 3 months of service with DPS can purchase benefits before the District contribution is available. Please refer to your bargaining unit agreement to determine when the District contribution (flex dollars) may apply, if applicable.

All full-time and eligible part-time employees are eligible for benefits on the first day of the month following their effective hire date. If enrolling in benefits, employees must provide the Benefits Department with the completed enrollment form within 60 calendar days of their hire date. Benefits will begin the first day of the following month after the paperwork is received, but not before the contract/official hire date. If the paperwork is not received within this time frame, you will have to wait until the next open enrollment period to enroll.

Full-time and part-time employees may waive medical insurance if you have medical coverage through another group health plan. If you waive medical insurance, you must show proof of other coverage upon request.

Eligible Dependents

Many of the benefit plans offer coverage for eligible dependents. Eligible dependents include the following:

- Your spouse, if not legally separated
- Your common law spouse (affidavit required)
- Your same-sex domestic partner (affidavit required)
- Your children to age 26 regardless of marital, student, or tax-dependent status (for medical, dental, vision, and health care FSA only)
- Your unmarried dependent children of any age who become totally disabled before reaching the age limit for eligibility

What New Hires Need to Do to Enroll

- Refer to the Benefits website for detailed plan information. Contact HR Connect at 720-423-3900 if you have additional questions.
- Complete the **Benefits Enrollment Form** by marking elections. Effective date of coverage is the first of the month following receipt of paperwork after your hire date. If you decline coverage (waive) medical insurance you must attach proof of other insurance coverage (copy of card, letterhead communication from health plan or spouse's employer, etc.).
- Review the MetLife insurance packet; fill out the **MetLife Enrollment Form,** completing the employee section on page one and the beneficiary section on page three for DPS-paid life insurance; sign and date the form. If electing MetLife optional life insurance for yourself and/or your spouse, and you elect coverage over the amount of $100,000, you will also need to complete the **Evidence of Insurability (EOI) Form.** You may **not** elect optional life insurance for your spouse or children without electing optional life coverage for yourself. Effective date of the life insurance is the first of the month following 90 days of employment with the District. DPS must have the signed original forms. Faxed copies are not acceptable.
- If you wish to participate in the **Sick Leave Bank**, complete the enrollment card.
- With the exception of the MetLife Enrollment Form, all other forms can be faxed to 720-423-2505 or returned to HR Connect at 900 Grant Street, Room 105, within **60 days of your date of hire if you are a new employee, or within 30 days of your full-time start date if you had a job status change to benefit-eligible status**. If you miss your window of opportunity, you must wait until the next open enrollment period to enroll in benefits.
- To ensure that your elections were updated properly, check your first payroll stub through Employee Self-Service and report any discrepancies to HR Connect, (720-423-3900), immediately upon discovery.

Things You Need to Know

- Kaiser and Cigna will send ID cards out upon enrollment—within 8-10 business days.
- If you receive a medical card containing the wrong information for your primary care physician (PCP), please contact the medical carrier customer service number (Kaiser: 303-338-3800 or Cigna: 800-244-6224) to register your correct PCP and request a new card.
- Delta Dental and VSP do not issue ID cards. If a provider requests an ID number, provide your Social Security Number.
- If you wish to enroll in any voluntary benefits or the additional retirement options (403(b) or 457(b)), please first contact the appropriate carrier representative to begin the sign-up and enrollment process. If you wish to enroll in the 401(k), just complete the Plan Contribution Authorization form and fax it to HR Connect at 720-423-2505. These benefits may be changed, dropped or added at any time during the year and need not wait for the open enrollment period.
- It is your responsibility to verify that the requested benefit deductions were made properly by viewing your payroll stub through Employee Self-Service on a monthly basis. Immediately report any discrepancies to HR Connect (720-423-3900) as there are restrictions on refunding premiums and District contributions. DPS will not refund premiums in excess of the amount the insurance carrier is willing to reimburse or District contributions (flex dollars) beyond two months.
- The annual benefits open enrollment is typically the first three weeks in May with the effective date of enrollment being July 1. Watch for communications every April. If you enroll in the health care and/or dependent care flexible spending account or in the health savings account you must re-enroll during the open enrollment period to continue these accounts.
- To find answers to most of your questions, please refer to the FAQ document.

Summer Insurance Information for Hourly Employees Not Paid Year-Round

During the summer months, hourly employees may continue benefits coverage by paying their portion of the premium either by working enough hours through the summer to cover the premium costs or by paying through the coupon program.

Hourly employees also have the option to waive (drop) their insurance coverage through the summer. The employee will be responsible for any health claims while waived. Also, if the employee does not return to DPS in the fall and waived coverage, or did not pay for summer coverage, he or she will not be eligible for COBRA. Check your email and the HR website each May for more information on the upcoming Summer Coupon process.

Making Mid-Year Election Changes

Due to IRS regulations, once you have made your pre-tax elections for 2012–2013 you cannot change your benefits until the next open enrollment period. The only exception is if you have a qualified change in family status. Election changes must be consistent with your status change.

Qualifying Events for a Status Change:

- Marriage, legal separation, or divorce
- Birth or adoption of a child
- Change in employment status for you or your spouse
- Change in a dependent's benefits eligibility status (e.g., a dependent child exceeding the maximum age for coverage)
- A significant change in the cost or coverage of your spouse's benefits
- Change in place of residence causing a loss of eligibility (i.e., moving outside of the service area)
- Change in the cost of dependent care (only for the dependent care flexible spending account)
- Loss of a dependent (death)
- Enrollment in or eligibility for Medicare or Medicaid

To change your benefits, notify HR Connect within **30 days** of the change in status. You will need to provide proof of the change, such as a marriage certificate or birth certificate.

What do You Need in a Medical Plan?

Denver Public Schools offers you and your eligible dependents seven comprehensive medical plans to choose from. Four plans are offered through Cigna and three are offered through Kaiser Permanente. When choosing a medical plan, think about what works best for you and your family:

- Consider your costs such as the deductibles, copays, out-of-pocket maximums, and out-of-network costs.
- Does your family have a doctor with whom they have an established relationship? If so, make sure he/she is in the network.
- Do you prefer to pay more each paycheck but less when you need care, or less per paycheck but more when you need care?
- Remember, you can only open and fund a health savings account (HSA) if you are enrolled in a qualified high-deductible health plan such as the Kaiser CDHP or Cigna CDHP.

Plan Selector Tool

We are excited to provide you with a tool that can help you select the right DPS medical plan for you and your family. The customized **Plan Selector Tool** provided by Lockton, our benefit consultants, helps you choose the plan that best fits you and your family's unique medical needs by looking at your utilization and the premiums you pay from your paycheck. The tool approximates your annual costs, and provides you with a side-by-side comparison of your plan options. Note: This tool is not to be used as a cost of services estimator. Please visit the carrier website (Cigna or Kaiser) to research actual costs of services.

How does the Plan Selector Tool work?

- Enter the number of people covered on the plan, your coverage level, and your position (DCTA, DFP, etc.).
- Input you and your family's estimated medical plan utilization (physician office visits, prescription drugs, expected ER usage, etc.). You may want to look at the past 2–3 years to determine an appropriate number to enter.
- The Plan Selector Tool will approximate your annual costs based on the utilization you enter and the monthly plan premiums.

The Plan Selector Tool is available on the DPS website at http://hr.dpsk12.org/medical_dental_vision.

Employee Assistance Program (EAP) and WorkLife Services

The EAP and WorkLife Services program is a free and confidential referral and counseling service available to help you balance the challenges of home, work, and contemporary life. You may call 800-640-7690 (800-216-9926 TTD/TTY) to speak with a counselor or WorkLife specialist 24 hours a day, 7 days a week. The EAP also provides up to three face-to-face counseling sessions per situation. Call the numbers above to schedule a confidential appointment. Please state that you are an employee of Denver Public Schools and not only communicate your school name.

The EAP can help you with:

- Marital/relationship counseling
- Alcohol and drug abuse
- Emotional stress
- Legal assistance
- Debt management
- Depression, anxiety, and stress
- Workplace conflicts

WorkLife Services can help you with:

- Child care: Sick, back-up, and routine
- Elder care: Care giving support, in-home services, and housing/facility options
- Education: College preparation and scholarship assistance, after school programs, tutoring, and career consultation
- Household and personal services: Plumbers, electricians, landscapers, dog trainers, and caterers
- Health and wellness: Fitness centers, nutritionists, all-night pharmacies, and dieticians

WorkLife Services will provide you with information and reliable referrals to local, community-based services. Each referral is verified specifically to meet your needs including professional credentials, cost, and availability.

Most importantly, the EAP and WorkLife Services are completely confidential. For additional information, please visit the OptumHealth website at www.liveandworkwell.com; use the access code DPS.

Disability Insurance

DPS Long-Term Disability Program

Denver Public Schools provides long-term disability coverage to full-time benefit-eligible employees at no additional cost. This plan provides a source of income if you are disabled for 90 days or more due to an illness or injury. You are paid 60% of your monthly earnings, up to a maximum of $5,000 per month. For information on long-term disability insurance, visit the Health Leaves website at http://hr.dpsk12.org/health_leaves.

PERA Short-Term Disability

If you are a member of PERA and have at least five years of PERA earned service credit, you may be eligible for short-term disability benefits under the PERA short-term disability plan. This benefit provides 60% of your pre-disability monthly earnings. For more information on this program, eligibility requirements, or to apply for benefits, please contact PERA at 800-759-7372 or 303-832-9550 or visit www.copera.org.

Paraprofessional's Health Reimbursement Arrangement

The District contributes to a health care reimbursement account in the amount of $34.00 per month up to a maximum of $408.00 for the calendar year for paraprofessionals who work between 4 and 6.99 hours a day. This account has been set up to help with health expenses, such as copays, deductibles, and coinsurance amounts not paid by the medical and/or dental insurance plans. This account cannot be used for dependent care expenses. All eligible employees are automatically enrolled in this account.

To receive reimbursement, employees save their receipts of payment for eligible expenses, complete the Planned Benefit claim form for claims incurred in 2012 and the WageWorks claim form for any claims beginning January 1, 2013, and fax it to the number indicated on the form. The form can be found on the DPS HR Website under Benefit forms.

Paraprofessionals whose hours decrease to less than 4 hours per day or increase to over 7 hours per day, will no longer be eligible to participate in this employer-paid benefit. The District's contribution will be prorated for the number of months worked while eligible during the calendar year (January–December).

To learn more about eligible expenses, please contact WageWorks Customer Service at 800-800-0133. If you have questions regarding enrollment, please contact HR Connect at 720-423-3900.

Basic Life and AD&D Insurance

Denver Public Schools provides basic life and accidental death and dismemberment (AD&D) insurance to employees at no additional cost through MetLife.

All active full-time employees receive two times annual salary, up to a maximum of $300,000. Benefit-eligible part-time (hourly) employees receive a flat benefit of $2,500.

An accelerated death benefit is available for employees with a terminal illness whose life expectancy is less than six months. A benefit amount of 50% of your life insurance benefit (up to a maximum determined by the insurance company) is payable in a lump sum and determined as of the date certification of your illness is accepted.

When you reach age 65 as an active employee, the two times your annual salary amount will reduce in incremental steps until you reach the age of 80. See the reduction schedule in the official plan documents. The amount you are eligible for at retirement can be converted to an individual plan through MetLife.

Beneficiary Designation

You elect your beneficiary(ies) designation when you are initially hired. If you need to change beneficiaries, please complete the beneficiary designation form and return it to the DPS Employee Benefits Department, 900 Grant Street, Suite 105, Denver, CO 80203. DPS must have a signed original document for your file.

Voluntary Life and AD&D Insurance

You may elect to purchase additional life and AD&D insurance for yourself and your eligible dependents. You are responsible for the full cost of the premium for these coverages.

Employee	Increments of $10,000, not to exceed to a maximum of $500,000. (Guarantee issue amount is $100,000)
Spouse	Increments of $10,000, not to exceed to a maximum of $100,000. (Guarantee issue amount is $20,000).
Child(ren)*	$2,000 or $5,000 of coverage per child. The maximum benefit for a dependent child who is less than six months old is $100.

* Dependent children from 15 days to 19 years old, or 23 years old if a full-time student, are eligible for coverage.

Guarantee Issue Amounts

The guarantee issue amount for optional life insurance is $100,000 for an employee and $20,000 for a spouse. If you elect coverage within 60 days of your eligibility date, you do not need to provide evidence of insurability. If you elect optional coverage after your eligibility date or if you elect more than the guarantee issue amount, you will need to complete a Statement of Health (evidence of insurability) for approval by MetLife. Coverage will be effective the first of the month following approval by MetLife.

Evidence of Insurability

If you do not elect coverage when first eligible and you wish to elect coverage at a later date, or if you wish to increase your current election amount, or if you wish to elect an amount over the guarantee issue, evidence of insurability is required. Coverage will not be available until the evidence of insurability is approved by the insurance company.

Employee Voluntary Life Coverage (rate per $1,000 of coverage)										
Under 29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$0.06	$0.06	$0.08	$0.11	$0.17	$0.28	$0.49	$0.61	$0.95	$1.40	$2.16

Spouse Voluntary Life Coverage (rate per $1,000 of coverage)								
Under 29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
$0.08	$0.08	$0.12	$0.20	$0.35	$0.56	$0.89	$1.37	$2.03

Coverage is available on each eligible child and the rate is based on a family unit (not per child). The cost for coverage is $0.23 for $2,000 of coverage and $0.58 for $5,000 of coverage per family.

Colorado PERA Optional Life Insurance

PERA offers an optional group decreasing term life insurance plan administered by Unum called Plan 1. Coverage with Plan 1 is based on age and allows the member to purchase units of coverage to meet their life insurance needs. In addition, the plan provides accidental death and dismemberment (AD&D) benefits, life insurance coverage for spouses and eligible children, and an accelerated benefit option. Unum provides free survivor financial counseling to members, inactive members, and their survivors. The cost for employees is $6.50 per unit.

For additional information, please visit the PERA website at www.copera.org.

Long-Term Care Insurance

Without proper planning, long-term care may be the greatest threat to your personal assets. Denver Public Schools is pleased to offer a solution – long-term care (LTC) insurance through Unum (Policy #534675). Employees, family members, and retirees can apply. LTC insurance can help secure your future and the futures of those you love, and it may be one of the most economical ways to manage life's risks. Please review the Unum Booklet for more information.

To apply, if you have questions or need additional information, please call Unum directly at 800-227-4165. Employee premium payments are made through payroll deductions on an after-tax basis.

Additional Benefits

Sick Leave Bank

All eligible employees may enroll in the Sick Leave Bank (SLB) within 60 days of their date of hire or during the annual open enrollment period, September 1-30. As a condition of enrollment, the personal sick leave contribution will be deducted from an employee's accruement the first of the month following 60 days of employment. Every November 1st, current members will have one personal accumulated sick leave day automatically deducted to continue membership. If the employee does not have enough day(s) to donate, he or she will not be eligible to enroll or continue membership and must enroll during the following year's open enrollment period.

The purpose of the SLB is to provide eligible employees who are on an extended personal illness leave and have exhausted all their accumulated paid leave and would otherwise be on unpaid leave the means of obtaining additional sick leave days upon proper approval. The SLB allows employees time to recover so that they may return to work. The intent of the SLB is not to provide additional days off for elective surgery, in lieu of a health leave, or prior to retirement or resignation. For more information view the Health Leave website at http://hr.dpsk12.org/health_leaves.

Employee Discount Program

This program is designed exclusively for you—our employees. You can take advantage of special pricing on popular, innovative products and services to help you better manage your day-to-day business. For more information, go to http://www2.beneplace.com/dpsk12.

Note: Aflac, Auto & Home Insurance, and Pet Insurance premiums are deducted from paychecks on an post-tax basis. Therefore, you may add or drop coverage at any time.

AFLAC Voluntary Coverage

AFLAC Personal Cancer Indemnity
AFLAC Personal Accident Indemnity
AFLAC Hospital Intensive Care Protection
Personal Sickness Indemnity

If you want to enroll or change policies, contact AFLAC Insurance Representative Marsha Hebert at marsha_hebert@msn.com, or call 720-291-6456. For more information, go to the DPS website at http://static.dpsk12.org/gems/hr2009/AFLACflyer2009.pdf.

Auto and Home Insurance

DPS offers employees the opportunity to purchase auto and home insurance at a group rate. Call the MetLife Benefits Line at 800-438-6388, Monday through Saturday, for quotes, to apply for coverage, and for general customer service. To find out more about the program and get instant auto insurance quotes online, log on to www.metlife.com/mybenefits. For auto quotes, please have the following information available: Social Security Number, Vehicle Identification Number (VIN), and the driver's license number of each member of your household.

Pet Insurance
Employees receive a group discount off of pet insurance plans through MetLife. A policy covers thousands of medical problems and conditions related to accidents or illnesses (even cancer) for dogs, cats, birds, ferrets, rabbits, reptiles, and other exotic pets. You have the freedom to visit any licensed veterinarian anywhere, even when you're away from home. For more information or to enroll, call 800-438-6388.

Westerra Credit Union
Westerra is a local, members owned financial institution that has earned a reputation as a trusted resource and a valued partner. Members know they can count on their credit union as a safe place to save and borrow. Westerra offers competitive rates, a full range of quality products, solid expertise, and top-notch service. New Westerra members are also eligible to receive a GPS or $125 when they open a Better Than Free checking account. For more information about this offer and Westerra, please visit www.westerracu.com or call 303-321-4209.

DPS Supplemental Benefits Program (Formerly Denver Teachers Club)
The Payroll Protection Plan provides an extra $50 a day if you are sick or injured. Vested members can receive up to $5,000 in a year. The cost for this benefit is just $8 a month. The Assistance Fund lends non-personal, durable medical equipment to any employee of the District for as long as you need it, FREE of charge. Please find out all about this unique organization by visiting the website www.denverteachersclub.org. WE SERVE ALL DPS EMPLOYEES (not just teachers).

Denver Educational Senior Citizens, Inc. (DESCI)
The purpose of the DESCI is to provide safe, pleasant, and affordable living accommodations for persons 55 and older, their parents, and/or persons from various professions, who are from the Denver Public Schools and other school systems. For more information, please contact the DESCI Administrator at 1901 East 13th Avenue, #1C, Denver, CO 80206-2024; 303-333-1416; email info@desci.org. Or, visit the DESCI website at www.desci.org.

Wellness Initiative–The You Revolution

As part of the DPS wellness initiative, you have access to a number of tools and resources to assist you in managing or improving your health. A few of these resources are:

- Sound Body Sound Mind Fitness Centers—Eight DPS fitness centers open after school for students, staff, and community members. Minimal cost for membership; includes a free personal trainer to help you reach your fitness goals.
- Employee Discount Program—Discounts on gym memberships and recreational activities.
- Online Tools and Resources—Through your Cigna or Kaiser medical plan, you have online access to:
  - Health Risk Assessment—A short, confidential questionnaire. The results provide you with a summary of your current health. You can share these results with your doctor and discuss your health maintenance/improvement goals.
  - Health Care Consumerism Tools—Compare prescription costs at various retailers and the cost difference between generic and brand-name drugs. If you are enrolled in the Cigna plans, there is also information available on the quality and cost of procedure(s) for in-network facilities.
  - Lifestyle Management Programs—Weight management, smoking cessation, and stress relief.

For more information, go to http://theyourevolution.dpsk12.org.

Retirement Plans

Colorado PERA Retirement (Pension)

The following is quoted from the PERA **"Your PERA Benefits"** booklet. Please view the booklet for complete details surrounding your PERA pension plan. The Colorado Public Employees' Retirement Association (PERA) provides retirement and other benefits to employees of the State of Colorado; all school districts; the judicial system; and numerous municipalities, special districts, and other local government entities. For funding purposes, members and employers are divided into five divisions – State, School (other than DPS), Local Government, Judicial, and Denver Public Schools (DPS).

On January 1, 2010, the Denver Public Schools Retirement System (DPSRS) merged with Colorado PERA and as of January 1, 2010, DPSRS ceased to exist. If you had an account at DPSRS, your account is now a PERA account under the DPS benefit structure. Therefore, you may have two member contribution accounts with Colorado PERA – one under the PERA benefit structure and one under the DPS benefit structure. Many of the benefits are not the same for both benefit structures; differences are noted. General benefit information about both structures is included in the **"Your PERA Benefits"** booklet.

For most members, PERA serves as a substitute for Social Security. PERA provides benefits to you when you retire or are disabled, or to your survivors upon your death. In addition, PERA members may take advantage of voluntary programs offered by PERA such as life insurance, a 401(k) plan, a 457 plan, and long-term care insurance.

For most members, PERA serves as a substitute for Social Security. PERA provides benefits to you when you retire or are disabled, or to your survivors upon your death. In addition, PERA members may take advantage of voluntary programs offered by PERA such as life insurance, a 401(k) plan, a 457 plan, and long-term care insurance. To review your current PERA balance, and view different personal retirement outcomes, use the retirement calculator on the PERA website. Access the PERA calculator by going to:

Go to www.copera.org

1. Click on "Account Access"
2. Enter SSN and PIN
3. Click "Continue"
4. Click on "Online Services"
5. Select "Financial Planning"
6. Click on the calculator that best fits what you're trying to model

To order your PIN, contact the PERA Customer Service number at 800-759-7372 or by completing the PIN Request Form on the PERA website.

Voluntary Tax Sheltered Retirement Options

The IRS allows full- and part-time employees of DPS to save for retirement and reduce their current income taxes. Employees may defer a portion of their salary on a pre-tax basis by opening an account with one of the District's approved 403(b) vendors, the PERA 401(k) program, and/or the DPS 457(b) plan. DPS will deduct the amount authorized by the employee and send it to the tax-deferred provider.

In 2012, employees can contribute up to the IRS maximum of $17,000. Employees who are over age 50 or who will turn 50 in the 2012 calendar year can contribute an additional $5,500 to the plan. It is the responsibility of the employee to insure that if enrolled in both the 403(b) and the 401(k) plans the total annual contribution to these accounts does not exceed the IRS maximum. Employees are eligible to enroll in a 403(b) or the 401(k) and the 457(b) plan to save twice the amount of the IRS limit.

For more information please go to http://hr.dpsk12.org/retirement_plans.

It is very important that you read all the materials regarding tax sheltered options before choosing to participate. Consult a tax or financial advisor for further information and advice about your personal financial situation.

Contributions into these plans do not reduce the calculation of PERA salary or the Highest Average Salary (HAS).

After a tax sheltered annuity (TSA) account is open, you will need to complete the Salary Reduction Agreement to indicate the amount of your paycheck contribution; fax forward the completed document to **HR Connect at 720-423-2505** for processing or work directly through your representative.

DPS 403(b) Plan
DPS offers employees a choice of qualified companies that provide tax sheltered annuity (TSA) products. To enroll, you need to first open an account from any of the investment providers listed on the document posted on the below website. The document also lists financial representatives who can assist you, or you can use your own personal financial planner that is certified to open contracts for one of the approved investor providers.

Please go to http://hr.dpsk12.org/403b_plan for an approved list of vendors and enrollment materials.

DPS 457(b) Plan
One of the main differences between the 403(b)/401(k) and the 457(b) is that the 457(b) does not have an early withdrawal penalty of 10% if an employee takes a distribution before age 59. Distributions are subject to ordinary income tax.

Go to Great-West Enrollment to find out more on the Great-West 457(b) program. Use the DPS Great-West Educator's Money group number 350218-01 to sign in as a guest. For assistance in setting up an account or if you have specific questions, please call Todd Dunning, Senior Account Executive, for Great-West, at 303-737-7710 or email todd.dunning@gwrs.com. To enroll online you will need to contact Educator's Money direct at 877-816-0548 option 3 to set up a shell account.

Please go to http://hr.dpsk12.org/457b_plan for additional information.

Colorado PERA 401(k) Plan
Colorado PERA's 401(k) plan offers you the opportunity to plan for a secure financial future. PERA's 401(k) plan offers tax benefits to participants by allowing you to automatically save a portion of your salary before taxes and invest it in your choice of 15 core investment funds or six asset allocation funds.

Please go to http://hr.dpsk12.org/retirement_plans for more information on this plan and an enrollment kit.

Please note that this is NOT tied to the Colorado PERA pension plan, but is an additional way for you to defer a portion of your salary toward your retirement savings. Fax the completed PERA 401(k) Contribution Authorization Form to **HR Connect at 720-423-2505** (not payroll, ING, or PERA). The PERA 401(k) Beneficiary Designation Form is to be sent to the ING address on the form.

Retirement Planning, Preparing, and Process

For information on how to save for retirement, how to prepare for retirement through PERA, how to retire, and how to work for the District after retirement visit the HR Website.

District Contribution for the DPS Flex Plan

2012–2013 Plan Year Flex Dollars

The following is a list of DPS employee groups and the District contribution each employee group receives. The District contribution is comprised of the current District maximum subsidies for medical, dental, and vision coverages, and the supplemental benefit allowance for each employee group. **Please note: If you work less than full time your benefit allowance may be prorated according to your bargaining unit agreement.**

As of June 2012*

Employee Group	Monthly District Contribution
ABGW (Building And Grounds)	$441.89
Administrators	$315.84
Principals	$312.75
ATU - Transportation	
Bus Drivers Full-time	$375.11
Hourly Drivers (5+ years of service)	$179.45
Hourly Drivers (1-4 years of service)	$114.59
Hourly Drivers (-1 year of service)	$000.00
Parts/Tool Room Clerk	$378.36
Maintenance Mechanic	$422.68
Vehicle Service Tech II	$392.42
Vehicle Service Tech I	$361.06
Athletic Trainers (not flex dollars—medical premium subsidy only)	$175.00
CWA	$385.79
EGTC Premium Reductions (not flex dollars—medical premium subsidy only)	$270.92
Extended Learning & Community Schools (not flex dollars—medical premium subsidy only)	
Full Time (35-40 hours per week)	
1-3 years of service	$190.00
3+ years of service	$220.00
Part Time (25-34 hours per week)	
1-3 years of service	$130.00
3+ years of service	$155.00
DAEOP (Office Support)	$323.00
DCTA	$415.12
DFP (Paraprofessional) working 7 or more hours per day	$300.82
Facility Managers	$416.00
Food Service (not flex dollars—medical premium subsidy only)	
Hourly (7+ hours per day)	$200.00
Hourly (5-6.99 hours per day)	$150.00
Hourly (4-4.99 hours per day)	$100.00
Hourly (under 4 hours per day)	$000.00
Food Service Managers	$277.28
Pro-Tech	$319.63
Pro-Tech Special	$319.63
VTCF Teachers	$421.91

*All amounts are subject to union negotiations.

Cigna Plans

Through Cigna, you have the choice of four medical plan options—three in-network only plans and a point of service (POS) plan with in- and out-of-network coverage.

The in-network only options are the Cigna CDHP/HSA plan, the Cigna Select Low plan, and the Cigna Select High plan. The Select Low and Select High plans require that you select a primary care physician (PCP); a referral from your PCP is required to see any specialists (excluding OB/GYN care).

The Cigna Open Access Point of Service (POS) plan provides in- and out-of-network coverage. With this plan you will need to select a primary care physician (PCP); however, no referrals are required to see a specialist. The Open Access POS utilizes the Colorado Network.

Please go to the Cigna Medical Insurance on the DPS website to search for Cigna providers and to view the prescription drug formulary for each of the plan options. **Please Note:** There are prescription drug formulary differences between the Cigna CDHP, Cigna Select plans, and the Cigna POS plan.

Summary of Covered Benefits	Cigna				
	Cigna CDHP/HSA	Cigna Select Low	Cigna Select High	Cigna POS Option	
	In-Network Only (OA Plus/Choice Fund OA Network)	In-Network only (Colorado Select Network)	In-Network only (Colorado Select Network)	Colorado Network	Out-of Network
Plan Year Deductible (July 1 - June 30)					
Individual	$2,000	$1,500	$500	$1,000	
Family	$4,000	$3,000	$1,000	$2,000	
Plan Year Out-of-Pocket Maximum (July 1 - June 30)					
Individual	$4,000	$3,000	$2,500	$2,500	$6,500
Family	$8,000*	$6,000	$7,500	$5,000	$13,000
Ded. & Copays Included in OOP Max	Yes	No	No	No	
Physician Services					
Office Visits	Deductible, 30%	$25 copay	$25 copay	$25 copay	Deductible, 40%
Specialist	Deductible, 30%	$50 copay	$45 copay	$25 copay	Deductible, 40%
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Children: Ded., 40% Adults: Not Covered
Hospital Services					
Inpatient	Deductible, 30%	Deductible, 30%	Ded., $500 copay	Deductible, 20%	Deductible, 40%
Outpatient/Ambulatory Surgery	Deductible, 30%	Deductible, 30%	Ded., $250 copay	Deductible, 20%	Deductible, 40%
Emergency Room	Deductible, 30%	$150 copay per visit	$250 copay per visit	$100 copay per visit	
Urgent Care Facility	Deductible, 30%	$50 copay	$50 copay	$50 copay	
Diagnostics**					
Lab/X-ray (Physician's office)	Deductible, 30%	Covered at 100%	Covered at 100%	Covered at 100%	Deductible, 40%
High Tech Services—MRI, CT scans, etc. (Outpatient Facility)	Deductible, 30%	$100 copay then deductible, 30%	$100 copay then deductible (no coinsurance)	$75 copay, then deductible, 20%	$150 copay, then deductible, 40%
Prescriptions (30-day Supply)					
Generic	Deductible, 30%	$15 copay	$15 copay	$15 copay	
Brand	Deductible, 30%	$40 copay	$30 copay	$40 copay	Not covered
Non-Formulary Brand	Deductible, 30%	$80 copay	$80 copay	$60 copay	
Specialty Drugs	Deductible, 30%	20%; up to $100/script	20%; up to $100/script	N/A	
Mail Order (90-day supply)	Deductible, 30%	2.5 x retail copay	2.5 x retail copay	2x retail copay	Not covered
Therapies Outpatient Physical, Occup. & Speech Therapy and Chiropractic Care (60 visit max for all therapies combined)	Deductible, 30%	$25/$50 copay	$25/$45 copay	$25 copay	Deductible, 40%;
Vision	Not covered	Not covered	Not covered	Not covered	Not covered
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

Note: Coinsurance amounts shown are what the member pays.

*For the CDHP, if you elect dependent coverage, the individual deductible does not apply; you must satisfy the full family deductible before the plan begins to pay towards services.

**Coverage level varies by procedure. Please refer to the Cigna Colorado Health Plan Description Form for more information.

Kaiser Permanente Plans

Through Kaiser, you have the choice of the CDHP/HSA plan, the Low Option DHMO plan, and the HMO High Option plan.

If you choose to enroll in a Kaiser Permanente plan, your health coverage must be administered by Kaiser physicians, who coordinate your care within Kaiser facilities throughout the metro area. For more information on these plans and to find a provider visit the Kaiser Medical Insurance on the DPS website or go to www.kp.org.

Summary of Covered Benefits	Kaiser Permanente		
	CDHP/HSA Option	Low Option DHMO	HMO High Option
	In-Network Only	In-Network only	In-Network only
Plan Year Deductible (July 1 - June 30)			
Individual	$2,000	$1,000	N/A
Family	$4,000*	$2,000	N/A
Plan Year Out-of-pocket Maximum (July 1 - June 30)			
Individual	$4,000	$3,000	$2,500
Family	$8,000	$6,000	$5,000
Ded. & Copays Included in OOP Max	Yes	No	Some copays included
Physician Services			
Primary Care Physician	Deductible, 30%	$25 copay**	$25 copay
Specialist	Deductible, 30%	$50 copay**	$45 copay
Child/Adult Preventative	Covered at 100%	Covered at 100%**	$15 copay
Hospital Services			
Inpatient	Deductible, 30%	Deductible, 30%	$500 copay
Outpatient/Ambulatory Surgery	Deductible, 30%	Deductible, 30%	$250 copay
Emergency Room	Deductible, 30%	$150 copay**	$250 copay
After Hours Facility	Deductible, 30%	$75 copay**	$75 copay
Diagnostics			
Diagnostic Lab	Deductible, 30%	Covered at 100%**	Covered at 100%
Diagnostic X-ray	Deductible, 30%	Deductible, 30%	Covered at 100%
Therapeutic X-ray	Deductible, 30%	Deductible, 30%	$45 copay
High Tech Services (MRI, CT scans, etc.)	Deductible, 30%	$100 copay**	$100 copay
Prescriptions			
Generic	Deductible, $20 copay	$20 copay	$10 copay
Brand	Deductible, $40 copay	$40 copay	$30 copay
Non-Formulary Brand (subject to authorization process)	Deductible, $60 copay	$60 copay	$50 copay
Specialty Injectable Drugs	Deductible, 20%; up to out-of-pocket max	20%; up to $250/script	20%; up to $250/script
Mail Order (90-day Supply)	Deductible, 2x retail copay	2x retail copay	2x retail copay
Therapies			
Outpatient Physical, Occup. & Speech Therapy	Deductible, 30%; 20 visit maximum for each type of therapy	$25 copay**; 20 visit maximum for each type of therapy	$25 copay; 20 visit maximum for each type of therapy
Chiropractic Care	Not covered	Not covered	$25 copay; 20 visit maximum per plan year
Vision			
Refractive Exam	Not covered	$25 copay	$25 copay
Lifetime Maximum	Unlimited	Unlimited	Unlimited

Note: Coinsurance amounts shown reflect what the member pays.

*For the CDHP, if you elect dependent coverage, the individual deductible does not apply; you must satisfy the full family deductible before the plan begins to pay towards services.

**Deductible and coinsurance may be applicable when procedures are received during a copayment visit. Please refer to the Kaiser Colorado Health Plan Description Form for more information.

What is a health savings account (HSA)? How does an HSA work alongside a consumer-driven health plan (CDHP) to save me $$$?

Find out more about consumer-driven health plans and health savings accounts on page 14.

What is a Consumer-Driven Health Plan?

A consumer-driven health plan (CDHP) pays for covered services only after you meet your annual deductible. If you stay in-network, you will pay the negotiated rate for these services. After you meet your deductible, you pay coinsurance until you meet your out-of-pocket maximum. Once you meet your out-of-pocket maximum, expenses are paid 100% by the plan (except Rx copays under the Kaiser CDHP; copays continue after the deductible has been met). Preventive care is covered at 100%—no deductible, no coinsurance, no copay.

What is a Health Savings Account?

An HSA is a personal health care **savings** account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Your contributions are tax free, and the money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account. An HSA allows you to control your own money, year in and year out.

2012 HSA Contribution Maximums
The 2012 IRS maximum contributions are as follows:

Employee-only coverage: $3,100
All other coverage tiers: $6,250

Individuals age 55 or older may make an additional $1,000 annual catch-up contribution to their HSA.

HSA Eligibility
You are eligible to open and fund an HSA if:

- You are covered by an HSA-eligible high-deductible health plan.
- You are not covered by your spouse's health plan (unless it is an HDHP), health care FSA, or health reimbursement arrangement.
- 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.

Important Note: If you open and fund an HSA, you can contribute to a limited purpose health care FSA (LPFSA). Allowable expenses are limited to eligible dental and vision expenses only. You may contribute up to $2,500 to your LPFSA for the 2012–2013 plan year (July 1–June 30). Please contact HR Connect if you have questions at 720-423-3900.

Your HSA is an Individually Owned Account

- You own and administer your HSA.
- You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses.
- You must establish an HSA prior to the date of service for expenses to be eligible for reimbursement.
- Like a bank account, you must have a balance in order to pay for eligible health care expenses.
- It is important that you keep receipts for tax documentation.
- An HSA allows you to save and "roll over" money if you do not spend it in the calendar year.
- The money in the account is always yours, even if you change health plans or jobs.
- There are no vesting requirements or forfeiture provisions.

How does an HSA Work Alongside a CDHP to Save Me Money?

Use Your HSA to Pay for Qualified Medical Expenses

- Use your HSA money to pay for eligible health expenses now or in the future.
- HSA funds can be used for your expenses and those of your spouse and eligible tax dependents (as defined under the tax code), even if they are not covered by the Cigna CDHP or Kaiser CDHP. Note: health reform's "age 26 rule" for non-dependent children does not apply to HSAs.
- Eligible expenses include your medical and dental deductibles, copays, coinsurance, eye exams, prescription expenses, and LASIK surgery.
- A complete list of eligible expenses can be found at www.wageworks.com.
- You can increase or decrease your contribution at any time.

Maximize Your Tax Savings

- Contributions to an HSA are tax free, and can be made through payroll deduction on a pre-tax basis.
- If you open an account through a banking institution other than WageWorks, the District cannot deduct pre-tax contributions from your paycheck; you will need to make post-tax contributions directly to the institution and claim the deduction on your federal income tax filing for any amounts you contribute to your HSA.
- The money in your HSA (including interest and investment earnings) grows tax free.
- As long as you use the funds to pay for qualified medical expenses, the money is used tax free.

Important Note: You must make your HSA election during your initial eligibility period and re-enroll during open enrollment to continue contributions. If you elect to participate in the HSA, a welcome packet from WageWorks will be mailed to your home.

Dental Plans

Denver Public Schools offers you and your eligible dependents two comprehensive dental plans through Delta Dental of Colorado.

Delta Dental EPO—Services must be performed by a PPO network dentist.

Delta Dental PPO Plus Premier—You have the flexibility to see any dentist of your choice; however, you will maximize your savings if you see a Delta Dental PPO dentist. If you use a dentist other than a Delta Dental PPO or Premier dentist, you pay the difference between the actual cost of the service and the cost approved by Delta Dental for the covered benefit.

Summary of Covered Benefits	Delta Dental EPO Plan	Delta Dental PPO Plus Premier Plan	
	PPO Network Only	PPO or Premier Network	Out-of-Network
Calendar Year Deductible			
Individual	$0	$50	$50
Family	$0	$150	$150
Preventive Care	Various Covered Amounts[1]	Covered at 100%	Covered at 100%
Basic Services	Various Covered Amounts[1]	Deductible, 20%	Deductible, 20%
Major Services	Various Covered Amounts[1]	Deductible, 50%	Deductible, 50%
Dental Implants	Not covered	Deductible, 50%	Deductible, 50%
Calendar Year Maximum Benefit (per covered individual)	Unlimited	$1,500	$1,500
Orthodontia (no age limit)	Various Covered Amounts[1]	50%	50%
Lifetime Maximum		$1,000	$1,000

[1] Refer to Delta Dental plan documents for maximum amounts covered.
Note: Coinsurance amounts shown are what the member pays.

Below is an example of the cost difference between a PPO dentist, Premier dentist, and non-participating (out-of-network) dentist.

Benefit Illustration Only Service: Porcelain Crown	In-Network		Out-of-Network
Network	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Fee Charged	$1,000	$1,000	$1,000
Maximum Dentist Can Charge	$710	$950	Unlimited
Deductible	$50	$50	$50
Benefit Percentage	50%	50%	50%
Delta Dental Pays	$330	$450	$300
Patient Pays	**$380**	**$500**	**$700**

To find out if your dentist is a PPO or Premier dentist, go to www.deltadentalco.com or call the Customer Relations Department at 303-741-9305. If you do not have a dentist and/or would like help selecting a dentist, please contact the Customer Relations Department.

Vision Plan

Denver Public Schools offers you and your eligible dependents a vision plan through VSP. If you seek services from a Choice Network provider you receive the greatest benefit. Should you seek services from an out-of-network provider, you must pay the full amount due at time of service and may then submit a claim for reimbursement. For a list of network providers, visit www.vsp.com.

Summary of Benefits	VSP Plan	
	In-Network (Choice Network)	Out-of-Network
Eye Exam	Covered in full	Up to $45 reimbursement
Contact Lens Exam	$60 copay	Not covered
Frequency	Every 12 months	
Lenses		
Single	Covered in full	Up to $30 reimbursement
Bifocal	Covered in full	Up to $50 reimbursement
Trifocal	Covered in full	Up to $65 reimbursement
Frequency	Every 12 months	
Frames	$120 allowance; 20% discount	Up to $70 reimbursement
Frequency	Every 12 months	
Contact Lenses—elective (in lieu of glasses)	$120 allowance	Up to $105 reimbursement
Laser Correction	15-20% discount	Not covered

2012–2013 Monthly Employee Premiums

Cigna Plans

	Cigna CDHP/HSA	Cigna Select Low	Cigna Select High	Cigna POS
Employee Only	$336.43	$387.55	$576.93	$522.19
Employee & Spouse	$769.18	$876.54	$1,274.23	$1,159.29
Employee & Child(ren)	$651.17	$743.19	$1,131.81	$985.53
Employee & Family	$1,064.25	$1,209.95	$1,749.68	$1,593.68

Kaiser Plans

	Kaiser CDHP/HSA	Kaiser DHMO Low	Kaiser HMO High
Employee Only	$252.85	$330.61	$397.94
Employee & Spouse	$593.68	$756.97	$898.37
Employee & Child(ren)	$500.73	$640.69	$761.89
Employee & Family	$826.07	$1,047.68	$1,239.57

Note: Medical rates include a $57 District subsidy, which is subject to collective bargaining negotiations.

Delta Dental Plans

	Delta Dental EPO	Delta Dental PPO + Premier
Employee Only	$26.78	$34.08
Employee & Spouse	$54.03	$65.45
Employee & Child(ren)	$66.18	$92.78
Employee & Family	$93.42	$124.21

VSP Vision Plan

	VSP Vision
Employee Only	$7.09
Employee & Spouse	$15.78
Employee & Child(ren)	$16.28
Employee & Family	$23.37

Pre-Tax and Post-Tax Considerations

You may elect to have your medical, dental, and vision premiums deducted from your paycheck on either a pre- or post-tax basis through the Self-Service portal. If you are not within a few years of retirement, you may wish to have your premiums taken out on a pre-tax basis to lower your taxable income.

However, if you are within a few years of retirement (3-4 years), you need to be aware of how pre-tax premiums, and health care and dependent care flexible spending accounts impact your pensionable salary calculation. PERA's definition of pensionable (PERA-includable) salary is based on compensation for services rendered. However, pre-tax deductions for your health insurance premiums (medical, dental, and vision) or enrollment in health care or dependent care flexible spending accounts will not be included. For more details please review PERA's Section 125 Plan document.

During the years your salary will be included in your Highest Average Salary (HAS) calculation, you may want to consider electing a post-tax deduction of your health insurance premiums to ensure that your deduction does not reduce your salary for pension purposes. Likewise, you may want to consider stopping participation in any flexible spending accounts (health care or dependent care). The election of post-tax premium deductions and/or discontinuation of flexible spending accounts can only be done during your initial eligibility period.

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

Flexible Spending Accounts

Denver Public Schools offers two types of flexible spending accounts (FSAs)—health care and dependent care. Employees MUST re-enroll during annual open enrollment to continue to contribute to these accounts.

Health Care FSA

The health care FSA allows you to set aside money from your paycheck before income taxes (federal, Social Security, and state taxes, if allowed) are withheld to pay for eligible expenses, such as your medical and dental deductibles, copays, coinsurance, eye exams, prescription expenses, LASIK surgery, and other health-related expenses that are not otherwise reimbursed by insurance.

You may contribute up to $2,500 to the health care FSA for the 2012–2013 plan year (July 1–June 30).

Reminder: Over-the-counter drugs are no longer considered eligible expenses under the health care FSA, unless you have a written prescription from your doctor. You will need to submit either a receipt listing an Rx number or the prescription along with a receipt detailing the purchase in order to be reimbursed. You must keep the prescription along with the receipt for your tax records in order to avoid IRS penalties.

Important Note: If you open and fund an HSA, you can contribute to a limited purpose health care FSA (LPFSA). Allowable expenses are limited to eligible dental and vision expenses only. You may contribute up to $2,500 to your LPFSA for the 2012–2013 plan year (July 1–June 30). Please contact Human Resources if you have questions.

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 home who is physically or mentally unable to care for himself or herself.

Below are examples of eligible expenses:

- Day care facility fees
- Before- and after-school care
- In-home babysitting fees (income must be reported by your care provider)

Under the dependent care FSA, if you are married and file a joint return, or if you file a single or head of household return, the annual calendar year (January–December) IRS limit is $5,000. If you are married and file separate returns, you can each elect $2,500 for the plan year.

Reminder: You and your spouse must be employed or your spouse must be a full-time student to be eligible to participate in the dependent care FSA.

How does an FSA work?

You decide how much to contribute to your health and/or dependent care FSA on a plan year basis to the maximum allowable amount. 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 plan year.

The administration of the health care FSA and dependent care FSA is provided by WageWorks. WageWorks issues a special purpose debit card to all employees enrolling in either of these accounts. This card provides instant access to your account funds and allows payment for eligible products and services at the point of sale without submitting a claim form and waiting for reimbursement. All FSA participants will receive a debit card from WageWorks.

Claims that cannot be paid by the card can be submitted electronically through online claim submission on the WageWorks website or submitted by mail.

Always keep your debit card receipts, as you may need to provide documentation for certain transactions.

Things to consider before you contribute to an FSA

- Be sure to fund the account wisely. Due to the favorable tax treatment of FSAs, the IRS requires that you forfeit any money left in your account if you do not spend it by the end of the plan year.
- You cannot take income tax deductions for expenses you pay with your health care and/or dependent care FSA.
- You cannot stop or change contributions to your FSA during the year unless you have a change in status consistent with your change in contributions. Also, you must re-enroll at open enrollment to continue your contributions.
- During the years your salary will be included in your Highest Average Salary calculation, so you may want to consider stopping participation in the FSA accounts. (See page 16 of this guide for details.)

For a full list of eligible expenses, and tools to help you estimate your expected expenses and tax savings, please go to www.wageworks.com.

Flexible Spending Accounts Worksheets

The following worksheets are provided to assist you with estimating your annual expenses. Be sure to fund the accounts carefully, as money contributed does not carry over from one year to the next.

Health Care FSA

Eligible Expenses (07/01/12 through 06/30/13)	Health Care FSA	
Medical/dental plan deductible, copays, coinsurance	You Your Eligible Dependent(s)	$ $
Eye exam/eyewear/Lasik	You Your Eligible Dependent(s)	$ $
Other (orthodontia, over-the-counter supplies, acupuncture, etc.)	You Your Eligible Dependent(s)	$ $
Total Projected Expenses		**$**
Divided by # of pay periods	÷	
Amount per pay check (deduction not to exceed $250 per month)		**$**

Dependent Care FSA

Eligible Expenses (07/01/12 through 06/30/13)	Dependent Care FSA				Projected Annual Expense
Daycare for a child or dependent	$_____ (weekly cost)	X	_____ (number of weeks)	=	
Divided by # of pay periods					÷
Amount per pay check (Deduction not to exceed $416.16 per month)					**$**

An Example of Pre-Tax Savings

	With FSA Account	Without FSA Account
Annual Salary	$25,000	$25,000
Health Care FSA Election	$ 2,000	$0
Dependent Care FSA Election	$ 5,000	$0
Taxable Salary	$18,000	$25,000
Federal/State Income Taxes (20%)	$ 3,600	$ 5,000
FICA Taxes (7.65%)	$ 1,377	$ 1,913
Salary After Taxes	$13,023	$18,087
Reimbursement from FSA	$ 7,000	$0
Net Take Home Pay	$20,023	$18,087
Tax Savings	**$ 1,936**	**N/A**

Important Notices

Denver Public Schools' Initial Notice of Your HIPAA Special Enrollment Rights

Loss of Other Coverage - If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage. To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after your other coverage ends or after the employer stops contributing towards the other coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption - If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after the marriage, birth, adoption or placement for adoption.

Medicaid Coverage – DPS group health plan will allow employees or dependents who are eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

1. TERMINATION OF MEDICAID OR CHIP COVERAGE - If the employee or dependent is covered under a Medicaid plan or under a State child health plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.

2. ELIGIBILITY FOR EMPLOYMENT ASSISTANCE UNDER MEDICAID OR CHIP - If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan **within 60 days** after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends.

For more information please visit the Change of Status webpage. To request special enrollment or obtain more information, please contact HR Connect at 720-423-3900.

Medicare and Your DPS Benefits

Your Prescription Drug Coverage and Medicare

Please review the "**Medicare Creditable Coverage Notice**" for important information for you or your family members who are covered by Medicare or will be covered by Medicare in the next 12 months. The purpose of this notification is to advise you that all of the prescription drug coverage offered under the DPS benefits plans is on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays, and therefore is considered "creditable" prescription drug coverage under Medicare Part D, **with the exception of the Kaiser CDHP/HSA option.**

The Kaiser CDHP/HSA which is considered to be "non-creditable" coverage is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays, and is considered "non-creditable" coverage. This is important, because most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Kaiser CDHP/HSA. It's also important because if you delay your enrollment in a Medicare drug plan, you may have to pay a late enrollment penalty later, when you *do* enroll in a Medicare drug plan.

Please see the applicable Medicare Part D notice, **Creditable Coverage Notice – Cigna Plans, Kaiser Low and High Options** or **Non-Creditable Coverage Notice – Kaiser CDHP** for more details.

What Happens When I turn 65

Navigating through the Medicare system can be complex. DPS has a Medicare overview and information regarding your benefit choices as an active DPS employee. If you are turning 65 this plan year (July 1–June 30), please visit our website (http://hr.dpsk12.org/stories/storyReader$170).

TO COVERED EMPLOYEES AND FAMILY MEMBERS ABOUT COBRA CONTINUATION COVERAGE UNDER GROUP HEALTH PLANS

THIS IS A VERY IMPORTANT NOTICE.

Please make sure that all members of your family read it carefully.

Dear Employee and Dependents:

A. Continuation coverage

A federal law known as "COBRA" requires that group insurance plans offer "covered employees" and their families the opportunity for a temporary extension of insurance coverage ("continuation coverage") in certain instances ("qualifying events") where coverage under the plan would otherwise end. **To receive this continuation coverage, the covered employee, spouse or dependent must pay the monthly premiums directly to the COBRA Administrator.** This notice is intended to inform you of your rights and obligations regarding COBRA continuation coverage. Both you and your covered dependents should take the time to read this notice carefully. The Term "covered employees" will include any individual who is or was provided coverage because of performance of services for Denver Public Schools.

B. Eighteen Month Continuation

If you are a covered employee, spouse or dependent covered under the Denver Public Schools group medical, dental and/or vision care plans and your group coverage terminated due to any of the following reasons, called qualifying events, then you will have the right to elect continuation coverage for a maximum of 18 months after the qualifying event occurs:

a. Termination of a covered employee's employment (for reasons other than gross misconduct) or reduction in the covered employee's hours of employment.
b. Covered employee's change in status to a classification not covered by the Plan.

If you are a covered employee, spouse or dependent and disabled at the time of a qualifying event involving termination of employment or a reduction in hours, the 18 month continuation period may be extended an additional 11 months. The disabled individual must give the COBRA Administrator notice of the physician's determination of disability within 60 days of such determination and before the end of the initial 18-month period. The individual is also responsible for notifying the COBRA Administrator within 30 days of a Social Security (or other) final determination that the disability no longer exists.

If the covered employee does not elect continuation coverage, the covered employee's spouse and each of the covered employee's eligible dependents will have a separate right to elect it. **THEREFORE IT IS IMPORTANT THAT THE COVERED EMPLOYEE, SPOUSE AND ALL DEPENDENTS READ THIS.**

C. Thirty-six Month Continuation

If you are the spouse or dependent child of a covered employee and you lose group insurance coverage for one of the following reasons (also qualifying events), you will have the right to elect continuation coverage for a maximum of 36 months after the qualifying events occurs:

a. The death of the covered employee.
b. Divorce or legal separation from the covered employee.
c. The covered employee becomes entitled to Medicare during an 18 month COBRA continuation period.

A dependent child of a covered employee who loses group insurance coverage under the Plan because the dependent ceases to be a "dependent child" as defined under the Plan, will have the right to elect continuation coverage for a maximum of 36 months after the qualifying event occurs.

D. Multiple Qualifying Events

An 18-month period of continuation coverage may be extended to a period of up to 36 months for a covered employee's spouse or dependent child if a second qualifying event occurs within the first 18-month period. For example, if a covered employee's spouse is on continuation coverage for 18 months due to the termination of the covered employee's employment, and during the 18-month period the former covered employee dies, the spouse will be eligible to maintain his or her continuation coverage for up to 36 months from the date of the first qualifying event. In no event, will the COBRA continuation coverage extend beyond 36 months from the date of the first qualifying event, and it may end before the 18 or 36 month period expires, as explained later in this notice.

E. What Health Coverage May be Continued

You are eligible to continue only those medical, dental and vision care benefits for which you were covered at termination. If you were covered under the medical insurance plan plus the dental and vision plans you may elect to continue either medical benefits or the full package of medical, dental and vision care benefits. You will have the opportunity to change health plan coverage in the same manner as covered employees.

F. How Much will the Benefit Cost

Any person who elects to continue coverage under the Plan must pay the full cost of that coverage (including both the share you now pay, if any, and the share the School District now pays), plus any additional amounts allowed by law.

G. Termination of Continuation Coverage

Under the law, continuation coverage may be terminated before the end of the maximum period of the coverage for any of the following reasons:

a. The Plan is terminated (in which case you may have the opportunity for coverage under other group insurance plans sponsored by the employer).
b. Your premium for COBRA continuation coverage is not paid on time.
c. Coverage is obtained under another employer-funded group insurance plan, as an employee, spouse or dependent of an employee. In the event another employer funded group insurance plan has a pre-existing condition clause or limitation, continuation coverage may be continued until the (18) or (36) month period has been exhausted or the pre-existing condition clause has been satisfied.
d. The individual becomes entitled to Medicare.

At the end of the continuation coverage period, you will be allowed to convert to an individual insurance policy if that is provided under the Plan at that time. You should note that the conversion option, if any, will not apply if your continuation coverage terminates before the end of the applicable continuation coverage period.

If you do not elect continuation coverage, your group insurance coverage will end and the Plan will not pay claims for services provided on and after the date your coverage terminates (unless the Plan provides an extension of coverage for an existing course of treatment.) If you do not elect continuation coverage, you can still apply for an individual conversion policy in accordance with provisions set forth in the Evidence of Coverage booklet.

NOTE: Continuation coverage is not the same as conversion coverage. Conversion coverage provides you with an individual policy of medical insurance handled directly between you and the insurance company, provided you apply for conversion coverage within the applicable time limits. Unlike continuation coverage, conversion coverage does not guarantee coverage identical to your group medical plan and your premium will be paid directly to the insurance company at individual rates.

If your coverage will be terminated due to retirement and you do not elect continuation coverage, you may be eligible for other retiree coverage provided under the Plan.

H. Procedures to Elect Continuation Coverage

1. In the case of death of the covered employee, termination of employment, reduction in hours, or entitlement to Medicare, which causes your eligibility to terminate, you or your dependent will receive information from the COBRA Administrator concerning the continuation of coverage election provisions, including the self-payment rates.

2. In the case of divorce or a dependent child who ceases to qualify as a dependent, the covered employee, spouse or dependent child must notify the COBRA Administrator within 60 days of the event. If notice is not received within 60 days of the event, your dependents will not be eligible for continuation coverage. Loss of dependent status occurs when the dependent no longer meets the Plan's definition of a dependent. Notice to the COBRA Administrator should be sent as indicated below.

3. When the covered employee, spouse or dependent is disabled at the time of a qualifying event involving termination or reduction of hours, the covered employee, spouse or dependent child must notify the COBRA Administrator within 60 days of the Physician's determination of disability and before the end of the initial 18 month period.

4. When the COBRA Administrator is notified that a qualifying event has occurred, you will be sent an election form and other information regarding continuation coverage. You will have at least 60 days from the date your coverage terminates under the Plan or, if later, 60 days from the date of the notice advising you of your election rights to make your decision. You do not have to show that you are insurable to obtain continuation coverage.

Please keep this notice with your current plan booklets. If you have any questions, please feel free to contact the COBRA Administrator.

Planned Benefits Systems
Customer Service
800-800-0133
Or call, HR Connect at 720-423-3900

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement
FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements
Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections
During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements
Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition
A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment. collective bargaining agreement which provides greater family or medical leave rights.

Use of Leave
An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave
Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities
Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities
Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.
Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers
FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement
An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.
FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

For additional information: 1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627 **WWW.WAGEHOUR.DOL.GOV**

Contact Information

Plan	Phone Number	Web Site/Email
HR Connect	**720-423-3900**	**hr.dpsk12.org/employee_insurance**
Medical Plans - Kaiser	303-338-3800	www.kp.org
Medical Plans - Cigna	800-244-6224	www.mycigna.com
Health Savings Account - WageWorks	877-924-3967	www.wageworks.com
Dental Plans - Delta Dental	303-741-9305	www.deltadentalco.com
Vision Plan - VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts - WageWorks	877-924-3967	www.wageworks.com
Life and AD&D Insurance - MetLife	800-638-6420	—
Colorado PERA	303-832-9550 or 800-759-7372	www.copera.org
Long-Term Care - Unum	800-227-4165	—
Employee Assistance Program (EAP) - Access Code: DPS	800-640-7690	www.liveandworkwell.com/public
Wellness Initiative	720-423-3700	theyourevolution.dpsk12.org
AFLAC (contact Marsha Hebert)	720-291-6456	marsha_hebert@msn.com
Auto, Home and Pet Insurance - MetLife	800-438-6388	—
Westerra Credit Union	303-321-4209	www.westerracu.com
DPS Supplemental Benefits Program (It's not just for teachers)	303-377-0222	www.denverteachersclub.com

This guide is a brief summary of your benefits and does not constitute a policy. Denver Public Schools may amend the benefit program at any time. Your Summary Plan Description (SPD) will contain the actual detailed provisions of your benefits. If there are any discrepancies between the information in this guide and the SPD, the SPD will prevail.

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