July 2020 – June 2021
Benefit Plan Highlights

Delta County School District 50J offers a comprehensive suite of benefits to promote health and financial wellness for you and your family.

This brochure provides a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you.

Benefit Basics

As a Delta County School District 50J employee, you are eligible for benefits if you work at least 30 hours per week. Benefits are effective on the first day of the month following your date of hire.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your Legal Spouse
- Civil Union Partner
- Your children up to age 26

Changes in Status / Life Events

You can add or drop dependent(s) during your initial hire, open enrollment, and if a qualifying event occurs. When a qualifying event occurs, you have 30 days from the date of the qualifying event to notify Human Resources in an email. Below are considered qualifying events:

1. **Change in marital status**
    - Marriage
    - Death of spouse
    - Divorce
    - Legal separation
2. **Change in number of dependents**
    - Marriage
    - Birth
    - Death
    - Adoption of child
    - Placement of a child for adoption
3. **Change in spouse coverage status**
    - Commencement or termination of spouses health coverage on another health plan

Who is Willis Towers Watson?

Willis Towers Watson is the broker/administrator for Delta County School District 50J. It provides a Watts line for plan participants to obtain answers on claims and benefits questions at 800-332-1168. Willis Towers Watson has service representatives that make periodic visits to Delta County School District 50J to answer questions. Finally, Willis Towers Watson handles the premium invoice process between Delta County School District 50J and UMR.

What are the Roles of UMR, CVS Caremark, Delta Dental, Vision Service Plan (VSP), and Teladoc?

Delta County School District 50J has contracted with these managed health care companies to provide services:

UMR provides third party claim payment services and access to the RMHP provider networks for Delta County School District 50J members who have medical coverage.

Delta Dental of Colorado provides third party dental claim payment services and access to their Dental PPO and Premier networks.

CVS Caremark provides the pharmacy payment and access to their provider network for Delta County School District 50J members who have medical coverage.

Vision Service Plan (VSP) provides the vision payment and access to their provider network for members who have vision coverage.

Teladoc provides 24/7/365 access to U.S. board certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care fast. Some of the common conditions that Teladoc doctors can treat are: cold and flu symptoms, allergies, sinus problems, and many more.

Much of your correspondence, such as Explanations of Benefits (EOB's) and requests for further information, will come from UMR. Additionally, you will receive ID cards from UMR, CVS Caremark, and Delta Dental but not from VSP or Teladoc.

Need help with a claim?

Willis Towers Watson has a customer service team of eight individuals to assist CEBT clients with a variety of benefit information. The Customer Service Representatives are housed right in Willis Towers Watson offices. Their hours of operation are Monday – Friday 7:30 – 4:30 (except Fridays they close at 4:00). If you need assistance in any of the following areas, please call the customer service line at **1 800 332 1168**:

- Benefit information
- Claim resolution
- Claim status
- Explanation of Benefits
- Deductibles
- Order ID cards

Summary of Medical Benefits Benefits will be payable during a calendar year as shown below and may vary depending upon whether or not needed care is received from a hospital, physician, or other provider. You do not need a referral to see a specialist.

MEDICAL PLAN	
Deductible Per Calendar Year	$2,000 individual / $7,500 family
Co-insurance	Subject to deductible then, 80/20 of R&C
Maximum Out of Pocket (Medical & Prescription drug combined out of pocket)	$6,600 individual / $13,200 family
Office Visits	Subject to deductible, then 80/20 of R&C
Non-Surgical X-Ray and Lab Expenses	100%, no deductible
Surgical Outpatient Lab and X-Ray Charges	Subject to deductible, then 80/20 of R&C
Prescription Drugs (Generic and Brand)	80% Generic 70% Preferred Brand 60% Non-Preferred Brand If a generic is available and a member or provider chooses a brand drug, the member will pay the difference in cost between the brand and generic plus applicable coinsurance.
Routine Well Adult and Child Care	100% - No Deductible
Women's Preventative Health Benefits	100% - No Deductible
Hospital Expenses	
Inpatient Facilities, Outpatient Facilities, Emergency Room Facilities, Urgent Care, Ground or Air Transport, Chiropractic Care, Durable Medical Equipment (per item), Home Health Care	Subject to deductible, then 80/20 of R&C
Hospice Expenses	
Hospice Care, Bereavement Counseling Maximum	Subject to deductible, then 80/20 of R&C
Maternity Expenses	
Inpatient Hospital, Inpatient Physician, Birthing Center Facility	Subject to deductible, then 80/20 of R&C
Other Expenses	
Mental Health (Inpatient and outpatient), Substance Abuse (Inpatient and outpatient), Physical / Speech / Occupational Therapy	Subject to deductible, then 80/20 of R&C

Definitions	
Medical Annual Maximum, per Individual:	▪ Includes all other maximums ▪ No Limit ▪ The term "annual maximum" means the total amount of benefits which may be payable under the Plan for a calendar year (January 1 – December 31).
Maximum Family Deductible:	▪ The Plan will consider each person's deductible to be satisfied for a calendar year once you and your dependent(s) incur covered expenses for a calendar year which satisfy all or part of each person's separate deductible; and together equal the maximum family deductible.
Deductible	▪ The term "deductible" means a specified dollar amount of covered expenses which must be incurred during a calendar year, or as specified, before any other covered expenses can be considered for payment.
Coinsurance	▪ The term "coinsurance" means the amount payable by the Plan for a covered expense. The covered person is required to pay the amount not paid by the Plan.
Out-of-Pocket Maximum	Out-of-pocket per Calendar Year, including the applicable calendar year deductible: The following expenses will not be considered toward the out-of-pocket limits, nor will they be paid at 100% once the out-of-pocket limits have been reached: 1. Expenses payable at 100%. 2. Non-covered expenses. The term "out-of-pocket maximum" means the total amount in deductibles and coinsurance a covered person must pay during a calendar year. All eligible accumulated deductibles and coinsurance amounts payable by the covered person are combined to satisfy the respective out-of-pocket maximums under all levels of benefits. When the covered person reaches his or her out-of-pocket maximum, the Plan will pay 100% of any additional covered expenses eligible for that individual during the remainder of that calendar year or to the maximums of the Plan, whichever occurs first.
Reasonable and Customary Charges (R&C)	For Non-PPO Providers, the lesser of the fee most often charged by the provider or the maximum allowable fee as determined by the plan. The maximum allowable fee is set by comparing the service to a national database of fees. The database is adjusted to the locality where the service was performed.

Covered Preventative Services – Adult Men and/or Women

Eligible charges for the routine items below will be covered at 100% through an in network provider. Through an out of network provider, charges are subject to the plan deductible and coinsurance.

General Screening Guidelines for Women & Men	
Alcohol Misuse – screening & counseling	**Aspirin –** ages 55 – 79 – RX Plan
Blood Pressure	**Tobacco Screening**
Cholesterol Screening	**Colonoscopy –** over age 50
Depression Screening	**Cologuard**
Diabetes (Type 2) Screening	**Diabetes Test**
Hepatitis B & C Screening	**Diet Counseling**
Immunization Vaccines – see section below: "General Immunization/Vaccine for Women & Men"	**HIV Screening –** annually
Obesity Screening & Counseling	**Lung Cancer Screening** - high risk
Sexually Transmitted Infection (STI) – prevention counseling- provided annually	**Generic Statins** – age 40 – 75; with one or more CVD risk factors and have been calculated 10 years risk of cardiovascular event 10% or greater
Syphilis Screening	
General Screening Guidelines for Women	
Anemia Screening – for pregnant women	**Bacteruria Screening –** for pregnant women
Breast Cancer Chemoprevention Counseling	**Breastfeeding** - comprehensive support and counseling
BRCA Testing & Counseling	**Rental or Purchase of a breast pump –** limited to one per pregnancy
Chlamydia Infection Screening	**Cervical Cancer Screening**
Domestic and Interpersonal Violence – screening and counseling- annually	**Clinical Breast Exam**
Folic Acid Supplements – RX Plan	**Expanded Tobacco** – intervention and counseling for pregnant tobacco users
Gonorrhea Screening	**Gestational Diabetes Screening**
Osteoporosis Screening – over age 60	**Routine Mammogram –** a baseline age 35-39, one every calendar year age 40-49, no frequency limitations for age 50 and older.
Oral contraceptives and sterilization procedures	**Urinary Tract or Other Infection Screening**
Rh Incompatibility Screening	**Well-woman Visits**
HPV DNA testing COV 30 years and older	
General Screening Guidelines for Men	
Abdominal Aortic Aneurysm One Screening – aged 65 - 79	**Digital Rectal Exam (DRE)**
	Prostate Specific Antigen (PSA)
General Immunization / Vaccine for Women & Men	
Hepatitis A & B	**Human Papillomavirus (HPV) –** thru age 26
Influenza – flu shots	**Measles**
Meningococcal	**Mumps**
Pneumococcal (pneumonia)	**Rubella**
Zoster (shingles) – age 60 and over	**Shingrix (shingles) –** age 50 and over

Covered Preventative Services – Children

Eligible charges for the routine items below will be covered at 100% through an in network provider. Through an out of network provider, charges are subject to the plan deductible and coinsurance.

General Screening Guidelines for Children	
Alcohol & Drug Use – assessments for adolescents	**Autism –** screening for children at 18 and 24 months
Behavioral – assessments for children of all ages	**Blood Pressure Screening**
Cervical Dysplasia Screening – screening for sexually active females	**Congenital Hypothyroidism** – screening for newborns
Developmental – screening	**Dyslipidemia Screening –** for children at higher risk of lipid disorders
Fluoride Chemoprevention Supplements	**Gonorrhea Prevention Medication-** for the eyes of all newborns
Hearing Screening – newborns	**Height, Weight & Body Mass Index (BMI) measurements** – for children
Hematocrit or Hemoglobin Screening	**Hemoglobinpathies or Sickle Cell Screening** – for newborns
Hepatitis B Screening	**HIV Screening** - for adolescents at high risk
Hypothyroidism Screening – for newborns	**Immunization Vaccines** – see section below: "General Immunization/Vaccine for Children"
Iron Supplements	**Lead Screening**
Medical History	**Obesity Screening and Counseling**
Oral Health – risk assessment	**Phenylketonuria (PKU) Screening**
Sexually Transmitted Infection (STI) – prevention counseling	**Tuberculin Testing**
General Immunization / Vaccine for Children	
Diphtheria, Tetanus, Pertussis	**Haemophilus Influenza Type B**
Hepatitis A & B	**Human Papillomavirus (HPV) –** thru age 26
Inactivated Poliovirus	**Influenza – flu shots**
Measles	**Meningococcal**
Pneumococcal (pneumonia)	**Rotavirus**
Varicella (chicken pox)	

Dental Coverage- Delta Dental Group #W1838

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health.

MAXIMUM BENEFIT Calendar Year Maximum			$2,000 per member, per calendar year	
LIFETIME DEDUCTIBLE Applies to Basic and Major Services			Deductible – $75 / member / lifetime	
PPO	**PREMIER**	**NON-PAR**	**COVERED SERVICES**	**BENEFIT INFORMATION (subject to Delta Dental guidelines)**
DIAGNOSTIC AND PREVENTIVE SERVICES				
80%	80%	80%	Oral Exams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented EBD condition.
			Sealants	Once per tooth in a 36-month period for unrestored permanent molars, through age 14
			Bitewing X-Rays	Once in a calendar year
			Full Mouth X-Rays	Once in a 60-month period
			Fluoride	Twice in a calendar year, through age 15
			Space Maintainers	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13
BASIC SERVICES; including occlusal guards				
80%	80%	80%	Fillings	Once per tooth in a 12-month period; amalgam fillings on back teeth; composite (white) fillings limited to front teeth
			Simple Extractions	
			Oral Surgery	
			Endodontics / Periodontics	Periodontal maintenance covered up to 4 times in a calendar year with prior definitive periodontal treatment
MAJOR SERVICES				
50%	50%	50%	Crowns	Once per tooth in a 60-month period. Not a benefit under age 12.
			Implants	Once per tooth in a 60-month period. Not a benefit under age 16.
			Dentures, Bridges	Once in a 60-month period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.
ORTHODONTICS $1,500 lifetime maximum - $50 lifetime deductible				
50%	50%	50%	For covered children to age 19	

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.
Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.
Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist. Open Enrollment applies. Members may add coverage once per year. This is a brief description of services covered under your dental plan. Please refer to the Employee Benefit Booklet for full plan details. If differences exist between this summary and the Employee Benefit Booklet, the Employee Benefit Booklet will govern.

Vision Coverage- Plan B 12/12/24

Vision benefits are through VSP, which is the network of vision providers you can access. If you would like to find a provider, you are able to go to www.VSP.com. Right on the front page you can enter your zip code to pull up local providers. Please note that the benefit year is a rolling 12 months.

Plan B

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	• Focuses on your eyes and overall wellness • Every 12 months	$15
Prescription Glasses		$15
Frame	• $160 allowance for a wide selection of frames • $180 allowance for featured frame brands • 20% savings on the amount over your allowance • $80 Costco® frame allowance • Every 24 months	Included in Prescription Glasses
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months	Included in Prescription Glasses
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements • Every 12 months	$50 $80 - $90 $120 - $160
Contacts (instead of glasses)	• $160 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 12 months	Up to $60
Extra Savings	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.	
	Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam	
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	
Your Coverage with Out-of-Network Providers		
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.		
Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.		

EXCLUSIONS: Benefits covered under Worker's Compensation Act, surgery or medical treatment of eyes, replacement of lost, stolen or broken lenses and/or frames, services and supplies for which you or your dependent are not required to pay, services and supplies not listed.

ENROLLMENT RESTRICTIONS: If any employee or dependent drops coverage, he or she must have proof of a qualifying event to do so outside open enrollment. The employee or dependent will need to wait until the next open enrollment period to re-enroll or have proof of a qualifying event.

Life and Accidental Death & Dismemberment (AD&D) Insurance Coverage

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment. Delta County School District 50J provides Basic Life and AD&D Insurance to all eligible employees at no cost to employees through The Standard.

Life The Life insurance benefit is payable to the designated beneficiary upon the death of the insured.

AD&D Coverage Accidental Death and Dismemberment insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e.; the loss of a hand, foot, or eye). In the event that death occurs from an accident, both the Life and the AD&D benefit would be payable

Life / AD&D	$20,000
Benefit Reduction	Life and AD&D benefits will reduce 40% at age 65, 65% at age 70, 75% at age 75, and 80% at age 80

Long Term Disability—The Standard

Delta County School District 50J provides LTD coverage to employees at no additional cost.

Long Term Disability	
Monthly Benefit	60% of the first $8,333 of monthly pre-disability earnings, reduced by deductible income (IE work earnings, works' compensation, statue disability, etc).
Elimination Period	You must be disabled for 90 days before benefits begin.
Definition of Disability	For the benefit waiting period and the first 24 months that LTD benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder.
Benefit Duration	If you become disabled before age 62, LTD benefits may continue during disability until age 65.

Employee Assistance Program (EAP)—WorkLife

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the EAP which includes WorkLife Services and is available to you and your family. As an employee of Delta County School District, you have three face-to-face assessments and counseling sessions per issue. EAP services can help with:

Depression, grief, loss and emotional well-being	Family, marital and other relationship issues
Life improvement and goal-setting	Addictions such as alcohol and drug abuse
Stress or anxiety with work or family	Financial and legal concerns

Teladoc

Teladoc provides 24/7/365 access to U.S. board certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care fast. Some of the common conditions that Teladoc doctors can treat are: cold and flu symptoms, allergies, sinus problems, and many more. **Delta County School District pays for the full cost of the consult so there is no copay for the member.**

Imagine this...

You wake up one morning with cold-like symptoms. You don't want to take time off from work, but you need care now. **What can you do?**

1. 
You consider urgent care, but don't want to spend the time and money.

2. 
Then you call Teladoc®.

3. 
The Teladoc doctor calls you back about your symptoms.

4. 
Turns out you have sinus problems.

5. 
You pick up an antibiotic at your local pharmacy on your way to work.

6. 
Problem solved. Boss happy.

Talk to a doctor anytime for FREE!

Teladoc.com

Facebook.com/Teladoc

1-800-Teladoc (835-2362)

Teladoc.com/mobile

DELTA COUNTY SCHOOL DISTRICT 50J

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

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

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer,] or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: your employer.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability

If you or a dependent are disabled at the time of a qualifying event, an 18-month COBRA period may be extended by 11 months. The 18-month period may also be extended if you or a dependent become disabled during the first 60 days of COBRA. You must be disabled under the terms of Title II or Title XVI of the Social Security Act. The maximum period may extend to 29 months from the original event. You must provide notice to the plan administrator within 60 days after such determination of disability is made. This notice must also be prior to the end of the 18-month COBRA period. If notice is not given within these times, you will not be eligible for the extended period. If it is determined that you are no longer disabled, you must notify the plan administrator within 30 days of that final determination. The right to this extended period applies to each individual.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

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

Keep Your Plan Informed of Address Changes

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

Plan Contact Information

Willis Towers Watson

1-800-332-1168 or 303-773-1373

2000 South Colorado Boulevard

Tower II, Suite 900

Denver, CO 80222

Cost of Your Benefits

Below is the monthly cost of Medical and Dental coverage for full time employees. Additionally, the District pays for the full cost of life, LTD, EAP, and Teladoc coverage. Employees are responsible for the full cost of vision coverage.

Medical PPO & Dental				
	Monthly Cost	**Monthly District Contribution**	**Monthly Employee Cost**	**Annual District Contribution**
EE	$506	$412	$94	$4,944
EE + Spouse	$1,013	$658	$355	$7,896
EE + Children	$954	$657	$297	$7,884
Family	$1,387	$884	$503	$10,608

Vision	
	Monthly Employee Cost
EE	$10
EE + Spouse	$14
EE + Children	$13
Family	$24

Important Phone Numbers

Ronda Mackey / Payroll Administrator

ronda.mackey@deltaschools.com / 970-399-2121

Medical, Dental, Vision, Life / AD&D – Willis Towers Watson	
Member Services	303-773-1373 or 1-800-332-1168
Website Address	http://www.deltaschools.com/for-staff.php

Long Term Disability – The Standard	
Group Number	609244
Website Address	www.standard.com

Employee Assistance Program – WorkLife Services	
Member Services	888-293-6948
Website address	www.workhealthlife.com/Standard3

Teladoc	
Member Services	1 (800) 835-2362

This benefit summary provides selected highlights of the Delta County School District 50J employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. Delta County School District 50J reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.