

How to Make Benefits Elections

1. From the Open Enrollment page on The Commons, click the Benefits Enrollment Site link.
2. Log in to the site with your DPS username and password.
3. Click the dark blue Enroll Now button to begin selecting your benefits.
4. Read the Electronic Signature Agreement, click the small gray square to agree, then click the green Continue button.
5. Before you start selecting medical and other benefits, gather the necessary information for yourself and any of your dependents. Click the green Continue button.
6. You can download healthcare program notices on this screen. When you have read both, click the small gray check-box to indicate that you have received the notices, and then click the green Continue button.
7. Verify your personal information. Note: This information can only be changed in Infor HR. It is read-only within the benefits enrollment site. You can opt-in to receiving text message notifications by entering your mobile number. Click the green Continue button.
8. On this screen, you will have the option to enter in the information of your dependents. First, click the + Add Dependent button, then select the dependent type. The Add New Dependent window will pop-up; enter in the personal information for each of your dependents, then click Add Dependent at the bottom of the window. When you have added all of your dependents, click the green Continue button.
9. On this page, select your desired medical plan. If you need help choosing a plan, you can open the Decision Tool by clicking the orange Start Now! button in the middle of the screen. If you would like to waive medical benefits, you can do so on this screen. When you have finished, click the green Continue button.
10. On this page, you will see benefit credits, which are based on your FTE and Employee Association. No changes are needed here. Click the green Continue button.
11. Depending on the medical plan you chose, you will see an option to contribute to a Flexible Savings Account (FSA) or Health Savings Account (HSA). If you chose a CDHP high deductible plan, you will see an option to elect a contribution amount to an HSA. If you choose another plan, you will have the option to contribute to an FSA. Click Change Election to enter your desired amount. Click the green Continue button.
12. You have the option to contribute to a Dependent Care Flexible Spending Account (DCFSA) if you meet the criteria. If you select yes and click the green Continue button, you will be directed to a page where you can make your elections. On that page, click Change Election, followed by the green Continue button, which will result in a new pop up. Enter the desired annual contribution amount and click Save.
13. This screen begins with a short video that explains Hospital Indemnity Coverage. Click the gray Enroll Now button to start making elections. To watch the video, click the orange Tell Me More button. After watching the video and making your selections, click the green continue button.
14. This screen begins with a short video that explains Critical Illness Coverage. Click the gray Enroll Now button to start making elections. To watch the video, click the orange Tell Me More button. After watching the video and making your selections, click the green continue button.
15. This screen begins with a short video that explains Accident Coverage. Click the gray Enroll Now button to start making elections. To watch the video, click the orange Tell Me More button. After watching the video and making your selections, click the green continue button.
16. Choose your dental plan on this page. When you are finished, click the green Continue button.
17. Choose your vision plan on this page. When you are finished, click the green Continue button.
18. On this screen, you can decide to pay for benefits on a pre- or post-tax basis by selecting the appropriate radio button next to your choice. When you are done, click the green Continue Button.
19. You don't need to make any changes to this information as this is a benefit paid for by DPS. After reading, click the green Continue button.
20. You may elect supplemental life insurance on this page. You can find more information about the requirements for this program in your benefits guide. Learn more at thecommons.dpsk12.org/lifeinsurance. When you are done, click the green Continue button.
21. If you choose to, you can also elect to participate in MetLife's post-tax paid legal services. When you are done with your selection, click the green Continue button.
22. If you would like to participate in DPS's Sick Leave Bank, you can make your selection here. When you are done, click the green Continue button.

How to Make Benefits Elections

- 23. In addition to the PERA Retirement account you pay into, you can add other accounts through AIG and PERA. To express interest, click the checkbox next to each. When you are done, click the green Continue button.
- 24. As a part of DPS's comprehensive benefits package, the Employee Wellness department is there to promote wellness for our educators and other personnel. When you are done reading, click the green Continue button.
- 25. This screen provides information on supplemental benefits, such as insurance for pets, autos, and home. To express interest, click the checkbox next to each. At the end of the benefit election process, you will see more information about each one you selected. You can also learn more about commuter benefits by watching a short video by WageWorks. When you are done, click the green Continue button.
- 26. You're almost done electing your benefits. Review your selections then press the green button to complete the open enrollment process.
- 27. We value your feedback; your last step in the process is to fill out a survey about the experience. Click the down arrow in the field next to each question or statement to select your answer. When you are done, click the green Continue button.

After following the steps above, you will have completed your benefits enrollment for this year. You can print a copy of your elections or email yourself a copy. You are able to email to more than one person. After entering the first email, close the pop up window and select "Email a copy of your elections" again. If you expressed interest in hearing more about the options available on the Retirement and Supplemental Benefits screens, you will receive information about how to follow up.

For more detailed instructions, continue reading.

How to Make Benefit Elections

Step 1: From the [Open Enrollment page](#) on The Commons, click the Benefits Enrollment Site link.

Open Enrollment

About Open Enrollment

Open Enrollment

Open Enrollment for the 2020-2021 plan year is **April 20 - May 8.**

Every benefits eligible employee **must take action** and either enroll or waive benefits.

This is the only opportunity for employees to make changes to health plans, add coverage, waive benefits, enroll in voluntary coverages, or enroll in flexible spending accounts - outside of when they are first hired or without a [qualifying life event](#).

All elections must be completed by May 8. Your benefit elections will be effective July 1, 2020 - June 30, 2021.



Your Toolkit for Open Enrollment

+ 2020-2021 Benefits Enrollment Guide

CONTACT

Human Resources

1860 Lincoln St.
Denver, CO 80203

For HR and payroll questions:

[Contact Us](#)

Site Manager

Samantha Sussenbach

QUICK LINKS

[2020-2021 Benefits Enrollment Guide](#)

[Benefits Enrollment Site](#) *Not currently Firefox browser compatible

[Benefit Providers Contact Information](#)

[Open Enrollment FAQs](#)

Open Enrollment Events

Step 2: Log in to the site with your DPS username and password. Your username and password are the same credentials that you use to log in to your DPS email.



Discover a World of Opportunity™

Sign in with your DPS username and password

Sign in

Trouble Logging In?

- [Employee Retrieve Username or Password Reset](#)
- [Parent Retrieve Username / Parent Reset Password](#)
- [Student Password Reset](#)

By logging on to this system, I hereby certify that I am a school official with a legitimate education interest in accessing the student records maintained by Denver Public Schools. Furthermore, I have read and understand the information on the [Academic Technology Menu](#) related to FERPA, and other various state and federal laws. Finally, I acknowledge that any administrators, teachers, staff, or students who violate FERPA may be subject to corrective or disciplinary action, including termination, depending on the individual circumstances.

Step 3: Click the dark blue Enroll Now button to begin selecting your benefits.



Home Benefits Information ▾ Enrollment Benefit Details ▾ Enrollment Resources ▾

Welcome to the DPS Benefits Enrollment Site!

Learn more about your available benefits through DPS on thecommons.dpsk12.org/openenrollment and by viewing the [Benefits Enrollment Guide](#).

Benefits Enrollment is only available during open enrollment and new hire enrollment. If you don't see the "Enroll Now" button below, enrolling or changing benefits may not be an option at this time. You should see an "Enroll Now" button no later than 10 business days after your start date. For more information, please contact HR Connect at 720-423-3900 or HR_Connect@dpsk12.org



Enroll Now

Explore Your Benefits Portal

Benefits Information

- [DPS Employee Wellness](#)
- [Benefits on The Commons](#)
- [MetLife Hospital Indemnity Insurance Plan Summary](#)
- [MetLife Accident Insurance Plan Summary](#)
- [MetLife Critical Illness Insurance Plan Summary](#)

Enrollment Benefit Details

- [Enrollment Guide](#)

Enrollment Resources

- [Enrollment on The Commons](#)

Step 4: Read the Electronic Signature Agreement, click the small gray square to agree, then click the green Continue button.



FIRST MIDDLE LAST | [Logout](#)

Cancel Enrollment | Benefits Information ▾ | Enrollment Benefit Details ▾ | Enrollment Resources ▾

4%

Enrollment Progress

Agreement >
Healthcare Program Notices
Information Needed
Personal Information
Family Information
Medical
Benefit Credits
Flexible Spending Account (FSA)
Dependent Eligibility
Dependent Care Flexible Spending Account (DCFSA)
Hospital Indemnity
Critical Illness
Accident
Dental
Vision
Taxation

Electronic Signature Agreement

I have read and agree to the following terms of use, [Privacy Policy](#) and [User Agreement](#). By using electbenefits.com, you agree to the terms of use, Privacy Policy and the User Agreement, just as if you had signed these documents.

You consent to the use of electronic signatures with documents related to this web site. You acknowledge that you have the right to have the record provided or made available on paper or non-electronic form, and you have the right to withdraw your consent to the use of electronic signatures. You are aware that consent of use of electronic signatures is applicable to transactions completed on electbenefits.com. You may withdraw your consent to the use of electronic signatures by providing an in-person, non-electronic signed written request withdrawing such consent to the Human Resources Department of your employer.

If this site contains a Medical Plan Decision Support Tool, you acknowledge that you understand the following:

I agree to the Terms of the Agreement above.

« Back

Continue »

Step 5: Before you start selecting medical and other benefits, gather the necessary information for yourself and any of your dependents. Click Continue when you are ready.



FIRST MIDDLE LAST | [Logout](#)

[Cancel Enrollment](#)

[Benefits Information](#) ▾

[Enrollment Benefit Details](#) ▾

[Enrollment Resources](#) ▾

12% Complete

Enrollment Progress

Agreement	✓
Healthcare Program Notices	✓
Information Needed	➤
Personal Information	
Family Information	
Medical	
Benefit Credits	
Flexible Spending Account (FSA)	
Dependent Eligibility	
Dependent Care Flexible Spending Account (DCFSA)	
Hospital Indemnity	
Critical Illness	

Information Needed

You will need the following information to complete your enrollment: All dependent(s)/spouse social security numbers, birth dates, and legal names. You must use a browser other than Firefox. You can use the Benefits Enrollment Guide for assistance selecting your benefits.

The information you need is:

- Your Social Security Number (SSN)
- Dependents/spouse Social Security Number (SSN)
- Your date of birth (DOB)
- Dependents/spouse date of births (DOB)
- [Benefits Enrollment Guide](#) (if assistance is needed)
- Individual, Dependents, and Spouse Legal Names

[« Back](#)

[Continue »](#)

Step 6: You can download healthcare program notices on this screen. When you have read both, click the small gray check-box to indicate that you have received the notices. Click the green Continue button when you are ready.



FIRST MIDDLE LAST | [Logout](#)

Cancel Enrollment Benefits Information ▾ Enrollment Benefit Details ▾ Enrollment Resources ▾

8%

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices** >
- Information Needed
- Personal Information
- Family Information
- Medical
- Benefit Credits
- Flexible Spending Account (FSA)
- Dependent Eligibility
- Dependent Care Flexible Spending Account (DCFSA)
- Hospital Indemnity

Healthcare Program Notices

DPS is required to provide you with the following printable notices regarding healthcare programs. Please click to acknowledge that you have received these notices before continuing through the enrollment process.

 [2020 Health Plan Notice Packet](#)

 [CHIP Notice](#)

I have received the notifications.

« Back

Continue »

Step 7: Verify your personal information. Note: This information can only be changed in Infor HR. You can find instructions for that [here](#). It is read-only within the benefits enrollment site. You can opt-in to receiving text message notifications by entering your mobile number. Message and data rates may apply. DPS is not responsible for text costs. When you are ready, click the green Continue button.



FIRST MIDDLE LAST | [Logo](#)

Cancel Enrollment | Benefits Information ▾ | Enrollment Benefit Details ▾ | Enrollment Resources ▾

15% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information** >
- Family Information
- Medical
- Benefit Credits
- Flexible Spending Account (FSA)
- Dependent Eligibility
- Dependent Care Flexible Spending Account (DCFSA)
- Hospital Indemnity
- Critical Illness
- Accident
- Dental
- Vision
- Taxation
- Long Term Disability

Personal Information

Review the information below to ensure it is up to date and accurate. If any information requires an update please access [INFOR HR](#) to make the necessary changes.

By clicking the Continue button below, you agree the information on this page has been reviewed. If you have any questions on this information, please contact HR Connect at 720-423-3900 or HR_Connect@dpsk12.org.

HOME ADDRESS

Street Address	Apt, Suite, Bldg.	
<input type="text" value="1860 LINCOLN ST"/>	<input type="text"/>	
City	State	Zip
<input type="text" value="DENVER"/>	<input type="text" value="CO"/>	<input type="text" value="80230"/>

ABOUT YOU

DOB	Work Email
<input type="text" value="01/01/1980"/>	<input type="text" value="FIRSTNAME_LASTNAME@dpsk12.org"/>

OPTIONAL TEXT MESSAGING

If you would like to be contacted about your benefits via text message, please enter your mobile phone number below.

« Back

Continue »

Step 8: On this screen, you will have the option to enter in the information of your dependents. First, click the + Add Dependent button, then select the dependent type. The Add New Dependent window will pop-up; enter in the personal information for each of your dependents, then click Add Dependent at the bottom of the window. When you have added all of your dependents, click the green Continue button.



FIRST MIDDLE LAST | [Logout](#)

Cancel Enrollment | Benefits Information | Enrollment Benefit Details | Enrollment Resources

19% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information** >
- Medical

Family Information

Complete this section if you will be selecting coverage for your family members. You can add a dependent by clicking the "Add Dependent" button. Click "Continue" once all information is correct.

+ Add Dependent

« Back

Continue »

Select dependent type:

- Civil Union Partner
- Common Law Spouse
- Spouse**
- Child
- Step-Child

Cancel

Add New Dependent

First Name *

Middle Name

Last Name *

DOB *

SSN *

Gender *

Relation *

Add Dependent Cancel

Step 9: On this page, select your desired medical plan. If you need help choosing a plan, you can open the Decision Tool by clicking the orange Start Now! button in the middle of the screen. If you would like to waive medical benefits, you can do so on this screen. You can also view the Benefits Enrollment Guide [here](#). When you are done, click the green Continue button.

Cancel Enrollment | Benefits Information ▾ | Enrollment Benefit Details ▾ | Enrollment Resources ▾

23% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical** ▶
- Benefit Credits
- Flexible Spending Account (FSA)
- Dependent Eligibility
- Dependent Care Flexible Spending Account (DCFSA)
- Hospital Indemnity
- Critical Illness
- Accident
- Dental
- Vision
- Taxation
- Long Term Disability
- Life Insurance
- Legal
- DPS Sick Leave Bank
- Retirement
- DPS Employee Wellness
- Supplemental Benefits
- Final Review
- Survey
- Enrollment Complete

Medical Learn More

Below are the medical plans offered to you through Denver Public Schools. **To keep your current coverage:** verify the correct button for your coverage type and level is selected below, then click "Continue."

Rates below reflect all subsidy discounts but do **not** reflect benefit credits. Rates reflect per pay period cost of benefits, which will be the amount deducted from each of your paychecks.

Note: If you do not enroll or waive coverage, you will be automatically enrolled into the AETNA CDHP 3500 with employee-only coverage (post-tax), a health savings account (HSA), and Sick Leave Bank.

Medical - Your Coverage

Aetna DHMO
Employee Only

Dependent coverage ⓘ
To cover a dependent, click beside each dependent name until "YES" is displayed.

\$250⁴²
Per Paycheck Deduction

Hide All Options

Need help choosing a plan?

Start Now! Plan A Plan B Plan C

Plan	Emp. Only	Emp. + Spouse	Emp. + Child(ren)	Emp. + Family
Aetna DHMO	\$250.42 Current	\$593.32 Select	\$361.52 Select	\$645.13 Select
Aetna 2800 Open Access Network	\$335.38 Select	\$749.55 Select	\$489.86 Select	\$832.04 Select
Aetna CDHP 2800	\$286.33 Select	\$639.07 Select	\$403.39 Select	\$695.14 Select
Aetna CDHP 3500	\$211.86 Select	\$472.86 Select	\$273.32 Select	\$489.19 Select
Kaiser DHMO	\$249.48 Select	\$605.52 Select	\$409.03 Select	\$756.75 Select
Kaiser CDHP 1400	\$251.77 Select	\$574.90 Select	\$387.63 Select	\$703.22 Select
Kaiser CDHP 2800	\$217.08 Select	\$495.70 Select	\$320.90 Select	\$593.01 Select
Kaiser CDHP 3500	\$181.41 Select	\$414.26 Select	\$252.29 Select	\$479.70 Select
Waive Medical Coverage	\$0.00 Select			

« Back Continue »

Note: If you would like to waive Medical benefits, select Waive Medical Coverage, then click continue.

Step 10: On this page, you will see benefit credits, which are based on your FTE and Employee Association. To learn more about how your Employee Association impacts the amount of benefit credits offered to you, No changes are needed here. Click the green Continue button when you are ready.



FIRST MIDDLE LAST | [Logout](#)

[View Cart](#) \$179.65

[Cancel Enrollment](#) [Benefits Information](#) [Enrollment Benefit Details](#) [Enrollment Resources](#)

27% Complete

Enrollment Progress

Agreement	✓
Healthcare Program Notices	✓
Information Needed	✓
Personal Information	✓
Family Information	✓
Medical	✓
Benefit Credits	➤
Flexible Spending Account (FSA)	

Benefit Credits

DPS offers a flexible benefits plan which allows employees to choose from a variety of options. Most DPS employees are eligible to receive an employer contribution to offset the cost of the medical, dental and vision insurance they choose. The employer contribution amount varies by [Employee Association](#) and the hours you are regularly scheduled to work. Learn more about your benefit credit amounts in the Benefits Enrollment Guide on [The Commons](#).

Benefit Credits - Your Coverage

Benefit Credits

\$-171⁵⁰
Per Paycheck Deduction

« Back

Continue »

Step 11: Depending on the medical plan you chose, you will see an option to contribute to a Flexible Savings Account (FSA) or Health Savings Account (HSA). If you chose a CDHP high deductible plan, you will see an option to elect a contribution amount to an HSA. If you choose another plan, you will have the option to contribute to an FSA. Click Change Election to enter your desired amount. When you are done, click the green Continue button.



FIRST MIDDLE LAST Logout
View Cart \$137.98

Cancel Enrollment Benefits Information Enrollment Benefit Details Enrollment Resources

31% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical ✓
- Benefit Credits ✓
- Flexible Spending Account (FSA) >**
- Dependent Eligibility
- Dependent Care Flexible Spending

Flexible Spending Account (FSA)

To participate in Flexible Spending Accounts you are required to elect a contribution amount. To change your contribution amount click the "Change Election" button.

Health Care Flexible Spending Account (FSA) - Your Coverage

\$500
Annual Election

Change Election

« Back

Health Care Flexible Spending Account (FSA)

Type your desired annual contribution amounts in the box below (note minimum and maximum annual contribution amounts). Click "Save" to move forward. If you do not plan to participate in this plan, click "WAIVE COVERAGE."

Minimum: \$740 Maximum: \$2,750

Your annual contribution will be evenly distributed and withheld from the remaining paychecks of the year.

Waive Coverage **Save** **Cancel**

Change Election

« Back



FIRST MIDDLE LAST Logout
View Cart \$78.59

Cancel Enrollment Benefits Information Enrollment Benefit Details Enrollment Resources

30% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical ✓
- Benefit Credits ✓
- Employer Funded Health Savings Account >**
- Health Savings Account (HSA)
- Dependent Eligibility
- Dependent Care Flexible Spending Account (DCFSA)
- Hospital Indemnity
- Critical Illness
- Accident

Employer Funded Health Savings Account (HSA)

Learn More

DPS contributes \$27.92 per paycheck. You also have the opportunity to earn an additional \$200 into your HSA through the Well Aware Campaign. **Learn more** on thecommons.dpsk12.org/wellaware. You could potentially earn \$870 total this plan year just by signing up. Don't leave money on the table!

Limited Purpose Flexible Spending Accounts (LPPFA) are pre-tax spending accounts for dental and vision eligible expenses only. You can sign up for a LPPFA if you have a HSA and expect dental and vision expenses throughout the year. Restrictions apply, learn more at thecommons.dpsk12.org/fsa.

Employer Funded Health Savings Account - Your Coverage

\$870
Participating

Hide All Options

Plan

Participating **\$870**

Not Participating

« Back **Continue >**

If you have selected a High Deductible Insurance plan, you will see this screen to select your employee contribution amount. By signing up, DPS will contribute \$670-870 to your HSA. Your contribution can be \$0 or any amount up to the maximum limit based on your coverage.

Step 12: You have the option to contribute to a Dependent Care Flexible Spending Account (DCFSA) if you meet the criteria. If you select yes and click the green Continue button, you will be directed to a page where you can make your elections. On that page, click Change Election, followed by the green Continue button, which will result in a new pop up. Enter the desired annual contribution amount and click Save. When you are done, click the green Continue button.



FIRST MIDDLE LAST IS | Logout
View Cart \$179.65

Cancel Enrollment Benefits Information Enrollment Benefit Details Enrollment Resources

35% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical ✓
- Benefit Credits ✓
- Flexible Spending Account (FSA) ✓
- Dependent Eligibility** >
- Dependent Care Flexible Spending Account (DCFSA)
- Hospital Indemnity

Dependent Care Spending Account Eligibility

A **qualified individual** is defined as either:

A dependent child under the age of 13 who lives with you for more than half the year.	OR	A spouse or other tax dependent who is physically or mentally incapable of self-care and lives with you for more than half the year.
---	----	--

Will you have a "qualified individual" living with you in 2020 who meets one of the above criteria?

Yes
 No

Notice: If you are divorced, IRS guidelines state that a child is a qualified dependent of the "custodial parent." Only the custodial parent may participate in a Dependent Care FSA. A divorced, non-custodial parent cannot be reimbursed under a Dependent Care FSA, even if the divorced parent claims the child as a tax dependent.

« Back Continue »

Cancel Enrollment Benefits Information Enrollment Benefit Details Enrollment Resources

38% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical ✓
- Benefit Credits ✓
- Flexible Spending Account (FSA) ✓
- Dependent Eligibility ✓
- Dependent Care Flexible Spending Account (DCFSA)** >

Dependent Care Flexible Spending Account (DCFSA)

The Dependent Care Flexible Spending Account offers a tax-free way to pay for the work-related expenses (such as day care, child care, etc.) for a qualifying dependent. To participate in Flexible Spending Account, you must elect a contribution amount each year. To elect your contribution amount click the "Change Election" button.

Dependent Care Flexible Spending Account (FSA) - Your Coverage

Not Participating

Change Election

« Back Continue »

Dependent Care Flexible Spending Account (FSA)

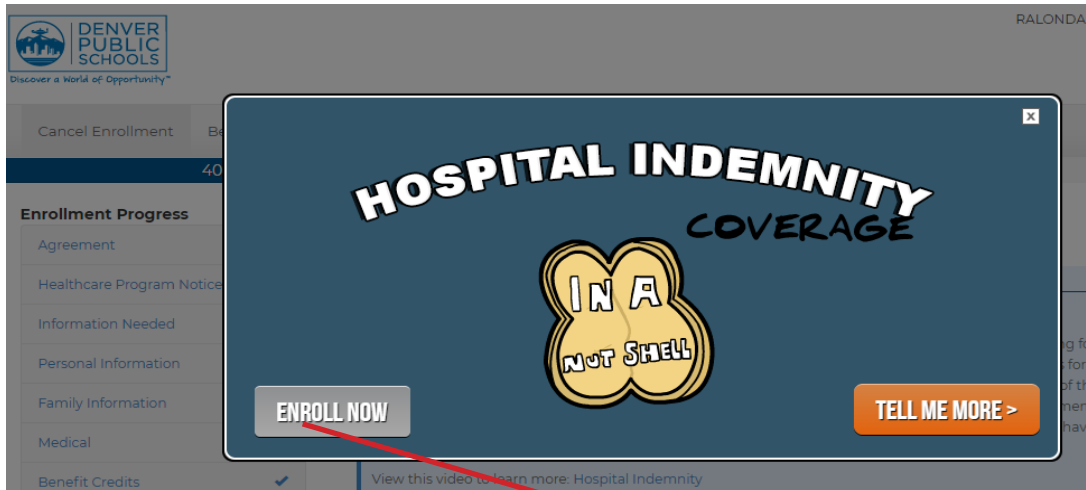
Type your desired annual contribution amounts in the box below (note minimum and maximum annual contribution amounts). Click "Save" to move forward. If you do not plan to participate in this plan, click "WAIVE COVERAGE."

Minimum: \$240 Maximum: \$5,000

Waive Coverage Save Cancel

Continue »

Step 13: This screen begins with a short video that explains Hospital Indemnity Coverage. Click the gray Enroll Now button to start making elections. To watch the video, click the orange Tell Me More button. After watching the video and making your selections, click the green continue button.



Cancel Enrollment Benefits Information Enrollment Benefit Details Enrollment Resources

40% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notice ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical ✓
- Benefit Credits ✓
- Flexible Spending Account (FSA) ✓
- Dependent Eligibility ✓
- Hospital Indemnity** >
- Critical Illness
- Accident
- Dental
- Vision
- Taxation
- Long Term Disability
- Life Insurance
- Legal

Hospital Indemnity [Learn More](#)

HOSPITAL INDEMNITY INSURANCE

Benefit Election Disclosure

Your Hospital Indemnity certificate provides limited benefits – read your certificate carefully. By enrolling for Hospital Indemnity Insurance, I declare that all persons to be insured have medical coverage in force that provides benefits for medical treatment, including hospital, surgical and medical expenses; I acknowledge that I have received and read a copy of the outline of coverage or other disclosure document for the group Hospital Indemnity plan. In addition, I have read the enrollment documentation and declare that all information I have given is true and complete to the best of my knowledge and belief, I have read the applicable Fraud Warning(s) provided.

[View this video to learn more: Hospital Indemnity](#)

Hospital Indemnity (Post-tax) - Your Coverage **Hospital Indemnity In a Nutshell**

Hospital Indemnity
Employee Only

[Hide All Options](#)

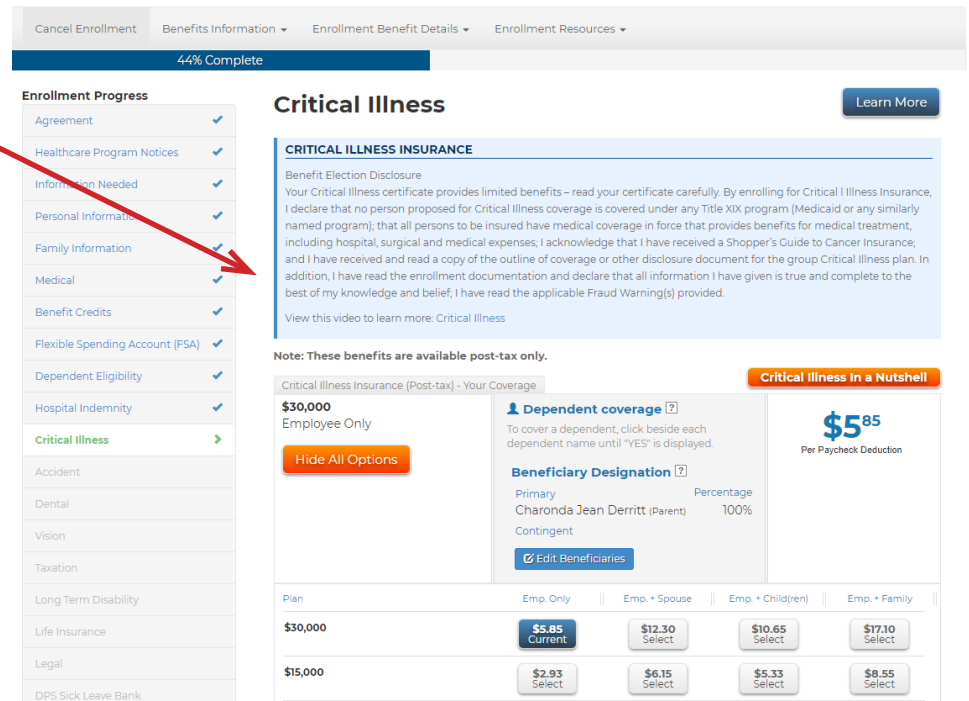
Dependent coverage ⓘ
To cover a dependent, click beside each dependent name until "YES" is displayed.

\$5⁰⁹
Per Paycheck Deduction

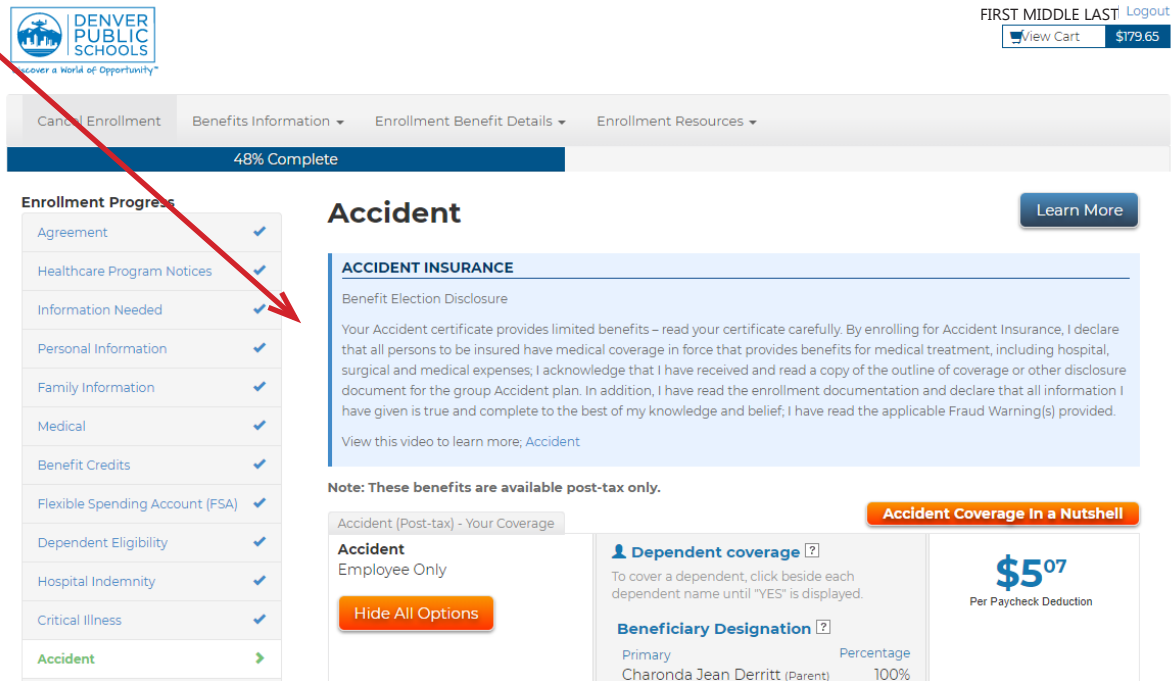
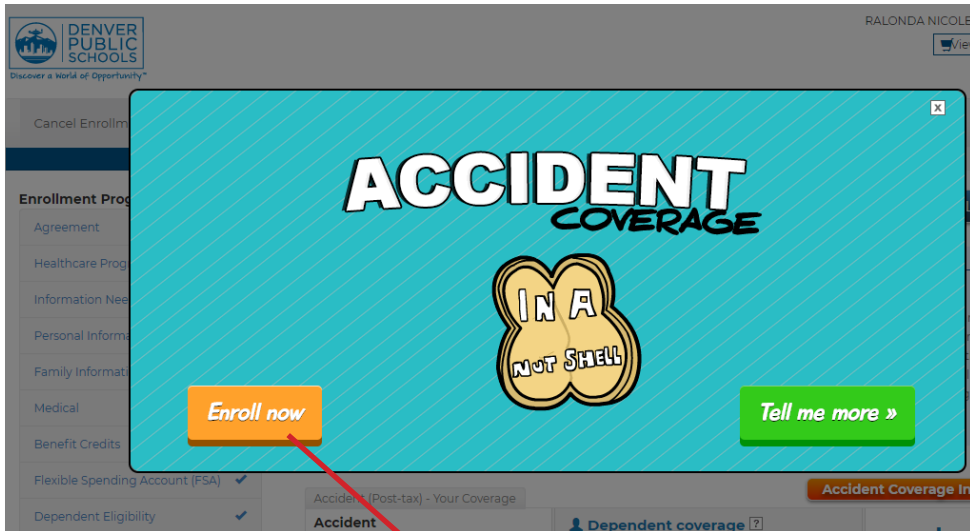
Plan	Emp. Only	Emp. + Spouse	Emp. + Child(ren)	Emp. + Family
Hospital Indemnity	\$5.09 Current	\$9.64 Select	\$9.04 Select	\$15.36 Select
No Hospital Indemnity Coverage	\$0.00 Select			

« Back Continue »

Step 14: This screen begins with a short video that explains Critical Illness Coverage. Click the gray Enroll Now button to start making elections. To watch the video, click the orange Tell Me More button. After watching the video and making your selections, click the green continue button.



Step 15: This screen begins with a short video that explains Accident Coverage. Click the gray Enroll Now button to start making elections. To watch the video, click the orange Tell Me More button. After watching the video and making your selections, click the green continue button.



Step 16: Choose your dental plan on this page. When you are finished, click the green Continue button.



FIRST MIDDLE LAST | [Logout](#)

[View Cart](#) \$179.65

[Cancel Enrollment](#) [Benefits Information](#) [Enrollment Benefit Details](#) [Enrollment Resources](#)

52% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical ✓
- Benefit Credits ✓
- Flexible Spending Account (FSA) ✓
- Dependent Eligibility ✓
- Hospital Indemnity ✓
- Critical Illness ✓
- Accident ✓
- Dental** >
- Vision
- Taxation
- Long Term Disability
- Life Insurance

Dental

[Learn More](#)

DPS team members can choose between two optional dental insurance plans offered through Delta Dental:

EPO: The EPO plan pays for services only when you see a PPO (in-network) provider. Treatment and services from a non-PPO provider are not covered. See the plan for a full list of covered services and costs. Be sure to check plan coverage limits.

PPO: The PPO Plus Premier Plan allows you to choose from more than 3,200 participating providers across the state. You are responsible only for your deductible and coinsurance (based on your plan), as well as any charges for non-covered services. You may see any dentist; however, your out-of-pocket expenses will be less if you see a Delta Dental network dentist. See the plan for a full list of covered services and costs. Be sure to check plan coverage limits.

Dental - Your Coverage

Delta Dental - EPO
Employee Only

Dependent coverage ?

To cover a dependent, click beside each dependent name until "YES" is displayed.

\$15⁴⁴

Per Paycheck Deduction

[Hide All Options](#)

Plan	Emp. Only	Emp. + Spouse	Emp. + Children	Emp. + Family
Delta Dental - EPO	\$15.44 Current	\$30.65 Select	\$37.43 Select	\$52.62 Select
Delta Dental - PPO Premier	\$19.12 Select	\$36.26 Select	\$51.19 Select	\$68.35 Select
No Dental Coverage	\$0.00 Select			

[« Back](#)

[Continue »](#)

Step 17: Choose your vision plan on this page. When you are finished, click the green Continue button.



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[Cancel Enrollment](#) [Benefits Information](#) [Enrollment Benefit Details](#) [Enrollment Resources](#)

56% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical ✓
- Benefit Credits ✓
- Flexible Spending Account (FSA) ✓
- Dependent Eligibility ✓
- Hospital Indemnity ✓
- Critical Illness ✓
- Accident ✓
- Dental ✓
- Vision** >

Vision

[Learn More](#)

DPS' vision insurance offers comprehensive coverage for your vision needs. With a frame and contact lens allowance, and eye exams as part of the package - all your eye care needs can be filled through VSP. **Learn more** on thecommons.dpsk12.org/visioninsurance

Vision - Your Coverage

Vision Employee Only Hide All Options	Dependent coverage ⓘ To cover a dependent, click beside each dependent name until "YES" is displayed.	\$4⁰⁸ Per Paycheck Deduction		
Plan	Emp. Only	Emp. + Spouse	Emp. + Children	Emp. + Family
Vision	\$4.08 Current	\$9.08 Select	\$9.37 Select	\$13.45 Select
No Vision Coverage	\$0.00 Select			

« Back

[Continue »](#)

Step 18: On this screen, you can decide to pay for benefits on a pre- or post-tax basis by selecting the appropriate radio button next to your choice. For more information on how Pre or Post Tax elections may affect you, click [here](#). When you are done, click the green Continue Button.

Cancel Enrollment Benefits Information ▾ Enrollment Benefit Details ▾ Enrollment Resources ▾

60% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical ✓
- Benefit Credits ✓
- Flexible Spending Account (FSA) ✓
- Dependent Eligibility ✓
- Hospital Indemnity ✓
- Critical Illness ✓
- Accident ✓
- Dental ✓
- Vision ✓
- Taxation** >
- Long Term Disability
- Life Insurance
- Legal
- DPS Sick Leave Bank
- Retirement

Taxation

Paying for Your Benefits: Pre-Tax vs. Post-Tax Elections

You may elect to have your medical, dental and vision premiums deducted from your paycheck on a pre-tax or post-tax basis. When you pay the premiums with pre-tax dollars, you reduce the cost of the coverage. This savings is the result of reduced PERA contributions and Medicare, federal and state tax withholdings.

To maximize your PERA Highest Average Salary (HAS) calculation during the 3-5 years prior to your retirement, you may want to consider electing benefits on a post-tax status. A post-tax status will not reduce your Highest Average Salary for pension purposes. Please contact CO PERA for questions regarding your PERA pension and Highest Average Salary.

Please indicate below if you would like your medical, dental, and/or vision premiums taken on a pre-tax or post-tax basis for this plan year.

Note: If you are waiving benefits you will still need to complete this screen to move forward in your benefit elections. The recommended option to select is pre-tax for any of the benefits that you have chosen to waive.

Medical

Pre-Tax
 Post-Tax

Dental

Pre-Tax
 Post-Tax

Vision

Pre-Tax
 Post-Tax

« Back Continue »

Step 19: You don't need to make any changes to this information as this is a benefit paid for by DPS. After reading, click the green Continue button.



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64% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical ✓
- Benefit Credits ✓
- Flexible Spending Account (FSA) ✓
- Dependent Eligibility ✓
- Hospital Indemnity ✓
- Critical Illness ✓
- Accident ✓
- Dental ✓
- Vision ✓
- Taxation ✓
- Long Term Disability** >
- Life Insurance

Long Term Disability

[Learn More](#)

DPS provides long-term disability insurance to eligible employees automatically and at no cost. Disability insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. For more information visit [The Commons](#).

Benefit: 60% of monthly earnings, up to \$5,000 per month.

Waiting period: 90 days

Company Paid Long Term Disability - Your Coverage

60% of earnings up to \$5,000 per month

[« Back](#)

[Continue »](#)

Step 20: You may elect supplemental life insurance on this page. You can find more information about the requirements for this program in your benefits guide. Learn more at thecommons.dpsk12.org/lifeinsurance. When you are done, click the green Continue button.



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68% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical ✓
- Benefit Credits ✓
- Flexible Spending Account (FSA) ✓
- Dependent Eligibility ✓
- Hospital Indemnity ✓
- Critical Illness ✓
- Accident ✓
- Dental ✓
- Vision ✓
- Taxation ✓
- Long Term Disability ✓
- Life Insurance** >

Life Insurance

[Learn More](#)

To make changes to your supplemental life coverage, click the "Change Election" button. If you are covering a spouse or child, make sure they are selected under Dependent coverage.

Company Paid Employee Life and AD&D - Your Coverage

\$125,000
2x annual salary up to \$300,000

Evidence of Insurability may be required for this coverage. If needed, you will be provided with a link to the electronic form at the end of this enrollment.

Employee Supplemental Life (Post-tax) - Your Coverage

\$100,000
Multiples of \$10,000 up to \$500,000

[Change Election](#)

\$2⁷⁰
Per Paycheck Deduction

Spouse Supplemental Life (Post-tax) - Your Coverage

No Spouse Life Coverage

[Change Election](#)

Dependent coverage ?

To cover a dependent, click beside each dependent name until "YES" is displayed.

[« Back](#)

[Continue »](#)

Step 21: If you choose to, you can also elect to participate in MetLife's post-tax paid legal services. Learn more at thecommons.dpsk12.org/supplementalinsurance. When you are done with your selection, click the green Continue button.



FIRST MIDDLE LAST | Logout

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Cancel Enrollment Benefits Information Enrollment Benefit Details Enrollment Resources

72% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical ✓
- Benefit Credits ✓
- Flexible Spending Account (FSA) ✓
- Dependent Eligibility ✓
- Hospital Indemnity ✓
- Critical Illness ✓
- Accident ✓
- Dental ✓
- Vision ✓
- Taxation ✓
- Long Term Disability ✓
- Life Insurance ✓
- Legal** >
- DPS Sick Leave Bank

Legal

These benefits are available post-tax only. Offered through MetLife and available to employees working 20+ hours per week. You can gain access to legal advice and representation for a variety of legal matters - including estate planning, civil suits, adoption, identity theft, and more. [Get more information here](#), view a list of comprehensive legal matters [here](#), or call MetLife at 1-800-821-6400. You can also visit them online at info.legalplans.com and enter access code: 9900064.

Legal (Post-tax) - Your Coverage

No Legal Coverage

Hide All Options

Plan

Participate in Legal Plan

\$8.25
Select

No Legal Coverage

\$0.00
Current

« Back

Continue »

Step 22: If you would like to participate in DPS's Sick Leave Bank, you can make your selection here. Learn more at thecommons.dpsk12.org/slb. When you are done, click the green Continue button.

Cancel Enrollment Benefits Information ▾ Enrollment Benefit Details ▾ Enrollment Resources ▾

76% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical ✓
- Benefit Credits ✓
- Flexible Spending Account (FSA) ✓
- Dependent Eligibility ✓
- Hospital Indemnity ✓
- Critical Illness ✓
- Accident ✓
- Dental ✓
- Vision ✓
- Taxation ✓
- Long Term Disability ✓
- Life Insurance ✓
- Legal ✓
- DPS Sick Leave Bank** >

DPS Sick Leave Bank

Make a benefit selection below; or, to keep your current coverage, click "Continue."

Note: 1 sick day will be deducted in November of each year you are enrolled in Sick Leave Bank.

All benefits-eligible DPS employees who accrue sick time will be eligible for 320 hours of Sick Leave Bank prorated by their FTE. You can only make your Sick Leave Bank election during Open Enrollment. The purpose of the Sick Leave Bank is to provide additional sick leave days (upon approval) to employees who are on an extended personal illness leave, have used all of their available sick time and would otherwise be on an unpaid leave status. **Learn more** about how to access and use the Sick Leave Bank on [The Commons](#).

Sick Leave Bank - Your Coverage

Participating

Hide All Options

Plan

Participating	\$0.00 Current
Not Participating	\$0.00 Select

« Back **Continue »**

Step 23: In addition to the PERA Retirement account you pay into, you can add other accounts through AIG and PERA. To express interest, click the checkbox next to each. When you are done, click the green Continue button. Learn more at thecommons.dpsk12.org/retire. When you are done, click the green Continue button.



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[Cancel Enrollment](#)

[Benefits Information](#) ▾

[Enrollment Benefit Details](#) ▾

[Enrollment Resources](#) ▾

80% Complete

Enrollment Progress

Agreement	✓
Healthcare Program Notices	✓
Information Needed	✓
Personal Information	✓
Family Information	✓
Medical	✓
Benefit Credits	✓
Flexible Spending Account (FSA)	✓
Dependent Eligibility	✓
Hospital Indemnity	✓
Critical Illness	✓

Retirement

If you indicate that you are interested you will be provided with helpful links on the "Enrollment Complete" page.

Even if you plan to retire from PERA, your PERA pension is not designed to meet all of your retirement income needs. Take your financial future into your own hands and fill in any gaps with a 401(k), 403(b), or 457(b) voluntary retirement account. You determine how much you want to invest and how you want to invest your funds.

Learn more at thecommons.dpsk12.org/retire

Yes, I'd like to learn more

[« Back](#)

[Continue »](#)

Step 24: As a part of DPS's comprehensive benefits package, the Employee Wellness department is there to promote wellness for our educators and other personnel. Learn more about your Well Aware Awards and what the Wellness Team is doing for you at thecommons.dpsk12.org/wellness. When you are done reading, click the green Continue button.


Cancel Enrollment | Benefits Information | Enrollment Benefit Details | Enrollment Resources

84% Complete

Enrollment Progress

Agreement	✓
Healthcare Program Notices	✓
Information Needed	✓
Personal Information	✓
Family Information	✓
Medical	✓
Benefit Credits	✓
Flexible Spending Account (FSA)	✓
Dependent Eligibility	✓
Hospital Indemnity	✓
Critical Illness	✓
Accident	✓
Dental	✓
Vision	✓
Taxation	✓
Long Term Disability	✓
Life Insurance	✓
Legal	✓
DPS Sick Leave Bank	✓
Retirement	✓
DPS Employee Wellness	>

DPS Employee Wellness



DPS cares about the health and well-being of its team members. As a member of Team DPS you have access to a comprehensive wellness program that supports your physical, social, emotional, spiritual and financial well-being. Some of these great benefits include:

- Employee Assistance Program (EAP): Free and confidential counseling sessions, legal guidance, work-life solutions, financial information, etc.
- Gym and Fitness Center Discounts
- Well Aware: Kaiser and Aetna members can receive \$200 for being up to date on health screenings and completing a Health Risk Assessment
- Stress Management/Mindfulness
- Health Coaching
- Financial Wellness: classes, corporate discounts, webinars

Learn more about all the DPS Wellness offerings at <http://thecommons.dpsk12.org/wellness>.

« Back Continue »

Step 25: This screen provides information on supplemental benefits, such as insurance for pets, autos, and home. To express interest, click the checkbox next to each. At the end of the benefit election process, you will see more information about each one you selected on the confirmation page at the end. You can also learn more about commuter benefits by watching a short video by WageWorks. Learn more at thecommons.dpsk12.org/supplementalinsurance. When you are done, click the green Continue button.



FIRST MIDDLE LAST | Logout
 View Cart \$173.65

Cancel Enrollment Benefits Information Enrollment Benefit Details Enrollment Resources

88% Complete

Enrollment Progress

Agreement	✓
Healthcare Program Notices	✓
Information Needed	✓
Personal Information	✓
Family Information	✓
Medical	✓
Benefit Credits	✓
Flexible Spending Account (FSA)	✓
Dependent Eligibility	✓
Hospital Indemnity	✓
Critical Illness	✓
Accident	✓
Dental	✓
Vision	✓
Taxation	✓
Long Term Disability	✓
Life Insurance	✓
Legal	✓
DPS Sick Leave Bank	✓
Retirement	✓
DPS Employee Wellness	✓
Supplemental Benefits	➤
Final Review	
Survey	
Enrollment Complete	

Supplemental Benefits

Your company is providing you with an opportunity to enroll in the below additional benefits.

If you check "Yes" that you are interested, you will be given helpful links on the "Enrollment Complete" page.

Auto & Home Insurance

As a DPS employee, you are eligible for employee discounts on auto and home insurance from MetLife Auto & Home. You can purchase insurance, including home, auto and boat, at discounted rates.

Yes, I'd like to learn more

Call 800-GET-MET8, mention that you are an employee of Denver Public Schools and provide your employee discount code **AVR**. Receive a quote with no commitment.

YOU ARE ALSO ELIGIBLE FOR EXTRAS LIKE:

- Convenience and savings with easy automatic payroll deduction
- Savings based on years of employment
- Superior driver discount
- Multi-policy discount

Pet Insurance

Vet visits can be expensive. On average, pet owners spend \$611 per year per pet on healthcare expenses. Pet insurance fulfilled by MetLife makes it easier to be prepared. From wellness care to significant medical incidents, pet insurance is the smart way to protect your pet's health – and your pocketbook.

Yes, I'd like to learn more

Commuter Benefits

Commuter Benefit Accounts allow you to set aside money from your paycheck, pre-tax, to cover the costs of parking or public transportation (RTD). The amount of money you set aside to pay for parking or public transit doesn't count as income, so you are not taxed on it.

Yes, I'd like to learn more

DPS offers two tax-free Commuter Benefit Accounts administered by WageWorks:

- Commuter Transit Account
- Commuter Parking Account



Learn more about all supplemental benefit options and how to enroll in them at thecommons.dpsk12.org/supplementalinsurance

Step 26: You're almost done electing your benefits.
Review your selections then press the green button to complete the open enrollment process.



Cancel Enrollment Benefits Information Enrollment Benefit Details Enrollment Resources

92% Complete

Enrollment Progress

- Agreement ✓
- Healthcare Program Notices ✓
- Information Needed ✓
- Personal Information ✓
- Family Information ✓
- Medical ✓
- Benefit Credits ✓
- Flexible Spending Account (FSA) ✓
- Dependent Eligibility ✓
- Hospital Indemnity ✓
- Critical Illness ✓
- Accident ✓
- Dental ✓
- Vision ✓
- Taxation ✓
- Long Term Disability ✓
- Life Insurance ✓
- Legal ✓
- DPS Sick Leave Bank ✓
- Retirement ✓
- DPS Employee Wellness ✓
- Supplemental Benefits ✓
- Final Review** >
- Survey
- Enrollment Complete

Review and Click to Complete

Note: Your elections will not be saved and your enrollment will not be complete until you click the "Complete Enrollment" button below.

Items that require your attention are listed at the bottom in red.

Benefit	Coverage	Effective Date	Cost
Medical (Pre-Tax) - Aetna DHMO	Employee Only	07/01/2020	\$250.42
Health Care Flexible Spending Account (FSA) - Participating	\$1,500	07/01/2020	\$62.50
Hospital Indemnity (Post-tax) - Hospital Indemnity	Employee Only	07/01/2020	\$5.09
Critical Illness Insurance (Post-tax) - \$50,000	Employee Only	07/01/2020	\$5.85
Accident (Post-tax) - Accident	Employee Only	07/01/2020	\$5.07
Dental (Pre-Tax) - Delta Dental - EPO	Employee Only	07/01/2020	\$15.44
Vision (Pre-Tax) - Vision	Employee Only	07/01/2020	\$4.08
Company Paid Long Term Disability - 60% of earnings up to \$5,000 per month		07/01/2020	\$0.00
Company Paid Employee Life and AD&D - 2x annual salary up to \$300,000	\$125,000	07/01/2020	\$0.00
Employee Supplemental Life (Post-tax) - Multiples of \$10,000 up to \$500,000	\$100,000	07/01/2020	\$2.70
Spouse Supplemental Life (Post-tax) - No Spouse Life Coverage		07/01/2020	\$0.00
Legal (Post-tax) - No Legal Coverage		07/01/2020	\$0.00
Sick Leave Bank - Participating		07/01/2020	\$0.00
Benefit Credits - Benefit Credits	\$0.00	07/01/2020	-\$171.50
Per Pay Period			\$179.65

Dependents

No dependents provided.

Beneficiaries - Crit Illness

Name	DOB	SSN	Relation	Gender	Designation	Percentage
Charonda Jean Derritt	04/07/1968		Parent	F	Primary	100

Beneficiaries - Accident

Name	DOB	SSN	Relation	Gender	Designation	Percentage
Charonda Jean Derritt	04/07/1968		Parent	F	Primary	100

[← Back](#)

[Complete Enrollment →](#)

Step 27: We value your feedback; your last step in the process is to fill out a survey about the experience. Click the down arrow in the field next to each question or statement to select your answer. When you are done, click the green Continue button.



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96% Complete

Enrollment Progress

Agreement	✓
Healthcare Program Notices	✓
Information Needed	✓
Personal Information	✓
Family Information	✓
Medical	✓
Benefit Credits	✓
Flexible Spending Account (FSA)	✓
Dependent Eligibility	✓
Hospital Indemnity	✓
Critical Illness	✓
Accident	✓
Dental	✓
Vision	✓

Survey

Your responses are anonymous and will remain confidential, please know that your feedback is important and is used to guide our Benefits/Wellness program. Thank you for participating.

Which resource did you find most helpful during enrollment that allowed you to make an informed decision?

Enrolling in benefits was an easy process for me.


DPS offers a comprehensive and competitive benefits package.

I feel that having an employee wellness program is an important benefit to me.

In what area would you most like DPS to support your well-being?

[Continue »](#)

You have completed your benefits enrollment for this year. You can print a copy of your elections or email yourself a copy. You are able to email to more than one person. After entering the first email, close the pop up window and select "Email a copy of your elections" again. If you expressed interest in hearing more about the options available on the Retirement and Supplemental Benefits screens, you will receive information about how to follow up.


FIRST MIDDLE LAST | Logout

Home
Benefits Information ▾
Enrollment Benefit Details ▾
Enrollment Resources ▾

100% Complete

Enrollment Progress

Agreement	✓
Healthcare Program Notices	✓
Information Needed	✓
Personal Information	✓
Family Information	✓
Medical	✓
Benefit Credits	✓
Flexible Spending Account (FSA)	✓
Dependent Eligibility	✓
Dependent Care Flexible Spending Account (DCFSA)	✓
Hospital Indemnity	✓
Critical Illness	✓
Accident	✓
Dental	✓
Vision	✓
Taxation	✓
Long Term Disability	✓
Life Insurance	✓
Legal	✓
DPS Sick Leave Bank	✓
Retirement	✓
DPS Employee Wellness	✓
Supplemental Benefits	✓
Final Review	✓
Survey	✓
Enrollment Complete	✓

Enrollment Complete

You've successfully completed your enrollment.

Confirmation number: 141544

[Print a copy of your elections](#)

[E-mail a copy of your elections](#)

Please print this page and document your confirmation number for your records.

If you need to make any changes to your current elections, you have until the end of Open Enrollment (Friday 5/8 at 5:00PM) to log back into the DPS Benefits Enrollment Site to make changes. Contact HR Connect at 720-423-3900 or HR_Connect@dpsk12.org for any questions.

DPS provides Life Insurance to all employees through MetLife. -To designate a beneficiary for your life insurance coverage(s), please click on [this link](#). You will be directed to MetLife's website where you can register/log-in and navigate to the Life Insurance section where you can make your designations. For instructions on how to register at MyBenefits please [click here](#).

You indicated that you were interested in learning more about the below benefits.

Voluntary Retirement Benefits

You have indicated that you would like additional information and enrolling options for your optional retirement savings accounts through AIG (Valic) and/or CO-PERA. **Learn more** at thecommons.dpsk12.org/retire. Enroll using the following links:
[403\(b\) through AIG \(Valic\)](#)
[457\(k\) through AIG \(Valic\)](#)
[401\(k\) through CO-PERA](#) **Note: DPS employees are not eligible for the 457(k) option through CO-PERA.

Auto & Home Insurance

As a DPS employee, you are eligible for employee discounts on home, auto, and boat insurance from MetLife Auto & Home.

Call 800-GET-MET8 for a no-commitment quote, mention that you are an employee of Denver Public Schools, and provide your employee discount code: AVR.

Pet Insurance

DPS employees can 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 1-800-GET-MET 8 (1-800-438-6388).

Commuter Benefits

Eligible employees can set aside tax-free dollars to pay for public transit and parking expenses that are incurred in connection with commuting to work. These accounts are governed by Section 132(f) of the Internal Revenue Code. Your take-home pay is increased when you use a Commuter Benefit Account because amounts deposited in the account are not subject to FICA or federal tax withholdings and qualified reimbursements are not taxed. This provides a savings between 15% and 40%, depending on your individual tax bracket.

[Click here to learn more.](#)

When you click on "Print a copy of your elections," you will see a confirmation page like the one below. If you would like to print it, click on "Click here to Print."



NAME: FIRST NAME LAST NAME
CONFIRMATION NUMBER: 12345
CONFIRM DATE/TIME: 4/20/2020 3:37:57 PM

Benefit Plan	Benefit Coverage	Employee Cost	Effective Date
Benefit Credits:	Benefit Credits	(\$171.50)	07/01/2020
Medical (Pre-Tax):	Aetna DHMO Employee Only	\$250.42	07/01/2020
Health Care Flexible Spending Account (FSA):	\$1,200	\$50.00	07/01/2020
Hospital Indemnity (Post-tax):	No Hospital Indemnity Coverage	\$0.00	07/01/2020
Critical Illness Insurance (Post-tax):	\$30,000 Employee Only	\$5.85	07/01/2020
Accident (Post-tax):	Accident Employee Only	\$5.07	07/01/2020
Dental (Pre-Tax):	Delta Dental - EPO Employee Only	\$15.44	07/01/2020
Vision (Pre-Tax):	Vision Employee Only	\$4.08	07/01/2020
Company Paid Long Term Disability:	60% of earnings up to \$5,000 per month	\$0.00	07/01/2020
Company Paid Employee Life and AD&D:	2x annual salary up to \$300,000	\$0.00	07/01/2020
Employee Supplemental Life (Post-tax):	No Employee Life Coverage	\$0.00	07/01/2020
Spouse Supplemental Life (Post-tax):	No Spouse Life Coverage	\$0.00	07/01/2020
Legal (Post-tax):	No Legal Coverage	\$0.00	07/01/2020
Sick Leave Bank:	Participating	\$0.00	07/01/2020
TOTAL PAY PERIOD DEDUCTION:		\$159.36	

Beneficiaries - Crit Illness

Name	SSN	Relation	DOB	Gender	Designation	Percentage
FIRST LAST		PARENT	1/1/2011	Female	Primary	100%

Beneficiaries - Accident

Name	SSN	Relation	DOB	Gender	Designation	Percentage
FIRST LAST		PARENT	1/1/2011	Female	Primary	100%

[Click here to Print](#)

[Click here to Close Window](#)



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