

# DPS BENEFITS ENROLLMENT GUIDE

PLAN YEAR


July 1, 2022 - June 30, 2023





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# ACTION REQUIRED EVERY YEAR

**Open enrollment** — the time when you elect benefits for the following year — is **April 18-May 6**. You must take action and enroll in or waive benefits.

If you work 30 or more hours per week, **you must enroll in or waive benefits online** or you will be automatically enrolled in the MotivHealth 2800 medical plan (post tax, employee only), and a Health Savings Account (HSA) and sick leave bank for the 2022-23 plan year. Visit [thecommons.dpsk12.org/autoenrolled](https://thecommons.dpsk12.org/autoenrolled) to learn more about auto enrollment and what it means for you. **For Open Enrollment, your premiums will be automatically deducted from your paycheck beginning in July 2022.** If you are automatically enrolled, your medical plan will be the MotivHealth 2800.



## HOW TO ENROLL OR WAIVE:

1. Visit [thecommons.dpsk12.org/benefits](https://thecommons.dpsk12.org/benefits).
2. Click on **“Benefits Enrollment Site”** on the right (this website is not Firefox compatible).
3. A login page will open in a window or a new tab in your browser. Log in using your DPS credentials and click the blue **“Sign In”** button.  
*\*Your credentials are the username and password that you use to log in to your dpsk12.org email. To retrieve your username or update your password, visit [iforgot.dpsk12.org](https://iforgot.dpsk12.org).*
4. On the Benefits Enrollment Site, click the **“Enroll Now”** button to get started.
5. Print or email a confirmation of your enrollment when you are finished making your selections. If you need to make changes, you must make them during open enrollment or your new hire enrollment period. Email [employee\\_benefits@dpsk12.org](mailto:employee_benefits@dpsk12.org) if you have questions about making your corrections.



## Changing Your Benefits with a Qualifying Life Event

Visit [thecommons.dpsk12.org/changebenefits](https://thecommons.dpsk12.org/changebenefits) for step-by-step instructions on changing your benefits outside of open enrollment or your new hire enrollment period.

Certain events can impact your insurance such as getting married, having a baby or losing health coverage. These events are called “qualifying life events,” and they allow you to make changes to or enroll in health insurance outside of DPS’ annual open enrollment period.

In order for DPS to offer tax-free medical benefits to help you save on medical costs, we must follow IRS regulations on benefit changes.

In most cases, you have **30 days** to complete the benefits change request and submit all required documentation. Visit [thecommons.dpsk12.org/changebenefits](https://thecommons.dpsk12.org/changebenefits) to get started.

There are four types of qualifying life events that allow you to make changes to your benefits outside of open enrollment. Here are some examples for each type. This is **not** a complete list. Check [healthcare.gov/glossary/qualifying-life-event](https://healthcare.gov/glossary/qualifying-life-event) for a complete list of qualifying life events.

### LOSING HEALTH COVERAGE

- Losing job-based, individual or student plans.
- Losing eligibility for Medicare, Medicaid or CHIP.
- Turning 26 and losing coverage from a guardian’s plan.

### CHANGE IN HOUSEHOLD

- Getting married or divorced.
- Having a baby or adopting a child.

### CHANGE IN RESIDENCE

- Moving out of network.
- Moving to or from a shelter or other transitional housing.

### OTHER, MISCELLANEOUS EVENTS

- Changes in income or DPS FTE status (example: moving from full-time to part-time work).
- Becoming a U.S. citizen.
- AmeriCorps members starting or ending their service.

# Employee Benefits Overview

Denver Public Schools is committed to providing you and your family with high-quality, affordable benefits options. We care about your health and well-being and want you to have the tools and resources to make the best choices for your medical care. This guide will walk you through the steps to enroll in benefits as a new hire and during annual benefits open enrollment. It will also provide information on enrolling in supplemental benefits, participating in Employee Wellness programs and more. All benefits-eligible employees must enroll or waive benefits within the first 30 days of their start date.

## Who is eligible for benefits?

You are eligible for benefits if you work 20 hours or more per week. Eligibility for specific benefits may depend on how many hours you work. View the Benefits Eligibility Summary on the next page to see your eligibility.

### WHEN DOES COVERAGE START?

Coverage will become effective for newly-eligible employees on the first day of the month after your start date. Your benefits selections during annual benefits open enrollment are effective on July 1 of that year.

### WHEN DOES COVERAGE END?

Coverage ends the last day of the month in which your employment ends; this will either be your date of termination or contract end date, if you have a contract with DPS.



## Benefits Eligibility Summary

BENEFIT TYPE	EMPLOYEE TYPE		
	Part-time Hourly Working less than 20 hours per week	Part-time Hourly Working at least 20 hours per week (.5 FTE), temporary and all active retirees working 20 hours per week or more (.5 FTE to 1.0 FTE)	Full-time Working at least 30 hours per week (.75 FTE)
Medical p. 12-41	No	Yes	Yes
Dental and Vision p. 42-43	No	Yes	Yes
Sick Leave Bank (only if eligible for sick days) p. 44	No	Yes*	Yes
Health Savings Account (HSA) or Flexible Spending Account (FSA) p. 45-47	No	Yes	Yes
Employee Assistance Program (EAP) p. 49	Yes	Yes	Yes
Well Aware Reward (must be enrolled in a DPS medical plan) p. 49	No	Yes	Yes
Colorado PERA p. 50	Yes	Yes	Yes
Voluntary Retirement Plans: 403(b), 457(b) and 401(k) p. 50	Yes***	Yes***	Yes
MetLife Supplemental Life, Critical Illness, Accident, Hospital Indemnity and Legal Benefits p. 52	No	Yes	Yes
Basic Group Life Insurance p. 53	No	Yes** <i>Part time employees are eligible for \$2500 in group life.</i>	Yes**
Accidental Death and Dismemberment p. 53	No	No	Yes**
Long-term Disability p. 53	No	No	Yes
Voluntary Payroll Protection p. 54	No	No	Yes
DPS Assistance Fund p. 54	Yes	Yes	Yes
MetLife Home, Auto, and Pet Insurance p. 54-55	Yes	Yes	Yes
Commuter Benefits p. 55	Yes	Yes	Yes

\* Days in bank may be prorated.

\*\* Coverage amount decreases with age beginning at age 65.

\*\*\*Seasonal, temporary, active retirees, and employees working less than 30 hours a week are not eligible for the 457(b) retirement plan.

# Benefits-Eligible Employees Must Enroll in or Waive Benefits

## New Employees

**All benefits-eligible employees must enroll in or waive benefits within the first 30 days of their start date.** Benefits are effective the first of the month following your start date. Please note, depending on your date of enrollment, you may see double deductions and double benefit credits on your first paycheck following enrollment.

## Open Enrollment

**All benefits-eligible Employees working 30 hours a week or more must enroll in or waive benefits during the annual benefits open enrollment period.** This includes employees who are currently enrolled in DPS benefits plans. Benefits open enrollment occurs annually in the spring and is the one time a year you can choose, change or waive your benefits selections for the next plan year. Plan years run annually from July 1-June 30.

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## WHAT HAPPENS IF I DON'T ENROLL IN OR WAIVE BENEFITS?

All employees working **30 or more hours** a week who do not enroll in or waive benefits during their **enrollment window** will be automatically enrolled in the MotivHealth 2800 plan (post-tax), and a Health Savings Account (HSA).

Current elections for medical, dental, vision and Flexible Spending Accounts (FSAs) will not roll over to the new plan year.

## WHO CAN I COVER ON MY PLAN?

You may enroll eligible family members on your medical, dental and vision plans. Eligible family members include:

- Your legal spouse.
- Your common-law spouse. You must email a common-law affidavit to [HR\\_Connect@dpsk12.org](mailto:HR_Connect@dpsk12.org). Common-law marriage is a legally-binding marriage in Colorado and requires the same divorce procedure as any other traditional marriage to dissolve. There is no common-law divorce.
- Your child(ren) up to age 26, regardless of student, marital or tax-dependent status. This includes stepchildren, legally-adopted children or a child for whom you are the legal guardian.
- Your mentally or physically disabled child(ren) age 26 and over. Email HR Connect at [HR\\_Connect@dpsk12.org](mailto:HR_Connect@dpsk12.org) for more information.
- **Grand-children can only be added if you have court ordered permanent custody. Ex-spouse, parents, and grandparents are not eligible dependents.**





## SUMMER HEALTH CARE COVERAGE FOR HOURLY EMPLOYEES (PREVIOUSLY SUMMER COUPONS)

### What is it?

Eligible hourly employees who do not work during the summer can choose to enroll in or waive benefits for July during annual benefits open enrollment. Benefit credits will be paid out over the summer to employees who are enrolled in medical insurance, unless you are a paraprofessional hired before June 1, 2017 or a bus driver hired before January 2019, in which case you will receive benefit credits even if you waive medical insurance. Employees electing employee + family or employee + spouse medical cover will be invoiced and asked to pay via check monthly. Employees electing employee only and employees + children will have their deductions taken out of their paycheck in September when they return. Deductions will be doubled per paycheck until your summer benefits are paid off.

### How do I keep my benefits?

Take action during open enrollment. Enroll in a health-care plan and it will take effect July 1.

### How do I waive my benefits?

If you'd like to waive health-care coverage in July, you can waive during open enrollment. That will end your current health-care coverage on June 30.

### Can I enroll in benefits when I return to work?

Yes. Employees who return from unpaid leave qualify to change benefits, **within 30 days of their return date**. If you choose to waive benefits for summer time off, you can fill out the [DPS Benefits Change Form](#) when you return to work, and your coverage will begin the first day of the month after you return to work. **Note: If you waive coverage in July and do not return to work, you will not be eligible for COBRA.**

For additional information, Visit [thecommons.dpsk12.org/summerhealth](http://thecommons.dpsk12.org/summerhealth).

# Getting Started: Let's Enroll

You have a choice between nine medical plans from three insurance providers: Aetna, Kaiser Permanente, and MotivHealth. Aetna and Kaiser Permanente have three Consumer-Driven Health Plans (CDHPs) and one Deductible HMO (DHMO) plan. MotivHealth has one Consumer-Driven Health Plan (CDHP).

WHAT'S THE DIFFERENCE BETWEEN A DHMO AND CDHP?	
Deductible HMO (DHMO)	Consumer-Driven Health Plan (CDHP)
Higher monthly premiums (on average). DPS contributes \$27.92 per paycheck to offset the cost of the premium.	Lower monthly premiums (on average). DPS contributes \$27.92 per paycheck for employees enrolled in Health Savings Accounts (HSAs).
Predictability of pre-set copays for routine office visits and most prescriptions.	You pay full cost for office visits and prescriptions until your deductible is met.
Option of contributing to a Limited Purpose Flexible Spending Account (FSA).	Option of contributing to a Health Savings Account (HSA) or Limited Purpose Flexible Spending Account (FSA).

## ABOUT MEDICAID

Free or low-cost health insurance may be available to you if your income is under a certain amount. Our Medicaid team can also help with food assistance, cash assistance, vouchers for shelters and other resources. For more information and to see if you, your family or your children qualify, please call our DPS Outreach and Enrollment Specialists at [720-423-3661](tel:720-423-3661).

### TO DO LIST

- 📌 Verify what network your doctor is in or find a new doctor in your preferred network.
- 📌 Determine which carrier you'd like to use.
- 📌 **NEXT STEP:** Review available plans starting on page 14.



## BEFORE YOU CHOOSE YOU NEED TO KNOW:

- Preventive care visits are covered at no cost to you.
- You pay out of pocket for procedures, diagnostic tests, hospitalization and outpatient surgery until your deductible is met.
- Once your deductible is met, you pay a coinsurance percentage for procedures or services until your out-of-pocket maximum is met.
- After your out-of-pocket maximum is met, your plan pays 100% of costs for the rest of the plan year.

## COMPARE AETNA, KAISER PERMANENTE, AND MOTIVHEALTH

### About Aetna

**Aetna provides access to more than 2,100 primary care physicians and 11,000 specialists in the Whole Health Colorado Front Range Network. In the Open Access Network (available when you select the CDHP 2800 Open Access Plan), Aetna provides access to more than 3,900 primary care physicians and 13,000 specialists. The Aetna National Behavioral Health (BH) Network includes 5,200 facilities and 264,000 outpatient providers and is available for all of our Aetna members. Aetna plans also feature:**

- A partnership with Dispatch Health, an in-home health-care provider.
- Virtual access to a doctor through Teladoc. Connect with a licensed doctor, dermatologist or therapist through this convenient option.
- An option to talk with a nurse at any time to discuss symptoms and get health information and advice.
- Aetna Mobile, a mobile application that allows you to manage your health on-the-go.

Check to see if your doctor is in-network:

[aetna.com/individuals-families/find-a-doctor.html](https://www.aetna.com/individuals-families/find-a-doctor.html)

*\*Based on your plan, select either: (CO) Aetna Whole Health - Colorado Front Range Health Network Only or Aetna Health Network Only (Open Access).*

### Questions?

Visit [aetna.com](https://www.aetna.com) or call **855-220-6416** (non-members), or the Member Services number on your ID card (members).

## COMPARE AETNA, KAISER PERMANENTE, AND MOTIVHEALTH

### About Kaiser Permanente

You might have noticed, most things in life have gotten smarter, more personalized, and more convenient. Health care? Not so much. As Colorado's largest nonprofit health care provider, Kaiser Permanente is out to change that.

**When you choose Kaiser Permanente, you're choosing both health care and coverage-- a personalized, smart, convenient experience, without the guesswork. It's health care the way it's meant to be:**

- Access to World-Class Care:
  - + Kaiser Permanente's board-certified physicians work in over 46 medical specialties, with no referral required in most cases to see a Kaiser Permanente specialist.
  - + At most Kaiser Permanente medical facilities, you can visit a doctor, fill prescriptions, and get labs and X-rays done — all under one roof.
- Convenient Options Available When and Where You Need Them:
  - + Schedule appointments, view your medical records, email your doctor's office, and more through the Kaiser Permanente mobile app.
  - + 24/7 On-demand Virtual Care: Visit with a clinician anytime by video or phone.
  - + Rx home delivery: Skip the trip to the pharmacy by taking advantage of same-day or next-day delivery of medication. A fee and some restrictions apply.
- Expanded Access to Mental Health and Well-Being Resources, Including:
  - + Video sessions are available with both Kaiser Permanente and Amwell mental health providers.
  - + Access to self-care apps like Calm and myStrength for help with sleep, stress, anxiety, depression, meditation, resilience, and more.

### Questions?

Visit [kp.org](https://kp.org) or call **877-883-6698** (members) or **800-324-9208** (prospective members).

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### About MotivHealth

**MotivHealth has partnered with Centura and the Town & Country Network to provide access to more than 2300 providers throughout Colorado.**

**In addition, MotivHealth provides:**

- Access to cost-saving prescription assistance programs that could lower or eliminate your monthly out-of-pocket expense.
- Access to cost-eliminating diabetic programs that could lower or eliminate your monthly insulin and diabetic testing supply expenses.
- 24/7 live customer support.
- 24/7 telehealth services (HealthiestYou) which allow you to access licensed medical providers who can treat, diagnosis, and prescribe for most non-emergent medical situations at no cost.
- Convenient Rx home delivery, via WellDyne Rx.
- MotivHealth mobile app to ensure you can identify and engage with your MotivHealth benefits on the go.

### Questions?

Visit [DPS.MotivHealth.com](https://DPS.MotivHealth.com) or call **844-234-4472**.



# AETNA PLAN DETAILS



**ACTION REQUIRED!**  
**CRUCIAL PLAN INFORMATION**  
**ON THE FOLLOWING PAGES**

SUMMARY OF COVERED BENEFITS	CDHP 3500 PLAN - Whole Health In-Network Only (AUTO-ENROLLED PLAN)	CDHP 2800 PLAN - Whole Health In-Network Only
<b>Annual Deductible</b>	<b>Plan Year, Embedded</b>	<b>Plan Year, Embedded</b>
Individual	\$3,500	\$2,800
Family	\$7,000	\$5,600
<b>Out-of-Pocket Max</b>	<b>Embedded, includes deductibles and coinsurance</b>	<b>Embedded, includes deductibles and coinsurance</b>
Individual	\$6,350	\$4,000
Family	\$12,700	\$8,000
<b>Physician Services</b>		
Primary Care Physician	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
Specialist	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
<b>Preventive Care</b>		
Child/Adult	100% covered	100% covered
<b>Urgent Care</b>	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
<b>Hospital Services</b>		
Inpatient	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
Outpatient/Ambulatory Surgery	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
Emergency Room (in-or out-of-network)	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
<b>Lab/X-Ray</b>		
Diagnostic Lab/X-Ray	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
High Tech Services (MRI, CT scans, etc.)	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
<b>Prescriptions</b>	Preventive Rx 100% covered	Preventive Rx 100% covered
Tier 1 - Generic	After Deductible, you pay \$20 copay	After Deductible, you pay \$20 copay
Tier 2 - Preferred Brand	After Deductible, you pay \$40 copay	After Deductible, you pay \$40 copay
Tier 3 - Non-Preferred Brand	After Deductible, you pay \$60 copay	After Deductible, you pay \$60 copay
Tier 4 - Specialty	After Deductible, you pay 20% coinsurance	After Deductible, you pay 20% coinsurance
Mail Order	After Deductible, you pay 2x retail copay	After Deductible, you pay 2x retail copay
<b>Therapies</b>		
Therapies Annual or Plan Year Limits	Combined 60 visits max per year	Combined 60 visits max per year
Physical, Occupational and Speech Therapy	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
Chiropractic Annual or Plan Year Limits	25 visits max per year	25 visits max per year
Chiropractic Care	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
<b>Vision</b>		
Refractive Exam	1 exam every 24 months with an in-network Optometrist or Ophthalmologist. (May also use DocFind to locate one through EyeMed)	1 exam every 24 months with an in-network Optometrist or Ophthalmologist. (May also use DocFind to locate one through EyeMed)
Eyewear	Discounts available to Aetna members	Discounts available to Aetna members

\*Coinsurance for covered services received during a visit may apply.



**Reminder:** All medical plans cover some COVID-19 related expenses. Check the plan documents for complete information at [thecommons.dpsk12.org/medicalinsurance](https://thecommons.dpsk12.org/medicalinsurance)

Deductible, coinsurance and copays are included in the out-of-pocket maximums for all plans.

After you meet your deductible, coinsurance is the percentage you pay for medical care until you hit your out-of-pocket maximum.

SUMMARY OF COVERED BENEFITS	CDHP 2800 PLAN - Open Access Health Network Only	COPAY DHMO 1000 - Whole Health In-Network Only
<b>Annual Deductible</b>	<b>Plan Year, Embedded</b>	<b>Plan Year, Embedded</b>
Individual	\$2,800	\$1,000
Family	\$5,600	\$3,000
<b>Out-of-Pocket Max</b>	<b>Embedded, includes deductibles and coinsurance</b>	<b>Embedded, includes deductible, copays and coinsurance</b>
Individual	\$4,000	\$3,000
Family	\$8,000	\$9,000
<b>Physician Services</b>		
Primary Care Physician	After Deductible, you pay 30% coinsurance	\$40 copay*
Specialist	After Deductible, you pay 30% coinsurance	\$60 copay*
<b>Preventive Care</b>		
Child/Adult	100% covered	100% covered
<b>Urgent Care</b>	After Deductible, you pay 30% coinsurance	\$60 copay*
<b>Hospital Services</b>		
Inpatient	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
Outpatient/Ambulatory Surgery	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
Emergency Room (in-or out-of-network)	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
<b>Lab/X-Ray</b>		
Diagnostic Lab/X-Ray	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
High Tech Services (MRI, CT scans, etc.)	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
<b>Prescriptions</b>	Preventive Rx 100% covered	
Tier 1 - Generic	After Deductible, you pay \$20 copay	\$20
Tier 2 - Preferred Brand	After Deductible, you pay \$40 copay	\$40
Tier 3 - Non-Preferred Brand	After Deductible, you pay \$60 copay	\$60
Tier 4 - Specialty	After Deductible, you pay 20% coinsurance	20% to \$250 max
Mail Order	After Deductible, you pay 2x retail copay	2x retail copay
<b>Therapies</b>		
Therapies Annual or Plan Year Limits	Combined 60 visits max per year	Combined 60 visits max per year
Physical, Occupational and Speech Therapy	After Deductible, you pay 30% coinsurance	\$40 copay
Chiropractic Annual or Plan Year Limits	25 visits max per year	25 visits max per year
Chiropractic Care	After Deductible, you pay 30% coinsurance	\$40 copay
<b>Vision</b>		
Refractive Exam	1 exam every 24 months with an in-network Optometrist or Ophthalmologist. (May also use DocFind to locate one through EyeMed)	1 exam every 24 months with an in-network Optometrist or Ophthalmologist. (May also use DocFind to locate one through EyeMed)
Eyewear	Discounts available to Aetna members	Discounts available to Aetna members

# KAISER PERMANENTE PLAN DETAILS

SUMMARY OF COVERED BENEFITS	CDHP 3500 PLAN In-Network Only	CDHP 2800 PLAN In-Network Only
<b>Annual Deductible</b>	<b>Plan Year, Embedded</b>	<b>Plan Year, Embedded</b>
Individual	\$3,500	\$2,800
Family	\$7,000	\$5,600
<b>Out-of-Pocket Max</b>	<b>Embedded, includes deductibles and coinsurance</b>	<b>Embedded, includes deductibles and coinsurance</b>
Individual	\$6,350	\$4,000
Family	\$12,700	\$8,000
<b>Physician Services</b>		
Primary Care Physician	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
Specialist	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
<b>Preventive Care</b>		
Child/Adult	100% covered	100% covered
<b>Urgent Care</b>	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
<b>Hospital Services</b>		
Inpatient	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
Ambulatory Surgery	After Deductible, you pay 20% coinsurance	After Deductible, you pay 20% coinsurance
Outpatient	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
Emergency Room (in-or out-of-network)	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
<b>Lab/X-Ray</b>		
Diagnostic Lab/X-Ray	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
High Tech Services (MRI, CT scans, etc.)	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
<b>Prescriptions</b>	Preventive Rx 100% covered	Preventive Rx 100% covered
Tier 1 - Generic	After Deductible, you pay \$20 copay	After Deductible, you pay \$20 copay
Tier 2 - Preferred Brand	After Deductible, you pay \$40 copay	After Deductible, you pay \$40 copay
Tier 3 - Non-Preferred Brand	After Deductible, you pay \$60 copay	After Deductible, you pay \$60 copay
Tier 4 - Specialty	After Deductible, you pay 20% coinsurance	After Deductible, you pay 20% coinsurance
Mail Order	After Deductible, you pay 2x retail copay	After Deductible, you pay 2x retail copay
<b>Therapies</b>		
Therapies Annual or Plan Year Limits	Combined 60 visits max per year	Combined 60 visits max per year
Physical, Occupational and Speech Therapy	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
Chiropractic Annual or Plan Year Limits	25 visits max per year	25 visits max per year
Chiropractic Care	After Deductible, you pay 30% coinsurance	After Deductible, you pay 30% coinsurance
<b>Vision</b>		
Refractive Exam	1 exam per year	1 exam per year
Eyewear	Discounts may be available	Discounts may be available

\*Coinsurance for covered services received during a visit may apply.





**Pro Tip:** Use caution when enrolling in the CDHP 1400 plan when adding dependents mid-year (birth of a baby) as it is non-embedded. Review the definitions of embedded and non-embedded on page 58 under the Benefits 101 section.

Deductible, coinsurance and copays are included in the out-of-pocket maximums for all plans.

After you meet your deductible, coinsurance is the percentage you pay for medical care until you hit your out-of-pocket maximum.

SUMMARY OF COVERED BENEFITS	CDHP 1400 PLAN In-Network Only	COPAY DHMO 1000 In-Network Only
<b>Annual Deductible</b>	<b>Plan Year, Non-Embedded</b>	<b>Plan Year, Embedded</b>
Individual	\$1,400	\$1,000
Family	\$2,800	\$3,000
<b>Out-of-Pocket Max</b>	<b>Non-Embedded, includes deductible and coinsurance</b>	<b>Embedded, includes deductible, copays and coinsurance</b>
Individual	\$2,800	\$3,000
Family	\$5,600	\$9,000
<b>Physician Services</b>		
Primary Care Physician	After Deductible, you pay 20% coinsurance	\$40 copay*
Specialist	After Deductible, you pay 20% coinsurance	\$60 copay*
<b>Preventive Care</b>		
Child/Adult	100% covered	100% covered
<b>Urgent Care</b>	After Deductible, you pay 20% coinsurance	\$60 copay*
<b>Hospital Services</b>		
Inpatient	After Deductible, you pay 20% coinsurance	After Deductible, you pay 30% coinsurance
Outpatient	After Deductible, you pay 20% coinsurance	After Deductible, you pay 30% coinsurance
Ambulatory Surgery	After Deductible, you pay 10% coinsurance	\$500 copay
Emergency Room (in-or out-of-network)	After Deductible, you pay 20% coinsurance	After Deductible, you pay 30% coinsurance
<b>Lab/X-Ray</b>		
Diagnostic Lab	After Deductible, you pay 20% coinsurance	Covered at no cost to member when performed in a KP medical center
X-Ray	After Deductible, you pay 20% coinsurance	After Deductible, you pay 30% coinsurance
High Tech Services (MRI, CT scans, etc.)	After Deductible, you pay 20% coinsurance	After Deductible, you pay 30% coinsurance
<b>Prescriptions</b>		
	Preventive Rx 100% covered	
Tier 1 - Generic	After Deductible, you pay \$20 copay	\$20
Tier 2 - Preferred Brand	After Deductible, you pay \$40 copay	\$40
Tier 3 - Non-Preferred Brand	After Deductible, you pay \$60 copay	\$60
Tier 4 - Specialty	After Deductible, you pay 20% coinsurance	20% to \$250 max
Mail Order	After Deductible, you pay 2x retail copay	2x retail copay
<b>Therapies</b>		
Therapies Annual or Plan Year Limits	Combined 60 visits max per year	Combined 60 visits max per year
Physical, Occupational and Speech Therapy	After Deductible, you pay 20% coinsurance	\$40 copay
Chiropractic Annual or Plan Year Limits	25 visits max per year	25 visits max per year
Chiropractic Care	After Deductible, you pay 20% coinsurance	\$40 copay
<b>Vision</b>		
Refractive Exam	1 exam per year	1 exam per year
Eyewear	Discounts may be available	Discounts may be available

# MOTIVHEALTH PLAN DETAILS

SUMMARY OF COVERED BENEFITS	CDHP 2800 PLAN In-Network	CDHP 2800 PLAN Out of Network
<b>Annual Deductible</b>	<b>Plan Year, Embedded</b>	<b>Plan Year, Embedded</b>
Individual	\$2,800	\$5,000
Family	\$5,600	\$10,000
<b>Out-of-Pocket Max</b>	<b>Embedded, includes deductibles and coinsurance</b>	<b>Embedded, includes deductibles and coinsurance</b>
Individual	\$3,000	\$10,000
Family	\$6,000	\$20,000
<b>Physician Services</b>		
Primary Care Physician	After Deductible, you pay 20% coinsurance	After Deductible, you pay 50% coinsurance
Specialist	After Deductible, you pay 20% coinsurance	After Deductible, you pay 50% coinsurance
<b>Preventive Care</b>		
Child/Adult	100% covered	Covered up to allowed amount
<b>Urgent Care</b>	After Deductible, you pay 20% coinsurance	After Deductible, you pay 50% coinsurance
<b>Ambulance</b>	After Deductible, you pay 20% coinsurance	After Deductible, you pay 20% coinsurance
<b>Hospital Services</b>		
Inpatient	After Deductible, you pay 20% coinsurance	After Deductible, you pay 50% coinsurance
Outpatient/Ambulatory Surgery	After Deductible, you pay 20% coinsurance	After Deductible, you pay 50% coinsurance
Emergency Room (in-or out-of-network)	After Deductible, you pay 20% coinsurance	After Deductible, you pay 20% coinsurance
<b>Lab/X-Ray</b>		
Diagnostic Lab/X-Ray	After Deductible, you pay 20% coinsurance	After Deductible, you pay 50% coinsurance
High Tech Services (MRI, CT scans, etc.)	After Deductible, you pay 20% coinsurance	After Deductible, you pay 50% coinsurance
<b>Prescriptions</b>	Preventive Rx 100% covered	N/A
Tier 1 - Generic	After Deductible, you pay 20% coinsurance	N/A
Tier 2 - Preferred Brand	After Deductible, you pay 20% coinsurance	N/A
Tier 3 - Non-Preferred Brand	After Deductible, you pay 20% coinsurance	N/A
Tier 4 - Specialty	After Deductible, you pay 20% coinsurance	N/A
Mail Order	After Deductible, you pay 20% coinsurance	N/A
<b>Therapies</b>		
Therapies Annual or Plan Year Limits	Combined 60 visits max per year	Combined 60 visits max per year
Physical, Occupational and Speech Therapy	After Deductible, you pay 20% coinsurance	After Deductible, you pay 50% coinsurance
Chiropractic Annual or Plan Year Limits	Combined 25 visits max per year	Combined 25 visits max per year
Chiropractic Care	After Deductible, you pay 20% coinsurance	After Deductible, you pay 50% coinsurance
<b>Vision</b>		
Refractive Exam	1 exam	N/A
Eyewear	Discounts may apply	N/A

**Pro Tip:** MotivHealth combines unique savings tools, including robust prescription assistance programs, with high deductible health plans and HSAs to provide the solution to rising healthcare costs. With Motiv, you get to keep a large chunk of what you would spend on premiums in a traditional healthcare plan.

## PLANS IN ACTION

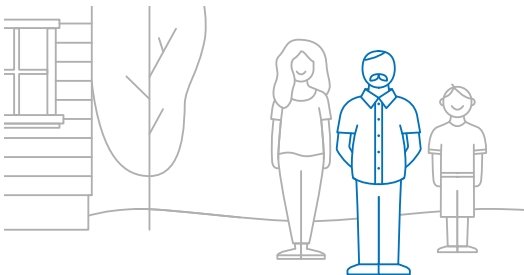
### MEET VICTOR, AMANDA, JASMINE AND JIM AND SEE WHICH BENEFITS SELECTIONS THEY MADE THIS YEAR.

They made their selections by reading the Benefits Enrollment Guide on [thecommons.dpsk12.org/openenrollment](https://thecommons.dpsk12.org/openenrollment), scheduling one-on-one appointments with a benefits specialist and using the built-in plan selector tool on the Benefits Enrollment Site. *The following scenarios are examples and are for general information only. Actual costs will vary based on individual circumstances.*

### Meet Victor

Victor is a facility manager and has a chronic condition. He chooses to change this year to the Motiv 2800 plan with family coverage. It works for his family because they already have utilized some Centura facilities and doctors in the past, and the \$166.75 child subsidy per paycheck helps keep his premium affordable.

- Victor will pay all costs for his prescriptions and regular visits to a specialist to manage his condition until he reaches his individual \$2,800 in-network deductible.
- He will then pay 20% coinsurance until the costs for his care reach his \$3000 in-network individual out-of-pocket maximum or until his total in-network family medical costs reach their \$6,000 in-network out-of-pocket maximum (whichever comes first).
- Because Victor enrolls in a CDHP plan, he opens a Health Savings Account (HSA), a personal savings account that he can fund with pre-tax dollars to pay out-of-pocket qualified health-care expenses. Victor chooses to contribute \$100 per paycheck to his HSA. In addition, DPS contributes \$27.92 per paycheck to his HSA, for a total of \$2,950 a year, giving Victor peace of mind that he is saving enough money to cover his annual in-network individual deductible.



### Meet Amanda

Amanda is a systems analyst. She is relatively healthy and very active. She chooses a plan that works best for her lifestyle, then breaks her arm skiing. How does her plan work for her?

- Amanda chooses the Kaiser \$3,500 CDHP plan, which works for her because it has a low premium and she likes to see her primary care doctor in the Kaiser Network.
- Because she enrolls in a CDHP, Amanda also opens an HSA. Even though Amanda doesn't make a contribution from her paycheck, DPS still contributes \$27.92 per paycheck to Amanda's HSA. **The money in the account is always hers, even if she changes health plans or jobs.**
- Amanda enrolls in the MetLife Accident Insurance plan because she has an active lifestyle. Later in the year when Amanda breaks her arm, she has to pay out of pocket for medical expenses — such as emergency care and x-rays — until she reaches her deductible. Fortunately, her MetLife plan provides Amanda with a lump-sum payment that — in addition to her HSA — helps her pay for those expenses.



## Meet Jasmine

Jasmine is a teacher and she is having a baby. She elects the Aetna DHMO plan with individual coverage because she likes the predictability of pre-set copays.

- When Jasmine has her baby, her medical plan will automatically increase to employee and child(ren) coverage. That means Jasmine's **baby will have his own individual deductible and out-of-pocket maximum.**
- Jasmine's prenatal visits have a \$0 copay, but she will pay for diagnostic tests (such as blood work and ultrasounds) and for her baby's delivery. After she meets her \$1,000 individual deductible, Jasmine will pay 30% coinsurance until she hits her \$3,000 out-of-pocket maximum.
- The average cost of a healthy delivery is over \$20,000, but Jasmine won't pay more than her and her baby's individual \$3,000 out-of-pocket maximums each. That's up to a maximum of \$6,000 out of pocket for medical care during the plan year.
- Jasmine opens a Flexible Spending Account (FSA) and sets aside \$2,600 on a pre-tax basis. She can use her FSA for her copays as well as her deductible and coinsurance costs when she delivers.
- The DPS **Employee Assistance Program (EAP)** helps Jasmine find affordable child care and manage her work-life balance. Jasmine also signed up for the Hospital Indemnity plan which provides a payment for staying in the hospital overnight.



## Meet Jim

Jim is a bus driver. He has worked at DPS for 20 years and is preparing to retire at the end of the year. As he is close to an age when he will be eligible for Medicare, he selects a CDHP medical plan with post-tax deductions. He also opens an HSA.

- Jim has been saving for retirement by contributing to a VALIC 403(b) over the last 15 years.
- By selecting a plan with post-tax deduction, the cost of Jim's medical coverage will be deducted from his paycheck after taxes are calculated. While he will pay more taxes with this option, his taxable income will be higher and will positively impact his Colorado PERA pension, which is based on his taxable income over his three highest-earning years.
- Jim also decides to open an HSA to save for medical expenses he may have during his retirement. Contributions to his HSA, including the HSA subsidy from DPS, are PERA-includable, which means they are reported in his PERA-reported annual income and will also positively impact his pension.
- The DPS Retirement Checklist, which can be found at [thecommons.dpsk12.org/nearingretirement](https://thecommons.dpsk12.org/nearingretirement) helps Jim make important decisions as he prepares for retirement.



### TO DO LIST

- 🔗 Choose your plan.
- 🔗 Take note of the deductibles, max-out-of-pockets, and whether you have a copay or coinsurance.
- 🔗 **NEXT STEP:** Determine your cost per paycheck for medical benefits.

## WHAT IS AN EMPLOYEE ASSOCIATION (UNION)?

Most team members at DPS are represented by an employee association (also known as a bargaining unit or union). Your role at DPS determines which employee association you belong to. For example, a custodian is part of the Communication Workers of America (CWA) employee association (union).

## WHAT ARE BENEFIT CREDITS?

Benefit credits are what DPS contributes to offset your cost for premiums for medical, dental and vision plans. Most employees are eligible to receive them. The amount varies by employee association and how many hours you work a week.

Some DPS employees receive benefit credits even if they waive medical coverage. To identify if you are eligible to receive benefit credits even if you do not enroll in medical coverage, refer to the hire dates and employee associations listed below. If you were hired **before** the date listed next to your employee association, you are eligible to receive benefit credits, even if you waive medical coverage. If you were hired **on or after** the date listed next your employee association, you must enroll in medical insurance to receive benefit credits.

- All employees, except: DCTA, FMA, ATU: June 1, 2017.
- DCTA and FMA employees: June 1, 2018.
- ATU employees: Jan. 1, 2019.

**Note:** Check the employee association rate pages (22-43) to see if you are eligible for benefit credits. Effective 10/1/2022, Some Benefit Credits are prorated by FTE based off proration brackets .5FTE, .51-.54, .55-.59, .60-.64, .65-.69, .70-.749

## WHAT ARE MEDICAL SUBSIDIES?

Medical subsidies are a discount off the cost of your premiums for medical plans. Some employees may receive both benefit credits and subsidies.

## WHAT ARE HSA CONTRIBUTIONS AND HMO SUBSIDIES?

If you're enrolled in a Consumer-Driven Health Plan (CDHP), DPS contributes \$27.92 per paycheck to your Health Savings Account (HSA). You must enroll in an HSA to receive the contribution from DPS. See page 47 for more information.

If you're enrolled in a Deductible HMO plan, DPS contributes \$27.92 per paycheck toward the premium cost of your medical plan because DHMO plan members are not eligible for an HSA.

## WHAT IS A DEPENDENT SUBSIDY?

Employees receive an additional district contribution per paycheck to offset the cost of premiums for medical plans that cover dependents. Employee + Child subsidy is \$116.75. Employee + spouse subsidy is \$100. The family dependent subsidy is \$166.75. Employees won't see the subsidy amount on their paycheck. The premium cost on your paycheck is prorated by the dependent subsidy amount.

# PLAN RATES BY EMPLOYEE ASSOCIATION

## ABGW: Association of Building, Grounds and Warehouse

### Who is part of ABGW?

Building maintenance, grounds maintenance, warehouse, truck drivers and crew chiefs.

### DPS CONTRIBUTIONS PER PAYCHECK (TWICE PER MONTH)

<p><b>Benefit Credits</b></p> <ul style="list-style-type: none"> <li>Full-time (30 hours or more per week) employees only.</li> </ul> <p><i>*Benefit credits will be listed as negative deductions on your paystub to represent a credit back to you.</i></p>	<p><b>\$220.95</b></p>
<p><b>Dependent Subsidies</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a medical plan that covers dependents in order to receive this subsidy.</li> </ul>	<p><b>Child Subsidy: \$116.75</b></p> <p><i>The child subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p> <p><b>Spousal Subsidy: \$50.00</b></p> <p><b>Family Subsidy: \$166.75</b></p>
<p><b>HSA or HMO Subsidy</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a CDHP medical plan and an HSA during annual benefits open enrollment or as a newly benefits-eligible employee to receive the HSA contribution from DPS.</li> <li>You must enroll in an HMO medical plan to receive an HMO subsidy.</li> </ul>	<p><b>\$27.92</b></p> <p><i>HSA subsidies will be deposited directly into your HSA and will appear on your paystub. HMO subsidies will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>

## WHAT YOU ACTUALLY PAY PER PAYCHECK (TWICE MONTHLY)

**PREMIUM** (cost of plan, appears on paystub) **−** **DPS CONTRIBUTIONS** (applicable benefit credits/subsidies) **=** **RATES BELOW**

A negative number below is money you can use toward other benefits costs, such as dental/vision premiums or supplemental benefits. If you do not elect additional benefits, it will appear as **cash in lieu of benefits** on your paystub.

ABGW FULL-TIME EMPLOYEE RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
<b>Employee Only</b>	-49.45	17.95	101.91	155.35	64.99	-17.41	22.61	61.53	62.38
<b>Employee + Spouse</b>	145.05	26232	449.77	570.04	401.74	193.84	285.22	374.09	411.85
<b>Employee + Child(ren)</b>	12.80	79.64	226.34	320.47	182.69	53.92	130.91	205.78	233.20
<b>Employee + Family</b>	191.30	273.09	505.36	654.41	452.53	259.08	386.22	509.87	573.34

\*All rates are subject to change.

\*\*DPS contribution as shown does not include the annual \$670 DPS HSA contribution.

# Administrators, ProTechs, and Denver School Leader Association (DSLAs)

### Who is an Administrator/ProTech?

Non-union employees, including: deans, managers, directors, extended learning, temporary employees, guest teachers, long-term substitutes, active retirees and protechs (analysts, specialists, coordinators, EGC instructors, math fellows, athletic trainers)

*\*\*Includes Denver School Leader Association Members for 2021–22 plan year. (Principals and Assistant Principals)*

DPS CONTRIBUTIONS PER PAYCHECK (TWICE PER MONTH)	
<p><b>Benefit Credits</b></p> <ul style="list-style-type: none"> <li>Eligible positions: deans, managers, directors and protechs.</li> </ul> <p><i>*Benefit credits will be listed as negative deductions on your paystub to represent a credit back to you.</i></p>	<p><b>\$171.50 prorated by FTE</b></p>
<p><b>Medical Subsidy</b></p> <ul style="list-style-type: none"> <li>Eligible positions: extended learning, temporary employees, guest teachers, active retirees, long-term substitutes. <b>Must work 30 hours or more per week.</b></li> <li>Extended Learning only: Employees working 20-29.99 hours per week.</li> </ul>	<p><b>\$171.50 \$65</b></p> <p><i>The medical subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>
<p><b>Dependent Subsidies</b></p> <ul style="list-style-type: none"> <li>All benefits-eligible employees.</li> <li>You must enroll in a medical plan that covers dependents in order to receive this subsidy.</li> </ul>	<p><b>Child Subsidy: \$116.75</b></p> <p><i>The child subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p> <p><b>Spousal Subsidy: \$50.00</b></p> <p><b>Family Subsidy: \$166.75</b></p>
<p><b>HSA or HMO Subsidy</b></p> <ul style="list-style-type: none"> <li>All benefits-eligible employees.</li> <li>You must enroll in a CDHP medical plan and an HSA during annual benefits open enrollment or as a newly benefits-eligible employee to receive the HSA contribution from DPS.</li> <li>You must enroll in an HMO medical plan to receive an HMO subsidy.</li> </ul>	<p><b>\$27.92</b></p> <p><i>HSA subsidies will be deposited directly into your HSA and will appear on your paystub. HMO subsidies will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>



## WHAT YOU ACTUALLY PAY PER PAYCHECK (TWICE MONTHLY)

### PREMIUM

(cost of plan, appears on paystub)

—

### DPS CONTRIBUTIONS

(applicable benefit credits/subsidies)

=

### RATES ON

OPPOSITE PAGE

EXTENDED LEARNING 20-29.99 HOUR RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
Employee Only	106.50	173.90	257.86	311.30	220.94	138.54	178.56	217.48	218.33
Employee + Spouse	301.00	418.27	605.72	725.99	557.69	349.79	441.17	530.04	567.80
Employee + Child(ren)	168.75	235.59	382.29	476.42	338.64	209.87	286.86	361.73	389.15
Employee + Family	347.25	429.04	661.31	810.36	608.48	415.03	542.17	665.82	729.29

DSL A MEMBERS, ALL OTHER FULL-TIME PROTECH AND ADMIN RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
Employee Only	0.00	67.40	151.36	204.80	114.44	32.04	72.06	110.98	111.83
Employee + Spouse	194.50	311.77	499.22	619.49	451.19	243.29	334.67	423.54	461.30
Employee + Child(ren)	62.25	129.09	275.79	369.92	232.14	103.37	180.36	255.23	282.65
Employee + Family	240.75	322.54	554.81	703.86	501.98	308.53	435.67	559.32	622.79

\*All rates are subject to change.

\*\*DPS contribution as shown does not include the annual \$670 DPS HSA contribution.

# ATU: Amalgamated Transit Union

## Who is part of ATU?

Full time bus drivers, hourly bus drivers, vehicle maintenance technicians, vehicle service technicians, parts/tool room and counter clerks.

### DPS CONTRIBUTIONS PER PAYCHECK (TWICE PER MONTH)

<p><b>Benefit Credits</b></p> <ul style="list-style-type: none"> <li>• Bus drivers.</li> <li>• Full-time mechanics.</li> <li>• Full-time techs, parts and toolroom.</li> </ul> <p><i>*Benefit credits will be listed as negative deductions on your paystub to represent a credit back to you.</i></p>	<p><b>\$193.06</b> <i>Prorated by FTE</i></p> <p><b>\$216.84</b></p> <p><b>\$201.71</b></p>
<p><b>Dependent Subsidies</b></p> <ul style="list-style-type: none"> <li>• All employees are eligible.</li> <li>• You must enroll in a medical plan that covers your children in order to receive this subsidy.</li> </ul>	<p><b>Child Subsidy: \$116.75</b> <i>The child subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p> <p><b>Spousal Subsidy: \$50.00</b></p> <p><b>Family Subsidy: \$166.75</b></p>
<p><b>HSA or HMO Subsidy</b></p> <ul style="list-style-type: none"> <li>• All employees are eligible.</li> <li>• You must enroll in a CDHP medical plan and an HSA during annual benefits open enrollment or as a newly benefits-eligible employee to receive the HSA contribution from DPS.</li> <li>• You must enroll in an HMO medical plan to receive an HMO subsidy.</li> </ul>	<p><b>\$27.92</b></p> <p><i>HSA subsidies will be deposited directly into your HSA and will appear on your paystub. HMO subsidies will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>

### WHAT YOU ACTUALLY PAY PER PAYCHECK (TWICE MONTHLY)

$$\begin{array}{l}
 \text{PREMIUM} \\
 \text{(cost of plan, appears on paystub)}
 \end{array}
 -
 \begin{array}{l}
 \text{DPS CONTRIBUTIONS} \\
 \text{(applicable benefit credits/subsidies)}
 \end{array}
 =
 \begin{array}{l}
 \text{RATES ON} \\
 \text{OPPOSITE PAGE}
 \end{array}$$

A negative number on the following chart is money you can use toward other benefits costs, such as dental/vision premiums or supplemental benefits. If you do not elect additional benefits, it will appear as **cash in lieu of benefits** on your paystub.

ATU BUS DRIVER RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
Employee Only	-21.56	45.84	129.80	183.24	92.88	10.48	50.50	89.42	90.27
Employee + Spouse	172.94	290.21	477.66	597.93	429.63	221.73	313.11	401.98	439.74
Employee + Child(ren)	40.69	107.53	254.23	348.36	210.58	81.81	158.80	233.67	261.09
Employee + Family	219.19	300.98	533.25	682.30	480.42	286.97	414.11	537.76	601.23

ATU MECHANIC RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
Employee Only	-45.34	22.06	106.02	159.46	69.10	-13.30	26.72	65.64	66.49
Employee + Spouse	149.16	266.43	453.88	574.15	405.85	197.95	289.33	378.20	415.96
Employee + Child(ren)	16.91	83.75	230.45	324.58	186.80	58.03	135.02	209.89	237.31
Employee + Family	195.41	277.20	509.47	658.52	456.64	263.19	390.33	513.98	577.45

ATU TECHS, PARTS AND TOOL ROOM RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
Employee Only	-30.21	37.19	121.15	174.59	84.23	1.83	41.85	80.77	81.62
Employee + Spouse	164.29	281.56	469.01	589.28	420.98	213.08	304.46	393.33	431.09
Employee + Child(ren)	32.04	98.88	245.58	339.71	201.93	73.16	150.15	225.02	252.44
Employee + Family	210.54	292.33	524.60	673.65	471.77	278.32	405.46	529.11	592.58

\*All rates are subject to change.

\*\*DPS contribution as shown does not include the annual \$670 DPS HSA contribution.

# CFSSP: Colorado Federation of School Safety Professionals

**Who is part of CFSSP?**  
 Patrol officers.

DPS CONTRIBUTIONS PER PAYCHECK (TWICE PER MONTH)	
<p><b>Benefit Credits</b></p> <ul style="list-style-type: none"> <li>Full-time (30 hours or more per week) employees only.  <i>*Benefit credits will be listed as negative deductions on your paystub to represent a credit back to you.</i></li> </ul>	<p><b>\$162.80</b></p>
<p><b>Medical Subsidy</b></p> <ul style="list-style-type: none"> <li>Employees working 30-40 hours per week will receive this subsidy in addition to benefit credits.</li> </ul>	<p><b>\$8.70</b></p> <p><i>The medical subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>
<p><b>Dependent Subsidies</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a medical plan that covers dependents in order to receive this subsidy.</li> </ul>	<p><b>Child Subsidy: \$116.75</b></p> <p><i>The child subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p> <p><b>Spousal Subsidy: \$50.00</b></p> <p><b>Family Subsidy: \$166.75</b></p>
<p><b>HSA or HMO Subsidy</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a CDHP medical plan and an HSA during annual benefits open enrollment or as a newly benefits-eligible employee to receive the HSA contribution from DPS.</li> <li>You must enroll in an HMO medical plan to receive an HMO subsidy.</li> </ul>	<p><b>\$27.92</b></p> <p><i>HSA subsidies will be deposited directly into your HSA and will appear on your paystub. HMO subsidies will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>

**WHAT YOU ACTUALLY PAY PER PAYCHECK (TWICE MONTHLY)**

**PREMIUM** (cost of plan, appears on paystub) **–** **DPS CONTRIBUTIONS** (applicable benefit credits/subsidies) **=** **RATES BELOW**

CFSSP EMPLOYEE RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
<b>Employee Only</b>	0.00	67.4	151.36	204.8	114.44	32.04	72.06	110.98	111.83
<b>Employee + Spouse</b>	194.50	311.77	499.22	619.49	451.19	243.29	334.67	423.54	461.30
<b>Employee + Child(ren)</b>	62.25	129.09	275.79	369.92	232.14	103.37	180.36	255.23	282.65
<b>Employee + Family</b>	240.75	322.54	554.81	703.86	501.98	308.53	435.67	559.32	622.79

\*All rates are subject to change.

\*\*DPS contribution as shown does not include the annual \$670 DPS HSA contribution.

## CWA: Communication Workers of America

### Who is part of CWA?

Custodians, crew leads, assistant facility managers and custodial helpers.

### DPS CONTRIBUTIONS PER PAYCHECK (TWICE PER MONTH)

<p><b>Benefit Credits</b></p> <ul style="list-style-type: none"> <li>Full-time (30 hours or more per week) employees only.</li> </ul> <p><i>*Benefit credits will be listed as negative deductions on your paystub to represent a credit back to you.</i></p>	<p><b>\$192.90</b></p>
<p><b>Medical Subsidy</b></p> <ul style="list-style-type: none"> <li>Employees working 20-29.99 hours per week</li> </ul>	<p><b>\$100</b></p> <p><i>The medical subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>
<p><b>Dependent Subsidies</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a medical plan that covers dependents in order to receive this subsidy.</li> </ul>	<p><b>Child Subsidy: \$116.75</b></p> <p><i>The child subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p> <p><b>Spousal Subsidy: \$50.00</b></p> <p><b>Family Subsidy: \$166.75</b></p>
<p><b>HSA or HMO Subsidy</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a CDHP medical plan and an HSA during annual benefits open enrollment or as a newly benefits-eligible employee to receive the HSA contribution from DPS.</li> <li>You must enroll in an HMO medical plan to receive an HMO subsidy.</li> </ul>	<p><b>\$27.92</b></p> <p><i>HSA subsidies will be deposited directly into your HSA and will appear on your paystub. HMO subsidies will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>

## WHAT YOU ACTUALLY PAY PER PAYCHECK (TWICE MONTHLY)

**PREMIUM** (cost of plan, appears on paystub) **−** **DPS CONTRIBUTIONS** (applicable benefit credits/subsidies) **=** **RATES BELOW**

A negative number below is money you can use toward other benefits costs, such as dental/vision premiums or supplemental benefits. If you do not elect additional benefits, it will appear as **cash in lieu of benefits** on your paystub.

CWA FULL-TIME EMPLOYEE RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
Employee Only	-21.40	46.00	129.96	183.40	93.04	10.64	50.66	89.58	90.43
Employee + Spouse	173.10	290.37	477.82	598.09	429.79	221.89	313.27	402.14	439.90
Employee + Child(ren)	40.85	107.69	254.39	348.52	210.74	81.97	158.96	233.83	261.25
Employee + Family	219.35	301.14	533.41	682.46	480.58	287.13	414.27	537.92	601.39

CWA PART-TIME EMPLOYEE RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
Employee Only	71.50	138.90	222.86	276.30	185.94	103.54	143.56	182.48	183.33
Employee + Spouse	266.00	383.27	570.72	690.99	522.69	314.79	406.17	495.04	532.80
Employee + Child(ren)	133.75	200.59	347.29	441.42	303.64	174.87	251.86	326.73	354.15
Employee + Family	312.25	394.04	626.31	775.36	573.48	380.03	507.17	630.82	694.29

\*All rates are subject to change.

\*\*DPS contribution as shown does not include the annual \$670 DPS HSA contribution.

# DAEOP: Denver Association of Educational Office Professionals

## Who is part of DAEOP?

Bookkeepers, office support and accounting technicians and other clerical employees.

DPS CONTRIBUTIONS PER PAYCHECK (TWICE PER MONTH)	
<p><b>Benefit Credits</b></p> <ul style="list-style-type: none"> <li>Full-time (30 hours or more per week) employees only. <i>*Benefit credits will be listed as negative deductions on your paystub to represent a credit back to you.</i></li> </ul>	<p><b>\$161.50</b></p>
<p><b>Medical Subsidy</b></p> <ul style="list-style-type: none"> <li>Employees working 30-40 hours per week will receive this subsidy in addition to benefit credits.</li> </ul>	<p><b>\$10</b></p> <p><i>The medical subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>
<p><b>Dependent Subsidies</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a medical plan that covers dependents in order to receive this subsidy.</li> </ul>	<p><b>Child Subsidy: \$116.75</b></p> <p><i>The child subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p> <p><b>Spousal Subsidy: \$50.00</b></p> <p><b>Family Subsidy: \$166.75</b></p>
<p><b>HSA or HMO Subsidy</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a CDHP medical plan and an HSA during annual benefits open enrollment or as a newly benefits-eligible employee to receive the HSA contribution from DPS.</li> <li>You must enroll in an HMO medical plan to receive an HMO subsidy.</li> </ul>	<p><b>\$27.92</b></p> <p><i>HSA subsidies will be deposited directly into your HSA and will appear on your paystub. HMO subsidies will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>



**WHAT YOU ACTUALLY PAY PER PAYCHECK (TWICE MONTHLY)**

**PREMIUM** (cost of plan, appears on paystub) **–** **DPS CONTRIBUTIONS** (applicable benefit credits/subsidies) **=** **RATES BELOW**

DAEOP FULL-TIME EMPLOYEE RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
<b>Employee Only</b>	0.00	67.40	151.36	204.80	114.44	32.04	72.06	110.98	111.83
<b>Employee + Spouse</b>	194.50	311.77	499.22	619.49	451.19	243.29	334.67	423.54	461.30
<b>Employee + Child(ren)</b>	62.25	129.09	275.79	369.92	232.14	103.37	180.36	255.23	282.65
<b>Employee + Family</b>	240.75	322.54	634.81	783.86	501.98	308.53	435.67	559.32	622.79

\*All rates are subject to change.

\*\*DPS contribution as shown does not include the annual \$670 DPS HSA contribution.

# DCTA: Denver Classroom Teachers Association

**Who is part of DCTA?**  
 Teachers, special service providers (SSPs), educational sign language interpreters (ESLI), career technical education instructors (CTE), associate teachers and military instructors (JROTC).

DPS CONTRIBUTIONS PER PAYCHECK (TWICE PER MONTH)	
<p><b>Benefit Credits</b></p> <ul style="list-style-type: none"> <li>All employees are eligible (prorated by FTE).</li> </ul> <p><i>*Benefit credits will be listed as negative deductions on your paystub to represent a credit back to you.</i></p>	<p><b>\$211.09 prorated by FTE</b></p>
<p><b>Dependent Subsidies</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a medical plan that covers dependents in order to receive this subsidy.</li> </ul>	<p><b>Child Subsidy: \$116.75</b>  <i>The child subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p> <p><b>Spousal Subsidy: \$50.00</b>  <b>Family Subsidy: \$166.75</b></p>
<p><b>HSA or HMO Subsidy</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a CDHP medical plan and an HSA during annual benefits open enrollment or as a newly benefits-eligible employee to receive the HSA contribution from DPS.</li> <li>You must enroll in an HMO medical plan to receive an HMO subsidy.</li> </ul>	<p><b>\$27.92</b>  <i>HSA subsidies will be deposited directly into your HSA and will appear on your paystub. HMO subsidies will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>

## WHAT YOU ACTUALLY PAY PER PAYCHECK (TWICE MONTHLY)

**PREMIUM** (cost of plan, appears on paystub) **–** **DPS CONTRIBUTIONS** (applicable benefit credits/subsidies) **=** **RATES BELOW**

A negative number below is money you can use toward other benefits costs, such as dental/vision premiums or supplemental benefits. If you do not elect additional benefits, it will appear as **cash in lieu of benefits** on your paystub.

FULL-TIME DCTA EMPLOYEE RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
<b>Employee Only</b>	-39.59	27.81	111.77	165.21	74.85	-7.55	32.47	71.39	72.24
<b>Employee + Spouse</b>	154.91	272.18	459.63	579.90	411.60	203.70	295.08	383.95	421.71
<b>Employee + Child(ren)</b>	22.66	89.50	236.20	330.33	192.55	63.78	140.77	215.64	243.06
<b>Employee + Family</b>	201.16	282.95	515.22	664.27	462.39	268.94	396.08	519.73	583.20

\*All rates are subject to change.

\*\*DPS contribution as shown does not include the annual \$670 DPS HSA contribution.

## DFPNSE: Denver Federation of Paraprofessionals and Nutrition Service Employees

### Who is part of DFPNSE?

Special education, general assignment, bus assistance and ELA paraprofessionals; campus safety officers and food service workers and managers.

### DPS CONTRIBUTIONS PER PAYCHECK (TWICE PER MONTH)

<p><b>Benefit Credits</b></p> <ul style="list-style-type: none"> <li>Paraprofessionals working 20 or more prorated by FTE.</li> <li>Full time food service managers (30+ hours)</li> </ul> <p><i>*Benefit credits will be listed as negative deductions on your paystub to represent a credit back to you.</i></p>	<p><b>\$150.41</b></p> <p><b>\$148.64</b></p>
<p><b>Medical Subsidy</b></p> <ul style="list-style-type: none"> <li>Paraprofessionals working 6+ hours per day in addition to benefit credits.</li> <li>Food service Managers working 6+ hours per day in addition to benefit credits.</li> <li>Food service workers working 6+ hours per day.</li> <li>Food service workers working 4-5.99 hours per day.</li> </ul>	<p><b>\$21.09</b></p> <p><b>\$22.86</b></p> <p><b>\$171.50</b></p> <p><b>\$100.00</b></p> <p><i>The medical subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>
<p><b>Dependent Subsidies</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a medical plan that covers dependents in order to receive this subsidy.</li> </ul>	<p><b>Child Subsidy: \$116.75</b></p> <p><i>The child subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p> <p><b>Spousal Subsidy: \$50.00</b></p> <p><b>Family Subsidy: \$166.75</b></p>
<p><b>HSA or HMO Subsidy</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a CDHP medical plan and an HSA during annual benefits open enrollment or as a newly benefits-eligible employee to receive the HSA contribution from DPS.</li> <li>You must enroll in an HMO medical plan to receive an HMO subsidy.</li> </ul>	<p><b>\$27.92</b></p> <p><i>HSA subsidies will be deposited directly into your HSA and will appear on your paystub. HMO subsidies will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>

**WHAT YOU ACTUALLY PAY PER PAYCHECK (TWICE MONTHLY)**

**PREMIUM** (cost of plan, appears on paystub) — **DPS CONTRIBUTIONS** (applicable benefit credits/subsidies) = **RATES BELOW**

DFPNSE PARAPROFESSIONAL FULL-TIME EMPLOYEE RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
Employee Only	0.00	67.40	151.36	204.80	114.44	32.04	72.06	110.98	111.83
Employee + Spouse	194.5	311.77	499.22	619.49	451.19	243.29	334.67	423.54	461.30
Employee + Child(ren)	62.25	129.09	275.79	369.92	232.14	103.37	180.36	255.23	282.65
Employee + Family	240.75	322.54	554.81	703.86	501.98	308.53	435.67	559.32	622.79

DFPNSE FOOD SERVICE MANAGER RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
Employee Only	0.00	67.40	151.36	204.80	114.44	32.04	72.06	110.98	111.83
Employee + Spouse	194.50	311.77	499.22	619.49	451.19	243.29	334.67	423.54	461.30
Employee + Child(ren)	62.25	129.09	275.79	369.92	232.14	103.37	180.36	255.23	282.65
Employee + Family	240.75	322.54	554.81	703.86	501.98	308.53	435.67	559.32	622.79

\*All rates are subject to change.

\*\*DPS contribution as shown does not include the annual \$670 DPS HSA contribution.

Rate tables continued on next page...

DFPNSE: Denver Federation of Paraprofessionals and Nutrition Service Employees, *continued*

DFPNSE FOOD SERVICE WORKER 6+ HOURS/DAY RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
Employee Only	0.00	67.40	151.36	204.80	114.44	32.04	72.06	110.98	111.83
Employee + Spouse	194.50	311.77	499.22	619.49	451.19	243.29	334.67	423.54	461.30
Employee + Child(ren)	62.25	129.09	275.79	369.92	232.14	103.37	180.36	255.23	282.65
Employee + Family	240.75	322.54	554.81	703.86	501.98	308.53	435.67	559.32	622.79

DFPNSE FOOD SERVICE WORKER 4-5.99 HOURS/DAY RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
Employee Only	71.50	138.90	222.86	276.30	185.94	103.54	143.56	182.48	183.33
Employee + Spouse	266.00	383.27	570.72	690.99	522.69	314.79	406.17	495.04	532.80
Employee + Child(ren)	133.75	200.59	347.29	441.42	303.64	174.87	251.86	326.73	354.15
Employee + Family	312.25	394.04	626.31	775.36	573.48	380.03	507.17	630.82	694.29

\*All rates are subject to change.

\*\*DPS contribution as shown does not include the annual \$670 DPS HSA contribution.



## FMA: Facility Managers Association

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### Who is part of FMA?

Facility managers.

### DPS CONTRIBUTIONS PER PAYCHECK (TWICE PER MONTH)

<p><b>Benefit Credits</b></p> <ul style="list-style-type: none"> <li>Full-time (40 hours per week) employees only.</li> </ul> <p><i>*Benefit credits will be listed as negative deductions on your paystub to represent a credit back to you.</i></p>	<p><b>\$208</b></p>
<p><b>Dependent Subsidies</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a medical plan that covers dependents in order to receive this subsidy.</li> </ul>	<p><b>Child Subsidy: \$116.75</b></p> <p><i>The child subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p> <p><b>Spousal Subsidy: \$50.00</b></p> <p><b>Family Subsidy: \$166.75</b></p>
<p><b>HSA or HMO Subsidy</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a CDHP medical plan and an HSA during annual benefits open enrollment or as a newly benefits-eligible employee to receive the HSA contribution from DPS.</li> <li>You must enroll in an HMO medical plan to receive an HMO subsidy.</li> </ul>	<p><b>\$27.92</b></p> <p><i>HSA subsidies will be deposited directly into your HSA and will appear on your paystub. HMO subsidies will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>



## WHAT YOU ACTUALLY PAY PER PAYCHECK (TWICE MONTHLY)

**PREMIUM** (cost of plan, appears on paystub) **–** **DPS CONTRIBUTIONS** (applicable benefit credits/subsidies) **=** **RATES BELOW**

A negative number below is money you can use toward other benefits costs, such as dental/vision premiums or supplemental benefits. If you do not elect additional benefits, it will appear as **cash in lieu of benefits** on your paystub.

FMA EMPLOYEE RATES									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
<b>Employee Only</b>	-36.50	30.90	114.86	168.30	77.94	-4.46	35.56	74.48	75.33
<b>Employee + Spouse</b>	158.00	275.27	462.72	582.99	414.69	206.79	298.17	387.04	424.80
<b>Employee + Child(ren)</b>	25.75	92.59	239.29	333.42	195.64	66.87	143.86	218.73	246.15
<b>Employee + Family</b>	204.25	286.04	518.31	667.36	465.48	272.03	399.17	522.82	586.29

\*All rates are subject to change.

\*\*DPS contribution as shown does not include the annual \$670 DPS HSA contribution.

# VTF: Vocational Teachers Federation

**Who is part of VTF?**  
 Adult vocational instructors.

DPS CONTRIBUTIONS PER PAYCHECK (TWICE PER MONTH)	
<p><b>Benefit Credits</b></p> <ul style="list-style-type: none"> <li>VTF Full time rates 1.0-.75FTE. Prorate by FTE from .5 FTE to .74 FTE</li> </ul> <p><i>*Benefit credits will be listed as negative deductions on your paystub to represent a credit back to you.</i></p>	<p><b>\$210.96</b></p>
<p><b>Dependent Subsidies</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a medical plan that covers dependents in order to receive this subsidy.</li> </ul>	<p style="text-align: center;"><b>Child Subsidy: \$116.75</b></p> <p style="text-align: center;"><i>The child subsidy will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p> <p style="text-align: center;"><b>Spousal Subsidy: \$50.00</b></p> <p style="text-align: center;"><b>Family Subsidy: \$166.75</b></p>
<p><b>HSA or HMO Subsidy</b></p> <ul style="list-style-type: none"> <li>All employees are eligible.</li> <li>You must enroll in a CDHP medical plan and an HSA during annual benefits open enrollment or as a newly benefits-eligible employee to receive the HSA contribution from DPS.</li> <li>You must enroll in an HMO medical plan to receive an HMO subsidy.</li> </ul>	<p style="text-align: center;"><b>\$27.92</b></p> <p style="text-align: center;"><i>HSA subsidies will be deposited directly into your HSA and will appear on your paystub. HMO subsidies will not appear on your paystub, but will be automatically deducted from your premium rate.</i></p>

## WHAT YOU ACTUALLY PAY PER PAYCHECK (TWICE MONTHLY)

**PREMIUM** (cost of plan, appears on paystub) **-** **DPS CONTRIBUTIONS** (applicable benefit credits/subsidies) **=** **RATES BELOW**

A negative number below is money you can use toward other benefits costs, such as dental/vision premiums or supplemental benefits. If you do not elect additional benefits, it will appear as **cash in lieu of benefits** on your paystub.

VTF FULL TIME RATES 1.0-.75FTE. PRORATE BY FTE FROM .5 FTE TO .74 FTE									
	Motiv Health 2800 CDHP	Aetna CDHP 3500	Aetna CDHP 2800	Aetna CDHP 2800 Open Access	Aetna DHMO 1000	Kaiser Permanente CDHP 3500	Kaiser Permanente CDHP 2800	Kaiser Permanente CDHP 1400	Kaiser Permanente DHMO 1000
<b>Employee Only</b>	-39.46	27.94	111.90	165.34	74.98	-7.42	32.60	71.52	72.37
<b>Employee + Spouse</b>	155.04	272.31	459.76	580.03	411.73	203.83	295.21	384.08	421.84
<b>Employee + Child(ren)</b>	22.79	89.63	236.33	330.46	192.68	63.91	140.90	215.77	243.19
<b>Employee + Family</b>	201.29	283.08	515.35	664.40	462.52	269.07	396.21	519.86	583.33

\*All rates are subject to change.

\*\*DPS contribution as shown does not include the annual \$670 DPS HSA contribution.

# Next Step: Optional Coverage

## DENTAL INSURANCE

DPS offers two Delta Dental insurance plan options. Visit [deltadental.com/us/en/find-a-dentist.html](http://deltadental.com/us/en/find-a-dentist.html) to find a dentist near you and to see if your dentist is in the Delta Dental network. When selecting a dentist, use the “Delta Dental PPO” plan for the EPO plan and use the “Delta Dental PPO Plus Premier” for the PPO plan.

### What are the plan options?

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.

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 lower 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.

“**Right Start 4 Kids**” covers children up to their 13th birthday at 100% coinsurance when enrolled into the PPO Plus Premier plan - No deductible applies to all covered procedures up to the annual max - excluding orthodontics. Must visit a PPO or Premier dentist.

### What does it cost?

The amount you pay for your premium can be deducted from your paycheck on a pre-tax or post-tax basis.

### Contact Delta

Visit [deltadentalco.com](http://deltadentalco.com), email [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com) or call 800-610-0201.

DELTA DENTAL - PREMIUM COST PER PAYCHECK				
Benefit Plan	Employee Only	Employee + Spouse	Employee + Children	Family
EPO	\$15.44	\$30.65	\$37.43	\$52.62
PPO Plus Premier	\$19.12	\$36.26	\$51.19	\$68.35



**YOU MUST ENROLL IN OR WAIVE DENTAL COVERAGE**

## VISION INSURANCE

DPS offers a single VSP insurance plan. You choose your vision provider, but you maximize your plan benefits when you choose a vision provider in VSP's Choice Network. If you choose an out-of-network provider, you may be responsible for paying in full at the time of service and submitting a claim to VSP for reimbursement. Visit [vsp.com](http://vsp.com) to find a VSP vision provider near you and [vsp.com/find-eye-doctors.html](http://vsp.com/find-eye-doctors.html) to see if your vision provider is in-network.

### What does it cost?

The amount you pay for your premium can be deducted from your paycheck on a pre-tax or post-tax basis.

### Contact VSP

Visit [vsp.com](http://vsp.com) or call 800-877-7195 to speak with Member Services.

VSP - PREMIUM COST PER PAYCHECK				
Benefit Plan	Employee Only	Employee + Spouse	Employee + Children	Family
Vision Service Plan	\$4.08	\$9.08	\$9.37	\$13.45

Summary of Benefits	VSP PLAN	
	In-Network (Choice Network)	Out-of-Network
<b>Eye Exam</b>	Covered in full	Up to \$45 reimbursement
<b>Contact Lens Exam</b>	\$60 copay	Not covered
<b>Frequency</b>	Every 12 months	
<b>Lenses</b> Single	Covered in full	Up to \$30 reimbursement
<b>Lenses</b> Bifocal	Covered in full	Up to \$50 reimbursement
<b>Lenses</b> Trifocal	Covered in full	Up to \$65 reimbursement
<b>Frequency</b>	Every 12 months	
<b>Frames</b>	Up to \$170 allowance	Up to \$70 reimbursement
<b>Frequency</b>	Every 12 months	
<b>Contact Lenses</b> Medically necessary	Covered in full	Up to \$210 reimbursement
<b>Contact Lenses</b> Elective	Up to \$150 allowance	Up to \$105 reimbursement



**YOU MUST ENROLL IN OR WAIVE VISION COVERAGE**

## SICK LEAVE BANK

### What is it?

All benefits-eligible employees working 20 hours or more per week (0.5FTE) who accrue sick time will be **automatically** enrolled into Sick Leave Bank at **no cost**. Sick Leave Bank provides up to 40 days (320 hours) of sick leave time prorated by FTE.

### Can I use Sick Leave Bank for my maternity leave?

You can only use Sick Leave Bank for your own personal illness or injury. If you need to take time off because someone else in your family needs medical care, please refer to the [Family Medical and Leave Act \(FMLA\) policy](#).

Sick Leave Bank can be used for maternity leave only after you have used all of your accumulated sick and vacation time and for only up to **six weeks (vaginal birth) or eight weeks (cesarean birth)** for recovery from childbirth. Those six or eight weeks include any time off that was covered by your accumulated sick or vacation time.

Sick Leave Bank days cannot be used during the “baby bonding” portion of a maternity leave. Any time that you remain on leave after those six or eight weeks does not qualify for Sick Leave Bank.

### Questions?

Learn more about Sick Leave Bank at [thecommons.dpsk12.org/slb](https://thecommons.dpsk12.org/slb).



## HEALTH SAVINGS ACCOUNTS (**HSAs**) AND FLEXIBLE SPENDING ACCOUNTS (**FSAs**)

### HEALTH SAVINGS ACCOUNT (HSA)

#### What is it?

A Health Savings Account (HSA) is a pre-tax, personal savings account that helps you pay for qualified expenses that are not covered by your medical, dental or vision plans. HSAs have no annual rollover cap and stay with you if you leave DPS. To learn about eligible expenses, visit [learn.healthequity.com/qme](https://www.healthequity.com/qme). To be eligible to enroll in an HSA, you must also enroll in a Consumer-Driven Health Plan (CDHP) through DPS.

#### What does DPS contribute?

It pays to enroll in an HSA! DPS contributes \$27.92 per paycheck (\$670 annually) to your account. You can also complete the Well Aware form (learn more on page 49) and earn an additional \$200 annually. You have the option to make additional contributions. DPS contributions and your contributions make up the total maximum allowed by the IRS. **Don't leave money on the table — if you enroll in a CDHP, enroll in an HSA too!**

#### Questions?

Visit [healthequity.com/learn/hsa](https://www.healthequity.com/learn/hsa) or call 866-346-5800.

## FLEXIBLE SPENDING ACCOUNT (FSA)

### What is it?

A Flexible Spending Account (FSA) is a pre-tax benefit account used to pay for eligible medical, dental and care expenses that aren't covered by your insurance plan. You will lose any unused balance over \$570 at the end of the plan year. In most cases, if you leave DPS, you will lose your FSA unused balance. If you cancel your FSA due to a qualifying life event, you also will lose your FSA unused balance. You will have 90 days from the date of termination or qualifying life event date to complete your claims. DPS offers three FSA options through HealthEquity.

### What FSA options does DPS offer?

#### **Health Care FSA (not allowed if you are enrolled in an HSA)**

A Health Care FSA can be used to set aside money from your paycheck, before income taxes are withheld, to pay for eligible out-of-pocket expenses, such as deductibles, copays and other health-related expenses that are not paid by medical, dental or vision plans. You are able to access your full annual election amount starting on the first day of your plan year.

#### **Limited Purpose Flexible Spending Account (allowed only if you are also enrolled in an HSA)**

A Limited Purpose Flexible Spending Account can only be used to reimburse **dental** and **vision** expenses. Funding a Limited Purpose Flexible Spending Account may be a good idea if you anticipate significant out-of-pocket dental and vision expenses in the coming year. You are able to access your full annual election amount starting on the first day of your plan year.

#### **Dependent Care Flexible Spending Accounts (allowed if you are enrolled in or not enrolled in an HSA)**

A Dependent Care FSA can be used to pay for eligible health care and dependant care expenses (such as child care) with pre-tax dollars. You are able to access your funds as they are deposited into your account each pay period.

Eligibility: You must have either a dependent child under the age of 13 who lives with you for more than half the year, or a qualified dependent, claimed on your taxes, who is physically or mentally incapable of self care and lives with you for more than half the year.

### Questions?

Visit [healthequity.com/learn/flexible-spending-account](https://healthequity.com/learn/flexible-spending-account) or call 866-346-5800.



## HEALTH SAVINGS ACCOUNTS (HSAs) AND FLEXIBLE SPENDING ACCOUNTS (FSAs)

	HSA	Health Care FSA	Limited Purpose Flexible Spending Account	Dependent Care FSA
<b>You are Eligible if:</b>	You are enrolled in a DPS CDHP plan and do NOT have "other health coverage," such as a non-CDHP plan, Medicare, Medicaid, TRICARE, a Health Care FSA or a spouse's Health Care FSA. (Limited Purpose Flexible Spending Accounts and Dependent Care FSAs are okay).	You are not enrolled in an HSA.	You are enrolled in an HSA.	You pay for eligible dependent care services, such as preschool, summer day camp, before- or afterschool programs, and child or adult daycare.  An employee with a qualified individual as defined as dependant child under the age of 13 who lives with you for more than half the year or a spouse or tax dependents who is physically or mentally incapable of self-care and lives with you for more than half the year.
<b>Maximum Contribution per Year</b>	IRS 2022 calendar year maximums:  \$3,650 single \$7,300 family  Age 55+ additional \$1,000	\$2,850 (whether single or family) per plan year July 1, 2022- June 30, 2023.	\$2,850 (whether single or family) per plan year July 1, 2022- June 30, 2023.	\$5,000 for married filing jointly/ head of household. If you and your spouse are both eligible to contribute to a Dependent Care FSA through your respective employers, you and your spouse may not each claim \$5,000.
<b>Covered Expenses</b>	Eligible medical, dental and vision expenses.	Eligible medical, dental and vision expenses.	Eligible dental and vision expenses only. Not eligible for use on medical/prescription expenses.	A wide variety of child and adult care services determined by the IRS.
<b>Availability of Funds</b>	The amount actually deposited in the account is available.	Annual amount available once enrolled.	Annual amount available once enrolled.	The amount actually deposited in the account is available.
<b>Debit Card Provided</b>	Yes	Yes	Yes	No
<b>How Often Can I Make Changes to My Election Amount?</b>	May change at any time throughout the year.	At open enrollment, or if you have a qualifying life event.	At open enrollment, or if you have a qualifying life event.	At open enrollment, or if you have a qualifying life event.
<b>Claim Filing Deadline</b>	No deadline for filing for reimbursement.	Claims incurred by June 30, 2023, must be filed by September 30, 2023.	Claims incurred by June 30, 2023, must be filed by September 30, 2023.	Claims incurred by June 30, 2023, must be filed by September 30, 2023.
<b>Forfeiture of Funds</b>	No forfeiture — unused funds carry over from year to year. The money is yours.	If expenses are incurred by June 30, 2023, but not claimed by September 30, 2023, funds will be lost. The plan permits up to \$570 carryover for unused amounts.	If expenses are incurred by June 30, 2023, but not claimed by September 30, 2023, funds will be lost. The plan permits up to \$570 carryover for unused amounts.	If expenses are incurred by June 30, 2023 but not claimed by September 30, 2023, funds will be lost. No carry over of funds is permitted.
<b>What if I Change Jobs?</b>	You own the account, so the account goes with you.	Can only submit claims through termination date. Otherwise, additional funds are lost. You have up to 90 days from termination date to submit claims.	Can only submit claims through termination date. Otherwise, additional funds are lost. You have up to 90 days from termination date to submit claims.	Can only submit claims through termination date. Otherwise, additional funds are lost. You have up to 90 days from termination date to submit claims.

# Finish Your Selections: Consider Voluntary Options

## EMPLOYEE WELLNESS



### DPS EMPLOYEE WELLNESS

#### What is it?

All DPS employees have access to a [comprehensive wellness program](#) that supports physical, social, emotional, spiritual and financial well-being.

- Health coaching
- Online challenges
- Financial fitness courses
- Mindfulness classes
- Discounts on gym memberships and more
- Wellness Champions at most sites and departments
- Health literacy trainings

#### Questions?

Employee Wellness opportunities and discounts are featured in Team DPS Weekly, delivered to your DPS email every Thursday, and on the [Wellness page on The Commons](#). Subscribe to DPS' monthly Employee Wellness Newsletter [here!](#)

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### DPS WELLNESS CHAMPIONS

#### Who are they?

A Wellness Champion is a staff member with a commitment and passion to health and well-being that serves as an ambassador for the Employee Wellness Program. They are messengers and motivators that assist in the implementation and coordination of wellness initiatives. They share information, engage friends and colleagues to participate in wellness programs, and create excitement around leading a healthy lifestyle. Email [staffwellness@dpsk12.org](mailto:staffwellness@dpsk12.org) for more information or to recommend a champion.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

### What is it?

[EAP](#) provides all DPS employees and their families free and confidential:

- Counseling
- Legal support
- Financial information
- Guidance with work-life solutions
- Referrals and resources for home repair, moving, child care, event planning and more.
- Free online resources on nutrition, exercise and quitting smoking.
- COVID-19 Toolkit: designed to help you navigate your health and manage the emotional impacts of the COVID-19 pandemic. These resources are available to you 24-hours a day, seven days a week in a virtual environment.

Find return to work and navigating work at home guides, plus resiliency, financial and relaxation resources, and more. \*Available in English and Spanish. [www.pages.e2ma.net/pages/1807892/21917](http://www.pages.e2ma.net/pages/1807892/21917)

### How do I access the EAP?

Call [855-327-1377](tel:855-327-1377) to speak with someone who can connect you to the appropriate services or visit [guidanceresources.com](http://guidanceresources.com) and use the Organization Web ID: **DPS** to create an account.

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## WELL AWARE REWARD

### What is it?

Prevention pays! If you are enrolled in a Consumer-Driven Health Plan (CDHP), DPS contributes **\$200** to your Health Savings Account (HSA).

If you are enrolled in a DHMO plan, DPS pays you a \$200 taxable stipend on your paycheck.

### How do I get my \$200?

Visit [thecommons.dpsk12.org/wellaware](http://thecommons.dpsk12.org/wellaware) to learn more about the Well Aware program and to see which preventive screenings are recommended based on your age and gender.

### Questions?

**Aetna Members:** Aetna Members: To check that you have completed all of the requirements, please contact the DPS concierges at [855-220-6416](tel:855-220-6416), or use the number on the back of your Aetna benefit card.

**Kaiser Permanente Members:** If you have questions about meeting the requirements, please call [866-300-9867](tel:866-300-9867) or email [rewardscustomerservice@kp.org](mailto:rewardscustomerservice@kp.org).

**MotivHealth Members:** If you have questions about meeting the requirements, please call [844-234-4472](tel:844-234-4472) or log into your Member Portal.



## COLORADO PERA

### What is it?

Colorado Public Employees' Retirement Association (PERA) offers retirement and other benefits (i.e., optional life insurance, 401K, short-term disability) to all eligible DPS employees.

As a DPS employee, you do not contribute to nor do you build up years of credit in social security. Rather, all DPS employees are required to contribute a fixed percentage of your salary to the PERA retirement trust funds. DPS also contributes to employees' PERA retirement funds.

### How do HSA contributions affect PERA?

Your PERA pension is based on your taxable income over your three highest-earning years. The more you make, the higher your pension payments will be. As you move closer to retirement, you may want to consider paying for benefits post-tax. Pre-tax deductions for medical, dental, vision and FSA plans lower your taxable income. That lowers your pension payouts. Retirement plans — such as 401(k), 403(b), 457(b) plans and HSAs — are not included in this and don't lower your taxable income or your pension payouts.

### Questions?

For more information, visit [copera.org](http://copera.org) or contact PERA customer service at **800-759-7372**.

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## 403(B) AND 457(B) PLANS - VOLUNTARY TAX-SHELTERED RETIREMENT OPTIONS

### What are they?

Both 403(b) and 457(b) plans are voluntary defined contribution retirement plans available to all DPS employees. They offer DPS employees the opportunity to save additional money for retirement.

While all employees are automatically members of PERA and contribute a fixed percentage of their salary to PERA, participating in an AIG Retirement Services (formerly VALIC) 403(b) or 457(b) plan is completely voluntary. This means you can choose to participate and how much you want to contribute. You can change the amount at any time.

### Why are they good to have?

Not every employee will work at DPS long enough to retire under PERA. In addition, PERA is not designed to replace your full pre-retirement income and you may want to save additional money for retirement. When you have pre-tax dollars deducted from your paycheck and put into a voluntary tax-sheltered retirement plan, you defer taxes on that money.

### How much can employees contribute?

In the 2022 calendar year, you can contribute up to \$20,500 into either account. Employees over the age of 50, or who will turn 50 in 2022, can contribute an additional \$6,500. You are responsible for following these guidelines. If you are enrolled in multiple accounts, you must be sure your total annual contribution does not exceed the maximum. Note: an administrative fee of 50 cents will be deducted per paycheck for employees enrolled in voluntary tax-sheltered retirement plans.

### How do I enroll?

For questions and information on enrolling, visit [thecommons.dpsk12.org/retire](http://thecommons.dpsk12.org/retire) or call AIG Retirement Services at **800-448-2542**.

## COLORADO PERAPLUS 401(K) PLAN

### What is it?

The Colorado PERAPLus 401(k) is a voluntary defined contribution retirement plan that offers DPS employees an opportunity to invest pre-tax paycheck dollars in a tax-deferred account — meaning it's tax sheltered, or in a Roth 401(k), which is post-tax. In addition to choosing whether to participate, you also decide exactly how much you want to contribute, and you can change the amount at any time.

### Questions?

Visit [thecommons.dpsk12.org/pera401k](https://thecommons.dpsk12.org/pera401k), or visit [copera.org](https://copera.org) or call PERA Customer Service at **800-759-7372**.



# SUPPLEMENTAL BENEFITS TO COMPLEMENT YOUR MEDICAL PLANS



## METLIFE

### Who is eligible?

All benefits-eligible employees may enroll in the following MetLife benefits.

### What plans are available?

- **Supplemental life insurance:** You can purchase supplemental life insurance for yourself, your spouse and your dependent children. You must purchase coverage for yourself before purchasing coverage for your spouse and your dependent children. Rates are age-banded and follow a benefit reduction schedule (coverage decreases as you age).
- **Critical illness insurance:** Provides a lump-sum payment to cover copays, deductibles, child care bills and even mortgage payments if you experience a covered critical illness. It is designed to complement your medical and disability income coverage.
- **Accident insurance:** Provides a lump-sum payment to cover expenses for more than 150 covered accidents, including fractures, concussions, burns and eye injuries. It also provides benefits for covered medical services and treatments, including emergency care, outpatient surgery, physical and occupational therapy, X-rays, and more.
- **Hospital indemnity insurance:** Provides a lump-sum payment to cover expenses, including your mortgage, car payment, child care or household bills if you experience a stay in the hospital.
- **MetLife Legal Plan:** Offers access to legal support for covered legal matters.

### What do these plans cost?

Costs vary by age and coverage levels. For more information, visit [thecommons.dpsk12.org/lifeinsurance](https://thecommons.dpsk12.org/lifeinsurance). For information on other MetLife plans, visit [thecommons.dpsk12.org/supplementalinsurance](https://thecommons.dpsk12.org/supplementalinsurance).

### How to I enroll?

You will have the opportunity to enroll during your new hire enrollment period and during annual benefits open enrollment, using the Benefits Enrollment Site.

### Questions?

**MetLife:** Visit MetLife MyBenefits or call **800-438-6388**.

**MetLife Legal Plan:** Visit [legalplans.com/metlaw](https://legalplans.com/metlaw) (non-members) or [members.legalplans.com](https://members.legalplans.com) (members), or call **800-821-6400**.

## GROUP LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

### What is it?

It's a benefit that protects your income for your beneficiaries in the event of your death or dismemberment (loss of limb). Part-time employees are not eligible for basic accidental death and dismemberment insurance.

### How does it work?

It's automatically provided to all benefits-eligible employees at no cost through MetLife. If you die as a result of an accident, your beneficiary would receive both the life benefit and the accidental death and dismemberment benefit.

- For an active, full-time employee, the life benefit is two times the employee's annual earnings (up to a maximum of \$300,000).
- For an active, full-time employee, the accidental death and dismemberment benefit is two times the employee's annual earnings (up to a maximum of \$300,000).
- For a benefits-eligible part-time (hourly) employee, the life benefit is \$2,500. Part-time employees are not eligible for accidental death and dismemberment insurance.
- Seasonal and Temporary employees are eligible for \$2,500.
- These benefits reduce at age 65. You can confirm coverage on the Benefits Enrollment Site. [See plan documents for more details.](#)

### Questions?

Visit [metlife.com/mybenefits](http://metlife.com/mybenefits) or call 800-438-6388.

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## LONG-TERM DISABILITY INSURANCE

### What is it?

Long-term disability insurance is provided free to eligible employees defined as full-time by their employee association. It's designed to help you meet your financial needs if you become unable to work due to a covered illness or injury. You can receive up to 60% of your monthly earnings up to \$5,000 per month. You must wait 90 days after your illness or injury to file a claim. Payments continue as long as you are disabled or until you are 65. For more information, visit [thecommons.dpsk12.org/Page/2184](http://thecommons.dpsk12.org/Page/2184).

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## PERA OPTIONAL LIFE INSURANCE

### What is it?

It's an optional, decreasing-term life insurance plan for all DPS employees. That means you can choose to enroll, and your coverage decreases as you age. The plan provides accidental death and dismemberment (loss of limb) insurance and life insurance coverage for employees and their eligible dependents. For active employees, units of coverage start at \$7.75 a month (\$10.28 a month for retired DPS employees). You can pay for the coverage through post-tax paycheck deductions. For more information, visit [copera.org/life-insurance](http://copera.org/life-insurance).

### How do I enroll?

Visit [www.copera.org/life-insurance](http://www.copera.org/life-insurance) for information on how to enroll.

## SUPPLEMENTAL BENEFITS TO PROTECT YOUR INVESTMENTS



### VOLUNTARY PAYROLL PROTECTION PLAN AND ASSISTANCE FUND

#### What is it?

The Payroll Protection Plan provides an extra \$60 a day if you are sick or injured. Vested members can receive up to \$6,000 in a year. The cost for this benefit is \$10 a month.

The DPS Assistance Fund lends non-personal, durable medical equipment to any employee of DPS — active or retired — for as long as you need it, free of charge.

#### How do I enroll?

For questions or to enroll, call [303-377-0222](tel:303-377-0222) or visit [dpsbp.org](https://dpsbp.org) to learn more.

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### AUTO AND HOME INSURANCE

MetLife offers all DPS employees a discounted group rate on auto and home insurance.

#### How do I apply?

Call MetLife at [844-887-1795](tel:844-887-1795) Monday through Saturday for auto and home insurance quotes, to apply for coverage, and for general customer service. Learn more at [myautohome.farmers.com/index.html#/home](https://myautohome.farmers.com/index.html#/home). When you call for an auto insurance quote, have the vehicle identification number (VIN) and the Social Security numbers and driver's license numbers of every person you want covered by the policy.

## SUPPLEMENTAL BENEFITS TO INVEST IN YOUR FUTURE



### WESTERRA CREDIT UNION

#### What is it?

Westerra was started in 1934 by eight DPS teachers who pooled their funds to make loans to other teachers. Originally called the DPS Credit Union, Westerra was renamed to reflect the seven-county Denver Metro Area being served. The credit union remains focused on offering financial services, grants, fundraising and financial education to teachers and schools. DPS employees receive a free state or national park pass or FitBit™ when they complete a financial review and open a new account.

#### Questions?

Visit a local branch or online at [westerracu.com](https://westerracu.com).





## SUPPLEMENTAL BENEFITS TO MANAGE ON-GOING COSTS

### PET INSURANCE

#### What is it?

MetLife provides employees a discount on pet insurance plans. A pet insurance plan covers thousands of medical issues and conditions related to accidents or illnesses — including cancer — for dogs, cats, birds, ferrets, rabbits, reptiles and other exotic pets. You can visit any licensed veterinarian anywhere — even when you're out of town.

#### How do I enroll?

Visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits) or call **800-438-6388**.

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### COMMUTER BENEFITS

#### What are they?

Eligible employees who commute to work can have pre-tax dollars deducted from their paychecks to pay for parking or transit.

#### What's a pre-tax parking account?

Eligible employees can set aside up to \$140 pre-tax per paycheck to pay for parking costs associated with commuting to work. It does not include costs for residential parking. You can have a direct payment made to a parking garage; pay to park and get reimbursed by check or direct deposit; or use a HealthEquity card to pay where credit and debit cards are accepted. Restrictions apply. Learn more at [healthequity.com/learn/commuter](https://www.healthequity.com/learn/commuter).

#### What's a pre-tax transit account?

Eligible employees can set aside up to \$140 pre-tax per paycheck to pay for public transportation to work. You can be reimbursed for passes, tokens, fare cards or vouchers for buses, trains and other types of public transportation. Restrictions apply. Learn more at [healthequity.com/learn/commuter](https://www.healthequity.com/learn/commuter).

#### Can I change my commuter benefits during the year?

Yes. You can add a commuter benefit, change your deduction or end your deductions throughout the year.

#### Use it or lose it

If you leave DPS or your employment is terminated, you forfeit any unused amount in your commuter benefits account. You cannot use these funds even if you are enrolled in COBRA.

#### How do I enroll?

If you already have a HealthEquity account, log in and select "Enroll in Commuter." If you do not already have an account, go to [healthequity.com](https://www.healthequity.com), create a new user name and password, and select "Enroll in Commuter."

# GLOSSARY

## BENEFITS 101: WHAT DO I NEED TO KNOW?

### What's a deductible?

Your deductible is the amount you pay out of pocket before your insurance provider pays a portion of the bill. If you enroll in a DHMO plan, there are certain benefits (i.e. office visits and prescriptions) where the deductible doesn't apply.

### What's coinsurance?

After you meet your deductible, coinsurance is when you and your insurance provider share the costs of your medical care. You pay a percentage (usually 20-30%) and your insurance provider pays the remaining amount until you hit your out-of-pocket maximum.

### What's a copay?

A copay is a fixed payment you pay for a covered service. For example, if you have a DHMO plan, you may pay a \$40 copay to see your primary care physician.

### What's an out-of-pocket maximum?

This is the maximum you pay out of pocket for medical care. Any charges above this amount are paid 100% by your insurance provider for the rest of the plan year. Deductibles, coinsurance and copays are all included in our plans' out-of-pocket maximums.

### What's the difference between embedded and non-embedded deductibles and out-of-pocket maximums?

An embedded deductible or out-of-pocket maximum applies to all plans **except** the Kaiser Permanente 1400 CDHP. That means:

- If you cover your family (spouse and/or children), all eligible medical costs for each family member will count toward meeting the family deductible. However, an individual will not have to pay more than the individual deductible.
- Your insurance provider begins paying coinsurance for family members covered by your plan who meet their individual deductibles, or when you meet your family deductible.
- The same is true for out-of-pocket maximums: your insurance provider begins paying 100% of your medical care costs for family members who meet their out-of-pocket maximums, or when you meet your family out-of-pocket maximum.

A non-embedded deductible or out-of-pocket maximum **only** applies to the Kaiser Permanente 1400 CDHP medical plan. That means:

- If you cover your family (spouse and/or children), the family deductible must be met either by one individual, or by a combination of family members, before the plan begins to pay.
- This means one insured person might hit their \$1,400 deductible, but your insurance provider won't pay coinsurance until you meet your \$2,800 family deductible.
- This applies to the out-of-pocket maximum as well: you must meet your total family out-of-pocket maximum (\$5,400) before your insurance provider begins paying 100% of your medical care costs.

### What's a 1095-C?

A 1095-C form, also known as Employer-Provided Health Insurance Offer and Coverage Insurance, is an IRS tax form that provides all benefits-eligible employees with information about the health coverage offered by DPS. This form may help you to determine eligibility for tax credits.

### What's a Pre-Tax Benefit Deduction?

The cost of your benefits is deducted from your paycheck before taxes are calculated, and you are therefore only taxed on your remaining paycheck balance. You pay less taxes with this option.

### What's a Post-Tax Benefit Deduction?

The cost of your benefits is deducted from your paycheck after taxes are calculated. You pay more taxes with this option.

### What's Dual Insurance/ "Working Couples"?

If you and your spouse are both benefits-eligible DPS employees, you may want to consider a split enrollment arrangement. This arrangement may provide increased employer contributions through benefit credits, subsidies and HSA contributions.

For example, Mike and Mary are married with children. Instead of Mike enrolling in family insurance with Mary and the kids as dependents, Mike enrolls in employee+child insurance and Mary enrolls in employee-only coverage. This arrangement ensures that Mike and Mary both receive full benefit credits and subsidies and also means that the children are covered only under Mike's policy, and not under Mary's.



# APPENDIX

## UNDERSTAND THE BENEFITS ON YOUR PAYSTUB



Discover a World of Opportunity™

### Earnings

Description	Hours	Rate	Amount	YTD Amount
Regular Pay	62.33		2,083.19	12,499.16
CASH4BEN			16.73	100.38
DCTA Teacher Inservice				178.57
Extra Pay Miscellaneous				100.27
District Closure Excused				0.00
Sick Pay				0.00
<b>Total Earnings</b>			2,101.42	12,887.38

Summary	Current	YTD
Total Gross Earnings	2,101.42	12,887.38
Total Pre Tax Deductions	25.00	150.00
Total Gross Taxable	1,892.68	11,610.52
Total Taxes	502.51	3,128.76
Total After Tax Deductions	40.46	242.76
Total Net Pay	1,531.95	9,356.86

### Distribution

Account	Account #	Amount
		1,531.95

Did you know? You can view your pay history and more through Employee Sp... which can be found on The Commons. You can also get more information on how True Pay impacts you or get answers to Frequently Asked Questions at [thecommons.dpsk12.org/truepay](http://thecommons.dpsk12.org/truepay). To contact someone on the Payroll Department: call (720) 423-3900 select option 2, or email payroll@dpsk12.org.

### Taxes and Deductions

Pre-Tax Deductions	Amount	YTD Amount
Delta Dental PPO Insurance	19.12	114.72
Kaiser 3500 CDHP Med Insurance	171.15	1,026.90
HSA	25.00	150.00
VSP Vision Insurance	4.08	24.48
BnCcredit	-194.35	-1,166.10
<b>Total Pre-Tax Deductions</b>	25.00	150.00

Mandated Deductions	Amount	YTD Amount
Pension Colorado PERA	183.74	1,126.86
City Occupational Head Tax		17.25
State withholding Tax	80.00	492.00
Federal withholding Tax	208.66	1,307.96
Medicare Tax Employee	30.11	184.69
<b>Total Mandated Taxes</b>	502.51	3,128.76

After Tax Deductions	Amount	YTD Amount
MetLife Critical Illness Voluntary Ins	2.03	12.18
Denver Classroom Teacher Assoc FT	38.43	230.58
<b>Total After Tax Deductions</b>	40.46	242.76

Employer Paid Contributions	Amount	YTD Amount
Group Term Life Insurance	1.50	9.00
HSA-DPS	27.92	167.52

\*This is an example. Your individual paystub will vary.

- 1 YTD Amount**  
YTD: Year-to-Date – this is the amount that has been paid out from Jan. 1 until now.
- 2 Pre-Tax Deductions**  
These are the items that are deducted from your check before taxes are taken out.
- 3 Delta Dental and VSP Vision**  
These are the per-paycheck medical premiums charged for dental and vision insurance.
- 4 Medical Insurance**  
This is the per-paycheck premium charged for medical insurance. All eligible subsidies have already been applied (child, medical and HMO).
- 5 HSA**  
This is the per-paycheck amount you contribute to your health savings account.
- 6 Benefit Credits**  
Benefit credits are what DPS contributes to offset your cost for premiums for medical, dental and vision plans.
- 7 Pension Colorado PERA**  
This is a required contribution that is taken out of your check. You pay into Colorado PERA instead of paying into Social Security.
- 8 After-Tax Deductions**  
Post-tax deductions are the items that are deducted from your check after taxes are taken out.
- 9 Employer-Paid Contributions**  
These are DPS contributions toward your benefits. They are not included in your check amount.
- 10 Group Term Life Insurance**  
This is the contribution DPS makes per-paycheck to all DPS employees' life insurance policies.
- 11 HSA-DPS**  
This is the per-paycheck amount DPS contributes to your health savings account.



# BENEFIT PROVIDER CONTACT INFORMATION

## Accident, Critical Illness and Other Voluntary Benefits

### MetLife

☎ 800-GET-MET8  
[metlife.com/DPS](https://www.metlife.com/DPS)

### Aetna Concierge

☎ 855-220-6416

### AIG Retirement Services

(formerly VALIC)

☎ 800-448-2542  
[aigrs.com/home/contact-us](https://aigrs.com/home/contact-us)

### Auto, Home, and Pet Insurance

☎ 800-GET-MET8  
[metlife.com/DPS](https://www.metlife.com/DPS)

### Colorado Medicaid

☎ 800-221-3943  
[healthfirstcolorado.com](https://www.healthfirstcolorado.com)

### Colorado PERA

☎ 800-759-7372  
[copera.org](https://www.copera.org)

### Connect for Health Colorado Health Insurance Marketplace

☎ 855-752-6749  
[connectforhealthco.com](https://www.connectforhealthco.com)

### Dental Plans

Delta Dental of Colorado  
☎ 800-610-0201  
[deltadentalco.com](https://www.deltadentalco.com)

### DoTs (DPS Department of Technology Services)

☎ 720-423-3888

### DPS Employee Services

☎ 720-423-3900  
[HR\\_Connect@dpsk12.org](mailto:HR_Connect@dpsk12.org)

### DPS Employee Wellness

[staffwellness@dpsk12.org](mailto:staffwellness@dpsk12.org)

### DPS Medicaid Department

☎ 720-423-2660  
[Medicaid@dpsk12.org](mailto:Medicaid@dpsk12.org)

### DPS Payroll

☎ 720-423-3900 Option 2

### Employee Assistance Program (EAP)

Guidance Resources  
☎ 855-327-1377  
[guidanceresources.com](https://www.guidanceresources.com)  
(Organization Web ID: DPS)

### Flexible Spending Accounts HealthEquity

☎ 877-924-3967  
[healthequity.com](https://www.healthequity.com)

### Health Savings Account HealthEquity

☎ 866-346-5800  
[healthequity.com](https://www.healthequity.com)

### MetLife Legal Plan

☎ 800-GET-MET8  
[metlife.com/DPS](https://www.metlife.com/DPS)

### Life and AD&D Insurance MetLife

☎ 800-GET-MET8  
[metlife.com/DPS](https://www.metlife.com/DPS)

### Medical Plans

Aetna  
☎ 855-736-9469  
[aetna.com](https://www.aetna.com)

### Kaiser Permanente

Pre-Enrollment Line  
(prospective members)

☎ 800-324-9208

Member Services

☎ 877-883-6698  
[kp.org](https://www.kp.org)

### MotivHealth

☎ 844-234-4472

[DPS.MotivHealth.com](https://www.DPS.MotivHealth.com)

### Retirement Manager

☎ 866-294-7950

[myretirementmanager.com/  
home?denverps](https://www.myretirementmanager.com/home?denverps)

### Vision Plan

#### VSP

☎ 800-877-7195

[vsp.com](https://www.vsp.com)

### Voluntary Payroll Protection Plan and Assistance Fund Denver Teachers' Club

☎ 303-377-0222

[dpsbpb.org](https://www.dpsbpb.org)



