2027

PUEBLO
SCHOOL DISTRICT 60
Educating for Purpose and Impact

Employee Benefits Summary

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you may receive.

If you have additional questions, you may contact:

Human Resources
Pamela Lucero
Benefits Manager
P: 719-549-7132
E: pamela.lucero@pueblod60.org

Payroll
Gail Bowers
Payroll Supervisor
P: 719-549-7128
E: gail.bowers@pueblod60.org

PUEBLO SCHOOL DISTRICT 60
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Coverage	Carrier	Phone Number	Website / Email
Medical	Kaiser Permanente	800-632-9700	www.kp.org co.kp.csu@kp.org
Medical Advice & Appointments		303-338-4545 800-218-1059	
24/7 On-Demand Video & Phone Visits			kp.org/getcare
Mental Health Services		866-702-9026	
Mail Order Pharmacy		866-523-6059	kp.org/rxrefill
Travel		951-268--3900	kp.org/travel
Dental	Delta Dental	800-610-0201	www.deltadentalco.com customer_service@ddpco.com
Vision	EyeMed	866-800-5457	www.eyemed.com
Flexible Spending Accounts Health Savings Accounts	WEX	866-451-3399	benefitslogin.wexhealth.com/login customerservice@wexhealth.com
Life/AD&D	Pamela Lucero Human Resources	719-549-7132	pamela.lucero@pueblod60.org
Employee Assistance Program	CommonSpirit Profile EAP	800-645-6571	puebloschools.mylifeexpert.com
Personalized Benefits	Voya	800-584-6001	www.voya.com
Pet Insurance	Nationwide	877-738-7874	https://partnersolutions.nationwide.com/pet/pueblodistrict60
Benefits Call Center & Website	SMBO	877-282-0808	www.pueblod60benefits.org

Eligibility

All contracted employees who work 30 hours or more per week are eligible for all benefits outlined in this summary. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or children, where applicable by state law
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply) through the end of the year in which they turn26. Disabled children age 26 or older who meet certain criteria may continue on your health coverage. Please see the voluntary benefits summary plan documents for the cutoff age for children, as the age may vary.

Choose Your Benefits Carefully

Due to IRS regulations, you cannot change your elections until the next Annual Open Enrollment Period, unless you have a qualified life event during the year. The following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- Change in child custody
- Change in coverage election made by your spouse during their employer's Open Enrollment Period
- Loss of Eligibility for Medicaid/CHIPRA (60 days notification)
- Spouse's/RDP's employment or termination of employment

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the qualifying event. If changes are not submitted on time, you must wait until the next Open Enrollment Period to make your election changes. If you wish to change your HSA contribution or update your beneficiary, please call either Human Resources or the SMBO Call Center.

Required Information

When you enroll, you will be required to enter a Social Security Number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the District to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a federal tax penalty. This information will be securely submitted to the IRS and will remain confidential.

When Coverage Begins

New Hires: You must complete the enrollment process within 30 days of your effective date. If you enroll on time, coverage is effective on the first of the month following your date of hire. If you fail to enroll on time, you will NOT have benefits coverage except for employer-paid life insurance. Your next opportunity to enroll in coverage will be at the next annual open enrollment period. To complete your enrollment, you will call the SMBO Benefits Call Center at 877-282-0808.

Open Enrollment

Changes made during Open Enrollment are effective January 1, 2027.

How to Enroll

You may choose to enroll online or through the Call Center.
All calls are recorded for quality assurance and telephonic signature verification.

SMBO Online Enrollment		SMBO Phone Enrollment
Website www.pueblod60benefits.org Click Enroll and enter information to login below.	**You can also scan this QR Code to be taken to the online enrollment website**	**Phone Number** 877-282-0808
Below is an example of the following information you will need to enroll **Name:** *John Smith* ***SSN:*** *555-25-5874* ***Date of Birth:*** *9/1/1963* ***Employee Number:*** *555255874* ***PIN Number:*** *587463*		**Operation Hours** Monday –Friday 6:00 am –4:00 pm MST

Please note, your unique PIN is: the last 4 of your SSN + the last two digits of your birth year.

KAISER PERMANENTE®

Kaiser Permanente Medical Plans

We are proud to offer you a choice between four Kaiser Permanente HMO medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle.

Kaiser Permanente HMO Network

With these plans, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs and approve further medical treatment. Services received outside of the HMO network are not covered, except in the case of emergency medical care, except for Out-of-Area Dependent Care.

Support While You're Away

Need help finding care or learning what's covered while you're away?

Call the Away from Home Travel Line at 951-268-3900, visit kp.org/travel, or scan this qr code.

First Fill Rx for Maintenance Medications

What are maintenance medications? These are prescription medications that you take for an extended period of time (months or even years). Examples include medications to treat blood pressure, high cholesterol, diabetes (such as insulin or Metformin), asthma, or even birth control pills. The first time you fill a maintenance medication prescription; you can fill it at either a Kaiser Permanente Medical Office Building pharmacy or a contracted network pharmacy. But for subsequent refills, you will then have to fill the prescription at either a Kaiser Permanente Medical Office Building pharmacy or through the mail order program. If you use the mail order program, you will get up to a three-month supply for the cost of two months copays.

For non-maintenance medications, such as antibiotics, short-term pain medications, etc., you may still fill your prescription at your local contracted network pharmacy or use a Kaiser Permanente Medical Office Building pharmacy.

The following pharmacies are contracted with Kaiser Permanente in Pueblo County:

- King Soopers (two locations)
- Walgreens (five locations including Pueblo West)
- Walmart (four locations including Pueblo West)
- Kaiser Medical Office Building (two locations)

Out-of-Area Dependent Coverage

All four medical plans include Out-of-Area Dependent Coverage which provides coverage for your dependents while they are away from home. Kaiser Permanente covers routine, continuing, and followup care, outside of any Kaiser Permanente service area, for any out-of-area dependent enrolled in the plan. Out-of-area services are limited to covered, non-urgent medical needs. Medically necessary urgent and emergency care are always covered for dependents while out of the service area.

The out-of-area dependent benefit will cover:

- Up to 10 office visits
- Up to 10 diagnostic X-rays
- Up to 12 prescription drug fills
- Up to 12 diabetic supplies
- Up to 10 combined therapy visits (physical, occupational and speech)

Applicable coinsurance/copayments apply. Please refer to the supplemental flyer for list of exclusions. Out-of-area dependent benefits are subject to all terms and conditions of your plan.

Claims for covered services that are medically necessary will be covered. If the provider bills Kaiser directly, you will not need to submit a claim. If the dependent pays out-of-pocket, submit the bill to Kaiser Permanente for reimbursement.

Medical Plans Summary

Below is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary of Benefits and Coverage (SBC) or Summary Plan Description (SPD).

Summary of Benefits	HSA 3500 (Embedded Deductible)	DHMO 3500 20%	DHMO 2500 30%	DHMO 2000 20%
HMO Network	**In-Network**			
Calendar Year Deductible	$3,500 Individual $7,000 Family	$3,500 Individual $10,500 Family	$2,500 Individual $5,000 Family	$2,000 Individual $4,000 Family
Maximum Out-of-Pocket (Includes deductible, copays and co-insurance you pay)	$5,000 Individual $10,000 Family	$5,000 Individual $12,700 Family	$6,350 Individual $12,700 Family	$5,500 Individual $11,000 Family
Preventative Services	No Charge	No Charge	No Charge	No Charge
Physician Office Visits KP / MOB / PCP Affiliated Provider PCP / Specialist	Deductible then 0% Deductible then 0% Deductible then 30%	$0 copay $0 copay $30 copay	$0 copay $0 copay $50 copay	$0 copay $0 copay $50 copay
Preventive Prescriptions filled at KP MOB Pharmacy or Mail Order	No Charge	No Charge	No Charge	No Charge
Retail Prescriptions **30 day supply** Generic Preferred Non-Preferred Specialty	Deductible then 30% Deductible then 30% Deductible then 30% Ded. then 20% to $250 max	$15 $40 $60 20% to max of $250	$15 $40 $60 20% to max of $250	$15 $40 $60 20% to max of $250
Mail Order Prescriptions **90-day supply**	Same as above	2x copay	2x copay	2x copay
Diagnostic Lab Free Standing Facility Hospital	Deductible then 30%	No Charge Deductible then 20%	No Charge Deductible then 30%	No Charge Deductible then 20%
Diagnostic X-ray Free Standing Facility Hospital	Deductible then 30%	$30 Copay Deductible then 20%	No Charge	No Charge
Diagnostic MRI/CT/PET Free Standing Facility Hospital	Deductible then 30%	$150 Copay Deductible then 20%	Deductible then 30%	Deductible then 20%
Inpatient Hospital	Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%
Outpatient Surgery Ambulatory Surgery Center Hospital Based	Deductible then 20% Deductible then 30%	$250 copay Deductible then 20%	$500 copay Deductible then 30%	$500 copay Deductible then 20%
Emergency Room	Deductible then 30%	$500 copay	$400 copay	$400 copay
Urgent Care	Deductible then 30%	$30 copay	$50 copay	$50 copay
Chiropractic Care/ Acupuncture / Massage Therapy	Deductible then 30% Limited to 20 visits each per year	$25 Copay Limited to 20 visits each per year	Not Covered	Not Covered
Adult Hearing Exam	Deductible then 0%	$0 at KP MOB $0 copay at Affiliated Provider	$0 at KP MOB $0 copay at Affiliated Provider	$0 at KP MOB $0 copay at Affiliated Provider
Adult Hearing Aids	Deductible then up to $1,000 credit per ear, up to $2,000 credit for both ears, every 36 months	Up to $1,000 credit per ear, up to $2,000 credit for both ears, every 36 months	Up to $1,000 credit per ear, up to $2,000 credit for both ears, every 36 months	Up to $1,000 credit per ear, up to $2,000 credit for both ears, every 36 months

Dental Plans Summary

DELTA DENTAL®

Staying healthy includes obtaining quality dental care for you and your family. The Delta Dental PPO Plus Premier plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental PPO network. Following is a high-level overview of the coverage available. See Dental Benefit Summary for complete plan details.

Summary of Benefits	Base Plan		Buy-Up Plan	
Delta Dental Networks	**PPO**	**Premier or Non-Participating**	**PPO**	**Premier or Non-Participating**
Annual Deductible	None	None	None	None
Annual Maximum Benefit	$1,000 per covered person (does not include Preventive Care)		$1,500 per covered person (does not include Preventive Care)	
Preventive Care	90% covered	80% covered	90% covered	80% covered
Basic Services (Endodontics, Periodontics)	80% covered	80% covered	80% covered	80% covered
Major Services	50% covered	50% covered	50% covered	50% covered
Orthodontic Treatment	50% covered (Adult and Child)	50% covered (Adult and Child)	50% covered (Adult and Child)	50% covered (Adult and Child)
Orthodontic Max Benefit	Combined with Annual Maximum		Combined with Annual Maximum	
Waiting Period	None	None	None	None

Vision Plans Summary

eyeMed®

Pueblo School District 60 offers two vision plans through EyeMed to help you pay for your routine vision services and supplies for you and your family. You can see any vision provider you choose, but you will enjoy significant savings when you use our vision providers. Please see vision benefit summary for complete plan details.

Summary of Benefits	Exam Only	Buy-Up Plan
Key Vision Benefits	**In-Network**	**In-Network**
Eye Exam (Once per 12 months)	$25 copay	$10 copay
Prescription Glasses Single Vision Lenses Bifocal Lenses Trifocal Lenses Progressive Lenses *(Discounted costs when complete pair of eye glasses are purchased)*	$50 Copay $70 Copay $105 Copay $135 Copay	$25 Copay $25 Copay $25 Copay $80-$125 Copay
Frames (Once per 12 months)	35% Discount Off Retail Price	$130 Allowance, 20% off balance over $130
Contact Lenses (Once per 12 months)	**Standard:** Up to $40; contact lens fit & two follow up visits. **Premium:**10% off retail price	**Standard:** Up to $40; contact lens fit & two follow up visits. **Premium:**10% off retail price
Contact Lenses (In lieu of glasses)	15% Discount Off Retail Price	$130 allowance, 15% off balance over $130

Contribution Rates

Following are the monthly premium amounts of the medical, dental and vision plans available to you. These rates will be used to determine your monthly contribution amount as described below.

Medical Plan Rates	HSA 3500 (Embedded Deductible)	DHMO 3500 20%	DHMO 2500 30%	DHMO 2000 20%
Employee Only	$844.47	$887.70	$977.69	$1,077.35
Employee + Spouse	$1,722.72	$1,810.91	$1,994.49	$2,197.79
Employee + Child(ren)	$1,562.27	$1,642.24	$1,808.73	$1,993.10
Employee + Family	$2,423.63	$2,547.70	$2,805.97	$3,091.99

Dental Plan Rates	Base Plan	Buy-Up Plan
Employee Only	$35.65	$39.71
Employee + Spouse	$71.28	$79.42
Employee + Child(ren)	$57.03	$63.53
Employee + Family	$96.29	$107.26

Vision Plan Rates	Exam Only	Buy-Up Plan
Employee Only	$1.26	$7.60
Employee + Spouse	$2.10	$14.41
Employee + Child(ren)	$2.11	$15.18
Employee + Family	$3.43	$22.31

Determining Your Monthly Contribution

Pueblo School District 60 contributes up to $750 per employee per month towards the cost of your enrollment in the medical, dental and vision plans. You may elect any medical plan for you and your eligible dependents for 202. You may also make a separate election for you and your eligible dependents for dental and vision. While you may choose either the base or buy-up plan for the dental and the exam only or buy-up plan for vision, the level of coverage (who is covered) will be the same for both plans.

Your monthly cost is the amount in excess of $750, if any. Use the worksheet below to enter the premium for the medical plan you have selected based on who you are covering as well as the dental and vision plans based on who you are covering. Any unused amount is forfeited back to Pueblo School District 60.

_____	+	_____	-	$750	=	_____
Medical Monthly Premium		**Dental + Vision Monthly Premium**		**Pueblo School District 60 Contribution**		**Your Monthly Cost (If balance is greater than $0)**

Section 125 Plan: Pre-taxing your contribution amount

Section 125 of Internal Revenue Service (IRS) allows participants in the Pueblo School District 60 Section 125 Plan to save taxes by electing to pay their share of premiums for certain health coverage on a pre-tax basis. Your election will remain in effect throughout the plan year, unless you have a qualified life event.

Thinking of Retirement?

Employees who are considering retirement within three to five years may want to elect to have their premiums deducted after taxes are withheld from their earnings, in order to maximize their retirement benefit. Please consult your personal tax advisor or PERA for more information on your retirement benefits.

Health Savings Account

The HSA 3500 Embedded Deductible plan gives you the freedom to seek care from the provider of your choice within the HMO network. In addition, the HSA 3500 Embedded Deductible plan has an optional health savings account (HSA) administered by WEX that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses.

Here's how the medical plan works:

- **Annual Deductible:** you must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. The plan pays 70% and you pay 30%.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out of-pocket maximum, the plan will pay 100% of all eligible covered services for the rest of the calendar year.

Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- Your contributions may not exceed the annual IRS limits listed below.
- You can withdraw HSA funds, tax-free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or you leave the district.

HDHP Enrollment	2027 Contribution Limit
Employee Only	$4,500
Family (employee + 1 or more)	$9,000
Catch-Up (age 55+)	$1,000

Important Note

- You must meet certain eligibility requirements to have an HSA: You must **a)** be at least 18 years old, **b)** be covered under a qualified HDHP, **c)** must not be enrolled in Medicare, TriCare, or other first dollar coverage, and **d)** cannot be claimed as a dependent on another person's tax return. For more information, visit: www.irs.gov/forms-pubs/about-publication-969.
- For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Flexible Spending Accounts

We provide you with an opportunity to participate in two different flexible spending accounts (FSAs) with Wex. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, PERA and Medicare taxes.

Health Care FSA | *2027 limits not yet released*

In 2026, you may contribute up to $3,400 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Menstrual Care
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery
- Prescriptions and Over-the-Counter Drugs

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

This benefit is **not available** to those employees who are covered by the HSA 3500 Embedded Deductible plan. You may contribute to the health savings account (HSA).

Dependent Care FSA

For 2027, you may contribute up to $7,500 (per family) to cover eligible dependent care expenses ($3,750 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, preschool or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules: YOU MUST ENROLL EACH YEAR TO PARTICIPATE

FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health Care FSA:
Unused funds will not be returned to you. Your grace period allows you to incur expenses up until March 15, 2028 using funds contributed during the 2027 benefit plan year, and you must file claims by April 14, 2028.

Dependent Care FSA:
Unused funds will not be returned to you. Your grace period allows you to incur expenses up until March 15, 2028 using funds contributed during the 2027 benefit plan year, and you must file claims by April 14, 2028.

Employee Assistance Program (EAP)

CommonSpirit

This Employee Assistance Program (EAP) is provided at NO COST to you through Profile EAP through CommonSpirit.
Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and wellbeing of our employees and their families.

The EAP can help with the following issues, among others:

- Mental health
- Child and eldercare
- Relationships or marital conflicts
- Grief and loss
- Legal or financial issues
- Substance Abuse

EAP Benefits

- Assistance for you and your household members
- Unlimited toll-free phone access and online resources
- Up to six (6) in-person sessions with a counselor per issue, per year, per individual
  Get matched with a licensed therapist based on your own preferences (gender, age, orientation, BIPOC, faith) and needs (stress, anxiety, LGBTQ, depression, couples therapy, teen counseling, addictions, grief, etc.).

To schedule a telehealth appointment directly go to puebloschools.mylifeexpert.com to fill out the registration form and click on SUBMIT.

You can also call 800-645-6571 to speak with a Profile EAP staff member.

Life and AD&D Insurance

Life Insurance provides your named beneficiary with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and AD&D benefits would be payable.

Basic Life and AD&D

(District-Paid)

These benefits are provided at no cost to you through VOYA.

Who is covered	Benefit Amount
Employee Only	2x your Annual Salary up to $500,000 maximum benefit
Spouse	$1,000 life only (No AD&D)
Child(ren) up to age 26	$1,000 life only (No AD&D)

Voluntary Life and AD&D Insurance

(Employee-Paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through VOYA for yourself and your eligible family members.

VOYA "Double dipping rule" for Voluntary Life Insurance
If you and your spouse are covered under the Policy as Employees, then only one, but not both, may cover the same children. If the parent who is covering the children stops being insured as an Employee, then the other parent may apply for children's coverage under the plan. If your spouse and/or child are covered under the Policy as an employee, then your spouse and/or child are not eligible for dependent coverage.

Benefit Option		Buy-Up Plan
Employee*	Choice of $10,000 increments, up to 5 times your annual salary, not to exceed $300,000 (Life/AD&D)	$150,000
Spouse**	Choice of $5,000 increments, up to $150,000, not to exceed 50% of the employee election amount (Life only, no AD&D)	$30,000
Child(ren)***	$10,000 (Life only, no AD&D)	$10,000

** During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.*
*** Portability and/or Conversion are available for employee and spouse coverage.*
**** Life insurance benefits for your dependent children terminate at the end of the month they turn 26.*

More Voluntary Benefits

Personalized Benefits
During the enrollment period, you have an opportunity to purchase voluntary benefits at affordable group rates. For most plans, benefits are paid directly to you, not to a doctor or health care provider.

Short-Term and Long-Term Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. This benefit is provided at an affordable group rate through VOYA.

	Voluntary Short-Term Disability	Voluntary Long-Term Disability
Benefit Amount	$100 increments not to exceed 60% of weekly earnings	$100 increments not to exceed 60% of monthly earnings
Weekly Benefit	$25 minimum to $1,500 maximum	$300 minimum to $6,000 maximum
When Benefits Begin	15th day or 31st day	181st day
Maximum Benefit Duration	Up to 26 weeks	Social Security Normal Retirement Age (SSNRA)*

**See product brochure for complete breakdown of benefit duration based on age when disability begins.*

Accident Insurance

Accident insurance can soften the financial impact of an unexpected, non-work-related accident by providing a monetary benefit to help cover unexpected costs related to treating your injuries. Benefits are paid directly to you. Coverage is also available for your spouse and dependents.

Critical Illness Insurance

Did you know that the average total out-of-pocket cost related to treating a critical illness is over $7,000? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition (e.g., heart attack, cancer or stroke) to pay for treatments, prescriptions, travel, living expenses and more.

Hospital Indemnity Insurance

The average cost of a hospital stay is $10,000 and the average length of a stay is 4.8 days. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs.

Pet Insurance

Pets are always there for us on good days and bad. Which is exactly why Nationwide won't let them down. You care about your pets and consider them members of your family. So, whether your family includes kids with two feet or kids with four paws or both you know what responsibility looks like. You can choose the level of coverage that fits your needs. You have the choice to choose your level of coverage on vet bills and more. You can visit any vet anywhere, submit your claim, and receive reimbursement based on your level of coverage. Get a fast, no obligation quote during annual open enrollment, as a new hire, or when you bring your new pet home.

You may call 877-738-7874, or go online to:
benefits.petinsurance.com/pueblodistrict60

Permanent Life Insurance with Long Term Care Rider

Life insurance with long term care benefits offers a value by addressing two crucial aspects: financial protection for your loved ones and potential assistance with extended care needs. By incorporating long term care benefits, individuals gain the flexibility to use policy funds for various care options, such as assisted living or in home care. Life insurance with long term care benefits works by combining traditional life insurance coverage with the added coverages for potential long term care support.

In the event of the policyholder's passing, the life insurance component provides a death benefit to the beneficiaries. If the policy holder requires long term care due to a chronic illness or disability, the added long term care benefits pays out for those services. As premiums are paid, the policy is building cash value over time. As the policy builds cash value, you can achieve your financial goals or borrow against it should you need to.

By bridging the gap between life insurance and extended care coverage, this solution provides individuals with a tool to navigate the uncertainties of aging.

PUEBLO
SCHOOL DISTRICT 60
Educating for Purpose and Impact

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

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