

Our Objective: “Elimination of Hazards”



Our Goals and Purposes:

Are to help preserve human life, and prevent human injury, suffering or discomfort and the destruction of property from fire, Medical crisis, hazardous materials incidents, storm, flood, or other natural or manmade disasters

Our Service Area

The Fort Lupton Fire Protection District is comprised of an area covering approximately 88 square miles. The agency is a Special District and operates on a tax levied based upon property ownership within the District. The Fire Districts current mill levy is 9.295. Although we provide fire service for the City, we are not part of the City Government. A majority of the service area is outside of the city limits. The district ranges from WCR 22 to WCR 6 and from WCR 17 to WCR 37.

Our Call Volume

The department responds to in excess of 1500 service calls annually. About 85% of these calls are medically related. The remaining 15% consist of some type of fire related call or are classified as “other” service calls such as public assists. The fire department is dispatched by the Weld County Regional Dispatch Center located in Greeley. Emergency calls are handled using the 911 system

Our Medical Services

The department provides Basic Life Support (BLS) services for immediate life threatening emergencies. Our staff is highly trained in providing emergency medical services that include Automatic External Defibrillation (AED) and starting Intravenous Fluids (IVs) in the field. The Advanced Life Support (ALS) response unit is Plate Valley Ambulance Service with an two ambulances located in Fort Lupton at Fire Station 1 and 2. There is always a Paramedic and an Emergency Medical Technician (EMT) on each ambulance.

BENEFITS

BENEFITS

- Health Insurance
- Dental Insurance
- Vision Insurance
- Life Insurance
- Accidental Death & Dismemberment Insurance
- Short & Long Term Disability
- 457 retirement plans
- Employee Assistance Programs
- FPPA – SWDBP and D&D
- Vacation Accrual
- Sick Hours
- Holiday's

HEALTH INSURANCE

The District pays 100% of the Employees Health Insurance and will pay 80% of dependent coverage!

This is a \$12,588.00 benefit for the Employees Health Insurance and a \$15,091.20 benefit for family coverage per year (based on EPO 3 plan)

Benefits start the month following the signature date of your formal offer

The District Offers 3 EPO plans that you can choose from: EPO 3, EPO 4, and EPO 5

What is an EPO plan? An EPO or Exclusive Provider Organization is a health plan that offers a local network of doctors and hospitals for you to choose from “in network” and does not have any deductibles, but instead has copays.

Employee's Cost (per Paycheck)	EPO 3	EPO 4	EPO 5
Employee	0.00	0.00	0.00
Employee & Spouse	125.60	114.10	108.30
Employee & Children	115.30	104.50	99.60
Employee & Family	157.20	142.00	135.10

Other Benefits provided at no cost to you!

See your Benefit Book for more information

- CEBT Marathon Health– available at no cost (six locations in Colorado)
- Healthcare Bluebook – you can see price information on hundreds of procedures in your area
- Lantern– access to elite surgeons, full concierge advocacy service and financial rewards
- Teladoc – access to national network of U.S. Board Certified doctors available 24/7 via phone or video call

Our insurance provider is CEBT – Colorado Employers Benefit Trust, the claim processor is UMR and our network is United Health Care.

CEBT Customer Service can be reached at 1-800-332-1168 or at www.cebt.org with links to UMR and United Health Care.

Summary of Benefits and Coverage

Common Medical Event	Services you may need	EPO 3	EPO 4	EPO 5	Limitations, Exceptions & other Information
If you visit a health care providers office or clinic	Primary Care Visit	\$40 Co-pay per visit	\$45 Co-pay per visit	\$50 Co-pay per visit	None
	Specialist Visit	\$55 Co-pay per visit	\$60 Co-pay per visit	\$65 Co-pay per visit	None
	Preventive Care/Screening/ Immunization	No Charge	No Charge	No Charge	You may have to pay for services that aren't preventive.
If you have a test	Diagnostic Test (X-Ray, Blood Work)	No Charge office setting; \$40 co- pay per visit blood work; \$50 Co-pay per visit X-rays outpatient	No Charge office setting; \$45 co- pay per visit blood work; \$50 Co-pay per visit X-rays outpatient	No Charge office setting; \$50 co- pay per visit blood work; \$50 Co-pay per visit X-rays outpatient	none
	Imaging (CT/PET scans, MRIs)	\$200 Co-pay per visit freestanding facilities; \$500 co-pay per visit other facilities	\$400 Co-pay per visit freestanding facilities; \$750 co-pay per visit other facilities	\$600 Co-pay per visit freestanding facilities; \$1,000 co-pay per visit other facilities	Preauthorization is required
If you need drugs to treat your illness or condition	Generic Drugs (Tier 1)	\$20 co-pay retail/ \$40 co-pay mail order	\$20 co-pay retail/ \$40 co-pay mail order	\$20 co-pay retail/ \$40 co-pay mail order	None
	Preferred Brand Dugs (Tier 2)	\$40 co-pay Retail / \$80 Co-pay mail order	\$40 co-pay Retail / \$80 Co-pay mail order	\$40 co-pay Retail / \$80 Co-pay mail order	
	Non-Preferred Drugs (Tier 3)	\$60 co-pay Retail / \$120 Co-pay mail order	\$60 co-pay Retail / \$120 Co-pay mail order	\$60 co-pay Retail / \$120 Co-pay mail order	
	Specialty Drugs (Tier 4)	Based on Tier	Based on Tier	Based on Tier	
If you have outpatient surgery	Outpatient Surgery – Facility Fee (ambulatory surgery center)	\$250 co-pay per visit-surgery center \$750 co-pay other facilities	\$500 co-pay per visit-surgery center \$1,000 co-pay other facilities	\$1,000 co-pay per visit-surgery center \$1,750 co-pay other facilities	Preauthorization is required
	Physician/ Surgeon fee	No Charge	No Charge	No Charge	

Summary of Benefits and Coverage

Common Medical Event	Services you may need	EPO 3	EPO 4	EPO 5	Limitations, Exceptions & other Information
If you need immediate medical attention	Emergency room care	\$250 co-pay per visit	\$250 co-pay per visit	\$250 co-pay per visit	Co-pay may be waived if admitted
	Emergency medical transport	\$250 co-pay per 1 way trip	\$250 co-pay per 1 way trip	\$250 co-pay per 1 way trip	Preauthorization is required for Air Ambulance
	Urgent care	\$75 co-pay per visit	\$75 co-pay per visit	\$75 co-pay per visit	None
If you have a hospital stay	Facility Fee (Hospital Room)	\$1,000 co-pay per admission	\$1,500 co-pay per admission	\$2,500 co-pay per admission	Preauthorization is required
	Physician/surgeon fee	No charge	No charge	No charge	
If you have mental health , behavioral health or substance abuse needs	Outpatient services	\$40 copay per office visit \$750 co-pay per visit facility	\$45 copay per office visit \$1,000 co-pay per visit facility	\$50 copay per office visit \$1,750 co-pay per visit facility	None
	Inpatient Services	\$1,000 co-pay per admission	\$1,500 co-pay per admission	\$2,500 co-pay per admission	Preauthorization is required
If you are pregnant	Office Visit	No Charge	No Charge	No Charge	Cost sharing does not apply to certain preventive services. Depending on the type of services, deductible, copayment or coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No Charge	No Charge	No Charge	
	Childbirth/delivery facility fee	\$1,000 co-pay per admission	\$1,500 co-pay per admission	\$2,500 co-pay per admission	

DENTAL INSURANCE

The District pays 100% of the Employees Dental Insurance and will pay 80% of dependent coverage!

This is a \$528.00 benefit for your Dental Insurance and a \$1,027.20 benefit for family coverage per year

Benefits start the month following the signature date of your formal offer

The District Offers Delta Dental Plan A for our Dental plan

Delta Dental is a PPO plus premier plan- you and your family can visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO Dentist

Employee Cost (per Paycheck)	EPO 3
Employee	0.00
Employee & Spouse	4.50
Employee & Children	6.70
Employee & Family	10.70

Advantages of the Delta Dental PPO Plus Premier Plan

See your Benefit Book for more information

- **SAVINGS:**Delta Dental providers offer our members the greatest savings and protection from balance-billing for covered services. That means they can't bill you for the difference between what they usually charge and the amount they've agreed to charge Delta Dental members. You can also ask your provider to submit a pre-determination estimate. Delta Dental will review the treatment plan and tell your provider how much you'd be responsible for so you'll have a clear understanding of cost prior to treatment.
- **CHOICE:** If you choose to visit a Delta Dental Premier® provider, you'll still save money because Premier providers also accept discounted fees (however, discounts are not as great as if you see a PPO provider).
- **NETWORK:** Delta Dental is the nation's largest provider of dental insurance, covering more than 80 million Americans, and offering the largest dental network with approximately 157,000 participating providers nationwide. Network providers file claims directly with Delta Dental on your behalf and accept Delta Dental's reimbursement in full.

Our insurance provider is CEBT –and our network is Delta Dental.

CEBT Customer Service can be reached at 1-800-332-1168 or at www.cebt.org with links to Delta Dental



DELTA DENTAL PPO PLUS PREMIER

CEBT – PLAN A

Maximum Benefit	Calendar-year Maximum	\$2,000 per member, per calendar year
Deductible	Calendar-year Maximum	Individual Deductible – \$50.00 Combination of in and out-of-network Family Deductible – \$150.00 Combination of in and out-of-network
Right Start 4 Kids*	Included	Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider.
Prevention First	Included	Diagnostic and Preventive services do not count against the annual maximum when you see a PPO or Premier provider for all services.

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist	Benefit Limitations (Subject to Delta Dental guidelines)
Diagnostic & Preventive Services				
Oral Exams	100%	100%	100%	Twice each in a calendar year.
Cleanings	100%	100%	100%	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry (EBD) condition.
Bitewing X-rays	100%	100%	100%	Once in a calendar year
Full Mouth X-rays	100%	100%	100%	Once in a 5-year period
Fluoride	100%	100%	100%	Twice in a calendar year, through age 15
Sealants	100%	100%	100%	Once per tooth in a 36-month period for unrestored permanent molars, through age 15
Space Maintainers	100%	100%	100%	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13
Basic Services				
Fillings	80%	80%	80%	Once per tooth in a 12-month period; composite (white) fillings
Simple Extractions	80%	80%	80%	

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist	Benefit Limitations (Subject to Delta Dental guidelines)
Basic Services				
Oral Surgery	80%	80%	80%	
Endodontics	80%	80%	80%	
Periodontics	80%	80%	80%	
Major Services				
Crowns	50%	50%	50%	Once per tooth in 5-year period. Not a benefit under age 12.
Dentures	50%	50%	50%	Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a
Bridges	50%	50%	50%	Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a
Implants	50%	50%	50%	Once per tooth in a 5-year period. Not a benefit under age 18.
Orthodontics \$2,000 Lifetime Maximum				
Orthodontics	50%	50%	50%	For covered employee, spouse and children to age 26
Additional Benefits				
Periodontal Maintenance	100%	100%	100%	Limited to 4 in a calendar year

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

PPO Dentist – Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist – Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist – Payment is based on the non-participating allowable amount using custom percentile pricing.

Members are responsible for the difference between the full fee charged by the provider and the non-participating allowable amount. You will receive the best benefit by choosing a PPO provider.

Members may add coverage once a year at Open Enrollment. Coverage may only be dropped by an employee or dependent with proof of qualifying event.

This is a brief description of the services covered under the dental plan. Please refer to the Benefit Booklet for full plan details. If differences exist between this summary and the Benefit Booklet, the Benefit Booklet will govern.

VISION INSURANCE

The District pays 100% of the Employees Dental Insurance and will pay 80% of dependent coverage!

This is a \$84 benefit for your Dental Insurance and a \$163.20 benefit for family coverage per year

Benefits start the month following the signature date of your formal offer

The District Offers VSP Vision Plan C for our vision Insurance

Coverage Type (per Paycheck)	EPO 3
Employee	0.00
Employee & Spouse	.60
Employee & Children	.70
Employee & Family	1.70

Our insurance provider is CEBT –and our network is VSP Vision Care.

CEBT Customer Service can be reached at 1-800-332-1168 or at www.cebt.org with links to UMR

Make Eye Health a Priority with VSP!

Your health comes first with VSP and C.E.B.T. Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$471*

More Ways to Save

Extra **\$20** to spend on Featured Frame Brands†

bebe Calvin Klein COLE HAAN
DRAGON FLEXON LONGCHAMP
and more

Up to **40%** savings on lens enhancements!

See all brands and offers at vsp.com/offers.

Enroll through your employer today.

Questions?

vsp.com or 800.877.7195



Scan QR code or visit vsp.com to learn more.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

VSP gives you thousands of in-network choices, including private practice doctors, regional and national optical retail chains, or online at eyeconic.com®. You'll get the most out of your benefits at a VSP Premier Edge® location.



Preferred private practice and retail in-network choices

private practice doctors

Visionworks

Getting started is easy!

Let your plan do the most it can. When you create an account on vsp.com, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. (Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details. **Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you plan to buy from the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. *Coverage with a retail chain may be different. VSP® guaranteed member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc. is the legal name of the corporation through which VSP does business. TruSavers is not available directly from VSP in the states of California and Washington. VSP Premier Edge® is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks and Eyeconic are VSP-affiliated companies. ©2024 Vision Service Plan. All rights reserved.

VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners. 125909 VCOM

Classification: Restricted

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through C.E.B.T.

Provider Network:

VSP Choice

Effective Date:

07/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM*	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$10 Up to \$39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME ⁺	<ul style="list-style-type: none"> \$195 Featured Frame Brands allowance \$175 frame allowance 20% savings on the amount over your allowance \$90 Walmart/Sam's Club/Costco frame allowance 	Included in Prescription Glasses	Every 12 months
LENSSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS ⁺	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Impact-resistant lenses UV Protection Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175 \$0 \$0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
ADDITIONAL SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. <p>Exclusive Member Extras</p> <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. Everyday savings on health, wellness, and more with VSP Simple Values. 		
GET MORE AT PREFERRED IN-NETWORK LOCATIONS			
<p>With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to vsp.com to find an in-network doctor.</p>			

LIFE INSURANCE - CEBT

The District pays 100% of the Employees Life Insurance through CEBT – there is no dependent coverage

Your life insurance value is your annual salary!

Benefits start the month following the signature date of your formal offer

The District Offers CEBT Life Plan A for our life insurance

Schedule of Benefits

See your Benefit Book for more information

Additional Benefits

- Seat Belt Benefit
- Air Bag Benefit
- Career Adjustment Benefit
- Child Care Benefit
- Higher Education Benefit
- Accelerated Benefit

Schedule of Benefits

See your Benefit Book for more information

Exclusions/ Reductions to Benefits

- War or act of war exclusion
- Suicide or other intentionally self-inflicted injury exclusion
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Unless performing your official duties.
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug unless prescribed by physician.
- Age Reduction to benefits after age 65

Don't forget to update your beneficiary Information

Our insurance provider is CEBT –and our network is standard.

CEBT Customer Service can be reached at 1-800-332-1168 or at www.cebt.org with links to standard

ACCIDENTAL DEATH & DISABILITY- VFIS

The District pays 100% of the Employees A D & D Insurance through VFIS

- This policy is for covered Events while on Shift

Death Benefit will be paid when a member dies as a result of an injury or illness that occurs:

- a. During a specific Covered Activity, or
- b. Due to an unforeseen medical event as a result of participation in a specific covered activity; or
- c. Due to a heart attack or stroke within 48 hours of an emergency response or training exercise requiring active physical participation.

Loss of Life Benefits	Limit
Accidental Death Benefit	\$ 50,000.00
Seat Belt Benefit	\$ 12,500.00
Safety Vest Benefit	\$ 12,500.00
Illness Loss of Life Benefit	\$ 50,000.00
Dependent Child and Education Benefit	\$ 30,000.00
Spousal Support and Education Benefit	\$ 15,000.00
Dependent Elder Benefit	\$ 5,000.00
Repatriation Benefit	\$ 2,500.00

Lump Sum Living Benefits	Limit
Accidental Dismemberment and Paralysis Benefit Principal	\$ 50,000.00
Vision Impairment Benefit Principal	\$ 50,000.00
Injury Permanent Impairment Benefit Principal	\$ 50,000.00
Heart Permanent Impairment Benefit Principal	\$ 50,000.00
Illness Permanent Impairment Benefit Principal	\$ 50,000.00
Cosmetic Disfigurement Resulting From Burns Principal	\$ 50,000.00
HIV Positive Lump Sum Living Benefit Principal	\$ 50,000.00

Impairment and Dismemberment Benefits are paid at a percentage of the benefit limit, subject to the specific terms of the policy. However, the HIV Benefit is provided in a lump sum according to the policy terms and conditions..

Other Benefits include: weekly income benefits for Total Disability, Medical Expense Benefits, Occupation retraining, transition benefits, home alteration and vehicle modification benefit

Don't forget to update your beneficiary Information

"It can't happen to me." That is what some emergency responders believe when it comes to line-of-duty injuries. But, the National Fire Protection Association (NFPA) reported more than 68,085 firefighter injuries were reported in the US in 2015. Of these, 29,130 were injuries at the fireground. Fireground injuries occur at the fire emergency scene and the surrounding area. Non-fireground injuries are all other injuries that occur outside of the fireground. These include responding and returning from incidents, non-fire emergencies, training and other on-duty activities.

LIFE AND ACCIDENTAL DEATH & DISABILITY- LINCOLN NATIONAL

The District pays 100% of the Employees Personal Life and A D & D Insurance through Lincoln National Insurance

- This policy is for Events while off duty – Personal Time

Schedule of Insurance	Principal Sum
Personal Life Insurance	\$ 50,000.00
Accidental Death & Disability Insurance	\$ 50,000.00

Benefit: If an injured person sustains an accidental bodily injury and the injury directly causes one the following losses within 365 days of the date of such injury Lincoln will pay the benefit listed

Lump Sum Living Benefits	Limit
Loss of one hand by severance at or above the wrist	One- Half the principal sum
Loss of one foot by severance at or above the ankle	One- Half the principal sum
Irrecoverable loss of sight in one eye	One- Half the principal sum
Any Combination of two or more of the losses listed above	Principal sum
Loss of life	Principal Sum

LIMITATIONS: Benefits are not payable for any loss to which a contributing cause is:

1. Intentional self – inflicted Injury or self-destruction;
2. Disease, bodily or mental infirmity, or medical or surgical treatment thereof;
3. Participation in a riot;
4. Duty as a member of any military, naval or air force;
5. War or any act of war, declared or undeclared;
6. Participation in the commission of a felony;
7. Use of drugs except where prescribed by a physician;
8. Voluntary inhalation of gas, including carbon monoxide; or
9. Travel or flight in any aircraft, including balloons and gliders, except as a fare paying passenger on a regularly scheduled flight.

Don't forget to update your beneficiary Information

SHORT & LONG TERM DISABILITY INSURANCE

The District pays 100% of the Employees Short & Long Term Insurance

You can file for Disability insurance if, as a result of physical Disease, Injury , Pregnancy or mental disorder you are unable to perform with reasonable continuity the material duties of your own occupation and suffer a loss of at least 20 percent in your pre-disability earnings.

Benefits of Short Term Disability		Benefits of Long Term Disability	
Weekly Benefit	66 2/3 of the first \$ 3,750 of weekly pre-disability earnings as of the date of disability, reduced by deductible income (e.g., Work earnings, Workers' Compensation, state disability, etc.)	Monthly Benefit	66 2/3 of the first \$ 15,000 of monthly pre-disability earnings as of the date of disability, reduced by deductible income (e.g., Work earnings, Workers' Compensation, state disability, etc.)
Maximum Weekly Benefit	\$2,500	Maximum Weekly Benefit	\$10,000.00
Minimum Weekly Benefit	\$15.00	Minimum Weekly Benefit	\$100.00
Benefit Waiting period	Your weekly benefit becomes payable the first day you are disabled for disability caused by accidental injury and after 7 days for disability caused by physical disease, pregnancy, or mental disorder	Benefit Waiting period	90 days (after your Short term benefits are gone)
Length of time	You can be on Short Term Disability for 90 days	Notes	Long Term Benefits will not be paid while you are using sick leave, you can use vacation hours to help make your earnings whole
Notes	Short term Benefits will not be paid while you are using Sick leave, you can use vacation hours to help make your earnings whole	Exclusions from coverage:	

1. War or any act of war
2. An Intentionally self- inflicted injury, while sane or insane
3. A disability arising out of or in the course of any employment for wage or profit
4. Committing or attempting to commit an assault or felony, or active participation in a violent disorder or riot
5. Loss of professional or occupational license or certification

457 B RETIREMENT PLAN OPTIONS

The District will Contribute 3% of your wages as long as you contribute to a 457 Plan

The District Offers two plans you can contribute to

1. Met life
2. FPPA

Met-Life

Contact Kelly Pachello-Forehand
303-886-8904

FPPA

Contact: 1-800-343-0860

EMPLOYEE ASSISTANCE PROGRAM - LINCOLN

The District pays 100% of the Employees EAP Insurance

call 1-855-327-4463 24 hours a day 7 days a week, To speak with a trained counselor

- Unlimited phone access to legal, financial and work-life services
- In person Help with short-term issues
- Up to six in-person sessions per person, per issue, per year

Financial Services

- Managing personal financial challenges
- Credit Card & Debt Management
- Budgeting
- Tax Questions
- Financing for College
- Estate Planning
- Investment Options
- Mortgages, Loans & Refinancing
- Retirement Planning

Guidance Consultants

<ul style="list-style-type: none">• Stress, Anxiety and Depression• Relationship/ Marital Conflicts• Parenting Questions	<ul style="list-style-type: none">• Job Pressures• Greif and Loss• Substance abuse
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Legal Services

<ul style="list-style-type: none">• Family Law• Bankruptcy and Credit Issues• Landlord/ Tenant Issues• Civil Actions and Small Claims• DUI/DWI	<ul style="list-style-type: none">• Wills, Living Wills and Trusts• Name Changes• Contracts• Probate Matters• Immigration
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Travel Connect Services

<ul style="list-style-type: none">• Arranging Travel if Injured and need Medical Evacuation• Planning and Paying for safe evacuations due to natural disaster or a political or security threat• Arranging transportation of a deceased traveler• Medication And Vaccine Delivery	<ul style="list-style-type: none">• Corrective lenses and medical device replacement• Legal Consultation• Recovering lost or stolen documents or luggage• Id Recovery Assistance
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 To find out more:
Visit GuidanceResources.com (Web ID = Lincoln),
download the GuidanceNowSM mobile app, or
call 855-327-4463.

EMPLOYEE ASSISTANCE PROGRAM - CEBT

The District pays 100% of the Employees EAP Insurance-

This through your CEBT Benefits if you have dependent coverage this applies to them also

call 1-877-679-1100 24 hours a day 7 days a week, To speak with a trained counselor

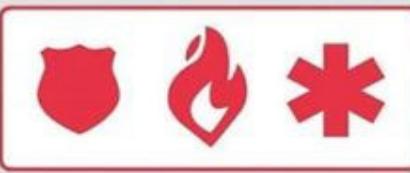
Triad EAP provides solutions for today's employee.

Whether you are facing challenging life problems or you want to take your personal or professional life to the next level, Triad has the resources to help.

Resources

- Free 30- minute legal consultation with discounted fees
- Fee Consultation with Financial Specialist
- Monthly Webinars
- Articles and Tip Sheets on Legal and Financial issues
- Online Free Will Builder
- Free Access to Tax Preparation Software
- Downloadable Legal Forms
- Financial Calculators
- Access to Corporate perks

Login at www.triadeap.com
Username: CEBT
Password: eap
Call: 877-679-1100
Email: info@triadeap.com



Emergency Responder

- Search here for providers who have special understanding of an emergency responder's unique workplace stressors and culture.
- Emergency responder providers are available for brief, solution-focused TeleHealth sessions.
- Review the provider biographies then call Triad to be connected confidentially and securely.

EMERGENCY RESPONDER SEARCH

Triad EAP's new Emergency Responder Network can help. Triad EAP has established a specialized network to support our Emergency Re-sponder community. These counselors:
•have experience working with people in your profession
•understand your culture and the challenges of your job
•are able to support spouses/significant others and families of emergency responders.

To access this network of telehealth counselors, log in to www.triadeap.com. Use your username and password below. Locate the ERN tab on the homepage to begin the search for a counselor. After you've selected your counselor, call Triad EAP between 8 a.m. to 6 p.m. Monday through Friday at 877-679-1100 or contact us at info@triadeap.com so a referral can be sent on your behalf.

EMPLOYEE ASSISTANCE PROGRAM - VFIS

The District pays 100% of the Employees EAP Insurance-



FIRE, POLICE PENSION ASSOCIATION - FPPA

Statewide Defined Benefit Plan - SWDPB

- This Replaces your Social Security
- Current Employee Rate (Payroll Reduction) is 12%
- Current Employer Rate is 10.5% going up .5% every year until it reaches 12%

Death & Disability Plan - D & D

- Current Employer Rate is 3.8% of your SWDPB Wages

VACATION ACCRUAL

Vacation Accrual:

- **Administrative Employees can carry over 40 hours of vacation each year – hours in excess will be forfeited**
- **You will begin to accrue on the 1st paycheck of the month following date of employment**

Accrual Period	Vacation Time Accrued
Date of hire through end of that calendar year (partial year)	6.67 hours per month
Beginning January 1st after your hire date through end of fourth full calendar year completed	8 10-hour days per year
Beginning January 1st of the fifth year through end of ninth full calendar year completed	12 10-hour days per year
Beginning January 1st of the tenth full calendar year through the end of the nineteenth full calendar year	16 10-hour days per year
Beginning January 1st of the twentieth full calendar year and any year completed.	20 10-hour days per year

SICK LEAVE

Sick Accrual:

All regular full time, regular parttime, and temporary employees accrue sick leave immediately upon commencement of employment.

- You will accrue 12 hours per month (on the first Payroll of the month) until you have maxed at 432 hours
- Annually, up-to 48 hours can be used as personal leave for permitted uses. Any personal Leave that is used will be taken from Sick hours
- There is no property interest in sick leave – if employment is ended all unused sick hours will be forfeited.

Type of Administrative Employee	Accrual Rate	Annual Accrual	Maximum Accrual Amount
Regular Full-Time Employees	8 hours / month	96 hours	320 Hours
Regular Part-Time Employee	1 hour for every 30 hours worked	Up to 80 hours	80 hours
Temporary Employees	1 hour for every 30 hours worked	Up to 48 hours	48 hours

HOLIDAYS

The District observes the following paid holidays for full-time employees:

- New Years Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- July 4th
- Labor Day
- Indigenous People's Day (2nd Monday in October)
- Veteran's Day
- Thanksgiving Day
- December 25th

HEPATIS B VACCINE

The District offers at no cost to you a series of Hepatitis B Vaccine

What You Need to Know

1 Why get vaccinated?

Hepatitis B vaccine can prevent **hepatitis B**. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Acute hepatitis B infection is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.

Chronic hepatitis B infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

Birth (if a mother has hepatitis B, her baby can become infected)

Sharing items such as razors or toothbrushes with an infected person

Contact with the blood or open sores of an infected person

Sex with an infected partner

Sharing needles, syringes, or other drug-injection equipment

Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2 Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Hepatitis B vaccine is also recommended for certain **unvaccinated adults**:

Health care and public safety workers at risk for exposure to blood or body fluids

Hepatitis B vaccine may be given at the same time as other vaccines