

**AMENDMENT NO. ONE
TO THE
LITTLETON PUBLIC SCHOOLS EMPLOYEE BENEFITS PLAN
(As Amended and Restated Effective July 1, 2015)**

WHEREAS, Arapahoe County School District No. 6 dba Littleton Public Schools (the “District”) maintains the Littleton Public Schools Employee Benefits Plan (the “Plan”) for the benefit of its eligible employees; and

WHEREAS, Section 6.1 of the Plan reserves to the District the right to amend the Plan;

NOW THEREFORE, the Plan is hereby amended effective July 1, 2017, unless otherwise provided herein, to read as follows:

1. Section 2.5(b) of the Plan is amended in its entirety, to read as follows:

“(b) FMLA

Notwithstanding any other Plan provision regarding termination of coverage, in the event participation in medical and dental coverages offered through this Plan would terminate due to the Participant taking an FMLA leave of absence, such benefits shall be continued in accordance with the FMLA. Coverage will continue only as long as any required Employee contributions are timely made. Employees on leave must make the same contribution as is required for active Employees. Notwithstanding any other Plan provision herein, continuation coverage shall be provided for military-related FMLA leaves of absence in accordance with FMLA.”

2. Section 2.5(c) of the Plan is amended in its entirety, to read as follows:

“(c) USERRA

Notwithstanding any other Plan provision regarding termination of coverage, in the event participation in medical and dental coverages offered through this Plan would terminate due to the Participant taking a USERRA leave of absence, such benefits shall be continued for the lesser of: the period of leave or twenty-four (24) months. Provided, however, coverage will continue only as long as any required Employee contributions are timely made. Employees on a USERRA leave of less than thirty one (31) days must make the same contribution as is required for active Employees; Employees on a USERRA leave of thirty one (31) days or longer must pay up to 102% of the full cost (Employee and Employer contributions) of coverage, as determined by the Plan Administrator.”

3. Section 3.1 of the Plan is amended in its entirety, to read as follows:

“3.1 Benefits Incorporated by Reference

Each Participant may elect to receive coverage under the benefit coverages listed below. The terms, conditions and limitations of benefits offered under this Plan

are contained in the applicable Component Documents referenced in Appendix I and which are incorporated herein in full, as amended from time to time. The insurer, contract number, or funding method of providing certain benefits may change from time to time and shall be reflected in the applicable Component Documents.

The benefit coverages are:

- (a) medical and prescription benefits;
- (b) dental benefits
- (c) vision benefits;
- (d) group term life insurance benefits;
- (e) dependent life insurance benefits;
- (f) accidental death and dismemberment benefits;
- (g) Section 125 benefits, under the pre-tax premium plan, Health Flexible Spending Accounts, Dependent Care Flexible Spending Accounts and Health Savings Accounts; and
- (h) employee assistance plan benefits.”

4. Appendix I, Component Documents of the Plan is amended in its entirety, to read as follows:

“APPENDIX I

COMPONENT DOCUMENTS

Effective July 1, 2017, the terms, conditions and limitations of the benefits described in Article III of the Plan are contained in the Component Documents listed from time to time in this Appendix I which are incorporated herein by reference. Component Documents which are health care components subject to HIPAA are indicated.

A. Medical and Prescription (HIPAA)

- 1. Cigna Open Access Plus-In Network Consumer Driven Health Plan (CDHP)
- 2. Cigna Open Access Plus-(PPO Model)
- 3. Kaiser Health Maintenance Organization (HMO)
- 4. Kaiser High Deductible Health Plan (HDHP)

B. Dental Benefits (subject to HIPAA, other than portability, special enrollment and nondiscrimination requirements)

- 1. Cigna (High Option)
- 2. Cigna (Low Option)

- C. Vision Benefits (subject to HIPAA, other than portability, special enrollment and nondiscrimination requirements)
 - 1. Voluntary Vision Service Plan
 - D. Term Life and Accidental Death and Dismemberment Benefits
 - 1. Hartford Life-Life Insurance (Employee)
 - 2. Hartford Life-Life Insurance (Dependent)
 - 3. Hartford Life-Life Accidental Death and Dismemberment Insurance
 - E. Employee Assistance Program (HIPAA)
 - 1. Aetna Behavioral Health, LLC – Aetna Resources for Living”
5. Section B. of Appendix I, Component Documents of the Plan is amended in its entirety, effective July 1, 2018, to read as follows:
- “B. Dental Benefits (subject to HIPAA, other than portability, special enrollment and nondiscrimination requirements)
- 1. Cigna (High Option)
 - 2. Cigna (Low Option)
 - 3. Cigna DHMO”
6. The “Type of Plan” section of Appendix II, Administrative Facts of the Plan is amended in its entirety, to read as follows:

“Type of Plan:	Welfare plan providing medical and prescription benefits, dental, vision, group term life insurance, dependent life insurance, accidental death and dismemberment, and employee assistance program benefits, as described in Appendix I.”
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The District has caused this Amendment No. One to be executed by its duly authorized Plan Administrator this 28 day of June, 2018.

ARAPAHOE COUNTY SCHOOL DISTRICT
NO. 6 dba
LITTLETON PUBLIC SCHOOLS

By: Michael D. Jones
Michael D. Jones,
Assistant Superintendent of Human Resources