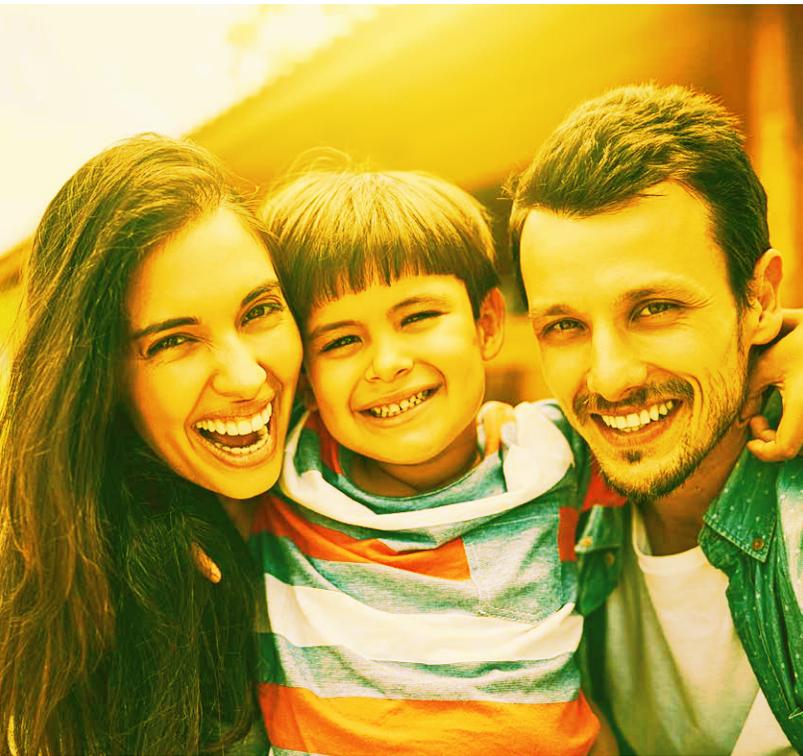




**Feel Healthier. See Clearer.
Smile More. Live Better.**



**YUMA ELEMENTARY
SCHOOL DISTRICT ONE**

Employee Benefits Guide
2021 - 2022



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Introduction

Whether you are a new employee enrolling into your benefits for the first time or considering your benefits during open enrollment, this guide is designed to help you through the process.

Yuma Elementary School District One is proud to offer you a broad range of benefit options. You can choose from a number of plans including medical, dental, vision, life insurance and voluntary supplement programs. In addition, we provide health care and dependent care reimbursement accounts to assist employees in managing their out-of-pocket expenses with before-tax dollars.

Please take the time to read this information and ask questions so you can make the best benefits decisions for yourself and your family.

If you should have any questions:

1. Contact the carrier directly. Phone number and website information is on page 14.
2. Contact Payroll/Benefits by phone at 928.502.4300 or by email at payroll@yuma.org

This booklet highlights important features of Yuma Elementary School District One’s benefits for its benefit eligible employees. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the legal plan documents and the contracts that govern these plans.

Enrollment Information

OPEN ENROLLMENT

Open Enrollment is from April 19 through May 7, 2021. This is your one time per year to make changes.

All benefit eligible employees are required to elect coverage each year through the employee portal.

NEW EMPLOYEES

New Employees have 31 days from your hire date to complete enrollment in the group insurance program. If you have moved from a non-benefits-eligible status to a benefits eligible status, you will have 31 days from the new benefits eligible status date to complete your enrollment. All insurance coverage starts at the first of the month.

Remember, if elections are not made within the 31-day initial period of eligibility, you will be required to wait until **Annual Open Enrollment** or until a **Qualifying Life Event** takes place. Late Enrollees will be required to complete an evidence of insurability form for voluntary life insurance. You may be turned down for these benefits if you do not enroll within your first 31 days as a new hire.

PRE-TAX VS POST-TAX DEDUCTIONS

Pre-Tax Dollars: Your insurance premiums are paid with money deducted from your gross wages prior to any tax calculations. This reduces your tax liability and is a more efficient way to pay for premiums. Remember, you must choose pre-tax deductions for all your benefits to participate in a flexible spending account.





Qualifying Life Event

The elections that you make during Open Enrollment or at initial benefits eligibility will remain in effect for the plan year (July 1, 2021 – June 30, 2022). During that time, if your life or family status changes as per the recognized events listed below, you are permitted to revise your benefits coverage to accommodate your new status. You may make benefits changes by contacting the Benefits Department and providing the proper documentation.

IRS regulations govern which circumstances allow you to make changes to your benefits, which benefits you can change and what kinds of changes are permitted.

- All changes must be consistent with the qualifying life event.
- In most cases, you cannot change your benefit plan, but may modify the level of your coverage (in other words, you can add or delete dependents, enroll or dis-enroll yourself or dependents, but not switch insurance carriers or plans).

Any changes in benefit levels must be completed within 31 days of the qualifying life event.

QUALIFYING LIFE EVENTS LIST

Marital Status Changes

- Marriage
- Death of spouse
- Divorce
- Spouse gains or loses coverage from another source
- Spouse employer's Open Enrollment

Covered Dependent Changes

- Birth or adoption of a child
- Death of dependent child
- Dependent becomes ineligible for coverage

COBRA

In most cases, if your employment ends, benefits will terminate on the last day of the month in which you stopped working. Benefits will end on the day of termination in cases of employee fraud.

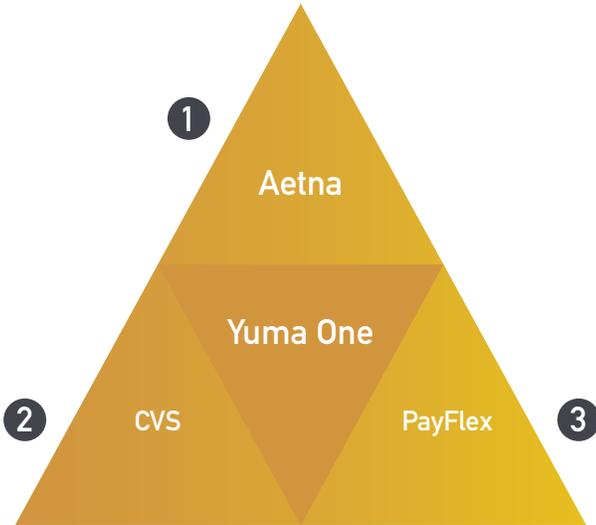
Through federal legislation known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you may choose to continue coverage by paying the full monthly premium cost plus an administrative charge of 2% (if applicable).

Each individual who is covered by a Yuma Elementary School District One benefit plan immediately preceding the employee's COBRA event has the right to continue his or her medical, dental, vision, or Flexible Spending Accounts (FSA) plan.

The right to continuation of coverage ends at the earliest of the date:

- you, your spouse or dependents become covered under another group health plan; or,
- you become entitled to Medicare; or,
- you fail to pay the cost of coverage; or
- your COBRA Continuation Period expires.

Medical Plan Information



- 1 The network Yuma Elementary School District One will use for hospitals and physicians.
- 2 The company that will administer the district's 90 day mail order prescription services.
- 3 The company that will administer the district's Health Savings Accounts.

SUMMARY

Medical benefits provide you and your family access to quality health care. Yuma One offers you three medical plans with different coverage levels from which to choose. All plans are provided through Aetna. The prescription mail order service is provided through CVS.

To search for an Aetna provider please go to <https://www.aetnaresource.com/p/Yuma-Elementary-School-District>.



Medical Plans

	HDHP* <small>with Health Savings Account</small> In Network	PPO 1000 In Network	PPO 750 In Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Calendar Year	Unlimited	Unlimited	Unlimited
Deductibles			
Individual	\$2,000	\$1,000	\$750
Family	\$4,000**	\$2,000	\$1,500
Coinsurance	15%	25%	20%
Out-of-Pocket Maximum			
Individual	\$5,000	\$6,600	\$5,750
Family	\$10,000	\$13,200	\$11,500
Hospital Services			
Inpatient Hospital	Deductible, then 15%	Deductible, then 25%	Deductible, then 20%
Outpatient Hospital	Deductible, then 15%	Deductible, then 25%	Deductible, then 20%
Emergency Room	Deductible, then 15%	\$150 then Deductible, then 25%	\$150 then Deductible, then 20%
Urgent Care	Deductible, then 15%	\$50 Copay	\$50 Copay
Routine Services			
Office Visit	Deductible, then 15%	\$30 Copay	\$25 Copay
Specialist Visit	Deductible, then 15%	\$50 Copay	\$25 Copay
Preventive Care	Covered in Full	Covered in Full	Covered in Full
Lab & X-Ray	Deductible, then 15%	\$30 Copay	\$25 Copay
Chiropractic	Deductible, then 15%	\$30 Copay	\$25 Copay
Drugs			
Tier 1	Deductible, then 15%	\$10 Copay	\$10 Copay
Tier 2	Deductible, then 15%	30% (\$10 min / \$150 max)	30% (\$10 min / \$150 max)
Tier 3	Deductible, then 15%	40% (\$10 min / \$150 max)	40% (\$10 min / \$150 max)
Tier 4 Specialty	Deductible, then 15%	25% Copay	25% Copay
Mail Order / 90-Day Retail	Deductible, then 15%	\$20, \$40 or \$60 Copay	\$20, \$40 or \$60 Copay

**If you have Family coverage under the HDHP, the Family Deductible must be satisfied before the Plan will pay any benefits.

Health Savings Account (H.S.A.)

If you choose to enroll in the High Deductible Health Plan (HDHP), you will have the option of opening an H.S.A. provided by PayFlex. An H.S.A. is a tax advantaged savings and spending account that can be used to pay for qualified health care expenses.



THERE ARE TWO COMPONENTS TO AN H.S.A.-BASED COVERAGE PLAN:

1. A qualified health plan is the insurance component that provides medical coverage for you and your family. This health plan includes a deductible of \$2,000 for individuals and \$4,000 for family coverage.
2. An H.S.A. with PayFlex which can be funded by pre-tax payroll contributions from you, the district, or both.

The district contributes \$1,200 annually to an employee's H.S.A. when enrolled in the HDHP. The funds will be contributed in two \$600 installments, one in July and then again in January. This contribution will be pro-rated for new hires throughout the year.

HOW AN H.S.A. WORKS:

1. Enroll in the HDHP 2000 offered by the district
2. Contribute to your H.S.A. by payroll deductions:

Up to \$3,600 for an individual
or
\$7,200 for a family



The money contributed to the account is yours to keep and will roll over year after year – no 'use it or lose it' rule!

3. With your HSA debit card, use those funds to pay for qualified expenses such as:

- copays
- deductibles
- doctors, hospitals
- chiropractic
- dental treatment
- hearing aids
- glasses/ contacts
- prescriptions

H.S.A. ELIGIBILITY

To make tax-free contributions to an H.S.A., the IRS requires that:

- You are covered by an H.S.A.-qualified plan (such as the HDHP 2000)
- You have no other health coverage (such as other health plan, Medicare, military health benefits, medical FSAs)



Telehealth

98point6-24/7/365 on-demand access to affordable, quality healthcare for employees and dependents who are enrolled in any of the district medical plans. Anytime, Anywhere.

98point6 offers on-demand primary care delivered via secure, in-app text messaging, that is accessible anytime, anywhere. With 98Point6, U.S.-based, board-certified doctors answer questions, diagnose and treat, outline care options, order prescriptions and labs as appropriate, and can refer to specialists and resources in the Banner|Aetna network, all through the convenience of one app.

- Talk to a real doctor, 24x7. No need to schedule an appointment or limit your visits.
- Save money and time, while avoiding costly trips to a doctor's office, urgent care or ER.

What can be treated?

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Constipation
- Diarrhea
- Ear Infection
- Fever
- Headache
- Insect Bite
- Joint Aches
- Nausea
- Rashes
- Sinus Infection
- Sore Throat
- UTI
- And more!

[98point6.com](https://www.98point6.com)



When should I use 98point6?

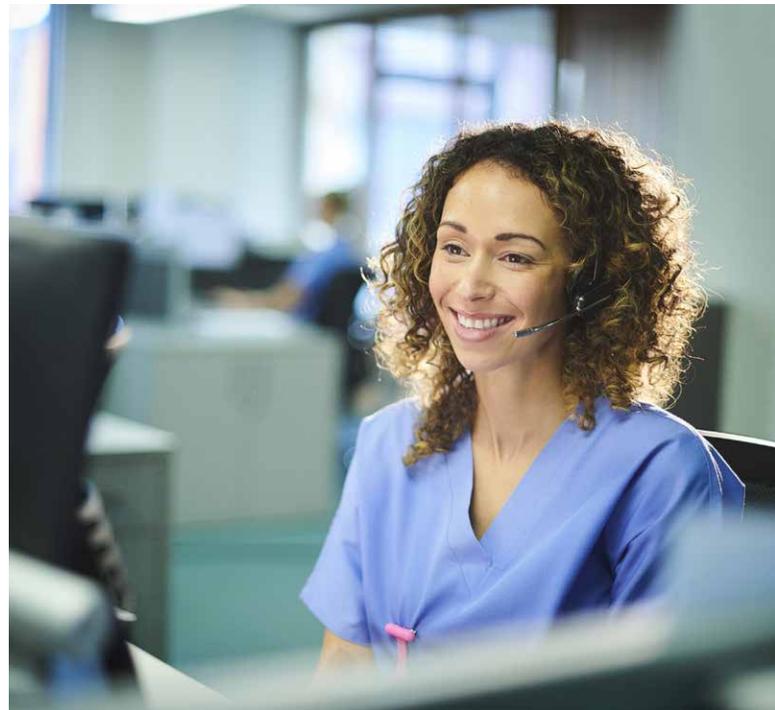
- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and holidays
- If your primary care physician is not available
- To request prescriptions (when appropriate)
- If traveling and in need of medical care

Are my children eligible?

- Yes! 98point6 has pediatricians on call 24/7

How much does it cost?

- There is no consultation fee for employees enrolled in either PPO750 or PPO1000 and a \$5 fee for employees enrolled in the HDHP.



Dependent Only Limited Medical Plan

Focus Health offers a limited medical benefit plan for dependent children ages 1 through 26. The plans help provide medical coverage for children who would otherwise be un- or underinsured. Additionally, no health questions are required to gain coverage and even pre-existing conditions are covered.



Employees can enroll their children in coverage regardless of the employee's enrollment in a major medical plan. Focus Health uses the nationwide PHCS network for physicians with access to Arizona hospitals.

	PLAN 1	PLAN 2
BENEFITS	In Network Only	In Network Only
Provider Network	PHCS	PHCS
Deductible (Does not include Co-pays)	None	None
Out of Pocket Maximums	None	\$5,000 Individual/\$10,000 Family
	\$161 PER CHILD/ PER MONTH	\$213 PER CHILD/ PER MONTH
PROFESSIONAL SERVICES		
Office Visits - Primary Care (exam or consultation)	\$25 Copay, limited to 5 visits	\$15 Copay, limited to 10 visits
Office Visits - Specialist (exam or consultation)	\$50 Copay, limited to 5 visits	\$25 Copay, limited to 10 visits
Preventive Care	Plan pays 100%	Plan pays 100%
Diagnostic Services - Basic labs/x-rays (related to office visit, LabCorp, etc.)	\$50 Copay, plan pays 100%, limited to 3 visits	\$50 Copay, plan pays 100%, limited to 3 visits
Diagnostic Services - Major (MRI, CT, PET, Nuclear Medicine, etc.) *One Call Network	\$350 Copay, Limited to 1 Visit Per Year	\$350 Copay, Limited to 2 Visits Per Year
Diagnostic Services - Minor (ultrasounds, bone density, ecography, etc)	\$50 Copay, plan pays 100%, limited to 2 visits	\$50 Copay, plan pays 100%, limited to 2 visits
HOSPITAL SERVICES		
Inpatient Hospital Deductible	None	None
Inpatient Hospital	\$350 Copay per day, limited to 2 days per year	\$350 Copay per day, limited to 6 days per year
Inpatient Physician	Included in Hospital daily copay. Limited to 2 days	Included in Hospital daily copay. Limited to 6 days
Surgery	Included in Hospital daily copay. Limited to 1 day	Included in Hospital daily copay. Limited to 3 day
Outpatient Hospital Services	\$350 Copay, Plan pays 100%. Limited to 1 visit	\$350 Copay, Plan pays 100%. Limited to 2 visits
EMERGENCY SERVICES		
Emergency Room Facilities	\$350 Copay, Plan pays 100%. Limited to 1 visit	\$350 Copay, Plan pays 100%. Limited to 1 visit
Emergency Room - All covered services other than facility charges	Plan pays 100%	Plan pays 100%
Urgent Care Center & 24 Hour Clinic	\$50 Copay, Plan pays 100%, limited to 2 visit.	\$35 Copay, Plan pays 100%, limited to 3 visit.
RX BENEFITS		
	Generic Only Less than \$9.99, member pays 100%; more than \$9.99, 45% coinsurance. Limit of \$150 per RX. \$800 annual maximum.	20% Coinsurance. Limit \$150 per RX.
OTHER SERVICES		
Telemedicine	Included	Included

*The Focus Health for Kids Dependent Only Limited Medical Plan is not considered credible coverage and is not portable or COBRA eligible.



Dental Plan

METLIFE

	In Network
Annual Deductibles	
Individual	\$50
Family	\$100
Annual Plan Maximum	\$2,000
Based on the plan year	
Benefits	
Type I - Diagnostic & Preventive	100% In / 100% Out
Type II - Basic Service	80% In / 80% Out
Type III - Major Services	50% In / 50% Out
Orthodontic Benefits (adult & children)	
Lifetime Maximum	50% to \$2,000
Lifetime Deductible	N/A
Other Benefits	
Periodontic Coverage	80% In / 80% Out
Endodontic Coverage	80% In / 80% Out

*While benefits are available out of network, a non-contracted provider may balance bill for services. You will pay less when using an in-network provider.



The MetLife dental plan includes preventive services and office visits.

Vision Plan

All standard lenses are covered.



EYEMED

	In Network	Out of Network
Exam	\$10 Copay	Reimbursed to \$45
Frequency	Every 12 Months	Every 12 Months
Lenses	Covered 100% after \$15 copay	Reimbursed to \$30 - \$100 depending on lens
Single/Bifocal/Trifocal/Lenticular		
Frequency	Every 12 Months	Every 12 Months
Frames	\$130 Allowance	Reimbursed to \$70
Frequency	Every 24 Months	Every 24 Months
Contact Lenses	\$130 Allowance	Reimbursed to \$105
(In lieu of all other lens and frame benefits)	Every 12 Months	Every 12 Months
Lasik Surgery	15% off Retail	



Yuma Elementary School District One pays 100% of the cost of the Term Life and AD&D.

Life/AD&D Insurance

BASIC LIFE INSURANCE AND AD&D

Yuma Elementary School District One pays 100% of the cost of this Symetra Group Term Life Insurance Plan.

\$20,000 of Life and Accidental Death & Dismemberment (AD&D) coverage for each benefit eligible employee is provided by the district.

Life insurance provides protection for those who depend on you financially. Your need varies greatly due to age, number of dependents, dependent ages and your financial situation. Accidental Death and Dismemberment (AD&D) benefits provide a benefit to you or your beneficiary if you are seriously injured or die in an accident.

VOLUNTARY LIFE / AD&D INSURANCE

You can also elect to purchase additional life insurance from Symetra for yourself, your spouse or children.

- Employee \$10,000 increments to a maximum of \$500,000 or 5x annual earnings.
- Spouse \$5,000 benefit increments to a maximum of \$25,000 not to exceed 50% of the employee coverage.
- Children \$1,000 benefit increments to a maximum of \$10,000 not to exceed 50% of the employee coverage.

NEW HIRES: If you are electing an amount above the Guaranteed Issue amount of \$100,000, you **MUST** complete an Evidence of Insurability (EOI) within 5 days of submitting your completed enrollment. Return completed EOI to the Payroll Department.

EMPLOYEES ENROLLING AFTER INITIAL ELIGIBILITY AT TIME OF HIRE (LATE ENTRANTS) or EMPLOYEES REQUESTING TO INCREASE COVERAGE: Any amount of coverage elected requires Evidence of Insurability (EOI). You **MUST** complete an Evidence of Insurability (EOI) within 5 days of submitting your completed enrollment. Return completed EOI to the Payroll Department.

Disability Information

Disability coverage can be one of the most important benefits you have. It provides you and your family with financial protection if you are ever unable to work due to an illness or non-work related injury.

LONG TERM DISABILITY

All employees who work 20 or more hours per week for 20 weeks per year will pay premiums through mandatory contributions to Arizona State Retirement System (ASRS) for Long Term Disability (LTD).

Elimination period:	180 Days
Benefit Amount:	66 2/3% of monthly base salary as determined by ASRS

Employee Assistance Program

An EAP provides valuable services at no cost to employees and their families in the form of short-term counseling, legal and financial consultations, and worklife resources. Seven days a week, 24 hours a day, using one toll-free phone number, you can speak with registered nurses and master's-level counselors who can help with almost any problem ranging from

medical and family matters to personal legal, financial and emotional needs.

If face-to-face resources are appropriate for your situation, a representative can refer you to a local professional. If appropriate, the program also provides access to a wide range of national and community resources.





Flexible Spending Accounts

The Health Care Spending Account (HCSA) and the Dependent Care Spending Account (DCSA) allow you to reduce your taxable income by paying for out-of-pocket health care and dependent day care expenses with pre-tax dollars. Since these accounts are to be used for predictable expenses, careful planning is required.

HEALTH CARE SPENDING ACCOUNT (HCSA)

To help you pay for predictable out-of-pocket, un-reimbursed medical and dental expenses for you and your family, Yuma One is offering a Health Care Spending Account.

How it Works:

- You make before-tax deposits (via payroll deductions) to your HCSA.
- You can deposit from \$100 to \$2,750 per year.
- Eligible expenses for both you and eligible family members are covered. You or your family members do NOT have to be enrolled in YESD's health insurance to participate in the Health Care Spending Account.
- When you or an eligible family member has a medical expense, you pay for the expense via debit card.
- All expenses must be incurred between July 1, 2021 and June 30, 2022 while you are employed.
- If your employment terminates or you change to non-benefit eligible status, your "plan year" will end effective the last day of the month in which the change occurred. Eligible expenses must be incurred before that date.
- If you are enrolled in the HDHP with Health Savings Account, you are eligible for a limited Healthcare FSA to use funds to pay for dental and vision services.

If you do not use the money in these accounts, the maximum that can be rolled to the next year is \$500 - applies only to HCSA.

DEPENDENT CARE SPENDING ACCOUNT (DCSA)

You can use a Dependent Care Spending Account (DCSA) to make before-tax deposits to an account that will reimburse you for dependent care expenses so that you (and your spouse, if married) can work or attend school.

How it Works:

You make before-tax deposits (via payroll deduction) to your Dependent Care Spending Account. You can deposit from \$100 to \$10,500 per year. In some cases, your maximum allowed annual contribution may be less than \$10,500.

For reimbursement of an eligible expense, you pay the bill and then submit a claim form for reimbursement.

All expenses must be incurred between July 1, 2021 and June 30, 2022. If you do not use the money in this account, it will be forfeited after June 30, 2022.

IRS RULES FOR ALL FLEXIBLE SPENDING ACCOUNTS

- Your deposit amount cannot be changed, stopped or started during the year for any reason, unless you have a change in family or job status.
- Only those expenses that are considered tax deductible by the IRS, as listed in Publication 502, are eligible for reimbursement.
- IRS guidelines can be found at <http://www.irs.gov/publications/p969/ar02.html> or request Publication 969.

Employee Rate Worksheet

Use this worksheet to provide a general estimate of your benefits costs for the upcoming plan year. This is a great place to start planning for your, and your family's, health and wellness for the next year.

MONTHLY INSURANCE RATES FOR 2021-2022 PLAN YEAR

	HDHP 2000	PPO 1000	PPO 750	DENTAL	VISION
EMPLOYEE ONLY	\$25.00	\$234.13	\$391.01	\$0.00	\$0.00
EMPLOYEE & SPOUSE	\$551.71	\$965.78	\$1,276.41	\$43.94	\$4.80
EMPLOYEE & CHILD(REN)	\$492.59	\$883.65	\$1,177.02	\$38.34	\$5.37
EMPLOYEE & FAMILY	\$804.31	\$1,316.67	\$1,701.03	\$64.96	\$10.10

COST CALCULATOR

Medical Plan Rate	
Dental Plan Rate	
Vision Plan Rate	
TOTAL MONTHLY COST	
	x12 MONTHS
Annual Cost	
TOTAL ANNUAL COST	
Divide by # of paychecks	÷ 20, 21 OR 26 PAYCHECKS
COST PER PAYCHECK	

INSTRUCTIONS

1. Write down the rates for each plan you have chosen.
2. Add up the rates for a Total Monthly Cost.
3. Multiply the Total Monthly Cost by 12 for Annual Cost.
4. Divide the Total Annual Cost by 20, 21 or 26 depending on how many paychecks you receive in the year.
5. You now have the approximate Cost per Paycheck for the 2021-22 school year.



Important Phone Numbers & Websites

AETNA

Medical Insurance
855.216.3786
www.aetna.com

PAYFLEX

Health Savings Account
844.729.3529
www.payflex.com

AETNA

Employee Assistance Program

888.238.6232
www.resourcesforliving.com
username: YESD
password: eap

ARIZONA STATE RETIREMENT SYSTEM

Long Term Disability

800-621-3778
www.azasrs.gov

FOCUS HEALTH FOR KIDS

Dependent Only Limited Medical Plan

Provider directory - www.multiplan.com
800.392.1770

TELEMEDICINE

98Point6
www.98point6.com

METLIFE

Dental PPO

800.942.0854 or 800.MET.LIFE
www.metlife.com/mybenefits

EYEMED

Vision

866.939.3633
www.eyemed.com

SYMETRA

Life Insurance & Travel Assistance

800.426.7784
www.symetra.com/myGO

PAYROLL / BENEFITS

928.502.4300
email: payroll@yuma.org

ABOUT THIS BOOKLET

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