Welcome to the Benefits Center

As a Dysart staff member, you are our most valuable asset. We are committed to providing you with the most competitive and cost-effective benefits programs possible.

Should you have any questions regarding benefits, we invite you to contact our Payroll & Benefits Department at 623.876.7083.

Enrollment is mandatory during the Benefits Open Enrollment from April 22th-May 7th.
If you do not enroll, your benefits will end on June 30th.

New Employees have 30 calendar days from their position or contract start date to enroll in district benefits.

Benefits are effective depending on your position or contract start date:
1st—15th of the month, benefits are effective 1st of following month.
16th—end of month, benefits are effective 1st of the second month.

See the detailed Benefits Guide on the Payroll & Benefits Website for additional information.

Dysart Unified School District No. 89
Payroll & Benefits Department
15802 North Parkview Place
Surprise, AZ 85374
623.876.7924
benefits@dysart.org
**Dental**

<table>
<thead>
<tr>
<th>Monthly Employee Premiums</th>
<th>2021-2022 Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TDA Prepaid</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$9.53</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$14.19</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$19.77</td>
</tr>
</tbody>
</table>

District pays $124.08 annually toward either Dental plan option.

**2 Plans available:**

**TDA DMO Prepaid Plan**
- No annual maximum
- Must use dentist within the Arizona network

**Delta Dental PPO**
- New** $1500 Annual Benefit
- New** Includes Checkup Plus
- Larger network of dentists in and out of AZ
- May pay less “out of pocket” for certain procedures vs. lower cost option
- Predetermination of benefits is recommended for treatment over $300

**Medical**

<table>
<thead>
<tr>
<th>Monthly Employee Premiums</th>
<th>2021-2022 Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HSA 3000</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee + Spouse or child</td>
<td>$331.47</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$504.63</td>
</tr>
</tbody>
</table>

District pays $6,684 annually toward each Medical plan option. Each Medical Plan includes Teladoc ($10 co-pay).

**HSA (Health Savings Account)** - Tax-free savings account that can be used to pay for qualified health expenses for you and your family. The District will match employee pre-tax contributions to a maximum of $500 on the HSA 3000 plan. You must be eligible to contribute. The District will also contribute $250 to employee’s HSA savings account with proof of a routine physical exam by a primary care physician. And you could be eligible to receive an additional $150 HSA contribution from the district at the beginning of next school year, if you earn the number of points required this school year in the Wellstyles Points Program. The PPO 2500 plan is a copay plan and copays are due at the time of service.

**Vision**

<table>
<thead>
<tr>
<th>Monthly Employee Premiums</th>
<th>2021-2022 Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$6.03</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$11.40</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$12.42</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$16.00</td>
</tr>
</tbody>
</table>
- $10 copay for exam
- $10 copay for single, bifocal, trifocal or lenticular lenses
- $130 contact lens allowance

**Additional Benefits**

- District Paid Life Insurance
- Voluntary Short Term Disability
- Voluntary Accident Insurance
- Voluntary Supplemental Life
- Sick Leave Bank
- Flexible Spending Account(s)
- 403(b) and 457(b) Investments
- Employee Assistance Program
- Wellness Activities and Points Program to earn incentives.