

Benefits

Employee Benefits Guide 2022-2023



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2022-2023 BENEFITS ENROLLMENT

WHAT'S NEW?

- A new Employee +Child(ren) tier has been added to the two medical plans. Those employees who enroll one or more child will enroll in this tier and single parents with more than one child enrolled will no longer have to enroll in the family coverage.
- Monthly Premiums have increased on the HSA 3000 plan for Employee +Spouse and Employee +Family; the Employee only cost remains at zero cost premium.
- Monthly Premiums have increased on the PPO 2500 plan.
- HSA district match for the HSA 3000 will remain at \$500 for all medical tiers except Employee +Family. The district will now match \$750 per school year with family coverage.
- No changes to dental premiums and two plans (DHMO and PPO) continue to be offered.
- No changes to vision premiums, Colonial Accident, Short Term Disability and Voluntary Life insurance rates.

CONTINUING INCENTIVES & HIGHLIGHTS

- Teladoc is available for all employees enrolled in a district medical plan and the copay remains at \$10 per visit.
- A deposit of \$250 to your HSA account for having an annual physical exam with your primary care physician.
- An additional \$150 will be deposited to your HSA account (or a \$150 premium reduction if enrolled in the PPO 2500 plan) next school year if you earned 60,000 points on the Wellstyles Wellness Portal the previous school year. You must also be employed when awarded and enrolled in a district medical plan.
- HSA incentives are not available for those enrolled in Medicare, Social Security (age 65), Tricare, AHCCCS; if you are a dependent on your spouse's medical plan that is not an HSA or if you are a dependent on someone else's medical plan that is not your spouse.
- You must provide proof of eligibility for all dependents on your plans if you are adding dependents for the first time or you have not provided the documents previously.
- If you terminate employment anytime during the year, your benefits end on the last day of the month of your last day worked in your primary position. This includes those terminating employment at the end of the school year. Your benefits end on May 31st. Any late terminations or annual/semi-annual leaves who do not start the following school year will have their benefits terminated retroactively back to May 31st.

Benefits at a Glance

Your Benefit Choices include:

- Blue Cross Blue Shield Medical Plans
 - HSA 3000 - \$3000 deductible/\$6000 out of pocket – single
 - HSA 3000 - \$6000 deductible/\$12,000 out of pocket - +spouse, +child(ren), +family
 - PPO 2500 - \$2500 deductible/\$6000 out of pocket – single
 - PPO 2500 - \$5000 deductible/\$13,500 out of pocket - +spouse, +child(ren), +family
- Health Equity Health Savings Account (included with an HSA Medical Plan)
 - District Match of \$500 (\$750 for family coverage); \$250 for a physical exam; \$150 Wellstyles Points
- Dental Plans
 - TDA Prepaid/DMO Plan – Arizona dentists only (from a roster)
 - Delta Dental PPO Plan – PPO Network of dentists across the US. Includes Check up Plus
- Avesis Vision Plan
- Health Equity Flex Medical – Full Purpose if no HSA medical plan, Limited Purpose (dental/vision only) if also enrolled in an HSA. Tax-free!
- Health Equity Flex Dependent Care – Tax-free reimbursement for daycare costs.
- Symetra Voluntary Life Insurance – employee, spouse and child(ren)
 - Guarantee Issue for new hires \$150,000 plus \$50,000 spouse
- Sunlife Voluntary Short Term Disability –premiums based on a weekly benefit
- Colonial Life Group Voluntary Accident Insurance
- Sick Leave Bank

Additional Dysart paid Benefits:

- Teladoc – for all employees enrolled in a medical plan. Your dependents can be added at teladoc.com even if they are not on your medical plan. A \$10 co-pay will be charged for each phone call.
- Employee Assistance Program (EAP) – Interface EAP is the district’s EAP provider
- District Paid Life Insurance – up to 100% of your annual salary but will decrease to 50% over age 70.

Dysart Award Winning Wellness Program:

- Employee Wellness programs including Health Coaching, Flu Shots, Biometric Screenings, Yoga/Zumba, Weekly/BiWeekly Organic Produce Box purchases, Wellness Challenges, Annual Corporate Team Challenge, Wellstyles Portal/Points Program, On-Site Mobile Mammography, Medicare Meeting, Financial Wellness, Stress Management. Nutrition Resources, Annual Health & Benefits Fair and Annual Fall Health Screening Fair.
- See dysart.org/wellness for more information.

HOW DO I ENROLL IN BENEFITS?

Enrolling in Benefits:

- Log into your account on dysart.org. Select STAFF and then Employee Portal (iVisions).
- Log into the Portal using your Dysart login.
- From the Benefits Menu, select Benefits Enrollment. Follow all screen prompts and submit your selections on the last screen.
- If you are on a Leave of Absence, you do not have access to the Employee Portal. Please email benefits@dysart.org for an enrollment form.

ENROLLMENT INFORMATION

Who is eligible for Dysart Benefits?

Certified employees are eligible if they work full time for the contracted position. This could include positions of .5 FTE and 1.0 FTE. Special procedures are followed for employees who share a 1.0 FTE position and for Board Members. Classified employees must work at least one 6-hour position per day to be eligible for full district benefits.

For employees who are scheduled to work under 30 hours per week, including Dysart classified substitutes, and classified employees who work a total of 6 hours per day but one position is not 6 hours or more, the District will follow the Patient Protection and Affordable Care Act (PPACA) tracking requirements and will notify you if and when you become eligible for medical insurance. Employees who become eligible for medical insurance as a PPACA variable hour employee will not be eligible for any other benefits. The measurement period to determine eligibility is from April 1st – March 31st each year. If an employee is eligible, they will be notified and will be given access to the annual Benefits Open Enrollment period with an effective date of July 1st.

When can I enroll?

You may enroll in benefits as a new employee once you start your employment with Dysart. As a new hire, you will receive an email from a Payroll & Benefits Specialist with enrollment instructions. You will have 30 days to enroll from your position start date. **If you have not enrolled after 30 days from your position start date, you will only receive District paid life insurance and all other coverage will be waived.** Current employees can make changes during the annual Open Enrollment period or if you meet the requirements of a Life Status Change.

Note: The 2022 - 2023 Open Enrollment is Mandatory. ALL returning employees must re-enroll or they will lose benefits on June 30th.

What benefit plans are subject to the enrollment period?

▪ Medical (and HSA option) ▪Dental ▪Vision ▪Short Term Disability* ▪Accident Insurance ▪ Sick Leave Bank ▪Group Life/AD&D/Voluntary Life Insurance* ▪ Health Care & Dependent Care Flexible Spending Account

* For Voluntary Life Insurance, there is a guarantee issue for the first 30 days of new employment.

How do I pay for my benefits?

Payments for Medical, Dental, Vision, Flexible Spending Accounts, Health Savings Accounts and Accident Insurance are taken from your pay check on a **pre-tax** basis. Due to regulations, should you cover a Domestic Partner, their premium cost will be deducted from your check on a **post-tax** basis. ASRS Retirement and pre-tax 403b, 457b investments are deducted before State and Federal taxes, but not Social Security or Medicare taxes. All other payments for insurances are deducted on a post-tax basis.

ENROLLMENT INFORMATION

When do my benefits become effective?

For a new employee or an employee who becomes benefit eligible due to a position change, benefits are effective depending on the position or contracted start date. If the position or contracted start date is from the 1st of the month through the 15th of the month, benefits are effective the 1st of the following month. If the position or contracted start date is from the 16th of the month through the end of the month, benefits are effective the 1st of the second month. Examples: Position or contracted start date is July 1st, benefits are effective August 1st. Position or contracted start date is July 30th, benefits are effective September 1st.

Benefits will continue into the 2022 – 2023 school year for current employees who complete their Mandatory Benefits Open Enrollment and renew their contracts or accept their notice of employments and who return to work the following school year.

Do I have to enroll in each benefit?

The District paid life insurance is to be acknowledged during Benefits Enrollment. All other benefits are optional, and you only enroll in the benefit plans that best fit you or your family needs. You must enroll in benefits in order to have spouse or dependent coverage.

When will my benefits end?

- Upon termination, your benefits will end the last day of the month following your last day worked in your primary position. This includes those terminating as of their last day of work in May of each school year and those selecting an annual or semi-annual leave. Benefits will end on May 31st.
- Benefits will be terminated back to May 31st if you terminate employment before the beginning of the next school year or do not show up for work the following school year.
- Should your work hours drop below benefit eligibility, your benefits will end at the end of the month of your full-time assignment's end date.
- Benefits will end the last day of the month following the start of a non-FMLA leave and after 12 weeks of FMLA leave if the employee has not returned to work. Workers Compensation will be either non-FMLA or FMLA.
- Per Governing Board Policy (Sec. 7.28), the District shall require the repayment of any health care premiums paid by the District for continuing coverage during the period of the FMLA leave if the employee fails to return to work after the FMLA leave expires and the failure to return is not due to circumstances beyond the employee's control. This policy will be enforced for employees who apply for an FMLA at the end of the school year and terminate employment (including non-renewal of contract) for reasons other than medical.

Who can I enroll as a dependent? Documents are required if you haven't already presented them.

- Spouse under a legally valid existing marriage - marriage certificate required or joint mortgage/bank account records. You are responsible for removing ex-spouses from your insurance plans.
- Domestic partner – Domestic Partner Affidavit or joint legal or liability documents required (pre-dated by 12 months). Note Domestic Partners are not eligible for COBRA continuation or Dual Spouse enrollment.
- Biological children up to age 26 – birth certificate(s) required
- Step-children up to age 26 – children of your current spouse only – marriage certificate and birth certificate of children
- Adopted children up to age 26 – court approved adoption papers
- Legal Guardianship – court order
- Dependent children with disabilities – you must be their primary caregiver – disability documents and birth certificate are required.

Children who have reached age 26 will be terminated from all plans the last day of the month after turning 26. They will be offered COBRA.

MEDICAL & PHARMACY

Medical Provider: Blue Cross Blue Shield of Arizona
 602.864.4400 (Maricopa County)
 800.232.2345 (outside Arizona)
www.azblue.com

Pharmacy Provider: Magellan Rx
 1-800-424-0472
www.magellanrx.com

Combined Blue Cross and Magellan Rx "Monthly" Employee Premiums			
	HSA 3000 ⁽¹⁾⁽²⁾		PPO 2500
Employee Only	\$0.00		\$152.31
Employee + Spouse	\$589.38		\$993.86
Employee + Child(ren)	\$310.27		\$673.32
Employee + Family	\$788.18		\$1358.13

- (1) On the HSA 3000 plan, the employee (if eligible), may contribute pre-tax money into their HSA savings account (calendar year limits). Dysart will match up to \$500 (\$750 if enrolled as family) per fiscal year on a per pay period basis.
- (2) Employees (if eligible) can also receive a \$250 Dysart contribution to their HSA account should they provide proof of a routine physical with their primary care physician. And a \$150 incentive is available (if eligible) if you have completed the requirements of the Points Program in the previous school year.

MEDICAL PLAN OPTIONS (all plans include Magellan Rx Pharmacy and Teladoc (Co-pay of \$10))

If you move from one medical plan to another during the annual open enrollment period (typically held in April/May for July 1st effective date) Blue Cross will credit the amount of any deductible and out of pocket maximums that were met between January 1 and June 30 to your new medical plan on July 1. In addition, if you are enrolled in the PPO 2500 plan, Blue Cross will rollover the amount of your deductible you met during the 4th quarter of the calendar year to the new calendar year. The 4th quarter rollover is not authorized on HSA plans due to IRS regulations.

HSA 3000

- Provides benefits at Blue Cross Blue Shield PPO contracted physicians, facilities and providers. Also, it allows out-of-network benefits.
- Must meet the calendar year deductible before BCBS covers any expenses other than preventive.
- In-network preventive care covered at no cost to members.
- After meeting the calendar year deductible, in-network services are covered by BCBS at 80% and 20% is paid by the member. Out-of-network services are covered by BCBS at 60% and 40% by the member after the calendar year deductible is met.
- The employee may contribute pre-tax money into their HSA account (calendar year limits). Dysart will match up to \$500 (\$750 if enrolled as family) per fiscal year. In addition, employees can receive an additional \$250 Dysart contribution to their HSA account should they provide proof of a routine physical.
- **Medicare/AHCCCS/Tricare Enrollees – If you are enrolled in Medicare, Social Security, AHCCCS or Tricare, if you are a dependent on a non-HSA plan, or if you are a dependent on someone else’s plan (other than your spouse), you and the District are not allowed to contribute to an HSA Account.**
- If you (or your dependent) is enrolled in Medicare, Social Security, AHCCCS, or Tricare the Dysart medical plan is primary and Medicare, AHCCCS, or Tricare plan is secondary.
- Please see the most current Medicare Notice on the Payroll & Benefits website for information regarding creditable coverage.

MEDICAL & PHARMACY

PPO 2500

- Provides benefits at Blue Cross Blue Shield PPO contracted physicians, facilities and providers. Also, it allows out-of-network benefits.
- In-network preventive care covered at no cost to members.
- In-network benefits – Non-preventive visits/specialist office visits, as well as prescriptions, urgent care, emergency room visits, and hospitalizations are subject to co-payments and/or subject to deductible and coinsurance.
- After meeting the calendar year deductible, In-network services are covered by BCBS at 80% and 20% is paid by the member. Out-of-network services are covered by BCBS at 60% after the calendar year deductible is met.
- Out-of-network benefits – Allows benefits if you choose to use a medical care provider that does NOT contract with BSBCAZ. Benefits are subject to a deductible and coinsurance. Also, Out-of-network providers may charge more than BCBSAZ reasonable and customary rates.
- If you (or your dependent) is enrolled in Medicare, Social Security, AHCCCS, or Tricare the Dysart medical plan is primary and Medicare, AHCCCS, or Tricare plan is secondary.
- Please see the most current Medicare Notice on the Payroll & Benefits website for information regarding creditable coverage.

Other:

- Both medical plans are broad network based PPO plans. You have access to a national network of providers across the United States. The Mayo Clinic and Cancer Treatment Centers of America are in-network providers for both district medical plans.
- Summary plan documents are available on the Benefits Enrollment tab on the Payroll & Benefits website.
- All medical plans include access to Teladoc (\$10 co-pay required per each call).

Enrolled as Employee Only

Plan	HSA 3000		PPO 2500	
Benefits	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible <i>(you owe 100% of the amount)</i>	\$3,000	\$5,000	\$2,500	\$5,000
Coinsurance <i>(amount you owe after deductible is met)</i>	20%	40%	20%	40%
Calendar Year Out-of-Pocket)	\$6,000	\$10,000	\$6,000	\$10,000
Inpatient & Outpatient Hospital	Ded + 20%	Ded + 40%	Ded + 20%	Ded + 40%
Emergency Room	\$150 fee/Ded+ 20%		\$200 fee/Ded + 20%	
Urgent Care	Ded + 20%	Ded + 40%	\$50	Ded + 40%
Preventive Care	0%	Ded + 40%	0%	Ded + 40%
Office Visit	Ded + 20%	Ded + 40%	\$25	Ded + 40%
Specialist	Ded + 20%	Ded + 40%	\$50	Ded + 40%
Lab, X-Ray	Ded + 20%	Ded + 40%	Office Visit co-pay or Ded + 20%	Ded + 40%
Prescription Drugs				
Deductible	Yes – Plan Deductible		None	
Tier 1	Ded + 20%	Not Covered	\$20	Not Covered
Tier 2	Ded + 20%	Not Covered	\$40	Not Covered
Tier 3	Ded + 20%	Not Covered	\$65	Not Covered
90 Day Supply Mail Order**	Ded + 20%	Not Covered	2.5 x copay	Not Covered
90 Day Supply Retail**	Ded + 20%	Not Covered	3 x copay	Not Covered
Specialty***				
Tier 1	Ded + 20%		\$30	
Tier 2	Ded + 20%		\$60	

** \$500 maximum for a 3-month supply on the HSA 3000

*** Specialty - \$250 maximum per prescription after deductible is met

Enrolled as Employee Plus One or Family

Plan	HSA 3000		PPO 2500	
Benefits	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible <i>(you owe 100% of the amount)</i>	\$6,000	\$10,000	\$5,000 Max of \$2,500 pp	\$10,000
Coinsurance <i>(amount you owe after deductible is met)</i>	20%	40%	20%	40%
Calendar Year Out-of-Pocket	\$12,000 Max of \$6,000 pp	\$20,000	\$13,500 Max of \$6000 pp	\$20,000
Inpatient & Outpatient Hospital	Ded + 20%	Ded + 40%	Ded + 20%	Ded + 40%
Emergency Room	\$150 fee/Ded+ 20%		\$200 fee/Ded + 20%	
Urgent Care	Ded + 20%	Ded + 40%	\$50	Ded + 40%
Preventive Care	0%	Ded + 40%	0%	Ded + 40%
Office Visit	Ded + 20%	Ded + 40%	\$25	Ded + 40%
Specialist	Ded + 20%	Ded + 40%	\$50	Ded + 40%
Lab, X-Ray	Ded + 20%	Ded + 40%	Office Visit co-pay or Ded +20%	Ded + 40%
Prescription Drugs	Yes – Plan Deductible		None	
Deductible				
Tier 1	Ded + 20%	Not Covered	\$20	Not Covered
Tier 2	Ded + 20%	Not Covered	\$40	Not Covered
Tier 3	Ded + 20%	Not Covered	\$65	Not Covered
90 Day Supply Mail Order**	Ded + 20%	Not Covered	2.5x copay	Not Covered
90 Day Supply Retail**	Ded + 20%	Not Covered	3 x copay	Not Covered
Specialty***				
Tier 1	Ded + 20%		\$30	
Tier 2	Ded + 20%		\$60	

** \$500 maximum for a 3-month supply on the HSA 3000

*** Specialty - \$250 maximum per prescription after deductible is met

HEALTH SAVINGS ACCOUNT

HealthEquity, Inc.

866.346.5800

<http://healthequity.com>

The HSA 3000 health insurance plan is a high-deductible health plan which qualifies enrollees to participate in a Health Savings Account (HSA) with HealthEquity, Inc., if eligible.

Rules Regarding Health Savings Accounts

If you are enrolled in Medicare, Social Security, AHCCCS, Tricare or claimed as a dependent on someone's tax return (other than your spouse), or enrolled as a dependent on a non-HSA medical plan, the IRS will **NOT** allow you or the district to make contributions to a Health Savings Account. It is your responsibility to notify the Payroll & Benefits Department if you are not eligible for contributions and are doing so. You could be penalized by the IRS.

All HSA contributions made through payroll deductions are taken on a pre-tax basis. For 2022, the annual maximum that can be contributed for someone enrolled with "employee only coverage" is \$3,650 and \$7,300 for employees who are enrolled covering dependents. You must be enrolled covering dependents for 12 months of the year to contribute the full \$7,300. Employees 55+ of age are eligible to contribute an additional \$1,000. The maximum amounts are total contributions which would include both yours **and** the District's match. Note that you are responsible for not over-contributing to your HSA account each calendar year.

What exactly is a Health Savings Account (HSA)?

It's a savings and spending account that offers members a tax-advantaged way to pay for qualified medical, dental and vision expenses, as well as a way to save for future medical and retirement health care expenses that won't be subject to Federal tax. After the age of 65, funds can be withdrawn from the account for any purpose with no tax penalty, but if not used for health care, you will pay your regular tax rate.

Who is eligible to open an HSA?

Anyone covered by an HSA-eligible health plan and not covered by any non-eligible plan. Dysart's eligible plan is the HSA 3000. It is important to note that the District and the employee are "not" eligible to contribute to the HSA if the employee is enrolled in Medicare, AHCCCS, Tricare, if the employee is enrolled in another medical plan that is not a high deductible health plan, or if the employee is listed as a dependent on someone else's tax return (other than their spouse). There are IRS penalties for contributing when not eligible. Also note that if you enroll in social security (at age 65) you are automatically enrolled in Medicare. It is the responsibility of the employee to notify the Benefits Department if they are not eligible for contributions to the HSA. Employees can use HSA funds for children up to age 19 if not a full time student or up to age 24 if a full time student.

How does an HSA work?

The member can use their account to make payments for qualified health care expenses using their White and Purple HealthEquity Visa® Card, in person at provider's office, online or by phone. Call HealthEquity if your card is lost or stolen.

Who owns the HSA?

The member owns the account, regardless of who contributes. The money earns interest and returns over time.

What happens to HSA funds if the owner changes jobs or retires?

The account still belongs to the owner but there will be a monthly admin fee charged.

HEALTH SAVINGS ACCOUNT

Can an HSA ever be used to pay for non-qualified expenses?

Once the member reaches age 65 the funds can be used for non-qualified expenses, but withdrawals will be subject to tax. If the funds are used before age 65 for non-qualified expenses, the amount used will be taxed and incur a 20% penalty. See your account page on healthequity.com for eligible expenses.

Am I allowed to have an HSA and an FSA (Flexible Spending Account)?

Yes, you are able to have an HSA and FSA. However, the FSA will be a special “Limited Purpose” FSA. The “Limited Purpose” FSA will only allow reimbursement for vision, dental, and dependent care expenses (not medical expense reimbursement as medical must be reimbursed through the HSA). It is important to note the HSA allows medical, dental and vision expenses to be reimbursed (but not dependent care).

Can individuals contribute to an HSA if they're on any part of Medicare?

No, the law does not allow those on Medicare or enrolled in Social Security to contribute to an HSA, but they may continue to own and use an HSA if the account was opened before they went on Medicare or Social Security.

Do members lose HSA funds at the end of the year?

No, any remaining funds roll over into the following year and grow tax-free.

Can HSA funds be withdrawn at any time?

Absolutely, as long as they're used to pay qualified medical expenses the money is not taxed at the Federal level. If money is withdrawn before age 65 for other expenses, the regular tax rate would apply as well as a 20% penalty. After age 65 there are taxes, but no penalty regardless of how the money is used.

Does an HSA earn interest?

Yes. Best of all, the interest accumulates tax-free.

Can HSA funds be invested?

Yes, in stocks, bonds, mutual funds, CDs, and annuities.

Which individuals benefit most from HSAs?

Health savings accounts are not just for the healthy or the wealthy. HSAs and qualified high-deductible health plans can work for anyone, regardless of their income or the state of their health. HSAs are the best financial vehicle to save for retirement and pay for medical expenses in the meantime.

What happens if you no longer have an HSA-eligible plan? For example, if you move to the PPO 2500?

You keep your HSA. It's always your money. But you can no longer make contributions to your HSA if you're not enrolled in an HSA medical plan. If you were enrolled in an HSA plan and move to the PPO 2500 or waive insurance, your Health Savings Account will be charged a monthly fee.

Additional Questions?

HealthEquity's Customer Service Number: 866.960.8026 (24/7, 365 days/year) or visit healthequity.com

TELADOC

Teladoc

800.Teladoc (835.2362)

<http://www.teladoc.com>

Dysart Unified employees who enroll in medical insurance will be automatically enrolled in Teladoc coverage. Dysart Unified employees must enroll themselves and their dependents online at teladoc.com to make any future requests for a consult with a doctor easier. The Teladoc phone or video consultation will cost a \$10 co-pay (NEW) to the employee and/or their dependents). The employee and/or dependents will also be responsible for the prescription cost if prescribed.

Talk to a doctor anytime for a \$10 co-pay.

Teladoc gives you access to a national network of U.S. board-certified doctors who are available 24/7/365 to treat many of your medical issues.

When can I use Teladoc?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Sinus problems
- Bronchitis
- Urinary tract infection
- Respiratory infection
- And more!

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

DENTAL – PREPAID AND PPO

Prepaid Dental

Total Dental Administrators

602.266.1995

www.tdadental.com

(for list of providers by zip code)

PPO Dental

Delta Dental of Arizona

602-938-3131, Option #1

www.deltadentalaz.com

Monthly Premiums	TDA Prepaid	Delta PPO
Employee Only	\$0.00	\$22.52
Employee & Spouse	\$9.53	\$55.38
Employee & Child(ren)	\$14.19	\$58.67
Employee & Family	\$19.77	\$88.24

TDA PREPAID DENTAL PLAN (DMO)

- Provides benefits at contracted dental offices only in Arizona. No out of network coverage.
- Each family member can select a different office.
- Preventive services are paid at 100%.
- Other services, members pay a co-payment and the insurance company pays the remaining fees.
- Members can change dentists during the year by contacting the TDA Member Services Department.

DELTA DENTAL PPO DENTAL PLAN

- Provides benefits at most dental offices across the US who are contracted in the PPO network.
- Each family member can select a different office.
- Preventive services are paid at 100% up to the maximum annual benefit of \$1500 in network.
- CheckUp Plus is included (Cleanings do not deduct from your annual maximum)
- Other services are subject to a deductible and then member pays percentage of costs.
- If out-of-network dentist is used, member is responsible for any cost above the ‘Maximum Plan Reimbursement’.

Dental Benefits At A Glance			
	DHMO/Pre-Paid Benefits	PPO Benefits	
	In-Network Only	In-Network	Out-of-Network
Deductible (July 1 – June 30)	None	\$25/\$75	\$50/\$150
Number of Deductibles Per Family	None	3	
Annual Maximum	None	\$1500	\$1,000
Class I – Preventive /Diagnostic	100%	100% (subject to annual maximum)	
Class II – Basic (Includes Endodontics & Periodontics)	Co-Payment Examples RCT-Molar \$399, RCT-Anterior \$195	80%	70%
Class III – Major (Includes Crowns, Bridges, Dentures)	Co-Payment Examples Crown-Porcelain-high noble metal \$492	50%	50%
Class IV – Orthodontics (Children only)	Co-Payment Examples	50% Age 19	
Class IV – Lifetime Maximum	Limited Ortho – Child \$2,900 Limited Ortho – Adult \$3,300 Comprehensive – Child \$4,100 Comprehensive – Adult \$4,300	\$1,000 Age 19	
Emergency Palliative	\$20	100%	

VISION

Avesis

800.522.0258, x257

www.avesis.com

AVESIS EMPLOYEE MONTHLY PREMIUMS	
Employee Only	\$ 6.03
Employee & Spouse	\$11.40
Employee & Child(ren)	\$12.42
Employee & Family	\$16.00

In-Network Benefits:

- \$10 co-pay for an exam.
- \$10 co-pay for materials (frames and lenses) subject to the plan allowance.
- Exam and lenses every 12 months.
- Frames every 24 months.
- Contact lens allowance of \$130, including fitting and evaluation, in lieu of frames and lenses.
- Medically necessary contact lenses covered at 100%.
- 20% off the provider's usual & customary fees for additional purchases or add-ons to standard lenses.
- LASIK benefit of \$150 allowance toward LASIK at an Avesis contracted LASIK provider. One time (lifetime) benefit for one or both eyes and it takes the place of all other benefits for that plan period.

Out-of-Network Benefits:

The plan provides allowances towards your exam and materials if you choose an out-of-network provider. However, you will get the most for your money by using in-network contracted providers.

DUAL SPOUSE

What if my spouse works for the District?

If you and your spouse (married) are both employed by the District, are both 100% eligible for District paid benefits *and* are adding at least one child to your plan(s) you can take advantage of a dual spouse +Family premiums. The spouse carrying medical and/or dental will be credited with the amount the District would have paid for the spousal employee if they had independently selected that policy. At no time will the District contribute more than 100% of the total Medical Monthly Plan Cost. Any premium over and above the credit will be payroll deducted from the employee who has opted for the dual credit coverage. The other employee will be required to waive medical and/or dental coverage in the *Benefits Enrollment system on the Employee Portal*.

Note: Dual spouse employees are not allowed to select Voluntary Life insurance on their spouse, and only the employee selecting insurance can choose Voluntary Life insurance on the children.

One employee – selects Medical, Dental, Vision, can select STD and Voluntary Life on self and child(ren).
 Other employee – waives Medical, Dental, Vision, can select STD and Voluntary Life on self only.

Combined Blue Cross and Magellan Rx “Monthly” Employee Premiums for Employees Eligible for Dual Spouse			
Coverage Level	HSA 3000		PPO 2500
Employee + Family	\$306.79		\$732.64

Total Dental Administrators & Delta Dental PPO “Monthly” Employee Premiums for Employees Eligible for Dual Spouse		
Coverage Level	TDA DMO/Prepaid/ Dental	Delta PPO Dental
Employee + Family	\$9.43	\$77.90

SHORT TERM DISABILITY

Sun Life, Inc.

Short Term Disability is offset by sick leave. This means you must use your sick days and/or sick bank time before you will receive disability payments.

Short Term Disability is now paid as a WEEKLY benefit instead of a MONTHLY benefit.

Waiting period: 5th day of injury, 5th day of sickness.

- Income replacement if you are unable to work because of an injury (non-work related) or illness for up to six months and benefits are paid Weekly.
- Maternity pays approx. 6-8 weeks (normal childbirth) 8-10 weeks (C-Section).
- May select a disability benefit up to 66 2/3% of your monthly salary.
- You may select up to your salary level as a Guarantee Issue during Benefits Enrollment (no health questionnaire).
- Pre-existing conditions treated 12 months prior to the effective date will not be covered in the next 12-months. For example, if you are pregnant on the date your insurance became effective, the pregnancy is considered a pre-existing condition.
- Injury or illness caused during the course of your employment is not covered under this policy.

NEW Employees and during Annual Benefits Open Enrollment

- Guaranteed eligibility during the *initial eligibility period* (30 days from position start date) and during Benefits Open Enrollment is up to your salary level.

Minimum salary	Weekly Benefit	Monthly Premium
\$ 7,796.10	\$100	\$5.28
\$ 15,592.20	\$200	\$10.56
\$ 23,388.31	\$300	\$15.84
\$ 31,184.41	\$400	\$21.12
\$ 38,980.51	\$500	\$26.40
\$ 46,776.61	\$600	\$31.68
\$ 54,572.71	\$700	\$36.96
\$ 62,368.82	\$800	\$42.24
\$ 70,164.92	\$900	\$47.52
\$ 77,961.02	\$1,000	\$52.80
\$ 85,757.12	\$1,100	\$58.08
\$ 93,553.22	\$1,200	\$63.36
\$101,349.33	\$1,300	\$68.64
\$109,145.43	\$1,400	\$73.92
\$116,941.53	\$1,500	\$79.20
\$134,737.63	\$1,600	\$84.48
\$132,533.73	\$1,700	\$89.76
\$140,329.84	\$1,800	\$95.04
\$148,125.94	\$1,900	\$100.32

DISTRICT PAID LIFE INSURANCE

Symetra

800.796.3872

www.symetra.com

Dysart Unified School District provides and pays for Group Term Life Insurance and Accidental Death and Dismemberment Insurance through Symetra. Insurance is portable upon termination of benefits.

For Most Employees:

Life Insurance equal to ONE time your annual base salary to a maximum of \$100,000.

Accidental death and dismemberment insurance in an amount equal to ONE time your annual base salary to a maximum of \$100,000.

For Principals, Assistant Principals, Directors:

Life Insurance equals to two times your annual base salary up to a maximum of \$400,000.

Accidental death and dismemberment insurance in an amount equal to two times your annual base salary up to a maximum of \$400,000.

The Fine Print:

Life and Accidental Death and Dismemberment Insurance benefits will reduce by 50% at age 70. District Life Insurance ends when your benefits end.



Employees are responsible for requesting a Portability Packet after loss of benefits, either due to termination or Non-FMLA/Annual/Semi-Annual leave.

SUPPLEMENTAL LIFE INSURANCE

Symetra

800.796.3872 – Ext. 21011

www.symetra.com

Voluntary Selections

- Employee Voluntary Life includes AD&D (Accidental Death and Dismemberment) and benefited employees are eligible for up to five times your annual base salary, not to exceed \$500,000.
- May cover spouse for up to half the employee amount (excluding dual spouse employees).
- May cover your children for \$1,000, \$5,000 or \$10,000 (premium is per policy, NOT per child).
- **Employees are responsible for requesting a Portability Packet after loss of benefits, either due to termination or Non-FMLA/Annual/Semi-Annual leave.**

Current employees

- If you wish to increase your life insurance amount, you are able to do so only during the Benefits Open Enrollment period. Any increase will require an EOI and you will have to be approved by Symetra Underwriting department. The link to complete the EOI is at the top of the enrollment screen or on the Benefits Enrollment website page.

New employees

- Guaranteed issue during your initial eligibility period up to \$150,000 for the employee and \$50,000 for spousal/domestic partner coverage. An EOI will be required for any greater amounts.

Terminating employees

- You have 30 days following termination of life insurance benefits to apply for portability or conversion. It is the employee's responsibility to submit the portability or conversion form to Symetra. Forms are available under Forms/Resources on the Payroll & Benefits website.

Carrier	2019-2020 Symetra Supplemental Life Insurance Monthly Rates	
	Rate Per \$10,000	Rate Per \$5,000
AGE	Employee (Includes AD&D)	Spouse (No AD&D)
Under 30	\$0.30	\$0.300
30 – 34	\$0.43	\$0.445
35 – 39	\$0.62	\$0.495
40 - 44	\$0.81	\$0.595
45 - 49	\$1.21	\$0.940
50 - 54	\$1.91	\$1.730
55 - 59	\$3.29	\$2.770
60 - 64	\$4.55	\$5.035
65 - 69	\$8.26	\$8.695
70 - 74	\$13.37	\$13.185
75 +	\$21.66	\$21.835
Child(ren) Rate per \$1,000	\$0.05	

ACCIDENT INSURANCE

Colonial Life Group Accident
1-800-325-4368
www.coloniallife.com

Accident Insurance

- Colonial Life’s Group Accident Insurance helps you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. With this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses associated with a covered accident.
- Covered accidents include: broken bones, burns, concussions, lacerations, back or knee injuries, accidents that send you to the ER, Urgent Care or a doctor’s office. See the Benefits amounts paid on the Payroll & Benefits Website/Forms/Resources under Colonial Life Accident Insurance.
- Coverage is Guarantee Issue and no health questions will be asked.
- Accident insurance is available for Employee only, Employee + spouse, Employee + children or Employee + family. All premiums are pre-tax.
- On/Off Job Accident Coverage
- **NOTE: Accident insurance will be effective the first of the month following the date you SUBMIT your online benefits enrollment. If you are effective September 1st and you submit your online enrollment on or after September 1st, your insurance will be effective on October 1st. This does not apply to Benefits Open Enrollment selections which are automatically effective on July 1st.**

ACCIDENT INSURANCE EMPLOYEE MONTHLY PREMIUMS	
Employee Only	\$11.94
Employee & Spouse	\$19.71
Employee & Child(ren)	\$22.85
Employee & Family	\$30.62

FLEXIBLE SPENDING ACCOUNT

HealthEquity

866.346.5800

<http://healthequity.com>

What are Flexible Spending Accounts or FSAs?

Flexible Spending Accounts allow you to put money aside on a before-tax basis; the Health Care Spending Account for eligible health care expenses and the Dependent Care Spending Account for eligible dependent care expenses (e.g. for child day-care). The money is taken from your check on a pre-tax basis and deposited into an account that is managed by a third-party administrator, HealthEquity.

What types of FSAs are available?

HEALTH CARE SPENDING ACCOUNT (Medical Reimbursement Account)

- Set from \$100 to \$2,850 per year into the account, pre-tax dollars.
- Can cover IRS allowable dependents from this account. They do NOT have to be enrolled on any of our policies. For example, if you *could* enroll your children into our benefit plans but choose not to, you can still use this account for their out-of-pocket medical expenses as well.
- Money is available immediately from this account. For example, you can set aside \$2,750 into an account and have Lasik surgery done in August. You will continue to pay the money into the account on a pre-tax basis, even though you have already spent it!
- A debit card is offered at no cost to you.
- **There will be a special “Limited Purpose” FSA available for employees enrolled in an HSA. The “Limited Purpose” FSA will only allow expenses for vision and dental care.**

DEPENDENT CARE REIMBURSEMENT ACCOUNT

- Set from \$100 to \$5,000 per year into the account (married, filing jointly, or head of household) or between \$100 and \$2,850 per year (married, filing separately).
- Dependent day care expenses for children under age 13 or disabled family members who qualify.
- Only the amount deposited in the account is available for your use
- When submitting receipts for reimbursement, caregiver must provide their social security number or tax-identification number. The FSA Administrator is required by law to submit this information to the IRS.
- Depending on your personal income tax situation, you may get a greater tax savings with the childcare credit than the Dependent Care Spending Account. Ask your tax advisor which alternative is best for you.

Why should I consider putting money aside in an FSA?

Because the money is put aside BEFORE taxes, you save on every dollar you spend. For example, if you pay your child care or health care provider \$100 after you have received your paycheck, you probably had to earn \$125, which is taxed, to bring home the \$100. Because the money put in these accounts is pre-tax, it is like getting a 20-30% discount on health care or dependent care expenses.

How do I access money once it has been deposited in a Flexible Spending Account?

You may file a claim by submitting receipts to the administrator or use a debit card to access your medical spending account funds.

FLEXIBLE SPENDING ACCOUNT

Am I allowed to have an HSA (Health Savings Account) and an FSA (Flexible Spending Account)?

Yes, you are able to have an HSA and FSA. However, the FSA will be a special “Limited Purpose” FSA. The “Limited Purpose” FSA will only allow reimbursement for vision, dental, and dependent care expenses (not medical expense reimbursement as medical must be reimbursed through the HSA). It is important to note the HSA allows medical, dental and vision expenses to be reimbursed (but not dependent care).

How long do I have to spend this money?

Active or continuing employees may file a claim for any expense incurred from July 1, 2020 – June 30, 2021. If you do not use your funds in the FSA by June 30, 2021, you forfeit your funds. You must submit your claims for reimbursement by September 30, 2021. To avoid forfeiting money, you should carefully estimate your uninsured health care expenses and your employment related dependent care expenses before electing contribution amount(s).

Must I use the Debit Card?

No. You may file claims manually. Claim forms can be emailed to: reimbursementaccounts@healthequity.com or faxed 801-999-7829 and Health Equity will reimburse you. Claim forms can be found on Health Equity’s website or the benefits portal under Flexible Spending Accounts.

What if I leave employment with Dysart?

You must incur the expense by the last day of your benefit eligibility. This also includes employees who terminate at the end of the school year and employees whose benefits end May 31st. You will have 30 days from the date of your termination or benefit end date (if the benefit is ending at the end of the school year) to request reimbursement but your claims must be dated on or before your benefit end date.

Can I change my contributions to a Flexible Spending Account during the year?

After Open Enrollment, you may only request to stop further deductions to your Flexible Dependent Care account.

Can I get more information regarding what is allowable and what is not?

Refer to IRS Publication 503 at www.irs.gov/pub/irs-pdf/p503.pdf for the most up-to-date description of eligible and ineligible dependent care expenses. You can also view eligible health care and dependent care expenses on Health Equity’s website at www.healthequity.com. If you would rather just talk with a person about allowable expenses, please call HealthEquity, for more clarification. *A reminder, if you enroll in both a HSA and FSA the FSA will be a special “Limited Purpose” FSA which will only allow expenses to be reimbursed for vision and dental.*

Allowable Healthcare Flexible Spending Account (FSA) Expenses		
Description	Regular FSA Eligible Expense <i>*without Health Savings Account (HSA) Enrollment</i>	Limited Purpose FSA Eligible Expense <i>*with Health Savings Account (HSA) Enrollment</i>
Medical	Yes	No
Dental	Yes	Yes
Vision	Yes	Yes

FSA DEBIT CARD INFORMATION

Do I always send my receipts and the reimbursement form after I use my FSA Debit Card?

The IRS has set specific requirements for receipt submission when the FSA Debit Card is used. There are only a handful of times you will not have to submit receipts. When physician and pharmacy co-pays match your employer's health care plan, receipts are generally not required. If you use a retailer that has the IIAS (Inventory Information System for FSA and HSA purchases), you will not be required to submit receipts. All other uses of the card will require you to submit your receipts.

What type of merchant's will allow me to use the FSA Debit Card?

As of January 1, 2008, grocery, discount and drug stores must have an IIAS inventory control system in place. This allows the merchant to identify over-the-counter purchases as an eligible FSA expense. If you purchase items with your FSA Debit Card at a merchant using the IIAS system, you will NOT need to submit additional documentation. If you try to use your FSA Debit Card at a merchant that does not have the IIAS system your FSA Debit Card will not work. You will have to pay for the items out-of-pocket and submit a claim form for these items.

What should I always remember with the FSA Debit Card?

- Keep your receipts/documentation, just in case.
- Submit the reimbursement form and receipts within 15 days of using your FSA Debit Card if it is for an expense that doesn't match our medical/pharmacy co-pays.

What are some reasons my FSA Debit Card didn't work?

- Your provider's card terminal may not be set up with a medical provider code.
- The merchant may not have an IIAS system in place.
- You may have reached your FSA limit.
- You have outstanding charges for which you have not submitted documentation.

What happens if I forget to send in receipts?

HealthEquity will send you a letter stating that Dysart needs to document your use of the FSA Debit Card. If receipts are not received, your card will be de-activated or 'turned off'. You will no longer be able to use the card until the documentation is received or you have reimbursed the fund for your expenditures

This seems like a lot of work; why should I get an FSA Debit Card?

The FSA Debit Card allows you immediate access to your money. For example, you need to purchase new contact lenses or have another procedure done at your dentist's office that does not fall into a normal co-pay amount. You will have access to your flexible spending account money with the understanding further documentation may be required in the future.



You cannot use a Flexible Spending Account for elective surgery or cosmetic procedures such as laser hair removal, Botox injections, teeth whitening or veneers.

SICK LEAVE BANK (SLB)

2022 - 2023 School Year

1. OVERVIEW

- a. The Medical Leave Assistance Program also called Sick Leave Bank is a means by which employees of the Dysart Unified School District #89 can help each other in times of need.
- b. It allows employees to join the Program by contributing one (1) earned leave day annually to be eligible to participate in the Sick Leave Bank.
- c. The days deposited must be from the current year's earned sick leave.
- d. Enrollment is during benefits open enrollment for continuing employees and open for thirty (30) calendar days following the first scheduled "work" day for new employees.
- e. The Sick Leave Bank is a "blind" bank. A "blind bank" is one in which donated sick leave days are not allocated for a specific employee, but are donated to the bank to be used by any eligible employee.
- f. Employees deposit into an account consistent with their job category. There are three accounts as follow: classified (support), certified, and administrative.
- g. If the Sick Leave Bank runs out of days, the Superintendent or designee may solicit new contributions for the specific account needing replenishment.
- h. For purposes of this program, a day equals the number of hours scheduled in the normal working day of the donor. Days of leave (or for classified (support) employees – hours of leave), not the actual wage of the donor employee, will be donated.
- i. All unused-banked sick leave time in each bank will continue forward to the next school year.

2. ELIGIBILITY

- a. Join the Program: Only full-time classified (support), certified or administrative employees are eligible to enroll in and become members of the Sick Leave Bank.
- b. Only members of the sick leave bank may apply for benefits.
- c. Leave may be provided if the following conditions are met:
 - i. The employee has a "non-work-related" serious illness or injury as defined by the employee's licensed health care practitioner/physician." **OR**
 - ii. If requested for the care of a terminally ill immediate family member, or serious medical condition as identified by FMLA and requires the employee to be the primary care giver for their immediate family member. An immediate family member is to be defined as the employee's spouse and children as well as parents of the employee or spouse, **AND**
 - iii. The employee expects to be out of paid leave for at least 5 consecutive work days or more. Sick leave bank will begin on the sixth (6) consecutive work day.
- d. Exclusions:
 - i. It cannot be used for non-complicated maternity leave as child birth is ordinarily not considered a serious illness.
 - ii. No benefited employee shall be eligible for the Sick Leave Bank after he/she has qualified for long-term-disability coverage or worker's compensation.
- e. Application for the program must be supported by health care provider medical certification and must include nature of the illness, diagnosis and prognosis for return to duty.
 - i. It must be submitted within ten (10) days following the applicant beginning an "unpaid leave status".
 - ii. This means that there will not be an award to an applicant until he/she has exhausted all earned/accrued leave and is expected to be in an unpaid leave status with the District for five (5) consecutive work days. Sick bank leave will begin on the sixth (6) consecutive work day.

SICK LEAVE BANK (SLB)

2022 – 2023 School Year

3. NOTICE OF APPLICATION DECISION AND AWARD OF DAYS:

- a. Notice to an applicant regarding the decision on their request for a Sick Leave Bank award of days must be made in writing to the applicant and include information about the review process and appeal rights.
- b. Based on continuous membership in the bank, each approved applicant is limited to an award of days no more than:
 - Tier I = 20 days based on 1-2 years of continuous membership or as determined by prior use
 - Tier II = 40 days based on 3-4 years of continuous membership or as determined by prior use
 - Tier III = 60 days based on 5+ years of continuous membership or as determined by prior use
- c. Employee award status will reset at Tier I if the full amount of days the employee is eligible to receive are exhausted prior to June 30, in the academic year for which it was awarded.

4. APPLICATION REVIEW PROCESS AND APPEALS

- a. The daily operation of the bank is overseen by the Superintendent or designee for the routine determination and award of benefits.
- b. Periodic summaries of applications and award of benefits will be provided to members of the Review Board and the Governing Board but shall not contain employee names or any information identifying the employee as using the Sick Leave Bank.
- c. Appeal Process:
 - i. Appeals may be made to a Review Board established by the Superintendent or designee.
 - ii. The Review Board consists of employees representing the three employee groups: classified, certified and administrative.
 - iii. The Review Board shall convene a meeting within fifteen (15) days after receipt of the appeal and the employee may be present.
 - iv. A written decision will be provided to the employee within five (5) working days after the review meeting.

5. LIMITATIONS

- a. Employees will not earn or accrue additional sick leave during the use of banked sick leave.
- b. The Medical Assistant Program - Sick Leave Bank and procedures in no way interfere with, limit, or reduce the rights of employees under the federal Family Medical and Leave Act, 29 U.S.C. 2601-2654.
- c. No continuing rights are established by this policy. In compliance with established procedure, the Governing Board reserves the right to modify, change, or delete any policy in accord with its own guidelines.

LIFE STATUS CHANGE

May I make changes to my benefit elections outside of my initial eligibility period?

After your initial eligibility or Open Enrollment period, you may only change some benefit elections if certain *life status* events occur. Note: You are not allowed to change plans.

Why can't I change my benefits at any time?

Because our benefit deductions are taken on a pre-tax basis, we are required to follow the Internal Revenue Service Section 125 rules. The IRS Code is very specific and states that changes can only be made within your initial enrollment period, during our Open Enrollment Period or if the change meets the Life Status Change criteria.

What events are considered a Life Status Change?

- Marriage, divorce, legal separation, or annulment
- Birth, adoption or legal custody
- Death of a dependent, spouse or employee
- Significant change in the health coverage of the employee's spouse attributable to the spouse's employment
- Employee or employee's spouse starts an unpaid leave or returns from an unpaid leave
- Medicare enrollment
- Health Exchange enrollment (open enrollment begins in November for a January effective date)

How do I make a Life Status Change?

Changes must be made within 31 days of the event. However, you are allowed 60 days for changes made due to an AHCCCS loss or gain.

- Print the Life Status Change Form found under Forms/Resources on the Payroll & Benefits website.
- Fill out the form indicating the change needed and attach proof for gain or loss of coverage. Proof must show names, and dates.
- Attach Dependent documentation (marriage certificate/Birth Certificate(s) if adding dependents for the first time and have not submitted these documents before.
- You will be contacted by your Payroll & Benefits specialist for further instructions if necessary.

When does my Life Status Change become effective?

Life Status Changes take effect the first of the month following the date or "coincident with" the date of the qualifying event.

What if I am unsure if I meet the Life Status Change criteria?

If you are unsure that you have experienced a Life Status Change, please contact the Benefits Team at benefits@dysart.org or at 623.876.7924.

Life Status Change Guide

Change of Status	Changes to Coverage	Document Examples
<i>Birth, Adoption or Legal Guardianship/Custody of Child</i>	<ul style="list-style-type: none"> ▪ New dependents may be added to existing medical, dental or vision coverage. ▪ Dependent child life insurance coverage can be added or increased. ▪ Health and Child Care reimbursement accounts may be added. ▪ No other changes can be made. 	<ul style="list-style-type: none"> ▪ Birth Certification ▪ Hospital records or documents ▪ Court documents
<i>Spouse or Dependent child becomes eligible under another Group Insurance Plan</i>	<ul style="list-style-type: none"> ▪ Spouse or child can be dropped from medical, dental and vision coverage. ▪ No other changes can be made. 	<ul style="list-style-type: none"> ▪ Copy of Enrollment Form ▪ Online Enrollment Confirmation
<i>Dependent Child becomes ineligible due to marriage or reaching age of 26</i>	<ul style="list-style-type: none"> ▪ Dependent child must be dropped from medical, dental and vision. ▪ Dependent child must be dropped from supplemental life insurance. ▪ Dependent child may be able to continue coverage via COBRA. ▪ No other changes can be made. 	<ul style="list-style-type: none"> ▪ Marriage Certificate ▪ 26th Birthday of dependent
<i>Divorce, Annulment or Legal Separation</i>	<ul style="list-style-type: none"> ▪ Spouse and spouse's children/step-children will be dropped from coverage. ▪ Spouse and spouse's children/step-children may be able to continue coverage via COBRA. ▪ Existing dependent or spousal life insurance will be dropped. ▪ No other changes can be made. 	<ul style="list-style-type: none"> ▪ Court documents ▪ Divorce Decree
<i>Marriage</i>	<ul style="list-style-type: none"> ▪ Spouse and spouse's children/step-children can be added to medical, dental or vision coverage. ▪ Dependent supplemental life can be added. ▪ Spouse supplemental life can be added and may require evidence of insurability. ▪ No other changes can be made. 	<ul style="list-style-type: none"> ▪ Marriage Certificate
<i>Spouse Gains Employment</i>	<ul style="list-style-type: none"> ▪ Employee, spouse and children can be dropped from all medical, dental and vision coverage provided they are added to the spouse's group coverage. ▪ No other changes can be made. 	<ul style="list-style-type: none"> ▪ Copy of Enrollment Form ▪ Online Enrollment Confirmation
<i>Spouse Terminates/Resigns Job or Loses Benefits Eligibility</i>	<ul style="list-style-type: none"> ▪ Spouse and/or children can be added to medical, dental and vision coverage. ▪ No other changes can be made. 	<ul style="list-style-type: none"> ▪ Letter from HR Department of spouse's employer ▪ COBRA Notification
<i>Starting of an Unpaid Leave for either employee or spouse</i>	<ul style="list-style-type: none"> ▪ May drop medical coverage if proof of other credible coverage is provided. ▪ May drop dental and vision coverage. ▪ May drop Short term disability and supplemental life insurance. (Note: if STD or Supp Life is dropped, will be required to submit evidence of insurability to re-enroll.) 	<ul style="list-style-type: none"> ▪ Approval letter or e-mail for the leave
<i>Returning from an Unpaid Leave</i>	<ul style="list-style-type: none"> ▪ May re-enroll in any benefits in which you were enrolled in prior to going on the leave if this occurs during the same Fiscal Year. ▪ Evidence of insurability required for both Short Term Disability and Supplemental Life Coverage. ▪ New benefits may be added if the return date is after the beginning of the new fiscal year and Open Enrollment was missed. 	<ul style="list-style-type: none"> ▪ Doctor's release ▪ Confirmation of return to work
<i>Spouse's Open Enrollment</i>	<ul style="list-style-type: none"> ▪ May add or drop medical, dental and vision coverage. ▪ No other changes can be made. 	<ul style="list-style-type: none"> ▪ Enrollment form ▪ Online Benefits Statement

Life Status Change Guide

<i>Change of Status</i>	<i>Changes to Coverage</i>	<i>Document Examples</i>
<i>Death (Dependent Child or Spouse)</i>	<ul style="list-style-type: none"> ▪ Deceased dependent or spouse will be dropped from all coverage. ▪ No other changes can be made. 	<ul style="list-style-type: none"> ▪ Death Certificate
<i>Death (Employee)</i>	<ul style="list-style-type: none"> ▪ All coverage will be automatically terminated. ▪ Dependent may continue health-related coverage through COBRA. ▪ Life insurance coverage on dependents will be dropped and may be converted to individual policies. 	<ul style="list-style-type: none"> ▪ Death Certificate
<i>Health Exchange Enrollment</i>	<ul style="list-style-type: none"> ▪ Employee, spouse and children can be dropped from medical coverage provided they are added to the health exchange coverage. ▪ Employee must be eligible for a special enrollment period to enroll in a qualified health plan through the marketplace or during the marketplace's annual enrollment period. ▪ Proof of enrollment in the marketplace coverage must be provided prior to the start date of the health exchange enrollment. ▪ No other changes can be made. 	<ul style="list-style-type: none"> ▪ Copy of Enrollment Form ▪ Online Enrollment Confirmation

ASRS RETIREMENT

Arizona State Retirement System (ASRS)

602.240.2000

www.azasrs.gov

What is the Arizona State Retirement System (ASRS)?

The ASRS is a pension program. State employees contribute a percentage of their earnings to the ASRS fund. Dysart Unified School District matches a portion of the employees' contribution and the district's portion is calculated into a retiree's lifetime benefit and is not put into the employee's account. Employees who became an ASRS member prior to July 1, 2011, and who are requesting a refund (not a pension) are eligible for a percentage of the district pool of funds (25% after 5 years of service, 100% after 10 years of service).

Who has to participate in the ASRS?

All employees who are hired to work 20 or more weeks per year, for 20 or more hours per week must participate in the ASRS. This includes substitutes. You may not decline enrollment, nor change the amount deducted. Exception: a newly hired employee over the age of 65, who is not an Active ASRS member can apply for a 65+ Waiver. Retirees who did not terminate employment with the district are also required to contribute to the ASRS for each fiscal year when they reach the 20/20 rule. New retirees are cautioned to watch the number of hours worked in the first 365 day's post retirement since their pensions could be suspended if the 20/20 rule is met.

What services does ASRS provide?

The ASRS provides retirement benefits, long-term disability, retiree health insurance, retiree health insurance premium supplement and survivor benefits.

How much is my contribution into ASRS?

12.03% of 12.17% contribution rate is for employee's retirement account. The remaining 0.14% is for the ASRS Long-Term Disability benefit.

What is the Long-Term Disability benefit?

ASRS provides, upon approval, long-term disability coverage for any contributing employee who has been unable to work due to a medical disability for over six (6) months. An approved leave of absence is required. Benefits are normally 66% of their annual gross salary.

What if I leave employment with Dysart Unified School District (DUSD)?

You can leave the money you have contributed to the ASRS in the system. This is especially beneficial if you may work for another State of Arizona employer in the future. You may also opt to cash out your account. If you request a refund, you will lose the years of service credited to your account and you will pay tax. Before you make a decision, you are encouraged to meet with a tax advisor to understand the laws and regulations regarding your contributions.

How do I get more information about ASRS and how it will fit into my retirement planning?

You are encouraged to login to your account at azasrs.gov and review eligibility, calculators available and the road map to retirement.

I'm getting ready to retire, what should I do?

See the azasrs.gov website for the Retirement Central information. ASRS information can also be found on the Payroll & Benefits website.

If I retire (ASRS) and Return to Work for an ASRS Employer?

You must first fill out a return to work form on your ASRS account. You will be told of any restrictions.

457 AND 403(B) RETIREMENT SAVINGS PLANS

What are 457 and 403(b) Plans?

These are district sponsored, tax advantaged defined contribution retirement plans that are available for Dysart employees. We provide the plan and the employee defers compensation into it on a pre-tax basis.

What makes a 457 plan different from an IRA or traditional 401(k) plan or 403(b) plan?

If you leave employment with DUSD or decide to retire early, you can draw from a 457 account without an early withdrawal tax-penalty. Remember, the money will be subject to regular taxation but you are not penalized for taking the money early.

When can I enroll into a 457 or 403(b) plan?

Unlike most other benefits, enrollment is open throughout the year. You can begin contributing, change your elections or stop your contributions at any time during the year.

Who manages my account?

Dysart has partnered with TSA Consulting Group, a third-party administrator who will manage 403(b) and 457(b) accounts. Visit www.tsacg.com (select AZ and Dysart) for additional information on accounts and contact information.

How can I sign up for a Plan?

See the approved vendor list under Forms/Resources on the Payroll & Benefits Website. You must set up an account with one of these vendors before you can begin contributing. We encourage that you meet with your vendor outside the school or at district office since agents are not allowed at any site.

What if I already have an account?

For transactions, loans, withdrawals, etc. see the Transaction Routing Request form on the Payroll & Benefits website or on www.tsacg.com. To modify your Salary Reduction Agreement, see the Salary Reduction Agreement Forms on the Payroll & Benefits website.

COBRA

P&A GROUP

800.688.2611

<http://www.padmin.com>

Payment Line: 1-800-688-2611 ext. 6742

What is COBRA?

COBRA is a Federal law that gives employees the opportunity to continue coverage through Dysart's group insurance plans if the employee has a qualifying event that resulted in the loss of health coverage.

What is a COBRA qualifying event?

A qualifying event includes: Termination of employment for reasons other than gross misconduct; Reduction of work hours (including Non-FMLA leave); Divorce; Dependent over age 26; Medicare enrollment and Death of Employee. Missing the annual mandatory Benefits Open Enrollment is not a qualifying event.

How do I continue coverage with Dysart Unified School District?

When you or a dependent (excludes domestic partners) lose medical, dental, or vision plan coverage due to a qualifying event, P&A Group will send you COBRA enrollment materials to your last known address.

What benefits may I continue via COBRA?

You may continue the Medical, Dental, Vision, EAP and Teladoc. You will be allowed to change your elections for July 1st each year during Open Enrollment.

Who is eligible for benefits under COBRA?

If you or any eligible dependents were covered under our benefits program as an employee, you and your dependents are eligible to continue coverage. Note: Domestic Partners are not eligible for continuation of benefits.

What is the initial enrollment process into COBRA?

When you have lost health coverage due to a qualifying event, P&A Group, our COBRA administrator will send you COBRA enrollment materials to continue your coverage. You will then have 60 days from the date your benefits terminated to elect continuing coverage. Your COBRA coverage will be retroactive to the date your coverage would have terminated. Note: COBRA will not be activated until premiums are paid and have cleared at P&A Group. Late payments will result in the termination of your COBRA benefits. Reinstatement of benefits will not be allowed.

What if I would like to change plans?

When you elect COBRA, you will be covered under the same plan you had as an employee. You cannot make changes until the next Open Enrollment period.

What if I am late enrolling into COBRA?

It is your responsibility to insure you respond to the COBRA notification and meet all the deadlines referred to in the information. The guidelines and law are very clear regarding the deadlines for enrollment. If you do not meet these deadlines, you will not be allowed to enroll.

What if I do not receive my COBRA notification via U.S. mail?

You should contact P&A Group immediately at the number listed above to request new information be sent or contact the Payroll & Benefits department.

Why is COBRA coverage so expensive?

Because you are now paying the total cost for coverage. This is the cost that the District has paid for the coverage during your employment at Dysart plus the employee premium. In most cases, the cost of the coverage is only increased by 2%, as allowed by Federal law, to recover the administration costs of managing your COBRA policy. In cases where an extension of COBRA has been granted due to a Social Security disability, COBRA coverage can be increased for a total of 150% during the 11-month extension period.

COBRA

P&A GROUP

800.688.2611 Payment extension is 6742

<http://www.padmin.com>

Note that late payments to our COBRA administrator will result in the termination of your COBRA benefits. Reinstatement of benefits will not be allowed.

Remember – This is merely an overview regarding COBRA and its related regulations. Other portions of the law may apply to you that are not listed above. You are encouraged to contact P&A Group if you have specific questions regarding your situation.

COBRA Monthly Rates for 2022-2023 Medical, Dental, Vision and Teladoc

	BLUE CROSS BLUE SHEILD/MAGELLAN Rx		
	HSA 3000		PPO 2500
Single	\$ 603.84		\$759.20
Single +Spouse	\$1,326.48		\$1,670.22
Single +Child(ren)	\$1,025.01		\$1,290.63
Single +Family	\$1,676.19		\$2,110.55

	TDA PREPAID	DELTA DENTAL
	Prepaid DMO	PPO
Single	\$10.55	\$33.52
Single +Spouse	\$20.27	\$67.03
Single +Child(ren)	\$25.02	\$70.39
Single +Family	\$30.71	\$100.55

	AVESIS
	Vision
Single	\$6.15
Single +Spouse	\$11.63
Single +Children	\$12.67
Single +Family	\$16.32

TELADOC
\$2.55 per month

\$10 copay/visit

■ GLOSSARY ■

Annual Deductible	The annual amount you owe for healthcare services before your health plan begins to pay.
Coinsurance	Your share of the cost of healthcare services (20% in-network) after the annual deductible has been met.
Copay	Fixed amount you owe for a covered healthcare service on the PPO 2500 medical plan. Office visits and prescription drugs will have a copay.
Flex Dependent Care Account	A tax-advantaged account used to pay for eligible day care expenses. The amount you contribute tax free per pay check goes into your Dependent Care account to draw upon. This is a “use it or lose it” account and funds must be used by June 30 th .
Flex Medical Account	A tax-advantaged account used to pay for eligible medical, dental or vision expenses if you are NOT enrolled in an HSA Medical plan. If you are enrolled in an HSA Medical plan, and enroll in a Flex Medical Plan, the Flex plan becomes limited to only dental and/or vision eligible expenses. Amount selected during enrollment is preloaded onto your “white & teal” Visa card. This is a “use it or lose it” account and funds must be used by June 30 th .
Health Savings Account	A tax-advantaged account used to pay for eligible healthcare expenses. An account is set up for you if you enroll in an HSA medical plan. You will receive a “white & purple” Visa card. Individual and District contributions are deposited to this account and any unused portions roll over from year to year.
In-Network	Doctors/facilities/providers who are contracted with the insurance carrier to provide in-network services. In-network providers can be found on each carrier’s website. Your deductible and out of pocket amounts are lower when you use in-network providers.
Out of Network	Doctors/facilities/providers who are not contracted with the insurance carrier. You will pay more for these services and your deductible and out of pocket amounts will be greater.
Out of Pocket	The annual amount you owe for healthcare in a given calendar year. The plan pays 100% after your out-of-pocket is met.