# BENEFITS ENROLLMENT GUIDE

Plan Year July 1, 2014 – June 30, 2015



For Employees of the Phoenix Union High School District

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### **ENROLLING FOR BENEFITS**

You have **30 days** from your contracted date of hire to enroll in the following benefits:

- Medical Coverage
- Dental Coverage
- Short Term Disability Coverage
- Supplemental Life Insurance
- Medical Reimbursement Account (MRA)
- Dependent Care Account (DCA)

In addition to the benefits listed above, you will also need to elect a beneficiary for your District provided life Insurance policy.

You enroll in your benefits online using Employee Self Service (ESS); detailed instructions are included in this packet. If your contract starts between the 1<sup>st</sup> and the 15<sup>th</sup> of the month, your insurance will be effective the first day of the following month. If your contract starts between the 16<sup>th</sup> and the end of the month, your insurance will be effective the first day of the second following month.

As a PUHSD employee, you have access to many other benefits and perks that you will find described in this guide. Some of these benefits are available to you immediately, others have waiting periods.

#### How to enroll in the District's insurance

- ✓ Read through this Guide carefully. This Guide gives you important information to help you understand all of your benefit options.
- ✓ Decide which benefits are best for you and your family.
  - The District offers you a choice of three medical plans, two dental plans, voluntary life insurance, a short-term disability plan, and pre-tax flexible spending accounts.
- ✓ Complete your online enrollment within 30 days of your contract start date.
  - Note: All medical and dental benefit deductions will be **pre-tax**. If you want to pay your premiums with **after-tax dollars**, please contact Cyndy Nelke at **nelke@phoenixunion.org** and ask for the "Flex Plan Option Form".
- ✓ Return your completed and signed Short Term Disability form, if applicable, to the District Employee Benefits Office. Failure to do so will result in the disqualification of this insurance election. This form will be available for download during the online enrollment process.
- ✓ Verify that all applicable insurance deductions are being taken from your check. Please contact the Employee Benefits Office with any discrepancies.

Note: If you fail to complete your online enrollment within your 30-day election period, you will be defaulted into the free Medical Insurance on the Middle Option only. You will have to wait until the next Open Enrollment to elect any additional insurance benefits.

#### Who's eligible?

You are eligible if you are:

✓ a contracted employee working a minimum of 24 hours per week

Your legal dependents include your:

- ✓ lawful spouse; and
- ✓ natural children, adopted children or children placed for adoption, stepchildren, children under a QMCSO, children under a legal guardianship order and/or foster children who are under age 26, whether married or unmarried and disabled adult children who meet the eligibility requirements of the plan.

#### Changing your coverage during the Year

Medical and dental premiums are deducted from your paycheck on a pre-tax basis—giving you the advantage of not paying tax on your healthcare premium dollars (unless you let us know that you want to pay premiums with after tax dollars by completing the Flex Plan Options form).

With the pre-tax feature, you cannot change your elections until the next open enrollment period unless you have a qualified change in status that affects your benefits, such as a birth, adoption, dependent losing dependent status, marriage, divorce or death. To make a change, you must initiate a Life Event via ESS within 31 days of the qualifying change in status. For more information, contact the District Employee Benefits Office.

#### Paying for your benefits

The District will contribute 100% of the cost for employee medical coverage for the Middle and Low Option plans, and a large portion of the premium for the High Option Plan. The District also provides free life and mid-term disability insurance. The premiums and corresponding deduction amounts for our other insurance options are referenced in the applicable benefit sections.

# **MEDICAL PLANS**

The District's medical insurance gives you a choice of three medical plan options. Understanding the differences between the medical plan options can help you decide which plan is best for you and your dependents. These plan options are preferred provider organization (PPO) plans accessing the Blue Cross Blue Shield of Arizona (BCBSAZ) network of providers. With PPO plans, you can see any provider you wish, but you get greater cost savings by using in-network PPO physicians, hospitals, labs and urgent care centers. This is important to consider since you share in the cost of care in the form of copays and coinsurance. For more detailed information, see the BCBSAZ Summary of Benefits available @www.phoenixunion.org.

#### **Medical coverage options**

You must enroll online even if you are only electing the free medical insurance. You may choose from the following options or "decline" coverage:

- ✓ High Option Plan
- ✓ Middle Option Plan

#### ✓ Low Option Plan

Each plan option utilizes the BCBSAZ network of providers. You can use non-network providers, but you pay more for those services.

#### **High Option Plan**

This is the option with the lowest deductible, but also the most expensive plan that the District offers. You must meet an annual deductible before the plan begins to pay certain eligible expenses. You may also have additional costs in coinsurance and co-pays.

#### **Middle Option Plan**

This is the District's default plan. The District pays 100% of the employee's premium for this plan. You must meet an annual deductible before the plan begins to pay certain eligible expenses. You may also have additional costs in coinsurance and co-pays.

#### **Low Option Plan**

This plan option may be preferred if you need medical insurance for your family and desire a lower monthly premium. The District pays 100% of the employee premium in addition to a portion of the dependent premium. You have an annual deductible to meet and you share in the cost with higher coinsurance and co-pays.

#### **Prescription drug benefits**

You have prescription drug coverage utilizing the BCBSAZ tiered co-pay pharmacy benefit. BCBSAZ classifies outpatient prescription drugs in 4 levels. Your co-pay is lowest at Level 1.

Tip: For the greatest cost savings, verify that your prescribed medication is on the Prescription Medication Guide. A copy of the listing is available online at www.azblue.com. Also, remember to discuss generic equivalents with your provider.

#### Terms to Know

**Access Fees**. Like a co-pay, this is the amount you pay at the point of care at provider facilities, such as emergency room visits at hospitals.

**Co-insurance.** A percentage of the cost for a covered service that the insured person is responsible for paying.

**Co-pay.** A set amount the insured person pays for a covered health-related service or supply.

**Deductible**. The amount you must pay each plan year for certain services/supplies before benefits are paid.

*Out-of-pocket Maximum (OOP Max)*. The maximum amount of co-insurance you pay each year in healthcare expenses (excluding deductibles, co-pays and access fees) before the plan starts paying 100% of most covered expenses.

#### **MEDICAL PLAN COMPARISON**

The following chart compares the highlights of our three medical plans. For more detailed information, please refer to the BCBSAZ Summary of Benefits on the District website @ www.phoenixunion.org.

BCBS PPO Plan Comparison						
In-Network Only	14/15 Plan Year					
•	High	Middle	Low			
Individual Deductible	\$200	\$500	\$1,000			
Office Visit PCP/Specialist co-pay	\$15/\$25	\$15/\$25	\$25/\$35			
OOP Max Individual/Family	\$1000/\$2000	\$1000/\$2000	\$3000/\$6000			
Emergency Room co-pay	\$150	\$150	\$150			
Urgent Care co-pay	\$35	\$35	\$50			
Coinsurance	90%	80%	80%			
Prescription Drugs (Rx)	\$10/\$40/\$60/\$80	\$10/\$40/\$60/\$80	\$10/\$40/\$60/\$80			

Coinsurance is based on the BCBSAZ allowed amount for covered services and is subject to the plan year deductible.

#### **Paying for your Medical Benefits**

The chart below shows what you would pay in premiums for medical coverage for the 2014/2015 plan year. The biweekly payroll deduction amount is based on <u>24</u> deductions per plan year if you are a 12 month employee and <u>21</u> deductions per plan year if you have a less than 12 month work contract. Please note: if your insurance deductions start late due to your date of hire, you may have a second "catch-up" deduction to recoup any missing premiums.

2014-2015 Employee Premiums							
			Biweekly		Biweekly		
Medical Plans	Monthly		12 Month Contracts		< 12 Month Contracts		
High Option							
Employee	\$	52.87	\$	26.43	\$	30.21	
Employee + 1	\$	619.13	\$	309.57	\$	353.79	
Employee + 2 or more	\$	1,021.91	\$	510.96	\$	583.95	
Middle Option							
Employee	\$	-	\$	-	\$	-	
Employee + 1	\$	513.45	\$	256.73	\$	293.40	
Employee + 2 or more	\$	863.58	\$	431.79	\$	493.47	
Low Option							
Employee	\$	-	\$	-	\$	-	
Employee + 1	\$	389.68	\$	194.84	\$	222.67	
Employee + 2 or more	\$	678.11	\$	339.06	\$	387.49	

## **Dental Plans**

The District offers two dental plan options. Dental coverage is independent of medical coverage; you can elect to participate in a dental plan even if you waive medical coverage.

#### **Dental Coverage Options**

**You must enroll online even if you don't want dental insurance.** You may choose from the following options or "decline" coverage:

- ✓ TDA Prepaid Plan; or
- ✓ Delta Dental Indemnity Plan.

#### **Total Dental Administrators (TDA)**

TDA has an extensive network of providers throughout Arizona. The Prepaid Plan provides coverage for services and treatment for diagnostic, preventive, restorative, and routine oral surgery. There is no copay for most preventive and diagnostic services. Additional services are paid according to the TDA fee schedule. For more detailed information on the fee schedule, please refer to the TDA Summary of Benefits on the District website @ www.phoenixunion.org. Note: To receive benefits, you must use TDA providers.

#### **Delta Dental's Indemnity Plan**

The Indemnity Plan utilizes the Delta Dental network of dentists, or you can see any dentist and submit a claim form for reimbursement. Reimbursement is based on Delta Dental's fee schedule. This plan covers preventive dental services such as oral cleanings, examinations, and X-rays. Preventive care is covered at 100% with no deductible. Basic services are covered at 80% and major services are covered at 50% after you have been on the plan for 6 months (continuous). Orthodontic services are available for children, 8 to 18 years old, after 12 months (continuous) on the plan.

#### **Paying for your Dental Benefits**

The chart below shows what you would pay in premiums for dental coverage for the 2014/2015 plan year. The biweekly payroll deduction amount is based on <u>24</u> deductions per plan year if you are a 12 month employee and <u>21</u> deductions per plan year if you have a less than 12 month work contract. Please note: if your insurance deductions start late due to your date of hire, you may have a second "catch-up" deduction to recoup any missing premiums.

	2014-201	oloyee	: Premiur	ns					
						Biweekly		Biweekly	
Dental Plans	Monthly		12 Mor	nth Contracts	< 12 Mc	onth Contracts			
<b>Total Dental Administrato</b>	rs								
Employee	\$	9.01	\$	4.51	\$	5.15			
Employee + 1	\$	18.03	\$	9.02	\$	10.30			
Employee + 2 or more	\$	23.76	\$	11.88	\$	13.58			

#### **Delta Dental of AZ**

Employee	\$ 35.50	\$ 17.75	\$ 20.29
Employee + 1	\$ 71.00	\$ 35.50	\$ 40.57
Employee + 2 or more	\$ 93.72	\$ 46.86	\$ 53.55

## **LIFE & AD&D INSURANCE**

#### **BASIC LIFE INSURANCE**

Basic life insurance coverage via MetLife is provided to all eligible employees. This coverage is automatic and paid 100% by the District. You receive one times your base annual earnings with a minimum benefit of \$25,000 (maximum benefit restrictions may apply). Please designate a beneficiary during the on-line enrollment process.

#### **VOLUNTARY LIFE INSURANCE**

In addition to your District-paid life insurance, you have the option to purchase additional (voluntary) life insurance, underwritten by AETNA Insurance Company. You can purchase coverage for yourself, your spouse and your dependent child(ren).

You must enroll Online even if you are not electing this coverage.

#### **Coverage options**

You may decline coverage or apply for voluntary life insurance coverage for you and your spouse in increments of \$10,000, to a maximum of \$300,000. Note: You must have employee coverage to elect spouse coverage and your spouse cannot have higher coverage than you. Also, employees cannot have personal coverage and be covered as a spouse through another District employee.

You may also apply for the following voluntary life insurance coverages for your dependent child(ren):

- ✓ Age 15 days to 6 months: \$1,000
- ✓ Age 6 months to age 26: \$2,500, \$5,000, \$7,500 or \$10,000.

You must have employee coverage to elect child(ren) coverage. You pay only one premium to cover all your children. The unit of coverage is the same for all your children, however, for children between 15 days and 6 months of age, the benefit is \$1,000. At 6 months, the benefit automatically jumps to the coverage unit you elect.

Note: You can apply for voluntary life insurance only during the annual open enrollment period if you do not apply as a new hire.

#### **Evidence of Insurability (EOI)**

If you apply for more than the guaranteed issue amount of \$50,000 for you and your spouse, you must provide proof of good health (evidence of insurability) and be approved for the additional coverage.

Voluntary life insurance rates for you and your spouse are based <u>on your age</u>. The monthly rates are listed below. Premiums for voluntary life insurance benefits are set up through payroll deductions on an after-tax basis.

AETNA Supplemental Life Insurance									
Employee									
<u>Age</u>	<u>Under 30</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65+</u>
Rate per \$1000	\$ .032	\$.041	\$ .050	\$ .072	\$ .114	\$ .191	\$ .283	\$ .426	\$ .610
Spouse									
Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rate per \$1000	\$ .032	\$.041	\$ .050	\$ .072	\$ .114	\$ .191	\$ .283	\$ .426	\$ .610

Cost for Child(ren) \$2,500 = \$.053, \$5,000 = \$.106, \$7,500=\$.159, \$10,000=\$.212

## **DISABILITY INSURANCE**

#### **LONG-TERM DISABILITY**

Long-term disability insurance provides a weekly income of up to 66 2/3% of your base monthly pay. Coverage is provided through the Arizona State Retirement System and is available after six months of disability and after you have exhausted any remaining sick leave.

This coverage is provided automatically for employees. Please call Sedgwick CMS with any questions you have regarding LTD benefits at 1-800-495-9301.

#### **MID-TERM DISABILITY**

Mid-term disability insurance provides a weekly income of up to 66 2/3% of your base weekly pay (maximum of \$2,500) for a maximum of 90 calendar days if you cannot work due to a non-occupational, accidental injury or illness (including pregnancy). Benefits are available after a 90-day waiting period and after you have exhausted any remaining sick leave.

This coverage is provided automatically for employees and paid for by the District.

#### **SHORT-TERM DISABILITY**

Short-term disability (STD) insurance provides you with income of up to two-thirds of your base monthly salary if you are totally disabled and unable to work. Benefits start on the sixth day of disability and are payable for up to 90 calendar days. *This benefit has a workers' compensation exclusion and pre-existing condition limitations applies to all applications (new and increases).* 

You must enroll Online even if you are not electing this coverage.

#### **STD** coverage options

You may decline or apply for STD benefits. **If you are applying for coverage, you must apply online and complete the Assurant application form.** STD has a guaranteed issue of \$5000 for New Hires; this means that you cannot be turned down for coverage up to this amount if your base 2014/2015

contract salary supports it. Election amounts greater than \$5000/month must be approved by the carrier.

You pay for this benefit through payroll deductions and rates are based on the amount of benefit you elect and are shown in the STD rate chart below. You can elect any benefit level up to your maximum gross annual salary.

Assurant – STD						
Minimum	Maximum			Biweekly Deduction		
Gross	Monthly	Monthly	Biweekly Deduction	<12 Month		
<b>Annual Salary</b>	<u>Benefit</u>	<u>Premium</u>	12 Month Contract	<u>Contract</u>		
\$6,480.00	\$360.00	\$5.83	\$2.92	\$3.33		
\$9,180.00	\$510.00	\$8.26	\$4.13	\$4.72		
\$13,500.00	\$750.00	\$12.15	\$6.08	\$6.94		
\$18,000.00	\$1,000.00	\$16.20	\$8.10	\$9.26		
\$21,600.00	\$1,200.00	\$19.44	\$9.72	\$11.00		
\$27,000.00	\$1,500.00	\$24.30	\$12.15	\$13.89		
\$30,600.00	\$1,700.00	\$27.54	\$13.77	\$15.74		
\$36,000.00	\$2,000.00	\$32.40	\$16.20	\$18.51		
\$40,500.00	\$2,250.00	\$36.45	\$18.23	\$20.83		
\$45,000.00	\$2,500.00	\$40.50	\$20.25	\$23.14		
\$49,500.00	\$2,750.00	\$44.55	\$22.28	\$25.40		
\$54,000.00	\$3,000.00	\$48.60	\$24.30	\$27.77		
\$58,500.00	\$3,250.00	\$52.65	\$26.33	\$30.09		
\$63,000.00	\$3,500.00	\$56.70	\$28.35	\$32.40		
\$67,500.00	\$3,750.00	\$60.75	\$30.38	\$34.71		
\$72,000.00	\$4,000.00	\$64.80	\$32.40	\$37.03		
\$76,500.00	\$4,250.00	\$68.85	\$34.43	\$39.34		
\$81,000.00	\$4,500.00	\$72.90	\$36.45	\$41.66		
Additional Levels	of Coverage an	e availahle				

Additional Levels of Coverage are available.

# **FLEXIBLE SPENDING ACCOUNTS (FSAs)**

Flexible Spending Accounts (FSAs) allow you to set aside a portion of your pay on a pre-tax basis to be used at a later date to reimburse yourself for certain out-of-pocket expenses. By taking advantage of pre-tax deductions, you maximize your take-home pay.

#### **FSA options**

You must enroll Online if you want this coverage.

You can decline coverage or choose to enroll in one or both FSAs:

- ✓ Medical Reimbursement Account (MRA)
- ✓ Dependent Care Spending Account (DCA)

#### **How FSAs work**

You contribute with pre-tax deductions from your pay into one or both accounts up to the maximum permitted (as outlined below). Then you use the money in your accounts to reimburse yourself for eligible expenses incurred between your contracted day of hire and June 30, 2015.

Medical Reimbursement Account Max: Dependent Care Spending Account Max: \$2,500/year \$5,000/year

**Debit Card** – The District will be utilizing the Debit Card Option for the 2014/15 plan year. This card will enable you to pay for certain eligible expenses up-front rather than going thru the reimbursement process.

Note: If you are enrolling in a MRA for the 2014/2015 plan year and will be reenrolling for the 2015/2016 plan year, do not destroy your Debit Card when your funds are exhausted. You will be using the same card for the 2015/2016 plan year; it will be re-funded on 7/1/15.

Because FSA deductions are taken from your pay before taxes are withheld, you avoid paying taxes on that money.

The following are some examples of eligible medical and dependent care expenses that can be reimbursed from your Medical Reimbursement Account or Dependent Care Spending Account:

- ✓ Annual deductibles
- ✓ Coinsurance
- ✓ Co-pays for medical care and prescription drug co-pays
- ✓ Dental expenses that are not covered (excluding cosmetic)
- ✓ Vision expenses that are not covered
- ✓ Hearing aid expenses
- ✓ Over the counter (OTC) drugs/medications (these require a physician prescription, except for insulin).
- ✓ Special equipment for the handicapped that are not covered
- ✓ Child or elder care, when care is given to allow you to work

If you have any questions as to whether an expense is eligible for coverage, call BASIC at (800) 444-1922 ext 1 or visit them online, <a href="https://www.basiconline.com">www.basiconline.com</a>.

#### Contributions

Your elected FSA contributions will be deducted automatically each pay period. Maximum contributions are shown below. Employees who have spouses that are enrolled in a HSA Qualified Plan are subject to different limitations. If you fall in this category, please contact BASIC (800) 444-1922 ext 1 or www.basiconline.com for clarification.

To estimate how much you want deducted each pay period; calculate your eligible expenses for the plan year. Note: your plan year will run from your insurance effective date through 6/30/2015. The worksheet below is designed to help you do this.

Worksheet: Estimate Your FSA Expenses for 2014/2015						
Medical		Dependent Care				
Deductibles/Co-pays	\$	Childcare Expenses	\$			
Prescription Drugs	\$	Elder Care Expenses	\$			
Glasses, Contact lenses, etc.	\$	Other Eligible Expenses	\$			
Hearing Aids and Batteries	\$					
Dental Expenses	\$					
Other Eligible Expenses	\$					
Total per Year*	\$	Total Per Year*	\$			

<sup>\*</sup>Once you determine your expenses for the plan year, you will need to divide it by the # of remaining payroll deductions for the plan year to determine your deduction amount.

Medical Reimbursement Account Max: Dependent Care Spending Account Max:

\$2,500/year \$5,000/year

#### Use-it-or-lose-it rule

The amount you choose to contribute each year should reflect your best estimate of expected eligible out-of-pocket expenses—and maybe a little less—because the IRS requires that any unused funds in your account at the end of the plan year be forfeited, so estimate your expenses carefully.

Note: You can continue to file claims until September 28, 2015, for expenses incurred between your insurance effective date and June 30, 2015.

# **ADDITIONAL BENEFITS**

#### **EMPLOYEE ASSISTANCE PROGRAM**

The employee assistance program (EAP) is an employer-paid benefit for employees and their dependent family members. **Deer Oaks** is the EAP provider, with professionals available throughout Arizona.

The EAP provides a full range of counseling, educational, and referral services for individuals and families, such as:

- ✓ marriage concerns
- ✓ stress and job-related issues
- ✓ child and domestic abuse issues
- ✓ chemical dependency assessments.

You receive up to six counseling sessions per person per problem per plan year. Any services you receive are kept strictly confidential.

**Deer Oaks** can help. You can reach Deer Oaks 24 hours a day, seven days a week, toll free at 866-327-2400 or find information online at www.deeroaks.com; **LOGIN and Password = PUHSDEAP** 

#### **DISTRICT SPONSORED 403B & 457 PLANS**

All employees, including part-time and temporary employees, are eligible to establish payroll deductions for contributions into the District Sponsored 403b & 457 Plans.

The contact information for the contracted vendors, ING, MetLife, and Security Benefit, is referenced on the following page:

#### **ING** Representative

**Carol Reicks** 

Office Phone: 623-251-6127 Email: <u>Carol.Reicks@ingfp.com</u>

#### MetLife Representative

**David Hickson** 

Office Phone: 480-473-0117 Email: <a href="mailto:dhickson@metlife.com">dhickson@metlife.com</a>

#### Security Benefit Representative

Nick Hileman

Office Phone: 623-552-0412

Email: <u>nick@przewlockijames.com</u>

This Enrollment Guide contains highlights of the Phoenix Union High School District benefits program. Complete information can be found in the plan's legal documents (Plan Document/Summary Plan Description). If there is a conflict between this Guide and the plan's legal document, the legal documents will prevail. Phoenix Union High School District reserves the right to amend, replace or terminate any benefit program at any time for any reason. If one of these events occurs, you will be notified. Receipt of this Guide does not guarantee benefits eligibility.

# **Frequently Asked Questions**

#### 1. Can I enroll in my benefits prior to my hire date?

No, you will not be able to access your Benefits on ESS until your contracted date of hire. You will be notified by email when the enrollment portal is available for your use.

#### 2. Is there a deadline for submitting my benefits elections?

Yes. You have **30 days** from your contracted date of hire date to submit your elections, as well as the supporting documentation if you are electing Short Term Disability.

# 3. Once I have submitted my elections, can I still make changes if it is within the 30-day enrollment period?

No. According to Section 125 IRS regulations, once you have submitted your elections you cannot make any changes until the next annual Open Enrollment period unless you experience an IRS-defined change in status.

#### 4. What if I miss the 30-day enrollment period for benefits?

If you fail to complete your online enrollment within your 30-day election period, you will be defaulted into the free Medical Insurance on the Middle Option only. You will have to wait until the next Open Enrollment to elect any additional insurance benefits unless you experience an IRS-defined change in status.

#### 5. When will my coverage start?

If your contract starts between the 1<sup>st</sup> and the 15<sup>th</sup> of the month, your insurance will be effective the first day of the following month. If your contract starts between the 16<sup>th</sup> and the end of the month, your insurance will be effective the first day of the second following month.

#### 6. Who can I cover on my insurance?

Your legal dependents include your:

- √ lawful spouse; and
- ✓ dependent, biological, step or legally adopted child(ren) who are under age 26, whether married or unmarried.

# 7. I currently have other medical and/or dental coverage outside of PUHSD. Can I defer my enrollment in the PUHSD sponsored plans for these benefits until my current/other coverage ends?

Yes. If you wish to defer your enrollment until your current (other) coverage ends, DO NOT elect PUHSD coverage for these benefits when you enroll in your insurance benefits via ESS. Once your other coverage ends, you will have 31 days to Report a Life Event via ESS to initiate enrollment into the deferred coverage. Note: You will also need to include a letter from your former employer or insurance carrier stating you were enrolled in medical and/or dental coverage and the date that the coverage terminated. If you are enrolling a spouse and/or children, they will need to be listed in the letter.

#### 8. When is the next scheduled Open Enrollment period for PUHSD?

PUHSD always holds their Open Enrollment during the month of May for a 7/1 effective date.

# 9. What is the difference between a Medical Reimbursement Account (MRA) and a Dependent Care Account (DCA)?

The MRA provides a way for you to pay predictable, eligible out-of-pocket medical, dental and/or vision care expenses for you and your eligible dependents with before-tax dollars, thus saving you money. Examples of eligible expenses for a MRA are:

- Copayments for office visits and prescriptions
- Coinsurance and deductibles
- Dental expenses beyond dental plan annual maximums
- Eyeglasses, lenses, contact lenses

The DCA provides a way for you to pay, predictable expenses associated with the care of a dependent child under age 13 or a disabled dependent claimed on your tax return so that you (and your spouse) can work or look for work with before-tax dollars.

Examples of eligible expenses for a DCA are:

- Dependent care providers
- Daycare facility, including senior center
- After-school care

If you have any questions as to whether an expense is eligible for coverage, call BASIC at (800) 444-1922 ext 1 or visit them online, <a href="https://www.basiconline.com">www.basiconline.com</a>.

#### 10. Does the PUHSD provide vision coverage?

Vision benefits are a part of the District's medical insurance. The PUHSD does not have a separate vision plan.

#### 11. If I sever my employment with the PUHSD, when do my benefits end?

All insurance benefits via the PUHSD will be cancelled the last day of the month in which your contracted employment with the District ends regardless of when you notify the District. For example, if you resign at/after the end of this year's contract, your insurance would terminate effective 5/31/15 because your contracted employment would end on May 22, 2015.

#### 12. Do my benefits continue during the summer when I am not on contract?

If you are returning to the PUHSD for the following school year, your benefits will remain "Active" for the summer. Our deduction schedule is designed so that you pay for your benefits during the months when you are actively working.

## **FOR MORE INFORMATION**

 ✓ Phoenix Union High School District Employee Benefits Office Center for Educational Services (CES)
 4502 N. Central Avenue, Phoenix, AZ 85012
 (602) 764-1538
 nelke@phoenixunion.org

Medical Plan Provider Network
 (PPO Preferred and Participating Only In-Network Providers)
 Blue Cross and Blue Shield of Arizona (BCBSAZ)
 (602) 864-4861
 www.azblue.com

✓ Total Dental Administrators Health Plan, Inc. (602) 266-1995
<a href="https://www.totaldentaladmin.com">www.totaldentaladmin.com</a>

✓ Delta Dental (602) 938-3131 www.deltadentalaz.com

✓ Life and AD&D Insurance Employee Benefits Office (602) 764-1538

www.phoenixunion.org

 ✓ Voluntary Life Insurance - AETNA (602) 764-1538
 www.phoenixunion.org

 ✓ Mid-term Disability Coverage Employee Benefits Office (602) 764-1538
 <u>www.phoenixunion.org</u>

 ✓ Short-term Disability Coverage - Assurant Eleanor Brockhurst and Associates (602) 263-9265
 meredithmoore@brockhurstassociates.com

- ✓ Long-term Disability Coverage Sedgwick CMS through the Arizona State Retirement System (800) 495-9301
- ✓ Flexible Spending Accounts BASIC (800) 444-1922 ext 1 www.basiconline.com
- ✓ Employee Assistance Program (EAP) Deer Oaks (866) 327-2400
   <u>www.deeroaks.com</u>