Employee Benefits Guide 2023 - 2024

Let's focus



Colorado River Union High School District



TABLE OF CONTENTS

Enrollment Information
Qualifying Life Event4
COBRA
Medical Plan Information5
Medical Plans6
Health Savings Account (H.S.A.)
Telemedicine8
Dental Plans

INTRODUCTION

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

Colorado River Union High School District is proud to offer you a broad range of benefit options. You can choose from a number of plans including medical, dental, vision and voluntary supplemental programs.

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

If you should have any questions:

- 1. Contact the carrier directly. Phone number and website information is on page 15.
- 2. Contact **Michelle Bemelman**, Payroll/Benefit Coordinator at 928-219-3008 or <u>mbemelman@crsk12.org</u>.

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

Enrollment Information

OPEN ENROLLMENT

Open Enrollment is from <u>April 24th - May 12th, 2023</u>. This is your one time per year to make changes.

This will be an **active enrollment**, which means you will be required to complete an enrollment form regardless of any election changes.

NEW EMPLOYEES

New Employees have 31 days from your hire date to complete enrollment in the group insurance program. If you have moved from a non-benefits-eligible status to a benefits eligible status, you will have 31 days from the new benefits eligible status date to complete your enrollment. Insurance will take effect on the first of the month following 30 days from your hire date.

Remember, if elections are not made within the 31-day initial period of eligibility, you will be required to wait until **Annual Open Enrollment** or until a **Qualifying Life Event** takes place.

PRE-TAX VS POST-TAX DEDUCTIONS

Pre-Tax Dollars: Your insurance premiums are paid with money deducted from your gross wages prior to any tax calculations. This reduces your tax liability and is a more efficient way to pay for premiums. You may elect to opt-out of this method of paying.

Post-Tax Dollars: Some insurance premiums may be paid after taxes are deducted from your gross pay. Please contact **Michelle Bemelman** for more information related to the specific premiums that are deducted post-tax.

Qualifying Life Event

The elections that you make during Open Enrollment or at initial benefits eligibility will remain in effect for the plan year (July 1, 2023 – June 30, 2024). During that time, if your life or family status changes as per the recognized events listed below, you are permitted to revise your benefits coverage to accommodate your new status. You may make benefits changes by contacting the Benefits Department and providing the proper documentation.

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

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

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

COBRA

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

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

Each individual who is covered by a Colorado River Union High School District benefit plan immediately preceding the employee's COBRA event has the right to continue his or her medical, dental or vision plan.

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

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

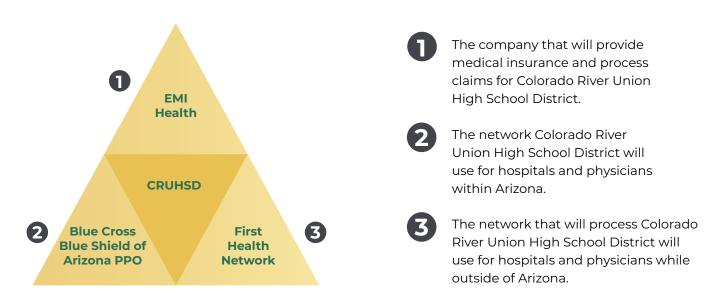
QUALIFYING LIFE EVENTS LIST

Marital Status Changes

Covered Dependent Changes

- Marriage
- Death of spouse
- Divorce
- Spouse gains or loses coverage from another source
- Spouse employer's
 Open Enrollment
- Birth or adoption of a child
- Death of dependent child
- Dependent becomes ineligible for coverage

Medical Plan Information



SUMMARY

Medical benefits provide you and your family access to quality health care. Colorado River Union High School District offers three medical plans with different coverage levels from which to choose. All plans are provided through EMI Health. EMI Health contracts with Blue Cross Blue Shield of Arizona to use their PPO Network in Arizona and with First Health Network when outside of Arizona, with claims processing and customer service being provided by EMI Health.

To search for an Blue Cross Blue Shield of Arizona PPO provider please go to <u>emihealth.com</u>. Select "Provider Search" along the upper part of the home page. Select "Care Plus" then click on the Blue Cross Blue Shield of Arizona network logo. Choose your plan (Arizona PPO). From here, you will enter your location and search for providers and facilities.

EMI HEALTH emihealth.com

To contact EMI Health, please go to <u>emihealth.com</u> or contact them at 800.662.5851.



Medical Plans

EMI Health

	PPO 500	PPO 750	HDHP 1500 w/HSA				
	In Network	In Network	In Network				
Lifetime Maximum	Unlimited	Unlimited	Unlimited				
Calendar Year	Unlimited	Unlimited	Unlimited				
Calendar Year Deductibles							
Individual	\$500	\$750	\$1,500				
Family	\$1,500	\$2,250	\$3,000*				
Coinsurance	20%	20%	20%				
Out-of-Pocket Maximum							
Individual	\$4,500	\$5,000	\$3,500				
Family	\$9,000	\$10,000	\$6,550				
Hospital Services							
Inpatient Hospital	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%				
Outpatient Hospital	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%				
Emergency Room	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%				
Urgent Care	Deductible, then 20%	20% \$40 Copay Deductible, t					
Routine Services							
Office Visit	Deductible, then 20%	\$20 Copay	Deductible, then 20%				
Specialist Visit	Deductible, then 20%	\$40 Copay	Deductible, then 20%				
Preventive Care	Covered in Full	Covered in Full	Covered in Full				
Lab & X-Ray (Minor Diagnostic)	Covered in Full	Covered in Full (Office)	Deductible, then 20%				
Chiropractic (20 visits per Year)	Deductible, then 20%	\$40 Copay	Deductible, then 20%				
Rehabilitation (Office/Outpatient)	Deductible, then 20%	\$40 Copay	Deductible, then 20%				
Prescription Drugs							
Tier 1	\$10 Copay	\$10 Copay	Deductible, then \$10 Copay				
Tier 2	30% (\$35 max)	30% (\$35 max)	Deductible, then 30% (\$35 max)				
Tier 3	50% (\$75 max)	50% (\$75 max)	Deductible, then 50% (\$75 max)				
Mail-Order/90-Day	\$25/\$50/\$90	\$25/\$50/\$90	Deductible, then \$25 / \$50 / \$90				

* If you have Family coverage under the HDHP plan, the Family Deductible and Out-of-Pocket Maximum amounts must be met, either individually or accumulatively as a family.

Health Savings Account (H.S.A.)

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

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

- 1. A qualified health plan (HDHP 1500) is the insurance component that provides medical coverage for you and your family.
- 2. An H.S.A. with NBS is the banking component which can be funded by pre-tax payroll contributions from you, the district, or both.

HOW AN H.S.A. WORKS:

- 1. Enroll in the HDHP 1500 offered by the district
- 2. Contribute to your H.S.A. by payroll deductions:

Up to \$3,850 for an individual or \$7.750 for a family

These limits are the most that can be contributed into the HSA to include both district and employee contributions.

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

- copays
- deductibles
- chiropractor
- dental treatment

H.S.A. ELIGIBILITY

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

- You are covered by an H.S.A.-qualified medical plan (such as the HDHP 1500)
- You have no other health coverage (such as other health plan, Medicare, military health benefits, medical FSAs)

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

The district contributes \$896.76 annually to an employee's H.S.A. bank account when enrolled in the HDHP 1500.

- hearing aids
- glasses/ contacts
- prescriptions







Telemedicine

Some 70% of doctor visits can be handled over the phone, and 40% of urgent care visits can be managed using TeleMedicine. WellVia for EMI Health gives you access to U.S. board-certified doctor over the phone anytime, anywhere.

WHY USE TELEMEDICINE?

WellVia does not replace your primary care physician. It is a convenient, alternative way for you to get the care you need while saving you time and money. Whether it's the middle of the night, while on vacation, on a business trip, or that moment when you've run out of a prescription,WellVia is on call.

You can speak with a doctor anytime and pay no consultation fee rather than pay the high costs associated with office visits, urgent care visits, and emergency room visits. Just call **1-877-872-0370**.

WellVia has a trusted physician network that is U.S. based and licensed. Board-certified doctors with an average of 10 years of experience are on call to help you feel better.

WellVia is supported by an internal, bilingual Patient Care Center with specialists in communicating and diagnosing via Telehealth.

*In accordance with telemedicine guidelines, ear infections are only diagnosed if the patient is 18 years or older.

Call 1-877-872-0370

Provided for EMI Health through

USE WELLVIA FOR COMMON CONDITIONS

- Acid Reflux
- Allergies
- Asthma
- Bladder Infection
- Bronchitis
- Cold & Flu
- Constipation
- Cough
- Diabetes
- Ear Pain*
- Fever
- Gout
- Headache

AND COMMON MEDICATIONS

- Albuterol
- Allegra
- Flonase
- Ibuprofen 800mg
- Levaquin

And More

- Lipitor
- Nasonex
- Many Others



8

- Hemorrhoids
 - High Blood Pressure
 - Joint Pain
 - Nausea
 - Pink Eye
 - Rashes

• UTI

- Sinus Conditions
- Sore Throat
- Stomach Virus

Yeast Infections

Thyroid Conditions

Dental Plans

EMI HEALTH

	Base Plan	Buy-Up Plan
	In Network	In Network
Annual Deductibles		
Individual	\$50	\$50
Family	\$150	\$150
Annual Plan Maximum	\$1,500	\$2,500
Benefits		
Type I - Diagnostic & Preventive (no deductible)	100%	100%
Type II - Basic Restorative Services	90%	90%
Type III - Major Restorative Services	50%	50%
Orthodontic Benefits - Adult & Child		
Lifetime Maximum	50% to \$1,500	50% to \$1,500
Lifetime Deductible	N/A	N/A
Other Benefits		
Endodontic Coverage	90%	90%
Periodontic Coverage	90%	90%

Benefits are also available out of network, though if you choose a dentist who does not participate in the network, your out-of-pocket expenses may be greater.



Vision Plans

<image>

Buy-Up Plan

EMI HEALTH VISION

Base Plan

	In Network	In Network		
Exam	\$10 Copay	\$10 Copay		
Frequency	Every 12 Months	Every 12 Months		
Lenses	Covered 100%	Covered 100%		
Single/Bifocal/Trifocal/	after \$10 Copay	after \$10 Copay		
Lenticular				
Frequency	Every 12 Months	Every 12 Months		
Frames	\$130 allowance	\$160 allowance		
Frequency	Every 12 Months	Every 12 Months		
Contact Lenses	Medically Necessary:	Medically Necessary:		
(In lieu of glasses)	Covered 100% after \$10 Copay	Covered 100% after \$10 Copay		
	Elective:	Elective:		
	\$130 Allowance	\$160 Allowance		
Frequency	Every 12 Months	Every 12 Months		

Disability Information

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

VOLUNTARY SHORT TERM DISABILITY

You have the option to purchase a UNUM STD policy.

Elimination Period: 14 Days

Benefit Amount:60% of pre-disability weekly
earnings up to \$1,200Benefit Duration:24 Weeks

If you waived this coverage when first eligible, you will be required to complete a satisfactory Evidence of Insurability to be accepted.

LONG TERM DISABILITY

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

Elimination period: 180 Days

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

Life / AD&D Insurance

BASIC LIFE INSURANCE AND AD&D

Colorado River Union High School District pays 100% of the cost of this UNUM Term Life Insurance Policy. Coverage for each benefit eligible employee is 2x your annual salary to a maximum of \$300,000 Life and AD&D Benefit.

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

VOLUNTARY LIFE INSURANCE

You may also elect to purchase additional life insurance from UNUM for yourself and your spouse or child(ren).

- Employee: \$10,000 minimum with \$10,000 increments to a maximum of \$500,000 or 5x annual earnings.
- Spouse: \$10,000 minimum with benefit increments of \$5,000 to a maximum of \$150,000 not to exceed 100% of the employee coverage.
- Child(ren) 6 mo. to age 19: \$2,000 units to a maximum of \$10,000 not to exceed 100% of the employee coverage.

NOTE: If you are electing an amount above the Guaranteed Issue amount of \$150,000, you MUST complete an Evidence of Insurability (EOI) within 5 days of submitting your completed enrollment. Return completed EOI to the HR Department.

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

Life Connection Employee Assistance Program

The Life Connection Employee Assistance Program Is your first point of contact for assistance with behavioral or worklife issues or concerns.

You can speak to an EAP counselor about any personal issue or problem that concerns you!

- Anxiety
- Depression
- Grief and Loss
- Managing Stress and Change
- Marital and Relationships Counseling
- Parenting
- Alcohol and Drug use

The EAP provides employees and family members,

appropriate assistance to help manage personal and worklife challenges.

- Early intervention for you and your family
- Immediate access to 6 free counseling visits
- Referrals to community resources
- Unlimited legal and financial consultation and webbased resources
- Online training and educational tools
- Unlimited online worklife and wellness training

WE ARE HERE TO HELP

Just call or log on to get started.

TOLL-FREE: 1-800-280-3782

Your Employee Assistance Program is available 24/7, at no cost, to help you and your family.

Access all of the Online Resources and more:

 Visit <u>www.bhoptions.com</u> Click "Online Work-Life Resources" icon Enter company code: cruhsd



Employee Rate Sheet Core Benefits

Use this sheet for your per-paycheck benefit costs for the upcoming plan year. This is a great place to start planning for your, and your family's, health and wellness for next year.

	MEDICAL PLANS*						
	PPO 500	PPO 750	HDHP 1500				
_	MONTHLY	MONTHLY	MONTHLY				
EMPLOYEE ONLY	\$0.00	\$0.00	\$0.00				
EMPLOYEE & SPOUSE	\$918.38	\$888.02	\$681.14				
EMPLOYEE & CHILDREN	\$752.09	\$727.25	\$540.14				
EMPLOYEE & FAMILY	\$1,671.30	\$1,616.11	\$1,319.37				

	DENTAI	_ PLANS	VISION PLANS			
	BASE PLAN	BUY-UP PLAN	BASE PLAN	BUY-UP PLAN		
	MONTHLY	MONTHLY	MONTHLY	MONTHLY		
EMPLOYEE ONLY	\$0.00	\$1.24	\$0.00	\$0.70		
EMPLOYEE & SPOUSE	\$30.90	\$33.37	\$7.40	\$9.00		
EMPLOYEE & CHILDREN	\$35.53	\$38.19	\$8.20	\$10.00		
EMPLOYEE & FAMILY	\$69.52	\$73.53	\$14.70	\$17.10		

*The District pays \$10,133.04/year toward the premium for the medical, dental and vision base plans. The District pays \$896.76/year to the Health Savings Account (H.S.A.) of those enrolled in the HDHP 1500 plan.



Voluntary Short-Term Disability Insurance

HOW DOES IT WORK?

If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can receive payments for up to 24 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

WHAT'S COVERED?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:¹

- Normal pregnancy
- Injuries (excluding back)
- Joint disorders
- Cancer
- Digestive disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

¹ Unum internal data, 2018. Note: Causes are listed in ranked order.

Short Term Disability Insurance can pay you a weekly benefit if you have a covered disability that keeps you from working.

WHY IS THIS COVERAGE SO VALUABLE?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, outof-pocket medical expenses and more.

Consider your weekly expenses

	Food	\$
	Transportation (gas, car payments, repairs)	
6-9	Child care/elder care	
	Mortgage/rent	
	Utilities (electric, water, cable, phone)	
	Medical costs (co-pays, medications)	
Ō	Insurance (health, life, car, home)	
	Total weekly expenses	\$

VOLUNTARY LIFE & ADD RATES

Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$0.84	\$0.84	\$0.94	\$1.14	\$1.34	\$1.84	\$2.64	\$4.54	\$5.84	\$7.94	\$2.34	\$10.14
\$1.68	\$1.68	\$1.88	\$2.28	\$2.68	\$3.68	\$5.28	\$9.08	\$11.68	\$15.88	\$4.68	\$20.28
\$4.20	\$4.20	\$4.70	\$5.70	\$6.70	\$9.20	\$13.20	\$22.70	\$29.20	\$39.70	\$11.70	\$50.70
\$8.40	\$8.40	\$9.40	\$11.40	\$13.40	\$18.40	\$26.40	\$45.40	\$58.40	\$79.40	\$23.40	\$101.40
\$12.60	\$12.60	\$14.10	\$17.10	\$20.10	\$27.60	\$39.60	\$68.10	\$87.60	\$119.10	\$35.10	\$152.10
\$16.80	\$16.80	\$18.80	\$22.80	\$26.80	\$36.80	\$52.80	\$90.80	\$116.80	\$158.80	\$46.80	\$202.80
\$21.00	\$21.00	\$23.50	\$28.50	\$33.50	\$46.00	\$66.00	\$113.50	\$146.00	\$198.50	\$58.50	\$253.50
\$25.20	\$25.20	\$28.20	\$34.20	\$40.20	\$55.20	\$79.20	\$136.20	\$175.20	\$238.20	\$70.20	\$304.20
\$29.40	\$29.40	\$32.90	\$39.90	\$46.90	\$64.40	\$92.40	\$158.90	\$204.40	\$277.90	\$81.90	\$354.90
\$33.60	\$33.60	\$37.60	\$45.60	\$53.60	\$73.60	\$105.60	\$181.60	\$233.60	\$317.60	\$93.60	\$405.60
\$37.80	\$37.80	\$42.30	\$51.30	\$60.30	\$82.80	\$118.80	\$204.30	\$262.80	\$357.30	\$105.30	\$456.30
\$42.00	\$42.00	\$47.00	\$57.00	\$67.00	\$92.00	\$132.00	\$227.00	\$292.00	\$397.00	\$117.00	\$507.00
	\$0.84 \$1.68 \$4.20 \$12.60 \$16.80 \$21.00 \$25.20 \$29.40 \$33.60 \$37.80	\$0.84 \$0.84 \$1.68 \$1.68 \$4.20 \$4.20 \$8.40 \$8.40 \$12.60 \$12.60 \$12.60 \$12.60 \$21.00 \$21.00 \$25.20 \$25.20 \$29.40 \$29.40 \$33.60 \$37.80	\$0.84 \$0.84 \$0.94 \$1.68 \$1.68 \$1.88 \$4.20 \$4.20 \$4.70 \$8.40 \$8.40 \$9.40 \$12.60 \$12.60 \$14.10 \$16.80 \$16.80 \$18.80 \$21.00 \$21.00 \$23.50 \$25.20 \$25.20 \$28.20 \$29.40 \$29.40 \$32.90 \$33.60 \$37.80 \$42.30	\$0.84 \$0.84 \$0.94 \$1.14 \$1.68 \$1.68 \$1.88 \$2.28 \$4.20 \$4.20 \$4.70 \$5.70 \$8.40 \$8.40 \$9.40 \$11.40 \$12.60 \$12.60 \$14.10 \$17.10 \$16.80 \$16.80 \$18.80 \$22.80 \$21.00 \$21.00 \$23.50 \$28.50 \$25.20 \$25.20 \$28.20 \$34.20 \$29.40 \$29.40 \$32.90 \$39.90 \$33.60 \$33.60 \$37.60 \$45.60 \$37.80 \$37.80 \$42.30 \$51.30	\$0.84 \$0.84 \$0.94 \$1.14 \$1.34 \$1.68 \$1.68 \$1.88 \$2.28 \$2.68 \$4.20 \$4.20 \$4.70 \$5.70 \$6.70 \$8.40 \$8.40 \$9.40 \$11.40 \$13.40 \$12.60 \$14.00 \$17.10 \$20.10 \$12.60 \$14.10 \$17.10 \$20.10 \$16.80 \$16.80 \$18.80 \$22.80 \$26.80 \$21.00 \$21.00 \$23.50 \$28.50 \$33.50 \$25.20 \$25.20 \$28.20 \$34.20 \$40.20 \$29.40 \$32.90 \$39.90 \$46.90 \$33.60 \$33.60 \$37.60 \$45.60 \$53.60 \$37.80 \$37.80 \$42.30 \$51.30 \$60.30	\$0.84 \$0.84 \$0.94 \$1.14 \$1.34 \$1.84 \$1.68 \$1.68 \$1.88 \$2.28 \$2.68 \$3.68 \$4.20 \$4.20 \$4.70 \$5.70 \$6.70 \$9.20 \$8.40 \$9.40 \$11.40 \$13.40 \$18.40 \$12.60 \$14.10 \$17.10 \$20.10 \$27.60 \$16.80 \$16.80 \$18.80 \$22.80 \$26.80 \$36.80 \$21.00 \$21.00 \$23.50 \$28.50 \$33.50 \$46.00 \$25.20 \$25.20 \$28.20 \$34.20 \$55.20 \$29.40 \$29.40 \$32.90 \$39.90 \$46.90 \$64.40 \$33.60 \$37.60 \$45.60 \$53.60 \$73.60 \$37.80 \$37.80 \$42.30 \$51.30 \$60.30 \$82.80	\$0.84\$0.94\$1.14\$1.34\$1.84\$2.64\$1.68\$1.68\$1.88\$2.28\$2.68\$3.68\$5.28\$4.20\$4.20\$4.70\$5.70\$6.70\$9.20\$13.20\$8.40\$9.40\$11.40\$13.40\$18.40\$26.40\$12.60\$12.60\$14.10\$17.10\$20.10\$27.60\$39.60\$16.80\$16.80\$18.80\$22.80\$26.80\$36.80\$52.80\$21.00\$21.00\$23.50\$28.50\$33.50\$46.00\$66.00\$25.20\$25.20\$28.20\$34.20\$40.20\$55.20\$79.20\$29.40\$29.40\$32.90\$39.90\$46.90\$64.40\$92.40\$33.60\$33.60\$37.60\$45.60\$53.60\$73.60\$105.60\$37.80\$37.80\$42.30\$51.30\$60.30\$82.80\$118.80	\$0.84\$0.94\$1.14\$1.34\$1.84\$2.64\$4.54\$1.68\$1.68\$1.88\$2.28\$2.68\$3.68\$5.28\$9.08\$4.20\$4.20\$4.70\$5.70\$6.70\$9.20\$13.20\$22.70\$8.40\$8.40\$9.40\$11.40\$13.40\$18.40\$26.40\$45.40\$12.60\$12.60\$14.10\$17.10\$20.10\$27.60\$39.60\$68.10\$16.80\$16.80\$18.80\$22.80\$26.80\$36.80\$52.80\$90.80\$21.00\$21.00\$23.50\$28.50\$33.50\$46.00\$113.50\$25.20\$25.20\$28.20\$34.20\$40.20\$55.20\$79.20\$136.20\$29.40\$29.40\$32.90\$39.90\$46.90\$64.40\$92.40\$18.80\$33.60\$33.60\$37.60\$45.60\$53.60\$73.60\$105.60\$181.60\$37.80\$37.80\$42.30\$51.30\$60.30\$82.80\$118.80\$204.30	\$0.84\$0.84\$0.94\$1.14\$1.34\$1.84\$2.64\$4.54\$5.84\$1.68\$1.68\$1.88\$2.28\$2.68\$3.68\$5.28\$9.08\$11.68\$4.20\$4.20\$4.70\$5.70\$6.70\$9.20\$13.20\$22.70\$29.20\$8.40\$8.40\$9.40\$11.40\$13.40\$18.40\$26.40\$45.40\$58.40\$12.60\$12.60\$14.10\$17.10\$20.10\$27.60\$39.60\$68.10\$87.60\$12.60\$14.00\$17.10\$20.10\$27.60\$39.60\$68.10\$87.60\$12.60\$14.00\$17.10\$20.10\$27.60\$39.60\$68.10\$87.60\$16.80\$16.80\$18.80\$22.80\$26.80\$36.80\$52.80\$90.80\$116.80\$21.00\$21.00\$23.50\$28.50\$33.50\$46.00\$66.00\$113.50\$146.00\$25.20\$25.20\$28.20\$34.20\$40.20\$55.20\$79.20\$136.20\$175.20\$29.40\$29.40\$32.90\$39.90\$46.90\$64.40\$92.40\$158.90\$204.40\$33.60\$33.60\$37.60\$45.60\$53.60\$73.60\$105.60\$181.60\$23.60\$37.80\$37.80\$42.30\$51.30\$60.30\$82.80\$118.80\$204.30\$262.80	\$0.84\$0.84\$0.94\$1.14\$1.34\$1.84\$2.64\$4.54\$5.84\$7.94\$1.68\$1.68\$1.88\$2.28\$2.68\$3.68\$5.28\$9.08\$11.68\$15.88\$4.20\$4.20\$4.70\$5.70\$6.70\$9.20\$13.20\$22.70\$29.20\$39.70\$8.40\$8.40\$9.40\$11.40\$13.40\$18.40\$26.40\$45.40\$58.40\$79.40\$12.60\$12.60\$14.10\$17.10\$20.10\$27.60\$39.60\$68.10\$87.60\$119.10\$12.60\$12.60\$14.10\$17.10\$20.10\$27.60\$39.60\$68.10\$87.60\$119.10\$12.60\$14.10\$17.10\$20.10\$27.60\$39.60\$68.10\$87.60\$119.10\$12.60\$14.10\$17.10\$20.10\$27.60\$39.60\$68.10\$87.60\$119.10\$12.60\$14.10\$17.10\$20.10\$27.60\$39.60\$68.10\$87.60\$119.10\$16.80\$16.80\$18.80\$22.80\$36.80\$52.80\$90.80\$116.80\$198.50\$21.00\$21.00\$23.50\$28.50\$33.50\$46.00\$66.00\$113.50\$146.00\$198.50\$25.20\$25.20\$28.20\$34.20\$55.20\$79.20\$136.20\$175.20\$238.20\$29.40\$29.40\$32.90\$39.90\$46.90\$64.40\$92.40\$158.90\$204.40\$277.90\$33.60\$33.60\$37.60\$45.	\$0.84\$0.84\$0.94\$1.14\$1.34\$1.84\$2.64\$4.54\$5.84\$7.94\$2.34\$1.68\$1.68\$1.88\$2.28\$2.68\$3.68\$5.28\$9.08\$11.68\$15.88\$4.68\$4.20\$4.20\$4.70\$5.70\$6.70\$9.20\$13.20\$22.70\$29.20\$39.70\$11.70\$8.40\$8.40\$9.40\$11.40\$13.40\$18.40\$26.40\$45.40\$58.40\$79.40\$23.40\$12.60\$12.60\$14.10\$17.10\$20.10\$27.60\$39.60\$68.10\$87.60\$119.10\$35.10\$16.80\$16.80\$18.80\$22.80\$26.80\$36.80\$52.80\$90.80\$116.80\$198.50\$58.50\$21.00\$21.00\$23.50\$28.50\$33.50\$46.00\$66.00\$113.50\$146.00\$198.50\$58.50\$25.20\$25.20\$28.20\$34.20\$55.20\$79.20\$136.20\$175.20\$238.20\$70.20\$29.40\$29.40\$32.90\$39.90\$46.90\$64.40\$92.40\$158.90\$204.40\$277.90\$81.90\$33.60\$33.60\$37.60\$45.60\$53.60\$73.60\$105.60\$181.60\$233.60\$317.60\$93.60\$37.80\$37.80\$42.30\$51.30\$60.30\$82.80\$118.80\$204.30\$262.80\$357.30\$105.30

Important Phone Numbers & Websites

EMI Health

BCBS of AZ Network Medical, Dental & Vision 800.662.5851 www.emihealth.com

Find a Doctor: Click Medical, then Care Plus under "Plans" then select Blue Cross Blue Shield

Find a Dentist: Click Dental, then select Summit Plus under "Plans" then click Cigna DPPO SA Plus

Find a Vision provider: Click Vision, then select Vision Choice Plus

NBS - National Benefit Services

HSA 800.274.0503 www.nbsbenefits.com

Life Connection

EAP Resources 800.280.3782 www.bhoptions.com

UNUM

Life & Disability 866.679.3054 www.unum.com

Arizona State Retirement System

Long Term Disability 520.239.3100 800.621.3778 www.azasrs.gov

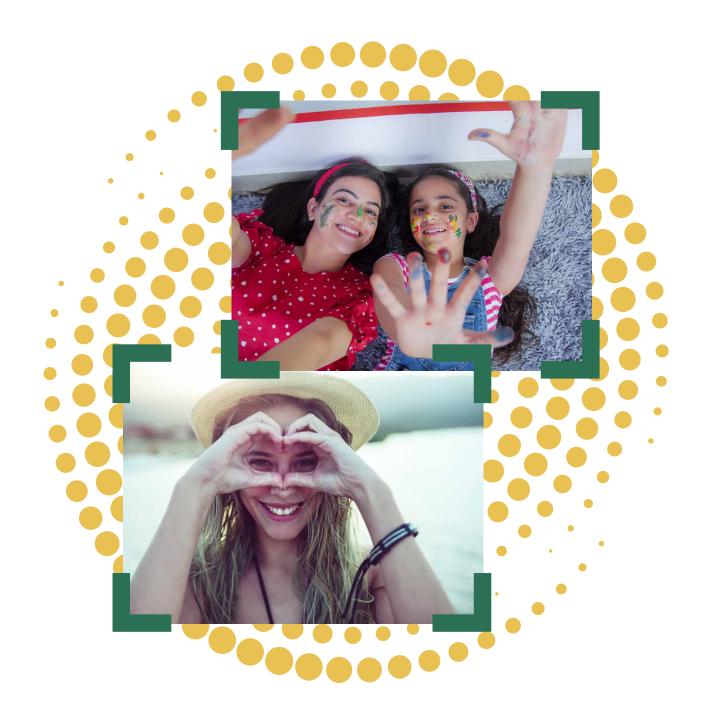
WellVia

Telemedicine 877.872.0370

Michelle Bemelman

Payroll/Benefits Coordinator 928.219.3008 mbemelman@crsk12.org





About this booklet

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

Capital Financial 14614 N. Kierland Blvd., Suite N230, Scottsdale, AZ 85254 Office / 480.347.0926 Fax / 480.360.6417

