



# BENEFITS ENROLLMENT GUIDE







## Glendale Elementary School District No. 40

Dear employee,

Glendale Elementary School District No. 40 is proud to offer a variety of benefits to fit you and your dependents needs. This benefit guide provides a detailed overview of each benefit plan to assist you with determining the type of coverage you need. For the 2022-2023 school year, we offer:

- Medical
- Dental
- Discount on Home, Auto and Renters Insurance
- Employee Assistance Programs (EAP)
- Employee Discount Programs
- Group Accident Insurance
- Group Critical Illness Insurance (includes cancer)
- Group Hospital Indemnity Insurance
- Group Life Insurance
- Flexible Spending Accounts
- Identity Protection Services
- Legal Plans
- Optional Life and Optional Accidental Death & Dismemberment Insurance (AD&D)
- Optional Savings Account
- Pet Insurance
- Short-Term Disability Insurance
- Student Loan Debt Relief Program
- Vision
- Weight Management
- Wellness

Benefit Enrollers will be available throughout the process to assist you with questions you may have or to help you with the online enrollment process. You have **31 days** from your hire date to enroll.

**Thank you for being a valued employee of our District!**





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## ABOUT THIS GUIDE

This Guide was prepared to provide information about the insurance benefits offered by the Glendale Elementary School District No. 40.

It is every employee’s responsibility to maintain an accurate and up-to-date mailing address in the Employee Access Web Portal.

Employees should regularly check their GESD email in order to stay informed about their insurance benefits.

Summary Plan Descriptions, coverage certificates, policies, and insurance contracts prevail when questions arise.

All applicable information regarding the insurance programs offered by the District are available on the Employee Benefits website, which is accessible from the District’s home page, [www.gesd40.org](http://www.gesd40.org).

Questions about insurance, disability, and retirement should be directed to Jodi Finnesy, Benefits Analyst, (623)237-7149 or [benefitsinfo@gesd40.org](mailto:benefitsinfo@gesd40.org).

**HIPAA Compliance**  
The Health Insurance Portability and Accountability Act (HIPAA) requires that your health insurance plan limit the release of your health information to the minimum necessary required for your care. If you have questions about your claims, contact your insurance carrier first. If, after contacting the Plan administrator, you need a representative of the Employee Benefits Division to assist you with any claim issues, you may be required to provide written authorization to release information related to your claim. If you would like a copy of the HIPAA Notice of Privacy Practices or if you have any questions, please contact Jodi Finnesy, Benefits Analyst at (623) 237-7149 or [benefitsinfo@gesd40.org](mailto:benefitsinfo@gesd40.org)





# Your Annual Enrollment

**NOTE: Deductible and out of pocket maximums are on a calendar year schedule, which means these start over every January 1.**

## New hires

Employees scheduled to work a minimum 30 hours per week or maximum FTE of .75 are eligible for insurance benefits. For employees who work under 30 hours per week, including substitutes and classified employees who work a total of 6 hours per day but one position is not a 6 hour or more position, the District will follow the Patient Protection and Affordable Care Act (PPACA) tracking requirements. Employees eligible under the PPACA may enroll in the medical insurance, only.

New employees have 31 days from their hire date to complete the online enrollment process for their insurance benefits. If benefits are not selected within the 31-day new-hire window, employees will be without insurance until the next school year or if the employee experiences a qualifying event. **There are no exceptions to this rule!**

**NOTE: If eligibility changes during the year you must notify Human Resources within 30 days of the qualifying event.**

Benefits are effective the first day of the month following the employee's date of hire. The effective date may be retroactive depending on when the employee completes their enrollment and the enrollment record is processed by the carrier(s).

**\*New Hires** who enroll within their 31-day window have a guaranteed issuance for the Voluntary Short-Term Disability and Voluntary Life Insurance.

The employee's portion of insurance premiums are deducted from the employee's paycheck on a pre-tax basis. Please refer to the Section 125 overview for more information.

Effective July 1, 2022, all employees will be on 20-deduction scheduled which starts August 31, 2022 and continues through June 6, 2023 with no deductions for insurance premiums taken out of the January 17, 2023 paycheck.

All employees are required to access the enrollment module. If you choose not to elect coverages, you must select the waive option for each benefit option.

Eligible dependents are a legally married spouse and children up to age 26 who you claim as a dependent on your tax return who are biological, step, adopted, foster or have been court-awarded a guardian.



# Who is Eligible?

Employees are eligible to participate in the District's benefit plans as of the first day of the month following your date of hire.

Benefit eligible employees can also extend medical, dental, vision and supplemental plans to their eligible dependents.

## **When are changes allowed?**

Benefit plans are administered on a "policy year basis" – from July 1 through June 30 of each year. Thus, the election you make during annual Open Enrollment are effective from July 1, 2022 through June 30, 2023.

Because some of the benefits you elect are offered on a pre-tax basis, the Internal Revenue Service (IRS) does not allow changes to these benefit elections outside of the annual Open Enrollment period unless you have a qualified mid-year "change in status event". Please see your summary Plan Document or information on your district's website under benefits, or call Human resources with questions.

## **Disclaimer**

The Benefit Enrollment Guide is a brief overview solely for informational purposes. VSEBG assumes no responsibility for any circumstances arising out of the use, misuse or interpretation of this guide. The summary Plan Document (SPD) supersedes the benefit guide. Members should refer to the District's SPDs for a description of benefits, limitations and exclusions.



If you have any questions, contact [Human Resources](#) to verify your dependent(s) eligibility.

You may be asked to provide proof in support of your dependent(s) eligibility.



# How to Enroll

## How to Enroll

Glendale Elementary makes it easy for you to enroll in your benefits with two options to complete your annual enrollment; self-enroll or enroll with a benefit enroller. Whichever method you choose, you MUST re-enroll each year to keep your coverage.

### Benefit Enroller

See your Colonial Life benefit enroller during your enrollment to complete your benefit elections and discuss the options that are available to you.

### Self-Enroll

Employees can self-enroll through the Employee Access web portal. Additional instructions for using the web portal can be found online on the Employee Benefits page.

The Employee Access icon is located on the District's Intranet webpage. After clicking on the icon, employees must use their network login to access their Employee Access account. Once logged in, select "Benefits", then "Benefits Enrollment."

To complete the beneficiary section in the benefits portal, employees will need the address, telephone number and birthdate of their beneficiary. The beneficiary is the person you would want to receive the life insurance benefit(s) in the event of your death.

For the dependent coverage you will need the date of birth and social security number for each person you want to add to your insurance.

## What to bring to the Appointment

- Driver's License
- Spouse and children's date(s) of birth and Social Security number(s) if considering coverage for them
- Beneficiary information, including (if a trust) full name and date of trust.
- Bank account information (Direct Deposit)





# Section 125 Overview

## Section 125 Plan

Premiums for medical, dental, and vision insurance, and certain supplemental policies and contributions to FSA accounts (Health care and Dependent Care Spending Accounts) are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Service Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to your pre-tax benefits can be made **ONLY** during the Open Enrollment period unless you or your qualified dependents experience a qualifying event and the request to make a change is made within 30 days for the qualifying event.

## Qualifying Events

Under certain circumstances, you may be allowed to make a change to your benefits elections during the plan year, if the event affects your own, your spouse's, or your dependent's coverage eligibility. An 'eligible' qualifying event is determined by the Internal Revenue Service (IRC) Code, Section 125.

Examples of Qualifying Events:

- You get married or divorced
- You have a child, gain legal custody or adopt a child
- Your spouse and/or other dependent(s) death
- You, your spouse, or dependent(s) terminate or start employment
- An increase or decrease in your work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Gain or lose Medicare coverage
- Losing eligibility under a State Medicaid or CHIP program (60-day notification period)
- Becoming eligible for State premium assistance under Medicaid (60-day notification period)

## Important Note:

**If you experience a qualifying event, you must contact the Benefits Analyst within 30 days of the qualifying event to make the appropriate changes to your coverage.**



# Life Status Change Guide

Change of Status	Changes to Coverage	Documents Required
<b>Birth, Adoption or Legal Guardianship/Custody of Child</b>	<ul style="list-style-type: none"> <li>• New dependents may be added to existing medical, dental and vision coverages</li> <li>• Dependent child life insurance coverage can be added or increased</li> <li>• Health and childcare reimbursement accounts may be added</li> <li>• No other changes can be made</li> </ul>	<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Hospital records or documents</li> <li>• Court Documents</li> </ul>
<b>Spouse or Dependent child becomes eligible under another Group Insurance Plan</b>	<ul style="list-style-type: none"> <li>• Spouse or child can be dropped from medical, dental and vision</li> <li>• No other changes can be made</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of Enrollment form</li> <li>• Online Enrollment Confirmation</li> </ul>
<b>Dependent child becomes ineligible due to marriage or reaching age 26</b>	<ul style="list-style-type: none"> <li>• Dependent child must be dropped from medical, dental and vision</li> <li>• Dependent child must be dropped from supplemental life insurance</li> <li>• Dependent child may be able to continue coverage via COBRA</li> <li>• No other changes can be made</li> </ul>	<ul style="list-style-type: none"> <li>• Marriage certificate</li> <li>• 26<sup>th</sup> Birthday of Dependent</li> </ul>
<b>Divorce, Annulment or Legal Separation</b>	<ul style="list-style-type: none"> <li>• Spouse and spouse's children/step children will be dropped from coverage</li> <li>• Spouse and spouse's children/step children may be able to continue coverage via COBRA</li> <li>• Existing dependent or spousal life insurance will be dropped</li> <li>• No other changes can be made</li> </ul>	<ul style="list-style-type: none"> <li>• Court documents</li> <li>• Divorce decree</li> </ul>
<b>Marriage</b>	<ul style="list-style-type: none"> <li>• Spouse and spouse's children/step children can be added to medical, dental and vision</li> <li>• Dependent supplemental life can be added</li> <li>• Spouse's supplemental life can be added and may require evidence of insurability</li> <li>• No other changes can be made</li> </ul>	<ul style="list-style-type: none"> <li>• Marriage certificate</li> </ul>



# Life Status Change Guide

Change of Status	Changes to Coverage	Documents Required
<b>Spouse gains employment</b>	<ul style="list-style-type: none"> <li>Employee, spouse's children/step children can be dropped from medical, dental or vision coverage provided they are added to the spouse's group coverage</li> <li>No other changes can be made</li> </ul>	<ul style="list-style-type: none"> <li>Copy of Enrollment form</li> <li>Online enrollment confirmation</li> </ul>
<b>Spouse terminates/resigns job or loses benefits eligibility</b>	<ul style="list-style-type: none"> <li>Spouse and/or children can be added to medical, dental and vision coverage</li> <li>No other changes can be made</li> </ul>	<ul style="list-style-type: none"> <li>Letter from HR Department of spouse's employer</li> <li>Resignation letter</li> <li>COBRA Notification</li> </ul>
<b>Starting of an unpaid Leave for either employee or spouse</b>	<ul style="list-style-type: none"> <li>May drop medical coverage if proof of other coverage is provided</li> <li>May drop dental and vision</li> <li>May drop short term disability and supplemental life insurance (Note: if STD or supplemental life is dropped, evidence of insurability will be required to re-enroll)</li> <li>No other changes can be made</li> </ul>	<ul style="list-style-type: none"> <li>Approval letter or email for the leave</li> </ul>
<b>Returning from an Unpaid Leave for either employee or spouse</b>	<ul style="list-style-type: none"> <li>May re-enroll in any benefits in which you were enrolled in prior to going on leave or add new dependents to the existing coverage</li> <li>Evidence of insurability required for both STD and supplemental life insurance</li> <li>New benefits may be added if the return date is after the beginning of a new fiscal year or Open Enrollment was missed</li> </ul>	<ul style="list-style-type: none"> <li>Doctor's release</li> <li>Letter from HR Department confirming return to employment</li> </ul>
<b>Spouse's Open Enrollment</b>	<ul style="list-style-type: none"> <li>May add or drop medical, dental and vision coverage</li> <li>No other changes can be made</li> </ul>	<ul style="list-style-type: none"> <li>Copy of Enrollment form</li> <li>Copy of Online Enrollment Confirmation Statement</li> </ul>



## Life Status Change Guide

Change of Status	Changes to Coverage	Documents Needed
<b>Death (Dependent child or spouse)</b>	<ul style="list-style-type: none"> <li>• Deceased dependent or spouse will be dropped from all coverage</li> <li>• No other changes can be made</li> </ul>	<ul style="list-style-type: none"> <li>• Death Certificate</li> </ul>
<b>Death (Employee)</b>	<ul style="list-style-type: none"> <li>• All coverages will be automatically terminated</li> <li>• Dependents may continue health related coverage through COBRA</li> <li>• Life insurance coverage on dependents will be dropped and may be converted to individual policies</li> </ul>	<ul style="list-style-type: none"> <li>• Death Certificate</li> </ul>
<b>Health Exchange Enrollment</b>	<ul style="list-style-type: none"> <li>• Employee, spouse and children can be dropped from medical coverage provided they are added to the health exchange coverage</li> <li>• 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</li> <li>• Proof of enrollment in the marketplace coverage must be provided prior to the start date of the health exchange enrollment</li> <li>• No other changes can be made</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of Enrollment form</li> <li>• Copy of Online Enrollment Confirmation Statement</li> </ul>



# Insurance

# Plans





# Benefits Vocabulary Review

## Definitions to help you make informed decisions

**Premium:** The amount you pay per pay period from your paycheck for your health insurance coverage.

**Deductible:** A fixed, annual amount you pay for covered health and prescription drug services before the health plan begins to pay. There are certain services, such as in-network preventive care that are not subject to the deductible. Deductibles are different for individuals and families.

**Embedded Deductible:** For health plans with embedded deductibles, you can satisfy your individual deductible for coverage and coinsurance to apply. When a family member on the health plan meets their individual deductible, plan benefits and coinsurance will apply to subsequent claims for that member. “Embedded” means individual deductibles are active within the larger, overall family deductible and can determine when coverage begins.

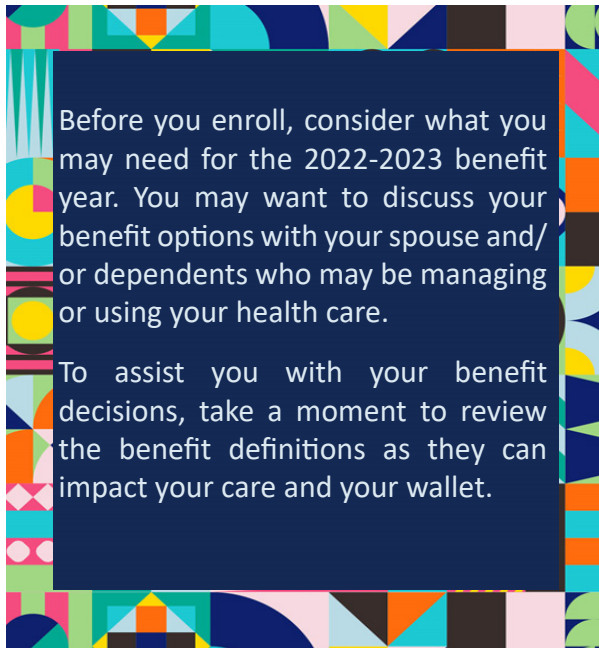
**Copayment:** A fixed dollar amount you will pay for covered services (health care and prescription drugs).

**Co-insurance:** Your percentage share of covered health services and the health plan’s percentage share of covered health services after you met your deductible.

**In-Network:** A group of doctors, hospitals, pharmacies and other providers that contract with UnitedHealthcare and provide services at the negotiated (discounted) rates. You and the health plan will pay less out-of-pocket for your services.

**Out-of-Network:** Doctors, hospitals, pharmacies and other providers that do not contract with UnitedHealthcare and do not provide services at the negotiated (discounted) rates. You and the health plan will pay more out-of-pocket for your services.

**Balance Bill:** The difference between the amount charged by an out-of-network provider for a covered health service and the amount your health plan allows or pays. You may be billed for the difference in cost.



Before you enroll, consider what you may need for the 2022-2023 benefit year. You may want to discuss your benefit options with your spouse and/or dependents who may be managing or using your health care.

To assist you with your benefit decisions, take a moment to review the benefit definitions as they can impact your care and your wallet.

**Out-of-Pocket (OOP) Maximum:** The annual OOP maximum you pay before the health plan pays 100% for covered health services.

**Explanation of Benefits (EOB):** A statement from UnitedHealthcare that describes how a medical or vision claim was paid or denied by the plan. The EOB includes the amount your provider billed the health plan for services, the amount not covered, discounts that saved you and the health plan money by using in-network providers, the amount paid by the health plan, and the amount you owe the provider, if any.

**Pre-authorization:** A review process by your health plan to make sure the services you will be receiving are medically necessary and covered by the plan. See the Summary Plan Document or access [www.myuhc.com](http://www.myuhc.com) for procedures that require precertification



## Glendale Elementary School District No. 40 2022 - 2023 Medical, Dental & Vision Premiums

- Payroll deductions start 8/30/2022 and continue through 6/06/2023 for a total of 20 deductions.
- There are no deductions for insurance premiums taken out of the 1/17/2023 paycheck.
- \* Payroll deduction amounts will differ for employees whose hire date is after July 1, 2022.

UNITED HEALTHCARE MEDICAL INSURANCE	Monthly Premium	Employer Monthly Contribution	Employee Monthly Cost	Employee Annual Cost	Payroll Deduction Amount *
TRADITIONAL MEDICAL PLAN					
Employee Only	\$614.17	\$554.17	\$60.00	\$720.00	\$36.00
Employee & Spouse	\$1,295.35	\$912.50	\$382.85	\$4,594.20	\$229.71
Employee & Child(ren)	\$1,200.55	\$912.50	\$288.05	\$3,456.60	\$172.83
Employee & Family	\$1,627.17	\$912.50	\$714.67	\$8,576.04	\$428.81
HIGH DEDUCTIBLE HEALTH PLAN with a HEALTH SAVINGS ACCOUNT (HDHP) (HSA)					
Employee Only	\$554.17	\$554.17	FREE	FREE	FREE
Employee & Spouse	\$1,107.64	\$912.50	\$195.14	\$2,341.80	\$117.09
Employee & Child(ren)	\$1,029.90	\$912.50	\$117.40	\$1,408.80	\$70.44
Employee & Family	\$1,379.73	\$912.50	\$467.23	\$5,606.76	\$280.34
High Deductible Health Plan participants can earn up to \$1,500 for their Health Savings Account (HSA)					
Employer Initial Deposit \$550 - Pro-rated **		Employer Wellness Exam Deposit \$950			
Coverage effective:	07/01 - 09/01	\$550.00	<ul style="list-style-type: none"><li>• Exam must be received between 01/01/2022 - 12/31/2022</li><li>• Availability of funds can take up to 10 days following date of deposit</li><li>• Deposit schedule: 10/27/2022, 1/29/2023, 3/26/2023</li><li>• On the date of the deposit employees must be actively at work and currently enrolled in the District's HDHP Medical Plan</li></ul>		
**	10/01 - 12/01	\$450.00			
**	01/01 - 03/01	\$350.00			
**	04/01 - 06/01	\$250.00			
UNITED HEALTHCARE VISION PLAN					
Employee Only	\$5.80	\$5.80	FREE	FREE	FREE
Employee & Spouse	\$10.36	\$5.80	\$4.56	\$54.72	\$2.74
Employee & Child(ren)	\$10.85	\$5.80	\$5.05	\$60.60	\$3.03
Employee & Family	\$13.61	\$5.80	\$7.81	\$93.72	\$4.69
DENTAL INSURANCE	Monthly Premium	Employer Monthly Contribution	Employee Monthly Cost	Employee Annual Cost	Payroll Deduction Amount *
DELTA DENTAL LEVEL I PLAN					
Employee Only	\$26.11	\$26.11	FREE	FREE	FREE
Employee & Spouse	\$52.22	\$27.92	\$24.30	\$291.60	\$14.59
Employee & Child(ren)	\$54.83	\$27.92	\$26.91	\$322.92	\$16.15
Employee & Family	\$78.32	\$27.92	\$50.40	\$604.80	\$30.25
DELTA DENTAL LEVEL III PLAN					
Employee Only	\$45.01	\$27.92	\$17.09	\$205.08	\$10.26
Employee & Spouse	\$90.03	\$27.92	\$62.11	\$745.32	\$37.27
Employee & Child(ren)	\$94.53	\$27.92	\$66.61	\$799.32	\$39.97
Employee & Family	\$135.04	\$27.92	\$107.12	\$1,285.44	\$64.28
CIGNA DENTAL DHMO PLAN					
Employee Only	\$9.95	\$9.95	FREE	FREE	FREE
Employee & Spouse	\$19.68	\$19.68	FREE	FREE	FREE
Employee & Child(ren)	\$22.06	\$22.06	FREE	FREE	FREE
Employee & Family	\$24.21	\$24.21	FREE	FREE	FREE



# Medical



When you enroll in any of the two UHC plans, you may visit any in-network provider, including specialists, without a referral.

The following is a summary of each plan's features. Be sure to review this information carefully. You can find more information on your benefits enrollment portal.

**Benefits-eligible employees may choose to enroll in one of two medical plans provided through UnitedHealthcare:**

- Traditional
- HDHP (high-deductible health plan) with a health savings account (HSA)





# Traditional Plan

## Co-Payments / Co-Insurance

Virtual Visits
PCP Visit
Specialist
Mental Health
Urgent Care
Emergency Room
Hospital Stay
Co-Insurance

## Deductible Per Calendar Year\*

Individual
Family

## Out of Pocket Limit

Individual
Family

## Tier Levels

Tier 1
Tier 2
Tier 3
Tier 4 (Specialty RX)

## Traditional

### Network

\$0
\$10 / \$30
\$40 / \$80
\$10 / \$30
\$25
\$500
Subject to Deductible + 20%
80%

### Out of Network

No Coverage
No Coverage
No Coverage
No Coverage
No Coverage
\$500 (Emergency Only)
No Coverage
No Coverage

### Network

\$1,000
\$3,000

### Out of Network

N/A
N/A

### Network

\$6,500
\$13,000

### Out of Network

N/A
N/A

## Pharmacy

### Network

\$0
\$25
\$50
\$100



# High Deductible Health Plan - Base

## Co-Payments / Co-Insurance

Virtual Visits  
PCP Visit  
Specialist  
Mental Health  
Urgent Care  
Emergency Room

Hospital Stay

Co-Insurance

## Deductible Per Calendar Year\*

Individual

Family

## Out of Pocket Limit

Individual

Family

## Tier Levels

Tier 1

Tier 2

Tier 3

## High Deductible Health Plan

### Network

Deductible + \$0 Copay  
Subject to Deductible + 20%  
Subject to Deductible + 20%  
Subject to Deductible + 20%  
Subject to Deductible + 20%  
Subject to Deductible + 20%

Subject to Deductible + 20%

80%

### Network

\$2,800 (Embedded)

\$5,600 (Embedded)

### Network

\$6,500

\$13,000

### Out of Network

No Coverage  
No Coverage  
No Coverage  
No Coverage  
No Coverage  
Subject to Deductible + 20%  
(Emergency Only)

No Coverage

No Coverage

### Out of Network

N/A

N/A

### Out of Network

N/A

N/A

## Pharmacy

### Network

Subject to Deductible + \$10 Copay  
Subject to Deductible + \$25 Copay  
Subject to Deductible + \$50 Copay





# High Deductible Health Plan with HSA



## **HDHP with Health Savings Account (HSA)**

The HDHP with a health Savings Account combines a high-deductible health plan with a tax-advantage Health Savings Account (HSA) that helps you pay for eligible medical expenses. When you enroll, the District provides funds for your HSA which you can use to pay eligible medical expenses. The plan also provides resources and tools to help you make informed healthcare buying decisions. Please note that the total contribution amounts are based on a full year of enrollment in the Plan. Funds will be deposited during the 22-23 plan year.

PLEASE NOTE: If you are on Medicare, you can elect the HDHP but cannot contribute to a HSA. If you have questions regarding this, please contact Human Resources for more details.

## **HDHP with HSA Plan Year Deductibles**

As you seek healthcare, you must meet the calendar year deductible before the plan's benefit kick in. Deductibles for the HDHP are \$2,800 for each individual and up to \$5,600 for families. You can use your Health Savings Account to pay for any qualified medical expenses including those incurred while meeting your deductible out of your own pocket.

The HDHP plan covers most in-network preventative care services at 100% with no deductible required. We strongly encourage you to advise your physician that your appointment is for your annual wellness or preventative exam and should be coded appropriately.

## **What happens when I meet my Deductible? (Co-insurance)**

After meeting the calendar year deductible, the plan's co-insurance benefit kicks in. The plan pays 80% and you pay 20% for most in-network charges. You are responsible for your share of co-insurance until reaching the "out of pocket maximum".

## **What happens when I meet my Out of Pocket maximum? (Co-insurance)**

The out-of-pocket maximum is the most you will pay for eligible expenses during the calendar year. After reaching the maximum, the plan pays 100% for eligible expenses. The amount you pay to satisfy your calendar year deductible is included in the out-of-pocket maximum.



# Health Savings Account



A High Deductible Health Plan qualifies enrollees to participate in a Health Savings Account (HSA) with Optum Bank. A Health Savings Account paired with a qualifying High Deductible Health Plan helps individuals and families plan, save and pay for health care.

## **Rules Regarding Health Savings Accounts**

If you are enrolled in Medicare Part A or AHCCCS, 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 the District or you to contribute to a Health Savings Account. **It is your responsibility to notify Human Resources if you are not eligible for contributions.**

Employees enrolled in a HDHP medical plan may contribute to their HSA account. All contributions made through payroll deductions are taken on a pre-tax basis. For 22-23 the maximum that can be contributed for single coverage is \$3,650 and for family coverage \$7,300. These amounts include the District's contribution. Employees age 55 and older are eligible to contribute an additional \$1,000.

**IF ENROLLING IN THE HIGH DEDUCTIBLE BASE MEDICAL PLAN, A HEALTH SAVINGS ACCOUNT THROUGH OPTUM BANK WILL BE AUTOMATICALLY OPENED ON YOUR BEHALF.**

The District's initial contribution is pro-rated depending on your effective date of coverage:

Insurance effective July 1 – September 1 - \$550

Insurance effective October 1 – December 1 - \$450

Insurance effective January 1 – March 1 - \$350

Insurance effective April 1 – June 1 - \$250



# Health Savings Account



## Important Information

### **Address Requirements:**

- A Post Office Box is not allowed when setting up a health savings account. If you would like a health savings account you must, temporarily, use your physical address when enrolling in your benefits
- Once you have been assigned an account number, you can change your address back to a Post Office Box.

### **Communication:**

- Please check your work email regularly following your enrollment. If Optum Bank has trouble verifying your identity, they will email you to request additional information.
- If your file closed because you did not respond to Optum Bank's request for additional information, it will be your responsibility to re-apply for an account by accessing Optum Bank's website at [www.optumbank.com](http://www.optumbank.com)

### **Account Maintenance:**

- The Optum Bank Health Savings account comes with a MasterCard that you must activate before using.
- District contributions are loaded onto the MasterCard. If you elect to contribute to your health savings account pre-taxed payroll deductions, your contribution will be loaded to the MasterCard after each payroll.
- Optum Bank charges a monthly fee for balances below \$500.00.
- Accounts with a zero balance for three months in a row will be closed automatically. If your account is closed, it is your responsibility to re-apply for a new health savings account by accessing Optum Bank's website at [www.optumbank.com](http://www.optumbank.com).



# Introduction to health savings accounts



A health savings account (HSA) allows you to save money for qualified medical expenses that you're expecting, such as contact lenses or monthly prescriptions, as well as unexpected ones — for this year and the future.

## Why have an HSA?

### You own it

The money is yours until you spend it — even deposits made by others — such as an employer or family member. You keep it, even if you change jobs, health plans or retire.

### Tax savings

HSAs help you plan, save and pay for health care, all while saving on taxes.

- The money you deposit is tax advantaged .
- Savings grow income tax-free.
- Withdrawals for qualified medical expenses are also income tax-free.

---

### Contribution limits

There are contribution limits, set by the Internal Revenue Service (IRS) and adjusted annually.

These limits are:

- **\$3,600** for individual coverage in 2021; **\$3,650** in 2022
  - **\$7,200** for family coverage in 2021; **\$7,300** in 2022
  - **\$1,000** extra if you're 55 or older, also known as catch-up contributions
- 

### It's not just for doctor visits

Once you've contributed to your account, you can use the funds in your HSA to pay for qualified medical expenses such as:

- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Prescription medications
- Certain over-the-counter drugs and medications
- Chiropractic services
- Acupuncture



## Save for the future

Your HSA rolls over from year to year, so you can continue to grow your savings and use it in the future — even into retirement.

## Who can open an HSA?

To be an eligible individual and qualify for an HSA, you must have a qualifying high-deductible health plan (HDHP) that meets IRS guidelines for the annual deductible and out-of-pocket maximum.

In addition, you must:

- Be covered under a qualifying HDHP on the first day of a given month.
- Not be covered by any other health plan except what is permitted (dental, vision, disability and some other types of additional coverage are permissible).
- Not be enrolled in Medicare, TRICARE or TRICARE for Life.
- Have not received Department of Veterans Affairs (VA) benefits within the past three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply.
- Not be claimed as a dependent on someone else's tax return.
- Not have a health care flexible spending account (FSA) or health reimbursement account (HRA). Alternative plan designs, such as a limited-purpose FSA or HRA, might be permitted.

Other restrictions and exceptions also apply. Consult a tax, legal or financial advisor to discuss your personal circumstances.

### Open your account

Check with your employer or benefits specialist to learn about your company's application process. You may be able to sign up through your employer or enroll at [optumfinancial.com](https://optumfinancial.com). You cannot use your HSA to pay for medical expenses you had before you opened your account — so be sure to open your HSA as soon as you are eligible.

Want to find out what expenses qualify? Check out the qualified medical expense tool on [optumfinancial.com](https://optumfinancial.com).



## Have questions?

Visit [optumfinancial.com](https://optumfinancial.com) or download the mobile app.

### Contributions add up quickly

When Marcus started his new job, he decided to open an HSA and contribute \$100 per month. Because he hasn't had many medical expenses, he decided not to touch the balance during his first year. Here's how his contributions added up:

Monthly contribution: **\$100**

Annual contribution: **\$1,200**

Annual income tax savings<sup>1</sup>: **\$440**

Use the HSA Calculator on [optumfinancial.com](https://optumfinancial.com) to help determine your contributions and see how much you can save on taxes.

**Open your HSA today.**

## Download the Optum Financial app.

Enjoy an easier way to manage your health savings account. You can pay bills, view transactions, upload receipts and more. Download today on your Apple or Android device.



[optumfinancial.com](https://optumfinancial.com)

<sup>1</sup> Assuming a 24% federal income tax, 5% state tax and 7.65% FICA. Results and amount will vary depending on your particular circumstances.

Health savings accounts (HSAs) are offered through ConnectYourCare, LLC, a subsidiary of Optum Financial. HSAs are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice. Federal and state laws and regulations are subject to change.

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# Employee Assistance Program



Your Employee Assistance Program is designed to help you and your family members successfully manage life's challenges by identifying options and making informed choices.

## **Issues commonly addressed through your EAP benefit include:**

Family conflict, divorce, custody, blended family, domestic violence issues.

Grief, accidents, illness, victim of crime, loss of a loved one.

Changes at home, work, or school, relocation, job stress, interpersonal problems, empty nest, aging parents.

Personal growth, interpersonal skills (relationship and/or communication) for work or family.

Dependence or codependency issues  
alcohol, drugs, gambling.

When you enroll in one of the District's medical plans, you will have access to UnitedHealthcare's 24-hour referral service, called UHC Employee Assistance Program. The UHC Assistance program is staffed with master's level counselors who can help with almost any problem ranging from medical and family matters to personal, legal, financial, and emotional issues.

UHC Employee Assistance Program is confidential and provided at no additional cost to medical plan participants (employees and dependents). Call 1.888.887.4114 to speak with a counselor anytime, day or night, 7 days a week, 365 days a year.

Members can access 3 in-person visits with an in-network counselor at no out-of-pocket expense per incident.

**Call 1.888.887.4114 / Se Habla Español 1.888.887.4114**





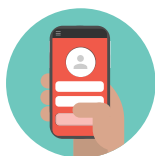


# Empowering You for Lasting Success

Ready to get (and stay) healthier? Feeling in control of your situation and finding the confidence to stick with your goals are key. Real Appeal® shows you how.

## Giving You a Solid Foundation

Real Appeal on Rally Coach™ is a proven online weight loss support program. It's available to you and eligible family members at no additional cost as part of your medical insurance.



### Convenient Rally Coach App

Set goals, track your progress, and connect with a weight loss coach, right in the app. Sync wearable devices and third-party apps, too.



### Online Coaching

Get support and guidance every step of the way. Join virtual group sessions led by a coach.



### Healthy Resources

Access a digital library full of practical tips, recipes, and workouts. Get a Real Appeal Success Kit delivered right to your door, too.

## 3 tips to feel more confident about losing weight.

### Be realistic

Focus on small, achievable changes, so you can experience feelings of success more often.



### Keep a learning mind-set

Accept that setbacks will happen and approach challenges with an open mind.

### Track successes

Make a list of accomplishments, then add to it daily, to focus on what's going well.



Read "How to Make Healthy Habits Stick" on the back for other practical tips.

Get Started Now at  
**[enroll.realappeal.com](https://enroll.realappeal.com)**

Have your health insurance ID card handy when enrolling.

RALLY/COACH™



# How to Make Healthy Habits Stick



All of us approach personal change a little differently. But these four key principles can help as you work to adopt new habits.



## Build Confidence

- Focus on doable strategies that build on your strengths and skills
- Consider past successes and create your plan from there



## Create a Routine

- Develop an eating or activity schedule to feel more in control
- Be sure your schedule works for your life, not just the short term
- Set realistic goals — more success leads to more motivation



## Focus on What You're Adding

- Try not to fixate on what you're giving up
- Enjoy delicious, healthy meals or the energized feeling that comes after a workout
- Celebrate even the smallest positive changes in how you look and feel



## Make Your Program Your Own

- Experiment a little to understand what approach works best for you
- Try a different method if one doesn't work for you or your lifestyle

Get Started Today at [enroll.realappeal.com](https://enroll.realappeal.com)

# Real Appeal®

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# LIFE-CHANGING CONVERSATIONS HAPPEN HERE

Consult with **nationally recognized doctors within a matter of days.**

Valley Schools provides access to 2nd.MD services at no cost to employees, spouses, and dependents enrolled in the UnitedHealthcare medical plan.

Speak to a leading medical specialist about:

- Your diagnosis or treatment plan
- Possible surgery
- Your medications
- A chronic condition

If you are a good candidate for a second opinion, 2nd.MD's caring and compassionate Health Advocates may reach out via phone, email or text.

**85%**  
of consults  
result in improved  
treatment plans\*

**35%**  
of consults lead  
to an alternate  
diagnosis\*

\*2nd.MD's Book of Business Statistics 2019

## TO START YOUR CONSULT

call us at  
**1.866.269.3534**

visit our website  
**[www.2nd.MD/valleyschools](http://www.2nd.MD/valleyschools)**

download our app





# Dental Plans



Delta Dental covers 1.2 million smiles in Arizona – more than any other dental benefits carrier in the state. With more than 45 years of experience insuring healthy smiles across the state, Delta Dental of Arizona knows what it takes to provide access to great dental care. As not-for-profit service corporation headquartered in Glendale, Delta Dental of Arizona is committed to giving back to the communities it serves.

## **The individual & family Delta Dental deductibles, co-pay and annual maximum benefits are listed below:**

### **Delta PPO Dentist**

Individual deductibles can vary depending on the plan you choose per calendar year.\*

### **Delta Premier Dentist**

Individual deductibles can vary depending on the plan you choose per calendar year.\*

### **Orthodontia**

Employee and dependents are eligible for orthodontia benefits under the Level III plan.

\*Please see the Delta Dental documents for comparisons



## **Cigna Voluntary Pre-Paid DHMO Dental.**

This prepaid dental plan offers benefits through a network of plan dentists with national coverages. No claims forms, deductibles or annual dental maximums.

### **Pre-Paid Schedules Dental coverage includes dental services and treatment for:**

- Diagnostic
- Preventive
- Teeth Whitening – Restorative
- Endodontics
- Periodontics
- Prosthodontics – Oral Surgery
- TMJ
- Orthodontics

Refer to the Schedule of Benefits and Co-payments for a detailed listing of covered procedures or call 1.800.244.6224 or visit [myCigna.com](http://myCigna.com)





**Delta Dental PPO™  
Summary of Benefits  
For Group# 14267  
VSEBG - GLENDALE ELEMENTARY - LEVEL I**

This Summary of Benefits should be read along with your Dental Benefits Booklet. Your Dental Benefits Booklet provides additional information about your Group Plan Sponsor's dental plan administered by Delta Dental, including information about plan exclusions and limitations. If a statement in this Summary of Benefits conflicts with a statement in the Dental Benefits Booklet, the statement in this Summary of Benefits applies to you and you should ignore the conflicting statement in the Dental Benefits Booklet. The percentages below are applied to your Group Plan Sponsor's dental plan allowance for each service and it may vary due to the dentist's network participation.\*

**Group Plan Sponsor** – VSEBG - GLENDALE ELEMENTARY - LEVEL I

**Dental Claims Administrator** – Delta Dental of Arizona

**Benefit Year** – January 1 through December 31

**Deductible** – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, and periodontal maintenance.

**Benefit Maximum Payment** – \$1,000 per person total per Benefit Year on all services, except oral exams, preventive services, X-rays, sealants, and periodontics. \$1,000 per person total per lifetime on periodontics (excluding periodontal maintenance).

**Child Age Limit** – To age 26

**Student Age Limit** – To age 26

**Covered Services** –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Periodontal Maintenance</b> – cleanings following periodontal therapy	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	80%	80%	80%
<b>Minor Restorative Services</b> – fillings	80%	80%	80%
<b>Simple Extractions</b> – non-surgical removal of teeth	80%	80%	80%
<b>Other Basic Services</b> – misc. services	80%	80%	80%
<b>Major Services</b>			
<b>Crown Repair</b> – to individual crowns	50%	50%	50%
<b>Endodontic Services</b> – root canals	50%	50%	50%
<b>Periodontic Services</b> – to treat gum disease	50%	50%	50%
<b>Other Oral Surgery</b> – surgical extractions and other oral surgery	50%	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%	50%
<b>Anesthesia Services</b> – when medically necessary	50%	50%	50%
<b>Relines and Repairs</b> – to bridges and dentures	50%	50%	50%
<b>Prosthodontic Services</b> – bridges, implants, and dentures	50%	50%	50%

\* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or the Nonparticipating Dentist Fee) that will be paid for



those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

### Frequencies and Limitations

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Scaling (equivalent to one cleaning) is payable once in any two-year period. Full mouth debridement (equivalent to one cleaning) is payable once in any five-year period.
- Fluoride treatments are payable twice per calendar year for people age 17 and under.
- Sealants are payable once per tooth in any three-year period for bicuspid and first and second molars for people age 18 and under. The surface must be free from decay and restorations. Preventive resin restoration on molars is payable once per lifetime for people age 15 and under with moderate to high caries risk. Treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament is payable twice per tooth per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Six periapical X-rays are payable per calendar year.
- Space maintainers, including distal shoe space maintainers, and recement or rebond of space maintainers are payable once per area in any three-year period for people age 13 and under.
- Endodontic treatment is payable once per tooth per lifetime. Endodontic retreatment is payable once per tooth in any three-year period.
- Root planing and scaling is payable once per quadrant in any two-year period. Only two quadrants of root planing and scaling can be performed on the same day.
- Full and partial dentures are payable once in any seven-year period.
- Bridges are payable once in any seven-year period.
- Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are payable.
- Implants bound by natural teeth and prefabricated and custom fabricated abutments are payable once per tooth per lifetime and subject to a \$1,000 maximum per tooth. Implant-related services are payable.
- Silver amalgam and composite resin (white) restorations are payable once per surface in any two-year period.
- Porcelain and resin facings on crowns are optional treatment.
- Crowns, onlays, and substructures are payable once per tooth in any seven-year period.
- Oral surgery, including simple and surgical extractions, is payable.
- Fabrication of athletic mouthguard is payable once in any two-year period for people age 17 and under. Occlusal guards are not payable.
- Orthodontic services, including exposure of an unerupted tooth and placement of device to facilitate eruption of impacted tooth as related to orthodontics, are not payable.

**Eligible People** – As defined by the Employer Group. The Subscriber pays the full cost of this plan.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should a Subscriber or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Dual Spouse** – If you and your Spouse are both eligible to enroll in this Dental Plan as Subscribers, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Subscribers under this Dental Plan.

Coverage ends at the end of the month that the Subscriber and/or Dependent is no longer eligible.



**Delta Dental PPO™  
Summary of Benefits  
For Group# 14267  
VSEBG - GLENDALE ELEMENTARY - LEVEL III**

This Summary of Benefits should be read along with your Dental Benefits Booklet. Your Dental Benefits Booklet provides additional information about your Group Plan Sponsor's dental plan administered by Delta Dental, including information about plan exclusions and limitations. If a statement in this Summary of Benefits conflicts with a statement in the Dental Benefits Booklet, the statement in this Summary of Benefits applies to you and you should ignore the conflicting statement in the Dental Benefits Booklet. The percentages below are applied to your Group Plan Sponsor's dental plan allowance for each service and it may vary due to the dentist's network participation.\*

**Group Plan Sponsor** – VSEBG - GLENDALE ELEMENTARY - LEVEL III

**Dental Claims Administrator** – Delta Dental of Arizona

**Benefit Year** – January 1 through December 31

**Deductible – Delta Dental PPO™ Dentist** - \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services.

**Delta Dental Premier® Dentist or Nonparticipating Dentist** - \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services.

**Benefit Maximum Payment – Delta Dental PPO™ Dentist** - \$2,000 per person total per Benefit Year on all services, except oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services. \$1,500 per person total per lifetime on orthodontic services.

**Delta Dental Premier® Dentist or Nonparticipating Dentist** - \$1,500 per person total per Benefit Year on all services, except oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

These are not separate maximums by type of dentist.

**Child Age Limit** – To age 26

**Student Age Limit** – To age 26

**Covered Services** –

	<b>Delta Dental PPO™ Dentist Plan Pays</b>	<b>Delta Dental Premier® Dentist Plan Pays</b>	<b>Nonparticipating Dentist Plan Pays*</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Periodontal Maintenance</b> – cleanings following periodontal therapy	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	90%	80%	80%
<b>Minor Restorative Services</b> – fillings	90%	80%	80%
<b>Endodontic Services</b> – root canals	90%	80%	80%
<b>Periodontic Services</b> – to treat gum disease	90%	80%	80%
<b>Oral Surgery Services</b> – extractions and dental surgery	90%	80%	80%
<b>Other Basic Services</b> – misc. services	90%	80%	80%
<b>Major Services</b>			
<b>Crown Repair</b> – to individual crowns	60%	50%	50%



<b>Major Restorative Services – crowns</b>	60%	50%	50%
<b>Relines and Repairs – to bridges and dentures</b>	60%	50%	50%
<b>Prosthetic Services – bridges, implants, and dentures</b>	60%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services – braces</b>	50%	50%	50%
<b>Orthodontic Age Limit –</b>	from the age of 8 - No Age Limit	from the age of 8 - No Age Limit	from the age of 8 - No Age Limit

\* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or the Nonparticipating Dentist Fee) that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

## Frequencies and Limitations

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Scaling (equivalent to one cleaning) is payable once in any two-year period. Full mouth debridement (equivalent to one cleaning) is payable once in any five-year period.
- Fluoride treatments are payable twice per calendar year for people age 17 and under.
- Sealants are payable once per tooth in any three-year period for bicuspid and first and second molars for people age 18 and under. The surface must be free from decay and restorations. Preventive resin restoration on molars is payable once per lifetime for people age 15 and under with moderate to high caries risk. Treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament is payable twice per tooth per calendar year for people age 18 and under.
- Bitewing X-rays are payable twice per calendar year. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Space maintainers and recement or rebond of space maintainers are payable once per area per lifetime for people age 13 and under. Distal shoe space maintainers are payable once per area per lifetime for people age eight and under.
- Endodontic treatment is payable once per tooth per lifetime. Endodontic retreatment is payable once per tooth in any three-year period.
- Root planing and scaling is payable once per quadrant in any two-year period. Only two quadrants of root planing and scaling can be performed on the same day.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are payable.
- Implants bound by natural teeth and prefabricated and custom fabricated abutments are payable once per tooth per lifetime and subject to a \$1,000 maximum per tooth. Implant-related services are payable.
- Silver amalgam and composite resin (white) restorations are payable once per surface in any two-year period.
- Porcelain and resin facings on crowns are optional treatment.
- Crowns and onlays and associated procedures (cores, substructures) are payable once per tooth in any five-year period.
- Oral surgery, including simple and surgical extractions, is payable.
- Fabrication of athletic mouthguard is payable once in any two-year period for people age 17 and under. Occlusal guards are not payable.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a treatment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon treatment plan, Delta Dental will make an initial payment to you or your Participating Dentist upon insertion of the appliances or initial banding, equal to 50% of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services as set forth in this Summary of Benefits. Provided Member has current eligibility on the date of service 12 months from the date the appliances or initial banding were placed, Delta Dental will make an additional payment equal to the balance of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services. Maximum Payment for Orthodontic Services equals the lesser of Delta Dental's total Copayment for Orthodontic Services, the Maximum Payment per person total per lifetime on orthodontic services or the fee charged by your provider for orthodontic services.

**Eligible People** – As defined by the Employer Group. The Subscriber pays the full cost of this plan.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should a Subscriber or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

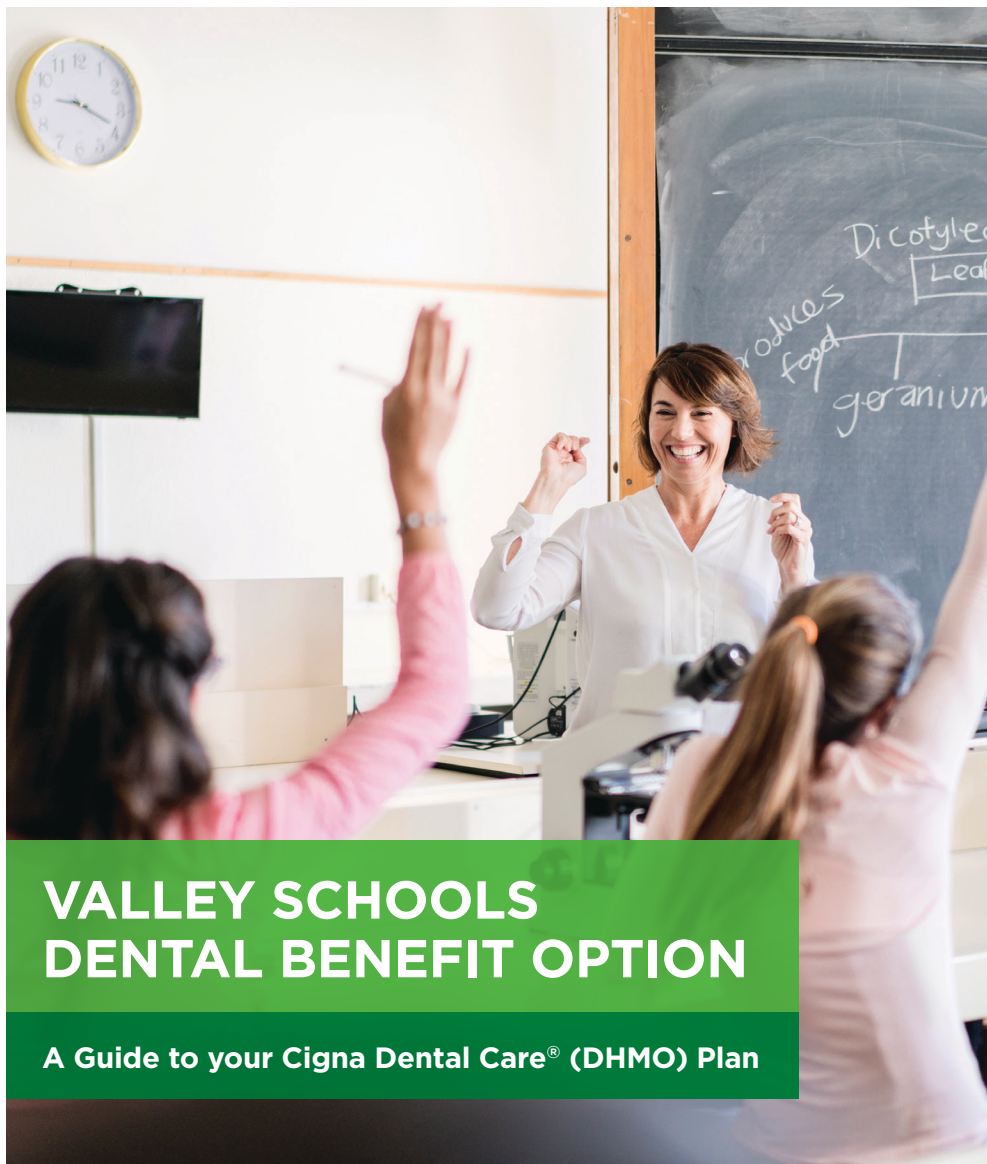
**Dual Spouse** – If you and your Spouse are both eligible to enroll in this Dental Plan as Subscribers, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only



be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Subscribers under this Dental Plan.

Coverage ends at the end of the month that the Subscriber and/or Dependent is no longer eligible.





# VALLEY SCHOOLS DENTAL BENEFIT OPTION

A Guide to your Cigna Dental Care® (DHMO) Plan

Sponsored by Valley Schools | 2022

Together, all the way.®



Offered by Cigna Dental Health Plan of Arizona, Inc.,  
Cigna Health and Life Insurance Company, or their affiliates





# IMPORTANT PLAN INFORMATION

We are pleased to provide information about the Cigna Dental Care® (DHMO¹) plan. This plan offers a full range of benefits through a network of plan dentists.

## Important details

During open enrollment, you will need to select a Cigna Dental Care Access Network General Dentist. If you or covered family members would like to change your general dentist, you can do so following the instructions in this brochure. For children under the age of 13 you may choose a network pediatric dentist. If you need assistance in changing your dentist, contact Cigna at **800.Cigna24**.

- › You will pay the copay amount listed on your Patient Charge Schedule (PCS) for covered dental services performed by your network dentist.
- › If your Network General Dentist does not perform the specialty care procedure you need, he/she can direct you to a participating network specialist.
- › Procedures not listed on your PCS are not covered and are the patient's responsibility at the dentist's usual fees.
- › Referrals are required for specialty care services, except for pediatric dentists for children under 13 and orthodontics.
- › Remember: If you seek covered services from a dentist who does not participate in the Cigna Dental Care Access network, your plan will not pay except in the case of an emergency, or as required by law.



## What's covered

You can save money on a wide range of services, including:

- › **Preventive care** – cleanings, fluoride, sealants, bitewing x-rays, full-mouth x-rays and more.
- › **Basic care** – tooth-colored fillings (called resin or composite) and silver-colored fillings (called amalgam).
- › **Major services** – crowns, bridges, dentures, root canals, oral surgery, extractions, treatment for periodontal (gum) disease and more.
- › **Specialty care** – referrals are required for specialty care, except for pediatric dentists for children under 13 and orthodontics.
- › **Orthodontic care** – coverage for braces for children and adults.
- › **General anesthesia** – when medically necessary.
- › **Temporomandibular joint (TMJ)** – diagnosis and treatment procedures, including cone beam x-ray and appliance.



### Plan features:

- › **No deductibles** – you don't have to reach a certain level of out-of-pocket expenses before your coverage kicks in.
- › **No calendar year maximums** – your coverage isn't limited by a calendar year maximum.
- › There are **no claim forms** to file when using network dentists and **no waiting periods** for coverage.
- › Coverage for dental conditions that exist at the time you enroll in the plan are not excluded if they are otherwise covered under your PCS. Treatment started before your coverage begins will generally not be covered. If you or a family member started orthodontic treatment before you joined the Cigna Dental Care plan, your plan may help pay for covered costs. See page 6 for more information.



Under your plan, you have coverage for **hundreds** of dental procedures. This overview shows you a small sampling of covered services and what you will pay compared to your estimated **cost without coverage**. See savings below.

**You can find a full list of dental procedures on the PCS available from your employer.**

SAMPLING OF COVERED PROCEDURES	WHAT YOU'LL PAY <sup>2</sup>	
	COST WITH CIGNA DENTAL CARE	ESTIMATED COST WITHOUT DENTAL COVERAGE
	GENERAL DENTIST	
Adult cleaning (two per calendar year, additional cleaning \$45)	\$0	\$74–\$160 each
Child cleaning (two per calendar year, additional cleaning \$30)	\$0	\$57–\$123 each
Periodic oral evaluation	\$0	\$43–\$93
Comprehensive oral evaluation	\$0	\$68–\$147
Topical fluoride (two per calendar year)	\$0	\$30–\$65
X-rays – (bitewings) 4 radiographic images	\$0	\$51–\$111
X-rays – panoramic film (one every three years)	\$0	\$89–\$193
Sealant – per tooth	\$17	\$45–\$96
Amalgam filling (silver colored) – 2 surfaces	\$22	\$106–\$229
Composite filling (tooth-colored) – 1 surface, Anterior	\$22	\$127–\$275
Molar root canal (excluding final restoration)	\$530	\$896–\$1,939
Periodontal (gum) scaling and root planing – 1–3 teeth per quadrant	\$64	\$149–\$322
Periodontal (gum) maintenance	\$78	\$114–\$246
Removal/extraction of erupted tooth	\$53	\$134–\$291
Removal/extraction of impacted tooth – soft tissue	\$125	\$268–\$580
Crown – porcelain fused to high noble metal	\$470	\$886–\$1,918
External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$165	\$110–\$237
Occlusal orthotic device, by report (for treatment of TMJ)	\$455	\$730–\$1,580

Chart is for illustrative purposes only.



## SUMMARY OF LIMITATIONS

PROCEDURE	LIMIT
Oral evaluations	Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145)
X-rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorex1 every 3 calendar years
Periodontal root planning and scaling	Limit 4 quadrants per consecutive 12 months
Periodontal maintenance	Limited to 4 per year and (only covered after active periodontal therapy)
Crowns, dentures and partials	Replacement 1 every 5 years
Orthodontic treatment	If covered, maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months may require an additional payment by the patient
Relines	One every 36 months
Denture adjustments	Four within the first 6 months after installation
Prosthesis over implant	If covered, replacement limited to once every 5 years if unserviceable and cannot be repaired
Surgical placement of implant	If covered, surgical placement of implants (D6010, D6012, D6040, and D6050) have a limit of 1 implant per calendar year with a replacement of 1 per 10 years
Temporomandibular Joint (TMJ) treatment	One occlusal orthotic device per 24 months
Athletic mouth guard	One athletic mouth guard per 12 months
General anesthesia/ IV sedation	General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule (PCS). IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the PCS. Plan limitation for this benefit is 1 hour per appointment.
Fluoride treatments	Two treatments per year covered at 100%

Specialty treatment plans may require payment authorization for services to be covered. Before treatment starts, you should verify with your network specialty dentist that your treatment plan has been authorized for payment by Cigna. Depending on your plan, if more than one professionally accepted and appropriate method of treatment can be used to treat a dental condition, coverage may be limited to the less costly covered service. If you choose the more costly service, the fee listed on the Patient Charge Schedule may not apply. Review your plan documents for the details of your employer’s specific dental plan.



# Vision Plan



UnitedHealthcare vision has been trusted for more than 50 years to deliver affordable, innovative care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible diversified vision care network. In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eyeglasses. Members age 0-12 are eligible for a 2nd exam. Members age 0-12 are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.

## Benefit Frequency

Comprehensive Exam(s)	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses in Lieu of Eyeglasses	Once every 12 months



## In-Network Services

### Copays

Exam(s)	\$15
Materials	\$30

### Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage)

Private Practice Provider	\$130 retail frame allowance
Retail Chain Provider	\$130 retail frame allowance

### Lens Options

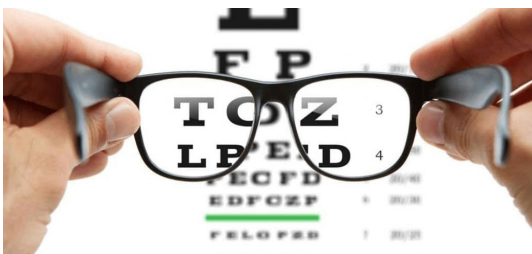
Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full. Other optional lens upgrades may be offered at a discount. Based on state guidelines, lens material and options may not be available at these discounted prices at all provider locations. Please ask your provider for details. The Lens Options list can be found at [myuhcvision.com](http://myuhcvision.com).

### Contact Lens Benefit

<b>Elective contact lenses</b> Allowance is applied toward the purchase of contact lenses. Materials copay is waived.	\$130
<b>Elective contact lenses</b> Allowance is applied toward the purchase of contact lens fitting/evaluation fees	\$125
<b>Medically necessary contact lenses</b>	Covered in full after Copay (if applicable)

## Out-of-Network Reimbursement (Copays do not apply)

Exam(s)	Up to \$40
Frames	Up to \$45
Single vision Lenses	Up to \$40
Lined Bifocal Lenses	Up to \$60
Lined Trifocal Lenses	Up to \$80
Lenticular Lenses	Up to \$80
Elective Contacts in Lieu of Eyeglasses	Up to \$125
Contact Lens Fitting and Evaluation	\$0
Necessary Contacts in Lieu of Eyeglasses	Up to \$210





# Colonial Voluntary Insurance Services



## Group Accident Insurance

Colonial's Accident Insurance helps offset unexpected covered medical expenses such as emergency room fees, X-rays, and hospital admissions that can result from a fracture, dislocation or other covered accidental injury. All accident coverage has a Guaranteed Issue, and you can choose individual or family coverage. Should you leave employment, your coverage is portable and can be taken with you. There is also no age limit for benefit eligible members.

## Group Critical Illness Coverage

Critical Illness Insurance can help supplement your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, and pays for multiple critical illness. Critical Illness coverage can help you and your family maintain financial security during a lengthy, expensive recovery period of a serious medical event such as cancer, heart-attack or stroke.

Coverage is available for you, your spouse, you and your dependents, or family. Critical illness benefits are paid in addition to other insurances you may have and are paid directly to you. Benefits may be used however you choose to cover expenses such as out-of-pocket medical costs, travel expenses, housing, home health recovery and rehabilitation costs. Please visit your insurance benefits website or portal for the full Critical Illness Benefit plan details, rates and coverage options.

Please note that the plan will not pay for a pre-existing condition for which you have had treatment for, received medical testing or advice or taken medication for within 12 months prior to your effective date.

## Group Hospital Confinement Indemnity Insurance

Hospital confinement indemnity insurance provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help with co-payments and deductibles. Coverage is available for you, your spouse, you and your dependents, or family. Benefits are paid in addition to other insurances you may have and are paid directly to you. Please visit your insurance benefits website or portal for the full benefit plan details, rates and coverage options.

Please note that the plan will not pay for a pre-existing condition for which you have had treatment for, received medical testing or advice or taken medication for within 12 months prior to your effective date.

**Please visit your insurance benefits website or portal for the full colonial life detail, rates and coverage options.**



# Employer-paid Life and Accidental Death and Dismemberment (AD&D)

Valley Schools Employee Benefits Group - Glendale Elementary School District | All Eligible Full-Time Employees and Job-Share Employees

## Protect your family

Life insurance provides the people you love with financial support when you can't be there—and when they need it most.

## How it works

Your employer is providing coverage for you, at no cost to you!

### Benefits

For you	<p><b>Two times</b> your basic annual earnings, up to a <b>maximum of \$500,000</b>—with no medical questions asked.</p> <p>Benefits are reduced to 50% at age 70.</p> <p>Your coverage ends at termination of employment or retirement.</p>
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## Reasons why you may need life insurance



Provide financial support for others



Pay household expenses



Pay tuition



Leave an inheritance or philanthropic gift



Pay funeral or medical expenses



# Accidental Death and Dismemberment (AD&D)

This coverage includes an equal amount of AD&D insurance that provides a benefit if you suffer a covered accidental injury or die from a covered accident.	<b>Benefits</b> – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.			
	<b>Accidental injury</b>	<b>The plan pays</b>	<b>Accidental injury</b>	<b>The plan pays</b>
	Accidental death	100%	Loss of speech only or hearing only	50%
	Quadriplegia	100%	Loss of limb (arm or leg)	50%
	Loss of sight of one eye	50%	Loss of thumb and index finger on same hand	25%

## Additional considerations

<b>If I become terminally ill</b>	You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may affect your eligibility for public assistance programs.
<b>If I become Totally Disabled</b>	If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.
<b>If I leave my employer</b>	Depending upon state variations and your employer’s plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

## Life and AD&D FAQ

### How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may

elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the important plan provisions section for more information including limitations and exclusions.



# Voluntary Life insurance

Valley Schools Employee Benefits Group - Glendale Elementary School District | All Eligible Full-Time Employees and Job-Share Employees

## Protect your family

The people you love and support could face financial challenges if you were no longer around. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

## How it works

You have the opportunity to purchase additional life insurance, beyond what your employer has provided for you. Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all or a portion of the cost. Choose the benefit that best meets your needs and your budget.

### Benefits

For you	<p>For all Eligible Full-time Employees earning less than \$50,000 annually: You can choose from <b>\$10,000 to \$250,000</b>—in increments of \$10,000—with no medical questions asked <b>up to the Guaranteed Issue amount of \$150,000.</b></p> <p>For all Eligible Full-time Employees earning \$50,000 or more annually: You can choose from <b>\$10,000 to \$500,000</b>—in increments of \$10,000 <b>not to exceed 5 times</b> your basic annual earnings — with no medical questions asked <b>up to the Guaranteed Issue amount of \$150,000.</b></p> <p>The benefit amount is reduced to 50% at age 70.</p> <p>Your coverage ends at termination of employment or retirement.</p>
For your spouse	<p>You can choose from <b>\$5,000 to \$150,000</b>—in increments of \$5,000—with no medical questions asked <b>up to the Guaranteed Issue amount of \$30,000.</b></p> <p>(The amount you select for your spouse cannot exceed 100% of your combined Employer-paid Life and elected Voluntary Life coverage amounts.)</p> <p>Coverage ends when your spouse turns age 70.</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>



## What does life insurance mean for the Jones family?

Jason and Charlotte just bought their first house and are expecting their first child. They didn't think they could afford life insurance—and they didn't think they needed it because they're young and healthy.

However, Jason's best friend from high school was recently killed in a car accident. Sadly, his wife is selling their home because she can't afford the mortgage on her own.

Jason and Charlotte started to rethink life insurance, and were surprised to find options at work that meet their budget.

*Since most people would have trouble paying living expenses after several months if their primary wage earner died,\* it may be worth asking, who depends on you?*

Sun Life Assurance Company of Canada  
sunlife.com

800-247-6875



<b>For your child(ren)</b>	<p>You can choose from <b>\$2,000 to \$10,000</b>—in \$2,000 increments—with no medical questions asked.</p> <p>A full benefit is payable for a dependent child who is 6 months to to age 26. A reduced benefit is payable for a child from 15 days to 6 months.</p>
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Sun Life Assurance Company of Canada  
sunlife.com  
800-247-6875



## Additional considerations

<b>If I become terminally ill</b>	You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may impact your eligibility for public assistance programs.
<b>If I become Totally Disabled</b>	If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.
<b>If I leave my employer</b>	Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.
<b>If I've had a life change</b>	You may be able to adjust your coverage as your needs change (e.g., you get married or have a baby). Certain changes require you to answer health questions. Ask your employer for details.

## Life FAQ

### Do I have to answer health questions to enroll?

You will be required to answer health questions if (1) you do not elect coverage when it's first available to you and you want to elect at a later date; (2) you request an amount higher than the Guaranteed Issue amount noted in the table, if offered; or (3) you want to increase coverage at a later date. You will need to fill out and submit our Evidence of Insurability application which must be approved by Sun Life before the coverage takes effect.

### How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.)

**Read the important plan provisions section for more information including limitations and exclusions.**

\* Facts About Life 2016, LIMRA.com, September 2016, accessed June 2018.



## Important plan provisions

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.**

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

#### Life

If cause of death is suicide, no amount of contributory Life insurance will be paid if suicide occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see the Certificate for details.

#### Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

### Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

Sun Life Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life Financial” or “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

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GVBH-EE-6701

SLPC 29219 08/18 (exp 08/20)



# Accidental Death and Dismemberment (AD&D) insurance

Valley Schools Employee Benefits Group - Glendale Elementary School District | All Eligible Full-Time Employees and Job-Share Employees

## Protect your savings and your family

A serious accident can change the course of your life and leave you and the people you love with unexpected expenses. AD&D insurance provides financial protection if you or anyone on your plan suffers from a covered accidental injury or accidental death.

## How it works

You have the opportunity to purchase additional Accidental Death & Dismemberment (AD&D) insurance, beyond what your employer has provided for you.

You are responsible for paying all of the cost.

### Benefits

For you	<p>You can choose from <b>\$10,000 to \$500,000</b>—in increments of \$10,000.</p> <p>Coverage ends at termination of employment or retirement.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose <b>\$10,000 to \$250,000—in increments of \$10,000.</b></p> <p>(The amount you select for your spouse cannot exceed 50% of your combined Employer-paid AD&amp;D and elected Voluntary AD&amp;D coverage amounts.)</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose <b>\$1,000 to \$10,000—in increments of \$1,000.</b></p> <p>A full benefit is payable for a dependent child from birth to 26 years old, married or unmarried.</p>



## Reasons why you may need AD&D insurance



Provide financial support for you or others



Pay household expenses



Hire help for child or elder care



Funeral or medical expenses

*You or your beneficiaries can use the benefit to pay for injury-related expenses or to help replace lost income—however way the money is needed.*



## Covered accidental injuries

You may receive up to 100% of your AD&D coverage amount for losses resulting from one accident, such as paralysis, speech or hearing loss, or thumb and index finger loss. If a covered accident results in your death, your beneficiary will receive 100% of your AD&D coverage amount.

This chart shows a partial list of AD&D insurance benefit amounts as a percentage of coverage. You may refer to the certificate for the full list of covered accidental injuries.

### Benefits

Accidental injury	The plan pays
Accidental death	100%
Quadriplegia	100%
Loss of sight of one eye	50%
Loss of speech only or hearing only	50%
Loss of limb (arm or leg)	50%
Loss of thumb and index finger on the same hand	25%

## Accidental Death and Dismemberment FAQ

### Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer’s plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### How is my benefit claim filed and paid?

In the event of your accidental death or injury, you or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun

Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply, and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

**Read the important plan provisions section for more information including limitations and exclusions.**



Glendale Elementary

931163

EMPLOYEE BENEFITS

## Use our online Evidence of Insurability (EOI) application

It's the quick and easy way to submit EOI, and it's confidential.

### Why use our online EOI application?

- Quick – our site leads you step by step through the process, which usually takes less than 15 minutes.
- Easy – we send you an official acknowledgment by email that your EOI application was approved or we ask you for more information in order to make a decision.

If your employer has asked you to complete an EOI application, follow the steps below to submit it online.<sup>1</sup>

### 1. Get ready to complete EOI. You may need to gather some information from your employer.

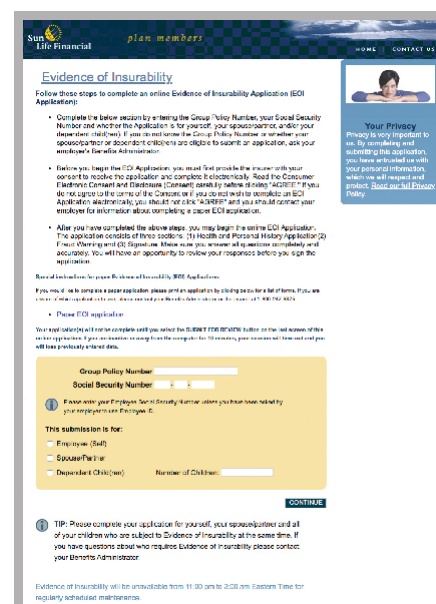
- Your group policy number
- Your location
- Coverages for yourself and for any dependents you are including in your EOI application
- Height
- Weight
- Recent medical history for you and any dependents you are including in your EOI application.

### 2. Access the online application:

- Sign into your account at [www.sunlife.com/account](http://www.sunlife.com/account) by entering your Username and password. If you don't yet have an account, you can create one by clicking on *Create an account*.
- Once you've signed in, select *Submit Evidence of Insurability*.

### 3. Follow the instructions on the Evidence of Insurability screen

- Enter the information you have gathered.
- You'll be able to review your answers and then sign your application electronically before you submit it to us.
- Once you've entered all required information, please make sure to click the *Submit for review* button on the last screen.



If you don't want to create an account, you can submit EOI by visiting <https://www.sunlife-usa.net/eoi/>.





## Frequently asked questions

### What is Evidence of Insurability (EOI)?

EOI is a statement or proof of an employee's or dependent's medical history. We use it to determine whether or not to provide the benefit you are requesting.

### Why am I required to submit EOI?

The reason you may need to submit EOI depends on your group policy. Usually, EOI is required if:

- you apply for additional coverage that is more than the Guaranteed Issue amount,
- you previously enrolled for the benefit and now want to increase the amount,
- you declined the benefit during your initial eligibility period and now want to enroll, or
- you elect to increase your coverage, and doing so is allowed by your group policy.

### What is a Guaranteed Issue amount?

A Guaranteed Issue amount is the quantity of coverage you can receive under your group policy without having to provide EOI.

### What are my Guaranteed Issue amounts and deadlines to apply for more coverage?

The Guaranteed Issue amounts and deadlines vary according to your group policy and the type of coverage. Please ask your employer for more information.

### What if I apply for coverage after the deadline?

If you apply for coverage after the deadline, you will be considered a "late entrant," and the entire amount you are applying for will be subject to EOI.

Typically, the deadline to apply for coverage is 31 days from your date of eligibility. However, to confirm your actual deadlines, please ask your employer.

### What if I don't want to submit EOI online or if the coverage I'm applying for does not yet have an online EOI application?

To download an EOI paper application, visit [www.sunlife.com/us](http://www.sunlife.com/us) and under Client support, click on *Find a form*. You can also call us at 800-247-6875, Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

Fill it out and send it back to us by following the instructions on the application.

### What happens after I submit an application online?

Your employer will confirm that you are eligible to apply for your selected coverage. Your employer will not have access to your EOI answers. As soon as your employer verifies your eligibility to apply, we will review your application and contact you by email with a decision.

We'll tell you that your application was either:

#### Approved

Your coverage will go into effect on the later of the approved date or benefit effective date, or

#### Pended

We need more information from you before we make a decision. We will be in touch with you via mail for more information.

### About privacy and security

In accordance with Sun Life Financial's strict privacy practices, your answers to the health history portion of the EOI application are completely confidential and are never shown to your employer. Also, we do not share your email address or other personal information with any third parties except as permitted or required by law. Our website includes state-of-the-art security. Any information you enter is encrypted and transmitted using Secure Sockets Layer (SSL) technology.

1. Online applications are only available for STD, LTD, and Life.

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GMPFL-5303H2-w (7/20)



# Voluntary Short-Term Disability Insurance\*

Valley Schools Employee Benefits Group - Glendale Elementary School District |  
All Eligible Employees |

## Protect your paycheck

Imagine you hurt your back, and your doctor recommends you stay home from work for four weeks. Or imagine you just delivered twins. You can't work, but you have bills to pay. Short-term disability replaces part of your income if you can't work for a short time due to a covered disability. You can use the weekly check to help pay everyday expenses, like your mortgage or rent, utilities, childcare and groceries.

## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all of the cost.

Choose the benefit that best meets your needs and your budget.

### Benefits

<b>Weekly benefit after your claim is approved</b>	Get a weekly check of <b>\$100 to \$1,900</b> , in any <b>\$100</b> increment you choose, to replace a portion of your income—up to <b>66.67%</b> of your Total Weekly Earnings.
<b>When benefits begin</b>	Benefits begin as soon as <b>8 days</b> from the date you are unable to work due to an injury and <b>8 days</b> due to an illness.
<b>Benefits may be paid for</b>	<b>Up to 12 weeks</b> , as long as you are still unable to work due to a covered disability.
<b>Additional plan information</b>	This plan provides a benefit for a disabling illness (including pregnancy) or injury that is not work-related.

*"1 in 4 workers will miss up to 3 months of work due to illness, injury or pregnancy during their career."\*\*\**



## What did Short-Term Disability insurance mean for Joyce?

Joyce was out apple-picking when she fell off the ladder and broke her ankle. Her injury left her unable to work at her job while she had surgery and recovered at home.

- Joyce filed a claim with Sun Life. We reviewed her medical information and job description and approved her claim.
- Joyce started receiving her weekly benefit, which helped her pay rent, buy groceries and cover the co-pays for doctor visits.
- Six weeks later, Joyce was back at work

## Top 5

### Short-Term Disability diagnoses:

1. Maternity
2. Musculoskeletal
3. Injury
4. Digestive disorders
5. Cancer

Sun Life claims data, July 2018

**Sun Life Assurance Company of Canada**  
sunlife.com  
800-247-6875



## Additional considerations

<b>If I have other income</b>	Income from other sources may reduce your benefit amount. These sources may include Social Security benefits, disability benefits from retirement, government plans or state disability income such as California SDI; other group disability plans; no-fault benefits, and return-to-work earnings. For more information or to determine if Voluntary STD or Contributory STD is appropriate for you, contact your Benefits Administrator.
<b>If I can work while disabled</b>	Your plan is designed to encourage and support your return to work. If you are able to work part-time for example, you may receive part of your benefit while working.
<b>If I become pregnant</b>	Check with your employer to make sure you are eligible for benefits and let them know when you expect to be out of work on maternity leave. Typically a maternity claim is treated as an illness claim (see "When benefits begin" in the table).

## Short-term disability FAQs

### What if I have a pre-existing condition?

If you submit a claim within 12 months of your insurance taking effect, or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 12 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

### How do I file a claim after becoming disabled?

Check with your employer to make sure you are eligible for benefits. Then, file a claim with Sun Life. We will ask for information from you about your doctor, your income, and your condition. We will ask for medical records and for your doctor to fill out a form about your condition and your expected recovery. You can download forms from our website. You can download forms from our website or call our toll free number at 888-444-0134 Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET

### How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the definition of disability if you're insured when you become disabled.

### How is my benefit taxed?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, or if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be taxable income, which will be tax reported on a Form W-2 and it may have FICA tax deductions that reduce the amount we pay you. Please consult with a tax advisor or your employer if you have any questions.

## Read the important plan provisions section for more information including limitations and exclusions.

\*In Vermont, the product name is Short-Term Income Replacement insurance when the Maximum Benefit Duration elected is less than 26 weeks.

\*\*Realitycheckup.org, Council for Disability Awareness, 2018



## Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

### Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection. We will not pay a benefit for any accident or sickness covered by Workers’ Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

### Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

Sun Life Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life Financial” or “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

© 2018 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life Financial and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada. Visit us at [www.sunlife.com/us](http://www.sunlife.com/us).

GVBH-EE-6701

SLPC 29219 08/18 (exp 08/20)



# Rate Sheet

**Employee** – Coverage and **Monthly** cost for Short Term Disability.

*Rates are effective as of July 1, 2020.*

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Annual Earnings	Weekly Coverage Amounts	Age and Cost	
			<100
\$7,800	\$100		2.23
\$15,599	\$200		4.46
\$23,399	\$300		6.69
\$31,198	\$400		8.92
\$38,998	\$500		11.15
\$46,798	\$600		13.38
\$54,597	\$700		15.61
\$62,397	\$800		17.84
\$70,196	\$900		20.07
\$77,996	\$1,000		22.30
\$85,796	\$1,100		24.53
\$93,595	\$1,200		26.76
\$101,395	\$1,300		28.99
\$109,195	\$1,400		31.22
\$116,994	\$1,500		33.45
\$124,794	\$1,600		35.68
\$132,593	\$1,700		37.91
\$140,393	\$1,800		40.14
\$148,193	\$1,900		42.37



# Mid-Term Disability through SunLife

**Mid-Term Disability Benefits partially replaces your income if you become totally or partially disabled while insured.**

**Coverage amounts provided by your employer –at no cost to you!**



This district paid benefit is eligible for active employees working a minimum of 30 hours per week. The disability insurance requires an employee be unable to work for at least 90 calendar days for a covered illness or injury before benefits are eligible to be paid.

If you meet the definition of disability you may receive a benefit for 13 weeks.

Benefit amount is 66 2/3% of the employee's base annual salary not to exceed \$1,155 per week.



# Retirement Plan and Long-Term Disability

## Arizona State Retirement System

602-240-2000

[www.azasrs.gov](http://www.azasrs.gov)

The ASRS (Arizona State Retirement System) is a defined benefit plan and is tax qualified under section 401(a) of the Internal Revenue Service Code. It provides a lifelong benefit based on years of service earned, or worked, and your ending salary. It is not the same structure as a 401(k) or other defined contribution plans, which provide for a benefit based on dollars contributions, plus interest earned.

Employees have two deductions taken out of every paycheck for ASRS. One is for retirement and one is for long-term disability. Retirement contributions are pre-tax deductions, and long-term disability contributions are after-tax deductions. The District matches the employee's contributions. The current contribution rate is 12.17%.

The registration process with the retirement system is completed during the District's new-hire orientation.

## Long-Term Disability Insurance

The long-term disability insurance is provided by Broadspire. Employees must be unable to work for 180 days. Approved claims pay 66 2/3% of the employee's base annual earnings. The duration of this benefit is determined by Broadspire.





# Optional Retirement Savings Plans

## 403(b) Tax Sheltered Annuity Plan

## 457 Deferred Compensation Plan

## 403(b) ROTH After-Tax Plan

Tax sheltered annuity, deferred compensation and after-tax supplemental retirement plans are programs authorized under Section 403(b) of the Internal Revenue Service Code. The 403(b) plan and the 457 plan allows an employee to contribute a pre-tax portion of their paycheck to save for retirement. The employee does not pay taxes on the money they contribute or earnings that accumulate until the money is withdrawn. Withdraws are typically made when an employee retires and the employee is usually in a lower tax bracket.

To start contributing, the employee must set up an account with an investment provider chosen from the District's Approved Vendor List. The investment provider should submit a Salary Reduction Agreement Form to the District's Payroll Department. Once initiated the payroll deduction will rollover from school year to school year. Employees can modify their deduction amount anytime during the year by submitting a new Salary Reduction Agreement form to the Payroll Department. The Salary Reduction Agreement forms can be found on the Employees Benefits website.

For more information about these plans. Please contact TSA Consulting Group at (888) 796-3786. TSA Consulting Group is the District's third-party administrator for supplemental retirement plans.

### **Important Note:**

The District does not match employee contributions nor does it endorse any investment provider or investment option.





# 403(b) and 457(b) Advisor Contact List

## Glendale Elementary School District

### **AIG (formerly VALIC)**

1.800.426.3753

Baz Nissan 480.250.1886

Baz.Nissan@aig.com

### **EQITABLE (formerly AXA)**

1.800.628.6673

Alex Akers 480.444.3705

Alex.akers@equitable.com

### **FIDELITY INVESTMENTS**

1.800.343.3548 / 1.800.343.0860

Self-Directed Participant Service Center  
Please provide the below when contacting the  
Service Center:

-403(b) Plan Number :54170

-457(b) Plan Numer: 88948

### **CETERA-mg Trust Company-PenSelect (formerly Foresters)**

1.800.423.4026

Katie Creed 602.841.2627 208

katherine.creed@ceterainvestors.com

### **HORACE MANN**

1.800.999.1030

Lucia Cisneros 623.298.7200

lucia.cisneros@horacemann.com

### **THE LEGEND GROUP – A Lincoln Investment Company**

1.888.883.6710

Jeff Wilhelms 602.283.5873

jwilhelms@lincolninvestment.com

### **METLIFE COMPANIES**

1.800.560.5001 / 1.800.492.3553

Jeremy A Cook 480.638.2164

Jeremycook@financialguide.com

### **NATIONAL LIFE GROUP**

1.800.579.2878

James Bischoff 702.325.7654

james@uniret.com

### **PLANMEMEBR SERVICES**

1.800.874.6910

Austin Adams 623.850.0016

[austin@121ws.com](mailto:austin@121ws.com)

Robert Young 623.850.0016

[robert@121ws.com](mailto:robert@121ws.com)

### **SECURITY BENEFIT LIFE**

1.800.888.2461

Nestor Montoya 480.284.6554

[nmontoya@summitfinancialsolutions.com](mailto:nmontoya@summitfinancialsolutions.com)

### **VOYA**

1.800.754.6133

Gerry Garza 602.419.3247

[ggarza@sjj.us.com](mailto:ggarza@sjj.us.com)

### **PRECISION RETIREMENT GROUP**

Post Retirement Medical Reimbursement Account

Mark Powers 800.809.6696

[mpowers@prginfo.net](mailto:mpowers@prginfo.net)

Glendale Elementary School District does not recommend any one particular authorized investment provider or advisor. This list is being provided based on those advisors that are currently working in the district or in the surrounding area. If a local contact name is not provided, please contact the 1-800 customer service numbers supplied. If you have a current advisor that is not listed, you may continue to work with the advisor of your choice.

Revised: 11/16/2020



# FSA – Flexible Savings Accounts

## Making your Annual FSA Election

If you wish to participate, you need to make your 22-23 election during Open Enrollment or during your initial benefit enrollment period. Your current contribution, if any, will not carry forward. If you choose to enroll for 22-23, your contribution will be deducted from your pay in equal increments throughout the plan year on a pre-tax basis.

## Flexible Spending Accounts (FSA)

BASIC FSA is the administrator for the Medical and Child/Dependent Care Reimbursement Plans. Please refer to their website [www.basiconline.com](http://www.basiconline.com) to see how this plan can reduce your income taxes.

## Medical and Dependent Accounts

The Dependent Account is limited to a pre-tax amount of \$5,000. The Medical Reimbursement Account is limited to a pre-tax amount of \$2,850 and must be spent in the 22-23 plan year. If you want to enroll, or if you are enrolled for 21-22 year and want to continue, you must select the appropriate FSA plan during open enrollment to complete enrollment for the 22-23 year. You can only enroll during open enrollment unless you have a mid-year change in status. Remember, you cannot enroll in the HDHP plan and also in the Medical reimbursement account, however a limited FSA is available.



### FSA: Use It or Lose It Rule

The IRS governs the administration of Flexible Spending Account plans. Once you elect to set aside money in an FSA, you must use it for eligible expenses during the plan year. You should make every effort to file your FSA claims as you incur expenses. You may also find additional details at [www.wexhealth.com](http://www.wexhealth.com).

### Limited Flexible Spending Account

If you choose to enroll in the HDHP medical plan and you also wish to contribute to a Limited Flexible Spending Account, you can use your Limited Flexible Spending Account funds on a “limited purpose” basis to pay your eligible dental and vision care expenses only.



# ADDITIONAL BENEFITS







# Legal Insurance from ARAG

Designed for



**GLENDALE  
ELEMENTARY  
SCHOOL DISTRICT**

## What does legal insurance cover?

A legal insurance plan from ARAG® **covers a wide range of legal needs** like the examples shown below — and many more — to help you address life's legal situations.

### Consumer Protection

- ✓ Auto repair
- ✓ Buy or sell a car
- ✓ Consumer fraud
- ✓ Consumer protection for goods or services
- ✓ Home improvement
- ✓ Personal property disputes
- ✓ Small claims court

### Criminal Matters

- ✓ Juvenile
- ✓ Parental responsibility

### Debt-Related Matters

- ✓ Debt collection
- ✓ Garnishments
- ✓ Personal bankruptcy
- ✓ Student loan debt

### Driving Matters

- ✓ License suspension/revocation
- ✓ Traffic tickets

### Tax Issues

- ✓ IRS tax audit
- ✓ IRS tax collection

### Family

- ✓ Adoption
- ✓ Guardianship/conservatorship
- ✓ Name change
- ✓ Pet-related matters

### Services for Tenants

- ✓ Contracts/lease agreements
- ✓ Eviction
- ✓ Security deposit
- ✓ Disputes with a landlord

### Real Estate & Home Ownership

- ✓ Buying a home
- ✓ Deeds
- ✓ Foreclosure
- ✓ Contractor issues
- ✓ Neighbor disputes
- ✓ Promissory notes
- ✓ Real estate disputes
- ✓ Selling a home

### Wills & Estate Planning

- ✓ Powers of attorney
- ✓ Trusts
- ✓ Wills

## What does it cost?

### UltimateAdvisor®

\$15.00 monthly

### UltimateAdvisor Plus™

\$22.00 monthly



## What is legal insurance?

**Legal coverage isn't just for the serious issues,** it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property or buying a home.

### Which plan is right for you?

UltimateAdvisor Plus™ offers you all of the above and more including:

- ✓ Child custody, support, visitation
- ✓ Divorce
- ✓ Identity Theft Protection
- ✓ Tax services
- ✓ And more

*More details please!* →



See the complete list of what your plan covers at:

**ARAGlegal.com/myinfo** Access Code: **17936ges**

**Let's Talk! Call ARAG at 800-247-4184**



## Why should you get legal insurance?



Work with a network attorney and attorney fees are **100% paid-in-full** for most covered matters.



**Save thousands on average**, for each legal matter.\*



Access more than **14,000 attorneys** within ARAG's network with an **average of 20 years of experience**.



Address your covered legal situations with a network attorney who is only a **phone call away for legal help and representation**.



Use DIY Docs® to create a variety of **legally valid documents**, including state-specific templates.

## How does legal insurance work?

- 1 **Call 800-247-4184** when you have a legal matter.
- 2 **Customer Care will walk you through your options** and help you get connected to network attorneys.
- 3 **Meet with your network attorney** over the phone or in person to begin resolving your legal issue.

### Reviews from plan members

"ARAG gives me the right protection and makes me feel at ease when a legal situation that I have to solve arrives. I made the right decision joining ARAG a few years ago and will keep this plan protection for many years to come."

– Clara Miami, FL



## How can legal work for you?

Most of us aren't prepared for the unexpected — like the circumstances caused by the coronavirus outbreak.

Legal insurance provides a benefit you can use to plan for it all — the expected and unexpected times in your life. Go online to view a complete list of coverages and see how a legal plan can protect you.

**ARAGlegal.com/myinfo**  
**Access code: 17936ges**

Enroll in the UltimateAdvisor Plus™ plan and you'll have access to:

### Identity Theft Protection

Protecting your personal information from identity thieves is more important than ever.

Identity Theft Protection can help you guard against losses related to identity theft, with services designed to track changes to your credit file, monitor whether your identity is being bought or sold online and provide full-service restoration assistance if your identity is stolen.

Let legal insurance provide the resources and guidance you need to protect your identity and personal information.

Effective on: 07/01/2021

Average cost to employee without legal insurance is based on the average number of attorney hours for ARAG claims incurred in 2017 or 2018 and paid by December 31, 2019, multiplied by \$368 per hour. \$368 is the average hourly rate for a U.S. attorney with 11 to 15 years experience according to The Survey of Law Firm Economics: 2018 Edition, The National Law Journal and ALM Legal Intelligence, October 2018.

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.

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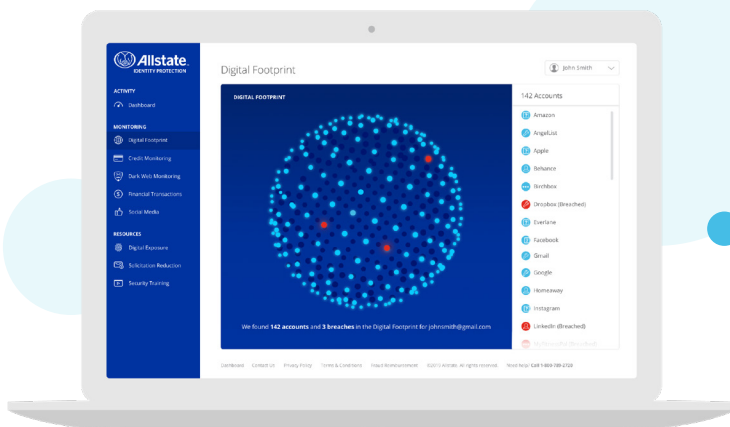




## Identity protection that keeps up with your digital life

Your identity is made up of more than your Social Security number and credit score. That's why we do more than monitor your credit reports. We help you look after your online activity, from financial transactions to what you share on social media — so you can protect the trail of data you leave behind.

Introducing our next evolution in identity protection. For over 85 years, we've been protecting what matters most. Now we're providing protection from a wide range of identity threats, so you can keep loving what technology adds to your life.



- ✓ See your personal data
- ✓ Manage it with real time alerts
- ✓ Protect your identity and finances from fraud<sup>†</sup>



**GLENDALE  
ELEMENTARY  
SCHOOL DISTRICT**

**Allstate Identity  
Protection Pro  
Individual coverage  
is complimentary**

**Enroll during special  
open enrollment**

Questions? 1.800.789.2720

Plans and pricing

**Allstate Identity  
Protection Pro**

Individual coverage is complimentary  
\$8.95 per family / month

**Allstate Identity**

**Protection Pro Plus**

\$4.25 per person / month







\$10.95 per family / month

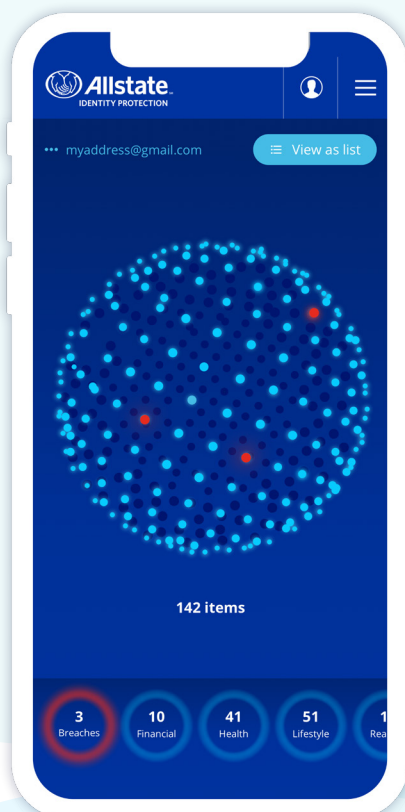
Contact Allstate Identity Protection after your free benefit is effective if you would like to upgrade your coverage.



# Which plan is right for you?








## Allstate Identity Protection Pro

-  Check your identity health score
-  View and manage alerts in real time
-  Monitor your TransUnion credit score and report for fraud
-  Receive alerts for cash withdrawals, balance transfers, and large purchases
-  Get reimbursed in the event of fraud with our \$1 million identity theft insurance policy\*
-  Protect yourself and your family (everyone that's "under your roof and wallet")\*



## Allstate Identity Protection Pro Plus

All the features of our *Pro* plan, **plus:**

-  See and control your personal data with our unique tool, **Allstate Digital Footprint™**
-  Catch fraud at its earliest sign with tri-bureau monitoring and an annual tri-bureau credit report and score
-  Lock your TransUnion credit report in a click and get credit freeze assistance
-  Get help disputing errors on your credit report
-  See if your IP addresses have been compromised
-  Monitor social media accounts for questionable content and signs of account takeover
-  Get reimbursed for stolen 401(k) & HSA funds; we'll also advance fraudulent tax returns†

## Protect yourself and your family



Kids' online identities can grow up faster than they do. Our Family Plan provides coverage for kids and teens of all ages, so you can help protect their personal data and give them a safe head start. If they are dependent on you financially or live under your roof, they're covered.\*

\* For family plans only

† Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

## It's easy to get started

### 1. Choose your plan

You're protected from your effective date. Our auto-on credit monitoring alerts require no additional setup.

### 2. Activate key features

Explore additional features in our easy-to-use portal. The more we monitor, the safer you can be.

### 3. Live your best life online

In the event of identity theft or fraud, you'll receive an alert as soon as it's detected.





**Vaunda Reese**

623-572-4440 Ext. 56477

[www.libertymutual.com/glendaleESD](http://www.libertymutual.com/glendaleESD)



**When employees sign up with Liberty Mutual, the employee receives a discount on their insurance.**



Liberty Mutual provides:



Home Insurance



Auto Insurance



Renters Insurance

Employees can pay their premiums with payroll deductions  
and

Liberty Mutual does not require a down payment!



## Employee Assistance Program (EAP)

**What is an EAP?** The EAP is a program designed to help you and your family identify and resolve challenges you may be facing.

- + Can help connect with a professional licensed therapist in your area for In-Person Therapy or Tele-Therapy.
- + Assist with free consultation referrals and resources for legal support
- + Connect you with a financial advisor for credit counseling and management services
- + Online resources for work/life and family caregiving
- + Online resources and tools for healthy living

### ***No-Cost, Convenient and Confidential***

**EAP Benefits are:**

**Voluntary:** You decide when to use the program's services.

**Confidential:** Your personal information will not be shared with your employer or anyone in your family. Only you know when you call for assistance.

**Convenient:** EAP offers services with professional providers with offices nationwide. Services can be accessed through In-Person Therapy or Tele-Therapy.

**No-Cost:** Services under the EAP are available to you, your spouse/partner and your dependents under the age of 26 at no-cost.



### **The EAP Supports**

- Relationships
- Family Issues
- Stress
- Depression
- Life Phase Adjustments
- Work Related Concerns
- Substance Use
- Anxiety
- Legal Consultations
- Healthy Living
- Loss and Grief
- Financial Management
- Coping with Trauma
- Career Development
- Child/Elder Care
- Free Simple Wills
- Debt Consolidation
- Identity Theft

**Access services under your EAP, today!**  
Call to speak to your care coordinator, **800-324-4327**  
(Español 800-324-2490) or email [info@ieap.com](mailto:info@ieap.com).

Visit our Member resource site.  
[www.4eap.com](http://www.4eap.com)

**Crisis  
Counselors  
24/7**





# Quick Benefit Guide: Loan Relief™



Glendale Elementary School District is pleased to provide the voluntary Loan Relief benefit to all employees. This benefit is intended to help improve the financial well-being of employees who have student loans.

**Who Is Eligible?:** All employees at Glendale Elementary School District can participate in the Loan Relief benefit. It is a household benefit, so your family members can also participate in this benefit.

**What Is the Benefit?:** We have partnered with a student loan expert, Fiducius, to help you take control of your student loans. They provide education and support on three loan restructuring options:

## Forgive

- Lower monthly payment and receive forgiveness through the federal Public Service Loan Forgiveness (PSLF) Program
- Must work full-time at a not-for-profit and make 120 qualifying payments
- Any balance remaining after 120 payments will be forgiven tax free

## ReFi

- Lower rates and improve payment schedule via private refinance
- Partners LendKey and Pentagon Federal Credit Union
- Better rates and custom amortization
- Ideal for those with good credit who don't qualify for PSLF

## SimpliFi

- Consolidate loans and lower payments
- Maintain Department of Education loan structure benefits (disability, forbearance, etc.)
- Help those with bad credit rebuild their credit and eventually consider ReFi and/or Forgive

**How Does It Work?** Enrolling in the Loan Relief benefit is straightforward:



### 1. Evaluate

Complete online assessment and learn your options with our Virtual Advisor in just 5 minutes



### 2. Educate

Work virtually with an actual Advisor to develop your personalized student loan plan.



### 3. Execute Plan

Implement your new plan either by yourself or with help from the experts at Fiducius

The detailed plan is complimentary; as with other voluntary benefits, like life insurance, you only pay Fiducius if you choose to use their services to implement your plan.



# Quick Benefit Guide: Loan Relief

## What is the Student Loan Financial Planning Process?

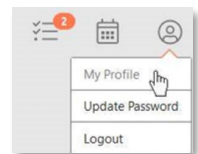
Your situation is unique and requires personalized assistance. Through a combination of easy-to-use technology and expert Advisors, you'll be fully educated and receive your personal plan.



**How Does My Student Loan Financial Wellness Plan Help?** Your personal financial plan is just that; a plan built specifically for you, considering your unique education and financial situation. Inputs include income, tax filing, benefit choices, education planning and life events, such as having children. The plan provides detailed financial modeling to show you your future financial wellness.

**How Do I Get Started?** Enrolling in the Loan Relief is easy with the registration process:

- 1 **Log in to the MyFiducius portal**  
Use the registration URL below to choose a password and set up your account
- 2 **Complete initial screening**  
Access and complete the screening questions to learn your initial loan options
- 3 **Schedule meeting with an Advisor**  
Schedule a phone consultation with an expert Advisor about your results and next steps
- 4 **Update profile information**  
Update contact details in profile settings before your virtual meeting



**Visit <https://GESD40.myfiducius.com/register>**



Seriously, I  
think I'm in  
love . . .

With  
**UNITED  
PET CARE,**  
right?



602-266-5303

**Start saving now!**

**Enroll Today**

[www.unitedpetcare.com/gesd](http://www.unitedpetcare.com/gesd)

- **No** claim forms, **no** deductibles
- **No** restrictions on **age** or **medical conditions**
- **Affordable** at less than **\$13/month**
- **Save 20%-50%** on every visit
- **Excellent selection of veterinarians**

### **Programs**

<b>Choice</b>	<b>Select</b>	<b>Basic</b>
<b>\$14.15</b>	<b>\$11.75</b>	<b>\$35.30</b>
<b>Per Month</b>		<b>Annually</b>





**Nationwide**

# Pet Insurance

**877-738-7874**

**Petsnationwide.com**

Nationwide Pet Insurance is a voluntary benefit that will be direct billed. Direct bill means the employee pays Nationwide Pet Insurance directly for their premiums. Payroll deductions are not available for the 2022-23 school year.



Nationwide offers two plans to choose from, My Pet Protection and My Pet Protection with Wellness. Both plans cover any vet, anywhere. Approved claims are reimbursed at 90% after the \$250 annual deductible is met. Annual maximum benefit is \$7,500.00. Employees who would like this coverage must enroll directly with Nationwide Pet Insurance.



## **Dog Insurance Monthly Rates**

My Pet Protection w/ Wellness

Example Quote: \$42.86

My Pet Protection w/ Wellness

Example Quote: \$71.44



## **Cat Insurance Monthly Rates**

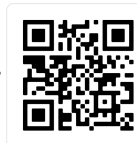
My Pet Protection

Example Quote: \$25.64

My Pet Protection

Example Quote: \$42.73

**Get Your Estimate Now!**  
Visit [petsnationwide.com](https://petsnationwide.com)



*SCAN ME*







# Your Time to Thrive



## JOIN YOUR WELLNESS PROGRAM TODAY!

The **WellStyles** program gives you the tools to get active, get healthy and get rewarded!

**July 1<sup>st</sup>, 2022 – June 30<sup>th</sup>, 2023**

*Available for ALL employees*

### Sign Up Today

Register by visiting WellStyles online:  
[join.virginpulse.com/WellStyles](https://join.virginpulse.com/WellStyles)  
then click "Sign Me Up!"

If you've already registered, visit the website and click "Sign In." Once you have registered, try signing in on the Virgin Pulse app! Look for Virgin Pulse in your app store.

### Your Rewards



Do healthy things



Win points!



Earn rewards!

Start completing healthy activities for points...the more points you get, the more you can earn!

All activity must be submitted/  
entered by June 30<sup>th</sup>, 2023.



	Level 1	Level 2	Level 3	Level 4
Points Earned	5,000	15,000	35,000	60,000
Rewards	\$25	\$75	\$90	\$110
Totals	(\$25)	(\$100)	(\$190)	(\$300)

You can view your points by visiting the Rewards page and clicking on **"My Rewards."**

**SIGN UP!**

Select "Spend" and a list of gift cards will appear. Choose the one you want, enter in the amount, and click next. An e-mail will be sent to the e-mail you used to register, with the e-card information. Make sure to check your junk mail if you don't receive it.

**SIGN IN**

HDHP Employees will receive a \$950 HSA contribution for completing the Wellness Exam from 1/1/22 -12/31/22. Your HR/Benefits department will fund your Optum bank account in either October 2022 or January 2023 depending on when the claim was submitted. *HSA funding is based on a completion report from United Healthcare.*

To see what points you have earned already, go to the Rewards page and click on "Statement" and search by month or year.

Redeem your points by June 30<sup>th</sup>, 2023

*Sponsor Organization Name is "WellStyles"*







# HOW TO EARN POINTS



For more information on earning points, visit the Rewards page and click on "How to Earn" for a full list of eligible activities throughout the year. To see what points you have earned to date, go the Rewards page and click on "Statement" for a full list.

## TRACKING ACTIVITIES

Find these activities on the tracking page of your website. For easy tracking, sync your phone or device! You can only go back two weeks (starting the day you register) to earn points for tracking activities.

- **Exercise:** Earn 140 points max/day for exercise minutes, workouts, steps, and/or active minutes (1,000 steps = 10 points or 45 active minutes = 140 points). Get 7,000 steps 20 days in a month earn an extra 400 points or take 10,000 steps 20 days in a month for an extra 500 points!
- **Healthy Habits:** Choose 3 activities (out of the 140+ habits) for up to 30 points/day. If you track 10 days in a month get an extra 200 points or 20 days in a month get an extra 300 points!
- **Whil Sessions:** Earn 20 points/day by completing a mindfulness class or yoga session. One program per week is 50 points, 10 sessions in a month is 100 points, and 20 sessions in a month is 200 points!

## HEALTHY HABIT CARDS

Find your healthy habit cards on the home page of your website!

- **Healthy Habit Cards:** Read 2 healthy habit cards daily for up to 40 points/day. Complete 10 daily cards in a month for 100 extra points or 20 daily cards in a month for 200 extra points!

*Additional earning opportunities are available throughout the year!*

Have questions on how to submit an activity, sync a device, logging in, or navigating the website? Dial **(888) 671-9395** for access support. You can also contact us directly at [Wellness@GESD40.org](mailto:Wellness@GESD40.org).

## WELLNESS ACTIVITIES

Find wellness activities by going to the Rewards page, clicking on "How to Earn" and scroll down until you see the activity you want to submit. Once you click on the activity, enter your name, date of activity, and provider/ location.

- **Wellness Exam:** 20,000 points \*
- **Cancer Screenings:** 5,000 points each (15,000 points max) \*
- **Dental Exam:** 2,500 points each (5,000 points max)
- **Vision Exam:** 2,500 points
- **Preventative Vaccine:** 2,500 points
- **Health Assessment:** 2,500 points
- **Tobacco Free Agreement:** 250 points
- **Volunteer Opportunity:** 500 points (2x per year)\*
- **Blood Glucose (A1C Test):** 500 points \*
- **Monthly Wellness Webinars:** 800 points per month
- **Virta Diabetes Reversal Program enrollment and completion:** 2,500 points (5,000 points max)
- **Real Appeal enrollment and 9 week engagement:** 2,500 points (5,000 points max)

*Activities with a (\*) require documentation. Examples include any documentation that shows activity and date of service.*

## CHALLENGES

Find Challenges on the challenge page of your website!

**Personal Challenge:** Earn 50 points for creating a personal challenge, 100 points for joining one, and 200 points for completing one (tracking 5 out of 7 days).

**Team Challenges:** Earn 100 points for registering for the 2-3 large team challenges offered every year. By registering and tracking once a week during the challenge, earn an additional 2,000 points. Earn even more points by commenting in the challenge, unlocking destinations, and reaching the final stage of the challenge.







RETIREMENT



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## **Retirement Timeline & Checklist**

### **Within 3 Years of Retiring**

- ☐ Schedule a “Route 3: Destination in Sight” meeting via your myASRS account with Arizona State Retirement System (ASRS)
- ☐ Review your Social Security account
- ☐ Submit Supplemental Retirement Program Participation Form to the Benefits Analyst
- ☐ Things to consider:
  - ☐ Check your leave balance(s) for potential buy-back opportunities for unused leave
  - ☐ Is Phased Retirement an option?
  - ☐ Look at your debt ratio and compare it to your anticipated retirement income
  - ☐ Pay down debt and increase your savings
  - ☐ Meet with your financial advisor if applicable:
    - Open an Individual Retirement Arrangement (IRA)
  - ☐ Save for an Emergency Fund
  - ☐ Research healthcare options:
    - Cobra
    - Arizona State Retirement System (ASRS)
    - Medicare
    - Marketplace Exchange

### **Within a Year of Retiring**

- ☐ Schedule a “Know Your Insurance” meeting via your myASRS account with Arizona State Retirement System (ASRS)
- ☐ Request a personalized benefit estimate from Arizona State Retirement System (ASRS)
- ☐ Review spousal consent requirement with Arizona State Retirement System (ASRS)
- ☐ Submit your letter of retirement and the Benefits Analyst

### **Within 3 Months of Retiring**

- ☐ Complete the online Retirement Application via your myASRS account with Arizona State Retirement System (ASRS)
- ☐ If you elect insurance with Arizona State Retirement System (ASRS), complete the online medical/dental insurance enrollment application via your myASRS account
- ☐ If you elect Cobra insurance with Glendale, submit the enrollment paperwork to Wex Health
- ☐ Call the Benefits Analyst at ext. 7149 to confirm you have submitted all the necessary paperwork and met applicable deadlines

### **10 to 14 Days After Retiring**

- ☐ Verify with the Payroll Department that your Ending Payroll Verification form was submitted to Arizona State Retirement System (ASRS)

### **45 to 90 Days After Retiring**

- ☐ Receive your first regular pension payment retroactive to your retirement date (minus any estimate



payments you received and Health Insurance premiums, if applicable) from Arizona State Retirement System (ASRS)

### **Retirement with the Glendale Elementary School District**

Employees with at least five years of employment are eligible for sick leave buy-back at the time they end employment.

Employees hired before July 1, 2016 may be eligible for the Supplemental Retirement Program if employed by the District for at least 15 consecutive years immediately prior to retirement and retires with the Arizona State Retirement System (ASRS) under normal retirement. The Supplemental Retirement Program provides a subsidy to be used towards the cost of medical insurance premiums. A Participation form is required and must be submitted at least one year prior to the year of retirement.

### **Retirement with the Arizona State Retirement System**

Normal Retirement for employees who became a member 7/1/2011 or later:

- 55 years old plus 30 years of service OR
- 60 years old and 25 years of service OR
- 62 years old plus 10 years of services OR
- 65 years old and any number of years

Normal Retirement for employees who became a member prior to 7/1/2011:

- 80 points OR
- 62 years old plus 10 years of service OR
- 65 years old and any number of years



# FORMS







## Acknowledgement Statement For Insurance Benefits

By signing below, I am acknowledging that I have received information about the District's insurance benefits.

Initial \_\_\_\_\_

By signing below, I am acknowledging that I have received instructions on how to complete the online enrollment process for insurance benefits.

Initial \_\_\_\_\_

By signing below, I am acknowledging that I understand I only have 31 calendar days from my start date to complete the online enrollment process for insurance benefits.

Initial \_\_\_\_\_

By signing below, I am acknowledging that I understand if I miss the 31 calendar-day window, the next opportunity I will have to enroll in benefits is during the next Open Enrollment period.

Initial \_\_\_\_\_

By signing below, I am acknowledging that I understand my responsibilities in order to have insurance benefits.

Initial \_\_\_\_\_

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Representative

\_\_\_\_\_  
Date







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**Initial** \_\_\_\_\_

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Representative

\_\_\_\_\_  
Date







# Important Contacts

## **2<sup>nd</sup>. MD**

2<sup>nd</sup>.md/valleyschool  
866.269.3534

## **403(b)/475 Retirement Savings Plans**

tsacg.com  
888.769.3786

## **Allstate Identity Protection**

allstateidentityprotection.com  
800.789.2720

## **ARAG Legal**

araglegal.com/myinfo  
800.247.4184

## **Arizona State Retirement System (ASRS)**

azasrs.gov  
602.240.2000

## **Wex Health**

www.wexhealth.com  
866.451.3399

## **Cigna Dental**

cigna.com  
800.244.6224

## **Colonial Life**

coloniallife.com  
800.325.4368

## **Delta Dental of Arizona**

deltadentalaz.com  
602.938.3131

## **Fiducius**

getfiducius.com  
513.904.4951

## **Interface Behavioral Health**

4eap.com  
800.324.4327  
800.324.2490 (Spanish)

## **Liberty Mutual**

libertymutual.com/glendaleesd  
623.695.5274

## **Nationwide Pet Insurance**

petnationwide.com  
877.738.7874

## **Optum Bank Health Savings account (HSA)**

myuhc.com  
800.791.9361

## **Sunlife**

sunlife.com/us  
800.247.6875

## **UnitedHealthcare**

Traditional Medical Plan  
myuhs.com  
800.638.7287

## **HDHP Base Medical Plan**

myuhs.com  
866.314.8187

## **UnitedHealthcare EAP**

888.887.4114

## **UnitedHealthcare Vision**

myuhsvision.com  
800.638.3120

## **United Pet Care**

unitedpetcare.com/gesd  
602.266.5303

## **Virgin Pulse (WellStyles)**

join.virginpulse.com/wellstyles  
888.671.9395

## **Glendale Elementary School District Employee Benefits and Wellness Department**

Jodi Finnesy  
623.273.7149  
Benefits Analyst  
[benefitsinfo@gesd40.org](mailto:benefitsinfo@gesd40.org)

Citlalli Ramirez-Benavides  
623.237.7227  
Technician of HR  
[benefitsinfo@gesd40.org](mailto:benefitsinfo@gesd40.org)

Davita Solter  
623.237.7231  
Wellness Program Specialist  
[wellness@gesd40.org](mailto:wellness@gesd40.org)

Teresa Wong  
623.237.7106  
HR Systems Specialist  
[twong@gesd40.org](mailto:twong@gesd40.org)

This Enrollment Benefits booklet is not a contract, is not legally binding, and does not alter any original plan documents. Rather, it is intended to be a summary of available benefits provided through your employer. Every effort has been made to ensure the accuracy of this information. However, the actual determination of your benefits is based solely on the plan documents and if statements in this description differ from the applicable plan documents, coverage documents or Summary Plan Descriptions, then the terms and conditions of those documents will prevail. Please check with your employer's Benefits Office for further guidance.



**-Trust Board-**

Mr. Lee Peterson, Chairperson  
Ms. Bernadette Bolognini, Member  
Mr. Nate Bower, Member  
Ms. Mary Ann Wilson, Member  
Ms. Teresa Wong, Member

**-Staff-**

Mr. Mike Barragan, Assistant Superintendent for Finance and Auxiliary Services  
Ms. Alejandra Lopez, Administrative Assistant

For agendas and meeting information go to: [www.gesd40.org](http://www.gesd40.org) – select “Community,” then select “Trust Board.”



**GLENDALE  
ELEMENTARY  
SCHOOL DISTRICT**