

KAIROS
HEALTH ARIZONA, INC.

2025-2026 BENEFITS

SCOTTSDALE UNIFIED SCHOOL DISTRICT NO. 48



GETTING STARTED

PLAN YEAR

The Kairos plan runs from July 1 to June 30 of each year. That means every July 1, deductibles and out-of-pocket maximums will reset.

WHAT'S NEW?

There are some exciting enhancements this year, called out in the appropriate section in the guide. Just look for anything labeled “new!”. There’s also more detail on the following page.

ABOUT THIS GUIDE

This interactive guide provides a summary of benefit options to help you make the right decisions for yourself and your family. If there is a conflict between this guide and the wording of plan documents, the plan documents will govern. A copy of the plan document is available upon request.

HOW TO USE

It’s simple to use; just follow these instructions.

Looking for something? To navigate through the eGuide, simply click through the pages using the arrows. Prefer to skip to a certain section? Just click on the **Table of Contents** or **Pages** icons to jump to the section you need.

You will also see a **Search** bar. When you’re looking for something, simply type the word in the search bar, and it will direct you to that section.

Clickable links. When you see an icon like the ones listed below, just click on it to get access to more information such as:



Direct to websites, member portals, and documents



Watch a short, educational video



Listen to a voiceover about the information on the applicable page (click to start or stop the voiceover)



Send an email and get in contact with someone

IMPORTANT!

Please note that the voiceover feature in this guide will only work if you use the electronic link provided. Also, not every page will offer a voiceover option. If you download the eGuide as a PDF, the voiceover will not work. To access your eGuide, please use this link: <https://www.flipsnack.com/CDCC5A5569B/scottsdale-usd-2025-26-benefits-guide-final/full-view.html>

Spanish Link: <https://www.flipsnack.com/CDCC5A5569B/scottsdale-usd-2025-26-benefits-guide-spanish/full-view.html>



Questions: 888.331.0222 or www.svc.kairoshealthaz.org

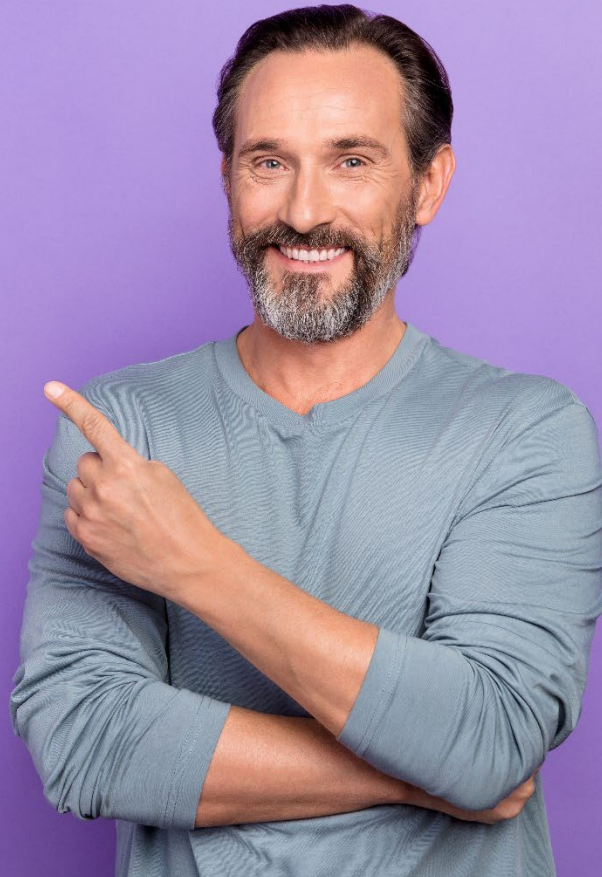


WHAT'S NEW?

LISTEN UP!

THIS GUIDE PRESENTS BENEFIT OPTIONS AND COSTS FOR THE PERIOD FROM **JULY 1, 2025 THROUGH JUNE 30, 2026**. IT ALSO OUTLINES THE STEPS YOU NEED TO TAKE TO SELECT AND ENROLL IN APPROPRIATE BENEFITS FOR YOU AND YOUR DEPENDENTS.

PLEASE REVIEW THIS GUIDE CAREFULLY AND CONTACT YOUR BENEFITS DEPARTMENT IF YOU HAVE QUESTIONS.



NEW FOR 2025-2026

1. The in-network and out-of-network out-of-pocket maximums have increased on all plans except the \$5,000 HDHP.
2. Your prescription copays have changed.
3. The Affordability Care Act (ACA) requires that plans begin charging for Teladoc services for those on a high-deductible health plan.
4. **Introducing Aware:** Employees and dependents (12 years and older) enrolled in a medical plan can access free virtual orthopedic care and physical therapy through Aware Health. Visit www.scottsdale.awarehealth.io for more information.
5. Our Centers of Excellence now covers services related to substance use therapy as of February 2025!
6. Total Dental Administrators has been acquired by EMI Health who offers our DHMO Prepaid Dental Plan. You may see TDA and EMI interchangeably going forward.
7. Nationwide Pet Insurance will introduce new, enhanced plans including customizable options to fit your pet needs.

More information about these changes can be found in this guide and will be discussed during the enrollment season.

WHO SHOULD YOU CALL?

Contact our plan providers directly if you have questions or would like more detailed information about our plans. If you need further assistance regarding your benefits, contact your Benefits Department at 480.484.6104.

PLAN PROVIDER	FOR QUESTIONS ABOUT...	PHONE	WEBSITE
UMR	Medical eligibility and benefits; claims and appeals; precertification; ID cards	844.212.6811	UMR.com
MaxorPlus	Prescription benefits	800.687.0707	MaxorPlus.com
Teladoc	Virtual physician visits	800.835.2362	Teladoc.com
ComPsych	Employee assistance program; counseling and work-life services	833.955.3386	GuidanceResources.com
HealthEquity	Health savings account; Flexible spending account	866.346.5800	HealthEquity.com
Delta Dental	Delta Dental plan	602.938.3131 800.352.6132	DeltaDentalAZ.com
Total Dental Administrators an EMI Health Company	TDA DHMO dental plan	888.422.1995	TDA dental.com
VSP	Vision benefits	800.877.7195	VSP.com
MetLife	Basic and supplemental life and AD&D plans; voluntary short-term disability; worksite benefits	877.638.7868	MetLife.com MyBenefits.MetLife.com
MetLife Prepaid Legal	Prepaid legal coverage	800.821.6400	LegalPlans.com
Aura	Identity theft protection	855.443.7748	Aura.com
United Pet Care	Pet insurance	602.266.5303	UnitedPetCare.com/Kairos
Nationwide	Pet insurance	877.738.7874	PetInsurance.com
LIG Solutions	Health insurance coverage solutions (Medicare, COBRA, individual)	844.214.0717	Partner.LIGSolutions.com
Kairos	Plan administration and member services	888.331.0222	SVC.KairosHealthAZ.org

PLAN RULES

WHO'S ELIGIBLE?

- ✓ Full-time employees working at least 30 hours per week are eligible
- ✓ Employees hired before 2009 working less than 30 hours per week may be eligible for benefits at a cost subsidy commensurate with their full-time equivalent
- ✓ Employees in a job-share position are eligible for benefits if the position they share totals 30 or more hours per week, with employer-paid premiums to be prorated based on the percentage of the position each employee is assigned
- ✓ Dependents of enrolled employees are eligible, including:
 - lawfully married spouses
 - dependent children up to age 26
 - unmarried children who are mentally or physically handicapped and fully dependent on the enrolled employee for support and maintenance

NOTE: Duplicative coverage is prohibited, and no duplicative benefits will be paid. For example, a man who is married to a district employee and who is also a district employee himself may not enroll both as an employee and as a dependent spouse. It is each employee's responsibility to make sure that they and their dependents do not have duplicative coverage.

THE ELECTIONS MADE DURING THE ENROLLMENT PERIOD ARE EFFECTIVE FROM

July 1, 2025 to June 30, 2026

WHEN COVERAGE BEGINS

- **New hires:** Insurance elections are effective the first day of the month.
 - Hire dates in the first half of the month result in a benefits effective date of the first of the month immediately following the hire date.
 - Hire dates in the second half of the month result in a benefits effective date of the first of the month following 30 days.
- **Open enrollment:** Insurance elections and changes are effective on July 1, 2025.
- **Allowable mid-year changes:** Insurance elections and coverage changes are effective on the first day of the month following the event date or date of birth for a newborn, if required enrollments have been completed and all required supporting documentation has been received by the Benefits Department.
- **For life insurance requiring a statement of health (SOH) form:** The effective date may be delayed according to SOH form completion, submission to the insurance carrier, and approval by the insurance carrier.

WHEN CAN I MAKE A CHANGE?

You can make changes or elect benefits once a year during open enrollment. Outside of open enrollment, the IRS says a "qualified life event" must occur.

Below are examples of qualified life events that may make a mid-year change possible:

- marriage, divorce, legal separation, or annulment;
- birth, adoption, placement for adoption, or legal guardianship of a child;
- death of a dependent;
- a change in your spouse's employment, or involuntary loss of health coverage under another employer's plan;
- loss of coverage due to the exhaustion of another employer's COBRA benefits, provided you were paying premiums on a timely basis; and
- change in your dependent's eligibility status.

NOTE: This list is not inclusive of all mid-year or special enrollment changes. For more information, please contact your Benefits Department.

Changes must be made within **31 days** of the change in status event. If you don't make changes within this timeframe, your next opportunity to make changes to your coverage will be during the next open enrollment period.



HAD A BABY?

If you recently had a baby, please note that newborns are **not** automatically added to your medical coverage. You must notify your employer within 31 days of the date of birth and pay the full premium amount for the month the child is added, if necessary.

If you do not take action within 31 days of the birth, you will have to wait until next open enrollment period to add your child to your benefits.



ELIGIBLE FOR MARKETPLACE COVERAGE?

If you lose medical coverage through the Marketplace mid-year, you may not then join the Kairos plan outside of your open enrollment period. You may, however, drop your Kairos medical coverage to join a Marketplace plan outside of your open enrollment period.

Voluntary termination from COBRA is also not considered a qualified life event.

LIG SOLUTIONS

Speaking of other coverage, LIG Solutions is here to help compare your health insurance options such as Medicare, COBRA, individual coverage, and more. Contact LIG Solutions at 844.214.0717 or visit www.partner.LIGSolutions.com/Kairos-Scottsdale.



Questions: 888.331.0222 or www.svc.kairoshealthaz.org



ENROLLMENT INSTRUCTIONS

Employee Access is your online enrollment tool. The site is accessible via your SUSD Homeroom/Employee Services/Employee Access.

NAME	EMAIL	TELEPHONE	FAX
SUSD Benefits Department	benefits@susd.org	480.484.6104	480.484.6268

BENEFITS OVERVIEW

All plan information and rates can be found by logging into **SUSD Homeroom/Departments/Benefits/Benefits Resources** or on each benefit election page in the top right corner.

TO ENROLL THROUGH THE EMPLOYEE ACCESS PORTAL

1. Log on to SUSD Homeroom/Employee Services/Employee Access.
2. Click on Enrollment under the My Benefits tab.
3. Read through the Welcome Screen instructions.
4. If you need to make changes to your address or phone number, you will do that on the Profile tab under My Information and not via the benefits enrollment portal.
5. To add/edit dependents, you will click on the Profile tab and then on the Dependent menu item.
6. You will move through the screens with the “Next” or “Previous” button on the bottom of the page; do not hit the “Back” button on your browser.
7. To elect benefits, click on the radio button to make your election. If you choose any dependents, make sure you scroll to the bottom to select the corresponding dependent.
8. You may opt out of any benefit by scrolling to the bottom of the screen and clicking the “Waive” radio button.
9. When you come to the end of the portal, make sure you hit “Submit” to complete your enrollment. You will receive a thumbs up when your enrollment is completed.
10. You can print your enrollment after you have submitted to keep a copy for your records. Go to: Employee Access My Tasks/Documents to print your enrollment.

STARTING WITH THE BASICS

We get it, insurance is complicated. It doesn't have to be. Kairos strives to simplify this for you by providing educational information, short videos, and spending the time to walk you through it.

So, let's start with the basics like what a deductible is and how it works. Check out this short video that explains the different terminology and how a plan works.



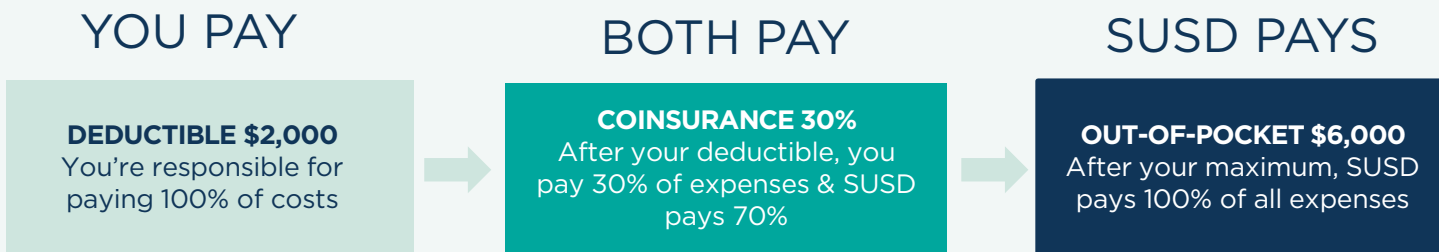
Medical Benefits 101

Click the link or scan the code to watch this quick video



HOW A MEDICAL PLAN WORKS

Let's walk through an example together using a \$2,000 deductible with a \$6,000 out-of-pocket maximum as an example.



Note: This is a general overview of how a medical plan works. Actual amounts may vary based on the plans offered by your employer. Always remember to stay in-network to maximize your benefits. Refer to the medical plan section for more details about plans offered to you.

PREVENTION IS PRICELESS

There are services under a medical plan that are 100% paid for when visiting an in-network provider. These are called your preventive services, or wellness care.

Examples of preventive benefits include:

- ✓ Annual wellness visit
- ✓ Prostate screenings
- ✓ Immunizations and flu shots
- ✓ Hearing exams
- ✓ Mammogram screenings
- ✓ Colonoscopy screenings
- ✓ Cancer screenings
- ✓ Generic contraceptives
- ✓ Blood pressure tests

But what happens if I receive a bill from my provider for a qualified wellness screening?

This could mean that you had a diagnostic screening or it may have been coded incorrectly. Get in touch with Kairos and we can help you through it: 888.331.0222.

UMR

UMR is the medical claims processor and uses the UnitedHealthcare (UHC) Choice Plus network. This is a PPO network, which is a group of health care providers who discount what they charge you for services. By staying in-network, services will cost you less.



Where does Kairos fit in?



KAIROS The Plan

Kairos manages and funds all of the health care plans and voluntary coverages. We also work closely with your employer to administer your benefits.



UnitedHealthcare Medical Network

Kairos medical plans use the UnitedHealthcare network. If your doctor asks what medical network you have, you'll say, "United."



UMR Claims Handling

UMR processes your medical claims. When you see your doctor, he or she submits the claim to UMR. For questions about your medical coverage, call Kairos or UMR (not United).

FIND A DOCTOR

If you want to find a doctor, there's no need to log in! Instead, follow these simple steps:

- ✓ Go to umr.com
- ✓ Select "Find a Provider"
- ✓ In the Provider Network search bar, type the network name: **UnitedHealthcare Choice Plus**
- ✓ Click search, then view providers
- ✓ Type in your address or zip code

Now you'll be able to search by provider name, locations, services, and more.

MANAGE YOUR BENEFITS

Create your mobile-friendly account at umr.com to take full advantage of your medical benefits. You'll need to have your ID card handy to register. From there, you can:

- ✓ View/print/order ID cards
- ✓ View medical claims
- ✓ Monitor your deductible and out-of-pocket limits
- ✓ Shop for the best and most cost-effective care

did you know?

Not all doctors and facilities charge the same amount for services.

Individuals who compare costs before receiving care pay 36% less.

You shop for car insurance, so why not shop for your medical care?

When logged into the UMR portal, leverage their Cost Transparency Tool to get cost estimates for services.



MAXORPLUS

When you enroll in Kairos medical benefits, you automatically receive prescription drug coverage through MaxorPlus. This benefit allows you to fill prescriptions through any participating pharmacy listed in the MaxorPlus pharmacy network.



MANAGE YOUR BENEFITS

Your pharmacy coverage includes access to a member portal at members.maxorplus.com. At a glance, you can use the member portal to:

- ✓ View your prior authorization activity
- ✓ Manage pharmacy refills
- ✓ View deductible and out-of-pocket limits
- ✓ Sign up for home delivery
- ✓ Shop around for pharmacies and medications

TIPS

- If you're on a high deductible health plan (if offered by your employer), you must pay for the full cost of medications prior to meeting your deductible. The exception to this is if you take a medication on the Kairos Preventive List and Formulary. Keep this in mind when deciding which plan is right for you.
- Thanks to the ever-changing market, covered medications change often throughout the year. If you're ever concerned about a medication being covered, contact Maxor at the number below or Kairos (888.331.0222).
- If you like convenience, sign up for mail order to have your 90-day medications delivered right to your doorstep. This might not be an option for everyone.

SHOPPING FOR PRESCRIPTIONS

Depending on your medication type, dosage, and frequency, the dollars can add up quickly. But you have options for lowering your out-of-pocket costs. Try these simple steps to help you save a buck or two!



TAKE THE GENERIC

Generics have the same strength and active ingredients as the name brand version of your medications. The only difference is that they're significantly cheaper. Talk to your prescriber to see if generics are right for you.

SIGN UP FOR MYMAXORLINK

The myMaxorLink discount program does the work for you. Once enrolled, you'll automatically receive information on lower-cost prescriptions, reminders specific to your benefits, and other important health updates. Call 888.596.0723 to enroll or go to mymaxorlink.com/maxorplus.

TRY GOODRx

GoodRx could be a good option for those expensive medications or medications not covered by insurance. Please note, however, that when using GoodRx, your insurance will not apply.



NURSES ON YOUR SIDE

Navigating health care and insurance can be complicated and leave you feeling overwhelmed. That's where we come in. Through the **KairosPro Nurse Navigators** program, our dedicated in-house nurses help guide you through the health care system, choose the best treatment, and keep your costs to a minimum.



With this program, you have a real person in your corner who not only has a clinical background but understands your insurance coverage and is there to provide support **at no cost to you.**

How can our nurses help you?

- ✓ Finding in-network providers
- ✓ Assisting with appeals and prior authorizations
- ✓ Reviewing and monitoring claims
- ✓ Obtaining medical and prescription orders
- ✓ Monitoring high-cost medications and medical treatment
- ✓ Coordinating medical services, prescriptions, and durable medical equipment supplies
- ✓ Monitoring inpatient admissions
- ✓ Helping with post-discharge needs
- ✓ Overseeing and collaborating with partner case management programs
- ✓ Arranging for redirection of care, if appropriate
- ✓ Researching and connecting members with community resources

Bonus: Personalized mental health support for finding in-network mental health providers, lining up post-discharge resources, and more!



Want to speak to a Nurse Navigator? Call 888.331.0222 or send an email to nurse@kairoshealthaz.org

(Please include the name of your employer and refrain from emailing sensitive and personal information.)

SKIP THE ER & USE TELADOC

Teladoc allows those enrolled in the medical plan to use their phone or computer to conduct a live virtual visit with a board-certified medical professional—any day, anytime, anywhere.



COVERED SERVICES

- **General medicine:** Treat cold & flu, allergies, strep throat, and more
- **Dermatology:** Treat psoriasis, eczema, acne, and more (no phone call needed)
- **Counseling:** Support for anxiety, eating disorders, depression, and more

NEW: Starting July 1, 2025, Teladoc will now collect a fee for services for those on a high-deductible health plan until they meet their deductible. However, these fees can be significantly lower than if you were to go to Urgent Care or the Emergency Room.



WAIT! DID YOU REGISTER?

You must create an account through Teladoc before you can access your benefits. Click the link, scan the code, or call Teladoc at 800.835.2362.



Please note: Enrolled dependents ages 18+ must set up their own Teladoc account prior to receiving care.

Our wellness programs—available through **KairosPro Wellness**—include a variety of options to help promote a healthier and happier you. Take advantage of these offerings at no cost (unless you see a cost listed).



Active&Fit fitness program

Starting at \$28/month, you'll get access to 18,000+ fitness centers with no long-term contracts. You'll also get access to online workout videos, one-on-one life coaching, and options for enrolling your spouse.

Get more information or access to promo codes by visiting kairoshealthaz.org/AFD.



Online wellness center

Our online wellness hub provides wellness activities to keep you on track for healthy eating, weight management, physical activity, and more.

To access, log in at umr.com, Health Center, and Wellness Activity Center.



Real Appeal

A no-cost healthy lifestyle and weight loss program for employees and dependents 18+. Participants on the medical plan who qualify based on BMI or comorbidities can work directly with a health coach.

Sign up at enroll.realappeal.com.



Discount tool

Through EmployeeNetwork.com, you can register to receive over 300 exclusive discounts. These include tickets to theme parks, concerts, sporting events, and more.

Use **Company Code: Kairos Health** when registering. (Yes, there should be a space between Kairos and Health)



CARE Programs

Maternity care program: Whether you are considering having a baby or are already expecting, UMR Maternity CARE can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby. For completion of the program, you'll receive a \$25 incentive!

Ongoing condition care program: For those who need help when managing chronic conditions like diabetes, COPD, asthma, hypertension, and more, this program is for you.

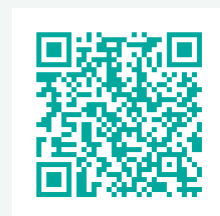
Complex condition care program: Get assistance with complex cases such as transplants, oncology, high-risk maternity, and neonatal care.

KAIROS VITALITY VIBE

Vitality Vibe is your monthly newsletter dedicated to promoting healthy habits and recipes, wellness offerings, and other valuable benefit insights.

These are emailed out to you from your employer on a monthly basis. They are also posted on the Kairos website underneath

Resources: www.svc.kairoshealthaz.org.



*Vitality Vibe Newsletters
Scan the code to access*



COMPSYCH EAP

Everyone can use a little help sometimes. That's where your EAP benefit comes in. Through the employee assistance program (EAP) with ComPsych, you can speak with a highly-trained and compassionate guidance consultant who can help you and your family 24/7.

FREE SHORT-TERM COUNSELING

- ✓ Stress and anxiety
- ✓ Relationship/marital conflicts
- ✓ Grief, loss, and life adjustments
- ✓ Substance abuse
- ✓ Minor depression management

Your benefit includes 6 one-on-one counseling sessions per family member, per issue, per year at no cost to you.

WORK-LIFE SOLUTIONS

Get the everyday help you need with work-life solutions. Call the number at the bottom of the page for assistance with topics including:

- ✓ Finding child, pet, or elder care
- ✓ Housing searches
- ✓ Seeking financial assistance
- ✓ Will preparation
- ✓ Sending a child off to school
- ✓ Planning a major project or event

ONLINE RESOURCES

You have 24/7 access to vital information, tools, and support through the ComPsych website.

WHAT TO EXPECT

- Product and service discounts
- Educational articles, podcasts, and videos
- On-demand trainings
- "Ask the Expert" personal responses to your questions

HOW TO ACCESS

1. Go to guidanceresources.com
2. Click Register
3. Enter Web ID: **KAIROSEAP**
4. Complete your registration
5. Gain access to endless resources



OPTIONS, OPTIONS, OPTIONS

Kairos offers an abundance of health care options for you to choose from. At times, this could feel overwhelming. Don't let it be. Save this guide to help you when deciding where to go.

TELADOC	URGENT CARE	PRIMARY CARE OR SPECIALIST	EMERGENCY ROOM
\$	\$\$	\$\$	\$\$\$\$
<ul style="list-style-type: none"> Sore throat Mild cold and flu symptoms Skin conditions Short-term counseling 	<ul style="list-style-type: none"> Allergic reaction Cuts requiring stitches Minor burns Sprains or strains Suspected broken bones 	<ul style="list-style-type: none"> Check ups or physicals Wellness/preventive care Common illness Flu shots and other vaccines Health advice Medication refills Routine tests 	<ul style="list-style-type: none"> Broken bones Coughing/vomiting blood Chest pain Head or eye injury Poisoning or overdose Severe burns Signs of stroke Shortness of breath
To get in touch with Teladoc, visit www.teladochealth.com	To find in-network facilities, visit www.umar.com	To find in-network providers, visit www.umar.com	To find in-network facilities, visit www.umar.com

These examples are general guidelines, and it's important to use your judgment and consult with health care professionals when deciding where to seek care. If in doubt, especially in potentially life-threatening situations, it's always best to err on the side of caution and seek emergency care.

CENTERS OF EXCELLENCE

Do you have an upcoming non-emergent surgery planned? Find care with fewer headaches at our Centers of Excellence facilities, in partnership with Carrum Health. This benefit is available to those enrolled in a medical plan, ages 18 to 65.

COVERED PROCEDURES

- Joint replacement: Hip, knee, ankle, shoulder - total or partial replacement revisions
- Spine (neck and back): Fusion, decompression, laminectomy
- Heart (valve repair)
- Cancer care: Breast, thyroid
- NEW:** Substance use therapy



BENEFITS

- ✓ Most procedures covered from pre-op consult to post-op discharge
- ✓ Pay no or low cost for covered procedures
- ✓ Receive care from proven quality specialist throughout the country
- ✓ You and your plus one get main mode of transportation, lodging, and a food stipend covered

Ready to get started? Visit www.carrum.me/kairos or call 888.855.7806

BENEFIT OVERVIEW	IN-NETWORK ⁴	OUT-OF-NETWORK ⁴
DEDUCTIBLE ¹	\$2,000/employee \$4,000/employee +1 or more	\$4,000/employee \$10,000/employee +1 or more
OUT-OF-POCKET MAXIMUM ²	\$6,000/employee \$12,000/employee +1 or more	\$12,000/employee \$24,000/employee +1 or more
OFFICE VISITS/TELEHEALTH	\$40 copay primary care physician \$50 copay specialist	Deductible, then 75%
TELADOC	No deductible, \$0	Not available
URGENT CARE	\$75 copay	Deductible, then 75%
EMERGENCY ROOM ³	\$250 access fee, then 30%	\$250 access fee, then 30%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, \$0	Deductible, then 75%
HOSPITAL SERVICES Inpatient services Outpatient services Outpatient lab/x-ray	Deductible, then 30%	
NON-HOSPITAL SERVICES Labs/Pathology Radiology Infusion center Ambulatory surgical center	\$25 copay \$75 copay \$250 copay \$250 copay	
CENTERS OF EXCELLENCE Joint replacement Spine (neck and back) Heart (valve repair) Cancer care: Breast, thyroid Substance use therapy	No deductible, \$0	Not available

PRESCRIPTIONS

You must meet your prescription deductible first: \$100 employee/\$200 family

RETAIL PRESCRIPTIONS

(30-day supply)

After deductible, you pay:

- Generic: \$10
- Preferred: 20% up to \$80 max
- Non-preferred: 20% up to \$200 max
- Specialty: 50% up to \$200 max

MAIL ORDER DRUGS

(90-day supply)

After deductible, you pay:

- Generic: \$30
- Preferred: 20% up to \$200 max
- Non-preferred: 20% up to \$500 max

¹This plan has an embedded individual deductible and out-of-pocket maximum. This means that although a deductible and out-of-pocket maximum apply to the family as a whole, no individual will be responsible for more than his/her individual deductible before the plan pays benefits for that person, and no individual will be responsible for more than his/her individual out-of-pocket maximum. The deductible must be met before the plan pays benefits. All benefits are subject to the deductible, unless otherwise noted.

²The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

³You pay one access fee per member, per day, per facility, plus in-network deductible and coinsurance. The fee is waived if you are admitted to the hospital as an inpatient.

⁴The in-network and out-of-network deductibles and out-of-pocket maximums are separate and do not accumulate toward one another.

Please note: Information provided above may be subject to change at any point in time.



BENEFIT OVERVIEW	IN-NETWORK ⁴	OUT-OF-NETWORK ⁴
DEDUCTIBLE ¹	\$1,700/employee \$3,400/employee +1 or more	\$3,400/employee \$6,800/employee +1 or more
OUT-OF-POCKET MAXIMUM ²	\$6,000/employee \$12,000/employee +1 or more	\$12,000/employee \$24,000/employee +1 or more
OFFICE VISITS/TELEHEALTH	Deductible, then 30%	Deductible, then 75%
TELADOC	Deductible, then \$0	Not available
URGENT CARE	Deductible, then 30%	Deductible, then 75%
EMERGENCY ROOM	Deductible, then 30%	Deductible, then 30%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, \$0	Deductible, then 75%
HOSPITAL SERVICES Inpatient services Outpatient services Outpatient lab/x-ray	Deductible, then 30%	
NON-HOSPITAL SERVICES Labs/Pathology Radiology Infusion center Ambulatory surgical center	Deductible, then 30%	
CENTERS OF EXCELLENCE Joint replacement Spine (neck and back) Heart (valve repair) Cancer care: Breast, thyroid Substance use therapy	No deductible, \$0	Not available

PRESCRIPTIONS

You must meet your annual medical deductible except for preventive medications³

RETAIL PRESCRIPTIONS (30-day supply)

After deductible, you pay:

- Generic: \$10
- Preferred: 20% up to \$80 max
- Non-preferred: 20% up to \$200 max
- Specialty: 50% up to \$200 max

MAIL ORDER DRUGS (90-day supply)

After deductible, you pay:

- Generic: \$30
- Preferred: 20% up to \$200 max
- Non-preferred: 20% up to \$500 max

¹This plan has a non-embedded deductible and out-of-pocket maximum. This means that families enrolling in the plan will need to meet the entire family deductible before the plan pays benefits for any member of the family (other than for preventive/wellness care). The deductible must be met before the HDHP plan pays benefits. All benefits are subject to the deductible, unless otherwise noted.

²The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

³The annual deductible must be met before the plan pays a prescription drug benefit, with the exception of certain preventive medications. For a detailed list of these medications, visit maxorplus.com.

⁴The in-network and out-of-network deductibles and out-of-pocket maximums are separate and do not accumulate toward one another.

Please note: Information provided above may be subject to change at any point in time.



BENEFIT OVERVIEW	IN-NETWORK ⁴	OUT-OF-NETWORK ⁴
DEDUCTIBLE ¹	\$3,000/employee \$6,000/employee +1 or more	\$5,000/employee \$10,000/employee +1 or more
OUT-OF-POCKET MAXIMUM ²	\$6,000/employee \$12,000/employee +1 or more	\$12,000/employee \$24,000/employee +1 or more
OFFICE VISITS/TELEHEALTH	Deductible, then 30%	Deductible, then 75%
TELADOC	Deductible, then \$0	Not available
URGENT CARE	Deductible, then 30%	Deductible, then 75%
EMERGENCY ROOM	Deductible, then 30%	Deductible, then 30%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, \$0	Deductible, then 75%
HOSPITAL SERVICES Inpatient services Outpatient services Outpatient lab/x-ray	Deductible, then 30%	
NON-HOSPITAL SERVICES Labs/Pathology Radiology Infusion center Ambulatory surgical center	Deductible, then 30%	
CENTERS OF EXCELLENCE Joint replacement Spine (neck and back) Heart (valve repair) Cancer care: Breast, thyroid Substance use therapy	No deductible, \$0	Not available

PRESCRIPTIONS

You must meet your annual medical deductible except for preventive medications³

RETAIL PRESCRIPTIONS (30-day supply)

After deductible, you pay:

- Generic: \$10
- Preferred: 20% up to \$80 max
- Non-preferred: 20% up to \$200 max
- Specialty: 50% up to \$200 max

MAIL ORDER DRUGS (90-day supply)

After deductible, you pay:

- Generic: \$30
- Preferred: 20% up to \$200 max
- Non-preferred: 20% up to \$500 max

¹This plan has an embedded individual deductible and out-of-pocket maximum. This means that although a deductible and out-of-pocket maximum apply to the family as a whole, no individual will be responsible for more than his/her individual deductible before the plan pays benefits for that person, and no individual will be responsible for more than his/her individual out-of-pocket maximum. The deductible must be met before the plan pays benefits. All benefits are subject to the deductible, unless otherwise noted.

²The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

³The annual deductible must be met before the plan pays a prescription drug benefit, with the exception of certain preventive medications. For a detailed list of these medications, visit maxorplus.com.

⁴The in-network and out-of-network deductibles and out-of-pocket maximums are separate and do not accumulate toward one another.

Please note: Information provided above may be subject to change at any point in time.



BENEFIT OVERVIEW	IN-NETWORK ⁴	OUT-OF-NETWORK ⁴
DEDUCTIBLE ¹	\$5,000/employee \$10,000/employee +1 or more	\$10,000/employee \$20,000/employee +1 or more
OUT-OF-POCKET MAXIMUM ²	\$6,750/employee \$13,500/employee +1 or more	\$13,500/employee \$27,000/employee +1 or more
OFFICE VISITS/TELEHEALTH	Deductible, then 30%	Deductible, then 75%
TELADOC	Deductible, then \$0	Not available
URGENT CARE	Deductible, then 30%	Deductible, then 75%
EMERGENCY ROOM	Deductible, then 30%	Deductible, then 30%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, \$0	Deductible, then 75%
HOSPITAL SERVICES Inpatient services Outpatient services Outpatient lab/x-ray	Deductible, then 30%	
NON-HOSPITAL SERVICES Labs/Pathology Radiology Infusion center Ambulatory surgical center	Deductible, then 30%	
CENTERS OF EXCELLENCE Joint replacement Spine (neck and back) Heart (valve repair) Cancer care: Breast, thyroid Substance use therapy	No deductible, \$0	Not available

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You must meet your annual medical deductible except for preventive medications³

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- Generic: \$30
- Preferred: 20% up to \$200 max
- Non-preferred: 20% up to \$500 max

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²The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

³The annual deductible must be met before the plan pays a prescription drug benefit, with the exception of certain preventive medications. For a detailed list of these medications, visit maxorplus.com.

⁴The in-network and out-of-network deductibles and out-of-pocket maximums are separate and do not accumulate toward one another.

Please note: Information provided above may be subject to change at any point in time.



PLAN FEATURES	PPO PLAN		\$1,700 HDHP		\$3,000 HDHP		\$5,000 HDHP	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
ANNUAL DEDUCTIBLE								
Individual	\$2,000	\$4,000	\$1,700	\$3,400	\$3,000	\$5,000	\$5,000	\$10,000
Family	\$4,000	\$10,000	\$3,400	\$6,800	\$6,000	\$10,000	\$10,000	\$20,000
OUT-OF-POCKET MAXIMUM (OOP)								
Individual	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,750	\$13,500
Family	\$12,000	\$24,000	\$12,000	\$24,000	\$12,000	\$24,000	\$13,500	\$27,000
PREVENTIVE CARE								
Wellness visits	0%	75%	0%	75%	0%	75%	0%	75%
Mammogram	0%	75%	0%	75%	0%	75%	0%	75%
DOCTOR AND SPECIALIST								
Doctor visits	\$40	75%	30%*	75%	30%*	75%	30%*	75%*
Specialist visit	\$50	75%	30%*	75%	30%*	75%	30%*	75%*
URGENT AND EMERGENCY CARE								
Urgent care visit	\$75	75%	30%*	75%*	30%*	75%*	30%*	75%*
Emergency room	\$250, then 30%	\$250, then 30%	30%*	30%*	30%*	30%*	30%*	30%*
HOSPITAL CARE								
Outpatient surgery								
Lab/X-ray	30%*	75%*	30%*	75%*	30%*	75%*	30%*	75%*
Hospital stay								
Maternity stay								
ADDITIONAL SERVICES								
Embedded deductible & OOP max	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Combined medical & Rx deductible	No	No	Yes	Yes	Yes	Yes	Yes	Yes
OOP max includes deductible	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

PRESCRIPTION

PPO: Rx deductible applies first

HDHPs: Medical deductible applies first

Retail (30-day)

Generic	\$10
Preferred	20% up to \$80
Non-preferred	20% up to \$200
Specialty	50% up to \$200

Mail-order (90-day)

Generic	\$30
Preferred	20% up to \$200
Non-preferred	20% up to \$500

*Deductible applies first

If you enroll in a high deductible health plan (HDHP), you are eligible to open a health savings account with HealthEquity. An HSA is a personal savings account that lets you set aside pre-tax money from your paycheck to use on qualified medical expenses. Some examples of qualified expenses include deductibles and copays, doctor's office visits, prescription drugs, vaccines, screenings, and more! For a complete list, visit healthequity.com/kairos/qme.



Once you receive your debit card from HealthEquity, you'll be able to use your account. New cards are issued only to first-time enrollees (or if an existing card expires). Because it's your personal account, please contact HealthEquity if you need a replacement debit card.

Please note: The district contribution will be pro-rated based on benefit eligibility date and/or termination date.

HSA Advantages



Triple Tax Benefit

Contributions are tax deductible; the funds grow with no tax liability; and money used for health expenses is not taxed upon withdrawal.



It's Yours Forever

The money in your HSA rolls over every year and is yours to keep, even if you leave your employer.



Grow and Save

You can invest the funds, and your earnings grow tax-free. After age 65, you can use the HSA like a traditional retirement account and funds used for non-medical expenses will be taxed as income.

YOU'RE ELIGIBLE FOR AN HSA IF

- You're enrolled in a qualified high deductible health plan.
- You're not also covered by a spouse's non-HDHP employer plan.
- You aren't enrolled in Medicare or another non-qualified health care plan.
- You can't be claimed as a dependent on someone else's tax return.

HOW MUCH CAN YOU CONTRIBUTE?

TIER	MAXIMUM AMOUNT
INDIVIDUAL	\$4,300
FAMILY	\$8,550
AGE 55+	Additional \$1,000



*Learn how to maximize your HSA
Click link or scan for a short video*

You may contribute the maximum amount stated on a calendar year basis, or January 1 to December 31. This is a little different from the Kairos plan year, which runs from July to June. You are responsible for verifying eligibility and calculating your contributions (including any employer contributions) so that they don't exceed the maximum annual amount.



Set aside pre-tax dollars for eligible health care and dependent care expenses in a flexible spending account (FSA) administered by HealthEquity. These accounts are also referred to as consumer-driven accounts, or CDAs. You elect how much you want to contribute in equal installments throughout the year.



	MEDICAL REIMBURSEMENT FSA	DEPENDENT CARE FSA
WHAT ARE THE ANNUAL CONTRIBUTION LIMITS?	Up to \$3,300	Up to \$5,000 (tax filing status and participation in other plans may affect contribution limits)
WHAT CAN AN FSA BE USED FOR?	Eligible medical, dental, and vision expenses that are not already covered or deducted on your income taxes	Eligible childcare expenses
HOW ARE REIMBURSEMENTS MADE?	Claim form submitted via employee portal, fax, or mail	Claim form submitted via employee portal, fax, or mail



IF YOU ENROLL IN AN HDHP PLAN WITH A HEALTH SAVINGS ACCOUNT, YOU ARE NOT ELIGIBLE FOR A MEDICAL EXPENSE REIMBURSEMENT ACCOUNT. HOWEVER, YOU ARE STILL ELIGIBLE TO ENROLL IN A DEPENDENT CARE ACCOUNT.

HOW FLEXIBLE SPENDING ACCOUNTS WORK

- You decide how much you want to contribute on an annual basis into one or both of the FSAs.
- It's a “use it or lose it” plan, meaning you must use the funds to pay for eligible expenses during the plan year, otherwise you will lose them.
- Your FSA contributions are deducted from your paychecks on a pre-tax basis, in equal amounts each pay period.
- Your election stays in effect for the entire plan year (July 1 through June 30). You may not increase, decrease, or cancel your contributions outside of the plan’s enrollment period, unless you have a qualified life status change (see page 5 for information about status changes).
- You use your FSA contributions to pay for eligible expenses under the Medical Expense Reimbursement Account or Dependent Care Account. The IRS clearly defines eligible expenses, and only those that comply with the Internal Revenue Code are eligible for reimbursement.
- You may not use the contributions you make to the Medical Expense Reimbursement Account to reimburse yourself for eligible expenses under the Dependent Care Account, or vice versa.



The dental plans through Delta Dental allows you and your eligible dependents to visit any dentist or specialist without a referral. The plan also travels with you anywhere in the country. Delta Dental issues ID cards to new enrollees, so be on the lookout for yours if enrolling for the first time.

While both PPO and Premier dentists are in-network, you will save more money when using a PPO dentist. Out-of-pocket costs increase by going out-of-network.

THERE ARE 2 PLANS TO CHOOSE FROM

CORE PLAN	PPO/Premier Dentist	PREMIER PLAN	PPO/Premier Dentist
ANNUAL MAXIMUM BENEFIT ¹	\$1,000	ANNUAL MAXIMUM BENEFIT ¹	\$2,000
ANNUAL DEDUCTIBLE (INDIVIDUAL/FAMILY) ¹	\$50/\$150	ANNUAL DEDUCTIBLE (INDIVIDUAL/FAMILY) ¹	\$50/\$150
PREVENTIVE SERVICES (TWICE A YEAR) <ul style="list-style-type: none"> Exams Routine cleanings Fluoride: for children up to age 18 Sealants: for children up to age 19 X-rays Space maintainers: for children missing baby teeth up to age 14 	100%	LIFETIME ORTHODONTIA MAXIMUM ¹	\$1,500
BASIC SERVICES <ul style="list-style-type: none"> Fillings Stainless steel crowns Emergency treatment 	80% ²	PREVENTIVE SERVICES (TWICE A YEAR) <ul style="list-style-type: none"> Exams Routine cleanings Fluoride: for children up to age 18 Sealants: for children up to age 19 X-rays Space maintainers: for children missing baby teeth up to age 14 	100%
MAJOR SERVICES <ul style="list-style-type: none"> Endodontics: root canal treatment Periodontics: treatment of gum disease Prosthodontics: bridges, partial dentures, complete dentures Bridge and denture repair Implants Restorative: crowns and onlays Oral surgery: simple and surgical extractions 	50% ²	BASIC SERVICES <ul style="list-style-type: none"> Fillings Stainless steel crowns Emergency treatment Endodontics: root canal treatment Periodontics: treatment of gum disease Oral surgery: simple and surgical extractions 	90% ²
		MAJOR SERVICES <ul style="list-style-type: none"> Prosthodontics: bridges, partial dentures, complete dentures Bridge and denture repair Implants Restorative: crowns and onlays 	60% ²
		ORTHODONTIC SERVICES (AGES 8+)	50%

¹Combination of in-network and out-of-network.

²Deductibles apply to these services.

THIRD CLEANING BENEFIT

Delta Dental offers a third cleaning benefit for those with certain medical conditions that have oral health implications. Research shows that increased frequency of cleanings can greatly impact oral health and play an important role in managing conditions like diabetes, heart disease, pregnancy, cancer and more.

Qualified members must enroll for the enhanced preventive benefits to receive coverage for a third dental cleaning. Contact Delta Dental at 800.352.6132 to enroll.



Total Dental Administrators (TDA) an EMI Health Company provides comprehensive dental care on a predetermined fee schedule. There are no deductibles, no claim forms, and no annual or lifetime benefit maximums. Services are covered in the **State of Arizona only**.

DHMO PLAN OVERVIEW

IN-NETWORK COPAY

PREVENTIVE/DIAGNOSTIC Initial exam Adult cleaning Office visits	\$0 \$0 \$0
RESTORATIVE Amalgam (one surface) Amalgam (two surfaces) Resin (one surface) Resin (two surfaces)	\$13 \$24 \$29 \$40
CROWN & BRIDGE Crown porcelain Crown buildup	\$495* \$80
ENDODONTICS Root canal therapy (anterior) Root canal therapy (molar)	\$195 \$399
ORAL SURGERY Simple extraction Soft tissue impaction	\$40 \$90
PROSTHETICS Complete denture Partial denture	\$615* \$550*
PERIODONTICS Osseous surgery/quad	\$390

The above table is just an example of covered services. For a complete list, click the icon to refer to the schedule of benefits.

**Copay includes lab fee. Lab fees may vary; check with your provider for more details.*



HOW DO I PICK MY PROVIDER?

STEP 1

While in the employee access portal, click the TDA link to navigate to the website.

STEP 2

Click on “find a provider” and select your DHMO dental plan network.

STEP 3

Make note of the provider code number listed to the right of the dental office. You’ll use this code number to identify your selection when enrolling for benefits or calling customer service. Once you have picked your provider, you must use the selected provider.

Contact TDA customer service at the number below if you need to change your provider mid-year.



Using your VSP Choice benefit is easy. Once enrolled, create an account at [VSP.com](https://www.vsp.com) where you can review your benefit information and find an eye doctor who's right for you.

NO ID CARD NECESSARY. At your appointment, tell the office staff that you have VSP. They may ask for additional personal information to verify your coverage. From there, you're good to go. You can also print out an ID card for reference through your online VSP account.

CHOICE PLAN OVERVIEW

	IN-NETWORK COPAY	FREQUENCY
WELL VISION EXAM	\$10	Every 12 months
ESSENTIAL MEDICAL EYE CARE Retinal imaging for members with diabetes Additional exams to treat pink eye to sudden changes in vision	\$20/exam	As needed
PRESCRIPTION GLASSES	\$25	See Frames & Lenses
FRAMES \$200 featured frame brands allowance \$180 frame allowance 20% savings on amount over your allowance \$100 Walmart/Sam's Club frame allowance	Included in prescription glasses copay	Every 12 months
LENSES Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for children	Included in prescription glasses copay	Every 12 months
LENS ENHANCEMENTS Standard progressive lenses UV protection Premium progressive lenses Custom progressive lenses	\$0 \$0 \$95-\$105 \$150-\$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES) \$150 allowance; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months

MEMBER-EXCLUSIVE DISCOUNTS

Eyeconic: Save up to \$220 on prescription glasses, sunglasses, and contacts with VSP's online eyewear store. Browse the store here, [eyeconic.com](https://www.eyeconic.com).

Member Extras: Want access to over \$3,000 in savings? Visit [vsp.com/offers](https://www.vsp.com/offers) for discounted offers on LASIK, contacts, hearing aids, and more!



BASIC LIFE/AD&D

The district provides eligible employees with basic term life and accidental death and dismemberment insurance coverage for each eligible employee who works a .75 or greater contract. Employees hired prior to 2009 who work between .5 and .74 receive a prorated level, commensurate with their contract. Eligible classified and certified employees are provided basic life coverage in the amount of \$50,000. Administrative employees are provided their annual salary plus \$50,000 to a maximum of \$250,000.

After you reach age 65, the policy amount is reduced by 35% and then reduced at age 70 by 50%. An accelerated death benefit is also available in the event of your terminal illness.

You must designate a beneficiary at least 18 years of age for the basic life insurance benefit. To update your beneficiary information, you can do so in employee access.

SUPPLEMENTAL LIFE AND AD&D INSURANCE

If eligible, you have the opportunity to purchase supplemental life insurance coverage for yourself and your eligible spouse and dependent children. You must elect supplemental life for yourself to be eligible for supplemental dependent coverage. Note: The amount of coverage, once elected, will not automatically reduce with age. However, the amount you pay out-of-pocket will increase as you age.

SUPPLEMENTAL COVERAGE AMOUNTS

	YOU	YOUR SPOUSE	YOUR CHILDREN
AVAILABLE AMOUNTS	\$10,000–\$500,000 in increments of \$10,000 Cannot exceed 5 times your annual salary	\$10,000–\$250,000 in increments of \$10,000 Cannot exceed the combined amount of your basic life and supplemental life benefits	Up to 15 days old: \$1,000 15 days to 26 years: \$2,000–\$10,000 in increments of \$2,000
GUARANTEED ISSUE AMOUNT	\$150,000	\$30,000	\$10,000

STATEMENT OF HEALTH PROCESS

You may need to complete a statement of health (SOH) in order to be approved for your supplemental life insurance. Those who need to complete a form are listed below.

If you're enrolling during annual open enrollment and are:

- Electing supplemental life for the first time
- Increasing your supplemental life amount

If you're enrolling as a new hire and are:

- Electing more than the guaranteed issue amount listed above

If you neglect to complete an SOH form, your requested amount will not be approved.



Voluntary short-term disability coverage helps provide income protection for employees with unexpected health events, associated expenses, and possible time away from work due to a non-occupational injury or sickness.

Eligible employees can elect to purchase voluntary short-term disability coverage. The plan provides benefits in the amounts of 40%, 50%, or 66.67% of your salary, up to a \$1,500 weekly maximum benefit. Benefits are paid in the event you cannot work due to a covered non-occupational sickness or injury, for up to 25 weeks of continuous disability. This plan covers maternity the same as a sickness.

Benefits begin following the plan's 7-day elimination period. Benefits are paid in addition to accumulated sick leave—even when school is not in session—if you are unable to work. Your benefit will be offset by other income sources as defined by MetLife group policies. These sources include, but are not limited to, Social Security and state retirement systems. However, the minimum weekly benefit amount payable under the voluntary short-term disability policy cannot be lower than a \$20 weekly benefit, regardless of the amount of income you receive from other sources. Income received from salary continuation or accumulated sick leave plans will not be deducted from your gross disability benefit.

PRE-EXISTING CONDITION LIMITATIONS

The policy does not cover an illness or accidental injury that arose in the three months prior to your plan effective date. In addition, to be eligible for coverage during pregnancy, your pregnancy must occur on or after the benefit effective date (e.g., July 1 if you are enrolling during open enrollment).

IMPORTANT

If you receive a salary increase, your short-term disability does not increase automatically.

You may sign up for this coverage only during open enrollment, or as a new hire.

You may not drop coverage until the next open enrollment period.



You have the choice of electing a comprehensive plan with MetLife that provides lump sum cash payments in addition to any other payments you may receive from your medical plan. Here are just some of the covered benefits when an accident or illness puts you in the hospital.

COVERED BENEFITS	LIMITS	SITUATION	AMOUNT
ADMISSION BENEFIT	1 time per year	Admission	\$500
		Intensive Care Unit (ICU) Supplemental Admission	\$500
CONFINEMENT BENEFIT	15 days per year	Confinement	\$200
		ICU Supplemental Confinement	\$200
INPATIENT REHAB BENEFIT	15 days per year	Inpatient Rehabilitation	\$200
HEALTH SCREENING BENEFIT	1 time per year, per person	Health Screening	\$50

Hospital indemnity coverage does not include certain facilities, nursing homes, convalescent care, or extended facilities.

HEALTH SCREENING BENEFITS AVAILABLE

By completing a covered screening or test, you and your eligible dependents will receive \$50 each year. To view covered screenings and to submit a claim form, please visit the Kairos website or call the number below.

BENEFIT EXAMPLE

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan is released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health.

Here's how this benefit would pay out:

Regular hospital admission	\$500
ICU supplemental admission	\$500
Regular hospital confinement (3 days)	\$600
ICU supplemental confinement (1 day)	\$200

Total received: \$1,800



You have the choice of electing a comprehensive plan through MetLife that provides lump sum cash payments in addition to any other payments you may receive from your medical plan. The table below lists the covered benefits when you have a qualified critical illness such as:

- ✓ Cancer (invasive and non-invasive)
- ✓ Cardiovascular disease
- ✓ Cystic fibrosis
- ✓ Type 1 diabetes
- ✓ Heart attack or stroke
- ✓ COVID-19
- ✓ Kidney failure
- ✓ Severe burns

There are over 20 qualified conditions. Please refer to the certificate of coverage for more information. And remember that a health screening benefit of \$50 is available per person, per year.

Important: Pre-existing conditions do apply. If advice, treatment, or care was sought, recommended, prescribed, or received during the three months prior to the effective date of coverage, benefits will not pay if the covered condition occurs during the first six months of coverage.

	INITIAL BENEFIT	REQUIREMENTS
Employee	\$10,000, \$20,000, or \$30,000	<i>Coverage is guaranteed, provided you are actively at work</i>
Spouse/Child(ren)	50% of the employee’s initial benefit	<i>Coverage is guaranteed, provided the employee is actively at work and the spouse/child(ren) is not subject to a medical restriction as set forth in the certificate</i>

BENEFIT EXAMPLE

This example illustrates how critical insurance would pay out for an employee who elected a benefit amount of \$20,000:

Heart attack	First verified diagnosis	Initial benefit of \$20,000 or 100%
Kidney failure	First verified diagnosis, two years later	Initial benefit of \$20,000 or 100%
Heart attack	Second verified diagnosis, four years later	Recurrence benefit of \$20,000 or 100%



You have the choice of electing a comprehensive plan through MetLife that provides lump sum cash payments in addition to any other payments you may receive from your medical plan. The table below illustrates some of the covered benefits/services when you have a qualified accident.

Important: Benefits reduce by 35% at age 65 and by 50% at age 70.

	BENEFIT AMOUNT
ACCIDENTAL INJURY	
Fracture/Dislocation	\$200-\$10,000
Second- or Third-Degree Burn	\$100-\$15,000
Concussion	\$500
Coma	\$10,000
ACCIDENTAL MEDICAL TREATMENT	
Ambulance	Ground \$400/Air \$1,250
Emergency Care	\$100-\$200
Non-Emergency Initial Care/Physician Follow-Up	\$100
Therapy (including physical therapy)	\$50
HOSPITAL	
Admission/ICU Supplemental Admission	\$1,500 day-of
Confinement/ICU Supplemental Confinement (paid up to 15 days per accident)	\$300 per day
Inpatient Rehabilitation	\$200 per day
OTHER	
Accidental death	\$50,000
Accidental dismemberment/functional loss	\$1,000-\$50,000
Accidental paralysis	\$25,000-\$50,000
Lodging	\$200 per day
Health screening benefit	\$50

The above table is just an example of covered services. For a complete list, refer to the plan summary.

BENEFIT EXAMPLE

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, because Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown.

Ambulance (ground)	\$400
Emergency care	\$200
Physician follow-up	\$100
Medical testing	\$200
Concussion	\$500
Broken tooth (repaired by crown)	\$300

Total received: \$1,700



Our legal plans through MetLife provide access to a national network of over 17,000 attorneys to help navigate important life events. Through the program, you can participate in telephone and office consultations with attorneys on a broad range of legal issues.

PREPAID LEGAL ADVANTAGES

- ✓ Telephone advice and office consultation on an unlimited number of legal matters (exclusions may apply)
- ✓ Access to attorneys in person or by phone, email, or mobile app
- ✓ Money-back guarantee
- ✓ No deductibles or copays
- ✓ No claim forms
- ✓ No usage limits

Pick a plan that suits your needs.

	LOW PLAN	HIGH PLAN (IN ADDITION TO LOW PLAN BENEFITS)
MONEY MATTERS	<ul style="list-style-type: none"> • Debt collection defense • Identity theft defense • Negotiations with creditors • Promissory notes • Tax collection defense 	<ul style="list-style-type: none"> • LifeStages identity restoration services • Personal bankruptcy • Tax audit representation
HOME & REAL ESTATE	<ul style="list-style-type: none"> • Deeds • Eviction defense • Foreclosure • Mortgages • Security deposit assistance • Tenant negotiations 	<ul style="list-style-type: none"> • Boundary & title disputes • Property tax assessments • Refinancing & home equity loan • Sale or purchase of home • Zoning applications
ESTATE PLANNING	<ul style="list-style-type: none"> • Codicils • Complex wills • Health care proxies • Living wills • Powers of attorney (health care, financial, childcare, immigration) • Simple wills 	<ul style="list-style-type: none"> • Revocable and irrevocable trusts
FAMILY & PERSONAL	<ul style="list-style-type: none"> • Affidavits • Conservatorship • Demand letters • Garnishment defense • Guardianship • Name change • Personal properties issues • Protection from domestic violence • Review of ANY personal legal document • School hearings 	<ul style="list-style-type: none"> • Adoption • Immigration assistance • Juvenile court defense, including criminal matters • Parental responsibility matters • Prenuptial agreement

Exclusions: DUI, divorce, felonies, work-related matters, pre-existing legal matters
Please refer to plan document for a complete list of covered services.



Protecting your personal information is more important than ever. To help our members reduce the risk of identity theft, we offer a comprehensive benefits package through Aura.

You have the option to enroll in one of two plans offered through Aura. The monthly contributions will be deducted from your paycheck.

SEPARATE ENROLLMENT STEP REQUIRED. All you need to do is select Aura as a benefit option during the benefits enrollment process. Then, you'll receive an email from Aura on or around your benefit effective date inviting you to set up your account credentials and login to your member dashboard.

Choose the plan that's right for you.

	DIGITAL GUARD	DIGITAL GUARD COMPLETE
ADDRESS MONITORING	✓	✓
HIGH RISK TRANSACTION MONITORING	✓	✓
CREDIT SCORE TRACKER	✓	✓
SSN AND PERSONAL ID MONITORING	✓	✓
DARK WEB MONITORING	✓	✓
401(K) AND HSA REIMBURSEMENT	✓	✓
BANK ACCOUNT OPENING AND TAKEOVER MONITORING	✓	✓
COURT RECORD MONITORING	✓	✓
1,000,000 IDENTITY THEFT INSURANCE	✓	✓
UNEMPLOYMENT AND TAX FRAUD RESOLUTION	✓	✓
ROBO-CALL/ROBO-TEXT PROTECTION		✓
CREDIT AND DEBIT CARD MONITORING		✓
MONITORING ALERTS WITHIN MINUTES		✓
ANTI-VIRUS		✓
VPN (WIFI SECURITY)		✓

Refer to plan document for a complete list of covered services, terms, and conditions.



UNITED PET INSURANCE

Pet insurance pays, partly or in total, the cost of veterinary treatment for your ill or injured pet. You have 2 different pet insurance plans to choose from.

United Pet Care offers a unique and affordable pet healthcare program that saves you 20-50% at the veterinarian. All pets are eligible. Savings are immediate, with no claim forms or deductibles. A selection of veterinary clinic is required at enrollment time.

You will enroll through the employee access portal, and this coverage will be payroll deducted. After you enroll through the portal, visit unitedpetcare.com/susd to register your pet.

Questions: 602.266.5303 or www.unitedpetcare.com

NATIONWIDE PET INSURANCE

Fetch the best health coverage for your dog or cat through your voluntary benefits package. Nationwide will offer enhanced plans including two ready-made plans, plus the ability to customize a plan based on your needs.

THE PERKS

- ✓ **GET CASH BACK ON VET BILLS**
Amounts vary by plan option
- ✓ **EASY TO USE**
Submit a claim from any device
- ✓ **EXCLUSIVE TO YOU**
This offer is exclusive to Scottsdale employees only
- ✓ **USE ANY VET, ANYWHERE**
No networks, no pre-approvals

To enroll or get more information, visit www.petinsurance.com/kairoshealthaz

IMPORTANT:

Nationwide Pet Insurance is not deducted from your paycheck. You will be responsible for enrolling and paying the monthly premium directly to Nationwide.



THIS GUIDE IS INTENDED ONLY AS A BRIEF DESCRIPTION OF YOUR PLAN BENEFITS

This guide attempts to describe important details and changes to the Scottsdale Unified School District health plans in a clear, simple, and concise manner. If there is a conflict between this guide and the wording of plan documents, the plan documents will govern. Scottsdale Unified School District retains the right to change, modify, suspend, interpret, or cancel some or all of the benefits or services at any time.



MID-YEAR CHANGES TO YOUR HEALTH CARE BENEFIT ELECTIONS

IMPORTANT: After this open enrollment period is completed, generally you will not be permitted to change your benefit elections or add/delete dependents until next year's open enrollment, unless you have a special enrollment event or a mid-year change in status event as outlined below:

Special enrollment event: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if your employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

You and your dependents may also enroll in this plan if you (or your dependents):

- change in number or status of dependents (e.g., birth, adoption, death);
- change in employee's/spouse's/dependent's employment status, work schedule, or residence that affects eligibility for benefits;
- have a Qualified Medical Child Support Order (QMCSO);
- have a change in entitlement to or loss of eligibility for Medicare or Medicaid;
- experience certain changes in the cost of coverage, composition of coverage, or curtailment of coverage of the employee's or spouse's plan; and
- have coverage through Medicaid or a State Children's Health Insurance Program (S-CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request

enrollment within 60 days after the Medicaid or S-CHIP coverage ends.

- become eligible for a premium assistance program through Medicaid or S-CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

To request special enrollment or obtain more information, contact Scottsdale Unified School District at 480.484.6104.

Mid-year change in status event: Because Scottsdale Unified School District pre-taxes benefits, we are required to follow Internal Revenue Service (IRS) regulations regarding whether and when benefits can be changed in the middle of a plan year. The following events may allow certain changes in benefits mid-year, if permitted by the IRS and your employer's respective Section 125 plan, which provides final authority:

- change in legal marital status (e.g., marriage, divorce/legal separation, death);
- coverage of the employee's or spouse's plan; and
- changes consistent with special enrollment rights and FMLA leaves.

You must notify the plan in writing within 31 days of the mid-year change in status event by contacting Scottsdale Unified School District. The plan will determine if your change request is permitted, and if so, changes will become effective prospectively on the first day of the month following the approved change-in-status event (except for the case of newborn and adopted children, who are covered retroactively to the date of birth, adoption, or placement for adoption).

Losing medical coverage through the Marketplace is not considered a qualified life event with Scottsdale Unified School District, and you will not be allowed to join the plan mid-year. However, you can drop your Scottsdale Unified School District medical coverage to join a Marketplace plan mid-year. You will be required to provide proof of coverage within 31 days of your enrollment.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;

- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

Plan limits, deductibles, copayments, and coinsurance apply to these benefits. For more information on WHCRA benefits, contact Kairos at 888.331.0222 or your Benefits Department at 480.484.6104.

PRIVACY NOTICE REMINDER

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This plan's HIPAA privacy notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this notice when you enroll in the plan. You can get another copy of this notice from Scottsdale Unified School District.

DIRECT ACCESS TO PRIMARY CARE PROVIDER (PCP) AND OB/GYN PROVIDER

The medical plans offered by Scottsdale Unified School District do not require the selection or designation of a primary care provider (PCP). You have the ability to visit any network or non-network healthcare provider; however, payment by the plan may be less for the use of a non-network provider.

You also do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to

obstetrical or gynecological care from a healthcare professional who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact Scottsdale Unified School District at 480.484.6104.

REQUIREMENT TO PROVIDE THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH HEALTH PLAN ENROLLEE

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) for each medical plan participant and include that number on reports that are provided to the IRS each year. If you have a covered dependent who does not yet have a social security number, you can go to this website

To request one:
<http://www.socialsecurity.gov/online/ss-5.pdf>
 Applying for a social security number is FREE.

If you have not yet provided the social security number (or other TIN) for each dependent enrolled in the health plan, please contact your Benefit Department at 480.484.6104.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB

control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebssa.opr@dol.gov and reference the OMB Control Number 1210-0137.

MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER

If you or your eligible dependents are currently Medicare-eligible, or will become Medicare-eligible during the next 12 months, be sure you understand whether the prescription drug coverage that you elect through Scottsdale USD is creditable with (as valuable as) Medicare's prescription drug coverage.

following prescription drug plan options is "creditable": PPO, 1,700 HDHP, 3,000 HDHP and 5,000 HDHP.

If you have questions about what this means for you, review the plan's Medicare Part D Notice of Creditable Coverage, which is available from Scottsdale USD at 480.484.6104.

Scottsdale USD has determined that the prescription drug coverage under the

COBRA COVERAGE REMINDER

In compliance with a provision of federal law referred to as COBRA continuation coverage, this plan offers its eligible employees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

Qualified beneficiaries are entitled to elect COBRA coverage when qualifying events occur, and, as a result of the qualifying event, coverage for that qualified beneficiary ends. Qualified beneficiaries who elect COBRA continuation coverage must pay for it at their own expense.

Qualifying event examples include termination of employment for any reasons other than gross misconduct, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible dependent child.

In addition to considering COBRA as a way to continue coverage, there may be other coverage options for you and your family. You may wish to seek coverage through the Health Care Marketplace. (See <https://www.healthcare.gov/>.) In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for

Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan) if you request enrollment within 30 days, even if the plan generally does not accept late enrollees.

The maximum period of COBRA coverage is generally either 18 months or 36 months, depending on which qualifying event occurred.

In order to have the opportunity to elect COBRA coverage following a divorce/legal separation or a child ceasing to be a dependent child under the plan, you and/or a family member must inform the plan in writing of that event no later than 60 days after the event occurs. The notice should be sent to Scottsdale Unified School District via first class mail, and should include the employee's name, the qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents).

If you have questions about COBRA, contact Kairos at 888.331.0222.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP, and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from the Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, and you live in a state listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP

office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your state for more information on eligibility. To see if any other states have added a premium assistance program since July 31, 2024, contact U.S. Department of Labor at 866.444.3272 or US Department of Health and Human Services at 877.267.2323.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: www.in.gov/medicaid/ www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: iowa.gov/health-and-human-services Medicaid Phone: 1-800-338-8366 Hawki Website: iowa.gov/healthy-and-well-kids-in-iowa Hawki Phone: 1-800-257-8563 HIPP Website: iowa.gov/health-insurance-premium-payment-program HIPP Phone: 1-888-346-9562	Website: www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PROGRAM@ky.gov KCHIP Website: kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: www.mass.gov/mashealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com

MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: www.insureoklahoma.org Phone: 1-888-365-3742	Website: healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA – Medicaid
Website: www.scdhhs.gov Phone: 1-888-549-0820	Website: dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: dhr.wv.gov/bms/mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

PAYROLL CALENDAR

Pay Period	Start Date	End Date	Pay Date	24 DED (12 mo)	19 DED (CERT)	18 DED (CLS-10 mo)
1	07/01/25	07/05/25	07/15/25			
2	07/06/25	07/19/25	07/29/25	24		
3	07/20/25	08/02/25	08/12/25	23		
4	08/03/25	08/16/25	08/26/25	22	19	18
5	08/17/25	08/30/25	09/09/25	21	18	17
6	08/31/25	09/13/25	09/23/25	20	17	16
7	09/14/25	09/27/25	10/07/25	19	16	15
8	09/28/25	10/11/25	10/21/25	18	15	
9	10/12/25	10/25/25	11/04/25	17	14	14
10	10/26/25	11/08/25	11/18/25	16	13	13
11	11/09/25	11/22/25	12/02/25	15	12	12
12	11/23/25	12/06/25	12/16/25	14	11	11
13	12/07/25	12/20/25	12/30/25	13	10	10
14	12/21/25	01/03/26	01/13/26	12	9	
15	01/04/26	01/17/26	01/27/26	11	8	9
16	01/18/26	01/31/26	02/10/26	10	7	8
17	02/01/26	02/14/26	02/24/26	9	6	7
18	02/15/26	02/28/26	03/10/26	8	5	6
19	03/01/26	03/14/26	03/24/26	7	4	
20	03/15/26	03/28/26	04/07/26	6	3	5
21	03/29/26	04/11/26	04/21/26	5	2	4
22	04/12/26	04/25/26	05/05/26	4	1	3
23	04/26/26	05/09/26	05/19/26	3		2
24	05/10/26	05/23/26	06/02/26	2		1
25	05/24/26	06/06/26	06/16/26	1		
26	06/07/26	06/20/26	06/30/26			
27	06/21/26	06/30/26	07/14/26			

MEDICAL AND PRESCRIPTION

PPO PLAN		MONTHLY	18-PAY	19-PAY	24-PAY	
EMPLOYEE ONLY		\$260.00	\$173.33	\$164.21	\$130.00	
EMPLOYEE + SPOUSE		\$1,307.00	\$871.33	\$825.47	\$653.50	
EMPLOYEE + CHILD(REN)		\$1,187.00	\$791.33	\$749.68	\$593.50	
EMPLOYEE + FAMILY		\$2,414.00	\$1,609.33	\$1,524.63	\$1,207.00	
\$1,700 HDHP		MONTHLY	18-PAY	19-PAY	24-PAY	
EMPLOYEE ONLY		\$63.00	\$42.00	\$39.79	\$31.50	
EMPLOYEE + SPOUSE		\$1,010.00	\$673.33	\$637.89	\$505.00	
EMPLOYEE + CHILD(REN)		\$906.00	\$604.00	\$572.21	\$453.00	
EMPLOYEE + FAMILY		\$2,056.00	\$1,370.67	\$1,298.53	\$1,028.00	
\$3,000 HDHP		District HSA Contribution	MONTHLY	18-PAY	19-PAY	24-PAY
EMPLOYEE ONLY	\$500.00	\$35.00	\$23.33	\$22.11	\$17.50	
EMPLOYEE + SPOUSE	\$500.00	\$681.00	\$454.00	\$430.11	\$340.50	
EMPLOYEE + CHILD(REN)	\$500.00	\$615.00	\$410.00	\$388.42	\$307.50	
EMPLOYEE + FAMILY	\$500.00	\$1,347.00	\$898.00	\$850.74	\$673.50	
\$5,000 HDHP		District HSA Contribution	MONTHLY	18-PAY	19-PAY	24-PAY
EMPLOYEE ONLY	\$1,000.00	\$25.00	\$16.67	\$15.79	\$12.50	
EMPLOYEE + SPOUSE	\$1,000.00	\$500.00	\$333.33	\$315.79	\$250.00	
EMPLOYEE + CHILD(REN)	\$1,000.00	\$441.00	\$294.00	\$278.53	\$220.50	
EMPLOYEE + FAMILY	\$1,000.00	\$1,041.00	\$694.00	\$657.47	\$520.50	

DENTAL

DELTA DENTAL PREMIER PLAN		MONTHLY	18-PAY	19-PAY	24-PAY
EMPLOYEE ONLY		\$56.65	\$37.77	\$35.78	\$28.33
EMPLOYEE + SPOUSE		\$113.30	\$75.53	\$71.56	\$56.65
EMPLOYEE + CHILD(REN)		\$128.75	\$85.83	\$81.32	\$64.38
EMPLOYEE + FAMILY		\$234.84	\$156.56	\$148.32	\$117.42
DELTA DENTAL CORE PLAN		MONTHLY	18-PAY	19-PAY	24-PAY
EMPLOYEE ONLY		\$33.99	\$22.66	\$21.47	\$17.00
EMPLOYEE + SPOUSE		\$63.86	\$42.57	\$40.33	\$31.93
EMPLOYEE + CHILD(REN)		\$70.04	\$46.69	\$44.24	\$35.02
EMPLOYEE + FAMILY		\$120.51	\$80.34	\$76.11	\$60.26
TDA DENTAL DHMO PLAN		MONTHLY	18-PAY	19-PAY	24-PAY
EMPLOYEE ONLY		\$10.40	\$6.93	\$6.57	\$5.20
EMPLOYEE + SPOUSE		\$20.80	\$13.87	\$13.14	\$10.40
EMPLOYEE + CHILD(REN)		\$22.88	\$15.25	\$14.45	\$11.44
EMPLOYEE + FAMILY		\$26.00	\$17.33	\$16.42	\$13.00

VISION

VSP VISION		MONTHLY	18-PAY	19-PAY	24-PAY
EMPLOYEE ONLY		\$7.19	\$4.79	\$4.54	\$3.60
EMPLOYEE + SPOUSE		\$14.39	\$9.59	\$9.09	\$7.20
EMPLOYEE + CHILD(REN)		\$15.39	\$10.26	\$9.72	\$7.70
EMPLOYEE + FAMILY		\$24.60	\$16.40	\$15.54	\$12.30

SUPPLEMENTAL LIFE

AGE	COST PER \$10,000	AGE	COST PER \$10,000
CHILD UNDER 30	\$1.52	50-54	\$2.25
30-34	\$0.67	55-59	\$4.11
35-39	\$0.86	60-64	\$6.25
40-44	\$0.95	65-69	\$11.92
45-49	\$1.19	70+	\$24.70
	\$1.51		

WORKSITE BENEFITS

ACCIDENT INSURANCE	MONTHLY	18-PAY	19-PAY	24-PAY
EMPLOYEE ONLY	\$12.48	\$8.32	\$7.88	\$6.24
EMPLOYEE + SPOUSE	\$25.34	\$16.89	\$16.00	\$12.67
EMPLOYEE + CHILD(REN)	\$25.81	\$17.21	\$16.30	\$12.91
EMPLOYEE + FAMILY	\$32.31	\$21.54	\$20.41	\$16.16

HOSPITAL INDEMNITY	MONTHLY	18-PAY	19-PAY	24-PAY
EMPLOYEE ONLY	\$14.60	\$9.73	\$9.22	\$7.30
EMPLOYEE + SPOUSE	\$26.96	\$17.97	\$17.03	\$13.48
EMPLOYEE + CHILD(REN)	\$22.76	\$15.17	\$14.37	\$11.38
EMPLOYEE + FAMILY	\$35.12	\$23.41	\$22.18	\$17.56

CRITICAL ILLNESS Monthly per \$1,000	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
EMPLOYEE ONLY	\$0.20	\$0.21	\$0.30	\$0.42	\$0.64	\$0.95	\$1.35	\$1.87	\$2.69	\$4.03	\$6.25
EMPLOYEE + SPOUSE	\$0.34	\$0.37	\$0.51	\$0.71	\$1.06	\$1.58	\$2.27	\$3.17	\$4.60	\$6.90	\$10.46
EMPLOYEE + CHILD(REN)	\$0.20	\$0.21	\$0.30	\$0.42	\$0.64	\$0.95	\$1.35	\$1.87	\$2.69	\$4.03	\$6.25
EMPLOYEE + FAMILY	\$0.34	\$0.37	\$0.51	\$0.71	\$1.06	\$1.58	\$2.27	\$3.17	\$4.60	\$6.90	\$10.46

SHORT-TERM DISABILITY

RATES BASED ON SELECTION		
PER \$10 WEEKLY BENEFIT	40%, 50%, 66 2/3%	\$0.83

IDENTITY THEFT PROTECTION

DIGITAL GUARD	MONTHLY	18-PAY	19-PAY	24-PAY
EMPLOYEE ONLY	\$7.90	\$5.27	\$4.99	\$3.95
FAMILY	\$13.90	\$9.27	\$8.79	\$6.95

DIGITAL GUARD COMPLETE	MONTHLY	18-PAY	19-PAY	24-PAY
EMPLOYEE ONLY	\$10.85	\$7.23	\$6.85	\$5.43
FAMILY	\$19.85	\$13.23	\$12.54	\$9.93

PREPAID LEGAL

	MONTHLY	18-PAY	19-PAY	24-PAY
LOW PLAN	\$7.00	\$4.67	\$4.42	\$3.50
HIGH PLAN	\$14.50	\$9.67	\$9.16	\$7.25