



Creighton Elementary School District 2025 - 2026

Insurance Information Packet

Creighton Elementary School District #14 Insurance Open Enrollment 2025-2026

Frequently Asked Questions (FAQs)

What is the Plan Year?

Employees choose their benefits for the entire benefit year. The benefit year runs from July 1st through June 30th. Your benefit selection cannot be changed during the plan year unless you have a life event. Life event changes include, but are not limited to, the birth of a new child, adoption, marriage or divorce or loss of coverage or change in employment by a spouse/domestic partners. In these cases, changes are permitted within 30 days following the event with verification of life event. Be sure to contact Human Resources if you have a life event and wish to make changes to your benefits.

What do I need to do if I want to waive my benefits?

The affordable Care Act requires that benefits be offered to all qualifying employees working 30 hours or more per week. You are required to formally waive your coverage through the Employee Access portal. If you have waived your coverage in the past, you will need to waive coverage each year through the on-line process.

Where do I go to enroll?

Creighton home page, www.creightonschools.org Select Staff and select Employee Access. Log in using your username and password. Your username is your district email address. Select My Benefits, a drop down box will appear, select Enrollment. Follow the prompts and make sure to submit your selections.

Are part-time employees eligible for benefits?

Yes, if you work 20 hours per week with 1 year of service the district will offer you Cigna DMHO Dental and Basic Life Insurance valued at \$5,000. You may also be eligible to purchase Short Term Disability and/or Vision coverage. **You must work 30 hours or more to be eligible for medical coverage.**

What if I forgot my password?

- **Forgot your password to Employee Access?** Please contact the help desk to have your password reset at 602-381-6015

Note:

- Deductible and out-of-pocket maximums are on a plan year schedule, which means these start July 1st thru June 30th.
- Eligible employees who fail to select their insurance benefits within 30 days from hire date will be uninsured and the district will waive your coverage on your behalf. The next opportunity you will have to select insurance benefits will be during our next annual Open Enrollment period or a qualifying event. **There will be no exceptions.**

Important Updates 2025-2026 Benefits Changes

Medical

The District will continue to offer two medical plans effective July 1, 2025:

United Health Care Choice Base/Paid 100% for employee coverage

- Deductible Employee \$500/\$1000 Family
- Max out of pocket \$5000 Employee/\$10,000 Family
- Co-insurance covered 80%
- Pharmacy UHC Network \$10/\$20/\$40/Specialty Drugs \$150
- PCP Visit Copay \$25
- Specialist Copay \$40

United Health Care Choice Buy up plan employee pays \$82.12 per month

- Deductible Employee \$500/\$1000 Family
- Max out of pocket \$4000 Employee/\$8000 Family
- Co-insurance covered 80%
- Pharmacy UHC Network \$10/\$20/\$40/Specialty Drugs \$150
- PCP Visit Copay \$25
- Specialist Copay \$35

Please review the Summary of Benefits and Coverage (SBC). This document will help you choose a health plan. Please review the Monthly Premiums Rate sheet for monthly insurance rates.

Vision

The District will continue to offer vision coverage with United Health Care Vision with a slight rate increase and no plan design changes. Please review plan summary for coverage details and Monthly Premiums Rate sheet.

Basic Life & Voluntary Life Insurance

The provider for Basic Life & Voluntary Life is Sun Life.

If you currently have voluntary life insurance for yourself, spouse and/or children you will need to continue the coverage during open enrollment. You will be required to elect Accidental Death & Dismemberment AD&D separately from the voluntary life and the amount can differ based on employee's election. This is your opportunity to review your coverage and to make changes.

Ancillary Products

Employers Dental Services has discontinued their service with Creighton District. We will now be offering the Cigna Dental Care DHMO plan. Delta Dental will continue to be the dental buy up plan. There is an increase in cost and no plan design changes. Please refer to Monthly Premiums Rate sheet for cost. United Health Care Vision will continue with a slight rate increase and no plan design changes. Sun Life Supplemental Life & Accidental Death & Dismemberment will continue with no rate change and no plan design changes.

Short Term Disability

Sun Life Short Term Disability Benefits will be a weekly benefit based on the weekly benefit selected. Get a weekly check of \$100 to \$1,900, in any \$100 increment you choose, to replace a portion of your income, up to 66.67% of your Total Weekly Earnings. You cannot elect a benefit amount that exceeds 66.67% of your income. **Pre-existing condition limitations apply to all new and increase applications.** Refer to Monthly Premium Rate sheet for cost.

Intentionally Blank... Proceed to Page 5

CREIGHTON ELEMENTARY SCHOOL DISTRICT # 14
INSURANCE OPEN ENROLLMENT INFORMATION/ ONLINE BENEFITS ENROLLMENT
2025-2026 Plan Year
Employee Insurance Benefits Package

MEDICAL COVERAGE

United Health Care Choice Base	United Health Care Choice Buy up
<p>\$25 copay for Primary Care \$40 copay for Specialist</p> <p>\$500 Deductible Employee \$1000 Deductible Family</p> <p>Max out of pocket \$5,000 Employee \$10,000 Family</p> <p>Urgent Care \$75.00 Emergency Room - 20% after \$100 copay, after deductible.</p> <p>Inpatient 20% after deductible</p> <p>Outpatient 20% after deductible</p> <p>Pharmacy Rx \$10 generic \$20 preferred \$40 non preferred \$150 Specialty Drugs</p> <p>Cost Per Month (District pays \$677.78 for employee coverage)</p> <p>Employee Only \$ 0.00 Employee+ Spouse \$665.78 Employee + Child(ren) \$356.66 Employee + Family \$974.89</p>	<p>\$25 copay for Primary Care \$35 copay for Specialist</p> <p>\$500 Deductible Employee \$1000 Deductible Family</p> <p>Max out of pocket \$4,000 Employee \$8,000 Family</p> <p>Urgent Care \$ 75.00 copay Emergency Room Visit- 20% after \$100 copay, after deductible</p> <p>Inpatient 20% after deductible</p> <p>Outpatient 20% after deductible</p> <p>Pharmacy Rx \$10 generic \$20 preferred \$40 non preferred \$150 Specialty Drugs</p> <p>Cost Per Month (District pays \$677.78 for employee coverage)</p> <p>Employee Only \$ 82.12 Employee+ Spouse \$862.87 Employee + Child(ren) \$500.38 Employee + Family \$1225.36</p>

DENTAL COVERAGE

The District provides you two options for dental insurance.

Cigna Dental Care (DHMO):

You can select Cigna Dental Care plan which is an HMO dental plan and does require you to pick a general dentist from www.cigna.com. The district does pay the employee premium of this plan.

Delta Dental:

The second option is the Delta Dental Level II plan, a PPO plan, which allows you to go to the dentist of your choice. If you select a dentist on the Delta dental plan for your services, out of pocket costs will be less. There is a rate decrease. Monthly rates and coverage information for the plan are as follows:

Cigna Dental Monthly Rates

Employee Only	\$0 (cost paid for by district)
Employee + Spouse	\$10.07
Employee + Child(ren)	\$12.54
Employee + Family	\$14.76

No deductibles, no yearly maximums. Employee pays cost share portion of costs. You must choose from any of Cigna's participating primary care dentist by going to www.cigna.com.

Delta Dental Level II Monthly Rates

Employee additional premium	\$22.56 (reflects a credit of \$10.30)
Employee + Spouse	\$55.42
Employee + Child(ren)	\$58.71
Employee + Family	\$88.28

Calendar year deductible \$25 per person, \$75 per family when seeing a PPO Dentist on the Delta Dental plan. Calendar year benefit maximum \$1500 for PPO Dentist. Preventative services covered at 100%. Basic services covered at 80% when seeing a PPO Dentist, to include fillings, stainless steel crowns, simple extractions, and root canals. Major Services covered at 50 % to include bridge, denture repair, and restorative crowns covered at 50%. Information regarding specific services and applicable coverage can be found in summary of benefits.

BASIC LIFE & AD&D (Accidental Death & Dismemberment) INSURANCE COVERAGE

This district provides to each employee Basic Life and AD&D insurance at no cost to the employee. This coverage is provided through Sun Life Insurance and is 1 times your salary with a maximum coverage of \$75,000. When you enroll please be sure to have your beneficiary's information available.

VOLUNTARY LIFE INSURANCE

The Creighton Elementary School District offers a voluntary life insurance option for employees and their families through Sun Life Insurance. Employees can purchase additional life insurance in amounts up to five times their annual salary. Spouses can be insured for a maximum of \$30,000 and children can be insured for a maximum of \$10,000. Refer to rate sheet for cost, specific exclusions and limitations. You will be required to elect Accidental Death & Dismemberment AD&D separately from the voluntary life and the amount can differ based on employee's election.

VISION INSURANCE- Voluntary

The United HealthCare Vision Plan is a full-service vision plan that allows you to receive an eye exam for \$10.00 and receive an allowance of \$160.00 paid towards eye glass frames and \$150 allowance for contact lens.

UHC Vision Monthly Rates

\$10.01 Employee Only

\$20.01 Employee + Spouse

\$21.41 Employee + Child(ren)

\$34.21 Employee + Family

Intentionally Blank... Proceed to Page 8

SUN LIFE SHORT TERM DISABILITY INSURANCE - Voluntary

Sun Life short-term disability insurance benefits cover you after you are unable to work for 6 days, due to injury, non-work related accident, maternity or sickness. Benefits are paid weekly after your claim is approved for up to 26 weeks, as long as you are unable to work due to a covered disability. You may participate in the plan under any one of the benefit levels outlined below, provided the weekly disability benefit level does not exceed 66.67% of your regular Minimum Salary. Pre-existing conditions will not be covered. **NOTE: Please review your current coverage and select short term disability coverage based on the schedule below.**

Minimum Salary	Weekly Benefit	Monthly Premium
\$7,800	\$100.00	\$5.34
\$15,600	\$200.00	\$10.68
\$23,399	\$300.00	\$16.02
\$31,198	\$400.00	\$21.36
\$38,998	\$500.00	\$26.70
\$46,798	\$600.00	\$32.04
\$54,597	\$700.00	\$37.38
\$62,397	\$800.00	\$42.72
\$70,196	\$900.00	\$48.06
\$77,996	\$1,000.00	\$53.40
\$85,796	\$1,100.00	\$58.74
\$93,595	\$1,200.00	\$64.08
\$101,395	\$1,300.00	\$69.42
\$109,195	\$1,400.00	\$74.76
\$116,994	\$1,500.00	\$80.10
\$124,794	\$1,600.00	\$85.44
\$132,593	\$1,700.00	\$90.78
\$140,393	\$1,800.00	\$96.12
\$148,193	\$1,900.00	\$101.46

MEDICAL FLEXIBLE SPENDING ACCOUNT AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

The flexible spending account (FSA) offers you two ways to save for out of pocket **medical expenses** and **dependent care expenses** by having pre-taxed dollars placed in an account to be used for future expenses. Amounts elected annually for each of these plans will be deducted out of each check in installments over the course of the year.

****If selected you must download form, complete and return to District Office***

MEDICAL FLEXIBLE SPENDING ACCOUNT - You will receive a debit card for your medical flexible spending account which allows you to pay eligible out of pocket medical, dental, vision expenses straight from your debit card. This saves you from paying twice and having to file a claim form. You may designate from \$300 to \$3300 per year to be placed in a medical flexible spending account. Funds must be used by June 30th.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT – This account may be used for child care expenses for children ages 13 and under attending a preschool, before or after school care or an in home day care provider. These amounts will be reimbursed up to the amount paid into this plan with a claim form. You may designate up to \$5000 per year be placed in a dependent care flexible spending account.

While FSA funding can be used for a variety of eligible expenses, the IRS rules place some severe restrictions on these programs. Refer to list of services that can be reimbursed on the providers plan summary.

COLONIAL LIFE GROUP ACCIDENT – Voluntary

Colonial Life accident insurance provides benefits directly to you to use however you like-from medical costs to everyday expenses. **For more information, please review Colonial Life Group Accident in Employee Access under Resources**

COLONIAL LIFE GROUP CRITICAL ILLNESS AND CANCER – Voluntary

Colonial Life's group critical illness and cancer insurance helps relieve financial worries by providing a lump-sum benefit payable directly to you to use as needed. **For more information, please review Colonial Life Group Critical Illness in Employee Access under Resources**

COLONIAL LIFE GROUP HOSPITAL INDEMNITY – Voluntary

Group Medical Bridge insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. **For more information, please review Colonial Life Group Hospital Indemnity in Employee Access under Resources**

ALLSTATE IDENTITY PROTECTION – Creighton District will provide benefit-eligible employees with complimentary identity protection coverage. All benefit-eligible employees will be enrolled in Allstate Identity Protection, and you must "Opt Out" during open enrollment if you do not want this coverage. **For more information, please review Allstate Identity Protection in Employee Access under Resources**

METLIFE PET INSURANCE – Voluntary

Help protect your pet from costly vet bills. For more information, please review MetLife Pet Insurance in Employee Access under Resources

- ***Deadline to enroll is May 9, 2025.***
 - ***Failure to select your benefits on a timely manner may result in no coverage and the district will waive your medical coverage per the Affordable Care Act.***
-

Annual Notice- HIPAA Privacy Note Reminder

The Creighton Elementary School District's Medical & Dental Care Reimbursement Plans & COBRA Administration group health plan is required by law to take reasonable steps to maintain the privacy of your personally identifiable health information called Protected Health Information (PHI) and to inform you about:

- The Plan's uses and disclosures of PHI,
- Your rights to privacy with respect to your PHI,
- The Plan's duties with respect to your PHI,
- Your rights to file a complaint with Plan Administrator and with the Secretary of the U.S. Department of Health and Human Services.
- The person or office you should contact for further information about the Plan's privacy practices.
- Where to Find a HIPAA Privacy Notice for Our Group Health Plan

HIPAA Privacy pertains to the following group health plan benefits sponsored by Creighton Elementary School District:

- Medical/Dental & Dependent Care Reimbursement Plan (Flexible Spending Account & COBRA Plan).

To obtain a copy of our HIPAA Notice and Privacy practice for the above noted group health plan benefits, write the Benefits Department at 2702 E. Flower St. Phoenix, AZ 85016 or call 602-381-6000 or you may access a HIPAA Privacy Notice on the Creighton Elementary School District's website at www.creightonschools.org.

HIPAA Privacy Notices that pertain to the insured medical & dental benefits offered by Creighton Elementary School District can be obtained by contacting Aetna Health Care Insurance Company and or Creighton Elementary School District's Benefits Office.

Women's Health & Cancer Rights Act of 1998

As required by the *Women's Health & Cancer Rights Act of 1998*, the Plan provides Benefits under the Plan for mastectomy, including reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

If you are receiving Benefits in connection with a mastectomy, Benefits are also provided for the following Covered Health Services, as you determine appropriate with your attending Physician:

- 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.

The amount you must pay for such Covered Health Services (including co-payments and any Annual Deductible) are the same as are required for any other Covered Health Service. Limitations on Benefits are the same as for any other Covered Health Service.

Statement of Rights under the Newborns' and Mothers' Health Protection Act (NMHPA)

Under Federal law, group Health Plan health insurance issuers offering group health insurance coverage generally may not restrict Benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the Plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier. Also, under Federal law, plans and issues may not set the level of Benefits or out-of-pocket cost so that any later portion of the 48-hour (or 96 hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain provider or facilities, or to reduce your out-of-pocket costs, you may be required to obtain prior authorization or notify the Claims Administrator. For information on notification or prior authorization, contact your issuer.

Important Notice from Creighton Elementary School District about Medicare Coverage and your Prescription Drug plan through United Health Care

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Creighton Elementary School District and about your options under Medicare's prescription drug coverage.

This information can help you decide whether or not you want to join a Medicare drug plan when you reach the age of 65.

If you are considering joining, you should compare your current coverage. This includes which drugs are covered at what cost with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If you are not the age of 65 yet and not considering Medicare enrollment, no action is required on your part.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. United Health Care has determined that the prescription drug coverage and medical plans Choice Base and Choice Buy Up for all plan participants are expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
-

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **UnitedHealthcare** coverage will be affected.

You can keep your current medical and prescription drug coverage with this plan and you do not have to enroll in Medicare Part D. If however you keep this plan coverage and also enroll in a Medicare Part D prescription drug plan, you will have dual prescription drug coverage and this plan will coordinate its drug payments with Medicare. Please refer to your Summary Plan Description under the Coordination of Benefits chapter for more details on how the plan coordinates with Medicare. If you enroll in a Medicare prescription drug plan, you will need to pay the Medicare Part D premium out of your own pocket.

Note that you may not drop just the prescription drug coverage under this plan because prescription drug coverage is part of the entire medical plan. Generally you may only drop medical plan coverage at the plan's next Open Enrollment period.

If you do decide to join a Medicare drug plan and drop your current coverage offered through **UnitedHealthcare**, be aware that you and your dependents will need to refer to your district policy regarding guidelines for re-enrollment, if applicable. The next enrollment period will be during our next Open Enrollment.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Creighton Elementary School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous day or longer without creditable prescription drug coverage, your monthly premium may go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Creighton ESD changes. You also may request a copy of this notice at any time. This notice will be posted on The Creighton ESD web site under Important Notices.

For More Information about Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by a Medicare drug plan.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program

Call 1-800-MEDICARE (1-800-772-1213 (TTY 1-800-325-0778).

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778)

Remember:

Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

**Contact Person for Creighton Elementary School District:
Deborah C Lopez/ Benefits Coordinator
2702 E. Flower Street
Phoenix, AZ 85016
602-381-6000**