

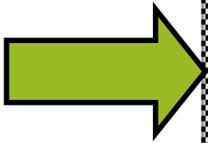


NEW HIRE BENEFITS ENROLLMENT 2025-2026

During Open Enrollment, eligible employees will be REQUIRED to:

- Login to the iVisions [Employee Access Portal](#) . Go to **My Benefits / Enrollment**
- Elect, change or waive coverage . Update emergency contact, beneficiaries and dependents
- Once you've completed your enrollment, make sure to **SUBMIT** your selections.

**** Plan year runs July 1, 2025 through June 30, 2026****



View the Brainshark Employee Benefits Video:

[2025-2026 Plan Year Benefit Enrollment Video \(Brainshark\)](#)

Important Information regarding the Medical Plans for 2025-2026 FY

- **Premium changes** to the PPO & HDHP Medical plans effective 7/1/2025. (See Premium Rates below).
- The District offers 2 medical insurance plans for 2025/2026: Traditional (Choice) and High Deductible Health Plan (Choice)
- The District does **NOT** offer “**OUT OF NETWORK**” benefits. This means you **MUST** utilize an “**IN NETWORK**” provider, facility or RX to ensure proper payment.
- **Traditional PPO Plan Deductibles** are: \$1,250 individual \$3,500 Family - (calendar year)
- **Traditional PPO Plan Out-of-Pocket Maximums** are: **\$5,000** individual **\$10,000** Family - (calendar year)
- **High Deductible Health Plan Deductibles** are: **\$3,300** individual **\$6,600** Family - (calendar year)
- **High Deductible Health Plan Out-of-Pocket Maximums** are: **\$5,000** individual **\$10,000** Family - (calendar year)
- Health Savings Account HSA limits are **\$4,300** Individual Coverage and **\$8,550** for Family Coverage (over age 55) can contribute additional \$1,000.00.
- **There is an annual minimum contribution of \$100 if you choose to contribute to an HSA,**
- The District will match and double your HAS contribution up to a maximum amount of \$1,200.
- DVUSD continues to participate in the Value Pharmacy Network. The network includes: Walgreens, Kroger/Frys, Walmart, Sams Club and Optum RX
- Preventative Care under the Affordable Care Act (ACA) is covered at 100% within the UHC Network for both plans

Important Information regarding Interface EAP 2025-2026 FY

- Interface EAP, Employee Assistance Program is provided to ALL employees at **NO COST**. Employees and their families are able to access unlimited self help tools on work, life, health and wellness resources at 1-800-324-4327
- United Healthcare offers an Employee Assistance Program. To speak with a medical professional, contact Customer Service at the number listed on the back of your insurance card. This benefit is not to be confused with the EAP Program that the district is providing for **ALL** employees and is in addition to these benefits

Important Information regarding the Voluntary Benefits 2025-2026 FY

- There are no premium or coverage changes to any of the following voluntary benefits. Eligible employees will still be able to elect or waive: Life, Short Term Disability, Accidental Death & Dismemberment, Health Savings Account, Flexible Medical & Dependent Spending Accounts, Allstate Identity Protection and WellStyles

2025-2026 BENEFIT PREMIUM RATES

MEDICAL PLAN RATES

	HDHP Basic With or Without HSA	Traditional PPO Hired after 7/1/2012	Traditional PPO Hired prior to 7/1/2012
	MONTHLY / ANNUAL	MONTHLY / ANNUAL	MONTHLY / ANNUAL
Employee Cost:	\$0.00 / \$0.00	\$90.00 / \$1,080.00	\$40.00 / \$480.00
Employee + Spouse:	\$788.03 / \$9,456.36	\$1,019.76 / \$12,237.12	\$969.76 / \$11,637.12
Employee + Child(ren):	\$519.21 / \$6,230.52	\$699.38 / \$8,392.56	\$649.38 / \$7,792.56
Family Cost:	\$855.22 / \$10,262.64	\$1,099.85 / \$13,198.20	\$1,049.85 / \$12,598.20
Dual Spouse:	\$150.42 / \$1,805.04	\$341.20 / \$4,094.40	\$241.20 / \$2,894.40

DENTAL PLAN RATES

	DELTA DENTAL PPO MONTHLY / ANNUAL	CIGNA DENTAL DHMO MONTHLY / ANNUAL
Employee Cost:	\$0.00 / \$0.00	\$0.00 / \$0.00
Employee + Spouse:	\$32.86 / \$394.32	\$0.00 / \$0.00
Employee + Child(ren):	\$36.15 / \$433.80	\$0.00 / \$0.00
Employee + Family:	\$65.72 / \$788.64	\$0.00 / \$0.00

VOLUNTARY VISION PLAN RATES

VISION SERVICE PROVIDER (VSP)

<u>BASE PLAN</u>	MONTHLY / ANNUAL	<u>BUY-UP PLAN</u>	MONTHLY / ANNUAL
EMPLOYEE	\$6.08 / \$72.96	EMPLOYEE	\$11.78 / \$141.36
EE + SPOUSE	\$12.17 / \$146.04	EE + SPOUSE	\$23.55 / \$282.60
EE + CHILD(REN)	\$13.02 / \$156.24	EE + CHILD(REN)	\$25.20 / \$302.40
EE + FAMILY	\$20.81 / \$249.72	EE + FAMILY	\$40.27 / \$483.24

ALLSTATE IDENTITY PROTECTION

Identity theft protection is offered at NO COST to the employee. This is a district paid benefit. During Open Enrollment benefited employees will automatically be enrolled unless they OPT OUT during enrollment. Family members may be added once coverage is effective for an additional cost. You may also upgrade coverage to Allstate PLUS at an additional cost.

	AllState Pro	AllState Pro +
Employee Cost:	\$0.00	\$4.25 per month through Direct Pay
Family Cost:	\$8.95 per month through Direct Pay	\$10.95 per month through Direct Pay

DVUSD provides Basic Life, AD & D and Basic Short Term Disability (STD) at no cost to benefit eligible employees. In addition, eligible employees may purchase additional Life, AD & D and STD through payroll deduction. Plan Summaries and rates are located in the Open Enrollment Portal and the Brainshark Open Enrollment video. Make sure to click on the attachments for further information.

Arizona State Retirement System (ASRS) Contribution rate has Decreased to 12.00% for the 2025-2026 school year.

IRS Section 125: Deductions are governed under IRS Section 125. Medical and Dental payroll deductions are pre-tax. Changes cannot be made during the plan year unless there is a "Qualifying Life Event Change" based on the following criteria: birth or death of a dependent, change in marital status, dependent ages out at 26 years old, change in spouses employment (proof of coverage is required). Employees have 31 days from the date of the "Qualifying Event" date to make changes.

NEW THIS YEAR ****VSP VISION PLANS****

BASE PLAN

Copays for In-Network Services

◆ Exam	\$10 Copay
◆ Materials	\$25 Copay
◆ Retinal Screening	\$20 Copay
For diabetes	per screening

Frame Benefits

Frame Allowance	\$160
Featured Name Brands	\$180
Walmart/Sam's Club/Costco	\$160

Vision Benefit Summary

Customer Service	800-877-7195
Provider Locator	www.vsp.com

Benefit Frequency

- Comprehensive Exam Every 12 months
- Spectacle Lenses Every 12 months
- Frames Every 24 months

BUY-UP PLAN

◆ Exam	\$10 Copay	Frame Allowance	\$225
◆ Materials	\$10 Copay	Featured Name Brands	\$245
◆ Retinal Screening	\$20 Copay	Walmart/Sam's Club/Costco	\$225
For diabetes	per screening		

Vision Benefit Summary

Customer Service	800-877-7195
Provider Locator	www.vsp.com

Benefit Frequency

- Comprehensive Exam Every 12 months
- Spectacle Lenses Every 12 months
- Frames Every 12 months
- Contact Lenses in place of glasses \$175 annual allowance

PLAN DOCUMENTS PROVIDED IN THE BRAINSHARK VIDEO ATTACHMENTS TAB