2026-2027

Insurance Benefits Enrollment Guide



Glendale Elementary School District No. 40

Dear Employee,
Glendale Elementary School District No. 40 is proud to offer a variety of benefits for you and your dependents. This Benefits Booklet provides a detailed overview of each benefit plan offered to assist you with determining the type of coverage you need.

For the 2026-2027 school year we offer:

- 2nd MD
- Calm App
- Dental
- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- Group Accident
- Group Critical Illness (includes cancer)
- Group Hospital Indemnity
- Group Life Insurance
- Hinge Health
- Identity Protection Service
- Legal Insurance
- Medical
- One Pass Select Gym Membership
- Optional Retirement Saving Plans
- Parsley Health
- Pet Insurance
- Short-term Disability
- Virta Type 2 Diabetes Reversal Program
- Vision
- Voluntary Life and Optional Accidental Death & Dismemberment
- Wellness Program

Benefit Enrollers are available to assist you with questions and help you complete the online enrollment process. New employees have 31 days from their hire date to enroll.

Thank you for being a valued employee of our District!

Table of Contents

2026 – 2027 Benefits Enrollment

Annual Enrollment 5
How to Enroll 7
Section 125 Overview 8
Qualifying Events 8

Insurance Plans

Insurance Plan Premiums 9
Medical Plans 13-14
Health Savings Account 16
Employee Assistance Program 18
Virta Type 2 Diabetes Reversal Program 19
2nd MD 20
Parsley 21
MAVEN 22
Hinge Health 23
Dental Plans 24
Vision 34
Colonial Life Plans 36
Voluntary Life Insurance 40
Sunlife EOI Application 43
Optional Accidental Death and Dismemberment 45
Short – Term Disability Insurance 47
Mid-Term Disability Insurance 51
Long Term Disability Insurance 52
Optional Retirement Savings Plans 54

Flexible Spending Account (FSA)

Flexible Spending Count (Health Care FSA) 55
Limited Purpose Flex Account (Healthcare FSA) 55
Dependent Care Account (DCA) 55

Additional Benefits

ARAG Legal Plans 57
Allstate Identity Protection 59
ComPsych EAP 61
Pet Insurance 62
Wellness Program 64
Employee Discounts 66
Retirement Timeline Checklist 70
Important Contacts 79

ABOUT THIS GUIDE

Employee Responsibilities

It is each employee's responsibility to maintain an accurate and up-to-date mailing address in the Employee Access Web Portal. Employees should also regularly check their GESD email to stay informed about their insurance benefits.

Plan Information

Summary Plan Descriptions, coverage certificates, policies, and insurance contracts will take precedence in the event of any discrepancies or questions.

All applicable information regarding the insurance programs offered by the District is available on the Employee Benefits website, which can be accessed through the District's homepage: www.gesd40.org.

For questions about insurance, disability, or retirement, please contact:
Jodi Finnesy, Benefits Analyst
Phone: (623) 237-7149
Email: benefitsinfo@gesd40.org

HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) requires your health insurance plan to limit the release of your health information to only what is necessary for your care.

If you have questions about a claim, contact your insurance carrier first. If you still need assistance after speaking with the plan administrator, a representative from Employee Benefits may help—but you may be required to submit written authorization to release your claim information.

To request a copy of the **HIPAA Notice of Privacy Practices** or for any HIPAA-related questions, contact:

Jodi Finnesy, Benefits Analyst
Phone: (623) 237-7149
Email: benefitsinfo@gesd40.org

Your Annual Enrollment

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

New hires

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

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

NOTE: If eligibility changes during the year, you must notify Human Resources within 30 days of the qualifying event. See page 8.

Benefits are effective the first day of the month following the employee's date of hire. The effective date may be retroactive depending on when the employee completes their enrollment and the enrollment record is processed by the carrier(s). *New Hires who enroll within their 31-day window have a guaranteed issuance for the Voluntary Short-Term Disability and Voluntary Life Insurance.

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

All employees are on a 20-deduction schedule which starts August 25, 2026 through June 1, 2027 with no deductions for insurance premiums taken out of the January 12, 2027 paycheck.

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

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

Who is Eligible?

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

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

When are changes allowed?

Benefit plans are administered on a "policy year basis" – from July 1 through June 30 of each year. Thus, the elections you make during Open Enrollment are effective July 1, 2026, through June 30, 2027.

Because some of the benefits elected are offered on a pre-tax basis, the Internal Revenue Service (IRS) does not allow changes to these benefit elections outside of the annual Open Enrollment period unless there is a qualified "change in status event". Please see the Summary Plan Document (SPD) or information on the district's website under Benefits, or call Human Resources with questions.

Disclaimer

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

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

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

How to Enroll

How to Enroll

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

Benefit Enroller

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

Self-Enroll

Employees can self-enroll through the Employee Access web portal. Additional instructions for using the web portal can be found on the Employee Benefits website. The Tyler Employee Access icon is located on the District's Intranet webpage. After clicking on the icon, employees must use their network login to access their Employee Access account. Once logged in, select "Benefits", then "Enrollment."

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

What to bring to the Appointment

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

Section 125 Plan

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

Qualifying Events

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

Examples of Qualifying Events:

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

Important Note:
If you experience a qualifying event, you must contact the Benefits Team at Benefitsinfo@gesd40.org within 30 days of the qualifying event to make the appropriate changes to your coverage.

Insurance Plans



Benefits Vocabulary Review

Definitions to help you make informed decisions.

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

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

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

Non-embedded Deductible: For health plans with a non-embedded deductible, the family deductible has to be met before plans benefits and coinsurance apply.

Co-payment: A fixed dollar amount you will pay for covered services (health care and prescription drugs).

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

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

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

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

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

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

Pre-authorization: A review process by your health plan to make sure the services you will be receiving are medically necessary and covered by the plan. See the summary Plan Description or access www.myuhc.com for procedures that require precertification.

Before you enroll, consider what you may need for the 2026-2027 benefit year. You may want to discuss your benefit options with your spouse and/or dependents who may be managing or using your health care.
To assist you with your benefit decisions, take a moment to review the benefit definitions as they can impact your care and your wallet.

Medical

Benefits- Eligible employees may choose to enroll in one of two medical plans provided through United Healthcare:

-Traditional Medical Plan

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

The following is a summary of each plan's features. Be sure to review this information carefully. You can find more information on the Employee Benefits website.

UnitedHealthcare®



Glendale Elementary School District No. 40

2026 - 2027 Premiums for Medical, Dental & Vision Insurance

- Payroll Deduction Schedule: 8/25/2026 through 6/01/2027 (20 deductions)
- January 12, 2027 Paycheck has NO insurance premium deductions

MEDICAL INSURANCE	Monthly Premium	Employer Monthly Contribution	Employee Annual Cost	Employe Monthly Cost	DEDUCTION PER PAYCHECK
UNITED HEALTHCARE **TRADITIONAL** MEDICAL PLAN					
Employee Only	$780.33	$720.33	$720.00	$60.00	**$36.00**
Employee & Spouse	$1,592.85	$1,210.00	$4,594.20	$382.85	**$229.71**
Employee & Child(ren)	$1,498.05	$1,210.00	$3,456.60	$288.05	**$172.83**
Employee & Family	$1,924.67	$1,210.00	$8,576.04	$714.67	**$428.81**
UNITED HEALTHCARE **HIGH DEDUCTIBLE HEALTH PLAN** w/ Health Savings Account					
Employee Only	$717.33	$717.33	$0.00	$0.00	**$0.00**
Employee & Spouse	$1,398.84	$1,203.70	$2,341.68	$195.14	**$117.09**
Employee & Child(ren)	$1,321.10	$1,203.70	$1,408.80	$117.40	**$70.44**
Employee & Family	$1,670.93	$1,203.70	$5,606.76	$467.23	**$280.34**

Employer HSA Annual Deposit

Insurance effective:	07/01 - 09/01	$550.00
Insurance effective:	10/01 - 12/01	$450.00
Insurance effective:	01/01 - 03/01	$350.00
Insurance effective:	04/01 - 06/01	$250.00

Employer HSA Wellness Exam Deposit $950

- Exam must be done between 1/01/2026 - 12/31/2026
- Availability of funds can take up to 10 days to post
- Deposit schedule: 10/23/2026, 1/22/2027, 2/19/2027
- On deposit dates you must be actively at work and enrolled in the HDHP plan

VISION INSURANCE	Monthly Premium	Employer Monthly Contribution	Employee Annual Cost	Employe Monthly Cost	DEDUCTION PER PAYCHECK
VSP VISION **CHOICE** PLAN					
Employee Only	$8.92	$8.92	$0.00	$0.00	**$0.00**
Employee & Spouse	$17.83	$8.92	$106.92	$8.91	**$5.35**
Employee & Child(ren)	$19.08	$8.92	$121.92	$10.16	**$6.10**
Employee & Family	$30.50	$8.92	$258.96	$21.58	**$12.95**

DENTAL INSURANCE	Monthly Premium	Employer Monthly Contribution	Employee Annual Cost	Employe Monthly Cost	DEDUCTION PER PAYCHECK
DELTA DENTAL **LEVEL I** PLAN					
Employee Only	$23.32	$23.32	$0.00	$0.00	**$0.00**
Employee & Spouse	$52.22	$27.92	$291.60	$24.30	**$14.59**
Employee & Child(ren)	$50.82	$27.92	$274.80	$22.90	**$13.74**
Employee & Family	$78.32	$27.92	$604.80	$50.40	**$30.25**
DELTA DENTAL **LEVEL III** PLAN					
Employee Only	$43.38	$27.92	$185.52	$15.46	**$9.28**
Employee & Spouse	$90.03	$27.92	$745.32	$62.11	**$37.27**
Employee & Child(ren)	$94.53	$27.92	$799.32	$66.61	**$39.97**
Employee & Family	$135.04	$27.92	$1,285.44	$107.12	**$64.28**
CIGNA DENTAL **DHMO** PLAN **-** Employer pays the premium					
Employee Only	$10.82	$10.82	$0.00	$0.00	**$0.00**
Employee & Spouse	$21.39	$21.39	$0.00	$0.00	**$0.00**
Employee & Child(ren)	$23.99	$23.99	$0.00	$0.00	**$0.00**
Employee & Family	$26.32	$26.32	$0.00	$0.00	**$0.00**

TRADITIONAL PLAN

Category	Service / Type	Network	Out of Network
Co-Payments / Co-insurance	Virtual Visits	$ 0	No Coverage
Co-Payments / Co-insurance	PCP Visits	$ 10 / 25	No Coverage
Co-Payments / Co-insurance	Specialist	$ 40 / 65	No Coverage
Co-Payments / Co-insurance	Mental Health	$ 10 / 30	No Coverage
Co-Payments / Co-insurance	Urgent care	$ 25	No Coverage
Co-Payments / Co-insurance	Emergency Room	$ 500	$500 (Emergency Room only)
Co-Payments / Co-insurance	Hospital Stay	Subject to Deductible + 20%	No Coverage
Co-Payments / Co-insurance	Co-Insurance	80%	No Coverage
Deductible Per Calendar Year	Individual Deductible	$1,000	N/A
Deductible Per Calendar Year	Family Deductible	$3,000	N/A
Out of Pocket Limit	Individual OOP Limit	$6,500	N/A
Out of Pocket Limit	Family OOP Limit	$13,000	N/A

Pharmacy

Tier Levels	Tier 1	$0
Tier Levels	Tier 2	$25
Tier Levels	Tier 3	$50
Tier Levels	Tier 4 (Specialty RX)	$100

United Healthcare

12

HIGH DEDUCTIBLE HEALTH PLAN - BASE

Category	Service / Type	Network	Out of Network
Co-Payments / Co-insurance	Virtual Visits	$ 54	No Coverage
Co-Payments / Co-insurance	PCP Visits	Subject to Deductible + 20%	No Coverage
Co-Payments / Co-insurance	Specialist	Subject to Deductible + 20%	No Coverage
Co-Payments / Co-insurance	Mental Health	Subject to Deductible + 20%	No Coverage
Co-Payments / Co-insurance	Urgent care	Subject to Deductible + 20%	No Coverage
Co-Payments / Co-insurance	Emergency Room	Subject to Deductible + 20%	Subject to Deductible + 20 (Emergency only)
Co-Payments / Co-insurance	Hospital Stay	Subject to Deductible + 20%	No Coverage
Co-Payments / Co-insurance	Co-Insurance	80%	No Coverage

Deductible Per Calendar Year	Individual Deductible	$2,000	N/A
Deductible Per Calendar Year	Family Deductible	$4,000	N/A
Out of Pocket Limit	Individual OOP Limit	$6,500	N/A
Out of Pocket Limit	Family OOP Limit	$13,000	N/A

Pharmacy

Prescription Drugs	Subject to Deductible then 20%



HDHP with Health Savings Account (HSA)

The HDHP with a Health Savings Account combines a high-deductible health plan with a tax-advantage Health Savings Account (HSA) that helps you pay for eligible medical expenses. When you enroll, the District provides funds for your HSA which you can use to pay eligible medical expenses. The plan also provides resources and tools to help you make informed healthcare buying decisions. Please note that the total contribution amounts are based on a full year of enrollment in the plan. Funds will be deposited during the 2026-2027 plan year.

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

HDHP with HSA Plan Year Deductibles

As you seek healthcare, you must meet the calendar year deductible before the plan's benefit kicks in. Deductibles for the HDHP are $2,000 for each individual and up to $4,000 for families. You can use your Health Savings Account to pay for any qualified medical expenses including those incurred while meeting your deductible out of your own pocket. The HDHP plan covers most in-network preventative care services at 100% with no deductible required. We strongly encourage you to advise your physician that your appointment is for your annual wellness or preventative exam and should be coded appropriately.

What happens when I meet my deductible? (Co-insurance)

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

What happens when I meet my out-of-pocket maximum? (Co-insurance)

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



Health Savings Account

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

Rules Regarding Health Savings Accounts
If you are enrolled in Medicare Part A or AHCCCS, or claimed as a dependent on someone's tax return (other than your spouse), or enrolled as a dependent on a non-HSA medical plan, the IRS will NOT allow the District or you to contribute to a Health Savings Account. **It is your responsibility to notify Human Resources if you are not eligible for contributions**.

Employees enrolled in a HDHP medical plan may contribute to their HSA account. All contributions made through payroll deductions are taken on a pre-tax basis. For 2026-2027 the maximum that can be contributed for single coverage is $4,400 and for family coverage $8,750. These amounts include the District's contribution. Employees age 55 and older are eligible to contribute an additional $1,000.

IF ENROLLING IN THE HIGH DEDUCTIBLE HEALTH PLAN (HDHP), A HEALTH SAVINGS ACCOUNT THROUGH OPTUM BANK WILL BE AUTOMATICALLY OPENED ON YOUR BEHALF.

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

Insurance effective July 1 – September 1 - $550
Insurance effective October 1 – December 1 - $450
Insurance effective January 1 – March 1 - $350
Insurance effective April 1 – June 1 - $250



Health Savings Account

Important Information

Address Requirements: Communication:

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

Communication:

- Please check your work email regularly following your enrollment. If Optum Bank has trouble verifying your identity, they will email you to request additional information.

- If your file is closed because you did not respond to Optum Bank's request for additional information, it will be your responsibility to re-apply for an account by accessing Optum Bank's website at www.optumbank.com

Account Maintenance:

- The Optum Bank Health Savings account comes with a Debit Card that you must activate before using.

- District contributions are loaded onto the Debit Card. If you elect to contribute to your health savings account with pre-taxed payroll deductions, your contribution will be loaded to the MasterCard after each payroll.

- Optum Bank charges a monthly fee of $1.00/month for balances below $500.00.

- Accounts with a zero balance for three months in a row will be closed automatically. If your account is closed, it is your responsibility to re-apply for a new health savings account by accessing Optum Bank's website at www.optumbank.com.



Employee Assistance Program

United Healthcare

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

Issues commonly addressed through your EAP benefit include:

- Family conflict
- Divorce
- Custody
- Blended family
- Domestic violence issues
- Grief
- Accidents
- Illness
- Victim of crime
- Loss of a loved one
- Changes at home work or school
- Relocation
- Job stress
- Interpersonal problems
- Aging parents
- Personal growth
- Interpersonal skills (relationship and/or communication) for work or family
- Dependence or codependency issues
- Alcohol
- Drugs
- Gambling

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

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

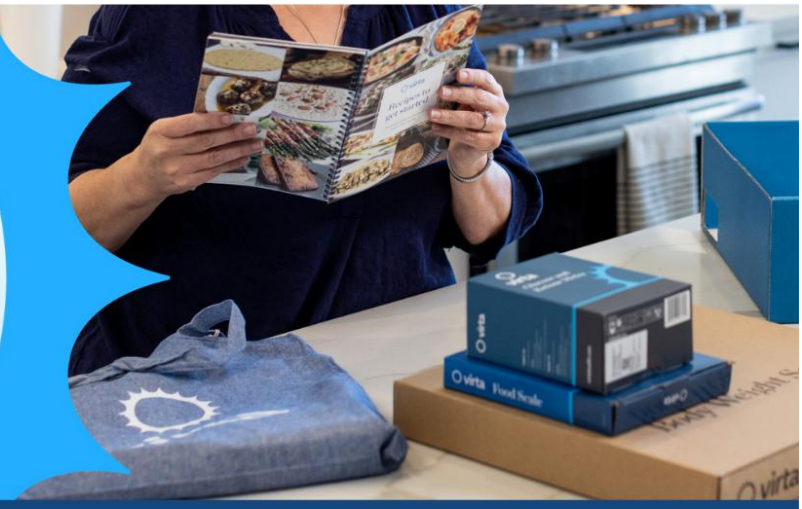
Members can access three in-person visits with an in- network counselor at no out-of-pocket expense per incident.

Call 1.888.887.4114 / Se Habla Español 1.888.887.4114



VALLEY SCHOOLS

Why struggle with type 2 diabetes when you can reverse it?



One-year patient clinical trial results:1

94% stopped/ reduced insulin

30 lbs average weight loss

1.3 pt average HbA1c drop

Try a care option that uses food as medicine to help lower blood sugar

Virta Health can show you how to lower blood sugar and lose weight naturally by putting a healthy spin on your go-to meals. Virta is a virtual clinic that uses nutrition science and technology to reverse* type 2 diabetes and related issues in the body—no calorie counting or gym visits needed.

Get a custom food "prescription"

The American Diabetes Association believes that there's no such thing as a diabetes diet2 and Virta agrees. Each body is different. This is why Virta members get a custom plan to eat their way to better health. They also get ongoing support from medical providers, coaches, and digital monitors.

Members can see results in weeks thanks to personalized care plans that keep unique health needs and lifestyles in mind.

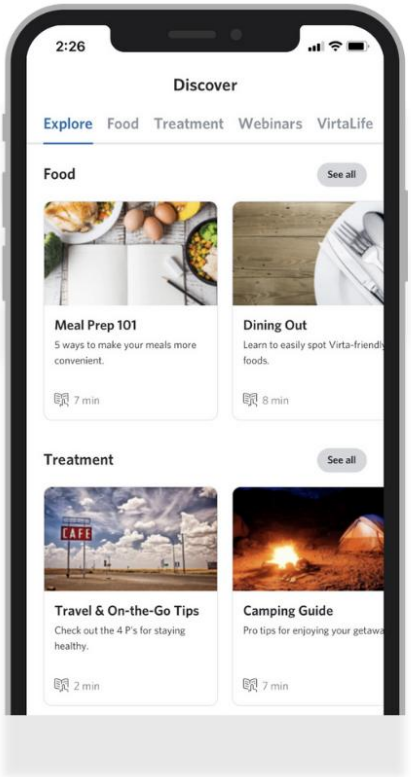
Everything to gain and nothing to lose

Your employer fully covers the cost of Virta for employees and eligible dependents between the ages of 18 and 79 with type 2 diabetes who are enrolled in a health plan through UnitedHealthcare.

Learn more:

virtahealth.com/join/valleyschools

Or scan this QR Code with your smartphone



Hallberg, S.J., McKenzie, A.L., Williams, P.T. et al. Effectiveness and Safety of a Novel Care Model for the Management of Type 2 Diabetes at 1 Year: An Open-Label, Non-Randomized, Controlled Study. Diabetes Ther 9, 583–612 (2018). https://doi.org/10.1007/s13300-018-0373-9

Evert AB, Dennison M, Gardner CD, et al. Nutrition Therapy for Adults With Diabetes or Prediabetes: A Consensus Report. Diabetes Care 1 May 2019; 42 (5): 731–754. https://doi.org/10.2337/dci19-0014(3) McKenzie AL, Hallberg SJ, Creighton BC, et al., A Novel Intervention Including Individualized Nutritional Recommendations Reduces Hemoglobin A1c Level, Medication Use, and Weight in Type 2 Diabetes. JMIR Diabetes 2017;2(1):e5. https://doi.org/10.2196/diabetes.6981

* Virta Health defines reversal as reaching HbA1c below 6.5 without the use of diabetes medications beyond metformin. Diabetes and related issues can return if lifestyle changes are not maintained.

virta

2nd.MD
Specializing in Medical Certainty

SAVE TIME AND MONEY WITH AN EXPERT SECOND OPINION



2nd.MD gives you access to video second opinions from top specialists, as part of your benefits. If you're feeling unsure about a diagnosis or current treatment plan, getting a second opinion can help ensure you're getting the best care—and avoid unnecessary costs along the way.

How it works

1. **ACTIVATE YOUR ACCOUNT AND REQUEST A CONSULT**
   Call **1.866.841.2575**
   Visit **2nd.MD/activate**

Scan to get started

2. **SPEAK WITH A NURSE**
   Talk to one of our experienced, compassionate nurses to see if a second opinion is right for you. We'll handle the rest, including gathering your medical records, finding the right specialist and setting up the video consultation.

3. **CONSULT WITH A LEADING SPECIALIST**
   Get personalized advice about your diagnosis and treatment plan from a specialist in your condition. Video consultations are available when it's convenient for you, including nights and weekends!

2nd.MD services are confidential and NO ADDITIONAL COST to you and eligible family members as part of your benefits.

CALL 911 IMMEDIATELY IF YOU ARE HAVING A MEDICAL EMERGENCY. 2nd.MD is not an emergency service. 2nd.MD is an independent resource to support you in receiving information from Expert Medical Specialists. 2nd.MD does not practice medicine or provide patient care and is independent from the Specialists providing the expert medical consultations.

*2nd.MD's book of business statistics 2022

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Our specialists can help you:

- √ Confirm a new or existing diagnosis
- √ Explore other treatment plans and medications
- √ Understand if a recommended surgery is right for you

We have a wide network of expert doctors across hundreds of subspecialties and thousands of conditions, including:

- Musculoskeletal/ orthopedic
- Digestive/ gastrointestinal
- Cardiac
- Cancer
- Immunology
- Nervous system
- Ears, nose and throat
- Heart disease
- Diabetes
- Dermatology
- Behavioral health
- Dental
- Women's health
- Men's health
- Pediatrics
- And more

87% of consultations with 2nd.MD lead to an improved treatment plan.*

VALLEY SCHOOLS x Parsley Health



Finally, take control of your health and find the root cause.

Valley Schools has partnered with Parsley Health, a virtual root-cause medicine benefit, to help employees and their dependents 18+ who are managing chronic health conditions get better with advanced testing and a personalized health plan.

What is root-cause medicine?

Root-cause medicine is a clinical approach to finding long-term solutions, not short-term band-aids. In addressing the underlying reasons behind why a patient isn't feeling well and recommending a holistic approach, we see tremendous outcomes, high satisfaction, and less of a reliance on prescription drugs.

85% of Parsley patients reduce or eliminate symptoms within one year.

What we treat

- Autoimmune Disorders
- Metabolism & Heart Health
- Diabetes
- GI & Digestive Issues
- Reproductive Health & Hormones

Ready to start feeling better?

Scan QR code or visit parsleyhealth.com/valleyschools to complete the intake form to see if you are eligible for the program and schedule your first visit today.

Benefit eligibility

Valley Schools is excited to partner with Parsley Health to provide root-cause medicine care to eligible employees and dependents 18+ on the UnitedHealthcare medical plan with Valley Schools who are managing a chronic condition. Parsley Health's personalized program proactively addresses top risk factors and health conditions, including autoimmune, reproductive health and hormone, metabolism and heart health, diabetes, and GI/digestive.

You will receive 5 annual medical visits, 5 health coaching sessions, a personalized health program, and direct messaging with your Parsley medical team. Lab testing is not included but may be covered by your insurance.

MAVEN

Hi, we're Maven!

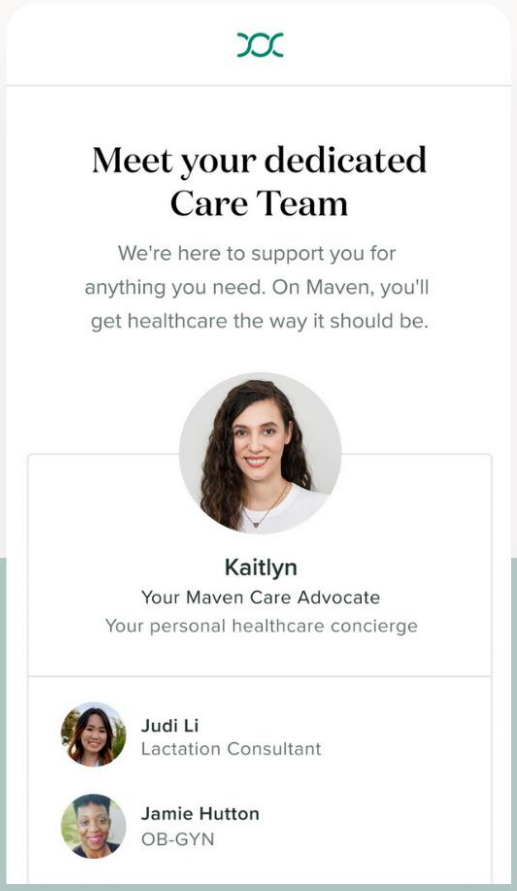
We're here to give you free 24/7 support for your pregnancy and postpartum journey. Maven is the world's largest virtual clinic for women and families, and you have **free** access as a UnitedHealthcare member.

You can use Maven for:

24/7 virtual appointments and messaging with providers like OB-GYNs, doulas, lactation consultants, mental health specialists, and pediatricians.

A dedicated Care Advocate to help you make sense of your benefits and find the right Maven providers for you.

Access to hundreds of expert-approved articles, drop-in groups, and on-demand classes like Childbirth 101 and Infant CPR.



Have questions? We have answers. Here are some Maven FAQs:

What can I use Maven for?

Everything from getting your questions answered in between in-person visits, to creating your birth and postpartum plans, to managing your mental health, breastfeeding or bottle feeding, infant sleep, and so much more.

Is it really free?

Yes! As a UnitedHealthcare member, everything on Maven is free for you, including all virtual appointments, Care Advocate messaging, articles, classes, and drop-in groups.

How often can I meet with providers?

As much as you want. Seriously, even at 2am. And Maven visits are always free—no copays or in-app costs.

How does Maven support high risk pregnancies?

Once you meet with your Care Advocate, Maven will curate a Care Team of specialists that address your specific needs like high-risk OB-GYNs, diabetes educators, nutritionists, etc. Your Care Advocate will also be checking in on you throughout your pregnancy.

No matter where you are in your pregnancy journey, we're with you. Join Maven for free at **mavenclinic.com/join/faqs** or scan the QR code.



VALLEY SCHOOLS | Hinge Health

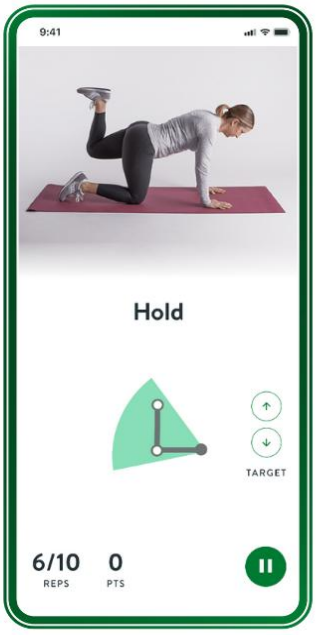
Conquer back and joint pain without drugs or surgery

We provide all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your needs, technology for instant feedback in the app, personal coach and physical therapist. Best of all, **it's at no additional cost to you** — 100% covered by your UnitedHealthcare medical plan for you and eligible family members.

Sign up today for help with any of the following:

- **Conquer pain or limited movement**
- **Recover from a past injury**
- **Reduce stiffness in achy joints**

Join for your **back, knee, hip, neck, or shoulder**. On average, participants cut their pain as much as 68%*!



Scan the QR code to learn more or apply at
hinge.health/valleyschools
or call (855) 902-2777

Employees and dependents 18+ enrolled in a UnitedHealthcare medical plan through their employer are eligible.
*Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR. (2020).

Dental Plans

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

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

Delta PPO Dentist

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

Delta Premier Dentist

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

Orthodontia

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

*Please see the Delta Dental documents for comparisons

Cigna Voluntary Pre-Paid DHMO Dental.

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

Pre-Paid Schedule Dental coverage includes dental services and treatment for:

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

Refer to the Schedule of Benefits and Co-payments for a detailed listing of covered procedures or call 1.800.244.6224 or visit myCigna.com



Delta Dental PPO™
Summary of Benefits
For Group# 14267-20001, 9920001
GLENDALE ELEMENTARY SCHOOL DISTRICT - VSEBG LEVEL I

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

Group Plan Sponsor – VSEBG - GLENDALE ELEMENTARY SCHOOL DISTRICT - VSEBG LEVEL I

Dental Claims Administrator – Delta Dental of Arizona

Benefit Year – January 1 through December 31

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

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

Child Age Limit – To age 26

Student Age Limit – To age 26

Covered Services –

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

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

Frequencies and Limitations

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

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

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

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

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

Delta Dental PPO™
Summary of Benefits
For Group# 14267-520003, 9520003
GLENDALE ELEMENTARY SCHOOL DISTRICT - VSEBG LEVEL III

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

Group Plan Sponsor – VSEBG - GLENDALE ELEMENTARY SCHOOL DISTRICT- VSEBG LEVEL III

Dental Claims Administrator – Delta Dental of Arizona

Benefit Year – January 1 through December 31

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

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

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

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

These are not separate maximums by type of dentist.

Child Age Limit – To age 26

Student Age Limit – To age 26

Covered Services –

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

KR#99711499

Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	from the age of 8 - No Age Limit	from the age of 8 - No Age Limit	from the age of 8 - No Age Limit

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

Frequencies and Limitations

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

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

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

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

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

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



Valley Schools Dental Benefit Option

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

VALLEY SCHOOLS

For employees of Valley Schools and their covered dependents.

cigna healthcare

Offered by Cigna Health and Life Insurance Company, or its affiliates

Important plan information

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

Important details

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

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

What's covered

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

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



Plan features:

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

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

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

Sampling of covered procedures	What you'll pay[4]	
	Cost with Cigna Dental Care	Estimated cost without dental coverage
	General Dentist	
Adult cleaning (two per calendar year, additional cleaning $45)	$0	$74–$160 each
Child cleaning (two per calendar year, additional cleaning $30)	$0	$57–$123 each
Periodic oral evaluation	$0	$43–$93
Comprehensive oral evaluation	$0	$68–$147
Topical fluoride (two per calendar year)	$0	$30–$65
X–rays – (bitewings) 4 radiographic images	$0	$51–$111
X–rays – panoramic film (one every three years)	$0	$89–$193
Sealant – per tooth	$17	$45–$96
Amalgam filling (silver colored) –2 surfaces	$22	$106–$229
Composite filling (tooth–colored) – 1 surface, Anterior	$22	$127–$275
Molar root canal (excluding final restoration)	$530	$896–$1,939
Periodontal (gum) scaling and root planning – 1–3 teeth per quadrant	$64	$149–$322
Periodontal (gum) maintenance	$78	$114–$246
Removal/extraction of erupted tooth	$53	$134–$291
Removal/extraction of impacted tooth – soft tissue	$125	$268–$580
Crown – porcelain fused to high noble metal	$470	$886–$1,918
External bleaching for home application, per arch; includes materials and fabrication of custom trays	$165	$110–$237
Occlusal orthotic device, by report (for treatment of TMJ)	$455	$730–$1,580

Chart is for illustrative purposes only.

Summary of Limitations

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

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

vsp vision care

Make Eye Health a Priority with VSP!

Your health comes first with VSP and Glendale Elementary School District- VSEBG. Take a look at your VSP vision care coverage.



VSP members save an annual average of

$471*

More Ways to Save

Additional $50 to spend on Featured Frame Brands†

bebe Calvin Klein COLE HAAN
DRAGON FLEXON LONGCHAMP PARIS
and more

Up to 40% Savings on lens enhancements‡

See all brands and offers at **vsp.com/offers**.

Enroll through your employer today. Questions?

vsp.com or **800.877.7195**

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

vsp PREMIER edge

With thousands of choices, getting the most out of your benefits is easy at a VSP Premier EdgeTM location.

Shop online and connect your benefits.

eyeconic a vsp vision company

Save up to $250 on Featured Frame Brands when you shop on Eyeconic®, the VSP online eyewear store.

Getting started is easy!

Let your plan do the most it can. When you create an account on **vsp.com**, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

Scan QR code or visit **vsp.com** to learn more.

*Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier EdgeTM is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**. Visionworks and Eyeconic are VSP-affiliated companies.

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Classification: Restricted

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Glendale Elementary School District- VSEBG.

Provider Network:
VSP Choice
Effective Date:
07/01/2025

vsp vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening	$15 Up to $39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$20 per exam	Available as needed
PRESCRIPTION GLASSES		**$30**	See frame and lenses
FRAME†	• $200 Featured Frame Brands allowance • $200 Visionworks or Eyemart Express frame allowance on any frame • $150 frame allowance • 20% savings on the amount over your allowance • $150 Walmart/Sam's Club frame allowance • $80 Costco frame allowance	Included in Prescription Glasses	Every 12 months
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements	$0 $95 - $105 $150 - $175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every 12 months
VSP EASYOPTIONS†	**Members can choose one of these upgrades** • An additional $50 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional $50 contact lens allowance.	Included in Prescription Glasses	Every 12 months
VSP LIGHTCARE™†	• $200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	$30	Every 12 months
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers**/special-offers/hearing-aids for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to **vsp.com** to find an in-network doctor.

Colonial Voluntary /Benefits

Group Accident Insurance

Accident insurance covers injuries on or off the job. Benefits are paid directly to you for you to use however you like – from medical costs to everyday expenses. These benefits are available for you, your spouse and eligible dependent children.

Group Critical Illness Insurance

Critical Illness insurance can help supplement your major medical coverage by providing a lump-sum benefit of $10,000, $20,000 or $30,000 which you can use to pay the direct and indirect costs related to a covered critical illness. These benefits are available for you, your spouse and eligible dependent children.

Note: Benefits will not be paid for loss during the first 12 months after the certificate's effective date due to a pre-existing condition. A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the certificate's effective date.

Group Hospital Indemnity Insurance

Hospital Indemnity insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. Benefits choices are $1,500 or $500 for the first day of confinement. These benefits are available for you, your spouse and eligible dependent children.

Note: Benefits will not be paid for loss during the first 12 months after the certificate's effective date due to a pre-existing condition. A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice, or had taken medication within the 12 months before the certificate's effective date.

Customer service

800-325-4368

coloniallife.com

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

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

Protect your family

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

How it works

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

Benefits

For you	**Two times** your basic annual earnings, up to a **maximum of $500,000**—with no medical questions asked. Benefits are reduced to 50% at age 70. Your coverage ends at termination of employment or retirement.

Sun Life Financial®



Reasons why you may need life insurance

- Provide financial support for others
- Pay household expenses
- Pay tuition
- Leave an inheritance or philanthropic gift
- Pay funeral or medical expenses

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

Accidental Death and Dismemberment (AD&D)

This coverage includes an equal amount of AD&D insurance that provides a benefit if you suffer a covered accidental injury or die from a covered accident.

Benefits – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.

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

Additional considerations

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

Life and AD&D FAQ

How is my benefit claim filed and paid?

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

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

Important plan provisions

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

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

Limitations and exclusions

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

Life

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

Accidental Death and Dismemberment

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

Information about services offered

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

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

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

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

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GVBH-EE-6701 SLPC 29219 08/18 (exp 08/20)

Sun Life Financial®

sunlife.com

800-SUN-LIFE (247-6875)

Voluntary Life insurance

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

Protect your family

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

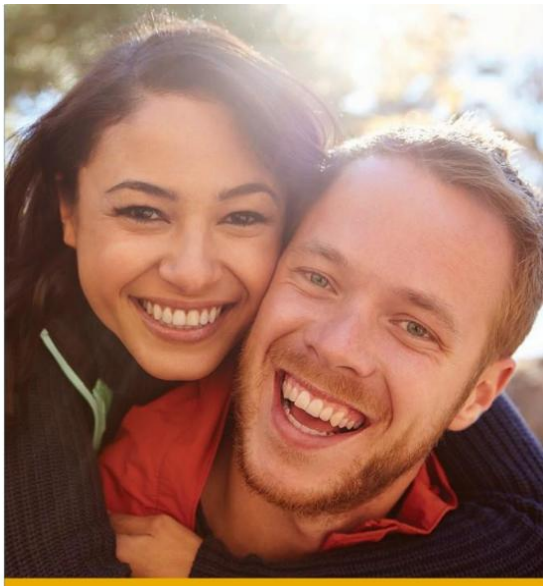
How it works

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

Benefits

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

Sun Life Financial®



What does life insurance mean for the Jones family?

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

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

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

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

Sun Life Assurance Company of Canada

sunlife.com

800-247-6875

Additional considerations

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

Life FAQ

Do I have to answer health questions to enroll?

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

How is my benefit claim filed and paid?

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

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

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

sunlife.com
800-247-6875

Important plan provisions

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

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

Limitations and exclusions

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

Life

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

Accidental Death and Dismemberment

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

Information about services offered

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

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

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GVBH-EE-6701

SLPC 29219 08/18 (exp 08/20)

Sun Life Financial®

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800-SUN-LIFE (247-6875)

Glendale ESD

Policy # 931163

Use our online Evidence of Insurability (EOI) application

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

Why use our online EOI application?

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

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

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

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

2. Go to www.mysunlifebenefits.com

- Under My Disability Benefits or My Life Insurance Benefits, click the *Apply for Evidence of Insurability Online* link.

3. Follow the instructions on the screen

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

Frequently asked questions

What is Evidence of Insurability (EOI)?

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

Why am I required to submit EOI?

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

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

What is a Guaranteed Issue amount?

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

Sun Life Financial®

Continued

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

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

What if I apply for coverage after the deadline?

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

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

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

To get an EOI application, visit **www.mysunlifebenefits.com** or call us at 800-247-6875, Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

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

What happens after I submit an application online?

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

We'll tell you that your application was either:

- **Approved**

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

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

About privacy and security

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

Sun Life Financial®

One Sun Life Executive Park
Wellesley Hills, MA 02481

www.sunlife.com/us

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GMPFL-5303-a 09/15

Accidental Death and Dismemberment (AD&D) insurance

Valley Schools Employee Benefits Group - Glendale Elementary School District | All Eligible Full-Time Employees and Job-Share Employees | Policy 931163

Protect your savings and your family

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

How it works

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

You are responsible for paying all of the cost.

Benefits

For you	You can choose from **$10,000 to $500,000**—in increments of $10,000. Coverage ends at termination of employment or retirement.
For your spouse	If you elect coverage for yourself, you can choose **$10,000 to $250,000—in increments of $10,000.** (The amount you select for your spouse cannot exceed your elected Voluntary AD&D coverage amount.)
For your child(ren)	If you elect coverage for yourself, you can choose **$1,000 to $10,000—in increments of $1,000**. A full benefit is payable for a dependent child from birth to 26 years old, married or unmarried.

Sun Life Financial®



Reasons why you may need AD&D insurance

- Provide financial support for you or others
- Pay household expenses
- Hire help for child or elder care
- Funeral or medical expenses

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

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

Covered accidental injuries

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

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

Benefits

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

Accidental Death and Dismemberment FAQ

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

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

How is my benefit claim filed and paid?

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

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

Voluntary
Short-Term Disability Insurance*

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

Protect your paycheck

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

How it works

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

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

Benefits

Weekly benefit after your claim is approved	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.
When benefits begin	Benefits begin as soon as **8 days** from the date you are unable to work due to an injury and **8 days** due to an illness.
Benefits may be paid for	**Up to 12 weeks**, as long as you are still unable to work due to a covered disability.
Additional plan information	This plan provides a benefit for a disabling illness (including pregnancy) or injury that is not work-related.

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

Sun Life Financial®



What did Short-Term Disability insurance mean for Joyce?

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

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

Top 5

Short-Term Disability diagnoses:

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

Sun Life claims data, July 2018

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

Additional considerations

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

Short-term disability FAQs

What if I have a pre-existing condition?

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

How do I file a claim after becoming disabled?

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

How do I qualify for benefits?

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

How is my benefit taxed?

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

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

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

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

Important plan provisions

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

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

Limitations and exclusions

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

Short-Term Disability

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

Information about services offered

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

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

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

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Serie39 sP-LH, 89P-ADD, 21-GP-31 ,10-ADD-C-51 ,10-GP-51 ,10-LF-C-51 ,10-ADD-C-21 ,10-DI-C-61 ,10-DI-C-10, TDBPOLICY-6002, TDI-POLICY, 21-AC-C-61 ,10-AC-C-21 ,10-SD-C-61 ,10-SD-C-10, and61 -CAN-C-10.

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Sun Life Financial®

sunlife.com
800-SUN-LIFE (247-6875)

Rate Sheet

Employee – Coverage and Monthly cost for Short Term Disability.
Rates are effective as of July 1, 2020.

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

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

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

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

Mid-Term Disability through Sunlife

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

Coverage proved by your employer at no cost to you!



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

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

Benefit amount is 66 ⅔ % of the employee's base annual salary, not to exceed $1,155 per week.

Retirement Plan and Long-Term Disability

Arizona State Retirement System

(602) 240-2000

www.azasrs.gov

The Arizona State Retirement System (ASRS) is a trusted, sustainable, and well-managed retirement system that provides a lifetime pension benefit to its members. Pension benefits are protected by the Arizona Constitution from ever being "diminished or impaired." Both the employee and employer contribute to your pension. Contribution rates are set by the Arizona State Legislature and may change each fiscal year.

The total contribution rate is comprised of two parts: the "pension and health insurance benefit" rate, which is a pre-tax paycheck deduction, and the "long-term disability income plan" rate, which is a post-tax paycheck deduction. Combined, these two parts make up the employee's total contribution. The 2026-2027 contribution rate is 11.98%.

New employees must initiate an account by registering at www.azasrs.gov. The enrollment code for Glendale Elementary is 67M00083.

Long-Term Disability Insurance

Broadspire Services Inc. administers the long-term disability benefit. Approved claims are payable on the 181st day of being unable to work. The benefit amount is 66 2/3% of the employee's base annual salary. Benefit is paid monthly. The duration of the benefit is determined by Broadspire Services, Inc.

Optional Retirement Savings Plans

403(b) Tax Sheltered Annuity Plan

457 Deferred Compensation

Plan 403(b) ROTH After-Tax Plan

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

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

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

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

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

Cetera–Investors
Montse C Terepocki – (602) 887-9183 – montse.terepocki@ceterainvestors.com
Kevin Holberger – (602) 841-2627 Ext. 215 – kevin.hofberger@ceterainvestors.com
Jennifer Koenig – (602)887-9189 jennifer.koenig@ceterainvestors.com
Main: (800) 423-4026

Corebridge Financial
Baz Nissan – (480) 250-1886 – baz.nissan@corebridgefinancial.com
Main: (800) 448-2542

Equitable
Alex Akers – (480) 444-3705 – alex.akers@equitable.com
David Hubbard – (480)455-6628 – david.hubbard@equitable.com
Tyler Stringer – (480) 444-3706 – tyler.stringer@ equitable.com
Main: (800) 628-6673

Fidelity Investments
403 (b) Plan #54170
457(b) Plan #88948
Main: (800) 343-3548

Fiduciary Trust Company of New Hampshire
Rene Smith – (623) 850-0016
Main: (877) 500-9590

Horace Mann Insurance Company
Lucia Cisneros – (623) 298-7200 – lucia.cisneros@horacemann.com
Main: (800) 999-1030

MetLife
Jeremy Cook – (480) 638-2164 – jeremycook@financialguide.com
Main: (833) 642-1008

National Life Group
Joe Pierman – (704) 737-5114 – jpierman@uniret.com
Derek Sedler (928)234-5188 – dsedler@uniret.com
Main: (800) 579-2878

PlanMember Services
Main: (800) 874-6910

Security Benefit Group
Erica Gargrol– (480) 719-7469 – egargol@stratoswp.com
Vivien Enders – (480) 656-6076 – vivien@modernstrategyinvestments.com
Jason Smith – (623) 203-7003 – jsmith@berthelrep.com
Main: (800) 888-2461

The Legend Group – Lincoln Investment Co.
Jeff Wilhelms – (602) 283-5873 – jwilhelms@lincolninvestment.com
Main: (888) 883-6710

Voya Financial
Jeff Poitras – (602) 639-3281 – jeff@watertowerfinancial.com
Nick Depner – (480) 864-9839 – nick@watertowerfinancial.com
Dawn Depner – (480) 864-9864 – dawn@watertowerfinancial.com
Main: (800) 584-6001

Flexible Savings Account (FSA)

Flexible Spending Account (FSA)
A flexible spending account (medical, and dependent care) allows participants to pay for eligible out of-pocket expenses with pre-taxed dollars. Participants must spend the money they elect by the end of the plan year (July through June) or the remaining money is forfeited. This is called the “Use it or Lose it” rule.

Medical FSA
A medical FSA covers general-purpose health expenses and can be used for qualified expenses such as prescription drugs, insurance copayments and deductibles, and medical devices. The maximum annual election is $3,400. Glendale Elementary’s medical FSA has a carryover feature, which permits a maximum of $680 of unspent funds to be carried over to the new plan year. Any amount over $680 left in the account at the end of the plan year is forfeited.

Limited FSA
A limited FSA cover qualifying dental, vision, and preventive care expenses and can be paired with a high-deductible health plan and a health savings account (HSA). The maximum annual election is $680.

Dependent Care FSA

Dependent care FSA helps participants save money on eligible dependent care services, such as child (up to age 13) or adult daycare, before or after school programs, summer day camp. The maximum annual election is $7,500. Glendale Elementary’s dependent care spending account has a grace period feature which allows participants to incur expenses for an additional 2 ½ months.

WEX Health
Flexible Spending Accounts
(866) 451-3399
www.wexhealth.com



ADDITIONAL BENEFITS



EXPLORE ALL

Glendale Elementary School District #40

Legal Insurance from ARAG

WHAT IS LEGAL INSURANCE?

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

WHAT DOES LEGAL INSURANCE COVER?

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

Consumer Protection Matters
- Auto repair
- Buying or selling a car
- Consumer fraud
- Consumer protection for goods or services
- Home improvement
- Personal property disputes
- Small claims court

Criminal Situations
- Juvenile
- Parental responsibility

Family Law Events
- Adoption
- Domestic partnership
- Guardianship/conservatorship
- Name change
- Pet-related matters and damages
- Pre-marital agreements

General Needs
- Document review
- Credit records correction
- Document preparation

Finance, Tax & Debt-Related Matters
- Debt collection
- Garnishments
- IRS tax audit
- Personal bankruptcy
- Student loan debt

Home Ownership or Renter Matters
- Buying and selling a home
- Contracts/lease agreements
- Contractor issues
- Deeds
- Foreclosures or evictions
- Disputes with a landlord
- Neighbor disputes
- Real estate disputes

Traffic Troubles
- License suspension/revocation
- Traffic tickets

Wills & Estate Planning Needs
- Funeral directives
- Powers of attorney
- Wills
- Trusts

WANT MORE INFORMATION?

For specific details about your plan, and to view a complete list of coverages, visit ARAGlegal.com/myinfo andenterAccessCode:17936ges

To talk with someone, call ARAG at 800-247-4184

WHICH PLAN IS RIGHT FOR YOU?

UltimateAdvisor Plus™ offers you all of the coverages listed and more including:
- Divorce
- Child custody, support, visitation
- Miscellaneouslegalservices
- Servicesforparents/grandparents
- Andmore

WHAT DOES IT COST?

UltimateAdvisor®
$17.30

UltimateAdvisor Plus™
$24.45

USING YOUR LEGAL PLAN IS EASY

1. When you have a legal need, you can go online, use the ARAG Legal app or call Customer Care.
2. Answer a few questions to confirm your coverage and receive information on local network attorneys who can help with your legal matter.
3. Then, meet with a network attorney virtually, over the phone or in person.

HOW LEGAL SHOWS UP IN YOUR LIFE

Most consumers believe legal events are rare, once-in-a-lifetime events. But they're far more common than you think.

85%

of individuals experienced a legal event in the past three years.1

These events often have a considerable impact on one's finances or family.

WHY SHOULD YOU GET LEGAL INSURANCE?

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

Save thousands of dollars on average, for legal matters by avoiding costly legal fees.

We help you easily find local attorneys in ARAG's network – many who average 20+ years of experience.

Address your covered legal situations with a network attorney for **legal help and representation.**

ARAG members rated network attorneys **9.4 out of 10** for **accessibility, responsiveness** and **professionalism.2**



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

Diversity, Equity & Inclusion Coverage

ARAG is constantly evolving and adapting to meet the needs of all employees. Whether it's an employee with a disability, a veteran or a member of the LGBTQ+ community, our coverage provides solutions that include:

- Domestic Partnership Agreement
- HIPAA/Hospital Visitation Authorization
- Funeral Directive
- Gender Identifier Change
- Social Security/Veterans/Medicare Dispute
- School Administration Hearing

And, network attorney fees for most covered matters like these are 100% paid in full.

ARAG Stress Research Study, October 2022.
2022 ARAG Customer Satisfaction Survey.
Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us.
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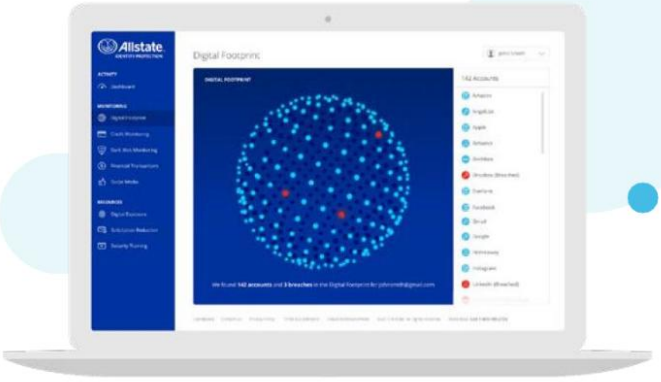
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Allstate SM
IDENTITY PROTECTION

Identity protection that keeps up with your digital life



Your identity is made up of more than your Social Security number and credit score. That's why we do more than monitor your credit reports. We help you look after your online activity, from financial transactions to what you share on social media — so you can protect the trail of data you leave behind. Introducing our next evolution in identity protection. For over 85 years, we've been protecting what matters most. Now we're providing protection from a wide range of identity threats, so you can keep loving what technology adds to your life.



- **See your personal data**
- **Manage it with real time alerts**
- **Protect your identity and finances from fraud†**

GESD GLENDALE ELEMENTARY SCHOOL DISTRICT

Allstate Identity Protection Pro Individual coverage is complimentary

Enroll during special open enrollment

Questions? 1.800.789.2720

Plans and pricing
Allstate Identity Protection Pro

Individual coverage is complimentary
$8.95 per family / month

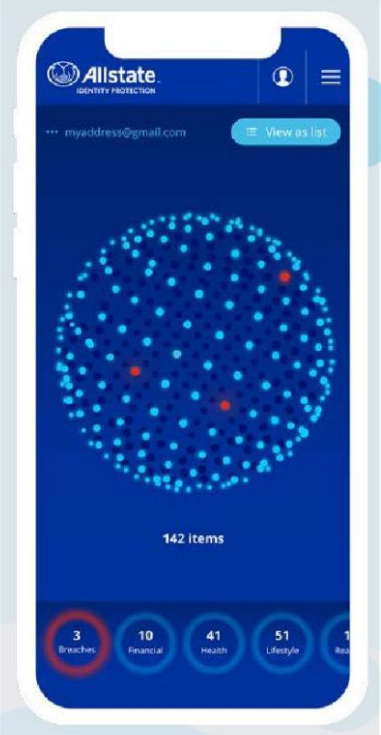
Allstate Identity Protection Pro Plus
$4.25 per person / month $10.95 per family / month

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

Which plan is right for you?

Allstate Identity Protection Pro

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



Allstate Identity Protection Pro Plus

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

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



Protect yourself and your family

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

It's easy to get started

1.Choose your plan

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

2.Activate key features

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

3.Live your best life online

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

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

Allstate SM
IDENTITY PROTECTION

ComPsych | GuidanceResources®

FOR EMPLOYEES

What is the Employee Assistance Program?

Provided through ComPsych® GuidanceResources®,

the Employee Assistance Program (EAP) offers counseling, legal and financial consultation, work-life assistance, and other health and well-being resources.

The EAP is available at no cost to you and your household members to help with emotional, financial, legal or other concerns, whether at work or at home, anytime of the day or night. Just call your designated number or log on to the the EAP website, GuidanceResources® Online, for immediate assistance.

Why would someone use the EAP?

There are many reasons. **Among the most common are:**

1. **Feeling overwhelmed** bythe demands of balancing work and family.
2. Experiencing **stress, anxiety** or **depression.**
3. Dealing with **grief and loss or separation.**
4. Having concerns about **substance misuse** for yourselfor a dependent.
5. Needing assistance with **childor elder care** concerns.
6. Struggling with **legal or financial** issues.

Can my children use the EAP?

Yes. The EAP is a benefit for employees and each of their household family members, including children.

What happens when I call?

When youcall,youwill speakwith a GuidanceConsultantSM, a trained intake counselor who will collect some general information about you and discuss your needs. They will then work with you to develop a plan of action and help you schedule appointments or access other services.

What counseling services are provided?

The EAPprovides free short-term counseling in person, over the phone or via video call with local providers who can help you with your concerns.

Many issues can be resolved with short-term counseling provided through the EAP. If you need longer-term treatment beyond what the EAP provides, you will be referred to a specialist and given help arranging services.

Strict EAP confidentiality.

No personal information about your participation in the EAP will be provided to your employer without your permission.

24/7 Live Assistance

Call: 866-883-0874
App: GuidanceNow®
Online: guidanceresources.com
TRS: Dial 711
Web ID: VALLEY

Scan for more resources →

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Pet insurance

from Nationwide®



Protect your pet from the unexpected with pet health insurance from Nationwide®.

- Coverage available for accidents, illnesses, hereditary & congenital conditions, and wellness[1]
- Use any licensed veterinarian, anywhere in the world—including emergency and specialty providers
- Unlimited 24/7 pet telehealth support with Nationwide VetHelpline®
- Effortless, low-cost pet prescriptions with Nationwide PetRxExpress®
- Savings on veterinary care at Petco Veterinary Services clinics

Why Nationwide?

- First and largest provider of pet health insurance in the U.S.
- Industry-first provider of pet health coverage for birds, rabbits, reptiles and other exotic pets
- First to offer pet insurance as a voluntary benefit more than 20 years ago—and continues to be the #1 choice[2]
- More than 1 million pets currently insured
- More than 3 million claims processed annually

Easy to use

Using a Nationwide pet insurance plan is easy:

Visit any vet, anywhere

Submit a claim from any device

Get reimbursed for eligible expenses once the deductible is met

Get a quote at PetsNationwide.com • 877-738-7874

[1] Some exclusions may apply. Certain coverages may be excluded due to pre existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary. [2] Based on data, more than half of Fortune 500 companies and nearly 10,000 organizations across the U.S. offer Nationwide pet insurance as of 9/1/2024.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, and Vet Helpline are service marks of Nationwide Mutual Insurance Company. Third party marks are the property of their respective owners. ©2025 Nationwide. 25GRP-0450.

Nationwide®

United Pet Care Benefit Summary

Veterinary costs rose 2.5X faster than all other costs in the last year.

United Pet Care is the affordable pet health savings plan that works for all pets!



UPC Monthly Rates	
First Pet	$19.50
Each Additional Pet	$18.50

What's Included

When you become a UPC member, you'll gain lifetime access to:

- **20-50% savings** at an in-network primary care veterinarian
- **Free 24/7 virtual care** for quick pet answers and emergency triage
- NEW! **$500, 0%-interest Vet Spending Card** via Fido, powered by medZERO*
- **More savings** on pet prescriptions and everyday pet products and services!

Estimated Costs:	UPC Member Savings:
Wellness Exam - $80	**Save $20**
Vaccinations - $120	**Save $30**
Dental Cleaning - $650+	**Save $130+**
Minor Surgery - $500+	**Save $125+**
Major Surgery - $1,500+	**Save $375+**

*Services, costs, and savings vary by UPC Vet.

Enroll today!

To enroll, visit unitedpetcare.com/enroll and select your employer – that will ensure you get UPC at our special discounted rate.

"I have two dogs and this membership means the difference between being able to afford their care and skipping it all together" - Jessica U.

Scan to Enroll Now!



Fido by medZERO is administered by medZERO, Inc., with financing provided by its lending partners. United Pet Care (UPC) members are provided access to this program but UPC is not involved in lending decisions, program administration or operations. No credit checks are required. Most members will qualify; however, in some cases, additional eligibility verification may be required, and individual approval results may vary. medZERO loans are issued at 0.0% APR with no interest or fees. This is not a loan offer. All loans are subject to review and approval by medZERO's lending partners. Please refer to your medZERO Loan Agreement for full terms. Refer to https://get.medzero.com/fidoupc for details.

unitedpetcare.com/enroll | 877-872-8800 | info@unitedpetcare.com

Join WellStyles Today!

Earn up to $300 while improving your health and wellness!

WellStyles is your personalized health and wellness program that's designed to meet you where you're at in your health journey. The average employee spends 50 hours per week at work, and we're here to help you carve out time for yourself. Because optimal health is for everyone. **The WellStyles program runs from July 1- June 30.**

What you can earn at each level:

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	SECRET LEVEL 5
Points	5,000	15,000	35,000	60,000	Unlock to reveal
Rewards	$25	$75	$90	$110	
Totals	($25)	($100)	($190)	($300)	

How to get started:

Sign up for your account on a laptop by going to enroll.personifyhealth.com/wellstyles

Sponsor Name: WellStyles

Who is this for?

All employees are invited to sign up. Once you're signed up, be sure to invite your coworkers to join in on the fun!

Questions?

If you need platform-related assistance, please contact the WellStyles team at info@wellstyles.org.

For password reset or device connection support, please contact Personify Health at support@personifyhealth.com or 1-888-671-9395.

A quick guide to success:

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

Activity	Monthly Points Earned
Daily Cards (20 points ea)	
Complete 2 Daily Cards, 5 days a week	200
Bonus: Complete 10 Daily Cards in a month	100
Bonus: Complete 20 Daily Cards in a month	200
Healthy Habits (10 points ea)	
Track Healthy Habits, 3x a day for 5 days a week	150
Bonus: Track Healthy Habits 10 days in a month	200
Bonus: Track Healthy Habits 20 days in a month	300
Step Tracking (7,000 steps in a day = 70 points)	
Take 7,000 steps a day for 5 days a week	400
20-Day TT: 7,000 steps/15 active min/15 workout min	400
20-Day TT: 10,000 steps/30 active min/30 workout min	500
Sleep Tracking (10 points per night)	
Track Sleep Manually 5 days a week	50
Bonus: Track Sleep 10 days in a month	100
Bonus: Track Sleep 20 days in a month	200
Bonus: Sleep > 7 hours 20 days in a month	500
Habit Challenges	
Healthy Habit Challenge	200
Create a Personal Challenge	50
Virtual WellStyles Events	
Virtual Events	300

Activity	Yearly Points Earned
Health Assessment	2,500

Find the Health Assessment by clicking on Rewards and scrolling down to the Survey section and click on Health Assessment.

Preventative Care	
Dental Exams	5,000
Vision Exam	2,500
Preventative Vaccines	5,000
Cancer Screenings	15,000
Wellness Exam	20,000

Note: Wellness Exams and Cancer Screenings require documentation. Documentation must include the provider and date of exam/screening. For example, a doctor's note or your explanation of benefits from your medical insurance provider.

Additional Rewards	
WellStyles Annual Survey	1,000
Step Challenges	4,000
Blood Glucose (A1C Test)	5,000
Virta Diabetes Program	5,000
Real Appeal Enrollment	5,000
Volunteer Opportunities	1,000

WellStyles Event points are awarded by Voucher Codes. These 10-digit codes can be applied to your account by clicking on Rewards then by clicking on Redeem a Voucher.

Have questions about the platform?

View our WellStyles Tech-Tip page that has short and sweet tech tip videos designed to help you navigate the WellStyles platform and achieve your health and wellness goals with ease.


ADVENTURE AWAITS,
TRAVEL SMARTER
VISIT FUNEX.com
FunEx offers a variety of travel options to make your adventures unforgettable. Enjoy exclusive savings on worldwide hotels, exciting cruises and more!
UP TO 60% OFF
HOTELS WORLDWIDE
UP TO 35% OFF
CAR RENTALS
UP TO 40% OFF
CRUISES
GO CITY
SAVE UP TO 67%
CITYPASS
SAVE UP TO 65%
BIG BUS TOURS
SAVE UP TO 25%
AND THOUSANDS OF OTHER ATTRACTIONS AROUND THE WORLD!
YOUR EAC:
(Employee Access Code)
GESD40
Wherever your journey takes you, FunEx ensures you travel smarter!
Hilton
AVIS
Disney Cruise Line
Marriott
Budget
Carnival
IHG
Alamo
VOYAGES
HYATT
dollar.
MSC
CHOICE
Enterprise
AND MANY MORE!

BIG NEWS!!!

GLENDALE ELEMENTARY IS PART OF

The Employee Network©

since 1998

The Nation's Premier Employee Discount Program

Your ULTIMATE source for AMAZING DISCOUNTS ON...

- Theme Parks
- Attractions
- Education
- Insurance
- Hotels & Resorts
- Travel & Rentals
- Sporting Events
- Home & Auto
- Movies & Dinner Shows
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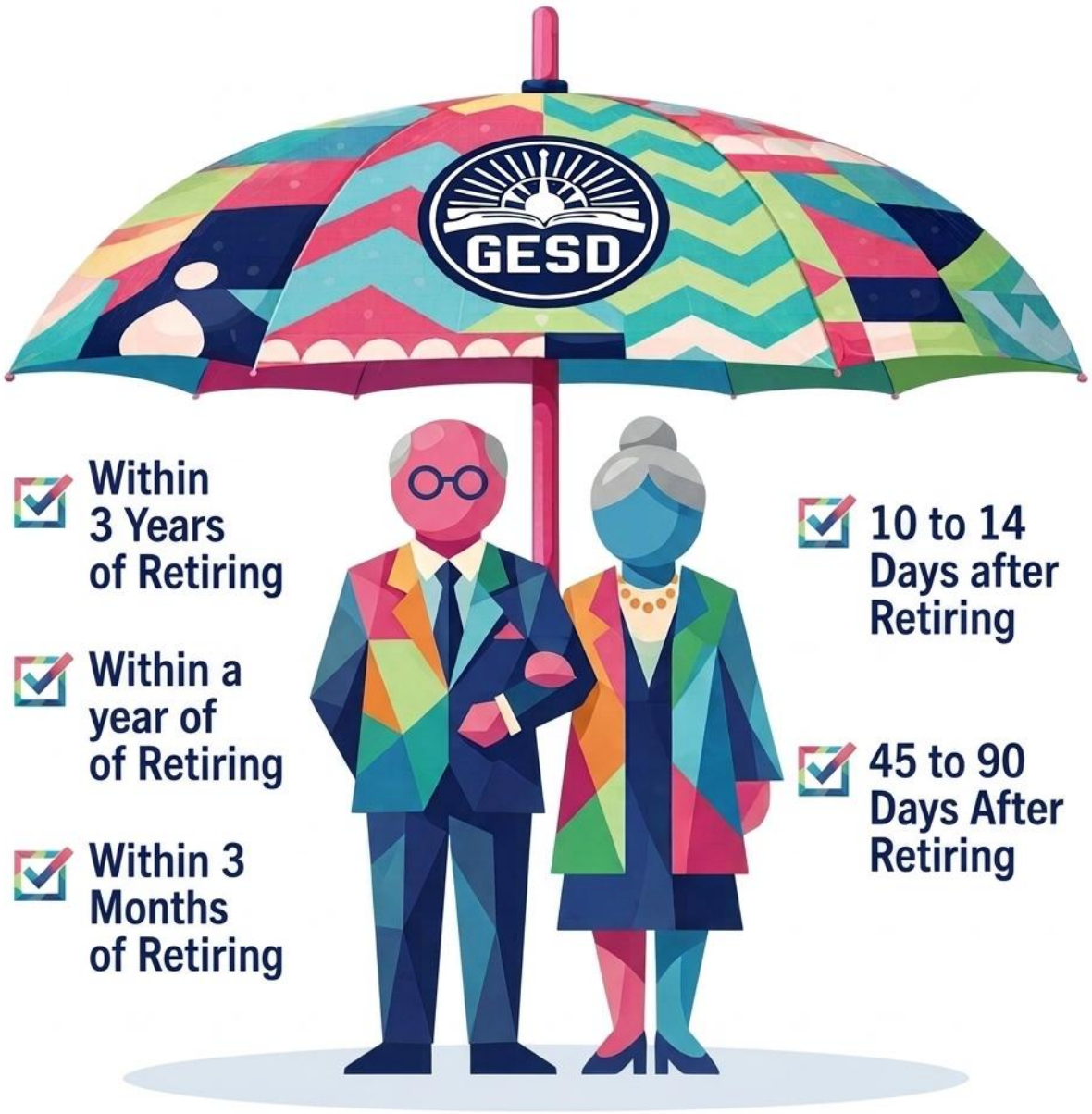
VISIT

https://gesd.savings.workingadvantage.com

NEED HELP? EMAIL US: CUSTOMERSERVICE@WORKINGADVANTAGE.COM

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RETIREMENT


GESD
Within 3 Years of Retiring
Within a year of of Retiring
Within 3 Months of Retiring
10 to 14 Days after Retiring
45 to 90 Days After Retiring

Retirement Timeline & Checklist

Within 3 Years of Retiring

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

Within a Year of Retiring

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

Within 3 Months of Retiring

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

10 to 14 Days After Retiring

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

45 to 90 Days After Retiring

- ☐ Receive your first regular pension payment retroactive to your retirement date (minus any estimated payments you received and Health Insurance premiums, if applicable) from Arizona State Retirement System (ASRS)

Retirement with the Glendale Elementary School District

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

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

Retirement with the Arizona State Retirement System

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

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

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

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

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Forms



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Acknowledgement Statement for Insurance Benefits

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

Initial _____

By signing below, I acknowledge that I have received instructions for completing the online enrollment process for insurance benefits.

Initial _____

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

Initial _____

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

Initial _____

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

Initial _____

_____
Print Employee Name

_____ _____
Employee Signature Date

_____ _____
HR Representative Date

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Initial _____

_____
Print Employee Name

_____ _____
Employee Signature Date

_____ _____
HR Representative Date

COPY

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Important Contacts

2nd MD
2nd.md/activate
866.269.3534

403(b/475 Retirement Savings Plans
tsacg.com
888.796.3786

Allstate Identity Protection
allstateidentityprotection.com
800.789.2720

ARAG Legal
araglegal.com/myinfo
800.247.4184

Arizona State Retirement System (ASRS)
azasrs.gov
602.240.2000

Cigna Dental
cigna.com
800.244.6224

ComPsych
www.guidanceresources.com
866.883.0874

Colonial Life
coloniallife.com
800.325.4368

Delta Dental of Arizona
deltadentalaz.com
602.938.3131

Hinge Health
www.hinge.health/valleyschools

Maven
www.mavenclinic.com
support@mavenclinic.com

Nationwide Pet Insurance
petinsurance.com
877.738.7874

Optum Bank Health Savings Account (HSA)
myuhc.com
800.791.9361

Parsley Health
www.parsleyhealth.com/b2b/valleyschools

Sunlife Financial
sunlife.com/us
800.247.6875

UnitedHealthcare Traditional Medical Plan
myuhc.com
800.638.7287

HDHP Base Medical Plan
myuhc.com
866.314.8187

UnitedHealthcare EAP
888.887.4114

VSP
vsp.com
800.877.7195

United Pet Care
unitedpetcare.com/gesd
602.266.5303

Personify (WellStyles)
personifyhealth.com/wellstyles
support@personifyhealth.com
844.207.9672

Wex Health
www.wexhealth.com
866.451.3399

Glendale Elementary School District Employee Benefits and Wellness Department

Jodi Finnesy
623.237.7149
Benefits Analyst
benefitsinfo@gesd40.org

Sara Luque
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Technician of HR
benefitsinfo@gesd40.org

Brianne Gustafson
623.237.5573
Wellness Program Specialist
wellness@gesd40.org

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

Trust Board

Mr. Lee Peterson, Chairperson
Ms. Bernadette Bolognini, Member
Mr. Nate Bowler, Member
Ms. Mary Ann Wilson, Member
Ms. Citlalli Ramirez – Benavides, Member

Staff

Mr. Mike Barragan, Assistant Superintendent for Finance and Auxiliary Services

For agendas and meeting information go to: www.gesd40.org – select "Community," then select "Trust Board."

GESD GLENDALE ELEMENTARY SCHOOL DISTRICT