



# 2025

## Employee Benefit Guide

Catalina Foothills  
School District #16

**ENVISION** <sup>21</sup>  
**DEEP LEARNING**  
CATALINA FOOTHILLS SCHOOL DISTRICT



# Benefit Advocate Center



Insurance | Risk Management | Consulting

## Ask Your Advocate Team

Put our team to work to maximize your healthcare benefits.

Gallagher is ready to help you get the most from your benefits program by providing support from an advocate at no cost to you. Get assistance with:

1

### Insurance cards

Are you missing your insurance cards, need replacement cards, or need to get in touch with an insurance carrier?

4

### Provider search

Do you need help finding an in-network or specialty provider?

2

### Benefits questions

Do you need help with specific benefits questions relating to how plans work, coverage questions, or in-network benefits?

5

### Prescription/pharmacy issues

Is the pharmacy telling you that your medication is not covered or charging you the full price? Do you need help getting a pre-authorization for your medication?

3

### Eligibility rules

Who can be covered under the plan and when?

6

### Claims

Are you unsure if your insurance will pay for a certain procedure? Did you receive a bill from a doctor and don't know why?

## Hours of Operation

Monday – Friday

8 a.m. – 6 p.m. in local time zone

## Connect with us

**Catalina Foothills School District**

(833) 417-6359

[bac.cfsd16advocates@ajg.com](mailto:bac.cfsd16advocates@ajg.com)

Translation Services Available



# About Your Benefits

At Catalina Foothills School District #16, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your Catalina Foothills School District #16 benefits. If you have any questions, feel free to reach out to Elsa Young at 520.209.7535 or email [eyoung@cfsd16.org](mailto:eyoung@cfsd16.org).



Table of Contents	
Benefit Advocate Center	1
About Your Benefits	2
Medical Coverage	3-8
Teladoc	9-10
PPO Dental Coverage	11
DHMO Dental Coverage	12
Vision Coverage	13
Spending Accounts	14-16
Life & AD&D	17
Short Term Disability Insurance	17
Additional Benefits (EAP, Pet Ins, 403b and 403 ROTH)	18
Coverage Costs	19
Contact Information	22

## Making Changes to Your Benefits

Each year, you have an opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the qualifying event to log on to [Munis Self-Service](#) and make changes. Keep in mind, the changes must be directly related to the event.

## Benefit Website

Medical Summary of Benefits and Coverage as well as other Benefit Summaries for other benefits offered as well as carrier website information may be found on the Catalina Foothills benefit website at <https://c2mb.ajg.com/cfsd16>.

## Eligibility and Enrollment

You are eligible to participate in Catalina Foothills School District #16's benefits if you are a full-time employee working at least 30 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

You have 30 days from your hire date to log on to [Munis Self-Service system](#) and enroll.

Your benefits begin on the first of the month following date of hire.



## Medical Coverage

Active Catalina Foothills School District #16 employees have the choice of three medical plans through ASBAIT - the **HDHP with HSA, Value Gold and Classic Gold**. The Copay Gold plan is not available for new enrollments. Review the following pages for the amount you will pay for the medical service listed.

HDHP “A” with HSA Plan			
	Banner In Network	Aetna In Network	Out of Network
Annual Deductible (Individual/Family)	\$2,600 / \$5,200	\$3,150 / \$6,300	\$3,500 / \$7,000
Coinsurance	20%	20%	50%
Annual Out-of-pocket Maximum (Individual/Family)	\$6,500 / \$13,000	\$7,500 / \$15,000	Unlimited
Catalina Foothills School District Contribution to Health Savings Account (Individual/Family)	\$48.90 (20 pay periods) \$978.00 total		
Preventive Care	0%*	0%*	Not covered**
Office Visits			
Primary Care	\$20 Copay after deductible	\$25 Copay after deductible	50% after deductible
Urgent Care	\$70 Copay after deductible	\$75 Copay after deductible	50% after deductible
Specialist	\$60 Copay after deductible	\$65 Copay after deductible	50% after deductible
Emergency Room	20% after deductible		
Prescription Drug Coverage			
Retail (30-day Supply) Generic drugs Preferred drugs Non-preferred drugs Specialty drugs	\$15 Copay after deductible 20% to max \$100 Copay after deductible (min \$55 Copay after deductible) 40% to max \$140 Copay after deductible (min \$70 Copay after deductible) \$230 Copay after deductible		
Mail-order (90-day Supply) Generic drugs Preferred drugs Non-preferred drugs	\$30 Copay after deductible 20% to max \$205 Copay after deductible (min \$80 Copay after deductible) 40% to max \$255 Copay after deductible (min \$110 Copay after deductible )		

**\*In-Network routine care (deductible does not apply):** no charge for the first \$300 per year, then 90% coinsurance, Flu, pneumonia and shingles immunizations. Hearing exam: 20% coinsurance.

**\*\*Out-of-Network:** preventive care not covered; routine care – no charge for flu, pneumonia & shingles immunizations. Hearing exam: 50% coinsurance. All out-of-network routine care is NOT Covered.

**\*\*\***Certain specialty drugs may be eligible for a \$0 copay if you are enrolled under the PrudentRx Solutions program. If drugs are eligible under the Prudent Rx Solution program and you do not enroll you will be subject to a 30% copay.



## Medical Coverage

Value Gold Plan			
	Banner Health In Network	Aetna In Network	Out of Network
Annual Deductible (Individual/Family)	\$900 / \$1,800	\$1,050 / \$2,100	\$3,300 / \$9,900
Coinsurance	25%	25%	50%
Annual Out-of-pocket Maximum (Individual/Family)	\$4,600 / \$9,200	\$5,600 / \$11,200	Unlimited
Preventive Care	0%*	0%*	Not covered**
Office Visits			
Primary Care	\$28 Copay	\$35 Copay	50% after deductible
Urgent Care	\$76 Copay	\$85 Copay	50% after deductible
Specialist	\$66 Copay	\$75 Copay	50% after deductible
Emergency Room	25% after deductible		
Prescription Drug Coverage			
Retail (30-day Supply)			
Generic drugs	\$15 copay		Not Covered
Preferred brand drugs	20% to max \$100 Copay (min \$55 Copay)		
Non-preferred brand drugs	40% to max \$140 Copay (min \$70 Copay)		
Specialty drugs	\$230 Copay**		
Mail-order (90-day Supply)			
Generic drugs	\$30 Copay		Not Covered
Preferred brand drugs	20% to max \$205 Copay (min \$80 Copay)		
Non-preferred brand drugs	40% to max \$255 Copay (min \$110 Copay)		

\***In-Network routine care (deductible does not apply):** no charge for the first \$300 per year, then 90% coinsurance, Flu, pneumonia and shingles immunizations. Hearing exam: 20% coinsurance.

\*\***Out-of-Network:** preventive care not covered; routine care – no charge for flu, pneumonia & shingles immunizations. Hearing exam: 50% coinsurance. All out-of-network routine care is NOT Covered.

\*\*\*Certain specialty drugs may be eligible for a \$0 copay if you are enrolled under the PrudentRx Solutions program. If drugs are eligible under the Prudent Rx Solution program and you do not enroll you will be subject to a 30% copay.





## Medical Coverage

Classic Gold Plan			
	Banner In Network	Aetna In Network	Out of Network
Annual Deductible (Individual/Family)	\$500 / \$1,000	\$600 / \$1,200	\$1,500 / \$4,500
Coinsurance	15%	15%	50%
Annual Out-of-pocket Maximum (Individual/Family)	\$3,720 / \$7,440	\$4,600 / \$9,200	Unlimited
Preventive Care	0%*	0%*	Not covered**
Office Visits			
Primary Care	\$20 Copay	\$25 Copay	50% after deductible
Urgent Care	\$68 Copay	\$75 Copay	50% after deductible
Specialist	\$58 Copay	\$65 Copay	50% after deductible
Emergency Room	15% after deductible		
Prescription Drug Coverage			
Retail (30-day Supply)			
Generic drugs	\$15 copay		Not Covered
Preferred brand drugs	20% to max \$100 Copay (min \$55 Copay)		
Non-preferred brand drugs	40% to max \$140 Copay (min \$70 Copay)		
Specialty drugs	\$230 Copay**		
Mail-order (90-day Supply)			
Generic drugs	\$30 Copay		Not Covered
Preferred brand drugs	20% to max \$205 Copay (min \$80 Copay)		
Non-preferred brand drugs	40% to max \$255 Copay (min \$110 Copay)		

\***In-Network routine care (deductible does not apply):** no charge for the first \$300 per year, then 90% coinsurance, Flu, pneumonia and shingles immunizations. Hearing exam: 20% coinsurance.

\*\***Out-of-Network:** preventive care not covered; routine care – no charge for flu, pneumonia & shingles immunizations. Hearing exam: 50% coinsurance. All out-of-network routine care is NOT Covered.

\*\*\*Certain specialty drugs may be eligible for a \$0 copay if you are enrolled under the PrudentRx Solutions program. If drugs are eligible under the Prudent Rx Solution program and you do not enroll you will be subject to a 30% copay.



## Medical Coverage

Coplay Gold Plan is only available to employees currently enrolled			
Coplay Gold Plan			
	Banner In Network	Aetna In Network	Out of Network
Annual Deductible (Individual/Family)	\$0 / \$0	\$0 / \$0	\$900 / \$2,700
Coinsurance	0%	0%	50%
Annual Out-of-pocket Maximum (Individual/Family)	\$6,080 / \$12,160	\$7,350 / \$14,700	Unlimited
Preventive Care	0%*	0%*	Not covered**
Office Visits			
Primary Care	\$24 Copay	\$30 Copay	50% after deductible
Urgent Care	\$70 Copay	\$80 Copay	\$80 Copay plus 50% after deductible
Specialist	\$62 Copay	\$70 Copay	50% after deductible
Emergency Room	\$150 Copay (copay waived if admitted)		
Prescription Drug Coverage			
Retail (30-day Supply) Generic drugs Preferred brand drugs Non-preferred brand drugs Specialty drugs	\$15 Copay 20% to max \$100 Copay (min \$55 Copay) 40% to max \$140 Copay (min \$70 Copay) \$230 Copay**		Not Covered
Mail-order (90-day Supply) Generic drugs Preferred brand drugs Non-preferred brand drugs	\$30 Copay 20% to max \$205 Copay (min \$80 Copay) 40% to max \$255 Copay (min \$110 Copay)		Not Covered

\***In-Network routine care (deductible does not apply):** no charge for the first \$300 per year, then 90% coinsurance, Flu, pneumonia and shingles immunizations. Hearing exam: 20% coinsurance.

\*\***Out-of-Network:** preventive care not covered; routine care – no charge for flu, pneumonia & shingles immunizations. Hearing exam: 50% coinsurance. All out-of-network routine care is NOT Covered.

\*\*\*Certain specialty drugs may be eligible for a \$0 copay if you are enrolled under the PrudentRx Solutions program. If drugs are eligible under the Prudent Rx Solution program and you do not enroll you will be subject to a 30% copay.



# Prescription & Medical Information

## Generic Drugs

Generic drugs are FDA-approved and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

## Preferred Drugs

ASBAIT regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

## Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using ASBAIT's mail-order pharmacy.



## Mail Order

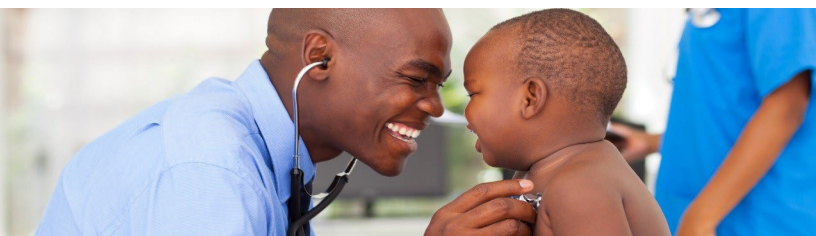
You can register for mail-order pharmacy by logging on to [www.meritain.com](http://www.meritain.com).

## Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

## Finding In-network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to [www.meritain.com](http://www.meritain.com) or call 800.762.2234 to find providers in the ASBAIT network.







# Medical Coverage

## How the Plans Work

The medical plans use the Banner|Aetna network and cover 100% of the cost for in-network preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

With the **HDHP-A with HSA**, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. After you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the other plans. Additionally, when enrolling in this plan you have access to the Health Savings Account (HSA) to save and pay for medical costs not covered by your medical carrier. Catalina Foothills will contribute a monthly amount to the Health Savings Account. You may also contribute funds pre-tax through payroll deduction.

The **Gold plans** offered have set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. These plans have higher paycheck deductions than the HDHP-A with HSA.



	HDHP-A with HSA	Gold plans
Per-paycheck Cost for Coverage	Lowest	Highest
Annual Deductible	Highest	Lowest
Annual Out-of-pocket Maximum	Highest	Highest
Using the Plan	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
Spending Account Options	Health savings account Limited Health care FSA Dependent care FSA	Health care FSA Dependent care FSA



# Teladoc – General Medicine

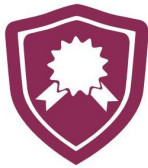


## Reach a Doctor 24/7 The Teladoc Health™ Solution

Teladoc Health is the on-demand health care solution that gives you the medical care you need, when you need it. You can talk to a doctor anytime, anywhere about non-emergent medical conditions.

### Benefits of Teladoc Health:

- Saves time and money
- Quicker recovery from illness
- Convenient prescriptions
- Choice of consultation method
- Great health means peace of mind



With Teladoc Health, you can talk to a doctor 24/7/365 by phone, online video or mobile app. Use Teladoc Health for medical advice and care when:

- Your primary care doctor is not open.
- You are at home, traveling or do not want to take time off work to see a doctor.
- You need a prescription or refills\*.

*\*Please note, there is no guarantee you will be prescribed medication.*

### Highly qualified, experienced doctors

When you use Teladoc Health, your medical questions will be answered by a highly qualified doctor. Teladoc Health doctors are:

- Specially trained in telemedicine.
- Experienced—with an average of over 10–15 years in practice.
- Progressive—using the latest technology to provide excellent care.
- U.S. board-certified and state-licensed.

### Our members love Teladoc Health

"We had a good experience with the doctor. She called and talked to me, and gave great service. I had no problem picking up my prescription. This is a really good service."

**Teladoc**  
HEALTH

### There's more than one way to reach a doctor



#### By phone.

Just call **1.800.835.2362**.



#### Online.

Simply request a video consultation online at  
**[www.Teladoc.com](http://www.Teladoc.com)**.



#### On the go.

You can download the Teladoc Health mobile app by visiting the App Store® or Google Play™.



# Teladoc – Behavioral Health and Primary360

Teladoc is offering new services this year for employees and dependents enrolled in the Catalina Foothills medical plan. These services are available to adults age 18+.

## Behavioral Health Through Teladoc Health®

### Speak with a licensed therapist from anywhere

Taking care of your mental health is an important part of your overall well-being. Teladoc Health helps with a variety of issues. Choose to see a psychiatrist, psychologist, social worker or therapist and can help an ongoing relationship.

Teladoc Health behavioral health experts provide support for:

- 0 Anxiety
- 0 Not feeling like yourself
- 0 Depression
- 0 Medication management
- 0 Trauma and PTSD
- 0 Stress
- 0 Relationship conflicts
- 0 Mood swings



You can make an appointment seven days a week, from 7:00 AM to 9:00 PM local time. Appointments are confirmed within 72 hours. Schedule your appointment online or via the Teladoc Health app.

## Primary360 Through Teladoc Health®

### Primary care that fits your lifestyle by phone or video from wherever you are

With Primary360, your Care team takes the time to really get to know you, your health needs and your goals. Together, we'll create a custom care plan that's easy to follow.

### What to expect with Primary360



Choose your primary care provider and schedule a phone or video visit at your convenience



Discuss your medical history, health challenges and goals

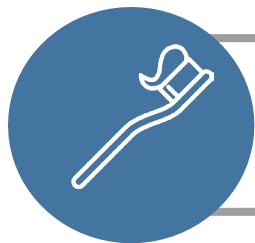


Get a personalized care plan to meet all of your unique needs



Message your dedicated Care team 24/7 with follow-up questions

Visit [www.Teladoc.com/Primary360](https://www.Teladoc.com/Primary360) to learn more.



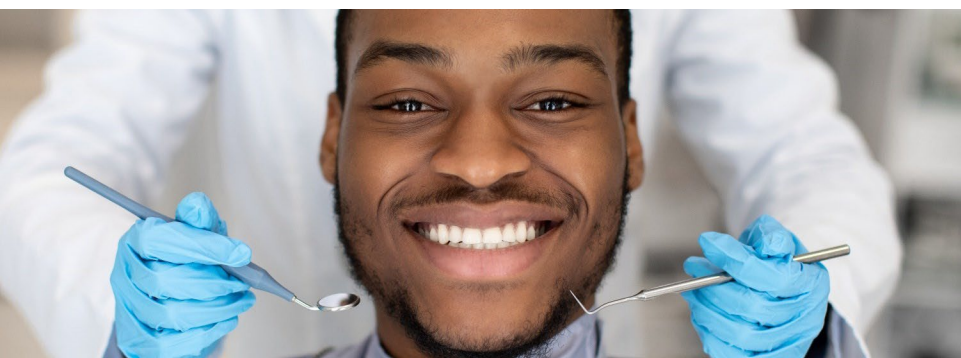
## PPO Dental Coverage

Catalina Foothills School District #16 offers two dental plans through Ameritas. Review the following pages for the amount you will pay for the service listed.

PPO Plan		
	In Network	Out of Network
<b>Annual Deductible</b> (Individual/Family)	\$50 Lifetime	\$50 Lifetime
<b>Annual Maximum</b> (Per Person)	\$1,000	\$1,000
<b>Preventive Care</b> (Exams, Routine Cleanings, Fluoride: for children to age 16, X-rays, Space Maintainers, and Sealants: for children to age 17)	0%	0%
<b>Basic Services</b> (Fillings, Restorative Composites, Denture Repair, Oral Surgery: Simple and Complex extractions, and Anesthesia)	20% after deductible	20% after deductible
<b>Major Services</b> (Endodontics: Root canal treatment, Periodontics: Treatment of gum disease, Prosthodontics: Bridges, partial dentures, complete dentures, Bridge and Denture Repair, Implants, Restorative: Crowns and onlays and Crown Repair)	50% after deductible	50% after deductible
<b>Orthodontia</b> (Children to age 26)	50%	50%
<b>Orthodontia Lifetime Maximum</b> (Per Person)	\$1,000	\$1,000

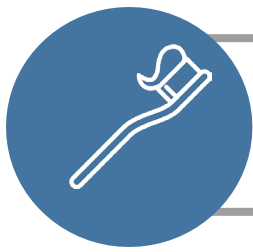
### Per Pay Cost for Ameritas PPO Dental Coverage (20 pays)

Coverage Tier	PPO Plan
Employee Only	\$15.94
Employee + Spouse	\$32.66
Employee + Child(ren)	\$22.56
Employee + Family	\$60.79



### Finding In-network Dentists

You pay less for services when you use a dentist in the Ameritas network. You can find an in-network dentist by visiting [www.Ameritas.com/employee-benefits/providers/](http://www.Ameritas.com/employee-benefits/providers/) or call 800.487.5553



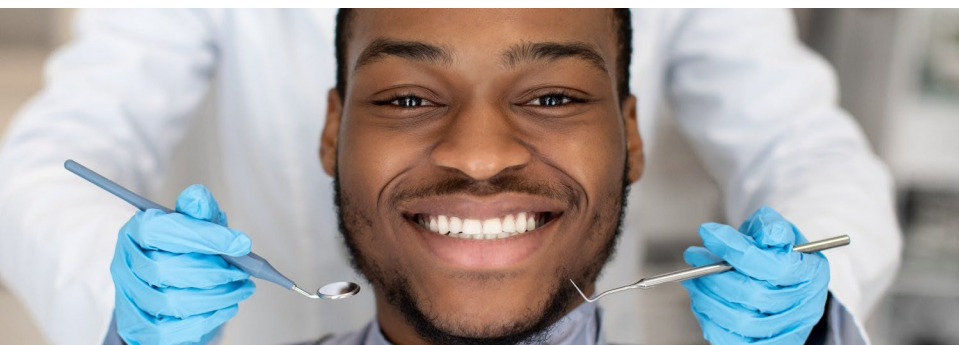
## Pre-Paid Dental Coverage

The DHMO Plan is with Ameritas. Ameritas uses the Solstice network of providers. Review the chart below for the amount you will pay for the dental service listed.

Dental DHMO S800B Ameritas*	
	In Network
Annual Deductible (Individual/Family)	\$0/\$0
Annual Maximum (Per Person)	Unlimited
Office Visit	Varies depending on procedural code
Fillings	
Periodontics	
Endodontics	
Crowns	
Dentures	
<p>*Solstice provides the network and pays the claims for the DHMO Dental plan. Refer to the dental summary for full listing of copays for all covered dental procedures.</p> <p>The summary may be found on the Catalina Foothills benefit website at <a href="https://c2mb.ajg.com/cfsd16">https://c2mb.ajg.com/cfsd16</a></p> <p>This plan does not provide out of network coverage. <b>You must use an in-network provider.</b></p>	

### Per Pay Cost for Ameritas (Solstice) DHMO Dental Coverage (20 pays)

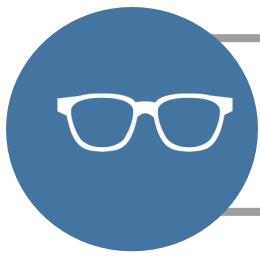
Coverage Tier	Dental S800B
Employee Only	\$6.59
Employee + Spouse	\$11.54
Employee + Child(ren)	\$14.30
Employee + Family	\$18.14



### Finding In-network Dentists

You must select a dentist in the Solstice network. To find an in-network dentist by visiting [www.mysolstice.net](http://www.mysolstice.net) or call 877.760.2247.





# Vision Coverage

Catalina Foothills School District's vision plan is provided through Avesis.

	Avesis Vision Plan	
	In Network	Out of Network
<b>Eye Exam</b> (Once every 12 months)	\$10 copay	Up to \$35
<b>Lenses</b> (Once every 12 months) Single Vision Bifocal Trifocal Progressive	\$10 copay \$10 copay \$10 copay \$50 copay	Up to \$25 Up to \$40 Up to \$50 Up to \$40
<b>Frames</b> (Once every 12 months)	\$10 copay; \$120 allowance plus 20% off	Up to \$45
<b>Contact Lenses</b> (Once every 12 months) Allowance Separate Fitting Allowance  Medically Necessary	Conventional - \$100 allowance plus 10% off; Standard - \$50 allowance member out-of-pocket maximum; Custom - \$75 allowance member out-of-pocket maximum Covered in full	Up to \$85 N/A  Up to \$250

Avesis offers a large network with over 53,000 points of access nationwide which includes Costco, Sam's Cub, Walmart, America's Best, Pearle Vision, Visionworks, Target Optical and Eyeglass World.

## Per Pay Cost for Vision Coverage (20 pays)

Coverage Tier	Avesis
Employee Only	\$3.38
Employee + Spouse	\$6.10
Employee + Child(ren)	\$6.78
Employee + Family	\$8.81

### Finding In-network Eye Doctors

You can find an in-network eye doctor in the Avesis Insurance Company network by visiting [www.myavesis.com](http://www.myavesis.com) or call 800.828.9341.





# Health Savings vs Flexible Spending Accounts

## Paying for Health Care

Catalina Foothills School District #16 offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The accounts available to you depend on the medical plan you choose.

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)
<b>What medical plan can I choose?</b>	HDHP	PPO plan
<b>What expenses are eligible?</b>	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)	
<b>When can I use the funds?</b>	Funds are available as you contribute to the account	All funds you elect for the year are available July 1st
<b>Can I roll over funds each year?</b>	Yes, funds roll over from year to year and are yours to keep (even if you leave your employer or retire)	For employees currently enrolled in the FSA there is a \$660 balance carryover
<b>How do I pay for eligible expenses?</b>	With your Health Equity through ASBAIT Health debit card (you can also submit claims for reimbursement online at <a href="http://www.healthequity.com">www.healthequity.com</a> )	With your ASIFlex debit card (you can also submit claims for reimbursement online at <a href="https://asiflex.com">https://asiflex.com</a> )
<b>How much can I contribute each year?</b>	\$4,300 for individual coverage or \$8,550 for family coverage (this total includes employer funding) in 2025*	You can contribute \$3,300 to your health care FSA in 2025
<b>Can I change my contributions throughout the year?</b>	Yes, you can change your contribution amount any time during the plan year; subject to the annual limit.	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year

Note: If you are enrolled in Medicare, by law you are not allowed to contribute to an HSA.

\*You may contribute an additional \$1,000 if you are age 55+

## What Are the Tax Implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA (\$1,000 per tax year) if you will be 55 years or older by December 31. Learn more at

[www.healthequity.com](http://www.healthequity.com).

<https://c2mb.ajg.com/cfsd16/>





# Limited Purpose Flexible Spending Account

## Additional way to save for dental and vision care for HDHP A Plan enrollees

In addition to contributing to a Health Savings Account, you may also contribute pre-tax dollars into a limited purpose FSA to pay for eligible dental and vision expenses.

	Limited Purpose FSA
<b>What is it?</b>	An account for HDHP A enrollees to set aside pre-tax dollars from each paycheck to pay for eligible dental and vision expenses. This account is in addition to the Health Savings Account. You may contribute up to \$3,300/year to a Limited Purpose FSA
<b>Why should I consider it?</b>	If you have considerable dental and vision expenses that are larger than the IRS allowance to contribute to the H.S.A., you may contribute to the Limited Purpose FSA to cover those large dental and vision expenses.
<b>What expenses are eligible?</b>	Eligible dental and vision expenses only
<b>When can I use the funds?</b>	Funds are available on July 1st
<b>Can I roll over funds each year?</b>	The Limited Purpose FSA has a \$660 carryover at the end of the year.
<b>How do I pay for eligible expenses?</b>	With your ASIFlex debit card (you can also submit claims for reimbursement online at <a href="https://asiflex.com">https://asiflex.com</a> )
<b>How much can I contribute each year?</b>	You can contribute \$3,300 to your Limited Purpose FSA in 2025

### Important Note

The Limited Purpose FSA has a \$660 carryover at the end of the year.





# Dependent Care Spending Accounts

## Paying for Dependent Care

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

	Dependent Care FSA
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
When can I use the funds?	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	With your ASIFlex debit card (you can also submit claims for reimbursement online at <a href="https://asiflex.com">https://asiflex.com</a> )
How much can I contribute each year?	You can contribute \$5,000 to your dependent health care FSA in 2025 if you are married and filing jointly or a single parent

### Important Note

The dependent care FSAs have a **use-it-or-lose-it** rule. You will lose any unused funds at the end of the year.





# Life, AD&D and Disability Insurance

## Life and AD&D Insurance

Catalina Foothills School District #16 provides basic life and accidental death and dismemberment (AD&D) insurance through Minnesota Life Insurance Company at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at group rates.

	How it Works	Basic Life and AD&D (Employer-paid benefit)	Voluntary Life (Employee-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	Up to \$50,000	<b>You:</b> Increments of \$10,000 up to \$750,000 <b>Your spouse:</b> Increments of \$5,000 up to \$250,000 not to exceed 100% of EE's amount <b>Your child(ren):</b> Up to \$10,000 or \$15,000, not to exceed 100% EE's amount
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	Up to \$50,000	N/A

- If you elect an amount above the guaranteed issue, you must complete an Evidence of Insurability (EOI) form if applying for this benefit outside initial eligibility as a new employee. **It is your responsibility to complete the form and submit to Minnesota Life.** The form may be found on the Catalina Foothills benefit website.
- Basic Life includes age reduction schedule of 35% at age 65, 50% at age 70 and finally 75% at 75
- Your rates will increase when you enter a new age bracket



## Keep Your Beneficiaries Up to Date

You must log on to **Munis Self-Serve** to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes. Beneficiaries may be changed any time during the year.

## Disability Insurance

Catalina Foothills School District #16 provides voluntary disability insurance through Madison National Life.

	How it Works	Who Pays for the Benefit
Voluntary Short-Term Disability	You receive 70% of your income up to \$1,000 per week. Benefits begin after 30 calendar days of absence from work for illness and injury and continue for up to 22 weeks. 12/12/24 Pre-Existing Limitation.	Employee





## Additional Benefits

### Employee Assistance Program

To help you with personal issues and concerns, Catalina Foothills School District #16 provides you and your family with an employee assistance program (EAP) at no cost to you. Call Alliance Work Partner through ASBAIT 24/7 for confidential assistance with personal matters like family, finances, health and work. Experienced consultants are available to listen and help you find solutions. They can also set up in-person sessions with local behavioral health counselors if needed. Find more information at <http://www.awpnow.com/main>.

**Toll Free 1-800-343-3822**  
**(Teen Line 1-800-334-Teen)**

**Website: [awpnow.com](http://www.awpnow.com)**  
**Go to "Access Your Benefits"**  
**Registration Code: AWP-ASBAIT**



Up to 5 short term counseling sessions per issue per year. Dependents residing in the employee's household are covered. The EAP is available at no cost to the employee or family member and is completely confidential. Employees do not need to be enrolled in one of the District's medical plans to use these benefits.

### MetLife - Pet Insurance

- This is actual insurance, not a discount program.
- Dogs & Cats (Avian & Exotic Pet Plans Available)
- Choice of two plans: Accident and Illness
- Customized Copay, deductible and annual maximum
- Multi-pet discount (5% for 2, 10% for 3+)
- Rate factors include Plan, Species, Breed, Location and Age
- Employees enroll on the MetLife website
- **This benefit is paid direct to MetLife, no payroll deduction!**
- **For more information call 800-438-6388 or go to:**

<https://www.metlife.com/getpetquote>

Enter pet information, your email address, zip code

Enter Employer Name: **Catalina Foothills**

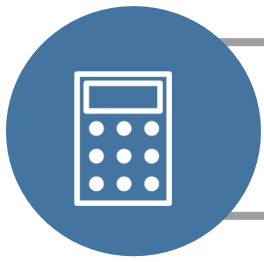


### 403b and 403 ROTH

- Contact TSA Consulting Group for information on the 403b and 403 ROTH
- You will select an approved vendor from the list, open your account and then submit your payroll deduction form to Human Resources
- **For more information go to:**

<https://www.tsacg.com/individual/plan-sponsor/arizona/catalina-foothills-school-district>





## Coverage Costs

Below is an overview of your benefit coverage costs.

Annual/Per Paycheck Cost for Medical Coverage for Active Employees

District Dollars for 1.0 FTE = \$6,084.00/year or \$507.00/month

District Dollars are prorated for less than 1.0 FTE

Coverage Tier	HDHP Banner Plan* Monthly	HDHP Banner Plan* Per Paycheck 20 pays	Coverage Tier	Value Gold Plan Monthly	Value Gold Plan Per Paycheck 20 pays
Employee Only	\$425.50	\$0.00	Employee Only	\$526.00	\$11.40
Employee + Spouse	\$850.50	\$255.00	Employee + Spouse	\$1,052.00	\$327.00
Employee + Child(ren)	\$799.50	\$224.40	Employee + Child(ren)	\$989.00	\$289.20
Employee + Family	\$1,104.50	\$407.40	Employee + Family	\$1,367.00	\$516.00

\* Lower premiums to cover dependents

\* You OWN the health savings account, and the money stays with you

\* CFSD will contribute \$48.90 per pay period (20 pay periods) equal to \$978 annually to your HSA

### Copay Gold: No New Enrollments Allowed

Coverage Tier	Classic Gold Plan Monthly	Classic Gold Plan Per Paycheck 20 pays	Coverage Tier	Copay Gold Plan Monthly	Copay Gold Plan Per Paycheck 20 pays
Employee Only	\$585.00	\$46.80	Employee Only	\$635.00	\$76.80
Employee + Spouse	\$1,170.00	\$397.80	Employee + Spouse	\$1,273.00	\$459.60
Employee + Child(ren)	\$1,099.00	\$355.20	Employee + Child(ren)	\$1,195.00	\$412.80
Employee + Family	\$1,520.00	\$607.80	Employee + Family	\$1,654.00	\$688.20

### Per Paycheck Cost for Dental and Vision Coverage

Coverage Tier	Dental PPO Ameritas Per Paycheck 20 pays	Vision Avesis Per Paycheck 20 pays	Coverage Tier	Dental DHMO Ameritas Per Paycheck 20 pays
Employee Only	\$15.94	\$3.38	Employee Only	\$6.59
Employee + Spouse	\$32.66	\$6.10	Employee + Spouse	\$11.54
Employee + Child(ren)	\$22.56	\$6.78	Employee + Child(ren)	\$14.30
Employee + Family	\$60.79	\$8.81	Employee + Family	\$18.14



# Voluntary Life Coverage Cost Calculator

## Your Basic and Supplemental Life Insurance Coverages:

### Basic Life Coverage - 100% employer paid & automatically enrolled

Basic term life	\$50,000	<ul style="list-style-type: none"> <li>✓ Includes a matching AD&amp;D benefit</li> <li>✓ Coverage reduces beginning at age 65</li> </ul>
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### Supplemental Life Coverage - 100% employee paid

Supplemental term life	Elect in \$10,000 increments Maximum \$750,000
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Spouse term life	Elect in \$5,000 increments Maximum \$250,000	<ul style="list-style-type: none"> <li>✓ Cannot exceed 100% of employee's basic and supplemental coverage combined</li> </ul>
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Child term life	Elect \$10,000 or \$15,000	<ul style="list-style-type: none"> <li>✓ Includes 1st newborn child benefit</li> </ul>
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If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible.

## Monthly Cost:

Employee or Spouse Supplemental Life		
Age	Smoker	Non-Smoker
<25	\$0.050	\$0.043
25-29	\$0.050	\$0.043
30-34	\$0.070	\$0.060
35-39	\$0.089	\$0.064
40-44	\$0.099	\$0.085
45-49	\$0.149	\$0.128
50-54	\$0.229	\$0.203
55-59	\$0.429	\$0.331
60-64	\$0.659	\$0.523
65-69	\$1.260	\$0.929
70-74	\$2.050	\$1.630
75*	\$2.050	\$2.940

\*Rates beyond age 75 are available upon request.  
Rates increase with age and all rates are subject to change.

### Here's how to calculate your monthly premium:

Total supplemental term life coverage amount	\$ _____
÷ 1,000	\$ _____
× your rate (based on your age)	\$ _____
= Monthly premium	\$ _____

### Here's how Riley calculated their monthly premium:

Riley elected a total supplemental term life coverage amount of	
÷ 1,000	\$150.00
× Riley's rate (based on their age of 42)	\$0.099
= Riley's monthly premium	\$14.85

Child Life	
\$10,000	\$15,000
\$2.00	\$3.00

One premium covers all eligible children from live birth to age 26.



# Short Term Disability Coverage Cost Calculator

## Short-Term Disability Insurance Rate Calculation Form



You may elect 70% of your basic weekly earnings to a maximum benefit amount of \$1000 per week. Follow the steps below to calculate your maximum weekly benefit amount and monthly premium.

### Step 1

Enter your basic weekly pay (annual pay, divided by 52), rounded to the next higher \$1.00.

1. \_\_\_\_\_

### Step 2

Multiply the amount in Step 1 by 0.70 and enter the result. (note: amount cannot exceed the maximum benefit of \$1000).

2. \_\_\_\_\_

### Step 3

Divide the amount in Step 2 by 10 and enter that amount.

3. \_\_\_\_\_

### Step 4

Enter the rate determined by your age from the chart below. The rate will be reevaluated, according to your attained age, each subsequent policy anniversary.

4. \_\_\_\_\_

### Step 5

Multiply the amount in Step 3 by the amount in Step 4 and enter it here. This is your approximate monthly premium.

5. \_\_\_\_\_

Your Age	Rate
<25	\$0.383
25-29	\$0.359
30-34	\$0.357
35-39	\$0.300
40-44	\$0.272
45-49	\$0.300

Your Age	Rate
50-54	\$0.336
55-59	\$0.386
60-64	\$0.436
65-69	\$0.383
70+	\$0.383





## Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	ASBAIT  Meritain	800.762.2234	<a href="http://www.meritain.com">www.meritain.com</a>
Dental	PPO Ameritas	800.487.5553	<a href="http://www.Ameritas.com">www.Ameritas.com</a>
	DHMO Solstice	877.760.2247	<a href="http://www.mysolstice.net">www.mysolstice.net</a>
Vision	Avesis	800.828.9341	<a href="http://www.avesis.com">www.avesis.com</a>
Health Savings Account	Health Equity through Meritain Health	866.382.3510	<a href="http://www.healthequity.com">www.healthequity.com</a>
Flexible Spending Account	ASIFlex	800.659.3035	<a href="http://www.asiflex.com">www.asiflex.com</a>
Life and AD&D	Minnesota Life Insurance Company	800.392.7295	<a href="http://www.ochsinc.com">www.ochsinc.com</a>
Voluntary Life and AD&D	Minnesota Life Insurance Company	800.392.7295	<a href="http://www.ochsinc.com">www.ochsinc.com</a>
Voluntary Short-Term Disability	Madison National Life Insurance	800.356.9601 Extension 2410	<a href="http://www.madisonlife.com">www.madisonlife.com</a>
Employee Assistance Program	Alliance Work Partners through ASBAIT	800.343.3822	<a href="http://www.awpnow.com/main">www.awpnow.com/main</a>
Pet Insurance	MetLife	800.438.6388	<a href="http://www.metlife.com/getpetquote">www.metlife.com/getpetquote</a>
Benefit Advocate Center (BAC)	Gallagher Benefit Services	833.417.6359	<a href="mailto:Bac.cfsd16advocates@ajg.com">Bac.cfsd16advocates@ajg.com</a>
Human Resources	Elsa Young	520.209.7535	<a href="mailto:eyoung@cfsd16.org">eyoung@cfsd16.org</a>
403b and 403 ROTH	<a href="https://www.tsacg.com/individual/plan-sponsor/arizona/catalina-foothills-school-district">https://www.tsacg.com/individual/plan-sponsor/arizona/catalina-foothills-school-district</a>		

### Benefit Advocate Center

The Catalina Foothills School District #16 Benefit Advocate Center is an employee resource for your company-sponsored health, welfare and insurance benefits. Talk to a representative about your eligibility, enrollment or your current benefits.

- Phone: **833.417.6359**
- Email: [BAC.cfsd16Advocates@ajg.com](mailto:BAC.cfsd16Advocates@ajg.com)
- Hours: Monday - Friday, 7 a.m. - 8 p.m. (CT)





*This benefit summary prepared by*



Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.