

2025-2026

Benefit Guide

Liberty Elementary
School District #25



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IMPORTANT: Liberty Elementary School District offers a fixed indemnity policy; this is NOT health insurance. If you are considering purchasing this policy, please read the notice on page 24 in its entirety.

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 37-38 for more details.

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.

Benefits Overview

Liberty Elementary School District is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours or more per week.

The waiting period for newly hired employees is as follows:

- Certified Staff and Administrative staff are eligible first of the month following date of hire.
- Classified Staff are eligible first of the month following 60 days of employment.

You share the costs of some benefits (medical, dental and vision), and Liberty Elementary School District provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Life & Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Employee Assistance Program (EAP)
- Telehealth
- Voluntary Short Term Disability
- Voluntary Accident, Hospital Indemnity and Critical Illness

Eligibility

You and your dependents are eligible for Liberty Elementary School District benefits on first of the month following date of hire for Certified Staff and first of the month following 60 days of employment for Support Staff.

Eligible dependents are your spouse, domestic partner, children under age 26, disabled dependents of any age.

Elections made during open enrollment will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

Making Changes to Your Benefits

Each year, you have the 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 a qualifying life event to notify Human Resources to make any benefit adjustments.

One-On-One Benefit Advocate Support

Liberty Elementary School District employees have access to a benefit advocate through Gallagher, the Liberty Elementary School District Benefit Consulting firm, to assist you and your dependents with benefit questions. The Gallagher Benefit Advocate Center is ready to help you get the most from your benefit program by providing support and advocate for you at no cost to you. Get assistance with the following:

- Explanation of benefits
- Prescription challenges
- Benefits questions
- Claim issues
- Difficult situations

Connect with the Benefit Advocate Center

8am - 6pm CT time Toll Free: 833.417.8339

Email: BAC.LibertyElementarySchoolDistAdvocates@ajg.com

Benefit Website

Medical Summary of Benefits and Coverage, Benefit Summaries, forms and carrier contact information may be found on the Liberty benefit website at <https://c2mb.ajg.com/liberty>

Benefit Questions

If you have any questions regarding your benefits, please contact Irma Lira in Benefit Specialist at 623.474.6626 or Ilira@Liberty25.org.

Medical Benefits

Offered through Meritain Health using the Banner|Aetna Network

Liberty Elementary School District active employees have the choice of four medical plans through Meritain Health - the Value Silver, HDHP A \$2,600, Value Gold and HDHP C \$6,000 with Health Savings Account. The Classic Gold plan is closed to current enrollees only. Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Review the following pages for the amount you will pay for the medical service listed. Also refer to the Benefit Website at <https://c2mb.ajg.com/liberty> to view the Summary of Benefits and Coverage for medical plan information.

Banner Value Silver			
	Banner	Choice POS	Out-of- Network
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$1,100 single / \$2,200 family	\$1,300 single / \$2,600 family	\$5,300 single / \$15,900 family
Annual Out-of-Pocket Maximum (includes deductible)	\$5,400 single / \$10,800 family	\$6,600 single / \$13,200 family	Unlimited
Coinsurance	25%	25%	50%
Doctor's Office			
Primary Care Office Visit	\$32 copay per visit	\$40 copay per visit	50% after deductible
Specialist Office Visit	\$70 copay per visit	\$80 copay per visit	50% after deductible
Preventive Care (screening, immunization)	Routine care: 0% for the first \$300 copay per year, then 90% flu, pneumonia and shingles immunization: 0%; Hearing exam: \$32 copay	Routine care: 0% for the first \$300 copay per year, then 90% flu, pneumonia and shingles immunization: 0%; Hearing exam: \$40 copay	Not covered; Routine care: 0% for flu, pneumonia and shingles immunizations; Hearing exam: 50% after deductible; All other routine care: Not Covered
Diagnostic Test (x-ray, blood work)	25% after deductible	25% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	25% after deductible	25% after deductible	50% after deductible

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

Prescription Drugs

Retail—Generic Drugs (30-day supply)	\$15 copay per prescription	\$15 copay per prescription	Not covered
Retail—Preferred Brand Drugs (30-day supply)	20% (min \$55 / max \$100)	20% (min \$55 / max \$100)	Not covered
Retail—Non-Preferred Brand Drugs (30-day supply)	40% (min \$70 / max \$140)	40% (min \$70 / max \$140)	Not covered
Specialty Drugs* (30-day supply)	\$230 Copay	\$230 Copay	Not covered
Retail and Mail Order—Generic Drugs (90-day supply)	\$30 copay per prescription	\$30 copay per prescription	Not covered
Retail and Mail Order—Preferred Brand Drugs (90-day supply)	20% (min \$80 / max \$205)	20% (min \$80 / max \$205)	Not covered
Retail and Mail Order—Non-Preferred Brand Drugs (90-day supply)	40% (min \$110 / max \$255)	40% (min \$110 / max \$255)	Not covered

Hospital Services

Emergency Room	25% after deductible	25% after deductible	25% after deductible; Non-emergency: 50% after deductible
Inpatient	\$230 copay per admission plus 25%	\$280 copay per admission plus 25%	\$330 copay per admission plus 50% after deductible
Outpatient Surgery	25% after deductible	25% after deductible	50% after deductible
Ambulance Service	Ground: 25% after deductible per trip; Air: \$230 copay per trip plus 25% after deductible	Ground: 25% after deductible per trip; Air: \$230 copay per trip plus 25% after deductible	Ground: 25% after deductible per trip; Air: \$230 copay per trip plus 25% after deductible

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

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

	Banner Value Silver		
	Banner	Choice POS	Out-of- Network
Mental Health Service			
Inpatient Services	Facility charge: \$230 copay per admission plus 25%; Professional fees: 25% after deductible	Facility charge: \$280 copay per admission plus 25%; Professional fees: 25% after deductible	Facility charge: \$330 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$62 copay per visit; All other outpatient: 25% after deductible	Office visit: \$70 copay per visit; All other outpatient: 25% after deductible	50% after deductible
Substance Abuse Services			
Inpatient Services	Facility charge: \$230 copay per admission plus 25%; Professional fees: 25% after deductible	Facility charge: \$280 copay per admission plus 25%; Professional fees: 25% after deductible	Facility charge: \$330 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$62 copay per visit; All other outpatient: 25% after deductible	Office visit: \$70 copay per visit; All other outpatient: 25% after deductible	50% after deductible
Other Services			
Maternity Services	25% after deductible	25% after deductible	50% after deductible
All other maternity hospital/ physician services	\$230 copay per admission plus 25%	\$280 copay per admission plus 25%	\$330 copay per admission plus 50% after deductible
Muscle Manipulation Services 20 visits per year	\$62 copay	\$70 copay	50% after deductible
Physical, Occupational and Speech Therapy Services (inpatient: 60 days; outpatient: 60 visits)	Outpatient: 25% after deductible; Inpatient: \$230 copay per admission plus 25%	Outpatient: 25% after deductible; Inpatient: \$280 copay per admission plus 25%	50% after deductible
Skilled Nursing limited to 60 days per 12-month period	\$230 copay per admission plus 25%	\$280 copay per admission plus 25%	\$330 copay per admission plus 50% after deductible

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

Banner HDHP A \$2,600			
	Banner	Choice POS	Out-of- Network
Lifetime Benefit Maximum	Unlimited		
Aggregate Deductible	This plan has an aggregate deductible. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.		
Annual Deductible	\$2,600 single / \$5,200 family	\$3,150 single / \$6,300 family	\$3,500 single / \$7,000 family
Annual Out-of-Pocket Maximum (includes deductible)	\$6,500 single / \$13,000 family	\$7,500 single / \$15,000 family	Unlimited
Coinsurance	20%	20%	50%
Doctor's Office			
Primary Care Office Visit	\$20 copay after deductible per visit	\$25 copay after deductible per visit	50% after deductible
Specialist Office Visit	\$60 copay after deductible per visit	\$65 copay after deductible per visit	50% after deductible
Preventive Care (screening, immunization)	Routine care: 0% for the first \$300 copay per year, then 90% flu, pneumonia and shingles immunization: 0%; Hearing exam: 20% after deductible	Routine care: 0% for the first \$300 copay per year, then 90% flu, pneumonia and shingles immunization: 0%; Hearing exam: 20% after deductible	Not covered; Routine care: 0% for flu, pneumonia and shingles immunizations; Hearing exam: 50% after deductible; All other routine care: Not Covered
Diagnostic Test (x-ray, blood work)	20% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	20% after deductible	50% after deductible

Employees electing this plan will be enrolled in the Health Savings Account and provided the District contribution of \$750 annually, paid \$375 on July 1st and \$375 on January 1st.

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

Banner HDHP A \$2,600			
	Banner	Choice POS	Out-of- Network
Prescription Drugs			
Retail—Generic Drugs (30-day supply)	\$15 copay after deductible per prescription	\$15 copay after deductible per prescription	Not covered
Retail—Preferred Drugs (30-day supply)	20% after deductible per prescription (min \$55 / max \$100)	20% after deductible per prescription (min \$55 / max \$100)	Not covered
Retail—Non-Preferred Drugs (30-day supply)	40% after deductible per prescription (min \$70 / max \$140)	40% after deductible per prescription (min \$70 / max \$140)	Not covered
Specialty Drugs* (30-day)	\$230 copay after deductible	\$230 copay after deductible	Not covered
Retail and Mail Order—Generic Drugs (90-day)	\$30 copay after deductible per prescription	\$30 copay after deductible per prescription	Not covered
Retail and Mail Order—Preferred Drugs (90-day)	20% after deductible per prescription (min \$80 / max \$205)	20% after deductible per prescription (min \$80 / max \$205)	Not covered
Retail and Order—Non-Preferred Drugs (90-day)	40% after deductible per prescription (min \$110 / max \$255)	40% after deductible per prescription (min \$110 / max \$255)	Not covered
Hospital Services			
Emergency Room	20% after deductible	20% after deductible	20% after deductible; Non-emergency: 50% after deductible
Inpatient	\$230 copay after deductible per admission plus 20% after deductible	\$280 copay after deductible per admission plus 20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	50% after deductible
Ambulance Service	Ground: 20% after deductible per trip; Air: \$230 copay after deductible per trip plus 20% after deductible	Ground: 20% after deductible per trip; Air: \$230 copay after deductible per trip plus 20% after deductible	Ground: 20% after deductible per trip; Air: \$230 copay after deductible per trip plus 20% after deductible

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

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

	Banner HDHP A \$2,600		
	Banner	Choice POS	Out-of-Network
Mental Health Services			
Inpatient Services	Facility charge: \$230 copay after deductible per admission plus 20% after deductible; Professional fees: 20% after deductible	Facility charge: \$280 copay after deductible per admission plus 20% after deductible; Professional fees: 20% after deductible	50% after deductible
Outpatient Services	\$60 copay after deductible per visit	\$65 copay after deductible per visit	50% after deductible
Substance Abuse Services			
Inpatient Services	Facility charge: \$230 copay after deductible per admission plus 20% after deductible; Professional fees: 20% after deductible	Facility charge: \$280 copay after deductible per admission plus 20% after deductible; Professional fees: 20% after deductible	50% after deductible
Outpatient Services	\$60 copay after deductible per visit	\$65 copay after deductible per visit	50% after deductible
Other Services			
Maternity Services	20% after deductible	20% after deductible	50% after deductible
All other maternity hospital/ physician services	\$230 copay after deductible per admission plus 20% after deductible	\$280 copay after deductible per admission plus 20% after deductible	50% after deductible
Muscle Manipulation Services 20 visits per year	\$60 copay after deductible per visit	\$65 copay after deductible per visit	50% after deductible
Physical, Occupational and Speech Therapy Services (inpatient: 60 days; outpatient: 60 visits)	Outpatient: 20% after deductible; Inpatient: \$230 copay after deductible per admission plus 20% after deductible	Outpatient: 20% after deductible; Inpatient: \$280 copay after deductible per admission plus 20% after deductible	50% after deductible
Skilled Nursing limited to 60 days per 12-month period	\$230 copay after deductible per admission plus 20% after deductible	\$280 copay after deductible per admission plus 20% after deductible	50% after deductible

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

Banner HDHP C \$6,000			
	Banner	Aetna POS	Out-of- Network
Lifetime Benefit Maximum	Unlimited		
Embedded Deductible	This plan has an embedded deductible. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.		
Annual Deductible	\$5,500 single / \$11,000 family	\$6,000 single / \$12,000 family	\$11,000 single / \$19,800 family
Annual Out-of-Pocket Maximum (includes deductible)	\$7,500 single / \$15,000 family	\$8,300 single / \$16,600 family	Unlimited
Coinsurance	20%	20%	50%
Doctor's Office			
Primary Care Office Visit	\$20 copay after deductible per visit	\$25 copay after deductible per visit	50% after deductible
Specialist Office Visit	\$60 copay after deductible per visit	\$65 copay after deductible per visit	50% after deductible
Preventive Care (screening, immunization)	Routine care: 0% for the first \$300 copay per year, then 90% flu, pneumonia and shingles immunization: 0%; Hearing exam: 20% after deductible	Routine care: 0% for the first \$300 copay per year, then 90% flu, pneumonia and shingles immunization: 0%; Hearing exam: 20% after deductible	Not covered; Routine care: 0% for flu, pneumonia and shingles immunizations; Hearing exam: 50% after deductible; All other routine care: Not Covered
Diagnostic Test (x-ray, blood work)	20% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	20% after deductible	50% after deductible

Employees electing this plan will be enrolled in the Health Savings Account and provided the District contribution of \$750 annually and paid \$375 on July 1st and \$375 on January 1st.

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

Banner HDHP C \$6,000			
	Banner	Aetna POS	Out-of- Network
Prescription Drugs			
Retail—Tier I (30-day supply)	\$15 copay after deductible	\$15 copay after deductible	Not Covered
Retail—Tier II (30-day supply)	20% after deductible (min \$55 / max \$100)	20% after deductible (min \$55 / max \$100)	Not Covered
Retail—Tier III (30-day supply)	40% after deductible (min \$70 / max \$140)	40% after deductible (min \$70 / max \$140)	Not Covered
Specialty Drugs* (30-day supply)	\$230 copay after deductible	\$230 copay after deductible	Not Covered
Mail Order—Tier I (90-day supply)	\$30 copay after deductible	\$30 copay after deductible	Not Covered
Mail Order—Tier II (90-day supply)	20% after deductible (min \$80 / max \$205)	20% after deductible (min \$80 / max \$205)	Not Covered
Mail Order—Tier III (90-day supply)	40% after deductible (min \$110 / max \$255)	40% after deductible (min \$110 / max \$255)	Not Covered
Hospital Services			
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Inpatient	\$230 copay plus 20% after deductible	\$280 copay plus 20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	50% after deductible
Ambulance Service	Ground: 20% after deductible per trip; Air: \$230 copay after deductible per trip plus 20% after deductible	Ground: 20% after deductible per trip; Air: \$230 copay after deductible per trip plus 20% after deductible	Ground: 20% after deductible per trip; Air: \$230 copay after deductible per trip plus 20% after deductible

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

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

	Banner HDHP C \$6,000		
	Banner	Aetna POS	Out-of-Network
Mental Health Services			
Inpatient Services	Facility charge: \$230 copay after deductible per admission plus 20% after deductible; Professional fees: 20% after deductible	Facility charge: \$280 copay after deductible per admission plus 20% after deductible; Professional fees: 20% after deductible	50% after deductible
Outpatient Services	\$60 copay after deductible per visit	\$65 copay after deductible per visit	50% after deductible
Substance Abuse Services			
Inpatient Services	Facility charge: \$230 copay after deductible per admission plus 20% after deductible; Professional fees: 20% after deductible	Facility charge: \$280 copay after deductible per admission plus 20% after deductible; Professional fees: 20% after deductible	50% after deductible
Outpatient Services	\$60 copay after deductible per visit	\$65 copay after deductible per visit	50% after deductible
Other Services			
Maternity Services	20% after deductible	20% after deductible	50% after deductible
All other maternity hospital/ physician services	\$230 copay after deductible per admission plus 20% after deductible	\$280 copay after deductible per admission plus 20% after deductible	50% after deductible
Muscle Manipulation Services 20 visits per year	\$60 copay after deductible per visit	\$65 copay after deductible per visit	50% after deductible
Physical, Occupational and Speech Therapy Services	Outpatient: 20% after deductible; Inpatient: \$230 copay after deductible per admission plus 20% after deductible	Outpatient: 20% after deductible; Inpatient: \$280 copay after deductible per admission plus 20% after deductible	50% after deductible
Skilled Nursing	\$230 copay after deductible per admission plus 20% after deductible	\$280 copay after deductible per admission plus 20% after deductible	50% after deductible

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

Banner Value Gold			
	Banner	Aetna POS	Out-of- Network
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$900 single / \$1,800 family	\$1,050 single / \$2,100 family	\$3,300 single / \$9,900 family
Annual Out-of-Pocket Maximum (includes deductible)	\$4,600 single / \$9,200 family	\$5,600 single / \$11,200 family	Unlimited
Coinsurance	25%	25%	50%
Doctor's Office			
Primary Care Office Visit	\$28 copay per visit	\$35 copay per visit	50% after deductible
Specialist Office Visit	\$66 copay per visit	\$75 copay per visit	50% after deductible
Preventive Care (screening, immunization)	Routine care: 0% for the first \$300 copay per year, then 90% flu, pneumonia and shingles immunization: 0%; Hearing exam: 20% after deductible	Routine care: 0% for the first \$300 copay per year, then 90% flu, pneumonia and shingles immunization: 0%; Hearing exam: 20% after deductible	Not covered; Routine care: 0% for flu, pneumonia and shingles immunizations; Hearing exam: 50% after deductible; All other routine care: Not Covered
Diagnostic Test (x-ray, blood work)	25% after deductible	25% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	25% after deductible	25% after deductible	50% after deductible

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

Banner Value Gold			
	Banner	Aetna POS	Out-of- Network
Prescription Drugs			
Retail—Tier I (30-day supply)	\$15 copay	\$15 copay	Not Covered
Retail—Tier II (30-day supply)	20% (min \$55 / max \$100)	20% (min \$55 / max \$100)	Not Covered
Retail—Tier III (30-day supply)	40% (min \$70 / max \$140)	40% (min \$70 / max \$140)	Not Covered
Specialty Drugs* (30-day supply)	\$230 copay	\$230 copay	Not Covered
Mail Order—Tier I (90-day supply)	\$30 copay	\$30 copay	Not Covered
Mail Order—Tier II (90-day supply)	20% (min \$80 / max \$205)	20% (min \$80 / max \$205)	Not Covered
Mail Order—Tier III (90-day supply)	40% (min \$110 / max \$255)	40% (min \$110 / max \$255)	Not Covered
Hospital Services			
Emergency Room	25% after deductible	25% after deductible	25% after deductible
Inpatient	\$230 copay plus 25% after deductible	\$280 copay plus 25% after deductible	\$330 copay plus 50% after deductible
Outpatient Surgery	25% after deductible	25% after deductible	50% after deductible
Ambulance Service	Ground: 25% after deductible per trip; Air: \$230 copay after deductible per trip plus 20% after deductible	Ground: 25% after deductible per trip; Air: \$230 copay after deductible per trip plus 20% after deductible	Ground: 25% after deductible per trip; Air: \$230 copay after deductible per trip plus 20% after deductible

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

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

	Banner Value Gold		
	Banner	Aetna POS	Out-of-Network
Mental Health Services			
Inpatient Services	Facility charge: \$230 copay after deductible per admission plus 25% after deductible; Professional fees: 25% after deductible	Facility charge: \$280 copay after deductible per admission plus 25% after deductible; Professional fees: 25% after deductible	Facility charge: \$330 copay after deductible per admission plus 25% after deductible; Professional fees: 25% after deductible
Outpatient Services	\$58 copay per visit	\$65 copay per visit	50% after deductible
Substance Abuse Services			
Inpatient Services	Facility charge: \$230 copay after deductible per admission plus 25% after deductible; Professional fees: 25% after deductible	Facility charge: \$280 copay after deductible per admission plus 25% after deductible; Professional fees: 25% after deductible	Facility charge: \$330 copay after deductible per admission plus 25% after deductible; Professional fees: 25% after deductible
Outpatient Services	\$58 copay per visit	\$65 copay per visit	50% after deductible
Other Services			
Maternity Services	20% after deductible	20% after deductible	50% after deductible
All other maternity hospital/ physician services	\$230 copay after deductible per admission plus 25% after deductible	\$280 copay after deductible per admission plus 25% after deductible	\$330 copay after deductible per admission plus 25% after deductible
Muscle Manipulation Services 20 visits per year	\$58 copay per visit	\$65 copay per visit	50% after deductible
Physical, Occupational and Speech Therapy Services	Outpatient: 20% after deductible; Inpatient: \$230 copay after deductible per admission plus 25% after deductible	Outpatient: 20% after deductible; Inpatient: \$280 copay after deductible per admission plus 25% after deductible	Outpatient: 20% after deductible; Inpatient: \$330 copay after deductible per admission plus 25% after deductible
Skilled Nursing	\$230 copay after deductible per admission plus 25% after deductible	\$280 copay after deductible per admission plus 25% after deductible	\$330 copay after deductible per admission plus 25% after deductible

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

Banner Classic Gold— Grandfathered Plan, Closed to Current Enrollees only NO NEW ENROLLMENTS ALLOWED			
	Banner	Choice POS	Out-of- Network
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$500 single / \$1,000 family	\$600 single / \$1,200 family	\$1,500 single / \$4,500 family
Annual Out-of-Pocket Maximum (includes deductible)	\$3,720 single / \$7,440 family	\$4,600 single / \$9,200 family	Unlimited
Coinsurance	15%	15%	50%
Doctor's Office			
Primary Care Office Visit	\$20 copay per visit	\$25 copay per visit	50% after deductible
Specialist Office Visit	\$58 copay per visit	\$65 copay per visit	50% after deductible
Preventive Care (screening, immunization)	Routine care: 0% for the first \$300 copay per year, then 90% flu, pneumonia and shingles immunization: 0%; Hearing exam: \$20 copay	Routine care: 0% for the first \$300 copay per year, then 90% flu, pneumonia and shingles immunization: 0%; Hearing exam: \$25 copay	Not covered; Routine care: 0% for flu, pneumonia and shingles immunizations; Hearing exam: 50% after deductible; All other routine care: Not Covered
Diagnostic Test (x-ray, blood work)	Freestanding lab: \$50 copay per test	Freestanding lab: \$55 copay per test	50% after deductible
Imaging (CT/PET scans, MRIs)	15% after deductible	15% after deductible	50% after deductible

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

Banner Classic Gold— Grandfathered Plan, Closed to Current Enrollees only NO NEW ENROLLMENTS ALLOWED			
	Banner	Choice POS	Out-of- Network
Prescription Drugs			
Retail—Generic Drugs (30-day supply)	\$15 copay per prescription	\$15 copay per prescription	Not covered
Retail—Preferred Brand Drugs (30-day supply)	20% (min \$55 / max \$100)	20% (min \$55 / max \$100)	Not covered
Retail—Non-Preferred Brand Drugs (30-day supply)	40% (min \$70 / max \$140)	40% (min \$70 / max \$140)	Not covered
Specialty Drugs* (30-day supply)	\$230 Copay	\$230 Copay	Not covered
Retail and Mail Order—Generic Drugs (90-day supply)	\$30 copay per prescription	\$30 copay per prescription	Not covered
Retail and Mail Order—Preferred Brand Drugs (90-day supply)	20% copay per prescription (min \$80 / max \$205)	20% copay per prescription (min \$80 / max \$205)	Not covered
Retail and Mail Order—Non-Preferred Brand Drugs (90-day supply)	40% copay per prescription (min \$110 / max \$255)	40% copay per prescription (min \$110 / max \$255)	Not covered
Hospital Services			
Emergency Room	15% after deductible	15% after deductible	15% after deductible; Non-emergency: 50% after deductible
Inpatient	\$230 copay per admission plus 15%	\$280 copay per admission plus 15%	\$330 copay per admission plus 50% after deductible
Outpatient Surgery	15% after deductible	15% after deductible	50% after deductible
Ambulance Service	Ground: 15% after deductible per trip; Air: \$230 copay per trip plus 15% after deductible	Ground: 15% after deductible per trip; Air: \$230 copay per trip plus 15% after deductible	Ground: 15% after deductible per trip; Air: \$230 copay per trip plus 15% after deductible

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

Medical Benefits (Continued)

Offered through Meritain Health using the Banner|Aetna Network

	Banner Classic Gold — Grandfathered Plan, Closed to Current Enrollees only NO NEW ENROLLMENTS ALLOWED		
	Banner	Choice POS	Out-of- Network
Mental Health Services			
Inpatient Services	Facility charge: \$230 copay per admission plus 15%; Professional fees: 15% after deductible	Facility charge: \$280 copay per admission plus 15%; Professional fees: 15% after deductible	Facility charge: \$330 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$50 copay per visit; All other outpatient: 15% after deductible	Office visit: \$55 copay per visit; All other outpatient: 15% after deductible	50% after deductible
Substance Abuse Services			
Inpatient Services	Facility charge: \$230 copay per admission plus 15%; Professional fees: 15% after deductible	Facility charge: \$280 copay per admission plus 15%; Professional fees: 15% after deductible	Facility charge: \$330 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$50 copay per visit; All other outpatient: 15% after deductible	Office visit: \$55 copay per visit; All other outpatient: 15% after deductible	50% after deductible
Other Services			
Maternity Services	15% after deductible	15% after deductible	50% after deductible
All other maternity hospital/ physician services	\$230 copay per admission plus 15%	\$280 copay per admission plus 15%	\$330 copay per admission plus 50% after deductible
Muscle Manipulation Services 20 visits per year	\$50 copay	\$55 copay	50% after deductible
Physical, Occupational and Speech Therapy Services (inpatient: 60 days; outpatient: 60 visits)	Outpatient: \$50 copay per visit; Inpatient: \$230 copay per admission plus 15%	Outpatient: \$55 copay per visit; Inpatient: \$280 copay per admission plus 15%	Outpatient: 50% after deductible; Inpatient: \$300 copay per admission plus 50% after deductible
Skilled Nursing limited to 60 days per 12 month period	\$230 copay per admission plus 15%	\$280 copay per admission plus 15%	\$330 copay per admission plus 50% after deductible

Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. Your plan requires mandatory generic drugs. 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

Meritain Health 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 Meritain Health's mail order pharmacy. You can register for mail-order pharmacy by logging on to 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 or call 800.762.2234 to find providers in the Meritain Health network.



How the Plans Work

The both medical plans use the Banner|Aetna network and cover 100% of the cost for in-network preventive care services up to \$300 like annual physicals and routine immunizations. The way you pay for care is different with each plan.

With the **HDHP \$2,600** and **HDHP C \$6,000** 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. Liberty Elementary will contribute to the Health Savings Account. You may also contribute funds pre-tax through payroll deduction.

The **Value Silver, Value Gold and Classic 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 \$2,600 with HSA HDHP C \$6,000**.



	HDHP \$2,600 with HSA	Value Silver Plan Value Gold Plan	Classic Gold Plan Grandfathered Plan	HDHP C \$6,000
Per-paycheck Cost for Coverage	Lowest	Middle	Highest	Lowest
Annual Deductible	Middle	Middle	Lowest	Highest
Annual Out-of-pocket Maximum	Middle	Highest	Lowest	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	Pay more with each paycheck and less when you need care	Pay less with each paycheck and more when you need care
Spending Account Options	Health Savings Account, Limited Purpose FSA, Dependent care FSA	Health care FSA Dependent care FSA	Health care FSA Dependent care FSA	Health Savings Account, Limited Purpose FSA, Dependent care FSA

Telehealth

Administered by Teladoc with Meritain

- ⇒ Available to all employees enrolled in the medical
- ⇒ Employees enrolled in HDHP-A and HDHP-C plan have a \$56 consultation charge
- ⇒ Employees enrolled in PPO plans do not have a consultation charge
- ⇒ Employees not enrolled in medical do not have a consultation charge
- ⇒ All users are responsible for RX fee, if one is prescribed
- ⇒ Dependents DO NOT have to be enrolled under the District sponsored medical plan to use Teladoc.
- ⇒ Some example of common calls to Teladoc
 - Sinus Infection, Ear Infection, Common Cold, Bladder Infection and Pink Eye

Teladoc gives you access 24 hours, seven days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.

1

Set up your account

Set up your account by phone (toll-free) web, mobile app or by texting *get started* to 1.469.844.5637

Online:

Go to [Teladoc.com](https://teladoc.com) and click *Set up account*.

Mobile app:

Download the app and click *Activate account*. Visit teladoc.com/mobile app to download the app.

Call Teladoc:

Teladoc can help you register your account over the phone.

2

Provide medical history

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

3

Request a consult

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app. Your Teladoc consult is just \$49 if you have an HDHP, or \$0 for a non-HDHP.



Talk to a doctor anytime!



MyDrConsult.com



1.800.835.2362



Primary360 and Behavioral Health services available through Teladoc. For more information, please see the website.

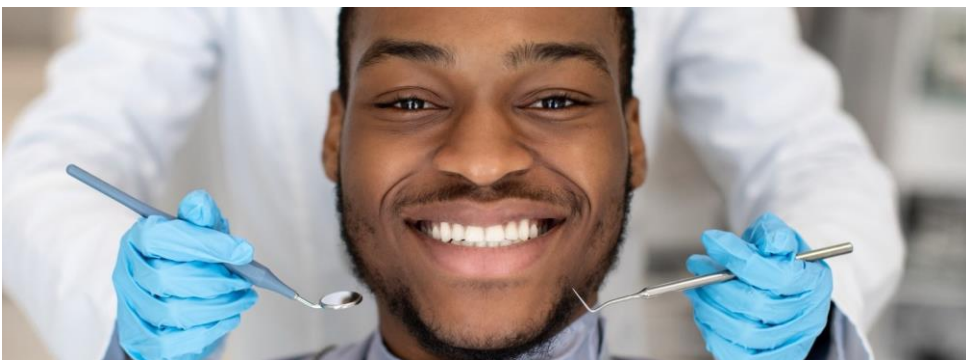
PPO Dental Benefits

Administered by Blue Cross Blue Shield of Arizona

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Liberty Elementary School District dental benefit plan.

Liberty covers the cost of employee-only dental coverage for benefit eligible employees. Employees enrolled in any other tier, pay the difference in premiums.

Services	In-Network: BlueDental Out-of-Network
Calendar Year Deductible	\$50 per person; \$150 family limit
Calendar Year Benefit Maximum (Per Person)	\$1,500
Preventive Dental Services (cleanings, exams, x-rays)	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80% after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50% after deductible
Orthodontia Services (covered to age 19)	50% to \$1,500 lifetime maximum



Finding In-network Dentists

You pay less for services when you use a dentist in the Blue Cross Blue Shield of Arizona Insurance network. You can find an in-network BlueDental dentist by visiting <https://www.azblue.com> or calling 602.864.4400.

Vision Benefits

Administered by Solstice

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Liberty covers the cost of employee-only vision coverage for benefit eligible employees. Employees enrolled in any other tier, pay the difference in premiums.

Service	In-Network National DPPO Network	Out-of-Network
Eye Exam — once every 12 months	\$10 copay	Up to \$40
Lenses — once every 12 months		
Single Vision Lenses	\$25 copay	Up to \$40
Lined Bifocal Lenses	\$25 copay	Up to \$60
Lined Trifocal Lenses	\$25 copay	Up to \$80
Standard Progressive Lenses	\$25 copay then the lesser of \$55 copay or retail billed charge	Up to \$0
Frames — once every 24 months	\$25 copay, \$130 allowance plus 30% off	Up to \$45
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames		
Medically Necessary	Covered in full after copay	Up to \$210
Allowance	\$25 copay then Formulary: up to 4 boxes; Non-Formulary: \$130 copay	Up to \$130
Separate Fitting Allowance	\$25 copay then Covered in full after copay (includes two follow-up visits)	N/A

Finding In-network Eye Doctors

You can find an in-network eye doctor in the Solstice network by visiting <https://www.solsticebenefits.com> or call member services at 877.760.2247.



Paying for Health Care

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

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA) - Moved to MetLife
Who is the Administrator?	Health Equity	MetLife
What medical plan can I choose?	HDHP \$2,600 or HDHP \$6,000 with HSA	Classic Gold, Value Silver or Value Gold
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)	
When can I use the funds?	Funds are available as you contribute to the account	All of the funds you elect for the year are available July 1st
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you leave or retire)	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 Meritain (you can also submit claims for reimbursement online at www.meritain.com)	With your MetLife debit card (you can also submit claims for reimbursement online at www.metlife.com)
How much can I contribute each year?	\$4,300 for individual coverage or \$8,550 for family coverage (this total includes the employer funding) in 2025*	Minimum annual contribution is \$250. You can contribute \$3,300 to your health care FSA in 2025, Not sure how much to put in? Use this FSA calculator www.metlife.com
How much will Liberty ESD contribute to this account?	Liberty Elementary will contribute \$750 to the H.S.A. Contributions of \$375 are paid on July 1st and January 1st.	The District does not contribute to the FSA
Can I change my contributions throughout the year?	Yes, you may elect to adjust your contributions throughout the year.	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+

For employees enrolled currently in the FSA spending accounts for the 7/1/24 – 6/30/25 plan year, you have until 9/15/25 to incur claims against your remaining 24/25 balance. However, all claims must be submitted no later than 9/30/25.

Life and AD&D Insurance

Administered by Minnesota Life

Liberty Elementary School District provides basic life and accidental death and dismemberment (AD&D) policy through Minnesota Life 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) Class I & Class II	Basic Life and AD&D (Employer-paid benefit) Class III
Basic Life	Your beneficiaries receive this benefit if you pass away	2 times your annual salary up to \$150,000	2 times your annual salary up to \$450,000
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	2 times your annual salary up to \$150,000	2 times your annual salary up to \$450,000
Age Reduction Schedule	Benefit reduces 35% at age 65, Benefit reduces to 50% at age 70		



Keep Your Beneficiaries Up to Date

Complete the beneficiary designation form on the Liberty Benefit Website and submit to Human Resources. The blue box on the right of the Welcome screen provides the option to Change by Beneficiary. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

	Voluntary Life (Employee-paid benefit)
Voluntary Life	<p>You: Increments of \$10,000 up to \$500,000</p> <p>Your spouse: Increments of \$5,000 up to \$250,000 maximum not to exceed 100% of employee's amount</p> <p>Your child(ren): Increments of \$1,000 up to \$15,000 maximum not to exceed 100% of employee's amount</p> <p>Guarantee Issue You: \$250,000 Spouse: \$50,000</p>

Fixed Indemnity Policy

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Voluntary Short-Term Disability

Administered by Lincoln

Liberty Elementary School District provides employees an opportunity to purchase voluntary short-term disability (STD) policy for themselves. Short Term Disability is often referred to as paycheck insurance as it ensures you have some money coming in should you not be able to work due to injury or illness.

The Lincoln group disability plan benefits:

- Benefits are paid when you are sick or hurt and unable to work, up to 60 percent of your salary
- Maximum Total Monthly Benefit – \$2,500.
- Premium payments are waived after 90 days of total disability (not available on 3-month benefit period).
- Partial Disability Benefit.

Features:

- Benefits are paid directly to you unless otherwise assigned.
- Coverage is portable. That means you can take it with you if you change jobs (with certain stipulations).
- Payroll Deduction – Premiums are paid through convenient payroll deduction.

Worksite Benefits

Administered by Lincoln

Liberty Elementary School District provides employees an opportunity to purchase voluntary Accident, Hospital Indemnity and Critical Illness policies for themselves, spouse and children through payroll deduction. Details on all these benefits may be found on the benefit website.

Accident Insurance

Accident insurance pays you in the event you are injured as a result of a covered accident. Benefits include payments for the following due to an injury due to an accident: Hospital Admission, Emergency Treatment, Medical Appliances, Therapy, etc.

For 2025-2026, Lincoln Wellness benefit of \$50 for Accident policy holders.

Hospital Indemnity

If you have a covered accident or illness that requires hospitalization, Lincoln Group Hospital Indemnity Insurance may be right for you. Benefits include payments for Hospital Confinement, Hospital Admission., Hospital Intensive Care and Step-Down unit.

For 2025-2026, Lincoln is now offering a \$50 health screening benefit.

Critical Illness

If you are diagnosed with a covered critical illness, Lincoln Group Critical Illness Insurance may be right for you. Sample Benefits include Cancer, Heart Attack (Myocardial Infarction), Stroke, Major Organ Failure, End Stage Kidney Disease, Coronary Artery Bypass Surgery and

ASBAIT

Arizona School Boards Association Insurance Trust
Employee Assistance Program (EAP)



Alliance Work Partners is
here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, **confidential** services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

All benefits can be
accessed by calling:

toll free

1-800-343-3822

PLEASE PROVIDE YOUR
DISTRICT'S NAME WHEN YOU CALL.

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

We are available to take your call
24 hours a day, 7 days a week.



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to

<https://www.awpnow.com>
Select "Access Your Benefits"

Registration Code:
AWP-ASBAIT-2811

Your EAP Benefits:

LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

WorkLife

Resources and referrals for everyday needs.
Available by telephone.

Nurse Support

Expert advice on health issues and when/how to address them.

SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

1 to 5 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. *(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)*

Newsletters
Webinar Training Series
Tips for Everyday Living

Employee Contributions for Benefits

Benefit Plan	Employee Monthly Premium	Employee Biweekly Premium (21 Pays)	Employee Biweekly Premium (17 Pays)
Medical/Rx Classic Gold			
Employee	\$138.00	\$78.86	\$97.41
Employee + One	\$971.00	\$554.86	\$685.41
Employee + Child(ren)	\$799.00	\$456.57	\$564.00
Family	\$1,658.00	\$947.43	\$1,170.35
Medical/Rx Value Silver			
Employee*	\$0.00	\$0.00	\$0.00
Employee + One	\$700.00	\$400.00	\$494.12
Employee + Child(ren)	\$556.00	\$317.71	\$392.47
Family	\$1,279.00	\$730.86	\$902.82
Medical/Rx Value Gold			
Employee*	\$33.00	\$18.86	\$23.29
Employee + One	\$766.00	\$437.71	\$540.71
Employee + Child(ren)	\$615.00	\$351.43	\$434.12
Family	\$1,368.00	\$781.71	\$965.65
Medical/Rx HDHP A \$2,600*			
Employee	\$0.00	\$0.00	\$0.00
Employee + One	\$589.50	\$336.86	\$416.12
Employee + Child(ren)	\$456.50	\$260.86	\$322.24
Family	\$1,122.50	\$641.43	\$792.35
Medical/Rx HDHP C \$6,000*			
Employee	\$0.00	\$0.00	\$0.00
Employee + One	\$505.50	\$288.86	\$356.82
Employee + Child(ren)	\$381.50	\$218.00	\$269.29
Family	\$1,002.50	\$572.86	\$707.65

*Employees electing the HDHP A \$2,600 or HDHP C \$6,000 plan will be enrolled in the Health Savings Account and provided the District contribution of \$750 annually and paid \$375 on July 1st and \$375 on January 1st.

Employee Contributions for Benefits

Benefit Plan	Employee Monthly Premium	Employee Biweekly Premium (21 Pays)	Employee Biweekly Premium (17 Pays)
Dental Rates			
Employee	\$0.00	\$0.00	\$0.00
Employee + One	\$35.63	\$20.36	\$25.15
Employee + Child(ren)	\$39.85	\$22.77	\$28.13
Family	\$61.41	\$35.09	\$43.35
Voluntary Vision Rates			
Employee	\$0.00	\$0.00	\$0.00
Employee + One	\$3.43	\$1.96	\$2.42
Employee + Child(ren)	\$4.69	\$2.68	\$3.31
Family	\$8.16	\$4.66	\$5.76

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	Meritain	866.300.8449	www.meritain.com
Dental	Blue Cross Blue Shield of Arizona	602.864.4400	www.azblue.com
Voluntary Vision	Solstice	877.760.2247	www.solsticebenefits.com
Flexible Spending Account	MetLife	800.942.0854	www.metlife.com
Health Savings Account	Meritain	866.300.8449	www.meritain.com
Life and AD&D	Minnesota Life	800.392.7295	www.ochsinc.com
Voluntary Life	Minnesota Life	800.392.7295	www.ochsinc.com
Employee Assistance Program	Alliance Work Partners through ASBAIT	800.343.3822	www.awpnow
Telemedicine	Meritain	866.300.8449	www.meritain.com
Worksite	Lincoln	800.423.2765	www.lincolnfinancial.com
Human Resources Supervisor	Karina Matsuura	623.474.6621	kmatsuura@liberty25.org
Benefit Advocate Center (BAC)	Gallagher Benefit Services	833.417.8339	BAC.LibertyElementarySchoolDistAdvocates@ajg.com



Legal Notices

Patient Protections Disclosure

The Liberty Elementary School District Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Meritain designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Meritain at 866.300.8449 or www.meritain.com.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Meritain or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Meritain at 866.300.8449 or www.meritain.com.

Women's Health & Cancer Rights Act

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Value Silver — District Sponsored Plan (Banner - Individual: 25% coinsurance and \$1,100 deductible; Family: 25% coinsurance and \$2,200 deductible / Choice POS - Individual: 25% coinsurance and \$1,300 deductible; Family: 25% coinsurance and \$2,600 deductible)

Plan 2: HDHP A \$2,600— District Sponsored Plan (Banner - Individual: 20% coinsurance and \$2,600 deductible; Family: 20% coinsurance and \$5,200 deductible / Choice POS - Individual: 20% coinsurance and \$2,600 deductible; Family: 20% coinsurance and \$5,200 deductible)

Plan 3: HDHP C \$6,000 (Banner - Individual: 20% coinsurance and \$6,000 deductible; Family: 20% coinsurance and \$12,000 deductible / Aetna POS - Individual: 20% coinsurance and \$6,000 deductible; Family: 20% coinsurance and \$12,000 deductible)

Plan 4: Classic Gold— Grandfathered Plan (Banner - Individual: 15% coinsurance and \$540 deductible; Family: 15% coinsurance and \$1,080 deductible / Choice POS - Individual: 15% coinsurance and \$600 deductible; Family: 15% coinsurance and \$1,200 deductible)

Plan 5: Value Gold— (Banner - Individual: 25% coinsurance and \$900 deductible; Family: 25% coinsurance and \$1,800 deductible / Choice POS - Individual: 25% coinsurance and \$1,050 deductible; Family: 25% coinsurance and \$2,100 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 623.474.6626 or ilira@liberty25.org.



Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	INDIANA – Medicaid Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki) Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	KANSAS – Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RlIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/http://mywvhpp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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

OMB Control Number 1210-0137 (expires 1/31/2026)



HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Liberty Elementary School District is committed to the privacy of your health information. The administrators of the Liberty Elementary School District Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Irma Lira – Benefit Specialist at 623.474.6626 or llira@liberty25.org.

HIPAA Special Enrollment Rights

Liberty Elementary School District Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Liberty Elementary School District Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Irma Lira- Benefits Specialist at 623.474.6626 or ilira@liberty25.org.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from Liberty Elementary School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Liberty Elementary School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Liberty Elementary School District has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

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

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

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15th through December 7th. Beneficiary's leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll in a Medicare prescription drug plan and drop your group health plan prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

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

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

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Liberty Elementary School District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date:	July 01, 2025
Name of Entity/Sender:	Liberty Elementary School District
Contact—Position/Office:	Irma Lira – Benefits Specialist
Office Address:	19871 W Fremont Rd Buckeye, Arizona 85326-9512 United States
Phone Number:	623.474.6626



Notes



This benefit summary prepared by



Insurance | Risk Management | Consulting