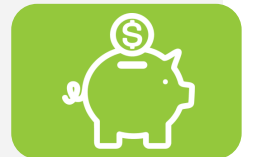


2024 BENEFITS GUIDE



Coolidge Unified School District #21





BENEFITS OVERVIEW

Coolidge Unified School District #21 is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical), and Coolidge Unified School District #21 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.

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BENEFITS OFFERED

- Medical
- Voluntary Dental
- Voluntary Vision
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Voluntary Short Term Disability

ELIGIBILITY

You and your dependents are eligible for Coolidge Unified School District #21 benefits on the first of the month following date of hire.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Coolidge Unified School District #21 eligible dependents.

Elections made now 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.

BENEFIT ASSISTANCE

Gallagher provides 1x1 Benefit Advocacy to Coolidge employees and dependents. Please refer to page 22 of this guide for details for how to contact the Benefit Advocate Center.

If you have any questions regarding enrollment or premiums, please contact the Coolidge Human Resources Department.

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 pages 28 - 29 for more details.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



MEDICAL BENEFITS

Administered by ASBAIT

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.

CVS/Caremark will be reaching out to those participants that have maintenance drugs and will be provided a choice of when they wish to receive those maintenance medications.

	HDHP C BANNER AETNA		
	Tier 1 - Banner	Tier 2 - In-Network	Tier 3 - Out-of-Network
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$4,500 single / \$9,000 family	\$5,000 single / \$10,000 family	\$8,000 single / \$16,000 family
Annual Out-of-Pocket Maximum	\$5,500 single / \$11,000 family	\$6,500 single / \$13,000 family	Unlimited single / Unlimited family
Coinsurance	20%	20%	50%
DOCTOR'S OFFICE			
Primary Care Office Visit	\$20 copay per visit after deductible	\$25 copay per visit after deductible	50% after deductible
Specialist Office Visit	\$30 copay per visit after deductible	\$35 copay per visit after deductible	50% after deductible
Preventive Care (screening, immunization)	Preventive care: 0%; Routine care: 0% for the first \$300 copay per year, then 10% after deductible; Flu, pneumonia and shingles immunization: 0%; Hearing exam: 20% after deductible	Preventive care: 0%; Routine care: 0% for the first \$300 copay per year, then 10%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: 20%	Preventive care: 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
PRESCRIPTION DRUGS*			
Retail—Generic Drugs (30-day supply)	\$15 copay after deductible		Not covered
Retail—Preferred Drugs (30-day supply)	20% after deductible (\$25 copay minimum / \$80 copay maximum)		
Retail—Non-Preferred Drugs (30-day supply)	40% after deductible (\$40 copay minimum / \$110 copay maximum)		
Specialty Drugs (30-day supply)	\$200 copay after deductible		
Retail & Mail Order—Generic Drugs (90-day supply)	\$30 copay after deductible		
Retail & Mail Order—Preferred Drugs (90-day supply)	20% after deductible (\$50 copay minimum / \$175 copay maximum)		
Retail & Mail Order—Non-Preferred Drugs (90-day supply)	40% after deductible (\$80 copay minimum / \$225 copay maximum)		

* There is no charge or deductible for preventive drugs.

MEDICAL BENEFITS (Continued)

Administered by ASBAIT

	HDHP C BANNER AETNA		
	Tier 1 - Banner	Tier 2 - In-Network	Tier 3 - Out-of-Network
HOSPITAL SERVICES			
Emergency Room	20% after deductible	20% after deductible	Emergency services: 20% after deductible; Non-emergency services: 50% after deductible
Inpatient	\$200 copay per admission plus 20% after deductible	\$250 copay 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: \$200 copay per trip plus 20% after deductible	Ground: 20% after deductible per trip; Air: \$200 copay per trip plus 20% after deductible	Ground: 20% after deductible per trip; Air: \$200 copay per trip plus 20% after deductible
MENTAL HEALTH SERVICES			
Inpatient Services	Facility charge: \$200 copay per admission plus 20% after deductible; Professional fees: 20% after deductible	Facility charge: \$250 copay per admission plus 20% after deductible; Professional fees: 20% after deductible	50% after deductible
Outpatient Services	20% after deductible	20% after deductible	50% after deductible
SUBSTANCE ABUSE SERVICES			
Inpatient Services	Facility charge: \$200 copay per admission plus 20% after deductible; Professional fees: 20% after deductible	Facility charge: \$250 copay per admission plus 20% after deductible; Professional fees: 20% after deductible	50% after deductible
Outpatient Services	20% after deductible	20% after deductible	50% after deductible
OTHER SERVICES			
Maternity Services	20% after deductible	20% after deductible	50% after deductible
All other maternity hospital/ physician services	\$200 copay per admission plus 20% after deductible	\$250 copay per admission plus 20% after deductible	50% after deductible
Muscle Manipulation Services (20 visits per year)	20% after deductible	20% after deductible	Covered
Physical, Occupational and Speech Therapy Services (60 visits per each type of therapy per year)	Outpatient: 20% after deductible; Inpatient: \$200 copay per admission plus 20% after deductible	Outpatient: 20% after deductible; Inpatient: \$250 copay per admission plus 20% after deductible	50% after deductible
Skilled Nursing 60-day calendar year maximum	\$200 copay per admission plus 20% after deductible	\$250 copay per admission plus 20% after deductible	50% after deductible



MEDICAL BENEFITS (Continued)

Administered by ASBAIT

	VALUE BRONZE BANNER AETNA (POS)		
	Tier 1 - Banner	Tier 2 - In-Network	Tier 3 - Out-of-Network
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$1,400 single / \$2,800 family	\$2,000 single / \$4,000 family	\$6,000 single / \$18,000 family
Annual Out-of-Pocket Maximum	\$5,100 single / \$10,200 family	\$6,350 single / \$12,700 family	Unlimited single / Unlimited family
Coinsurance	30%	30%	50%
DOCTOR'S OFFICE			
Primary Care Office Visit	\$36 copay per visit	\$45 copay per visit	50% after deductible
Specialist Office Visit	\$44 copay per visit	\$55 copay per visit	50% after deductible
Preventive Care (screening, immunization)	Preventive care: 0%; Routine care: 0% for the first \$300 copay per year, then 10%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: \$36 copay	Preventive care: 0%; Routine care: 0% for the first \$300 copay per year, then 10%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: \$45 copay	Preventive care: 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)	30% after deductible	30% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	30% after deductible	30% after deductible	50% after deductible
PRESCRIPTION DRUGS*			
Retail—Generic Drugs (30-day supply)	\$15 copay		Not covered
Retail—Preferred Drugs (30-day supply)	20% after deductible (\$25 copay minimum / \$80 copay maximum)		
Retail—Non-Preferred Drugs (30-day supply)	40% after deductible (\$40 copay minimum / \$110 copay maximum)		
Specialty Drugs (30-day supply)	\$200 copay		
Retail & Mail Order—Generic Drugs (90-day supply)	\$30 copay		
Retail & Mail Order—Preferred Drugs (90-day supply)	20% after deductible (\$50 copay minimum / \$175 copay maximum)		
Retail & Mail Order—Non-Preferred Drugs (90-day supply)	40% after deductible (\$80 copay minimum / \$225 copay maximum)		

* There is no charge for preventive drugs.

MEDICAL BENEFITS (Continued)

Administered by ASBAIT

	VALUE BRONZE BANNER AETNA (POS)		
	Tier 1 - Banner	Tier 2 - In-Network	Tier 3 - Out-of-Network
HOSPITAL SERVICES			
Emergency Room	30% after deductible	30% after deductible	Emergency services: 30% after deductible; Non-emergency services: 50% after deductible
Inpatient	\$200 copay per admission plus 30% after deductible	\$250 copay per admission plus 30% after deductible	50% after deductible
Outpatient Surgery*	30% after deductible	30% after deductible	50% after deductible
Ambulance Service	Ground: 30% after deductible per trip; Air: \$200 copay per trip plus 30% after deductible	Ground: 30% after deductible per trip; Air: \$200 copay per trip plus 30% after deductible	Ground: 30% after deductible per trip; Air: \$200 copay per trip plus 30% after deductible
MENTAL HEALTH SERVICES			
Inpatient Services	Facility charge: \$200 copay per admission plus 30% after deductible; Professional fees: 30% after deductible	Facility charge: \$250 copay per admission plus 30% after deductible; Professional fees: 30% after deductible	50% after deductible
Outpatient Services	Office visit: \$36 copay per visit; All other outpatient: 30% after deductible	Office visit: \$45 copay per visit; All other outpatient: 30% after deductible	50% after deductible
SUBSTANCE ABUSE SERVICES			
Inpatient Services	Facility charge: \$200 copay per admission plus 30% after deductible; Professional fees: 30% after deductible	Facility charge: \$250 copay per admission plus 30% after deductible; Professional fees: 30% after deductible	50% after deductible
Outpatient Services	Office visit: \$36 copay per visit; All other outpatient: 30% after deductible	Office visit: \$45 copay per visit; All other outpatient: 30% after deductible	50% after deductible
OTHER SERVICES			
Maternity Services	30% after deductible	30% after deductible	50% after deductible
All other maternity hospital/ physician services	\$200 copay per admission plus 30% after deductible	\$250 copay per admission plus 30% after deductible	50% after deductible
Muscle Manipulation Services (20 visits per year)	\$36 copay	\$45 copay	Covered
Physical, Occupational and Speech Therapy Services (60 visits per each type of therapy per year)	Outpatient: 30% after deductible; Inpatient: \$200 copay per admission plus 30% after deductible	Outpatient: 30% after deductible; Inpatient: \$250 copay per admission plus 30% after deductible	50% after deductible
Skilled Nursing 60-day calendar year maximum	\$200 copay per admission plus 30% after deductible	\$250 copay per admission plus 30% after deductible	50% after deductible



MEDICAL BENEFITS (Continued)

Administered by ASBAIT

	VALUE SILVER BANNER AETNA (POS)		
	Tier 1 - Banner	Tier 2 - In-Network	Tier 3 - Out-of-Network
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$800 single / \$1,600 family	\$1,000 single / \$2,000 family	\$5,000 single / \$15,000 family
Annual Out-of-Pocket Maximum	\$4,800 single / \$9,600 family	\$6,000 single / \$12,000 family	Unlimited single / Unlimited family
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	\$40 copay per visit	\$50 copay per visit	50% after deductible
Preventive Care (screening, immunization)	Preventive care: 0%; Routine care: 0% for the first \$300 copay per year, then 10%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: \$32 copay	Preventive care: 0%; Routine care: 0% for the first \$300 copay per year, then 10%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: \$40 copay	Preventive care: 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
PRESCRIPTION DRUGS*			
Retail—Generic Drugs (30-day supply)	\$15 copay		Not covered
Retail—Preferred Brand Drugs (30-day supply)	20% after deductible (\$25 copay minimum / \$80 copay maximum)		
Retail—Non-Preferred Brand Drugs (30-day supply)	40% after deductible (\$40 copay minimum / \$110 copay maximum)		
Specialty Drugs (30-day supply)	\$200 copay		
Retail & Mail Order—Generic Drugs (90-day supply)	\$30 copay		
Retail & Mail Order—Preferred Brand Drugs (90-day supply)	20% after deductible (\$50 copay minimum / \$175 copay maximum)		
Retail & Mail Order—Non-Preferred Brand Drugs (90-day supply)	40% after deductible (\$80 copay minimum / \$225 copay maximum)		

* There is no charge for preventive drugs.

MEDICAL BENEFITS (Continued)

Administered by ASBAIT

	VALUE SILVER BANNER AETNA (POS)		
	Tier 1 - Banner	Tier 2 - In-Network	Tier 3 - Out-of-Network
HOSPITAL SERVICES			
Emergency Room	25% after deductible	25% after deductible	Emergency services: 25% after deductible; Non-emergency services: 50% after deductible
Inpatient	\$200 copay per admission plus 25% after deductible	\$250 copay per admission plus 25% after deductible	\$300 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: \$200 copay per trip plus 25% after deductible	Ground: 25% after deductible per trip; Air: \$200 copay per trip plus 25% after deductible	Ground: 25% after deductible per trip; Air: \$200 copay per trip plus 25% after deductible
MENTAL HEALTH SERVICES			
Inpatient Services	Facility charge: \$200 copay per admission plus 25% after deductible; Professional fees: 25% after deductible	Facility charge: \$250 copay per admission plus 25% after deductible; Professional fees: 25% after deductible	Facility charge: \$300 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$32 copay per visit; All other outpatient: 25% after deductible	Office visit: \$40 copay per visit; All other outpatient: 25% after deductible	50% after deductible
SUBSTANCE ABUSE SERVICES			
Inpatient Services	Facility charge: \$200 copay per admission plus 25% after deductible; Professional fees: 25% after deductible	Facility charge: \$250 copay per admission plus 25% after deductible; Professional fees: 25% after deductible	Facility charge: \$300 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$32 copay per visit; All other outpatient: 25% after deductible	Office visit: \$40 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	\$200 copay per admission plus 25% after deductible	\$250 copay per admission plus 25% after deductible	\$300 copay per admission plus 50% after deductible
Muscle Manipulation Services (20 visits per year)	\$32 copay	\$40 copay	Covered
Physical, Occupational and Speech Therapy Services (60 visits per each type of therapy per year)	Outpatient: 25% after deductible; Inpatient: \$200 copay per admission plus 25% after deductible	Outpatient: 25% after deductible; Inpatient: \$250 copay per admission plus 25% after deductible	50% after deductible
Skilled Nursing 60-day calendar year maximum	\$200 copay per admission plus 25% after deductible	\$250 copay per admission plus 25% after deductible	\$300 copay per admission plus 50% after deductible



MEDICAL BENEFITS (Continued)

Administered by ASBAIT

	CLASSIC GOLD BANNER AETNA (POS)		
	Tier 1 - Banner	Tier 2 - In-Network	Tier 3 - Out-of-Network
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$240 single / \$720 family	\$300 single / \$900 family	\$1,200 single / \$3,600 family
Annual Out-of-Pocket Maximum	\$3,200 single / \$6,400 family	\$4,000 single / \$8,000 family	Unlimited single / Unlimited family
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	\$28 copay per visit	\$35 copay per visit	50% after deductible
Preventive Care (screening, immunization)	Preventive care: 0%; Routine care: 0% for the first \$300 copay per year, then 10%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: \$20 copay	Preventive care: 0%; Routine care: 0% for the first \$300 copay per year, then 10%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: \$25 copay	Preventive care: 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: \$20 copay per test; All other facilities: 15% after deductible	Freestanding lab: \$25 copay per test; All other facilities: 15% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	15% after deductible	15% after deductible	50% after deductible
PRESCRIPTION DRUGS*			
Retail—Generic Drugs (30-day supply)	\$15 copay		Not covered
Retail—Preferred Brand Drugs (30-day supply)	20% after deductible (\$25 copay minimum / \$80 copay maximum)		
Retail—Non-Preferred Brand Drugs (30-day supply)	40% after deductible (\$40 copay minimum / \$110 copay maximum)		
Specialty Drugs (30-day supply)	\$200 copay		
Retail & Mail Order—Generic Drugs (90-day supply)	\$30 copay		
Retail & Mail Order—Preferred Brand Drugs (90-day supply)	20% after deductible (\$50 copay minimum / \$175 copay maximum)		
Retail & Mail Order—Non-Preferred Brand Drugs (90-day supply)	40% after deductible (\$80 copay minimum / \$225 copay maximum)		

* There is no charge for preventive drugs.

MEDICAL BENEFITS (Continued)

Administered by ASBAIT

	CLASSIC GOLD BANNER AETNA (POS)		
	Tier 1 - Banner	Tier 2 - In-Network	Tier 3 - Out-of-Network
HOSPITAL SERVICES			
Emergency Room	15% after deductible	15% after deductible	Emergency services: 15% after deductible; Non-emergency services: 50% after deductible
Inpatient	\$200 copay per admission plus 15% after deductible	\$250 copay per admission plus 15% after deductible	\$300 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: \$200 copay per trip plus 15% after deductible	Ground: 15% after deductible per trip; Air: \$200 copay per trip plus 15% after deductible	Ground: 15% after deductible per trip; Air: \$200 copay per trip plus 15% after deductible
MENTAL HEALTH SERVICES			
Inpatient Services	Facility charge: \$200 copay per admission plus 15% after deductible; Professional fees: 15% after deductible	Facility charge: \$250 copay per admission plus 15% after deductible; Professional fees: 15% after deductible	Facility charge: \$300 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$20 copay per visit; All other outpatient: 15% after deductible	Office visit: \$25 copay per visit; All other outpatient: 15% after deductible	50% after deductible
SUBSTANCE ABUSE SERVICES			
Inpatient Services	Facility charge: \$200 copay per admission plus 15% after deductible; Professional fees: 15% after deductible	Facility charge: \$250 copay per admission plus 15% after deductible; Professional fees: 15% after deductible	Facility charge: \$300 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$20 copay per visit; All other outpatient: 15% after deductible	Office visit: \$25 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	\$200 copay per admission plus 15% after deductible	\$250 copay per admission plus 15% after deductible	\$300 copay per admission plus 50% after deductible
Muscle Manipulation Services (20 visits per year)	\$20 copay	\$25 copay	Covered
Physical, Occupational and Speech Therapy Services (60 visits per each type of therapy per year)	Outpatient: \$20 copay per visit; Inpatient: \$200 copay per admission plus 15% after deductible	Outpatient: \$25 copay per visit; Inpatient: \$250 copay per admission plus 15% after deductible	Outpatient: 50% after deductible; Inpatient: \$300 copay per admission plus 50% after deductible
Skilled Nursing 60-day calendar year maximum	\$200 copay per admission plus 15% after deductible	\$250 copay per admission plus 15% after deductible	\$300 copay per admission plus 50% after deductible

HOW THE PLANS WORK

All plans use the BANNER AETNA network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

With the **HDHP**, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. If 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 PPO plan.**

The **PPO plan** has 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. **This plan has higher paycheck deductions than the HDHP.**

	HDHP—C	Value Bronze
Per-paycheck Cost for Coverage	\$24.00	\$82.50
Annual Deductible	\$4,500	\$1,400
Annual Out-of-pocket Maximum	\$5,500	\$5,100
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 (HSA) Dependent care FSA	Health care FSA Dependent care FSA

PAYING FOR HEALTH CARE

Coolidge Unified School District #21 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.

	HSA	FSA
What medical plan can I choose?	HDHP	PPO plan
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for a full list)	Medical, prescription, dental & vision care (See IRS publication 502 for a full list)
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 on January 1
Can I roll over funds each year?	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)	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 HealthEquity through ASBAIT debit card (You can also submit claims for reimbursement online at www.healthequity.com .)	With your P&A Group debit card (You can also submit claims for reimbursement online at www.padmin.com .)
How much can I contribute each year?	You can contribute \$4,150 for individual coverage or \$8,300 for family coverage (this total includes company funding) in 2024 plus \$1,000 if you are 55-65	You can contribute \$3,200 for individual coverage or \$5,000 for family coverage in 2024
Can I change my contributions throughout the year?	Yes, you can log on to www.healthequity.com to change your HSA contributions at any time	No, unless you have a qualifying life event.



VOLUNTARY DENTAL BENEFITS

Administered by Employers Dental Services

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 Coolidge Unified School District #21 dental benefit plan.

SERVICES	DENTAL DHMO
	IN-NETWORK
Annual Deductible	\$0 per person; \$0 family limit
Annual Benefit Maximum	N/A
Preventive Dental Services (routine cleaning and x-rays)	Various copay applies
Basic Dental Services (fillings, basic root canals)	Various copay applies
Major Dental Services (extractions, crowns)	Various copay applies
Orthodontia Services (adult & children)	25% discount





VOLUNTARY DENTAL BENEFITS

Administered by BlueCross BlueShield 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 Coolidge Unified School District #21 dental benefit plan.

SERVICES	DENTAL PPO	
	IN-NETWORK (BLUE PPO AND BLUE PPO PRIME)	OUT-OF-NETWORK
Annual Deductible	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$1,500	\$1,500
Preventive Dental Services (oral exams, prophylaxis, bitewing x-rays, periapical x-rays, full mouth x-rays, topical fluoride, sealants, space maintainers)	100%	100%
Basic Dental Services (amalgam fillings – restorative, composite fillings – anterior (front) teeth, emergency palliative treatment, endodontics – pulpal therapy, endodontics – root canal, periodontics – surgical, periodontics – non-surgical, oral surgery - simple extractions, oral appliances for treatment of bruxism)	80% after deductible	80% after deductible
Major Dental Services (oral surgery – surgical, prosthodontics – bridges & dentures, crowns/inlays/onlays, implants, stainless steel crowns, general anesthesia)	50% after deductible	50% after deductible
Orthodontia Services (children up to age 19)	50% to \$1,500 lifetime maximum (per person)	50% to \$1,500 lifetime maximum (per person)





VOLUNTARY VISION BENEFITS

Administered by Avesis

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.

SERVICE	VISION PLAN (LENS OPTION PACKAGE 927)	
	IN-NETWORK (ANY AVESIS PROVIDER)	OUT-OF-NETWORK (ANY QUALIFIED NON-NETWORK PROVIDER OF YOUR CHOICE)
Eye Exam — once every 12 months	\$10 copay	Up to \$35
LENSES — ONCE EVERY 12 MONTHS		
Single Vision Lenses	\$10 copay	Up to \$25
Bifocal Lenses	\$10 copay	Up to \$40
Trifocal Lenses	\$10 copay	Up to \$50
Lenticular Lenses	\$10 copay	Up to \$80
Frames — once every 12 months	\$50 allowance for Wholesale Frame; \$150 allowance plus up to 20% discount above frame allowance	Up to \$45
CONTACT LENSES — ONCE EVERY 12 MONTHS IF YOU ELECT CONTACTS INSTEAD OF LENSES/FRAMES		
Elective	\$130 allowance plus 10% discount on amount exceeding allowance	Up to \$130
Medically Necessary	Covered in full	Up to \$250





SPENDING ACCOUNTS

FLEXIBLE SPENDING ACCOUNT

Administered by P&A Group

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That’s where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit	\$3,200
Limited Purpose Spending Limit	\$3,200
Dependent Care Spending Limit	\$5,000

HEALTH SAVING ACCOUNT

Administered by HealthEquity

You are eligible to participate in the HSA if you enroll in the High Deductible Plan, are not enrolled in Medicare, and not a dependent on someone else’s tax returns.

Triple Tax Savings:

1. Contributions to your HSA are tax-free and lower your taxable income.
2. If you are able to invest your HSA, the interest earnings are not taxed.
3. You can use your HSA to pay for eligible medical expenses, and you won’t be taxed on that withdrawal.
4. You can contribute \$4,150 for individual coverage or \$8,300 for family coverage (this total includes company funding) in 2024 plus \$1,000 if you are age 55-65





LIFE INSURANCE BENEFITS

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Administered by Lincoln Financial Group

Basic Life / Accidental Death and Dismemberment (AD&D) Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Coolidge Unified School District #21. The company provides both basic life and AD&D insurance of \$50,000 for All Other Full Time Employees at no cost to you.

VOLUNTARY LIFE AND AD&D INSURANCE

Administered by Lincoln Financial Group

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$180,000, and up to \$30,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee— In increments of \$10,000; \$500,000 maximum amount

Spouse— Up to \$100,000 in increments of \$5,000; not to exceed 50% of EE's amount

Children— 1 day to 14 days - Option 1 & 2: \$1,000;
 14 days to 6 months - Option 1 & 2: \$5,000;
 6 months to 26 years - Option 1: \$5,000, Option 2: \$10,000





DISABILITY INSURANCE

DISABILITY INSURANCE

Coolidge Unified School District #21 also provides disability insurance through AFLAC. This benefit replaces a portion of your income if you become disabled and are unable to work.

	HOW IT WORKS	WHO PAYS FOR THE BENEFIT
Voluntary Short-term Disability	You receive maximum monthly benefit from \$500 - \$6,000 (subject to income requirements). Benefits begin after 14 calendar days of absence from work and continue for up to 6 months.	Employee



ADDITIONAL BENEFITS

Employee Assistance Program

Administered by ASBAIT

To help you with personal issues and concerns, Altar Valley School District #51 provides you and your family with an employee assistance program (EAP) at no cost to you. Call 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 <https://www.awpnow.com/main/access-benefits>.

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.

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)*



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 www.awpnow.com and create a customized account.

Go to <https://www.awpnow.com>

Select "Access Your Benefits"

Registration Code:
AWP-ASBAIT-2811

ADDITIONAL BENEFITS

VOLUNTARY WORKSITE BENEFITS

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 accident: Hospital Admission, Emergency Treatment, Medical Appliances, Therapy, etc.

HOSPITAL INDEMNITY

If you have a covered accident or illness that requires hospitalization, Aflac Hospital Insurance may be right for you. Benefits include payments for Hospital Confinement, Hospital Admission, and Hospital Intensive Care.

CRITICAL ILLNESS

If you are diagnosed with a covered Critical Illness, Aflac Critical Illness Insurance will provide a benefit. Sample benefits include Heart Attack, Stroke, Major Organ Failure, End Stage Kidney Disease and Coronary Artery Bypass Surgery.

CANCER

If you are diagnosed with Cancer, Aflac pays a benefit. Benefits include payments for Radiation Therapy, Chemotherapy or Immunotherapy.





EMPLOYEE CONTRIBUTIONS

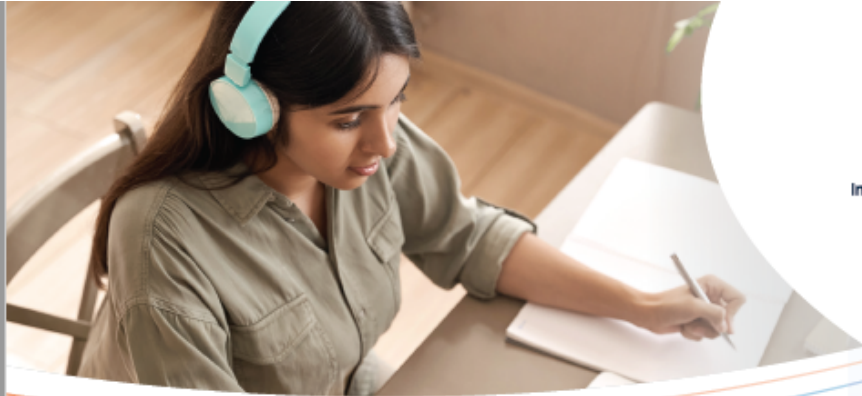
EMPLOYEE CONTRIBUTIONS FOR BENEFITS

BENEFIT PLAN	MONTHLY
Medical/Rx HDHP C Banner Aetna	
Employee	\$40.00
Employee + One	\$824.00
Employee + Child(ren)	\$715.00
Family	\$1,411.00
Medical/Rx Value Bronze Banner Aetna (POS)	
Employee	\$137.50
Employee + One	\$1,029.50
Employee + Child(ren)	\$905.50
Family	\$1,698.50
Medical/Rx Value Silver Banner Aetna (POS)	
Employee	\$171.50
Employee + One	\$1,100.50
Employee + Child(ren)	\$969.50
Family	\$1,795.50
Medical/Rx Classic Gold Banner Aetna (POS)	
Employee	\$328.50
Employee + One	\$1,425.50
Employee + Child(ren)	\$1,272.50
Family	\$2,246.50

BENEFIT PLAN	MONTHLY
Voluntary Dental DHMO Rates	
Employee	\$9.36
Employee + One	\$18.65
Employee + Child(ren)	\$24.37
Family	\$28.09
Voluntary Dental PPO Rates	
Employee	\$39.67
Employee + One	\$81.05
Employee + Child(ren)	\$91.40
Family	\$149.63
Voluntary Vision Rates	
Employee	\$7.65
Employee + One	\$12.42
Employee + Child(ren)	\$16.49
Family	\$22.34



Benefits Advocate Center



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 benefit program by providing support from an advocate at no cost to you. Get assistance with:

- 1** **Explanation of benefits**
Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?
- 2** **Prescription challenges**
Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help with an authorization for a medication?
- 3** **Benefits questions**
Are you unsure if the insurance company will pay for a certain procedure?
- 4** **Claim Issues**
Did you receive a bill from a doctor but don't know why?
- 5** **Difficult situations**
Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

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Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice.
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A licensed healthcare benefits advocate is ready to handle any situation in a discreet and confidential manner.

Hours of operation
Monday - Friday
8 a.m. - 6 p.m. Arizona Time

Connect With Us

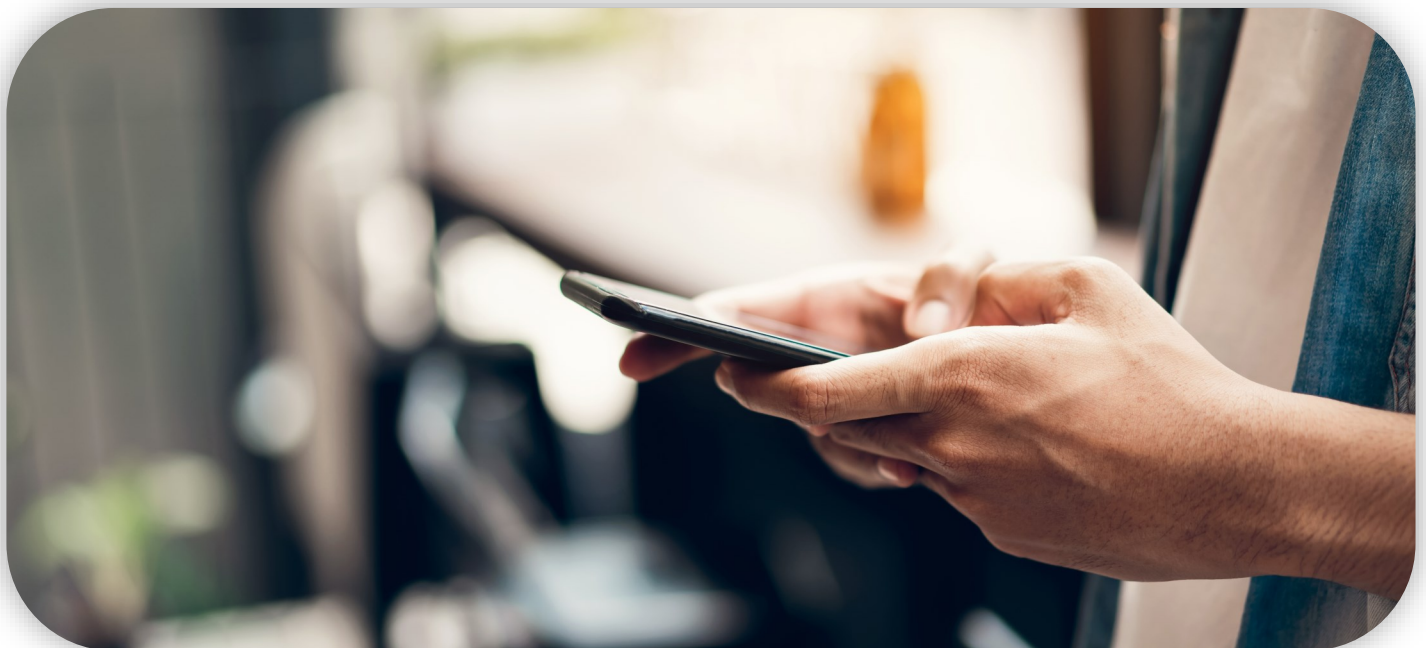
Coolidge Unified School Dist.
Direct: 833.417.6362
Email:
BAC.CoolidgeUnifiedSchoolDist
Advocates@ajg.com



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	ASBAIT	866.300.8449	www.meritain.com
Voluntary Dental	Employers Dental Services	Tucson: 520.696.4343 Phoenix: 800.722.9772 Statewide: 800.722.9772	www.employersdental.com
	BlueCross BlueShield Arizona	888.271.7806	www.azblue.com
Voluntary Vision	Avesis	833.282.2441	www.avesis.com
Health Savings Account	HealthEquity through ASBAIT	866.346.5800	www.healthequity.com
Flexible Spending Account	P&A Group	716.852.2611	www.padmin.com
Life and AD&D	Lincoln Financial Group	877.275.5462	www.lincolfinancial.com
Voluntary Life and AD&D	Lincoln Financial Group	877.275.5462	www.lincolfinancial.com
Voluntary Short Term Disability	AFLAC	800.992.3522	www.aflac.com
Voluntary Accident	AFLAC	800.992.3522	www.aflac.com
Employee Assistance Program	ASBAIT	Toll Free 1.800.343.3822 (Teen Line 1.800.334.Teen)	awpnow.com
Human Resources	Ben Armstrong - Director of Human Resources	520.723.2094	ben.armstrong@coolidgeschools.org
Benefit Advocate Center (BAC)	Gallagher Service Center	833.417.6362	BAC.CoolidgeUnifiedSchoolDistAdvocates@ajg.com





LEGAL NOTICES

PATIENT PROTECTIONS DISCLOSURE

The Coolidge Unified School District #21 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 Health/ASBAIT 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 Health/ASBAIT 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 Health/ASBAIT 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 Health/ASBAIT 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: HDHP C BANNER AETNA

Tier 1 - Banner (Individual: 20% coinsurance and \$4,500 deductible; Family: 20% coinsurance and \$9,000 deductible)

Tier 2 - In-Network (Individual: 20% coinsurance and \$5,000 deductible; Family: 20% coinsurance and \$10,000 deductible)

Plan 2: VALUE BRONZE BANNER AETNA (POS)

Tier 1 - Banner (Individual: 30% coinsurance and \$1,400 deductible; Family: 30% coinsurance and \$2,800 deductible)

Tier 2 - In-Network (Individual: 30% coinsurance and \$2,000 deductible; Family: 30% coinsurance and \$4,000 deductible)

Plan 3: VALUE SILVER BANNER AETNA (POS)

Tier 1 - Banner (Individual: 25% coinsurance and \$800 deductible; Family: 25% coinsurance and \$1,600 deductible)

Tier 2 - In-Network (Individual: 25% coinsurance and \$1,000 deductible; Family: 25% coinsurance and \$2,000 deductible)

Plan 4: CLASSIC GOLD BANNER AETNA (POS)

Tier 1 - Banner (Individual: 15% coinsurance and \$240 deductible; Family: 15% coinsurance and \$720 deductible)

Tier 2 - In-Network (Individual: 15% coinsurance and \$300 deductible; Family: 15% coinsurance and \$900 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 520.723.2094 or ben.armstrong@coolidgeschools.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 January 31, 2024. 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.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – 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	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p>KENTUCKY – Medicaid</p> <p>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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p>MAINE – Medicaid</p> <p>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</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>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. 5218</p>
<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>

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.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 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 Rlte 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	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
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://mywvhipp.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 January 31, 2024, 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

Coolidge Unified School District #21 is committed to the privacy of your health information. The administrators of the Coolidge Unified School District #21 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 Ben Armstrong - Director of Human Resources at 520.723.2094 or ben.armstrong@coolidgeschools.org.

HIPAA SPECIAL ENROLLMENT RIGHTS

Coolidge Unified School District #21 Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Coolidge Unified School District #21 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 Ben Armstrong - Director of Human Resources at 520.723.2094 or ben.armstrong@coolidgeschools.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 Coolidge Unified School District #21

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 Coolidge Unified School District #21 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. Coolidge Unified School District #21 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 Some Creditable Coverage. Because your existing coverage is Some 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. **HDHP-C medical plan is not creditable.**

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 Coolidge Unified School District #21 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 Coolidge Unified School District #21 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, 2024
Name of Entity/Sender: Coolidge Unified School District #21
Contact—Position/Office: Ben Armstrong - Director of Human Resources
Office Address: 450 N Arizona Blvd
Coolidge, Arizona 85128-4108
United States
Phone Number: 520.723.2094



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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.