2022-2023

Employee Benefit Summary

ALTAR VALLEY
School District No. 51

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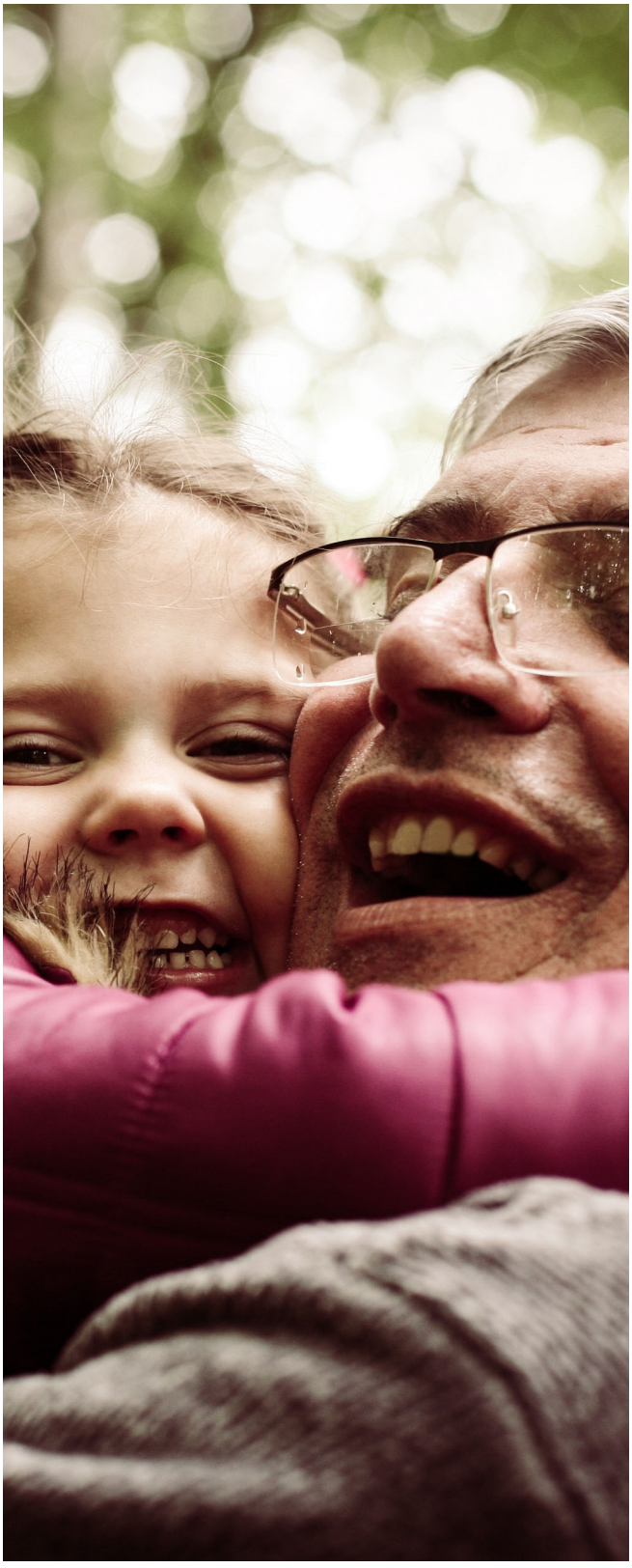
Benefits Overview

Altar Valley School District #51 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, dental and vision), and **Altar Valley School District #51** 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
- PPO Dental
- Prepaid Dental
- Vision
- Basic and Voluntary Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Voluntary Short Term Disability
- Employee Assistance Program
- Flexible Spending Account
- Health Savings Account
- Telehealth
- Voluntary Supplemental Policies

Eligibility

You and your dependents are eligible for **Altar Valley School District #51** benefits on the 1st of the month following 30 days.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or **Altar Valley School District #51** 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 Advocate Center (BAC)

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:

- Explanation of benefits
- Prescription Challenges
- Benefit questions
- Claim issues
- Difficult situations

Hours of Operation: Monday to Friday (7a.m. - 8p.m. Central Time)

Contact the Alter Valley School District at 833.417.6355 or BAC.AltarValleySchoolDistrict51Advoacates@ajg.com.

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.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through **Altar Valley School District #51**.

Altar Valley School District #51 offers you a choice of two (2) Point of Service (POS) and one (1) High Deductible Health Plan (HDHP) medical plans.

	Copay Gold Banner Plan		
	In-Network (Tier 1 Banner Providers)	Tier 2 Participating Provider	Out-of-Network (Tier 3 Non-Participating Provider)
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	$0 single / $0 family	$0 single / $0 family	$900 single / $2,700 family
Annual Out-of-Pocket Maximum (includes deductible)	$5,080 single / $10,160 family	$6,350 single / $12,700 family	Unlimited
Coinsurance	0%	0%	50%
Doctor's Office			
Primary Care Office Visit	$24 copay per visit	$30 copay per visit	50% after deductible
Specialist Office Visit	$32 copay per visit	$40 copay per visit	50% after deductible
Preventive care (screening, immunization)	Preventive care: 0%; Routine care: 0% up to $300 per year, then 90%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: $24 copay	Preventive care: 0%; Routine care: 0% up to $300 per year, then 90%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: $30 copay	Preventive care: Not covered; Routine care: 0%; Hearing exam: 50% after deductible; All other routine care: Not covered
Urgent care	$40 copay per visit	$50 copay per visit	$50 copay per visit plus 50% after deductible
Diagnostic test (x ray, blood work)	Freestanding lab & any single service test under $500: $24 copay per test: Oncotype testing & single service test $500 & over: $40 copay per test	Freestanding lab & any single service test under $500: $30 copay per test: Oncotype testing & single service test $500 & over: $50 copay per test	50% after deductible
Imaging (CT/PET scans, MRIs)	Single service test under $500: $24 copay per test; Single service test $500 and over: $40 copay per test	Single service test under $500: $30 copay per test; Single service test $500 and over: $50 copay per test	50% after deductible
Prescription Drugs			
Retail—Generic drugs (30-day supply)	$15 copay	$15 copay	Not covered
Retail—Preferred drugs (30-day supply)	20% up to min $25 to max $80 copay	20% up to min $25 to max $80 copay	Not covered
Retail—Non-preferred drugs (30-day supply)	40% up to min $40 to max $110 copay	40% up to min $40 to max $110 copay	Not covered
Retail—Specialty drugs (30-day supply)	20% up to min $100 to max $150 copay	20% up to min $100 to max $150 copay	Not covered
Retail and Mail Order—Generic drugs (90-day supply)	$30 copay	$30 copay	Not covered
Retail and Mail Order—Preferred drugs (90-day supply)	20% up to min $50 to max $175 copay	20% up to min $50 to max $175 copay	Not covered
Retail and Mail Order—Non-preferred drugs (90-day supply)	40% up to min $80 to max $225 copay	40% up to min $80 to max $225 copay	Not covered

Medical Benefits (Continued)

Administered by ASBAIT

	Copay Gold Banner Plan		
	In-Network (Tier 1 Banner Providers)	Tier 2 Participating Provider	Out-of-Network (Tier 3 Non-Participating Provider)
Hospital Services			
Emergency Room (Copay is waived if admitted to the hospital)	Facility: $120 copay per visit; Professional & ancillary fees: $32 copay per visit	Facility: $120 copay per visit; Professional & ancillary fees: $32 copay per visit	Facility: $120 copay per visit; Professional & ancillary fees: $32 copay per visit
Inpatient	$200 copay per admission	$250 copay per admission	$300 copay per admission plus 50% after deductible
Outpatient Surgery	$60 copay per occurrence	$75 copay per occurrence	50% after deductible
Ambulance Service	Ground: $50 copay per trip; Air: $200 copay per trip	Ground: $50 copay per trip; Air: $200 copay per trip	Ground: $50 copay per trip; Air: $200 copay per trip
Mental Health Services			
Inpatient Services	Facility fees: $200 copay per admission; Professional fees: $24 copay per visit	Facility fees: $250 copay per admission; Professional fees: $30 copay per visit	Facility fees: $300 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	Office visit: $24 copay per visit; All other outpatient : $60 copay per occurrence	Office visit: $30 copay per visit; All other outpatient : $75 copay per occurrence	50% after deductible
Substance Abuse Services			
Inpatient Services	Facility fees: $200 copay per admission; Professional fees: $24 copay per visit	Facility fees: $250 copay per admission; Professional fees: $30 copay per visit	Facility fees: $300 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	Office visit: $24 copay per visit; All other outpatient : $60 copay per occurrence	Office visit: $30 copay per visit; All other outpatient : $75 copay per occurrence	50% after deductible
Other Services			
Maternity Services	$240 copay per visit (Professional fees combined with delivery)	$300 copay per visit (Professional fees combined with delivery)	50% after deductible
All other maternity hospital/ physician services	$200 copay per admission	$250 copay per admission	$300 copay per admission plus 50% after deductible
Muscle Manipulation Services (20 visits per year)	Covered	Covered	Covered
Physical, Occupational and Speech Therapy Services (Outpatient: Limited to 60 visits per each type of therapy per year; Inpatient: Limited to 60 days per year)	Outpatient: $24 copay per visit; Inpatient: $200 copay per admission	Outpatient: $30 copay per visit; Inpatient: $250 copay per admission	Outpatient: 50% after deductible; Inpatient: $300 copay per admission plus 50% after deductible
Skilled Nursing (Limited to 60 days per 12 month period)	$200 copay per admission	$250 copay per admission	$300 copay per admission plus 50% after deductible

Medical Benefits

Administered by ASBAIT

The **Altar Valley School District #51** will fund the Value Silver Plan as a district-sponsored plan with a contribution of $644/employee.

	Value Silver Banner Plan		
	In-Network (Tier 1 Banner Providers)	Tier 2 Participating Provider	Out-of-Network (Tier 3 Non-Participating Provider)
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 (includes deductible)	$4,800 single / $9,600 family	$6,000 single / $12,000 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	$40 copay per visit	$50 copay per visit	50% after deductible
Preventive care (screening, immunization)	Preventive care: 0%; Routine care: 0% up to $300 per year, then 90%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: $32 copay	Preventive care: 0%; Routine care: 0% up to $300 per year, then 90%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: $40 copay	Preventive care: Not covered; Routine care: 0%; Hearing exam: 50% after deductible; All other routine care: Not covered
Urgent care	$50 copay per visit	$60 copay per visit	50% after deductible
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	$15 copay	Not covered
Retail—Preferred drugs (30-day supply)	20% after deductible up to min $25 to max $80 copay	20% after deductible up to min $25 to max $80 copay	Not covered
Retail—Non-preferred drugs (30-day supply)	40% after deductible up to min $40 to max $110 copay	40% after deductible up to min $40 to max $110 copay	Not covered
Retail—Specialty drugs (30-day supply)	20% after deductible up to min $100 to max $150	20% after deductible up to min $100 to max $150 copay	Not covered
Retail and Mail Order—Generic drugs (90-day supply)	$30 copay	$30 copay	Not covered
Retail and Mail Order—Preferred drugs (90-day supply)	20% after deductible up to min $50 to max $175 copay	20% after deductible up to min $50 to max $175 copay	Not covered
Retail and Mail Order—Non-preferred drugs (90-day supply)	40% after deductible up to min $80 to max $225 copay	40% after deductible up to min $80 to max $225 copay	Not covered

Medical Benefits (Continued)

Administered by ASBAIT

	Value Silver Banner Plan		
	In-Network (Tier 1 Banner Providers)	Tier 2 Participating Provider	Out-of-Network (Tier 3 Non-Participating Provider)
Hospital Services			
Emergency Room	25% after deductible	25% after deductible	25% 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 fees: $200 copay per admission plus 25% after deductible; Professional fees: 25% after deductible	Facility fees: $250 copay per admission plus 25% after deductible; Professional fees: 25% after deductible	Facility fees: $300 copay per admission plus 25% after deductible; Professional fees: 25% 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 fees: $200 copay per admission plus 25% after deductible; Professional fees: 25% after deductible	Facility fees: $250 copay per admission plus 25% after deductible; Professional fees: 25% after deductible	Facility fees: $300 copay per admission plus 25% after deductible; Professional fees: 25% 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)	Covered	Covered	Covered
Physical, Occupational and Speech Therapy Services (Outpatient: Limited to 60 visits per each type of therapy per year; Inpatient: Limited to 60 days 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 (Limited to 60 days per 12 month period)	$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

Administered by ASBAIT

The **Altar Valley School District #51** will fund the HDHP-A Plan as a district-sponsored plan. Employees who elect this plan will also receive a Health Savings Account contribution of $44.50 per month. The funds in the Health Savings Account may be used to pay for qualified medical expenses for employee and dependents.

	HDHP A Banner Plan		
	In-Network (Tier 1 Banner Providers)	Tier 2 Participating Provider	Out-of-Network (Tier 3 Non-Participating Provider)
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	$1,500 single / $3,000 family	$2,000 single / $4,000 family	$2,500 single / $5,000 family
Annual Out-of-Pocket Maximum (includes deductible)	$4,500 single / $9,000 family	$5,500 single / $11,000 family	Unlimited
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% up to $300 per year, then 90% ; Flu, pneumonia and shingles immunization: 0% ; Hearing exam: 20%	Preventive care: 0%; Routine care: 0% up to $300 per year, then 90%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: 20%	Preventive care: Not covered; Routine care: 0% after deductible; Hearing exam: 50% after deductible; All other routine care: Not covered
Urgent care	$40 copay per visit	$45 copay per visit	50% after deductible
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	$15 copay after deductible	Not covered
Retail—Preferred drugs (30-day supply)	20% after deductible up to min $25 to max $80 copay	20% after deductible up to min $25 to max $80 copay	Not covered
Retail—Non-preferred drugs (30-day supply)	40% after deductible up to min $40 to max $110 copay	40% after deductible up to min $40 to max $110 copay	Not covered
Retail—Specialty drugs (30-day supply)	20% after deductible up to min $100 to max $150	20% after deductible up to min $100 to max $150	Not covered
Retail and Mail Order—Generic drugs (90-day supply)	$30 copay after deductible	$30 copay after deductible	Not covered
Retail and Mail Order—Preferred drugs (90-day supply)	20% after deductible up to min $50 to max $175 copay	20% after deductible up to min $50 to max $175 copay	Not covered
Retail and Mail Order—Non-preferred drugs (90-day supply)	40% after deductible up to min $80 to max $225 copay	40% after deductible up to min $80 to max $225 copay	Not covered

Medical Benefits (Continued)

Administered by ASBAIT

	HDHP A Banner Plan		
	In-Network (Tier 1 Banner Providers)	Tier 2 Participating Provider	Out-of-Network (Tier 3 Non-Participating Provider)
Hospital Services			
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Inpatient	$200 copay per admission after deductible plus 20% after deductible	$250 copay per admission after deductible plus 20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	50% after deductible
Ambulance Service	Ground: 20% after deductible; Air: $200 copay per trip after deductible plus 20% after deductible	Ground: 20% after deductible; Air: $200 copay per trip after deductible plus 20% after deductible	Ground: 20% after deductible; Air: $200 copay per trip after deductible plus 20% after deductible
Mental Health Services			
Inpatient Services	Facility fees: $200 copay per admission after deductible plus 20% after deductible; Professional fees: 20% after deductible	Facility fees: $250 copay per admission after deductible plus 20% after deductible; Professional fees: 20% after deductible	50% after deductible
Outpatient Services	$20 copay per visit after deductible	$25 copay per visit after deductible	50% after deductible
Substance Abuse Services			
Inpatient Services	Facility fees: $200 copay per admission; Professional fees: $24 copay per visit	Facility fees: $250 copay per admission; Professional fees: $30 copay per visit	Facility fees: $300 copay per admission plus 50% after deductible; Professional fees: 50% after deductible
Outpatient Services	Office visit: $24 copay per visit; All other outpatient : $60 copay per occurrence	Office visit: $30 copay per visit; All other outpatient : $75 copay per occurrence	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 after deductible plus 20% after deductible	$250 copay per admission after deductible plus 20% after deductible	50% after deductible
Muscle Manipulation Services (20 visits per year)	Covered	Covered	Covered
Physical, Occupational and Speech Therapy Services (Outpatient: Limited to 60 visits per each type of therapy per year; Inpatient: Limited to 60 days per year)	Outpatient: 20% after deductible; Inpatient: $200 copay per admission after deductible plus 20% after deductible	Outpatient: 20% after deductible; Inpatient: $250 copay per admission after deductible plus 20% after deductible	50% after deductible
Skilled Nursing (Limited to 60 days per 12 month period)	$200 copay per admission after deductible plus 20% after deductible	$250 copay per admission after deductible plus 20% after deductible	50% after deductible

How the Plans Work

Three plans use the Meritain Health 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	PPO Plan
Per-paycheck Cost for Coverage	$	$$
Annual Deductible	$$	$
Annual Out-of-pocket Maximum	$$	$
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

Altar Valley School District #51 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 ASBAIT debit card (You can also submit claims for reimbursement online at https://my.healthequity.com	With your ASBAIT debit card (You can also submit claims for reimbursement online at https://account.meritain.com)
How much can I contribute each year?	You can contribute $3,650 for individual coverage or $7,300 for family coverage (this total includes company funding) in 2022	You can contribute $2,850 for individual coverage or $5,000 for Dependent care account in 2022
Can I change my contributions throughout the year?	Yes, you can log on to https://my.healthequity.com to change your HSA contributions at any time	No, unless you have a qualifying life event.

Health Savings Account (HSA)

Administered by ASBAIT

You can contribute $3,650 for individual coverage or $7,300 for family coverage (this total includes company funding) in 2022.

Frequently Asked Questions About HSAs

1. What is an HSA?

- An HSA, or Health Savings Account – the operative word is "Savings". The HSA is a bank account that allows the employee who is enrolled in a qualified HDHP to make tax deductible contributions to. The HSA balance can be used by the employee to pay for health care expenses, tax free, at a later date.
- An HSA must be in place prior to the date of service in order to pay for medical services incurred.
- How much can I contribute to the HSA? This is annually reviewed by the IRS. Employees can contribute up to the maximum less any contributions by others (e.g. an employer, family member, etc.)

2. Why Enroll in the HSA-HDHP?

- Lower Medical Plan premiums offered as an affordable cost option to cover dependents.
- You own the savings account and the money stays with you, even if you leave employment; the HSA balance will rollover each year.
- IRS allowed Pre-Tax contributions via payroll deduction and tax free distributions for eligible expenses.
- Anyone can put money into your HSA. Only Account Holder and Employer receive tax deductions.
- HSA Bank Account is FDIC insured; has competitive interest rates (interest rate depends on your account balance); receive a free debit card and no fees for investment options.
- Long-term savings for healthcare expenses after retirement
- Once in a Lifetime IRA enrollment into an HSA. (please note; rollover will count against annual IRS contribution amount limits.)

3. Why Enroll in the HSA-HDHP?

- Lower Medical Plan premiums offered as an affordable cost option to cover dependents.
- You own the savings account and the money stays with you, even if you leave employment; the HSA balance will rollover each year.
- IRS allowed Pre-Tax contributions via payroll deduction and tax free distributions for eligible expenses.
- Anyone can put money into your HSA. Only Account Holder and Employer receive tax deductions.
- HSA Bank Account is FDIC insured; has competitive interest rates (interest rate depends on your account balance); receive a free debit card and no fees for investment options.
- Long-term savings for healthcare expenses after retirement
- Once in a Lifetime IRA enrollment into an HSA. (please note; rollover will count against annual IRS contribution amount limits.)
- Use money in account to pay for all qualified medical, dental and vision expenses. (www.irs.gov/publications/p502/index.html)
- Use money in the savings account to pay for your dependents IRS eligible medical, dental and vision expenses; ***EVEN IF THEY ARE NOT COVERED UNDER YOUR MEDICAL INSURANCE!***

4. How much can I contribute to my HealthEquity HSA if I enroll in the HDHP $3,000?

IRS Contribution Schedule for HSA Calendar Year 2022

Single Contribution
$3,650 Single IRS Maximum - $534 District = **$3,116 Employee Maximum**

Family Contribution (Employees enrolled as family, the $486 was applied to premiums. District will not contribute to a Family HSA)
$7,300 Family IRS Maximum - $0 District = **$7,300 Employee maximum**

Are you Age 55 but less than Medicare Eligibility Age?
IRS allows $1,000 Catch Up each calendar year

IRS HSA rules:
HSA bank account contributions are to be on CALENDAR / TAX YEAR

PPO Dental Benefits

Administered by Delta Dental Insurance Company

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 **Altar Valley School District #51** dental benefit plans.

The PPO Dental plan through Delta Dental provides both in and out of network benefits. To find a provider go to **www.deltadental.com/us/en/member/find-a-dentist** or call 800-352-6132.

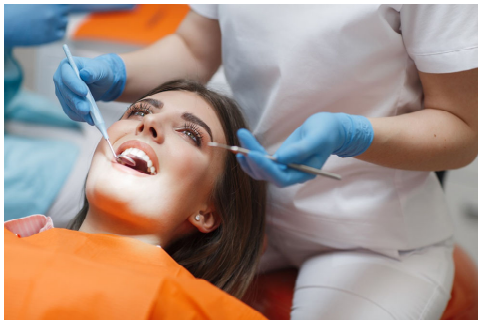
Services	In-Network and Out-of-Network Voluntary PPO
Annual Deductible	$50 per person; $150 family limit
Annual Benefit Maximum	$1,500
Preventive Dental Services (cleanings, exams, x-rays)	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80% after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50% after deductible
Orthodontia Services (covered to age 19)	50% to $750 lifetime maximum

Pre-Paid Dental Benefits

Administered by Employers Dental Services

The **Altar Valley School District #51** pre-paid dental benefit plan provides access to dental care at a reduced cost. The pre-paid dental plan has an unlimited annual benefit maximum and defined service costs. You must remain in network for coverage. To find a provider go to **www.employersdental.com** or call 800-722-9772.

Services	In-Network and Out-of-Network DHMO
Annual Deductible	$0 per person; $0 family limit
Annual Benefit Maximum	None
Preventive Dental Services (cleanings, exams, x-rays)	Various copay applies
Basic Dental Services (fillings, root canal therapy, oral surgery)	Various copay applies
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	Various copay applies
Orthodontia Services	Covered



Vision Benefits

Administered by Avesis, Inc.

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. The Avesis network is very large and the Altar Valley plan allows you to see both in and out of network providers. To find an in network provider go to **www.avesis.com** or call 800-828-9341.

Service	In-Network (any Avesis, Inc provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	$10 copay	Reimburse up to $35
Lenses — once every 12 months		
Single Vision Lenses	$0 copay	Reimburse up to $25
Bifocal Lenses	$0 copay	Reimburse up to $40
Trifocal Lenses	$0 copay	Reimburse up to $50
Frames — once every 24 months	Wholesale: Up to $50; Retail: Up to $150	Reimburse up to $45
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames		
Allowance	Up to $130	Reimburse up to $130
Separate Fitting Allowance	N/A	N/A
Medically Necessary	Covered in full	Reimburse up to $250

Spending Accounts

Flexible Spending Account

Administered by ASBAIT

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	$2,850
Dependent Care Spending Limit	$5,000

Frequently Asked Questions About FSAs

1. If I have a question about my FSA, whom should I call?

You can contact your dedicated service team for help with claims questions, or for more information about your benefits. The phone number for customer service is 1.800.566.9305.

2. What is the maximum amount of money I can contribute each year?

The IRS allows a contribution of up to $2,850 towards the health care portion of your FSA. For dependent care, the IRS allows a contribution of up to $5,000 per calendar year, or $2,500 if you are married and filing separate tax returns.

3. What if I want to change my election mid-year?

IRS regulations do not allow you to stop, start or change your contributions at any time during the plan year UNLESS you experience a qualified change in status, such as a change in marital status, number of dependents or employment status. Keep in mind that the election change must be consistent with the event.

4. How often can I submit reimbursement requests?

Claims can be submitted at any time. Payments issued weekly on Fridays.

5. How do I file a claim?

Fill out a claim form and attach your health care and/or dependent care eligible supporting documentation. Claim forms are available inside this packet. If you need additional forms, contact your benefits department, or access and upload forms on your online member portal.

6. What if I have more expenses during the plan year than I have contributed at that time?

The annual amount you have elected for health care costs is available to you at the beginning of the plan year. The amount available for reimbursement for dependent care is limited to the balance in your account.

Limited FSA vs. Full Purpose FSA

If you enroll in the Altar Valley School District's Health Savings Account (HSA), you are permitted to also enroll in the Limited Flexible Spending Account (FSA). This account can work alongside with an HSA account and allows you to submit eligible dental, vision, or orthodontia expenses for reimbursement. If you are not enrolled in the HSA, the full purpose FSA is available to you.

Further information will be provided to you from Altar Valley School District's concerning HSAs, how to enroll, and what advantages they may have versus FSAs.

7. What if I still have money in my FSA at year's end?

Your employer allows you to carry over up to $570 of your Health care FSA; however, a portion of your unused funds may be lost at the end of the plan year. There is no carryover provision for the dependent care FSA. Please review the FSA Reminders page within this kit, for the FSA claim filing deadline.

What if I terminate employment?

You will have 30 days following the date of termination to submit Health care FSA claims incurred while employed at Altar Valley School District, unless you qualify and elect continuation of your coverage under COBRA. You will have 30 days following the end of the plan year to submit dependent care FSA claims. Your employer offers dependent care spend down, which allows you to continue to incur expenses after your termination date.

FSA Reimbursement Form

MERITAIN® HEALTH
An Aetna Company

Mail completed form to:	Meritain Health P.O. Box 30111 Lansing, MI 48909
Fax to:	888.837.3725
Customer Service:	800.566.9305

FLEXIBLE SPENDING ACCOUNT REIMBURSEMENT REQUEST FORM

Employer Name: Altar Valley School District

Employee Name:_____ SS# or ID#:_____

Address:_____ Telephone #:_____

City:_____ State:_____ Zip:_____ Is this a change of address? ❑ Y or ❑ N

Flexible Spending Account (FSA)

Date of Service	Name of Provider	Type of Service	Name of Patient	Amount of Expense	Was this service covered by any insurance plan?
				$	Y / N
				$	Y / N
				$	Y / N
				$	Y / N
				$	Y / N
				$	Y / N
				$	Y / N
				$	Y / N
				$	Y / N
				$	Y / N
			Total amount requested from your FSA:	$	

Please fill out all requested information completely. For further instructions, see Guidelines for Reimbursement on the back of this form. If more space is needed, list additional requests on a separate page. Please include all requests in the total. A minimum request amount (as established in your plan document) may need to be met before a claim can be paid.

I certify that I have actually incurred these eligible expenses. I understand that expense incurred means that the service has been provided that gave rise to the expense, regardless of when I am billed or charged for, or pay for the service. The expenses have not been reimbursed or are not reimbursable from any other source. I understand that any amounts reimbursed may not be claimed on my or my spouse's income tax returns. I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

Employee Signature:_____ Date:_____

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FSA Reimbursement Form (contd.)

Guidelines for Reimbursement

NOTE: Incomplete or illegible submission may result in processing delays. Be sure to include all necessary information, and sign and date the form. Please make copies for your records, as these documents will not be returned. If you fax your claim, keep the original.

Health Flexible Spending Account

- Attach a copy of the Explanation of Benefits (EOB) for each submission. All claims **MUST** be submitted to your insurance company prior to request for reimbursement. **Estimates for services that have not yet been incurred cannot be accepted.**
  OR
  Submit a paid receipt for your copays. **Credit card receipts, canceled checks, or cash register receipts cannot be accepted for copays. Itemized cash register receipts are acceptable for over-the-counter (OTC) items/supplies.**
  OR
  If you do not have insurance coverage, submit an itemized statement from the provider showing the provider's name and address, patient name, date of service and description of service and amount charged. Additionally, prescription expenses must include the drug name or number. **Balance forward or paid on account statements cannot be accepted.**
- Orthodontic reimbursement: For the first request, submit a copy of the Service Agreement or contract itemizing the treatment period, down payment, monthly payment, banding date and amount covered by insurance, if any. For subsequent claims, submit a copy of your monthly payment coupon and/or itemized receipt each time you request reimbursement.

Health Care Expenses Generally Eligible for Reimbursement

You *Should* Claim

- Fees for health services or supplies provided by physicians, surgeons, dentists, ophthalmologists, optometrists, chiropractors, podiatrists, psychiatrists, psychologists, or Christian Science practitioners.
- Acupuncture.
- Fees for hospital, ambulance, laboratory, surgical, obstetrical, diagnostic, dental and X-ray services.
- Costs incurred, including room and board, during treatment for alcohol or drug addiction at a hospital or treatment center.
- Special equipment, such as wheelchairs, special handicapped automotive controls, and special phone equipment for the deaf.
- Special items, such as dentures, contact lenses, eyeglasses, hearing aids, crutches, artificial limbs and guide dogs for the vision or hearing impaired.
- Transportation for needed medical therapy.
- Nursing services.
- Rehabilitation expenses.

You Should *NOT* Claim

- Any items which will be paid for by insurance or for which you are reimbursed by insurance or any other health plan.
- Bottled water.
- Health club dues.
- Any illegal operation or treatment.
- Programs to control weight (unless the program is undertaken at a physician's direction to treat an existing illness, including obesity).
- Elective cosmetic surgery.
- Medical insurance premiums paid outside of your company by you or your spouse at his or her place of employment.
- Nursing care for a normal, healthy baby.
- Maternity clothes.
- Burial expenses.

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Life and AD&D Insurance

Administered by Minnesota Life Insurance Company

Altar Valley School District #51 provides basic life and accidental death and dismemberment (AD&D) insurance through Minnesota Life Insurance Company at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

	How it Works	Basic Life and AD&D (Company-paid benefit)	Voluntary Life and AD&D (Employee-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	$20,000	**You:** Increments of $10,000 up to $300,000 **Your spouse:** Increments of $5,000 up to $150,000 not to exceed 100% EE's amount **Your child(ren):** Birth to 26 Years: Options of $2,500, $5,000, $7,500, $10,000 or $15,000 not to exceed 100% EE's amount
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	$20,000	**You:** Increments of $10,000 up to $300,000 **Your spouse:** Increments of $5,000 up to $150,000 not to exceed 100% EE's amount

Keep Your Beneficiaries Up to Date

Keep your beneficiary information up to date. Log on to the Altar Valley benefit website and click on the Life to obtain the Beneficiary form. Complete the form and return to Securian Financial at the information on the form. Make sure to keep your beneficiary information updated so your benefit is paid according to your wishes.

Voluntary Short – Term Disability Insurance

Administered by The Hartford

Altar Valley School District #51 also provides short - term disability insurance through The Hartford. This benefit replaces a portion of your income if you become disabled and are unable to work. Employees have the option to purchase a base or buy up plan. The primary difference between the plans is when the benefits begin and the duration of payment.

	How it Works	Who Pays for the Benefit
Option 1	You receive 66.67% of your income up to $1,000 per week. Benefits begin on 30th calendar day of absence from work and continue for up to 22 weeks.	Employee
Option 2	You receive 66.67% of your income up to $1,000 per week. Benefits begin on 15th calendar day of absence from work and continue for up to 24 weeks.	Employee

Additional Products

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
awpnow.com
and create a
customized account.

Go to
https://www.awpnow.com
Select "Access Your Benefits"

Registration Code:
AWP-ASBAIT-2811

Criteria for Benefit Eligibility

Full Benefits:

- Employee, retiree, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their Children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, **age 26 or under**, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

Assessment & Referral:

- Children and grandchildren **age 27 and over** of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court-ordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise Covered
- Any person meeting benefit eligibility prior to layoff or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of employee's call within this timeframe.

Information & Referral :

- Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.

Telehealth

Administered by Meritain Health

Teladoc

Teladoc gives you access 24 hours, 7 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 469-844-5637

Online:

Go to 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:

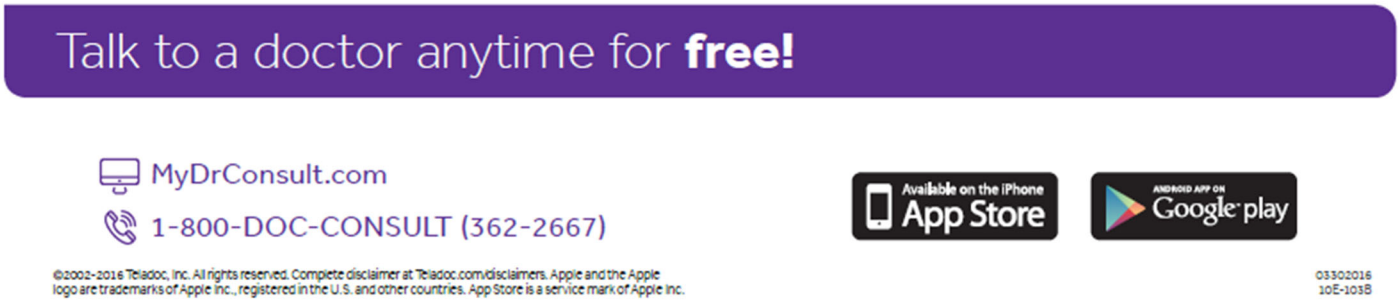
Teladoc can help you register your account over the phone.

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



Additional Products

Administered by Aflac

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/ plan listed below.

Accident Advantage - 24-HOUR ACCIDENT OPTION 3 - Series A36000		
	Premium	Total
18-75 INDIVIDUAL	$29.29	$29.29
18-75 NAMED INSURED/SPOUSE	$41.60	$41.60
18-75 ONE-PARENT FAMILY	$49.23	$49.23
18-75 TWO-PARENT FAMILY	$63.79	$63.79

AFLAC PLUS RIDER			
		Aflac Plus Rider	Aflac Plus Rider HSA
18-29	INDIVIDUAL	$4.16	$4.16
30-39		$5.89	$5.72
40-49		$10.05	$9.88
50-70		$17.16	$16.99
18-29	INSURED/SPOUSE	$7.80	$7.80
30-39		$11.61	$11.44
40-49		$19.07	$18.89
50-70		$32.76	$32.59
18-29	ONE-PARENT FAMILY	$8.32	$8.32
30-39		$9.01	$8.84
40-49		$12.13	$11.96
50-70		$17.68	$17.51
18-29	TWO-PARENT FAMILY	$10.05	$10.05
30-39		$13.00	$12.83
40-49		$19.59	$19.41
50-70		$32.93	$32.76

AFLAC HOSPITAL CHOICE - Option H Benefit Amount 1500 - Series B4010H			
		Premium	Total
18-49	INDIVIDUAL	$57.20	$57.20
50-59		$57.20	$57.20
60-75		$67.08	$67.08
18-49	INSURED/SPOUSE	$84.93	$84.93
50-59		$96.55	$96.55
60-75		$113.19	$113.19
18-49	ONE-PARENT FAMILY	$66.56	$66.56
50-59		$67.25	$67.25
60-75		$67.43	$67.43
18-49	TWO-PARENT FAMILY	$86.32	$86.32
50-59		$97.24	$97.24
60-75		$113.88	$113.88

Additional Products (Contd.)

Hospitalization Coverage

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 500 - Series B40100					
		Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$22.53	$15.43	$24.27	$62.23
50-59		$23.23	$17.33	$31.03	$71.59
60-75		$23.92	$17.68	$40.56	$82.16
18-49	INSURED/SPOUSE	$29.47	$32.24	$44.37	$106.08
50-59		$31.20	$36.23	$61.71	$129.14
60-75		$32.07	$36.57	$77.48	$146.12
18-49	ONE-PARENT FAMILY	$29.47	$30.68	$33.63	$93.78
50-59		$30.16	$31.37	$38.13	$99.66
60-75		$30.85	$32.07	$50.09	$113.01
18-49	TWO-PARENT FAMILY	$33.63	$39.17	$45.24	$118.04
50-59		$34.49	$39.87	$62.92	$137.28
60-75		$35.19	$41.60	$82.68	$159.47

EBR: Extended Benefit Rider Premium (Available for ages 18-75)*
HSSCR: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)*
**Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.*

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1000 - Series B40100					
		Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$35.71	$15.43	$24.27	$75.41
50-59		$36.40	$17.33	$31.03	$84.76
60-75		$37.44	$17.68	$40.56	$95.68
18-49	INSURED/SPOUSE	$50.44	$32.24	$44.37	$127.05
50-59		$53.39	$36.23	$61.71	$151.33
60-75		$57.20	$36.57	$77.48	$171.25
18-49	ONE-PARENT FAMILY	$45.24	$30.68	$33.63	$109.55
50-59		$45.93	$31.37	$38.13	$115.43
60-75		$46.63	$32.07	$50.09	$128.79
18-49	TWO-PARENT FAMILY	$53.56	$39.17	$45.24	$137.97
50-59		$54.08	$39.87	$62.92	$156.87
60-75		$57.89	$41.60	$82.68	$182.17

EBR: Extended Benefit Rider Premium (Available for ages 18-75)*
HSSCR: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)*
**Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.*

Additional Products (Contd.)

Cancer Coverage

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Form B70200PA						
		Premium	IDR* (5 units)	DCR*	SDR*	Total
18-75	INDIVIDUAL	$44.67	$7.93	$0.00	$1.21	$53.81
18-75	INSURED/SPOUSE	$76.85	$18.73	$0.00	$1.21	$96.80
18-75	ONE-PARENT FAMILY	$44.67	$7.93	$1.21	$1.21	$55.03
18-75	TWO-PARENT FAMILY	$76.85	$18.73	$1.21	$1.21	$98.01

Employee Contributions for Benefits (Per 20 Pay Periods)

Benefit Plan	Employee Pays out of each paycheck
Medical/Rx Copay Gold Banner Plan	
Employee	$131.40
Employee + One	$654.00
Employee + Family	$1,056.60
Medical/Rx Value Silver Banner Plan	
Employee	$0.00
Employee + One	$394.20
Employee + Family	$694.80
Medical/Rx Value HDHP A Banner Plan	
Employee	$0.00
Employee + One	$340.50
Employee + Family	$621.30
District contributes to the H.S.A. each month for enrollees of this plan	+$45.00/month

Benefit Plan	Employee Pays out of each paycheck
Prepaid Dental Rates	
Employee	$0.00
Employee + One	$5.71
Employee + Child(ren)	$9.60
Employee + Family	$10.89
Voluntary Dental PPO Rates	
Employee	$21.02
Employee + One	$50.99
Employee + Child(ren)	$93.91
Employee + Family	$85.65
Vision Rates	
Employee	$0.00
Employee + One	$3.07
Employee + Child(ren)	$5.33
Employee + Family	$8.01

Voluntary Life and AD&D

Voluntary Rates per $1,000	Employee	Spouse
Age Range (spouse based on EE's age)		
0 - 19	$0.050	$0.050
20 - 24	$0.050	$0.050
25 - 29	$0.060	$0.060
30 - 34	$0.080	$0.080
35 - 39	$0.090	$0.090
40 - 44	$0.120	$0.120
45 - 49	$0.190	$0.190
50 - 54	$0.370	$0.370
55 - 59	$0.630	$0.630
60 - 64	$0.660	$0.660
65 - 69	$1.270	$1.270
70 - 74	$3.100	$3.100
75 - 79	$8.310	$8.310
Child Rate	$0.170	
AD&D Rate (Employee / Spouse)	$0.025/ $0.025	

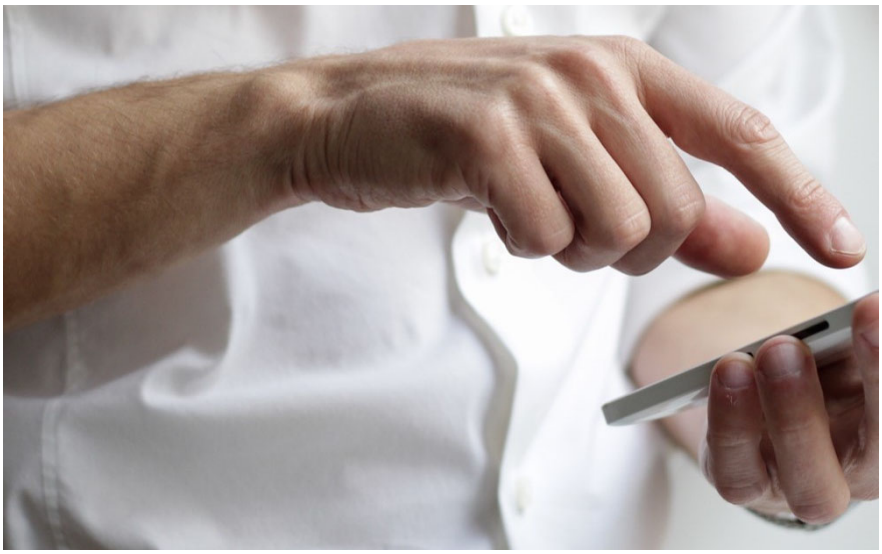
Voluntary Short term Life Disability (per $10 of weekly benefit)

Employee Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 +
Option 1	$0.514	$0.591	$0.705	$0.438	$0.232	$0.312	$0.171	$0.299	$0.385	$0.644
Option 2	$0.986	$1.132	$1.351	$0.831	$0.436	$0.583	$0.322	$0.559	$0.718	$1.204

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
Health Savings Account (HSA)	ASBAIT		https://c2mb.ajg.com/Altar
Dental	PPO: Delta Dental Prepaid: Employers Dental Services	800.352.6132 800.722.9772	www.deltadentalaz.com www.employersdental.com
Vision	Avesis, Inc	800.828.9341	www.avesis.com
Life and AD&D	Minnesota Life Insurance Company	800.392.7295	ochs@ochsinc.com
Voluntary Life and AD&D	Minnesota Life Insurance Company	800.392.7295	ochs@ochsinc.com
Voluntary Short Term Disability	The Hartford	800.523.2233	https://www.thehartford.com/employee-benefits/employees
Telehealth	Teladoc (Meritain Health)	1.800-DOC-CONSULT (362-2667)	MyDrConsult.com
Superintendent	David Dumon	520.822.1484	ddumon@avsd.org
Employee Assistance Program (EAP)	Abili (Company ID is HLF902)	800.964.3577	www.guidanceresources.com
	Alliance Work Partners (ASBAIT) (AWP-ASBAIT-2811)	800.343.3822	https://www.awpnow.com/main/access-benefits
Benefit Advocate Center (BAC)	Gallagher	833.417.6355	BAC.AltarValleySchoolDistrict51Advoacates@ajg.com



Legal Notices

Patient Protections Disclosure

The **Altar Valley School District #51** 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, 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 Meritain Health 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 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 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: Copay Gold Banner Plan
Tier 1 Banner Providers: (Individual: 0% coinsurance and $0 deductible; Family: 0% coinsurance and $0 deductible)
Tier 2 Participating Provider: (Individual: 0% coinsurance and $0 deductible; Family: 0% coinsurance and $0 deductible)

Plan 2: Value Silver Banner Plan
Tier 1 Banner Providers: (Individual: 25% coinsurance and $800 deductible; Family: 25% coinsurance and $1,600 deductible)
Tier 2 Participating Provider: (Individual: 25% coinsurance and $1,000 deductible; Family: 25% coinsurance and $2,000 deductible)

Plan 3: HDHP A Banner Plan
Tier 1 Banner Providers: (Individual: 20% coinsurance and $1,500 deductible; Family: 20% coinsurance and $3,000 deductible)
Tier 2 Participating Provider: (Individual: 20% coinsurance and $2,000 deductible; Family: 20% coinsurance and $5,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 520.822.1484 or ddumon@avsd.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 July 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
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	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	**FLORIDA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/ flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA – Medicaid	**MINNESOTA – Medicaid**
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	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
IOWA – Medicaid and CHIP (Hawki)	**MISSOURI – Medicaid**
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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	**MONTANA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
KENTUCKY – Medicaid	**NEBRASKA – 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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	**NEVADA – 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)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	**NEW HAMPSHIRE – Medicaid**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms 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	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

NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
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	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	**TEXAS – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	**UTAH – Medicaid and CHIP**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	**VERMONT– Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	**VIRGINIA – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid	**WASHINGTON – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	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)
RHODE ISLAND – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	**WYOMING – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	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 July 31, 2022, 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 1/31/2023)

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
Altar Valley School District #51 is committed to the privacy of your health information. The administrators of the **Altar Valley School District #51** 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 David Dumon – Superintendent at 520.822.1484 or ddumon@avsd.org.

HIPAA Special Enrollment Rights

Altar Valley School District #51 Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Altar Valley School District #51 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 David Dumon – Superintendent at 520.822.1484 or ddumon@avsd.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 Altar Valley School District #51
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 Altar Valley School District #51 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. **Altar Valley School District #51 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?

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 Altar Valley School District #51 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 **Altar Valley School District #51** 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, 2023**
Name of Entity/Sender:	**Altar Valley School District #51**
Contact—Position/Office:	**David Dumon - Superintendent**
Office Address:	**10105 South Sasabe Road Tucson, Arizona 85736 United States**
Phone Number:	**520.822.1484**

Notes

This benefit summary prepared by

Gallagher

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.