



Lake Havasu Unified School District #1

KNOW YOUR BENEFITS

PLAN YEAR 2020-2021

NAEBT Structure

Self-Funded Employee Benefit Trust per
A.R.S. §11-952 and §11-952.01

Governed by a Board of four (4) Trustees
and four (4) Alternate Trustees

Trust was formed on July 1, 2012 with:

- City of Bullhead City
- City of Kingman
- Lake Havasu City
- Lake Havasu Unified School District #1 –
(Joined July 1, 2020)

Approximately 1,600 employees covered

NAEBT Structure

Self-Funded means...

- All the employee and employer contributions are placed into an account to pay for member claims and vendor fixed costs throughout the year.

You can make a difference with a self-funded plan:

- Reduce cost by shopping for high quality, affordable health
- Participate in wellness activities and screenings
- Adopt healthy lifestyle behaviors

One person really can make a difference in the cost of premiums to all members

NAEBT Comprehensive Coverage & Partners:

Arizona and National Provider Network

- Blue Cross Blue Shield is the Arizona Provider Network
- Blue Card Nationwide is for medical care outside of Arizona

High Deductible Health Plan (HDHP) Medical/Rx Plan

- In-Network & Out-of-Network coverage

Exclusive Provider Organization (EPO) Medical/Rx Plan

- In-Network coverage only

Medical Claims Administrator through AmeriBen

Prescription Benefit through Navitus

Dental through Ameritas

Vision Plan through VSP

Telemedicine – Teladoc or Blue Care Anywhere

Medical Expenses - Tax-Free Savings (FSA, DDC and HSA)

- FSA & DDC through Ameriflex and HSA through hsa bank;

Basic Life, Voluntary Life and AD&D through The Standard

Employee Assistance Program (EAP) through EAP Preferred

NAEBT Trust Administrator and Worksite Wellness Program through ECA

Employer Provided Benefits Full-Time Employees (working 30+hours per week)

Medical/Prescription Coverage

Dental/Vision Coverage

Group Term Life & AD&D (Accidental Death & Dismemberment) Insurance



Voluntary Benefits Full-Time Employees (Your Cost)

Medical, Dental and Vision for Dependents

Supplemental Life Insurance for Employee
and Dependents

Supplemental Accidental Death and
Dismemberment (AD&D) for Employee and
Dependents

Short-Term Disability Insurance for Employee

Voluntary Benefits – Cont. Full-Time Employees (Your Cost)

Health Savings Account (HDHP Enrollees Only)

Flexible Spending Account (EPO Enrollees Only)

Dependent Care Account (EPO and HDHP Enrollees)

403b Supplemental Retirement Benefits

AFLAC Supplemental Benefits

- ❖ Accident Plan
- ❖ Cancer/Specified Disease Coverage
- ❖ Critical Illness Coverage
- ❖ Hospital Confinement Coverage

Benefit Effective Date:

- 1st day of the month following one (1) month plus one (1) day of full-time employment

Coverage Notes:

- Proof of dependent eligibility (These should be copies, no originals)
 - Spouse – valid/current marriage license, top section of most recent tax return and SSN
 - Children - birth certificate or court paperwork (foster, adoption, legal custody, etc.) and SSN
- Dependent Child(ren) - Coverage to the end of the month in which they attain age 26
- Changes outside Initial and Open Enrollment – Subject to IRS rules for “Qualifying Event”

Benefit Plan Eligibility

Qualifying Events

Once enrolled, employees **may not** change elections until the following open enrollment unless they experience a qualified event

Examples include:

- Marriage
- Divorce
- Legal Separation
- Birth
- Adoption or placement for adoption
- Loss of other coverage
- Obtainment of other coverage

Requests for mid-year changes must be made within 31 days of the qualifying event

MEDICAL PLAN FEATURES:	IN-NETWORK	OUT-OF-NETWORK
Plan-Year Deductible per participant Enrolled in Employee Only (EE)	\$1,400	\$1,400
Plan-Year Deductible per family Enrolled in any tier other than EE Only	\$2,800	\$2,800
Out-of-Pocket Maximum per participant per family	\$3,000 \$6,000 (Includes Deductible)	Unlimited Unlimited (Includes Deductible)
Inpatient Hospital	80% After Deductible	50% After Deductible
Outpatient Facility	80% After Deductible	50% After Deductible
Office Visits	80% After Deductible	50% After Deductible
Urgent Care Facility	80% After Deductible	50% After Deductible
Preventive Services (as mandated by the federal law)	100% Deductible Waived	Not Covered

High Deductible Health Plan (HDHP) Outline of Benefits

MEDICAL PLAN FEATURES:	IN-NETWORK	OUT-OF-NETWORK
Plan-Year Deductible per participant	\$600	Not Covered
per family	\$1,800	Not Covered
Out-of-pocket Maximum per participant	\$7,900	Not Covered
per family	\$15,800	Not Covered
Inpatient Hospital	80% After Deductible	Not Covered
Outpatient Facility	80% After Deductible	Not Covered
Office Visits		
Primary Care	\$30 Co-pay	Not Covered
Specialist	\$50 Co-pay	Not Covered
Urgent Care Facility	\$50 Co-pay (Deductible waived)	Not Covered
Preventive Services (as mandated by the Federal law)	100% No Deductible	Not Covered

Exclusive Provider Organization (EPO) Outline of Benefits

	HDHP	EPO
30-day supply at a Retail Pharmacy <ul style="list-style-type: none"> Prescribed preventive medication as required by federal law Prescribed medication from the Expanded Preventive List Tier 1 Generic Drug Tier 2 Preferred Drug Tier 3 Non-Preferred Drug (non-formulary) Specialty 	\$0 Deductible Waived \$0 Deductible Waived 20% After Deductible (in-network) 20% After Deductible (in-network) 75% After Deductible/25% Plan 20% After Deductible	\$0 Co-pay Subject to applicable Co-pay \$10 Co-pay \$30 Co-pay 75% Participant/25% Plan 20% max of \$150
90-day supply at a Retail or Mail Order <ul style="list-style-type: none"> Prescribed preventive medication as required by federal law Tier 1 Generic Drug Tier 2 Preferred Drug Tier 3 Non-Preferred Drug 	\$0 Deductible Waived 20% After Deductible (in-network) 20% After Deductible 75% After Deductible/25% Plan	\$0 Co-pay \$20 Co-pay \$60 Co-pay 75% Participant/25% Plan

Prescription Plan Outline of Benefits

EPO	Monthly Premium	Employer Contribution		Employee Contribution	
		24 Pays	18 Pays	24 Pays	18 Pays
Employee Only	\$728.16	\$364.08	\$485.44	\$0.00	\$0.00
Employee + S	\$1,401.71	\$465.11	\$620.15	\$235.74	\$314.32
Employee +1C	\$1,135.89	\$466.01	\$621.35	\$101.93	\$135.91
Employee + C	\$1,362.34	\$506.77	\$675.69	\$174.40	\$232.53
Employee + F	\$1,912.73	\$636.53	\$848.71	\$319.83	\$426.45
HDHP					
Employee Only	\$670.91	\$335.46	\$447.27	\$0.00	\$0.00
Employee + S	\$1,286.13	\$427.74	\$570.32	\$215.33	\$287.10
Employee +1C	\$1,047.18	\$429.52	\$572.70	\$94.07	\$125.42
Employee + C	\$1,250.72	\$465.91	\$621.22	\$159.45	\$212.60
Employee + F	\$1,745.47	\$582.60	\$776.81	\$290.13	\$386.84

2020-2021 Medical/Rx Premium Rates and Contributions

Monthly Premiums cont.

You may enroll your dependents in Medical/Rx, Dental/Vision, or:

- Medical/Rx only
- Dental/Vision only

You cannot enroll dependents without enrolling yourself.

Dental Benefits Summary

Dental Plan Summary

Effective: 7/1/2020

Coinurance	In Network Only
Type 1	100%
Type 2	80%
Type 3	80%
Deductible	\$50/Plan Year Type 2 & 3 Waived Type 1 3 Family Maximum \$3,000 per plan year Contracted Fee *6-months Late Entrant Type 3
Maximum (per person)	
Allowance	
Waiting Period	

Orthodontia Summary - Child Only Coverage-must be banded by age 17

	IN NETWORK ONLY
Deductible Amount-Once per lifetime	\$50
Allowance	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	*6-months Late Entrant

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

In Network Only		
Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (1 per benefit period) • Sealants (age 18 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

To find a provider, please visit our website at www.ameritas.com

Vision Benefits Summary

Focus® Plan Summary

Effective: 7/1/2020

	VSP Network	Out of Network
Deductibles		
Annual Eye Exam	\$10 Exam \$0 Eye Glass Lenses or Frames* Covered in full	\$10 Exam \$0 Eye Glass Lenses or Frames* Up to \$47
Lenses (per pair)		
Single Vision	Covered in full	Up to \$48
Bifocal	Covered in full	Up to \$89
Trifocal	Covered in full	Up to \$85
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	15% discount See Additional Focus Features.	No benefit
Elective	Up to \$150	Up to \$150
Medically Necessary	Covered in full	Up to \$210
Frames	\$105	Up to \$45
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Group Employer Paid Term Life/Accidental Death & Dismemberment (AD&D)

Basic Life & AD&D

Employee (Life/AD&D): \$40,000 in life insurance and \$40,000 in AD&D

Spouse (Life only): \$10,000

❖ *Enrolled in medical/Rx*

Child (Life only): \$5,000

❖ *Enrolled in medical/Rx*

Portability/ Conversion

If you terminate employment or become ineligible for coverage, you may take coverage with you, either through Conversion or Portability.

Group **Voluntary** Term Life/AD&D Insurance

Life coverage amounts

Guaranteed Issue when obtained as a new hire:

Employee: \$100,000 (not to exceed five (5) times your annual salary, including the \$40,000 basic life coverage provided by the District)

Spouse: \$20,000

Child: \$5,000 or \$10,000

❖ All coverage exceeding these amounts is subject to review and approval by medical underwriting. In order to purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.

AD&D- coverage amounts

Employee: Purchase from \$10,000 to \$500,000 in increments of \$10,000

Dependents:

- Spouses only: 50% of employee's voluntary AD&D coverage amount
- Child(ren) only: 10% of employee's voluntary AD&D coverage amount, not to exceed \$25,000
- Spouses and Child(ren): 40% of employee's voluntary AD&D coverage amount for the spouse and 5% for each child

❖ You may purchase AD&D coverage for yourself regardless of whether you purchase Life coverage.

Group Voluntary Short-Term Disability

Your benefit amount

If you meet the definition of disability, you would be eligible to receive a weekly benefit equal to 60% of your basic weekly earnings, up to \$1,000 per week.

Your elimination period

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

The elimination period is **7** days for non-occupational injuries or illnesses.

Your benefit duration

If you meet the residual definition of disability you may receive a benefit for 25 weeks.

*STD has a Guarantee Issue of \$1,000 in coverage, meaning you will not need Eligibility of Insurance to qualify for coverage up to an including \$1,000, if coverage is selected during the initial enrollment period.

Dental/Vision	Monthly Premium	Employer Contribution		Employee Contribution	
		24 Pays	18 Pays	24 Pays	18 Pays
Employee Only	\$48.67	\$24.34	\$32.45	\$0.00	\$0.00
Employee + S	\$95.71	\$24.34	\$32.45	\$23.52	\$31.36
Employee +1C	\$70.76	\$24.34	\$32.45	\$11.05	\$14.73
Employee + C	\$97.26	\$24.34	\$32.45	\$24.30	\$32.39
Employee + F	\$139.78	\$24.34	\$32.45	\$45.56	\$60.74
Life & AD&D	\$40K Employee, \$10K Spouse \$5k Child with matching AD&D				
Employee Only	\$8.00	\$4.00	\$5.33	\$0.00	\$0.00
Employee + S	\$9.70	\$4.85	\$6.47	\$0.00	\$0.00
Employee +1C	\$8.25	\$4.13	\$5.50	\$0.00	\$0.00
Employee + C	\$8.25	\$4.13	\$5.50	\$0.00	\$0.00
Employee + F	\$9.95	\$4.98	\$6.63	\$0.00	\$0.00

2020-2021 Dental/Vision and Life & AD&D Premium Rates and Contributions

Pre-Certification Requirements

Members must pre-certify the following services:

- All Inpatient facility admissions
- All Diagnostic/Surgical procedures over \$1,000
- Hospice Care
- Injectable Medications over \$1,000 provided in a physician's office or through home health care
- Sleep Studies
- Home Health Care
- Transplant other than Cornea
- Fixed Wing Air Ambulance

Telemedicine

Talk to a doctor 24/7 and 365 days a year via Phone or Computer

- General Health
- Behavioral Health
- Dermatology Services



- Medical
- Counseling
- Psychiatry



Common conditions

Cold & flu symptoms
Allergies
Sinus problems
Sore Throat
Respiratory infection
Skin problems
And more!

Employee Assistance Program (EAP)

EAP will help you navigate through the ups and down of life

You and your household members are eligible to use these no-cost Confidential Counseling Services

EAP Preferred offers six (6) face to face and/or telephonic sessions and 24/7 Crisis Support

Resources and Referrals for:

- Legal
- Financial
- Child/Elder Care
- ID Theft

602.264.4600 or www.eappreferred.com

Flexible Spending Account

Employees enrolled in the EPO Plan may elect to have their salary reduced (pre-tax) up to \$2,750 per Plan year and the dollars placed in a personal Flexible Spending Account (FSA).

These dollars can be used to pay for such things as deductibles, copayments and coinsurance, (medical, Rx, dental or vision).

Member saves taxes such as FICA, FUTA, Income taxes. Savings can range from 25% to 40%.

Total funds are available upon enrollment in the health plan and your Flex Plan election.

FSAs follow the “use it or lose it” rule.

Deductions will be taken over 18 pay periods

Dependent Day Care (DDC)

Employees may also set aside, pre-tax, up to \$2,500/married filing separately and \$5,000/married filing joint or head of household, to pay for eligible expenses for children under the age of 13 and dependents of any age who are physically or mentally unable to care for themselves.

Funds are available once deposited in the account.

They are a dollar for dollar offset and therefore cannot also be claimed on tax filings.

Savings will range from 25% to 40% depending on your tax bracket.

Deductions will be taken over 18 pay periods

Health Savings Account (HSA)

What is an HSA?

- A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses (like an FSA)
- Can ONLY be used if you are enrolled in a High Deductible Health Plan (HDHP)

HSAs (continued)

Who is Eligible for an HSA?

- Individuals covered by an HSA-compatible health plan (i.e., HDHP) if they are:
 - Not covered by any other non-HSA compatible health plan
 - Not covered as a dependent on another person's tax return (excluding spouses)
 - Not enrolled in Medicare

HSAs (continued)

Advantages of an HSA

- Funds roll over from year to year
 - No “use it or lose it” like an FSA!
- Tax benefits on contributions, earnings and distributions
 - Contributions are either pre-tax (via payroll) or tax deductible
- Portability
 - Funds follow you
 - Tax-free withdrawals for Qualified Expenses even after qualified coverage ends
- Long-Term Investment Opportunities

HSAs (continued)

Possible Disadvantages of an HSA

- Money is not available for use until it has been deposited in your account
 - Unlike FSA \$ which is available immediately
- You are responsible for your account
 - If you use funds for anything other than qualified medical expenses, you are subject to income taxes and 20% penalty

HSAs (continued)

How to Contribute

- Through payroll contribution (tax-free)
- Through a personal account (tax deductible)
- Individuals over age 55 can make catch-up contributions of \$1,000 annually

Annual IRS Maximum Contribution for 2020

Year	Single	Family
2020	\$3,550	\$7,100

***LHUSD will contribute to each HSA in the amount of \$687 this year in equal installments in accordance with your established payroll plan (24 or 18) for those employees who enroll in the HDHP!**

HSAs (continued)

Distribution Options

- Debit Card
- Online Banking (directly to you or a provider)

HSAs (continued)

Qualified Expenses

- Doctor and hospital visits
- Medical equipment
- Dental care, braces, dentures
- Vision care, glasses, contacts
- Prescribed medications
- Premiums for COBRA
- Premiums for individuals over age 65
 - Retirement health benefits
 - Medicare premiums

L.I.F.E Wellness

The NAEBT Wellness Program

L.I.F.E Wellness focuses on three key categories:

- Early Detection
- Lifestyle Modification
- Disease Management

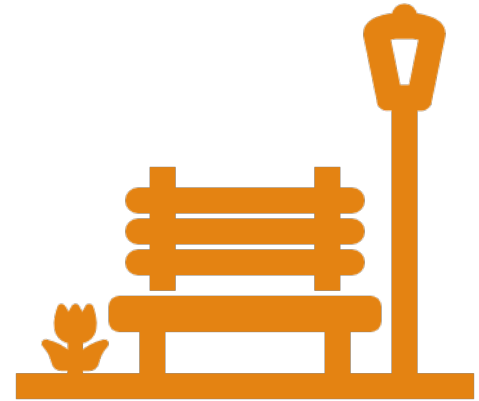
Wellness Benefit: All wellness services required by Health Care Reform are covered at 100% for NAEBT medical/Rx benefit plan participants. The only coverage for off-site preventative screenings are those that are mandated by healthcare reform. All on-site preventive screenings are covered at 100% by NAEBT.

Wellness/preventive services are all services intended to prevent illness or disease of which you have no signs or symptoms. Your provider must bill the services using a wellness code, NOT a diagnostic code.



403(b) Supplemental Retirement

Lake Havasu Unified School District offers its eligible employees the opportunity to save for retirement by participating in a 403(b) plan. You can participate in this plan by making pre-tax contributions and 403(b) Roth after-tax contributions. Once an account is set up your financial representative will have you sign a Salary Reduction Agreement that you will send to the District's payroll department.



Other Benefits Available



- Accident Plan
- Cancer/Specified Disease coverage
- Critical Illness coverage
- Hospital Confinement Indemnity coverage

Lake Havasu Unified School District #1

Benefits Enrollment User Guide


iVisions Web Portal

Login to iVisions. New icon on desktop for iVisions self-service.



You can also login to the web portal using Google Chrome at: <https://ivisions.tylertech.com/lakehavasuess>

This is the home page. You will Login here. If you forgot your Login information, still click the Login button



LAKE HAVASU USD No. 1
Focused on scholarship, character, and humanity.

Home

Welcome LHUSD staff to the iVisions Employee Self Service Web Portal!
To Start, click on the Login button in the upper right hand corner.

Forgot your Password?
Click the Login button, then "Forgot My Login?"
or
[Click here to reset a new password.](#)

Once logged into the portal you will have 24/7 secure access to view and manage many elements of your employment information and more.

Use the web portal for the following activities:

- Pay Stub - view a print statement (starting from FY19)
- Direct Deposit - view & update your direct deposit info on the My Payroll
- Address Change - view & update your new address without filling out any forms
- Phone Number Change - view & update your phone number(s) without filling out any forms
- Emergency Contacts - view & update your DR contacts on file with the Personnel Dept
- My Status and Release - for HR/HRIS/HRIS use the change

Next Pay Day is June 21

Email Reminders...

LHUSD staff will be sent automatic email reminders through our new HRBusiness Cloud software regarding teaching credentials, KIP (teaching) cards, CIP cards, CIP cards, Fund Aid and education salary reporting. [Click here for more info.](#)

Login

Then select "Forgot My Login?"



LAKE HAVASU USD No. 1
Focused on scholarship, character, and humanity.

Home

Welcome to iVisions, here are some announcements:

Login to iVisions

User Name:

Password:

☐ Remember Login

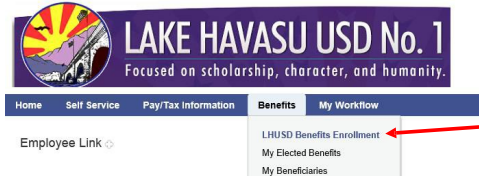
[Forgot My Login?](#)

[Login](#)

Infinite Visions version: 19.01.14

Login

Once you log in, hover over **Benefits** and then click on **LHUSD Benefits Enrollment**.



The first screen that appears will have the Welcome Instructions. Please read the instructions page and all pages carefully. When ready to move to the next page, click Next.

Welcome Instructions

LHUSD#1 Benefits Enrollment

Using the online Benefits Enrollment Self Service will allow you to elect new or modify current benefits. You will be guided through each step by using the PREVIOUS and NEXT button on the bottom of each screen.

You may log out during your enrollment process at any time and any selections you have made will be saved until completed or the enrollment period expires.

IMPORTANT: Please be aware that your benefit elections are not complete and cannot be activated until you submit your enrollment by clicking the "SUBMIT" button on the final screen. If you do not complete your enrollment you may not have an opportunity to elect coverage until the next Open Enrollment period or you experience a qualifying Life Event Change status

BENEFIT ELIGIBILITY:

ELIGIBLE EMPLOYEES - Working 30 hours plus per week.
Eligible first of the following month after 30 days
DEPENDENT CHILD(REN) - Eligible up to Age 26
NEW DEPENDENT COVERAGE - Provide copy of a Marriage Certificate and/or Birth Certificate

If you have any questions during your enrollment process, please contact:
Cheri Tropple, Benefits & Payroll Specialist
cheri.tropple@lhUSD.org
928.505.6930

Next >>

To begin the process, make sure the Reason For Change default is set to accurately reflect your purpose in electing benefit changes (ie. New Hire, Life Event, or Open Enrollment)

Reason For Change

You are currently eligible to enroll for benefits based on the designated option below.

- ☐ New Hire
- ☐ Life Event
- ☒ Open Enrollment

<< Previous Next >>

Navigating the Portal

1. Welcome Instructions
2. Reason For Change
3. Employee Information
4. Emergency Contacts
5. Dependent Information
6. Beneficiary Information
7. Summary of Benefits
8. LHUSD Dual Coverage
9. Medical Insurance
10. Health Savings Account
11. Health Flexible Spending Account
12. Dependent Care Flexible Spending Account
13. Dental Insurance
14. Vision Insurance
15. District Paid Life Insurance - 1.5 Times Salary
16. District Paid Dependent Life Insurance
17. Voluntary Life Insurance
18. Voluntary Short Term Disability
19. Voluntary AD&D
20. Voluntary AFLAC
21. 403(b) Plan
22. Annual Notices
23. Benefit Enrollment Confirmation Statement

The left side of the enrollment screen displays a status bar to show your progress through the enrollment portal. When a step is complete, the wording turns **blue**. You can return to an already completed screen by clicking "Previous" or by clicking on a **blue** highlight.

IMPORTANT:

There are several steps to the enrollment process. Please read and follow the instructions on each page.

The exclamation point = required information

❗ = required information

A few of the enrollment pages will contain information by way of hyperlinks, linking you to additional information. You will also encounter a few "Acknowledgment" areas where you will click on a box, indicating you have reviewed the provided information.

Summary of Benefits

CLICK HERE FOR
GOLD PPO AND HIGH DEDUCTIBLE HEALTH
PLAN SUMMARY OF BENEFITS

The **Summary of Benefits and Coverage (SBC)** is a document which will help you better understand the coverage you have and allow you to easily compare different coverage options. It summarizes the key features of the plan and coverage, such as covered benefits, cost-sharing provisions, and coverage limitations and exceptions.

To download the **SBC** to review and compare plan options and comparisons, please click on the link above. You can also view the full plan document in the Information Center located under Self Service| Employee Resources.

By selecting the box below, you are "Acknowledging" receipt of the **Summary of Benefits and Coverage (SBC)**.

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> SUMMARY OF BENEFITS-ACKNOWLEDGEMENT	\$0.00

The final page is where you will confirm your elections. You will be able to view/print your elected benefits.

If you need to make changes, you may do so at this time as this will be your last opportunity to do so.

Once you are satisfied with the elections you made, you will press the "Submit" button.

Congratulations, you just completed the annual Benefits Open Enrollment process.

Benefit Enrollment Confirmation Statement

Lake Havasu Unified School District #1

Review each of your benefit selections by clicking the 'View/Print Statement' button for a **DRAFT CONFIRMATION STATEMENT**. Prior to submitting you may modify your selections by using the 'PREVIOUS' button. You will have another opportunity to print a copy of your Benefit Enrollment Confirmation Statement after submitting.

You MUST click 'SUBMIT' in order to complete your benefit enrollment.

- A summary of what you elected will show here -

I have reviewed my Benefit selections and authorize LHUSD to take payroll deductions for all benefits elected. I also understand that the elections I have submitted will remain in effect until the next Open Enrollment period or if I have a qualifying Life Event status change. Please refer to District Benefit Enrollment Guide for further details.

IMPORTANT NOTE: I am aware that Voluntary elections requiring an Evidence of Insurability (EOI) may be subject to approval and does not guarantee coverage.

I am aware that Health Flexible Spending Account, Dependent Care Flexible Spending Account and Health Savings Account benefits will be deducted over 18 pays. If you are a 24 pay frequency employee, your confirmation statement will not reflect your true per pay cost. To calculate, take your Annual Contribution limit and divide by 18. This will be your per pay period cost for this benefit.

You MUST click the 'SUBMIT' button below to complete your benefit elections.

View/Print Statement

<< Previous

Submit

If you have questions, please contact Cheri Tropple in Payroll/Benefits at ctropple@lhUSD.org or 505-6930

LHUSD has links on the LHUSD website under Staff→Insurance to all the plan documents and contact information for vendors.

- New Hire Benefits Guide
- Summary of Benefits and Coverage (SBCs)
- Summary Plan Description (SPDs)

If you have any questions and cannot find the answer in the above documents your next best resource is to contact the vendor directly,

If you still need assistance, then contact ECA

Wrap Up



Your Insurance Consultants/Brokers:

928.753.4700 Kingman Office

877.866.5732 Fax

Stephanie Moore – Account Manager – x303

Robert Dover – Group Benefits Specialist – x307

Jenise Dimmick - Administrative/Accounting
Assistant – x0

Derrick Cooper – Wellness Consultant –
602.374.4495 x-211

Acknowledgement of Benefits

I have viewed this power point presentation and I understand the benefits that LHUSD #1 provides to me as an employee.

Signature/Printed Name

Date

Comments or Questions:

Please sign, date, add any comments or questions and return to Cheri or Bonnie TODAY before you leave. Thank you.