2021 Employee Benefits Guide

Shonto Preparatory School

SUMMIT

Taking Service to the Next Level

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ABOUT THIS BENEFITS GUIDE

This guide summarizes the benefits offered to eligible employees and their dependents. For more details & additional information, contact your Human Resources representative or refer to the Plan Document or Summary of Benefits and Coverages, found on the Summit Employee Portal.

TERMS TO KNOW

Coinsurance - the amount you pay to share the cost of covered services after your deductible has been paid. The coinsurance rate is usually a percentage.

Deductible - the amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.

Copayment (Copay) - The amount you pay to a healthcare provider at the time you receive services.

Explanation of Benefits (EOB) - the health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs you are responsible for.

Out-of-pocket maximum - the most money you will pay during a benefit year for coverage. It includes deductibles, copayments, and coinsurance

Frequently Asked Questions

When do my benefits begin?

Eligible employees are covered under the Plan beginning on the first day of the month following the date of hire, provided a properly completed enrollment form was submitted to the employer. If the employee's dependent(s) are not enrolled for coverage within thirty (30) days of meeting the Plan's eligibility requirements, the effective date of coverage will be delayed.

Will I receive an ID card?

New employees electing coverage or those changing medical, dental and/or vision coverages will receive a new ID card. In the event you misplace your card(s), please contact Human Resources, visit the Summit website or mobile app to order a replacement. Please note: All ID cards are mailed directly to the Human Resources office.

What if I am eligible for Indian Health Services?

Indian Health Service (IHS) is an agency within the Department of Health and Human Services that is responsible for providing federal health services to American Indians and Alaska Natives. When you receive services at IHS, there is no out-of-pocket cost to you. The cost of services is paid for by the Federal Government.

What if I am referred by IHS to a non-IHS provider?

When you are referred by IHS to another provider, the services are still covered through IHS. You are required to notify Summit and Shonto Preparatory School Benefit Plan of the IHS referral so the benefits will be paid appropriately.

What if I prefer to self-present to a network (Blue Cross/Blue Shield) provider?

When you choose to make an appointment on your own, you will provide the office with your Shonto Preparatory School Employee Benefit Plan ID card. Contracted providers will submit the billing on your behalf and this Plan will pay for covered services based on the Plan Document and Schedule of Benefit amounts. If you see a non-contracted provider, you may be required to submit the billing directly to Summit indicating your employer and legible name on the statement .

Coordination of Benefits

If you or your dependents have coverage under this Plan AND another Plan, including AHCCCS or Medicare the two plans will coordinate benefits. The Plan that covers the employee is the primary plan for the employee. Generally when children are covered under both parent's plans, the parent's birthdate which falls the earliest in the year will be the primary payer.

Eligibility for Benefits

What does annual "Open Enrollment" mean?

Open enrollment provides a window for you to make changes to your plan elections one time per year without having a reason to do so. Outside of the Open Enrollment window you are typically locked into your benefit elections for the year.

Mid-year changes are ONLY allowed if a Qualified Change, or Life Event occurs. You must notify Human Resources and complete an enrollment form within thirty (30) days following the date of any qualifying event.

Examples of Qualifying Life Events are:

- Marriage, legal separation or divorce
- Change in a child's dependent status
- Death of spouse, child or other qualified dependent
- Spouse's open enrollment
- Change in spouse's employment and / or insurance
- Birth or adoption of a child
- Assignment of legal guardianship
- Loss of insurance coverage
- New coverage under another plan
- Active member in the armed forces

Who is considered an eligible dependent?

In general, full time employees working thirty (30) or more hours per week are eligible for the benefits outlined in this overview. You can enroll the following family members in your medical, dental and vision plans.

- Your legal spouse
- Dependent Child(ren) are covered under the same Plan elected by the employee and may include Medical, Dental & Vision benefits until the child reaches age twenty-six (26) regardless of marital status, residency, or student status.
    - The employee's child(ren) that are natural, adopted, fostered or a step child
    - Child (ren) for whom the employee or spouse has legal guardianship

How do I add or terminate a dependent spouse and/or child(ren) to/from my benefit plan?

You may add your eligible dependents when you first become eligible for coverage, or during any open enrollment period. If you do not enroll eligible family members initially, certain Qualifying Events will allow you to enroll your dependents onto your plan during the year (see above for examples).

Termination of coverage for your dependents can only be requested during open enrollment or if there is a qualifying event.

You must complete an enrollment form and provide applicable documentation to make the changes no later than thirty (30) days after the qualifying event.

Please refer to your Plan Document located on Summit's website or call a Customer Service Representative at Summit.

Medical ~ Basic PPO Plan

Your PPO Network is Blue Cross/Blue Shield Network that consists of medical care professionals who provide a discounted rate for their services.

Below are the amounts you as a member are responsible to pay for covered services.

Benefit year is: July 1st through June 30th	**In-Network** BlueCross BlueShield Arizona — An Independent Licensee of the Blue Cross Blue Shield Association		**Out-of-Network**
You can locate a PPO provider online at: www.azblue.com/chsnetwork			
Deductible (per Benefit Year) Individual Family	 $200 $600		 $400 $1,200
Out of Pocket Maximum (Includes Deductibles/Copays) Individual Family	 $2,000 $6,000		 Unlimited Unlimited
Preventive Care: Adult / Child	Covered 100% by the Plan		Deductible / 40%
Dr. Office Visits Primary Care Specialist	 $20 $20		 Deductible / 40% Deductible / 40%
Emergency Room	Deductible / 20%		
Inpatient Hospital	20%		Deductible / 40%
Outpatient Surgery	Deductible / 20%		Deductible / 40%
Urgent Care	$20		Deductible / 40%
Lab or X-rays	Covered 100% by the Plan		Deductible / 40%
Mental Health/ Substance Abuse Outpatient Inpatient	 Deductible / 20% 20%		 Deductible / 40% Deductible / 40%
Acupuncture & Chiropractic Care	Deductible / 20%		Deductible / 40%
All other Covered Services	Deductible / 20%		Deductible / 40%
Prescription Drugs Generic Preferred Brand Non-Preferred Band	Retail (30 Day Supply) $10 $25 $35	Mail Order (90 Day Supply) $25 $62.50 $87.50	Member must pay full retail price. Reimbursement is based on negotiated rate less any applicable copay

Medicine Man Benefits

Benefit year is: July 1st through June 30th	Maximum Benefit is $200 per benefit year	
Diagnostic Services		
Tini'lei (Hand Trembling)	$50	
Deest'ii (Star/Crystal Gazing)	$150	
Ceremonies:		
Hoz hooji (Blessing Way)	$200	2 Days
Dzitk'iji (Mountain Chant Way)	$200	9 Days
Na'akai (Yei bei chei Dance)	$200	10 Days
Nixch'ihji (Wind Way)	$200	5 Days
Naxch'ihji (Wind Way)	$200	2 Days
O'oosni'gt (Lightening Way)	$200	5 Days
Hoozhoneeh (Snake Way)	$200	5 Days
Iidaaji (Life Way)	$200	4 Days
Niidaa (Enemy Way)	$200	4 Days
Chishiji (Chiricahua Apache)	$200	2 Days
Wolachiiji (Red Ant Way)	$200	5 Days
Hochoji (Evil Way)	$200	5 Days
Anit'eesh (Blackening Rite)	$180	1 ½ Days
Dine'eeh (Hunting Way)	$200	5 Days
Ta cheii bee nahagha (Sweatlodge Ceremony	$200	4 Days
Ach/aah sodizin (Protection Prayer)	$200	2 Days
Azee' bee nahagha (Peyote Ceremony)	$200	1 Day/Night

Dental Benefits

Benefit year is: **July 1st through June 30th**	
Benefit Year Deductible Individual Family	 $50 $150
Maximum Benefit Per Covered Person Preventive, Basic and Major Dental Services Orthodontic Services	 $2,000 $2,000
Services:	
Diagnostic & Preventive Dental Services – Includes Routine exam, cleaning & X-rays; Deductible waived for these services	100%
Basic Dental Services – Includes Restorative, Periodontics, Endodontics, Oral Surgery	80%
Major Dental Services – Includes Crowns, Bridges, Dentures	50%
Orthodontic Services	50%

Vision Benefits

Benefit year is: **July 1st through June 30th**	
Benefit Year Deductible	None
Maximum Benefit for All Conventional Lenses/Frames & Contacts	$300
Maximum Benefit for Examination Per Covered Person	$65
Examination	$10 Co-pay
All Lenses/Frames & Contacts (includes disposable)	$25 Co-pay

Precertification / Preauthorization

Utilization Review / Large Case Management

Certain medical services require precertification/preauthorization. This is the process of determining if services are medically necessary. Failure to comply may result in denial of benefits, an additional deductible, copay or reduction of benefits. The following are some of the services that MUST be precertified or preauthorized:

- Inpatient Hospitalization including Mental Health/Substance Abuse
- Residential Stays for Behavioral Health Treatment
- Outpatient Surgery
- Home Health Care
- Hospice Care
- Extended Care Facility

Precertification may be obtained by calling Hines & Associates at (800) 944-9401 or visiting www.precertcare.com.

Precertification Penalty

Failure to obtain pre-certification will result in a financial penalty or denied claim. If a covered treatment is not pre-certified, benefits payable for covered expenses for any service requiring precertification shall be reduced by maximum penalty of $300. For a detailed listing please refer to your plan document on-line at www.summit-inc.net or contact Summit's Customer Service Department at (888) 690-2020.

Life Insurance / AD&D

Shonto Preparatory School provides eligible employees Basic Life and Accidental Death & Dismemberment coverage at no cost to the employees. This coverage is intended to provide employees with peace of mind and families and/or beneficiaries with financial security in the event of the employee's death. You have the option to purchase life insurance benefits for your spouse and/or child(ren).

Lincoln Financial Life	Benefit
Employee	1 x Annual Earnings to $100,000
Spouse/Children	$5,000

Life insurance coverage begins on the first day of the month following your full time hire date provided you are actively working when coverage begins. Benefits paid will not exceed maximum benefit. Also, age reductions apply for members at age 65 by 35% and then at age 70% benefits are reduced by 50%.

Designating your Beneficiary

In the event of your death, benefit payments are made based on your must recent signed beneficiary designation. Therefore, it is important to keep this up to date. You must provide a signed beneficiary designation form upon enrollment. You may change your beneficiary any time throughout the year or at Open Enrollment. You may submit your completed beneficiary form to Human Resources.

Optional Voluntary Life Insurance / AD&D

	Minimum	Maximum
Employee	$10,000	5 X Salary up to $500,000
Spouse	$5,000	$250,000
Children 0 to 14 Days 14 Days to 6 Months 6 Months to 19 Years (25 if Un-married & Full Time Student)	No Benefit $250 $10,000	

Employee Assistance Program (EAP)

The Employee Assistance Program is available through Lincoln Financial Group to you and your family. This benefit offers confidential counseling and referral services that can help you and your family successfully deal with life's challenges such as:

- Family/Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationship
- Stress

You and your family are eligible for up to 5 sessions per incident with a licensed counselor either face to face, telephonic or virtually. This benefit is available 24/7, 365 days a year at no cost to you. Web-based services are also available:

Phone	Mobile App	Web Based
888-628-4824	GuidanceNow	GuidanceResources.com Username: LFGSupport Password: LFG Support1

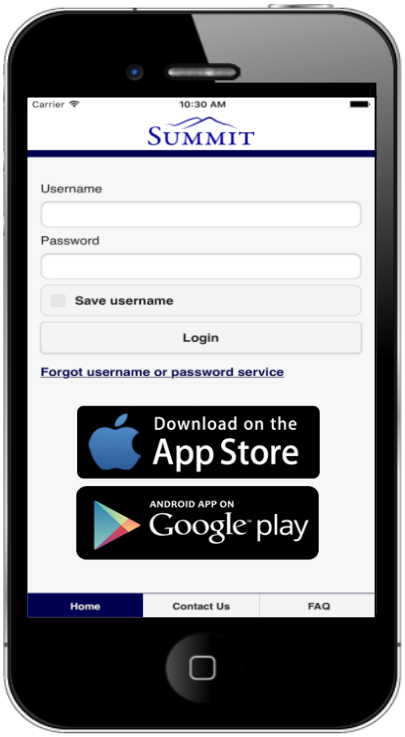
This EAP program also allows you access to the following programs:

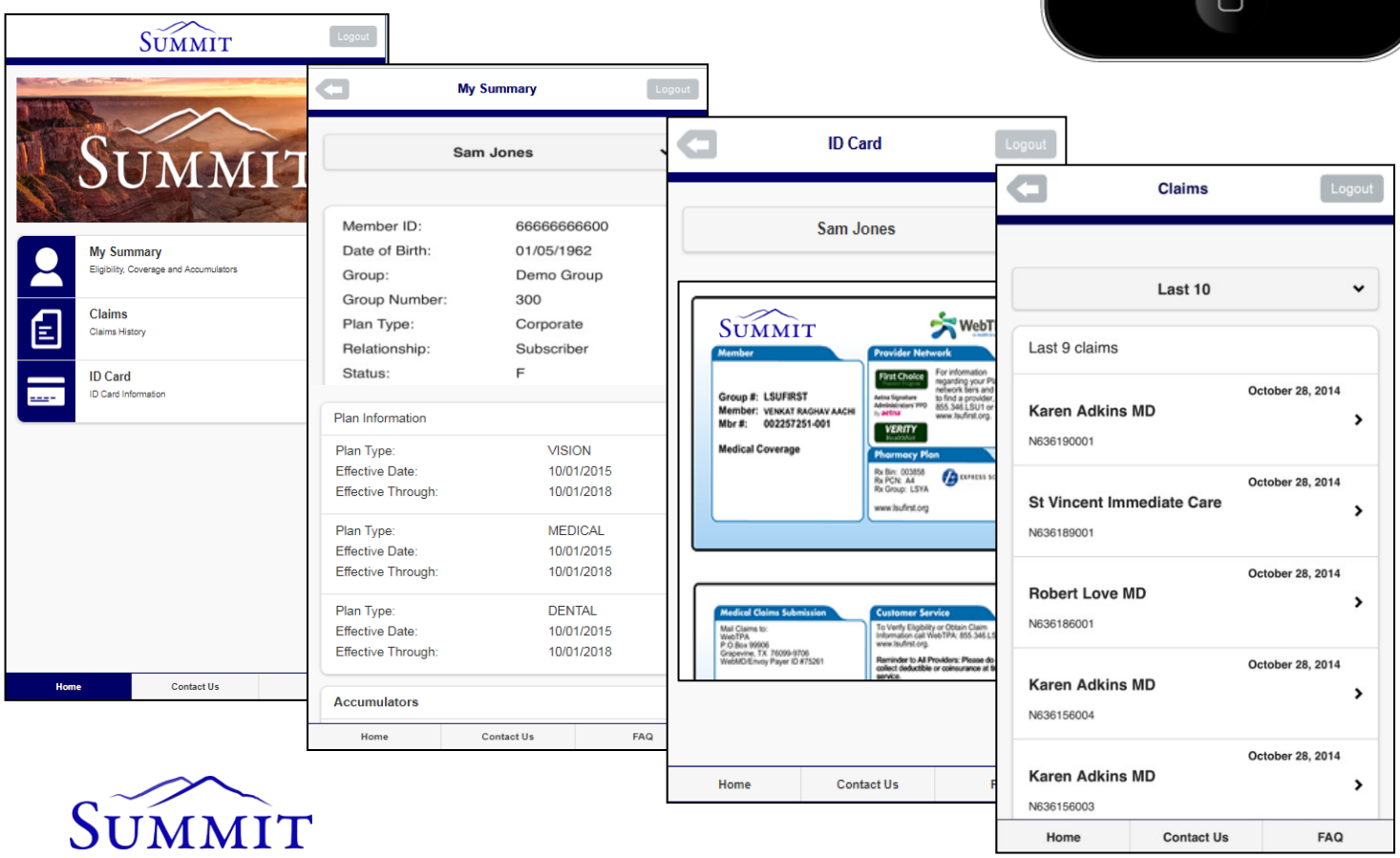
- Life Keys – assist you with will preparation, identity theft, grief, legal to name a few
- Travel Connect – provides assistance when traveling more that 100 miles from home. You can access a wealth of travel, medical and safety-related services
- Funeral Prep – can help with pre-planning and at-need planning
- Grief and Loss Resources – a guides to assist you with emotional support and coping when a loved one passes.

Benefit Information at your Fingertips!

Summit offers mobile solutions that give you the tools and resources to have on demand access to your health care benefits

- ✓ Eligibility
- ✓ Coverages
- ✓ Accumulators
- ✓ Claims
- ✓ ID Card Image
- ✓ Contact Us
- ✓ Messaging
- ✓ FAQs





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Federal Notices

The Department of Labor (DOL), the Department of Health and Human Services (HHS) and the Internal Revenue Service (IRS) require certain information related to health benefit plans be issued to employees in writing. These notices explain your rights and obligations in relation to the health plan provided by your employer. Please note this is not a legal document and should not be construed as legal advice.

THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits for limited periods of time under certain circumstances, such as, voluntary or involuntary job loss, reduction in the hours worked, death, divorce, and other events. Qualified individuals may be required to pay the entire cost for coverage up to 102% of the cost for the Plan.

FAMILY MEDICAL LEAVE ACT (FMLA) The Family Medical Leave Act entitles eligible employees of covered employers to take unpaid, job-protected leave due to a serious health condition for the employee or immediate family. To be eligible, the employee must have worked at least 1,250 hours during the prior 12 consecutive months. For additional details, visit the Department of Labor FMLA page. Notify your employer when you have a qualifying event, such as, birth or adoption of a child, a serious health condition, need to care for a spouse, child or parent with a serious medical condition, or for reservist or National Guard provisions related to you or an immediate family member leaving for military duty or being injured in active duty.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)-PRIVACY NOTICE One of the many components of the Health Insurance Portability and Accountability Act (HIPAA) is privacy of an individual's Protected Health Information (PHI). The HIPAA privacy rule requires a health plan to remind employees no less frequently than once every three years of the availability of its notice of privacy practices as well as how to obtain a copy. Remember, it is the privacy practices adopted by your employer that must be distributed to all employees. You can access additional information about the required reminder notice to employees at the Office for Civil Rights website, http://www. hhs.gov/ocr/hipaa and clicking on FAQs, Notice of Privacy Practices.

HIPAA SPECIAL ENROLLMENT RIGHTS if you and/or your dependents lose other group health coverage, or you acquire a dependent, such as, marriage, birth or adoption, you have special enrollment rights in the employer's group health plan allowing you to enroll dependents during the year other than open enrollment. You must submit a completed application for enrollment in the health plan to the employer within 30 days of the loss of other coverage or dependent acquisition in order to enroll the dependents. Failure to enroll within 30 days results in waiting until the next open enrollment.

MEDICAID AND CHILD HEALTH INSURANCE (CHIP) If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have a premium assistance program that can help pay for coverage. If you or your dependent(s) are not currently enrolled in Medicaid or CHIP, and you think your dependent(s) might be eligible, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer sponsored plan. Once it is determined that you or your dependent(s) are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit your dependent(s) to enroll in the Plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. You have 60 days to request coverage after it is determined you are eligible for premium assistance. Arizona CHIP telephone: (Outside of Maricopa County): 1-877-764-5437 (Maricopa County): 602-417-5437

Arizona CHIP website: www.azahcccs.gov/applicants/default.aspx

Federal Notices

MEDICARE PART D NOTICE Your employer will issue a notice about Medicare Part D in September or October. The notice explains the options you have under Medicare prescription drug coverage. It also has information about your current prescription drug coverage with your employer. It will guide you where to find more information to help you make decisions about your prescription drug plan. If you or any of your eligible dependents are eligible for Medicare, please read the notice. If you are not, you can disregard the notice.

THE GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA) is designed to prohibit the use of genetic information in health insurance and employment. The Act prohibits group health plans and health insurers from denying coverage to a healthy individual or charging that person higher premiums based solely on a genetic predisposition to developing a disease in the future. The legislation also bars employers from using individual's genetic information when making hiring, firing, job placement or promotion decisions.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO) A qualified medical child support order is issued under state law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits. An "alternate recipient" is any child of an employee or spouse (including a child adopted by or placed for adoption) who is recognized under a medical child support order as having a right to enrollment under a group health plan. Upon receipt, the employer is required to determine within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each qualified order. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer. Like most other prescribed timelines for enrolling under this provision, you must provide a completed application for enrollment for the alternate recipient within 30 days of the court order.

UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT NOTICE (USERRA)
Your right to continued participation in the Plan during leave of absences for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act. Accordingly, if you are absent from work due to a period of active duty in the military for less than 30 days, your Plan participation will not be interrupted. If the absence is more than 30 days, but not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 30 days or if you revoke a prior election to continue to participate for up to 12 weeks after your military leave began, you and your covered family members will have the opportunity to elect COBRA only under the medical coverage for the 24-month period that begins on the first day of your leave of absence. You must pay the cost for COBRA with after-tax funds, subject to the rules that are set out in the Plan.

NEWBORN AND MOTHER'S HEALTH PROTECTION ACT (NMHPA) 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 physician, 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 the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) The Women's Health and Cancer Rights Act (WHCRA) provides protection for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must also provide coverage for certain services relating to the mastectomy, in a manner determined in consultation with the attending physician and the patient. Required coverage includes all stages of reconstruction of the other breast to produce a symmetrical appearance, prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Contacts

The Professional Group PUBLIC CONSULTING, INC.	**Plan Consultant:** (480) 699-4458 www.pgpc.org Caroline Brackley
SUMMIT	**Medical, Dental, Vision Claims:** (888) 690-2020 www.summit-inc.net tammy@summit-inc.net Tammy Colvin, Account Manager
BlueCross BlueShield Arizona An Independent Licensee of the Blue Cross Blue Shield Association	**PPO Network:** (800) 232-2345 www.azblue.com/chsnetwork
MagellanRx MANAGEMENT	**Prescription Benefit Manager:** (800) 659-4112 www.magellanrx.com
Hines	**Precertification/Utilization Review:** (800) 944-9401 www.precertcare.com
Lincoln Financial Group®	**Employee Assistance Program:** (888) 628-4824 www.guidanceresources.com
	Life/AD&D: (877) 275-5462 www.lfg.com
I.H.S. Contract Health Services	**72 Hour Notification for Emergency Services** **(928) 697-4000**

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