



L.H. Unified School District #1

Employee Benefit Trust

Know Your Benefits
Plan Year 2019-2020

LHSEBT Structure

- ▶ Self-Funded Employee Benefit Trust per A.R.S. §15-382 and §15-502
- ▶ Operated by a Board of five (5) Trustees appointed by the Governing Board
- ▶ Self-Funded means...
 - The Trust pays the first \$170,000 per “belly button” per year for Medical/Rx claims
 - 100% for Dental
 - Much like operating a mini-insurance company

LHSEBT Structure

► Administrative Partners:

- Blue Cross Blue Shield of Arizona (BCBSAZ) - Arizona medical network
- CVS/Caremark (through National Cooperative) – Rx network and claims processing
- Gilsbar - Medical claims processing
- American Health Group (AHG) – Pre-certification and case management
- Ameritas – Dental network and claims processing
- UHC/Spectera – Vision network and claims processing
- Guardian – Life/AD&D & Short-Term Disability
- Teladoc

LHSEBT Structure

► Operational Partners:

- Erin P. Collins & Associates, Inc. (ECA) – Broker/Consultant
- Cheiron – Actuary
- Legal – Jones, Skelton & Hochuli
- GDK - CPA

Employer Provided Benefits

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

- ▶ Medical/Prescription Coverage
- ▶ Dental Coverage
- ▶ 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 (Gold Enrollees Only)
- ▶ Dependent Care Account
- ▶ 403b Supplemental Retirement Benefits

- ▶ AFLAC Supplemental Benefits
 - ❖ Accident Plan
 - ❖ Cancer/Specified Disease Coverage
 - ❖ Critical Illness Coverage
 - ❖ Hospital Confinement Coverage

Benefit Plan Eligibility

▶ Benefit Effective Date:

- 1st day of the month following 30 days of full-time employment

▶ Coverage Notes:

- Proof of dependent eligibility:
 - Spouse – valid/current marriage license 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”

Qualifying Events

- ▶ Once enrolled, employees may not change elections until the following open enrollment unless they experience a qualified event
- ▶ Examples include:
 - Marriage
 - Divorce
 - Birth or Adoption
- ▶ Requests for mid-year changes must be made within 31 days of the qualifying event

Medical Benefits Summary



Medical Benefits**	Gold Plan	HDHP Plan
Deductible		
Per Member	\$750	\$4,000
Per Family	\$1,500	\$8,000
Medical Maximum Out-of-Pocket	(Includes Deductible)	(Includes Deductible)
Per Member	\$4,000	\$4,000
Per Family	\$8,000	\$8,000
Rx Maximum Out-of-Pocket		
Per Member	\$3,900	Unlimited
Per Family	\$7,800	
Inpatient Hospital	20% After Deductible	0% After Deductible
Outpatient Facility	20% After Deductible	0% After Deductible
Office Visits		
Primary Care Physician (PCP)	\$25 Co-Pay	0% After Deductible
Specialist	\$50 Co-Pay	
Urgent Care Facility	\$55 Co-Pay	0% After Deductible
Preventive Services* (As Mandated by Federal Law)	0% No Co-Pay or Deductible	0% No Deductible

Medical Benefits Summary



	Gold Plan	HDHP Plan
Chiropractic Care (Limited to 30 Visits)	\$50 Co-Pay (\$100 Max per Visit)	0% After Deductible
Diagnostic Testing, X-Ray and Lab Services		
Freestanding Facility	\$50 Co-Pay	0% After Deductible
Hospital	20% After Deductible	
Advanced Imaging (CT Scans, MRIs, PET Scans, Etc.)	20% After Deductible	0% After Deductible
Maternity	20% After Deductible	0% After Deductible
Emergency Room	\$200 Co-Pay + 20% After Deductible	0% After Deductible
Inpatient Mental Health & Substance Abuse	20% After Deductible	0% After Deductible
Outpatient Mental Health & Substance Abuse	\$25 Co-Pay	0% After Deductible
Teladoc	\$0 Co-Pay	\$49 Consultation Fee

***NOTE: Mobile On-Site Mammography (MOM) is the exclusive PPO provider for all mammography services, unless a Physician certifies in writing that a Hospital must be used in lieu of MOM. Mammography services provided at a hospital are subject to deductible and co-insurance.**

****Plans provide in-network benefits only, except in the case of an emergency.**

Medical Benefits Summary

- ▶ Both Gold and HDHP plans provide in-network benefits ONLY! Voluntary use of non-network providers in or outside the state of Arizona **ARE NOT COVERED!**
 - Limited to Blue Cross Blue Shield of Arizona (BCBSAZ) providers only
 - There are more than 25,100 doctors and specialists that make up the AZ network. BCBSAZ has contracted with more than 95% of hospitals in Arizona.
- ▶ Exceptions for **"Emergencies Only"**
 - Accident-True emergency: An unintentional, unforeseeable and undesirable happening that results in bodily injury for which medical treatment is required.
- ▶ Eligible Out-of-Network charges are subject to UCR maximums* and members are subject to balance billing

*UCR=Usual Customary and Reasonable determined by zip code

Medical Benefits Summary

▶ Wellness Benefits

- Plan pays 100% of eligible expenses for:
 - Physical exam
 - GYN exam
 - Pap smear
 - Prostate/testicular exam
 - All immunizations
 - Mammograms (limited to one baseline age 35-39, and one annually thereafter through MOM mobile unit)
 - Screening Colonoscopies (age 50+ per guideline)
 - And all other preventive services required by healthcare reform

▶ See: <http://www.healthcare.gov/center/regulations/prevention/taskforce.html>

Prescription Benefits Summary



National Cooperative  Wisconsin 

Prescription Benefits	Gold Plan	HDHP Plan
30-Day Supply at Retail Pharmacy		
<ul style="list-style-type: none"> Prescribed preventive medication as required by federal law 	\$0 Co-Pay	\$0 Co-Pay
<ul style="list-style-type: none"> Generic Drug 	\$10 Co-Pay	0% After Deductible
<ul style="list-style-type: none"> Preferred Drug* 	\$35 Co-Pay	0% After Deductible
<ul style="list-style-type: none"> Non-Preferred Drug* 	\$65 Co-Pay	0% After Deductible
90-Day Supply at Retail or Mail Order Pharmacy		
<ul style="list-style-type: none"> Prescribed preventive medication as required by federal law 	\$0 Co-Pay	\$0 Co-Pay
<ul style="list-style-type: none"> Generic Drug 	\$20 Co-Pay	0% After Deductible
<ul style="list-style-type: none"> Preferred Drug* 	\$70 Co-Pay	0% After Deductible
<ul style="list-style-type: none"> Non-Preferred Drug* 	\$130 Co-Pay	0% After Deductible
Specialty	20% to Max of \$300	0% After Deductible

***Brand Name Penalty:** If your physician authorizes the use of a Generic drug but you choose to use the Brand Name drug, you must pay the difference between the actual cost of the Generic and Brand in addition to the Brand Name co-payment.

Teladoc



- ▶ Talk to a doctor 7/24/365!
 - Via Phone or Computer
- ▶ Common conditions
 - Cold & flu symptoms
 - Allergies
 - Sinus problems
 - Sore Throat
 - Respiratory infection
 - Skin problems
 - And more!

Teladoc (cont.)



- ▶ Able to prescribe medications
 - No opioids/controlled substances
- ▶ Available to all family members covered under LHSEBT medical/rx plans
- ▶ No cost for Gold Plan members
- ▶ \$49 Consultation Fee for HDHP members
 - Consult Fee applies to Deductible/Max Out-of-Pocket

Medical Utilization Review

- ▶ Members must pre-certify the following services:
 - Non-emergent inpatient hospitalizations prior to admission
 - Emergency admissions within 48 hours
 - Diagnostic tests & outpatient surgical procedures over \$1,000 (when in doubt, pre-certify)
 - Maternity admissions that exceed 48 hours (or 96 hours for C-section)
 - Psychological & Neurological testing.
- ▶ Failure to pre-certify may result in up to a 50% reduction in benefits!
- ❖ **AGH** – 800.847.7605 or 602.265.3800

2019-2020 Premium Rates

Medical-Gold Plan

Medical/Rx – Gold Plan

	Monthly Premium	Employer Contribution		Employee Contribution	
		24 Pays	18 Pays	24 Pays	18 Pays
Employee Only	\$719.42	\$359.71	\$479.61	\$0	\$0
Employee+Spouse	\$1,245.54	\$393.15	\$524.20	\$229.62	\$306.16
Employee+1 Child	\$1,116.77	\$463.17	\$617.55	\$95.22	\$126.96
Employee + Children	\$1,402.69	\$534.51	\$712.68	\$166.84	\$222.45
Employee+Family	\$1,823.20	\$602.10	\$802.80	\$309.50	\$412.66

2019-2020 Premium Rates

Medical-HDHP Plan

Medical/Rx – High Deductible Health Plan*

	Monthly Premium	Employer Contribution		Employee Contribution	
		24 Pays	18 Pays	24 Pays	18 Pays
Employee Only	\$692.69	\$346.35	\$461.79	\$0	\$0
Employee+Spouse	\$1,196.90	\$379.79	\$506.38	\$218.67	\$291.55
Employee+1 Child	\$1,073.53	\$449.80	\$599.73	\$86.97	\$115.95
Employee + Children	\$1,345.94	\$521.15	\$694.86	\$151.83	\$202.43
Employee+Family	\$1,750.24	\$588.74	\$784.98	\$286.38	\$381.84

****NOTE: The District will contribute \$320.76 annually (in increments based on your elected pay schedule) to a Health Savings Account (HSA) for those employees who enroll in the HDHP.***

Monthly Premiums cont.

- ▶ You may enroll your dependents in medical, dental and vision, or:
 - Medical only
 - Medical and Dental only
 - Medical and Vision only
- ▶ You cannot enroll yourself or dependents in Dental or Vision only. Enrollment in Dental or Vision is tied to your enrollment in Medical.
- ▶ You cannot enroll dependents without enrolling yourself.

Dental Benefits Summary



Benefit Type	In Network Providers	Non-Network Providers
Type 1 Preventive	100% MAC (maximum allowable coverage)	70%* UCR (usual customary & reasonable)
Type 2 Basic	80%/90%*/100%* MAC *subject to annual exam and cleanings	60%* UCR
Type 3 Major	50%* MAC	40%* UCR
Periodontal Coverage	80%/90/100* MAC *subject to annual exam and cleanings	60%* UCR
Endodontics	80%/90/100* MAC *subject to annual exam and cleanings	80%* UCR
*Annual Deductible (individual/Family)	\$50/\$150 Type 2&3 Combined	\$50/\$150 Type 1, 2, & 3 Combined
Annual Maximum Benefit Amount	\$2,000	\$1,000
Type 1 waiting period	None	None
Type 2 waiting period	6 months (newly enrolled)	6 months (newly enrolled)
Type 3 waiting period	12 months (newly enrolled)	12 months (newly enrolled)
Orthodontia	\$1,000 Life Time Max	No Coverage
Ortho waiting period	12 months (newly enrolled)	N/A

UHC Vision Benefits Summary

Benefit Type	UnitedHealthcare In Network Providers	Non-Network Providers
Service Frequency: Exams/Lenses/Frames/Contacts	Every rolling 12 months	Every rolling 12 months
Eye Exam	\$10 Copay then 100%	Up to \$40
Lenses: Single Vision Lined Bifocal Lined Trifocal Lenticular	100% after \$10 copay 100% after \$10 copay 100% after \$10 copay 100% after \$10 copay	Up to \$40 Up to \$60 Up to \$80 Up to \$80
Frames: Retail Frame Allowance	Up to \$100	Up to \$40
Elective Contact Lenses: Covered Selection Contacts: Non-Selection Contacts: Medically necessary Contact Lenses	Up to 4 Boxes Up to \$105 100%	Up to \$105 Up to \$105 Up to \$210
Lens Options: Covered in full lens options Non-Covered Lens Options	Standard Scratch Coating; Polycarbonate Lenses for Children up to age: 19 Price Protection available for non-covered lens options ranging from 20-60% off retail at participating providers.	Not Applicable Price Protection available for non-covered lens options ranging from 20-60% off retail at participating providers.
Value Services: Laser Vision Discount	UnitedHealthcare offers discounted laser vision through Laser Vision Network of America of between 5 and 15%.	UnitedHealthcare offers discounted laser vision through Laser Vision Network of America of between 5 and 15%.

2019-2020 Premium Rates

Dental/Vision

Dental

	Monthly Premium	Employer Contribution		Employee Contribution	
		24 Pays	18 Pays	24 Pays	18 Pays
Employee Only	\$27.00	\$13.50	\$18.00	\$0	\$0
Employee+Spouse	\$56.00	\$13.50	\$18.00	\$14.50	\$19.33
Employee+1 Child	\$47.00	\$13.50	\$18.00	\$10.00	\$13.33
Employee + Children	\$73.00	\$13.50	\$18.00	\$23.00	\$30.67
Employee+Family	\$102.00	\$13.50	\$18.00	\$37.50	\$50.00

Vision

	Monthly Premium	Employer Contribution		Employee Contribution	
		24 Pays	18 Pays	24 Pays	18 Pays
Employee Only	\$5.18	\$2.59	\$3.45	\$0	\$0
Employee+Spouse	\$10.35	\$2.59	\$3.45	\$2.59	\$3.45
Employee+1 Child	\$9.41	\$2.59	\$3.45	\$2.12	\$2.82
Employee + Children	\$9.41	\$2.59	\$3.45	\$2.12	\$2.82
Employee+Family	\$16.94	\$2.59	\$3.45	\$5.88	\$7.84

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

Life & AD&D

Employee (Life/AD&D): 1.5x annual earnings rounded to the next higher \$1,000.

Minimum benefit of \$25,000. Not to exceed \$150,000.

Spouse (Life only): \$5,000

❖ *Not to exceed 100% of employee coverage amount. Benefits will be paid to the employee.*

Child (Life only): \$2,500

❖ *The maximum death benefit for a child between the ages 14 days and 6 months is \$250. Benefits will be paid to the employee.*

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

Employee: Up to 5 times salary in increments of \$10,000 to a maximum of \$500,000.

Spouse: Up to 100% of employee amount in increments of \$5,000 to a maximum of \$250,000.

Child: Up to 100% of employee coverage amount in increments of \$2,000 to a maximum of \$10,000

The maximum death benefit for a child between the ages of 14 days and 6 months is \$250.

❖ In order to purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.

Employee AD&D-coverage amounts

Employee: Up to 5 times salary in increments of \$10,000

Not to exceed \$500,000

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

Non-Medical Maximum or Guaranteed Issue

If you enroll within 31 days of your eligibility date, you may apply for any amount of Life insurance coverage up to \$200,000 for yourself and any amount of coverage up to \$50,000 for your spouse.

If you enroll outside of your 31-day enrollment or you request an amount of coverage over the non-medical maximum, evidence of insurability will be required.

Some restrictions apply. See application for complete details.

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

▶ Standard features:

- Portability;
- Employee life insurance premium waver;
- Accelerated Death Benefit (a one-time lump sum payment of a portion of the **death benefit** if the insured person is diagnosed with a terminal illness with a life expectancy of 12 months or less): 75% to a maximum of \$500K;
- Survivor Financial Counseling Service.

▶ Rate Sample:

Age	\$10,000	\$30,000	\$50,000
30	\$.90	\$2.70	\$4.50
40	\$1.80	\$5.40	\$9.00
50	\$5.10	\$15.30	\$25.50
60	\$12.50	\$37.50	\$62.50

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. The residual definition offers a continuous benefit up to 25 weeks as long as you sustain a 20% or greater loss of earnings.

Pre-existing condition exclusion

You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and
- the disability begins in the 12 months after your effective date of coverage.

Group Voluntary Short-Term Disability

- ▶ Sample of calculating Monthly premium cost

EE Annual Salary	Weeks	Weekly Benefit %	Weekly Benefit
\$30,000/	/ 52	60% =	\$346.15
Age 30	Weekly Benefit	Rate \$.723	Cost
	\$346.15	/10 x \$.723	= \$25.03

Flexible Spending Account

- ▶ Employees enrolled in the Gold Plan may elect to have their salary reduced (**pre-tax**) up to \$2,700 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.
- ▶ **Take care due to the “use it or lose it rule”.**

Child Daycare Expenses (CDCE)

- ▶ 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.

How much can I save with an FSA?

	With FSA Plan	Without FSA Plan
Annual Pay	\$30,000	\$30,000
Pre-tax Contribution to FSA or CDCE	\$5,400	\$0
Remaining Taxable Income	\$24,600	\$30,000
Federal, State, and Social Security taxes*	\$6,802	\$8,295
After-tax dollars spent on eligible expenses	\$0	\$5,400
Net spendable income	\$17,798	\$16,305
Tax Savings	\$1,493	\$0

*Assumes 15% federal tax, 5% state tax and 7.65% Social Security Tax

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, but better!)
 - 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 2019

Year	Single	Family
2019	\$3,500	\$7,000

***LHSUSD will contribute \$320 annually to the HSA for members 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

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

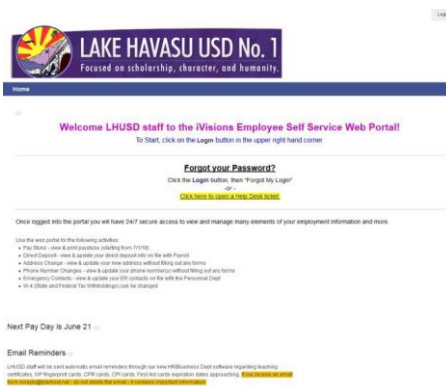
iVisions Web Portal

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>

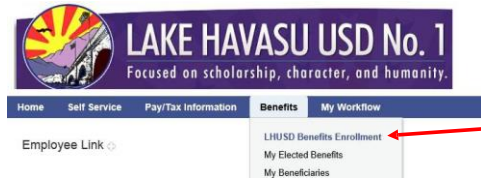
This is the home page. You will Login here. If you forgot your Login information, still click the Login button



Then select "Forgot My 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



- ▶ Your Insurance Consultants/Brokers: Jaime Schulenberg and Erin Collins
- ▶ 928.753.4700 x302 Jaime Phone
- ▶ 877.866.5732 Fax
- ▶ jaimes@ecollinsandassociates.com

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.