

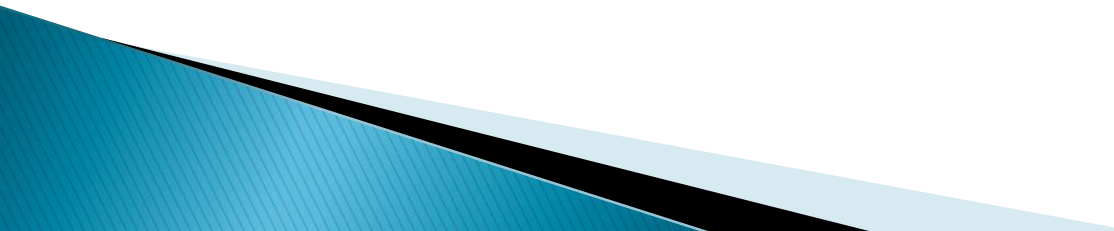


L.H. Unified School District #1


Employee Benefit Trust

Know Your Benefits
Plan Year 2017–2018

Employer Provided Benefits Summary– to all full time employees ■ (working 30+ hours per week)

- ▶ Group Term Life & AD&D (accidental death & dismemberment) Insurance
 - ▶ Medical/Prescription Coverage
 - ▶ Dental Coverage
 - ▶ Vision Coverage
 - ▶ LHSEBT Health and Wellness Center
 - ▶ Work On Wellness Program (W.O.W.)
- 

Voluntary Benefits Summary– full time employees, at your cost

- ▶ Medical, Dental and Vision for Dependents;
 - ▶ Supplemental Life Insurance for Self and Dependents;
 - ▶ Supplemental Accidental Death and Dismemberment (AD&D) coverage for Self and Dependents;
 - ▶ Employee only: Short Term Disability Protection;
 - ▶ Flexible Spending Account;
 - ▶ Dependent Care Account;
 - ▶ 403b Supplemental Retirement benefits;
 - ▶ AFLAC Supplemental benefits;
 - ❖ Accident Plan
 - ❖ Cancer/Specified Disease Coverage
 - ❖ Critical Illness Coverage
 - ❖ Hospital Confinement Coverage
- 

Benefit Plans Eligibility

- ▶ *Benefits become effective as follows:*
- ▶ For all full time employees working on average 30 or more hours per week, *(based on an annual measurement)* benefits become effective on the 1st day of the month following 30 days of full time employment.
- ▶ Dependents—married spouse if so enrolled. (at same time as EE)
- ▶ Dependent child(ren): coverage extended up to end of the month in which they attain age 26, if enrolled with employee. If not enrolled with EE, must wait until next open enrollment period unless a HIPAA qualifying event occurs.
- ▶ New dependent enrollees must provide a copy of the marriage certificate for spouse and birth certificate for child(ren).

Medical Benefits Summary



- ▶ *Lifetime Maximum Benefit : Unlimited!*
- ▶ The LHSEBT uses Blue Cross and Blue Shield of AZ (BCBSAZ) as it's Exclusive Provider Organization (EPO) medical network. (If you choose a physician that is not contracted with BCBSAZ, the services will not be covered and will be at your own expense)
- ▶ This network *does not* include BCBS providers outside of the state of Arizona.
- ▶ Except in the case of a true *"emergency"*, the use of non-contracted BCBSAZ in the state of Arizona or, outside the state of Arizona, **ARE NOT COVERED!**

Medical Benefits Summary



- ▶ *Out-of-Pocket Maximum:*
- ▶ \$6,000/Individual and \$12,000/Family.
- ▶ Deductibles: The annual deductible is \$2,000 per person to a maximum of 2 per family or \$4,000.
- ▶ Copays— office visits, prescriptions, urgent care, emergency room, chiropractic
- ▶ Utilization management penalties (UMP)
- ▶ *Maximum Out of Pocket is now a combination of Deductibles, Copays and UMP.*

Medical Benefits Summary



- ▶ *Copays: (NOTE– Copays now apply to Out-of-pocket expenses):*
- ▶ Primary Care visit: \$55.00
- ▶ Specialist Care visit: \$55.00
- ▶ Urgent Care visit: \$55.00
- ▶ “*Well Baby*” Visits: Covered at 100%
- ▶ Chiropractor visits: \$55.00 up to 30 visits per calendar year
- ▶ Emergency Room visits: \$200 Copay plus 20% co-insurance

Medical Benefits Summary



- ▶ *Facility Inpatient (Hospitalization)*
- ▶ Plan pays 80% of “*medically necessary*” hospital charges at any BCBSAZ “*contracted*” hospital, after the annual deductible has been met.
- ▶ Plan pays 0% of any “*non-contracted*” medical provider expenses unless the expenses are incurred as a result of a *true emergency*, in which case the claim is paid as if in-network.
 - ▶ *Accident-True emergency: An unintentional, unforeseeable and undesirable happening that results in bodily injury for which medical treatment is required.*
- ▶ Room and Board is limited to the semiprivate rate.
- ▶ Non-emergency admissions require *precertification*. While the hospital or medical provider usually make the call, *covered members* are ultimately responsible to make sure precertification has occurred or may face a penalty.

Medical Benefits Summary



- *Prescription Drugs copays: Per 30 day supply*
- Generic: \$5
- Formulary Name Brand Drugs: \$35
- Non-Formulary Name Brand Drugs: \$65
- *Mail order: Per 90 day supply;*
- Generic: \$15
- Formulary Name Brand Drugs: \$105
- Non-Formulary Name Brand Drugs: \$195
- *Specialty Drugs:*
- Specialty Drugs *must* be purchased through CVS/Caremark.

Medical Benefits Summary



▶ *Annual Deductibles:*

(except for medical expenses where a copay applies, the annual deductible is the costs you must pay before the plan begins to pay 80% for covered services)

- ▶ BCBS contracted providers: \$2,000 per person to a maximum of two (2) per family.
- ▶ Calendar Year deductible is waived for:
 - ❖ Charges paid at 100% : i.e. Wellness Benefits (BCBS Contracted providers only) and the LHSEEBT Wellness Center.

Continued on next slide.....

Medical Benefits Summary



- ▶ *Wellness Benefits: In-network only and at the LHSEBT Wellness Center.*
- ▶ Wellness: Plan pays 100% of eligible BCBS contracted providers expenses for.
 - ▶ Physical exam,
 - ▶ X-ray & Lab,
 - ▶ GYN exam,
 - ▶ Pap smear,
 - ▶ Prostate/testicular exam,
 - ▶ All immunizations,
 - ▶ Mammograms, limited to one baseline age 35–39, and one annually thereafter.
 - ▶ Colonoscopies–Age appropriate and/or family history.
- ▶ See <http://www.healthcare.gov/center/regulations/prevention/taskforce.html> for other covered wellness expenses.
- ▶ **Wellness Benefits are available no more than once annually.**

Medical Benefits Summary



- ▶ *Coinsurance Percentage following satisfaction of annual deductible:*
- ▶ Contracted BCBSAZ Providers: you pay 20% –the Plan pays 80%.
- ▶ Non-Contracted Providers: **You pay 100%** –the Plan pays **0%** of any “non-emergency” services.
- ▶ Emergency services are paid as if services were rendered in-network, regardless of where they are incurred.
- ▶ **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, however, subject to UCR maximums*. You must pay the balance of the provider charges in excess of UCR*.
- ▶ *(UCR=Usual Customary and Reasonable determined by zip code)

Medical Benefits Summary



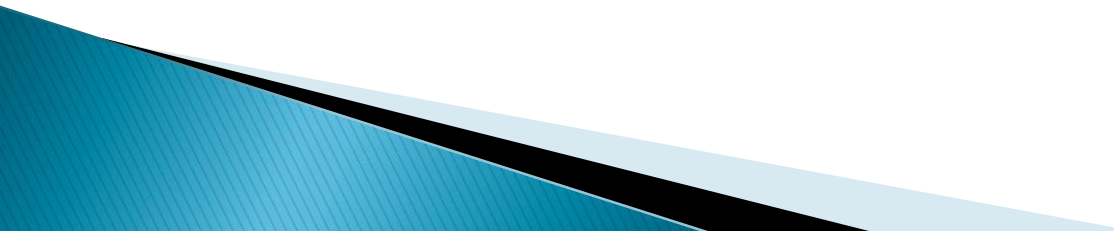
- ▶ For most other “medically necessary” services rendered by BCBSAZ PPO contracted Providers: You pay 20% after the applicable annual deductible and the plan pays 80%.
- ▶ The plan does not pay for non-approved or non-medically necessary services. See Summary Benefits of Coverage (SBC) posted on the LHS District Website for complete details. You are responsible for knowing your benefits “before” services are rendered!

Medical Benefits Summary



- ▶ Maximum out-of-network coverage, per Calendar Year:
- ▶ Per Participant out-of-network: No Coverage
- ▶ Per Family out-of-network: No Coverage
- ▶ *All copayments and deductibles within the EBT BCBSAZ Contracted provider network apply to the annual out-of-pocket maximums. Elective out-of-network expenses do not apply to out-of-pocket maximums. Emergency expenses would apply toward annual out-of-pocket maximum.*

Medical Utilization Review

- ▶ Prior Authorization is a pre-service, evidence-based medical necessity determination for a service or test. Inpatient Care Management takes medical necessity criteria and applies it to bed days when a patient is hospitalized. This process helps to determine if procedures and bed days are **medically appropriate, clinically effective and cost-effective.**
- 

Medical Utilization Review

- ▶ *Pre-certification, Concurrent Review and Case Management through* **American Health Group.**
- ▶ 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
- ▶ Members may also ask **AHG** for assistance in obtaining a second opinion for any upcoming surgical procedure.

Utilization Review (continued)

- ▶ Durable Medical Equipment & Prosthetics over \$500.
- ▶ Cardiac Rehabilitation,
- ▶ MRI's, CT, and PET Scans
- ▶ Mental/Emotional or Substance Abuse treatment
- ▶ Penalty for not pre-certifying: **Payment may be reduce by 50% if procedure not precertified.**
- ▶ **Phone number for pre-certification is on your Medical ID card.**
- ▶ ***You are ultimately responsible for pre-certification.***

Case Management

- ▶ The LHSEBT plan provides for professional medical Case Management (CM). In cases of serious medical issues, such as cancer, heart conditions, strokes, etc. where CM services are designed to help covered members, (who may be receiving medical services over a long period of time),
- ▶ receive the right medical care
- ▶ at the right time, and
- ▶ at the most medically appropriate setting.
- ▶ CM is the covered members medical *advocate*.

Case Management (continued)

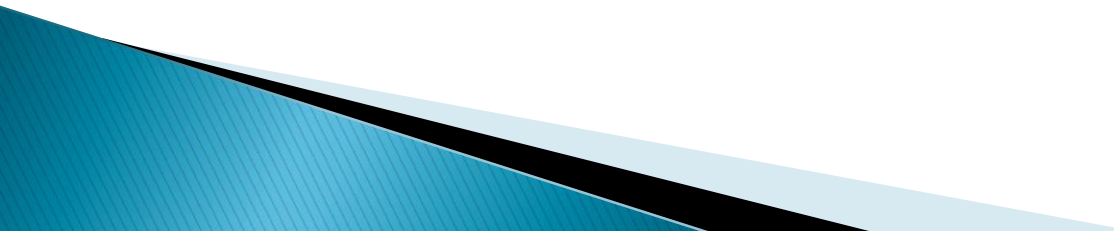
- ▶ With prior approval from the EBT, any covered member who, due to a serious illness or injury, becomes a candidate for CM, the plan **REQUIRES** the member to cooperate with **American Health Group** in their efforts to “**assist**” the member in receiving the right care, at the right time, and in the most appropriate medical setting. CM is the members medical advocate.
- ▶ Members and their medical doctors will be contacted up to **6 times** via certified mail and phone calls to activate CM.
- ▶ Once contacted by CM, should the member refuse to cooperate with CM, the plan will impose a penalty in the form of a reduction in eligible benefit payments by 50%, subject to the annual OOEPE.

Monthly Premiums

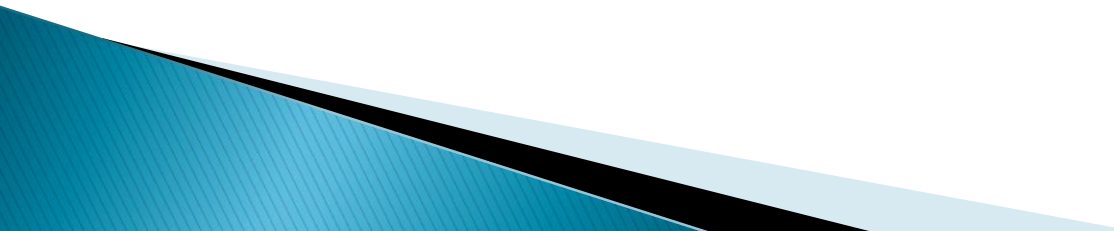


- ▶ *Premiums for Life Medical, Dental, Vision Benefits and EAP:*
- ▶ Employee only: Currently Lake Havasu Unified School District pays **99.99%** of the cost for Medical, Dental, Vision, EAP, and Life Insurance benefits.
- ▶ You will be automatically enrolled for the LHSEBT Paid benefits unless you request a waiver.
- ▶ If you wave coverage for yourself, and or your eligible dependents, you will not be eligible to enroll in the LHSEBT until next open enrollment unless you experience a HIPAA Qualified Event.
- ▶ You may waive enrollment in all plans, except life.

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 only.
- 

Gilsbar

- ▶ Gilsbar is the third party claims administrator for the LHSEBT self-funded medical and vision benefits offered by LHSEBT.
 - ▶ Website access and uses for your account:
 - ▶ <http://www.mygilsbar.com>
 - ▶ A detailed summary of coverage is enclosed in your open enrollment packet
 - ▶ You must return the enrollment packet within 5 working days of receipt.
- 

LHSEBT Health and Wellness Center

- ▶ Covered members and their covered dependents have access to:
- ▶ Primary care;
- ▶ Common generic prescription drugs;
- ▶ Complete physical exams;
- ▶ And a host of other medical services.(1)
- ▶ *All copays, deductibles, and out-of-pocket expenses are waived at the LHSEBT Center.*
- ▶ (1) see district website for a complete list of services.



LHSEBT Health & Wellness Center

brought to you by the Employee Benefit Trust

89 Civic Center Blvd.
Lake Havasu City, Arizona
928-854-6120





LHSEBT Health & Wellness Center

brought to you by the Employee Benefit Trust

Hours of Operation

- ▶ Monday 7–5
- ▶ Tuesday 7–5
- ▶ Wednesday 12–6 (8–2 during the summer)
- ▶ Thursday 7–5
- ▶ Friday 7–5
- ▶ Saturday 7–12

*Closed on major holidays

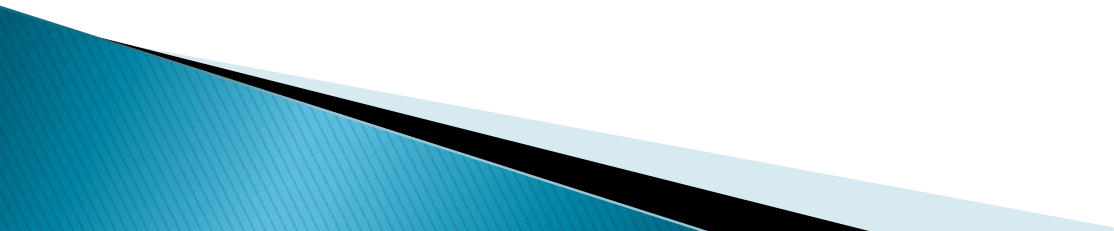
Introducing the Center Staff

- ▶ Crystelle (Chrissy) Carmack– Family Nurse Practitioner/Center Manager
- ▶ Laura Shackelford– Family Nurse Practitioner
- ▶ Diane Nyberg–Medical Assistant
- ▶ Robert Singleton Jr.–Medical Assistant
- ▶ PRN or “as needed” staff

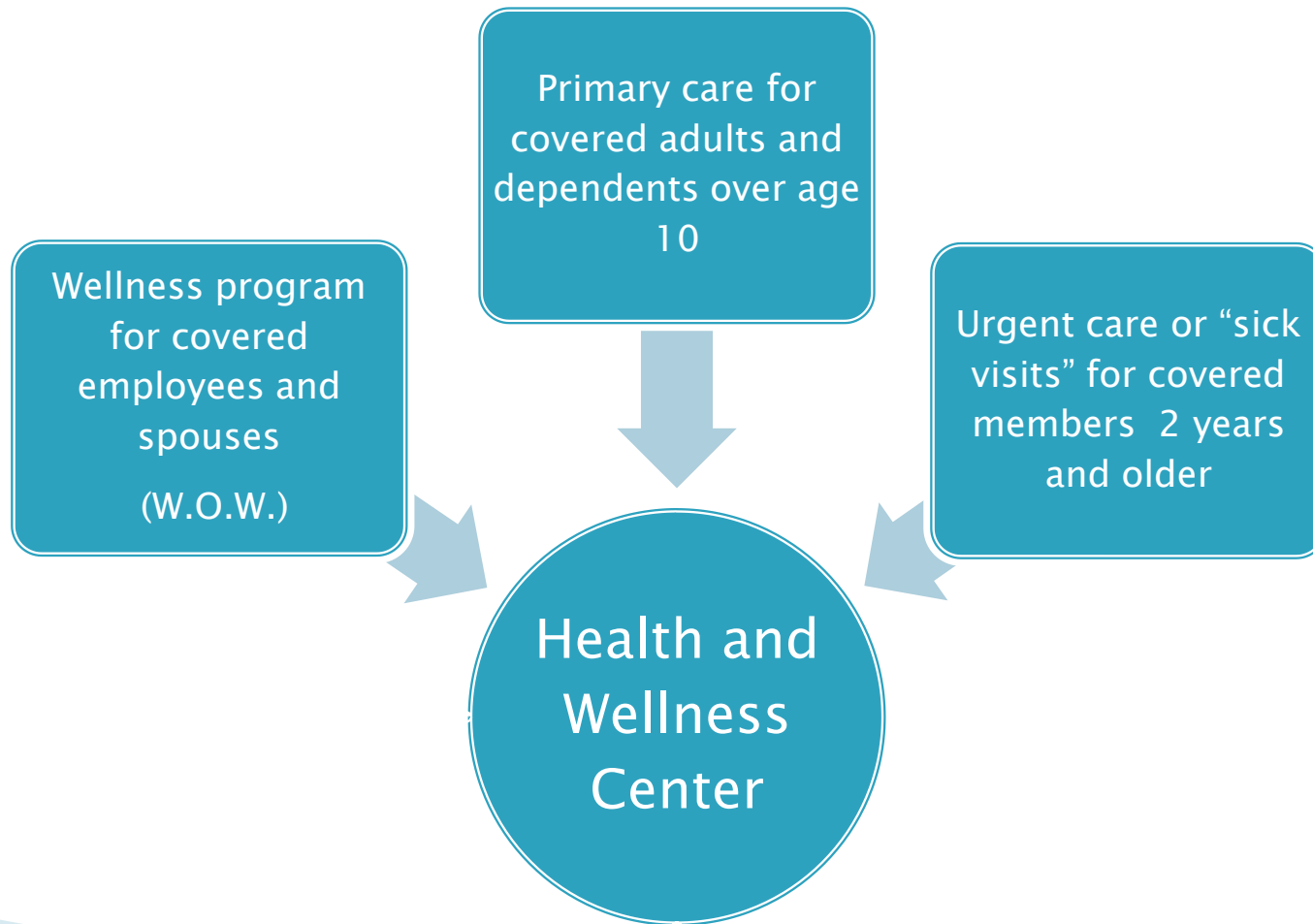


Nurse Practitioners

Your center is staffed with nurse practitioners **not** physician's assistants. They are very different especially in scope of practice. In Arizona, a nurse practitioner practices independently, which means a medical doctor does not have to supervise their practice. Nurse practitioners are also able to examine, diagnose, order labs and tests, prescribe medications, and manage conditions under their own license without oversight.



Services Offered at the Center



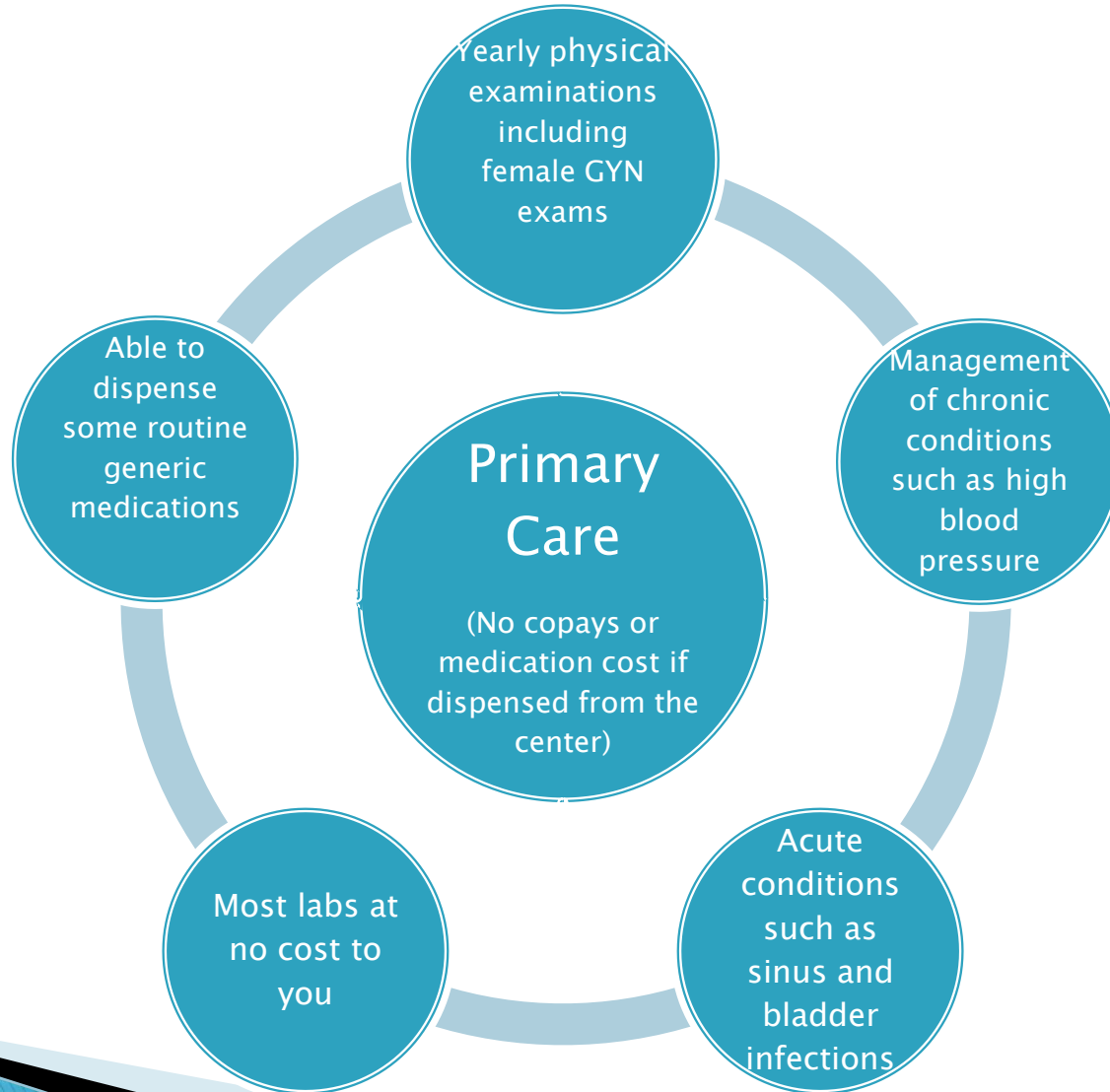


Wellness Program Offered by the EBT to Promote Healthy Lifestyles

1. Covered employees and their spouses create an account online through the WOW dashboard and complete a personal health assessment
2. Schedule your wellness visit online through the WOW dashboard July 10, 2017– through December 23, 2017
3. Evaluate blood pressure, A1C (diabetic test), weight/body fat, and cholesterol during your scheduled face to face appointment at the center and specify target ranges. Discuss strategies to keep measures normal or meet measures
4. Work with the center staff to establish a plan for good health for you and your adult covered dependent

Primary Care

In order to utilize the primary care benefits offered, you must decide to declare us as your primary care provider



Preventative Health–

Be Proactive about your Health, Not Reactive

“Chronic diseases, such as heart disease, cancer, and diabetes, are responsible for 7 of every 10 deaths among Americans each year and account for 75% of the nation’s health spending. These chronic diseases can be largely preventable through close partnership with your healthcare team, or can be detected through appropriate screenings, when treatment works best.”



<https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/preventivehealth.html>

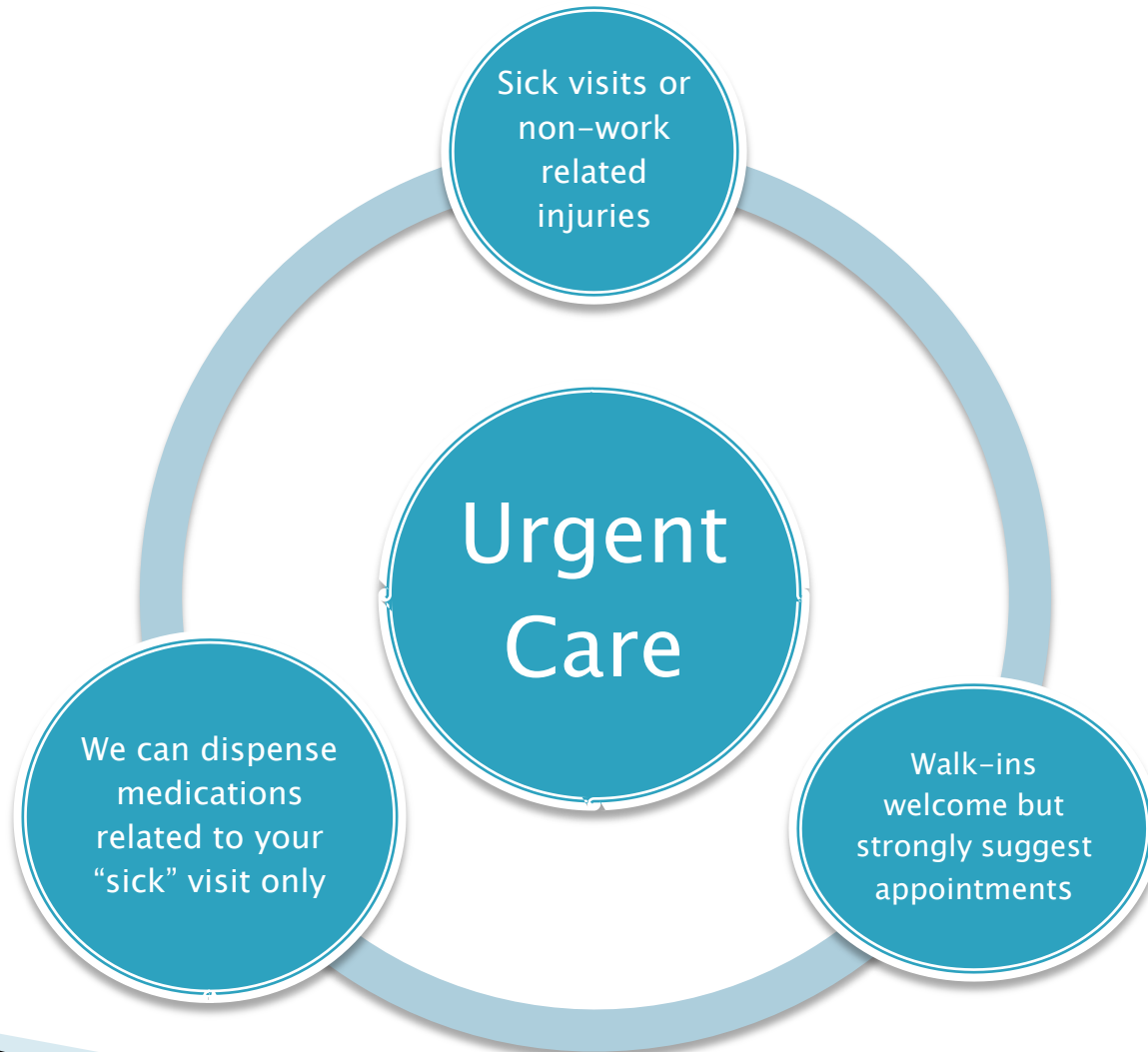
Preventative Health Benefits

- ▶ Use of the health center at no cost for preventative services such as annual physical exams, routine immunizations and diet/exercise coaching
- ▶ Appointments at the health center to manage chronic health conditions (diabetes, high blood pressure, obesity, high cholesterol)
- ▶ WOW program– Annual biometric screening for chronic conditions
- ▶ Annual on-site flu shot clinics
- ▶ MOM Unit– Routine mammograms at no cost
- ▶ Routine colonoscopies covered by the EBT
- ▶ Smoking cessation counseling and quit aids provided through the health center
- ▶ An annual skin screening
- ▶ Dental and vision benefits offered
- ▶ Monthly wellness newsletter and quarterly wellness classes



Urgent Care

We do not have to be your primary care provider to utilize urgent care services



Incentive for New Hires

- ▶ All new hires who establish care at the LHSEBT Health and Wellness Center between July 10, 2017 and December 23, 2017 will have their name placed in a raffle for a \$100 gift card
- ▶ Establish care means conducting a primary care visit or annual physical at the center in order to declare us your primary care provider



Passport to Better Health Incentive Program

Join us on a journey to better health. Use your “Passport to Better Health” to collect stamps. Any **employee or spouse** who collects five or more stamps between July 10, 2017 and April 30, 2018 will have their name entered into a raffle. Stamps can be earned by participating in a variety of wellness activities. Raffle will be conducted in May 2018.

Bon Voyage!



We look forward to helping you achieve your health goals!



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 Provider |
|---|---|---|
| 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%. |

Other Benefits Provided

- ▶ **Mobile On-site Mammography**: offered two times per year available at the LHSEBT Health & Wellness Center.
- ▶ **NOTE**: MOM is the exclusive provider for mammograms unless the member's doctor provides a written request with a sound medical reason as determined by the Trust's Utilization Review company. Screenings are free of charge to the enrolled "eligible adult" members based on age and or family history.

Group Employer Paid Term Life/AD&D Insurance Plan Details:

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.*

Eligible Retirees (hired before 6/30/2005) Life coverage

Retiree (Life only): Flat \$20,000

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 Plan Details:

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-Accidental Death and Dismemberment 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

If you enroll within 31 days of your eligibility date or the open enrollment period, 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.

Guardian Voluntary Employee Benefits

What is wrong with this picture?
You currently have insurance on:

\$200,000



\$30,000



\$10,000



\$0



Guardian Voluntary Employee Benefits –Life 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 | \$.74 | \$2.22 | \$3.70 |
| 40 | \$1.47 | \$4.41 | \$7.35 |
| 50 | \$4.18 | \$12.54 | \$20.90 |
| 60 | \$10.24 | \$30.74 | \$51.20 |

Group Voluntary Short Term Disability

❖ How would you pay the bills if you were disabled?

A disability could last for weeks, months or even longer

Would you:

- Be able to rely on your savings?
- Borrow from friends or family?
- Depend on your credit cards?

❖ Would medical insurance, workers' compensation or social security disability cover your earnings if you become disabled?

The answer is NO in most cases...




Group Voluntary Short Term Disability Plan Details:

| | |
|---|---|
| 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 | <p>The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.</p> <p>The elimination period is 8 days for non-occupational injuries or illnesses.</p> |
| 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 | <p>You have a pre-existing condition if:</p> <ul style="list-style-type: none">•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. |

Guardian Voluntary Employee Benefits –Short Term Disability–

- ▶ * A “pre-existing condition” means the insured employee:
- ▶ Received medical treatment, consultation, care or services including diagnostic measures or took prescribed drugs or medicines in the 6 months just prior to his/her effective date of coverage;
- ▶ And the disability begins in the first 12 months after the employee’s effective date of coverage.
- ▶ Sample of calculating Monthly premium cost

| EE Annual Salary | Weeks | Weekly Benefit % | Weekly Benefit |
|------------------|---|------------------|----------------|
| \$30,000/ |  52 | 60% = | \$346.15 |
| Age | Weekly Benefit | Rate \$.629 | Cost |
| 30 @ | \$346.15 | /10 x \$.629 | = \$21.77 |

Flexible Spending Account

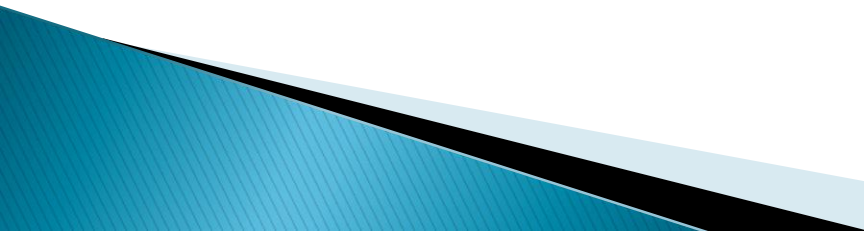
- ▶ Under Section 125 of the IRS code, employees may elect to have their salary reduced up to \$2,550 per Plan year, **tax free**, and placed in a personal Flexible Spending Account (FSA).
- ▶ Reductions are deposited into an individual's personalized FSA **tax free** and can be used to pay for such things as copayments, (medical, RX, dental or vision), coinsurance (20%) or annual deductibles.
- ▶ 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”.**

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

Child Daycare Expenses (CDCE)

- ▶ Under Section 125 of the IRS code, employees may also set aside, **tax free**, up to \$2,500/single and \$5,000/married, 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.
 - ▶ Monies set aside in the CDCE account go in **tax free** and come out **tax free**. Funds are available on a month-to-month basis as deductions are made.
 - ▶ They are a dollar for dollar offset and therefore cannot also be claimed on tax filings.
 - ▶ Savings will range from 25% to 40%.
- 

Administration

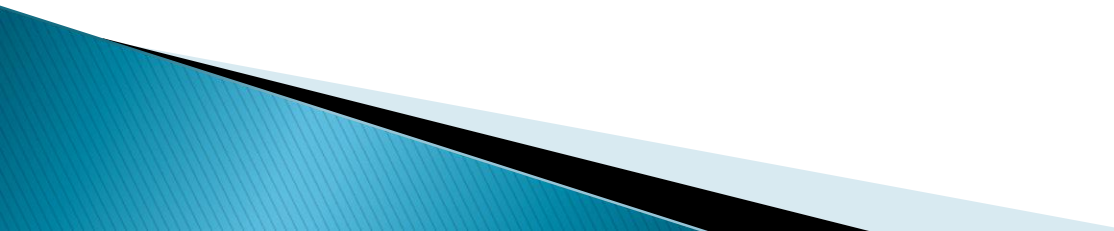
- ▶ The Medical and Dental benefits are provided through a Self-Funded Trust arrangement.
- ▶ The name of the Trust is Lake Havasu Schools Employees Benefit Trust.
- ▶ Medical and Flexible Spending Account (FSA) claims are processed through Gilsbar: 
- ▶ Dental claims are processed by Ameritas. 
- ▶ Life and DI claims are processed through Guardian




Insurance Professionals of Arizona

- ▶ Your Insurance Consultant/Broker: David K. Stewart, Principal at Insurance Professionals of AZ.
- ▶ DKS has been servicing group and individual clients in Arizona since 1971.
- ▶ Loren Martinez is your Account Manager at Insurance Professionals of Arizona.
- ▶ 480-981-6338 phone
- ▶ 480-981-6339 fax
- ▶ 602-390-7928 cell

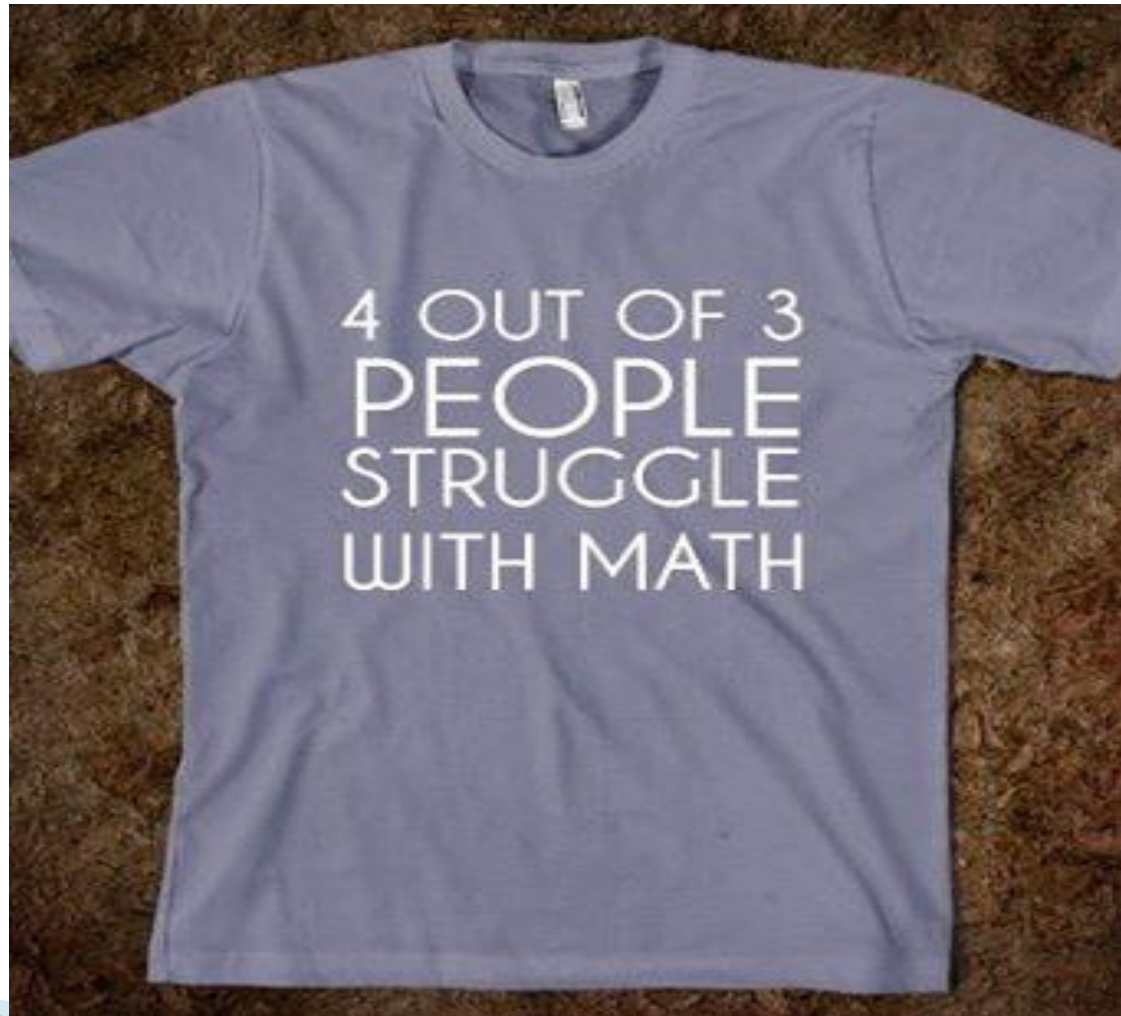
403(b) Supplemental Retirement

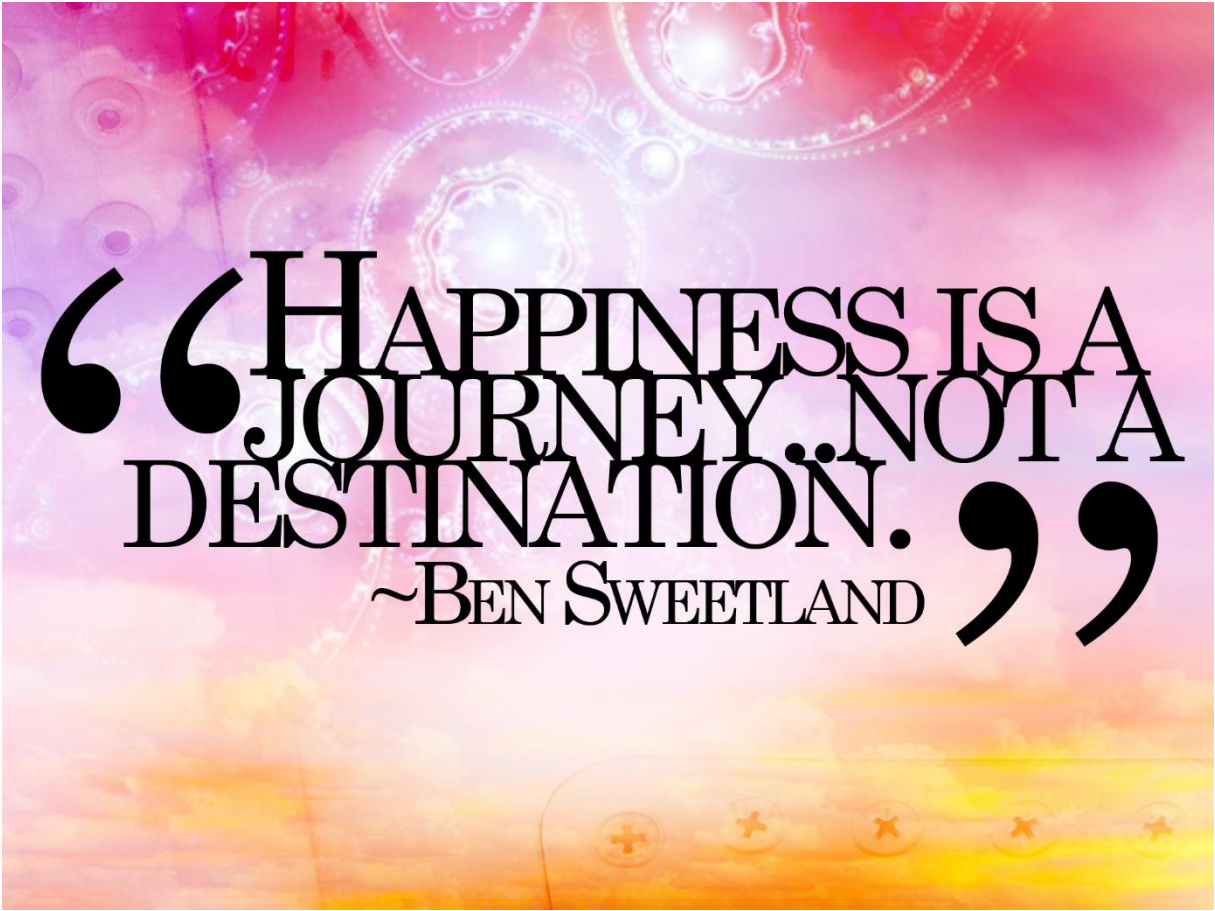
- ▶ **Lake Havasu Unified School District offers its eligible employees the opportunity to save for retirement by participating in a 403(b) plan. You can participate in this plan by making pre-tax contributions and 403(b) Roth after-tax contributions. If interested you may contact the vendors below for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

Other Benefits Available

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

Words of wisdom





“HAPPINESS IS A
JOURNEY..NOT A
DESTINATION.”
~BEN SWEETLAND

**Money can fulfill
your needs, but it
can't buy you
happiness**

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