

# TUCSON UNIFIED

SCHOOL DISTRICT

## 2016-2017 Benefits Guide



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This guide is not to be interpreted as a complete disclosure of plans or entitlement to any of the benefits described. The Trust reserves the right to adjust, amend and revise benefits plans. In all cases of specific plan interpretations, the actual plan document shall rule. More information about the benefits offered, required employee contributions and links directly to our insurance carrier websites are contained in the sections that follow. Detailed Summary Plan Descriptions (SPD) are also available online at [tusd1.org/benefits](http://tusd1.org/benefits).

# Welcome to Your 2016-2017 Benefits Guide!

Tucson Unified School District is committed to providing its greatest asset—its talented employees—with comprehensive and affordable benefits. Our 2016-2017 Benefit offerings deliver maximum options and flexibility while reflecting our culture. This guide will help you understand the full range of health and welfare benefits that will be available as of September 1, 2016. After reading through the enclosed information, be sure to use this guide as a benefits resource you can refer to throughout the year.

On page 26 of this guide you will find a quick reference directory of telephone numbers and websites for all our providers. We encourage you to access these sites to become a more educated decision maker and consumer of the District's benefit programs. Visit the iVisions employee self-service enrollment portal and benefits web page from any district computer or from home with internet access, to review benefits materials online and to enroll. The 2016-2017 benefits information is posted on the District web site.

## Benefit Eligibility

Tucson Unified School District (TUSD) offers benefits to regular employees who normally and regularly work a minimum of thirty (30) hours per week. Benefit eligible employees may extend coverage to their eligible dependents. Eligible dependents are defined as:

- Your legal spouse or domestic partner
- Your or your legal spouse's, or domestic partner's dependent children under age 26
- A dependent child includes:
  - Natural child
  - Stepchild
  - Legally adopted child or child placed for adoption
  - Child for whom you have legal guardianship
  - Child for whom health care coverage is required through a 'Qualified Medical Child Support Order'

If you have questions regarding the eligibility of a dependent, please contact the Benefits Department.

## Enrollment Opportunities

Benefit plans are administered on a "policy year basis" – from September 1 through August 31 of each year. As a Tucson Unified School District employee, you are eligible to make benefits elections:

- When you are hired as a new benefit eligible employee (within 31 days of hire date).
- When you have a qualified IRS change midyear (within 31 days).
- During the District's Annual Open Enrollment period.

**IMPORTANT INFORMATION REGARDING THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA) INDIVIDUAL MANDATE**  
Effective January 1, 2014 under the Patient Protection and Affordable Care Act (ACA) all individuals and their family members are required to obtain health insurance or they may be subject to a tax penalty.

The health plan options listed here are provided to you, as an eligible participant in Tucson Unified School District benefits program, and to your eligible dependents in accordance with The District's obligation under Employer Shared Responsibility provisions of the ACA.

It is important to remember that if you waive your District coverage, you are still responsible for obtaining coverage through some other source, such as a spouse or domestic partner's plan or your parent's plan (if you are under age 26); or you can obtain coverage via the Health Insurance Marketplace.

You are required to report to the IRS that you have coverage, whether through the District or some other source. The District will provide you with the required form (1095-C) in time for your tax filing. The 1095-C form will confirm that you were offered the minimum level of coverage each month and whether you elected the coverage or waived the coverage.

## When Coverage Begins

- New Hires – Insurance elections are effective the first day of the month following thirty (30) days of employment.
- Open Enrollment – Insurance elections and changes are effective on September 1, the first day of the TUSD plan year.
- Permissible Mid-Year Changes – Insurance elections and coverage changes are effective on the first day of the month following the event date **IF** required enrollments have been completed and all required supporting documentation has been received by the Benefits Department.

## Annual Enrollment Period

The Annual Open Enrollment for your 2016-2017 Health and Welfare Benefit Plan begins Monday, July 4, 2016 and ends Friday, August 5, 2016. Coverage will be effective September 1, 2016.

Open Enrollment is the time to make important decisions about your health and welfare benefits, while taking a fresh look at your entire benefits package. This Open Enrollment Guide is a great place to start – and with its clickable format, it's easy to find the benefits information you're looking for. We encourage all employees to take an active role in their initial benefits enrollment process and on an ongoing basis as you use your benefits throughout the coming year.

## Positive Open Enrollment

TUSD runs a positive open enrollment. Positive enrollment requires employees to re-enroll in the benefits of their choosing each year during the open enrollment period. You **will not** be “rolled over” into any benefits and any benefits you currently have **will end** as of August 31, 2016. Only those employees who complete the enrollment process will be enrolled in the new fiscal year plan. If enrollment is not completed by close of business on the final day of open enrollment, you will forfeit coverage starting September 1, 2016 with no opportunity to re-enroll until our next open enrollment for benefits effective September 1, 2017.



## Duplicate Coverage

A husband and wife who are both active TUSD employees may not enroll as both an employee and as a dependent spouse in the same plans. This is duplicate coverage and is not permitted under the benefit program. It is the employee's responsibility to make sure that they and their dependents do not have duplicate district coverage. Duplicate benefits will not be paid.

## Making a Change in Your Coverage Midyear

Your premiums for your medical, dental and vision coverage are taken out of your check before taxes are calculated (known as pretax), increasing your spendable income and reducing the amount you owe in income taxes. Plans that are considered pretax must follow Internal Revenue Service (IRS) tax laws that require that once benefits are elected, you must stay in the plans you selected for a full plan year (September through August). You can only make changes to your benefits during Open Enrollment, a Special Enrollment event, or a qualifying midyear change event. If you experience a qualified IRS change midyear, you may be permitted to make a change provided the change is permitted by the IRS and your change request occurs within 31 days of the date of the event. If the change request is not completed within 31 days of the event, you will not be able to change your health elections until the following year's Annual Open Enrollment period.

The following events **may** allow certain changes in benefits midyear, **if** permitted by the Internal Revenue Service (IRS):

- Change in legal marital status (e.g. marriage, divorce/legal separation, death).
- Change in number or status of dependents (e.g. birth, adoption, death).
- Change in employee/spouse/dependent's employment status, work schedule, or residence that affects their eligibility for benefits.
- Coverage of a child due to a Qualified Medical Child Support Order (QMCSO).
- Entitlement or loss of entitlement to Medicare or Medicaid.
- Certain changes in the cost of coverage, composition of coverage or curtailment of coverage of the employee or spouse's plan.
- Changes consistent with Special Enrollment rights and FMLA leaves.

You must notify the TUSD Benefits Department within 31 days of the midyear change in status. The Benefits Department will determine if your change request is permitted and if so, will open the Employee Self Service Portal for you to make the elected changes. Changes become effective on the first day of the month, following the approved change in status event (except for newborn and adopted children, who are covered back to the date of birth, adoption, or placement for adoption). The change you request must be consistent with the qualifying event. Some midyear changes also require documentation be provided within 31 days of the event. Please contact the Benefits Department if you have questions.

All enrollments are done online using the employee self-service portal, but there may be additional forms for you to complete after open enrollment. Examples of possible required forms include:

- MetLife Short-Term Evidence of Insurability (EOI) form if enrolling in Short-Term-Disability for the first time or increasing level of coverage.
- Voya EOI Form (only if enrolling in Supplement Life Insurance above the guaranteed issue).
- Affidavit of domestic partnership if adding a domestic partner or dependents.
- Guardianship documents.

Make sure you return any required forms immediately after enrollment closes as the delay will affect your premiums.

## What's Ahead for 2016-2017

Tucson Unified School District evaluates our benefits each year so that we can continue to offer our employees a comprehensive and competitive benefits package. For 2016-2017, we are pleased to share that there are no premium increases for any of the plans, including the medical, dental or vision coverage. In addition, the only changes made are new programs added or enhancements to current coverages. We are also excited to announce the arrival of several new offerings for 2016-2017:

### **Dependent Care Flexible Spending Account:**

To help provide financial peace of mind for employees with day care expenses, we have added a dependent care flexible spending account option through Basic. This account will allow day care expenses to be paid with tax free dollars!

**\$0 Copay Medications:** We know that managing your medications is one of the most important aspects of healthy living and that can be very difficult with the price of prescriptions today. This year we have added an expanded list of medications covered at 100% through OptumRx®. Some of the most prescribed preventive medications for cholesterol, blood pressure and diabetes are included on this list.

**Virtual Visits:** Tucson Unified School District knows going to the doctor can be a hassle, driving, waiting rooms, time away from work and family. That's why we have added Virtual Visits. This service allows you to access care online, at any time. You can talk to a doctor from your mobile device or computer for the lowest copay possible of just \$15.

**Real Appeal:** Some of the most successful wellness programs in the District are the weight management sessions and competitions. For that reason, we have added an additional weight management opportunity through United Healthcare called Real Appeal. Real Appeal is a 52-week lifestyle change and coaching program that is offered at no cost to you!

### **Out-of-Pocket Maximum**

Your Out-of-Pocket Maximum is the most you will pay for covered expenses in a calendar year. The Health Savings HDHP has a reduced out-of-pocket maximum if you use in-network providers. The previous maximum of \$5,500 for an individual and \$11,000 for a family have been reduced to \$3,425 for the individual and \$6,850 for a family.

**New Life Insurance Carrier** – This year we are transitioning to a new life insurance carrier, Voya Financial. Although your plan design and costs

are staying the same as they were under Minnesota Life, Voya Financial has allowed the District a special enrollment opportunity for this year only during the Annual Open Enrollment.

- If you are not currently enrolled for Supplemental Life Insurance, you may elect up to \$250,000 or 3 times your annual salary, whichever is less, during the current enrollment period without providing evidence of insurability.
- If you currently have Supplemental Life Insurance, you may elect to increase your coverage amount up to a total of \$250,000 or 3 times your annual salary, whichever is less, during the current enrollment period without providing evidence of insurability.

Additional information about how to take advantage of these exciting plans is included in this Guide.

# Medical Coverage

Tucson Unified School District offers a choice of 2 medical plans, a PPO and an HSA eligible, high deductible medical plan, with a District contribution to your HSA.

UnitedHealthcare administers the medical plans and OptumRx® and Optum Bank, both UnitedHealthcare companies, manage the pharmacy and savings accounts. This means that all of your healthcare questions are answered in one place!

	Choice Plus PPO	Health Savings Plan HDHP
<b>Overview</b>	With the PPO plan, you have the choice of receiving care from a UnitedHealthcare network provider or an out-of-network provider. You receive a higher level of coverage (meaning, the plan pays a larger portion of the cost for the service) when you visit a UnitedHealthcare network provider than when you visit an out-of-network provider.	The HDHP option combine a high-deductible preferred provider plan with a tax-advantaged account that helps you pay for eligible medical expenses. The District pays for the cost of the employee's premiums and in addition, contributes funds to a Health Savings Account (HSA). Under the HDHP plan, you can see any doctor you want. However, you will pay less if you use a network provider.

## Choice Plus PPO

The PPO Plan allows you to visit any provider, including a specialist, without a referral. You can expect the highest level of benefits when you use a UnitedHealthcare network provider versus an out-of-network provider. You pay a set copayment for some in-network services, such as doctor's office visits (\$25 per visit), virtual office visits (\$15 per consult), specialist's visits (\$40 per visit), urgent care visits (\$85 per visit) and emergency room visits (\$225 per visit). There is no copay for preventative care visits.

You also pay for most services covered through "coinsurance" in full, until meeting the plan year deductible. The plan year deductible for in-network services is \$500 per individual and \$1,000 per family. Once you meet the deductible, the plan's coinsurance benefits kick in. Coinsurance is the percentage of eligible expenses that you and the plan share when you receive care. You are responsible for your cost share until reaching the plan year "out-of-pocket maximum." The plan year out-of-pocket maximum is the most you will pay for services covered through coinsurance during the plan year.

## High Deductible Health Plans with Health Savings Accounts (HDHP & HSA)

When you enroll in the HDHP plan, the District sets up and funds a Health Savings Account (HSA) on your behalf. Each year, you can elect to contribute to your HSA until the total contributions – yours and the District's – equal the annual IRS maximum contribution. The maximum HSA contribution for 2016 is \$3,350 for individual coverage and \$6,750 for family coverage. Employees age 55 and over are also eligible to make an additional "catch-up" contribution to their own HSA account. The amount allowed by the IRS in the 2016 tax year is \$1,000. The plan year deductible for in-network services is \$1,500 per individual and \$3,000 per family.

## 2016 – 2017 Annual District Contribution to Health Savings Accounts

Individual Employee Only:	\$1,500 **
Family (more than 1 person enrolled):	\$2,000 **

\*\* Contributions will be prorated for late enrollments.

You must meet the plan year deductible before the plan pays most benefits. You can use your HSA funds to pay for qualified medical expenses, including those incurred while meeting your deductible. After meeting the plan year deductible, the plan's coinsurance takes effect. The plan pays 80% and you pay 20% for most in-network charges. Out-of-network, UnitedHealthcare pays 50% of eligible expenses, then you pay the balance. The out-of-pocket maximum is the most you will pay for eligible expenses, including prescription drugs, during

the plan year. After reaching the maximum, the plan pays 100% for eligible expenses. In-network and out-of-network maximums accumulate separately.

Under an HDHP plan, you may fill your prescriptions through any pharmacy. However, you'll pay less when you use a participating retail pharmacy or the OptumRx® home delivery network (available online through [www.myuhc.com](http://www.myuhc.com)). You pay the cost for prescription drugs until meeting the plan year deductible.

Additional information on your health plan choices can be found on the Benefits website or on the UnitedHealthcare website <http://tusd.welcometouhc.com/>

### Health Savings Accounts

An HSA is similar to a regular checking account with a debit card – as long as a balance is available, you can use your HSA funds to pay for eligible healthcare expenses, including your deductible. Any remaining balance in your HSA at the plan year's end rolls over for use in future years. Plus, you accumulate tax-free interest on your HSA funds, so you can use your account to save for care you may need in the future. Standard fees may apply based upon your account choice and balance. Finally, your HSA is portable. If you leave the District or switch medical plans, you can use your funds for qualified healthcare expenses. Your HSA account is provided through OptumHealth Bank.

HSA's empower health savings in several ways:

- Lower monthly health insurance premiums
- HSA contributions are not taxed\*
- You earn tax-free\* interest on HSA balances
- HSA funds used for qualified medical expenses are not taxed\*
- HSA balances roll over year after year
- You own your HSA, even if you change jobs or retire

To learn more about the health savings accounts, visit [Optum Bank](#) to read the member guide, find a list of eligible expenses and watch several short 2 minute videos.

By selecting the Health Savings Plan HDHP (an HSA qualified plan), you are qualified to contribute tax-free\* money into a health savings account (HSA). Your HSA funds can then be used tax-free to pay for qualified medical expenses. In addition, your HSA deposits earn tax-free interest and carry over from year to year, even if you change jobs or retire. Because HSA-qualified health plans cost less than traditional plans, the money saved can be used to contribute to your HSA.

To make tax-free\* deposits to an HSA, the IRS requires that:

- You are covered by an HSA-qualified health plan
- You have no other health coverage (such as another health plan, Medicare, military health benefits, medical FSAs)
- You are not claimed as a dependent on another individual's tax return

\*HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.



## Medical Plan Comparison



	Choice Plus PPO		Health Savings Plan HDHP	
	Network	Non-Network	In Network	Non-Network
<b>ANNUAL DEDUCTIBLE</b>				
Individual	\$500	\$1000	\$1500	\$1500
Family	\$1000	\$2000	\$3000	\$3000
<b>OUT OF POCKET MAXIMUM</b>				
Individual	\$1000	\$4500	\$3425	\$9500
Family	\$2000	\$9000	\$6850	\$19,000
Employer HSA Contribution	-0-	-0-	<b>\$1500 Employee Only \$2000 Employee + Child or Family</b>	
Preventative care	No Charge	30%*	No Charge	40%*
<b>DOCTORS AND SPECIALISTS</b>				
Primary Care Visit	\$25 Copay	30%*	20% *	40% *
Specialist Visit	\$40 Copay	30% *	20% *	40% *
Virtual Visit	\$15 Copay	Not Covered	10% *	Not Covered
<b>URGENT AND EMERGENCY CARE</b>				
Urgent Care Visit	\$85 Copay	30%*	20%*	40%*
Emergency Room	\$225 Copay **	\$225 Copay **	20%*	20%*
Ambulance	10%*	10%*	20%*	20%*
<b>HOSPITAL CARE</b>				
Outpatient Surgery	10%*	30%*	20%*	40%*
Lab and X-ray	No Charge	30%*	20%*	30%*
Hospital Stay	10%*	30%*	20%*	40%*
Maternity Stay	10%*	30%*	20%*	40%*
<b>ADDITIONAL SERVICES</b>				
Embedded Deductible	Yes	Yes	No	No
Combined Med & Pharmacy Deductible	Yes	Yes	Yes	Yes
OOP Max Includes Deductible	Yes	Yes	Yes	Yes
<b>PHARMACY</b>				
	Network	Non-network	Network	Non-network
<b>Retail</b> (up to a 31-day supply)				
Tier 1	No Charge	\$10*	No Charge	20%*
Tier 2	\$40 Copay	\$40 Copay	20%*	20%*
Tier 3	\$80 Copay	\$80 Copay	20%*	20%*
<b>Mail Order</b> (up to a 90-day supply)				
Tier 1	No Charge	Not Covered	No Charge	Not Covered
Tier 2	\$80 Copay	Not Covered	20%*	Not Covered
Tier 3	\$160 Copay	Not Covered	20%*	Not Covered

\* Co-insurance after deductible

\*\* Waived if admitted

## Medical Premiums at a Glance

Monthly premiums are shown below. Your cost will be the monthly cost multiplied by the number of months you are covered in the plan year, divided by the remaining paycheck deduction dates. TUSD takes benefit deductions over 20 pay periods between September and June. Additional premium information can be found later in this guide.

	Choice Plus PPO Plan	Health Savings Plan HDHP
Employee Only	\$47.88	\$0.00
Employee + Spouse	\$567.32	\$403.09
Employee + Child(ren)	\$500.21	\$363.71
Employee + Family	\$970.00	\$717.90

## Virtual Visits

Your visits to the doctor are about to get a whole lot easier. With Virtual Visits, you'll be able to talk to a doctor right away, any time of the day or night, from the comfort of your home or office. All you'll need is a phone or an Internet connection. 24/7 Online Access to Care (telephone, mobile device or computer – video is required for a prescription). The average Virtual Visits doctor visit is 10 minutes.

Those enrolled in Tucson Unified School District's Medical/Prescription Drug Plan will pay a \$15 co-pay and the plan will pay the difference. Those not enrolled in Tucson Unified School District's Medical/Prescription Drug Plan may use the service and pay full amount of \$49. Doctors answer questions, make a diagnosis and even prescribe basic medications, if needed. Providers can assist with an assortment of needs related to:



- |                              |                          |
|------------------------------|--------------------------|
| ✓ Acne                       | ✓ Gout                   |
| ✓ Allergies                  | ✓ Insect or Spider Bites |
| ✓ Asthma                     | ✓ Laryngitis             |
| ✓ Athlete's Foot             | ✓ Nausea                 |
| ✓ Bladder Infections/UTI     | ✓ Poison Ivy/Oak         |
| ✓ Bronchitis                 | ✓ Ringworm               |
| ✓ Cold Sore                  | ✓ Runny Nose             |
| ✓ Cough/Cold                 | ✓ Sinus Infection        |
| ✓ Diabetes                   | ✓ Skin Inflammation      |
| ✓ Diarrhea                   | ✓ Skin Rash              |
| ✓ Eye Infection/Sty/Pink Eye | ✓ Sore Throat            |
| ✓ Fever and Chills           | ✓ Sunburn                |
| ✓ Flu/Flu-like Illness       | ✓ Viral Illness          |

The Virtual Visits service is offered through UnitedHealthcare and provided by these telemedicine providers:

- **Doctor On Demand** delivers services through employers, health systems, health plans, and directly to consumers. Patients simply download the Doctor On Demand app or visit [www.doctorondemand.com](http://www.doctorondemand.com), provide a list of their symptoms, and are instantly connected for a Video Visit. To learn more, please visit [www.doctorondemand.com](http://www.doctorondemand.com).

- **Optum's NowClinic** connects people with board certified, licensed health care providers whenever and however it's convenient for them – online, by phone or mobile device through their popular app. For additional information, please visit [www.nowclinic.com](http://www.nowclinic.com).
- **American Well**, the nation's largest telehealth service, has delivered healthcare into the homes and workplaces of patients for close to a decade. For more information, visit [AmericanWell.com](http://AmericanWell.com).

You can access instructions and a list of participating virtual-visit care providers through UnitedHealthcare's Health4Me™ mobile app. From the "Find and Price Care" page, Health4Me users can review the in-network provider groups and the cost of a virtual visit with each contracted provider group. From there, users can connect directly to the provider group of their choice. UnitedHealthcare's primary member portal, [myuhc.com](http://myuhc.com), also provides information about and access to the virtual-visit care providers.

Because this is a medical service involving personal health information, each person over the age of 18 (including dependents over the age of 18) must have a separate account.

## Prescription Drug Benefits

Tucson Unified School District has engaged OptumRx® as the District's pharmacy care services company. To further encourage health and wellness, as well as the use of generics when available, the District provides, at no cost share or deductible, a long list of medications covered at 100%. This list can be found on [myuhc.com](http://myuhc.com) or the District's web site.

Under the Tucson Unified School District's health plan, drugs are classified as:

- Generic (Tier 1)
- Formulary brand-name (Tier 2)
- Non-formulary brand-name (Tier 3)



The tier classifications of medications are available on the Prescription Drug List on [myuhc.com](http://myuhc.com). Your cost will depend on the medication's tier.

Want to save money? You may ask the pharmacist to substitute an exact generic medication for your prescribed brand medication if a generic is available. This is allowed if your doctor does not specify dispensing only the brand name medication, because pharmacies must fill prescriptions exactly as written.

Generic drugs are less expensive than brand-name medications because manufacturers don't have to bear the costs of developing and bringing a new drug to market. Today, almost half of all prescriptions are filled with generic drugs.

### Mail-Order Pharmacy

Optum's Mail Order option offers several benefits including:

- Mail-Order Conveniences
- Extended supply of medicine
- Lower cost compared to multiple retail refills
- Delivered where you want; home, local pharmacy or even vacation address

To use the mail-order service, ask your doctor to write a prescription for a 90-day supply (with any appropriate refills). Mail the prescription to OptumRx® with a completed order form available at [myuhc.com](http://myuhc.com).

- Need a prescription filled right away? Ask your doctor to write two prescriptions for your long-term medicines: the first for a short-term supply to be filled quickly at a retail pharmacy, and the second for the maximum 90-day mail-order supply with any appropriate refills.

### Specific Drugs and Medical Conditions

Your doctor must receive prior authorization from OptumRx® when prescribing certain covered drugs approved by the Food and Drug Administration for specific medical conditions. The approval criteria are based on information from the FDA and manufacturers, medical literature, actively practicing consultant physicians and appropriate external organizations.

- Alzheimer's
- Amphetamines for ADD or ADHD (over age 18 only)
- Growth hormone deficiency (Step therapy and use of preferred brand for growth hormones is required)
- Hemophilia
- Hepatitis C
- Multiple sclerosis

### Specialty Rx Program

Some chronic or genetic conditions require injected or infused medicines, and sometimes oral bio-chemical medications. OptumRx® provides such products—as well as special patient support—directly to plan participants through its Specialty Rx Program. Specialty Rx prescriptions are not filled at retail pharmacies. For coverage on these products, you must be pre-approved by and participate in the Specialty Rx Program. For a comprehensive list of specialty prescription drugs, go to [www.OptumRx.com](http://www.OptumRx.com).

If you or an enrolled family member is being treated for any of the above conditions, call OptumRx® at 866-818-6911 to find out if a prescription from your doctor requires prior authorization through the Specialty Rx Program.



# Medical Plan Coverage Options and Premiums

<b>1. EMPLOYEE ONLY COVERAGE</b>	<b>Choice Plus PPO Plan</b>	<b>Health Savings Plan (HDHP)</b>
Eligible when you work 30+ hours per week		
Annual premium (cost) for "employee only coverage"	\$574.56	\$0.00
Per month premium (cost) <i>for illustrative purposes</i>	\$47.88	\$0.00
Per Pay Period deduction over 20 pays	\$28.73	\$0.00
Annual District Deposit into Health Savings Account	N/A	\$1,500.00
Employees receive the HSA deposits over 20 pay periods. Each deposit will be:	N/A	\$75.00
Annual credit from wellness achievements available to reduce costs.	\$300.00	\$300.00
Annual maximum contributions <sup>1</sup> to an individuals HSA account in 2016	N/A	\$3,350 <sup>2</sup>
Annual maximum contributions <sup>1</sup> to an individuals HSA account in 2017	N/A	\$3,400 <sup>2</sup>
1 - If you are age 55 or older, you may contribute an additional \$1,000		
2 - Amount does not include the District contribution or wellness credits.		
<b>DEPENDENT COVERAGE (EMPLOYEE - PAID)</b>		
<b>2. SPOUSAL COVERAGE</b>	<b>Choice Plus PPO Plan</b>	<b>Health Savings Plan (HDHP)</b>
Annual premium (cost) for Employee & Spouse Coverage - Paid by Employee	\$6,807.84	\$4,837.08
Per month premium (cost) <i>for illustrative purposes</i>	\$567.32	\$403.09
Per Pay Period deduction over 20 pays	\$340.39	\$241.85
Annual District Deposit into Health Savings Account	N/A	\$2,000.00
Employees who begin (or continue) coverage on the Health Savings Plan and opt	N/A	\$100.00
Annual credit from wellness achievements available to reduce costs.	\$300.00	\$300.00
Annual maximum contributions <sup>1</sup> to an individuals HSA account in 2016	N/A	\$6,750 <sup>2</sup>
Annual maximum contributions <sup>1</sup> to an individuals HSA account in 2017	N/A	\$6,750 <sup>2</sup>
1 - If you are age 55 or older, you may contribute an additional \$1,000		
2 - Amount does not include the District contribution or wellness credits.		
	<b>Choice Plus PPO Plan</b>	<b>Health Savings Plan (HDHP)</b>
<b>3. CHILD(REN) COVERAGE</b>		
Annual premium (cost) for Employee & Child(ren) coverage - paid by employee	\$6,002.52	\$4,364.52
Per month premium (cost) <i>for illustrative purposes</i>	\$500.21	\$363.71
Per Pay Period deduction over 20 pays	\$300.13	\$218.23
Annual District Deposit into Health Savings Account	N/A	\$2,000.00
Employees receive the HSA deposits over 20 pay periods. Each deposit will be:	N/A	\$100.00
Annual credit from wellness achievements available to reduce costs.	\$300.00	\$300.00
Annual maximum contributions <sup>1</sup> to an individuals HSA account in 2016	N/A	\$6,750 <sup>2</sup>
Annual maximum contributions <sup>1</sup> to an individuals HSA account in 2017	N/A	\$6,750 <sup>2</sup>
1 - If you are age 55 or older, you may contribute an additional \$1,000		
2 - Amount does not include the District contribution or wellness credits.		
	<b>Choice Plus PPO Plan</b>	<b>Health Savings Plan (HDHP)</b>
<b>4. FAMILY COVERAGE</b>		
Annual premium (cost) for Employee & Family coverage - paid by employee	\$11,640.00	\$8,614.80
Per month premium (cost) <i>for illustrative purposes</i>	\$970.00	\$717.90
Per Pay Period deduction over 20 pays	\$582.00	\$430.74
Annual District Deposit into Health Savings Account	N/A	\$2,000.00
Employees receive the HSA deposits over 20 pay periods. Each deposit will be:		\$100.00
Annual credit from wellness achievements available to reduce costs.	\$300.00	\$300.00
Annual maximum contributions <sup>1</sup> to an individuals HSA account in 2016	N/A	\$6,750 <sup>2</sup>
Annual maximum contributions <sup>1</sup> to an individuals HSA account in 2017	N/A	\$6,750 <sup>2</sup>
1 - If you are age 55 or older, you may contribute an additional \$1,000		
2 - Amount does not include the District contribution or wellness credits.		

# Wellness Program

When you take small steps and make healthy everyday choices, you're choosing health. If you've been thinking about exercising more, losing weight or eating healthier this year, then here's your chance to get help committing to those goals, one small change at a time. There are District resources that can help you choose health, and why not get rewarded while you're at it?

## Wellness Incentive Program

The current rewards period starts September 1, 2016. All requirements must be completed by May 30, 2017. This year the health reward is a \$300 Wellness Credit added to your Health Savings Account (HSA) if enrolled in the Health Savings Plan HDHP or \$300 Premium Differential if enrolled on the PPO Plan. To earn a Wellness Incentive for 2017-2018:



Complete all three components below:

1. Complete an Annual Physical Exam
2. Complete Annual Lab Work
3. Complete Rally Health Survey at myuhc.com

Pick 2 out of 7 options below:

- Option 1:** Complete and sign the Non-Tobacco User Affidavit Form
- Option 2:** Review the Rally Health Survey Report with a Wellness Council of Arizona Health Coach
- Option 3:** Complete a Disease Management Program through a UnitedHealthcare nurse if you have a chronic condition, for example: Diabetes, Heart Disease, Hypertension or Asthma/COPD.  
Or, complete a multi-session Health Education program with a Wellness Council of Arizona Health Coach.
- Option 4:** Participate in verified ongoing onsite or telephonic Health Coaching with a Wellness Council of Arizona Health Coach (4 sessions minimum).
- Option 5:** Submit receipt of payment for gym membership, fitness facility or program, or home-use fitness equipment (minimum of \$150, purchased within the last 12 months).
- Option 6:** Submit proof of participation in fundraising fitness activities (walks, rides and runs that benefit local national non-profits).
- Option 7:** Complete 2 of 5 Wellness Challenges (FITGO Bingo 2016, The Meet Your Coach Challenge, Maintain Don't Gain, Biggest Winner Team Weight Loss Challenge, Power Up Nutrition).
- Option 8:** Complete the 52 week, Real Appeal Program through UnitedHealthcare.

Download your Wellness Incentive Program Packet at [www.tusd1.org/wellness](http://www.tusd1.org/wellness).

For an Individual Step-by-Step Instruction Session, contact your Health Coach at [TUSDWellnessCoaches@tusd1.org](mailto:TUSDWellnessCoaches@tusd1.org).

## Employee Assistance Program

The Employee Assistance Plan is provided by Jorgensen Brooks. At Tucson Unified School District, we understand that personal problems have a serious effect on work and family life and want our employees to know that help is available through professional counseling for any issue. Services are confidential. The Employee Assistance Plan does not report the names or any identifying data of service users to Tucson Unified School District. You pay nothing. Services are paid for by the District and easy to use.

### Coverage

How it works	<ul style="list-style-type: none"> <li>• The Employee Assistance Plan is offered through Jorgensen Brooks at 866-849-1690. Calls are answered 24 hours a day, 7 days a week.</li> <li>• You and your family members may use the Employee Assistance Plan services each time any of you needs help dealing with a concern.</li> <li>• Callers will be immediately connected to a qualified counselor who will assess the caller's needs and provide immediate assistance in dealing with the issue.</li> <li>• Licensed counselors deliver high quality assessments through concise solution-focused therapy. Therapy is conducted in safe, confidential office locations. Our professional EAP counselors provide assistance with substance abuse, family problems, emotional concerns, addictions, relationship issues, depression, work-related issues and other personal concerns.</li> <li>• Callers may receive up to six face-to-face counseling sessions per covered issue, plus referral to legal assistance, financial counseling or child care or elder care resources.</li> <li>• Supervisors may call the Employee Assistance Plan at any time for consultation on how to manage troubled employees in the workplace.</li> </ul>
Who can use EAP Services	<p>Employees and all immediate family members, defined as:</p> <ul style="list-style-type: none"> <li>• Any adults in the home (spouse, adult children, older relatives), or</li> <li>• Any dependent children living away from the home, such as children away at college.</li> </ul>
Online resources	<p>The Jorgensen Brooks Employee Assistance Plan website offers helpful resources, such as articles to help you recognize and understand many personal issues, legal and financial information, assessment tools and child/eldercare searches.</p>
Your cost	<p>There is no cost to you or your family member for coverage for the maximum of three counseling sessions per issue. Tucson Unified School District pays for Employee Assistance Plan services.</p>

# Dental Plan Options

Tucson Unified School District offers two dental coverage options to eligible employees; a prepaid plan through Employers Dental Service (EDS) and two traditional dental plan options through Delta Dental. Employees may purchase dental coverage for themselves and their dependents.

- Dental coverage is offered by Delta Dental and Employer Dental Services (EDS).
- There are two dental plan options through Delta Dental: The High Plan and the Low Plan.
- There is one plan option offered through EDS: The Pre-Paid Plan – 100N.

<p>How the options differ</p>	<p><b>EDS</b> - Covers eligible services only when you use in-network dental care providers. Treatment provided by out-of-network providers is not covered.</p> <p>You will select a primary care dentist (PCD) from the EDS network and receive all your dental services from that provider.</p> <p>Because exclusively using in-network providers holds down costs through negotiated rates, the premiums are lower.</p>	<p><b>Delta Dental</b> - Offers you the choice of using in-network or out-of-network dental care providers, with eligible services covered at the same benefit levels.</p> <p>Because this option offers access to out-of-network providers who have not agreed to negotiated (discount) rates, premium rates are higher than those for the Network Only Dental Plan.</p>
<p>Keep in mind</p>	<p>Using an in-network dentist results in lower out-of-pocket expenses and an average 25 percent discount on services under both plan options.</p> <p>Always seek approval from either dental plan prior to having major dental services. This will ensure you understand the total cost of care and how the maximum annual benefit applies. If your dentist isn't a member of the network, talk to him or her about joining.</p> <p>The directory of in-network dental care providers in EDS is available online at <a href="http://mydentalplan.net">mydentalplan.net</a>.</p> <p>The directory of in-network dental care providers in the Delta Dental network is available online at <a href="http://deltadentalaz.com">deltadentalaz.com</a>.</p>	





## Delta Dental Low Plan Design

Covered Services	Delta Dental		Non Delta Dental Dentist <sup>1</sup>
	PPO Dentist	Premier Dentist	
<b>Annual Maximum Benefit</b> (Combination of in and out-of-network)	\$1,000	\$1,000	\$1,000
<b>Lifetime Orthodontia Maximum</b> (Combination of in and out-of-network)	\$1,000	\$1,000	\$1,000
<b>Annual Deductible (Individual/Family)</b> (Combination of in and out-of-network)	\$50/150	\$50/150	\$50/150
<b>Preventive Services</b>			
Exams, evaluations or consultations: Two in a benefit year. Full mouth/Panorex or vertical bitewings X-rays: Once in a 3-year period. Bitewing X-rays: Two in a benefit year. Periapical X-rays: As needed. Routine Cleanings: Limited to two in a benefit year. One difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to once in a 5-year period. Topical Application of Fluoride: For children to age 18 - Two in a benefit year. Space Maintainers: For missing posterior primary (baby) teeth up to age 14.	100%	100%	100%
<b>Basic Services (Waiting period 6 months)</b>			
Sealants: For children up to age 19 - Once in a 3-year period for permanent molars and bicuspid. Fillings: Silver amalgam and for front teeth only, synthetic tooth color fillings. One per surface every two years. Stainless Steel Crowns Emergency (Palliative Treatment): Treatment for the relief of pain. Endodontics: Root canal treatment (permanent teeth). Pulpotomy primary (baby) teeth. Periodontics: Treatment of gum disease - Non-surgical once every two years. Surgical once every three years. Oral Surgery: Simple extractions. Oral Surgery: Surgical extractions.	40% <sup>2</sup>	40% <sup>2</sup>	40% <sup>2</sup>
<b>Major Services (Waiting period 6 months)</b>			
Prosthodontics: Bridges, partial dentures, complete dentures - 5-year waiting period for replacement last performed. Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures. Implants: Implants are only a benefit to replace a single missing tooth bounded by teeth on each side. Limited to \$1000 per tooth, per lifetime and is applied to the patient's annual maximum benefit. Restorative: Crowns and onlays - 5-year waiting period for replacement last performed.	40% <sup>2</sup>	40% <sup>2</sup>	40% <sup>2</sup>
<b>Orthodontic Services (Waiting period 6 months)</b>			
Benefit for adults and children age 8 and older. Payable in two payments - upon initial banding and 12 months after. The orthodontic maximum is separate from the annual maximum for your other dental benefits.	50%	50%	50%

## Delta Dental High Plan Design

Covered Services	Delta Dental		Non Delta Dental Dentist <sup>1</sup>
	PPO Dentist	Premier Dentist	
<b>Annual Maximum Benefit</b> (Combination of in and out-of-network)	\$2,000	\$2,000	\$2,000
<b>Lifetime Orthodontia Maximum</b> (Combination of in and out-of-network)	\$1,500	\$1,500	\$1,500
<b>Annual Deductible (Individual/Family)</b> (Combination of in and out-of-network)	\$50/150	\$50/150	\$50/150
<b>Preventive Services</b>			
Exams, evaluations or consultations: Two in a benefit year. Full mouth/Panorex or vertical bitewings X-rays: Once in a 3-year period. Bitewing X-rays: Two in a benefit year. Periapical X-rays: As needed. Routine Cleanings: Limited to two in a benefit year. One difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to once in a 5-year period. Topical Application of Fluoride: For children to age 18 - Two in a benefit year. Space Maintainers: For missing posterior primary (baby) teeth up to age 14.	100%	100%	100%
<b>Basic Services</b>			
Sealants: For children up to age 19 - Once in a 3-year period for permanent molars and bicuspid. Fillings: Silver amalgam and for front teeth only, synthetic tooth color fillings. One per surface every two years. Stainless Steel Crowns Emergency (Palliative Treatment): Treatment for the relief of pain. Endodontics: Root canal treatment (permanent teeth). Pulpotomy primary (baby) teeth. Periodontics: Treatment of gum disease - Non-surgical once every two years. Surgical once every three years. Oral Surgery: Simple extractions. Oral Surgery: Surgical extractions.	80% <sup>2</sup>	80% <sup>2</sup>	80% <sup>2</sup>
<b>Major Services</b>			
Prosthodontics: Bridges, partial dentures, complete dentures - 5-year waiting period for replacement last performed. Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures. Implants: Implants are only a benefit to replace a single missing tooth bounded by teeth on each side. Limited to \$1000 per tooth, per lifetime and is applied to the patient's annual maximum benefit. Restorative: Crowns and onlays - 5-year waiting period for replacement last performed.	50% <sup>2</sup>	50% <sup>2</sup>	50% <sup>2</sup>
<b>Orthodontic Services</b>			
Benefit for adults and children age 8 and older. Payable in two payments - upon initial banding and 12 months after. The orthodontic maximum is separate from the annual maximum for your other dental benefits.	50%	50%	50%

<sup>1</sup> Members may incur higher out-of-pocket costs when seeing a Non-Delta Dental dentist. Deductible applies to these services.

## Employer Dental Services (EDS) Pre-Paid Plan

The advantages of the EDS Pre-Paid Plan are:

- No deductibles
- No claim forms
- No yearly maximums
- No missing tooth clause
- No waiting period for basic, preventive or major services
- Coverage for pre-existing conditions, except procedures in progress
- Orthodontic benefits for children and adults
- Prescription discount program
- Customer service department based in Arizona
- Large network of participating dentists
- Emergency benefit 24 hours a day

**Schedule of Benefits EDS 100N**

General dental services are listed below in the order provided by most CPT codes listed. Specific exclusions, limitations, conditions, deductibles, and other details are specified after up to 20% of the actual fee for services specifically listed in the schedule of benefits, all fees will be paid in the amount of the fee of treatment, if indicated and required.

Code	Procedure description	Amount	Member	Code	Procedure description	Amount	Member
0000	Annual preventive dental exam	0.00	No Charge	0000	Annual preventive dental exam	0.00	No Charge
0001	Office visit - preventive care	10.00	No Charge	0001	Office visit - preventive care	10.00	No Charge
0002	Office visit - minor procedure	15.00	No Charge	0002	Office visit - minor procedure	15.00	No Charge
0003	Office visit - major procedure	20.00	No Charge	0003	Office visit - major procedure	20.00	No Charge
0004	Office visit - specialist	25.00	No Charge	0004	Office visit - specialist	25.00	No Charge
0005	Office visit - emergency	30.00	No Charge	0005	Office visit - emergency	30.00	No Charge
0006	Office visit - urgent	35.00	No Charge	0006	Office visit - urgent	35.00	No Charge
0007	Office visit - critical	40.00	No Charge	0007	Office visit - critical	40.00	No Charge
0008	Office visit - critical	45.00	No Charge	0008	Office visit - critical	45.00	No Charge
0009	Office visit - critical	50.00	No Charge	0009	Office visit - critical	50.00	No Charge
0010	Office visit - critical	55.00	No Charge	0010	Office visit - critical	55.00	No Charge
0011	Office visit - critical	60.00	No Charge	0011	Office visit - critical	60.00	No Charge
0012	Office visit - critical	65.00	No Charge	0012	Office visit - critical	65.00	No Charge
0013	Office visit - critical	70.00	No Charge	0013	Office visit - critical	70.00	No Charge
0014	Office visit - critical	75.00	No Charge	0014	Office visit - critical	75.00	No Charge
0015	Office visit - critical	80.00	No Charge	0015	Office visit - critical	80.00	No Charge
0016	Office visit - critical	85.00	No Charge	0016	Office visit - critical	85.00	No Charge
0017	Office visit - critical	90.00	No Charge	0017	Office visit - critical	90.00	No Charge
0018	Office visit - critical	95.00	No Charge	0018	Office visit - critical	95.00	No Charge
0019	Office visit - critical	100.00	No Charge	0019	Office visit - critical	100.00	No Charge
0020	Office visit - critical	105.00	No Charge	0020	Office visit - critical	105.00	No Charge
0021	Office visit - critical	110.00	No Charge	0021	Office visit - critical	110.00	No Charge
0022	Office visit - critical	115.00	No Charge	0022	Office visit - critical	115.00	No Charge
0023	Office visit - critical	120.00	No Charge	0023	Office visit - critical	120.00	No Charge
0024	Office visit - critical	125.00	No Charge	0024	Office visit - critical	125.00	No Charge
0025	Office visit - critical	130.00	No Charge	0025	Office visit - critical	130.00	No Charge
0026	Office visit - critical	135.00	No Charge	0026	Office visit - critical	135.00	No Charge
0027	Office visit - critical	140.00	No Charge	0027	Office visit - critical	140.00	No Charge
0028	Office visit - critical	145.00	No Charge	0028	Office visit - critical	145.00	No Charge
0029	Office visit - critical	150.00	No Charge	0029	Office visit - critical	150.00	No Charge
0030	Office visit - critical	155.00	No Charge	0030	Office visit - critical	155.00	No Charge
0031	Office visit - critical	160.00	No Charge	0031	Office visit - critical	160.00	No Charge
0032	Office visit - critical	165.00	No Charge	0032	Office visit - critical	165.00	No Charge
0033	Office visit - critical	170.00	No Charge	0033	Office visit - critical	170.00	No Charge
0034	Office visit - critical	175.00	No Charge	0034	Office visit - critical	175.00	No Charge
0035	Office visit - critical	180.00	No Charge	0035	Office visit - critical	180.00	No Charge
0036	Office visit - critical	185.00	No Charge	0036	Office visit - critical	185.00	No Charge
0037	Office visit - critical	190.00	No Charge	0037	Office visit - critical	190.00	No Charge
0038	Office visit - critical	195.00	No Charge	0038	Office visit - critical	195.00	No Charge
0039	Office visit - critical	200.00	No Charge	0039	Office visit - critical	200.00	No Charge
0040	Office visit - critical	205.00	No Charge	0040	Office visit - critical	205.00	No Charge
0041	Office visit - critical	210.00	No Charge	0041	Office visit - critical	210.00	No Charge
0042	Office visit - critical	215.00	No Charge	0042	Office visit - critical	215.00	No Charge
0043	Office visit - critical	220.00	No Charge	0043	Office visit - critical	220.00	No Charge
0044	Office visit - critical	225.00	No Charge	0044	Office visit - critical	225.00	No Charge
0045	Office visit - critical	230.00	No Charge	0045	Office visit - critical	230.00	No Charge
0046	Office visit - critical	235.00	No Charge	0046	Office visit - critical	235.00	No Charge
0047	Office visit - critical	240.00	No Charge	0047	Office visit - critical	240.00	No Charge
0048	Office visit - critical	245.00	No Charge	0048	Office visit - critical	245.00	No Charge
0049	Office visit - critical	250.00	No Charge	0049	Office visit - critical	250.00	No Charge
0050	Office visit - critical	255.00	No Charge	0050	Office visit - critical	255.00	No Charge
0051	Office visit - critical	260.00	No Charge	0051	Office visit - critical	260.00	No Charge
0052	Office visit - critical	265.00	No Charge	0052	Office visit - critical	265.00	No Charge
0053	Office visit - critical	270.00	No Charge	0053	Office visit - critical	270.00	No Charge
0054	Office visit - critical	275.00	No Charge	0054	Office visit - critical	275.00	No Charge
0055	Office visit - critical	280.00	No Charge	0055	Office visit - critical	280.00	No Charge
0056	Office visit - critical	285.00	No Charge	0056	Office visit - critical	285.00	No Charge
0057	Office visit - critical	290.00	No Charge	0057	Office visit - critical	290.00	No Charge
0058	Office visit - critical	295.00	No Charge	0058	Office visit - critical	295.00	No Charge
0059	Office visit - critical	300.00	No Charge	0059	Office visit - critical	300.00	No Charge
0060	Office visit - critical	305.00	No Charge	0060	Office visit - critical	305.00	No Charge
0061	Office visit - critical	310.00	No Charge	0061	Office visit - critical	310.00	No Charge
0062	Office visit - critical	315.00	No Charge	0062	Office visit - critical	315.00	No Charge
0063	Office visit - critical	320.00	No Charge	0063	Office visit - critical	320.00	No Charge
0064	Office visit - critical	325.00	No Charge	0064	Office visit - critical	325.00	No Charge
0065	Office visit - critical	330.00	No Charge	0065	Office visit - critical	330.00	No Charge
0066	Office visit - critical	335.00	No Charge	0066	Office visit - critical	335.00	No Charge
0067	Office visit - critical	340.00	No Charge	0067	Office visit - critical	340.00	No Charge
0068	Office visit - critical	345.00	No Charge	0068	Office visit - critical	345.00	No Charge
0069	Office visit - critical	350.00	No Charge	0069	Office visit - critical	350.00	No Charge
0070	Office visit - critical	355.00	No Charge	0070	Office visit - critical	355.00	No Charge
0071	Office visit - critical	360.00	No Charge	0071	Office visit - critical	360.00	No Charge
0072	Office visit - critical	365.00	No Charge	0072	Office visit - critical	365.00	No Charge
0073	Office visit - critical	370.00	No Charge	0073	Office visit - critical	370.00	No Charge
0074	Office visit - critical	375.00	No Charge	0074	Office visit - critical	375.00	No Charge
0075	Office visit - critical	380.00	No Charge	0075	Office visit - critical	380.00	No Charge
0076	Office visit - critical	385.00	No Charge	0076	Office visit - critical	385.00	No Charge
0077	Office visit - critical	390.00	No Charge	0077	Office visit - critical	390.00	No Charge
0078	Office visit - critical	395.00	No Charge	0078	Office visit - critical	395.00	No Charge
0079	Office visit - critical	400.00	No Charge	0079	Office visit - critical	400.00	No Charge
0080	Office visit - critical	405.00	No Charge	0080	Office visit - critical	405.00	No Charge
0081	Office visit - critical	410.00	No Charge	0081	Office visit - critical	410.00	No Charge
0082	Office visit - critical	415.00	No Charge	0082	Office visit - critical	415.00	No Charge
0083	Office visit - critical	420.00	No Charge	0083	Office visit - critical	420.00	No Charge
0084	Office visit - critical	425.00	No Charge	0084	Office visit - critical	425.00	No Charge
0085	Office visit - critical	430.00	No Charge	0085	Office visit - critical	430.00	No Charge
0086	Office visit - critical	435.00	No Charge	0086	Office visit - critical	435.00	No Charge
0087	Office visit - critical	440.00	No Charge	0087	Office visit - critical	440.00	No Charge
0088	Office visit - critical	445.00	No Charge	0088	Office visit - critical	445.00	No Charge
0089	Office visit - critical	450.00	No Charge	0089	Office visit - critical	450.00	No Charge
0090	Office visit - critical	455.00	No Charge	0090	Office visit - critical	455.00	No Charge
0091	Office visit - critical	460.00	No Charge	0091	Office visit - critical	460.00	No Charge
0092	Office visit - critical	465.00	No Charge	0092	Office visit - critical	465.00	No Charge
0093	Office visit - critical	470.00	No Charge	0093	Office visit - critical	470.00	No Charge
0094	Office visit - critical	475.00	No Charge	0094	Office visit - critical	475.00	No Charge
0095	Office visit - critical	480.00	No Charge	0095	Office visit - critical	480.00	No Charge
0096	Office visit - critical	485.00	No Charge	0096	Office visit - critical	485.00	No Charge
0097	Office visit - critical	490.00	No Charge	0097	Office visit - critical	490.00	No Charge
0098	Office visit - critical	495.00	No Charge	0098	Office visit - critical	495.00	No Charge
0099	Office visit - critical	500.00	No Charge	0099	Office visit - critical	500.00	No Charge
0100	Office visit - critical	505.00	No Charge	0100	Office visit - critical	505.00	No Charge

## Dental Rates

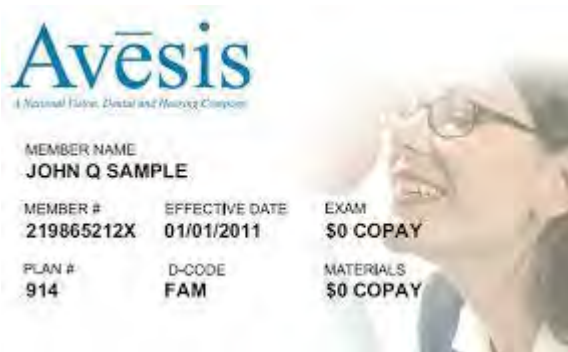
<b>EDS Pre-Paid Dental Plan</b>				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Over 20 Deductions</b>	\$5.10	\$9.95	\$13.26	\$14.79
<b>Monthly</b>	\$8.50	\$16.58	\$22.10	\$24.65
<b>Annual</b>	\$102.00	\$198.96	\$265.20	\$295.80
<b>Delta Dental Low Plan</b>				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Over 20 Deductions</b>	\$13.57	\$32.60	\$29.58	\$46.91
<b>Monthly</b>	\$22.62	\$54.34	\$49.30	\$78.18
<b>Annual</b>	\$271.44	\$652.08	\$591.60	\$938.16
<b>Delta Dental High Plan</b>				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Over 20 Deductions</b>	\$25.25	\$60.65	\$55.02	\$87.25
<b>Monthly</b>	\$42.08	\$101.08	\$97.70	\$145.42
<b>Annual</b>	\$504.96	\$1,212.96	\$1,100.40	\$1,745.04

## Vision Coverage

Vision plan coverage is offered by Avesis. From annual eye exams to benefits for glasses and contacts, the Tucson Unified School District vision plan expands the scope of benefits for you and your family. This stand-alone plan offers options and services that may not be available through your health plan coverage. You may enroll in the vision plan even if you do not participate in the Tucson Unified School District Medical Plan coverage available to you.

The vision plan offers you the freedom to use in-network or out-of-network care providers. Benefits are greater when you use providers who participate in the Avesis Network. See the directory of vision care providers under Find an AVESIS Doctor at Avesis.com. Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avesis for reimbursement.

Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avesis provider. Out-of-network claim forms can be obtained at [www.avesis.com](http://www.avesis.com). Service frequency: The plan covers an annual eye exam and lenses (including contacts) once every 12 months, and frames once every 12 months. Benefit periods are measured from the date you last had the same type of service.



### Using Out-of-Network Providers

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avesis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avesis provider. Out-of-network claim forms can be obtained by contacting Avesis Customer Service Center or your group administrator, or by visiting [www.avesis.com](http://www.avesis.com).

Limitations: The plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. If options selected are not covered under the plan, as shown in the schedule of benefits, you will pay a discounted fee to the participating Avesis provider. Benefits are payable only for services received while the group and individual member's coverage is in force. Additional Exclusions apply, be sure to review the Avesis Summary and web site for more information.

Benefits for Contact Lenses: The plan covers eyeglass lenses or contacts, but not both, every 12 months. The contact lens benefit includes your fitting and exam, and these charges are paid first. Any remaining benefit balance is applied toward the contact lenses. If you purchase disposables, the available benefit amount must be used all at once. Your provider will order a three- or six-month supply for you. If you wear soft contacts, you may be eligible for a program that includes an initial contact lens evaluation and supply of lenses. Call Avesis or your in-network provider for details.

For More Information About the vision plan, see the Avesis Website at [www.avesis.com](http://www.avesis.com) or contact customer service: 800-828-9341 from 7 a.m. - 8 p.m. EST. LASIK Provider: (877) 712-2010.

## Vision Coverage at a Glance

Vision Care Services	In-Network Member Benefits	Out-of-Network Reimbursement
<b>Eye Examination</b>	Covered in full after \$10	Up to \$35.00
<b>Materials: \$15 copayment</b>	(Materials copay applies to frame or spectacle lenses, if applicable.)	
<b>Frame Allowance*</b>	Members receive a \$50 wholesale allowance Up to \$150 retail value†	Up to \$45.00
<b>Standard Spectacle Lenses</b>		
Single Vision	Covered in full after materials copay	Up to \$25.00
Bifocal	Covered in full after materials copay	Up to \$40.00
Trifocal	Covered in full after materials copay	Up to \$50.00
Lenticular	Covered in full after materials copay	Up to \$80.00
Standard Progressives	Covered up to \$50, plus 20% off retail	up to \$40.00
<b>Other Lens Options‡</b>		
Specialty Lenses (Hi Index, photochromatic, etc.)	Discounted up to 20% off retail cost	Not covered
Lens tints, Anti-reflective coatings, scratch coating, cosmetic lens finish	Discounted up to 20% off retail cost	Not covered
<b>Contact Lenses‡</b> (in lieu of frame and spectacle lenses)		
Elective	\$130 allowance	\$130.00
Medically Necessary	Covered in full	\$250.00
<b>Refractive Laser Surgery</b>	Provider discount up to 25% One-time/lifetime allowance of \$150	\$150.00
<b>Frequency</b>		
<b>Eye Examination</b>	Once every 12 Months	Once every 12 Months
<b>Lenses or contact lenses</b>	Once every 12 Months	Once every 12 Months
<b>Frame</b>	Once every 12 Months	Once every 12 Months

\* Discounts are not insured benefits

‡ Prior authorization is required for medically necessary contacts.

## Vision Rates

Avesis Vision Coverage Costs				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Over 20 Deductions</b>	\$3.85	\$6.75	\$7.80	\$10.05
<b>Monthly</b>	\$6.41	\$11.25	\$13.00	\$16.75
<b>Annual</b>	\$76.92	\$135.00	\$156.00	\$201.00

## Voluntary Short Term Disability

Voluntary Short-Term Disability coverage helps provide income protection for employees with unexpected health events, associated expenses and possible time away from work due to a non-occupational injury or sickness.

Short Term Disability (STD) insurance can help you replace a portion of your income during a period of Disability, up to 26 weeks. The Short Term Disability benefit replaces a portion of your pre-disability earnings, less the income that was actually paid to you for the same Disability from other sources<sup>1</sup> (e.g., state disability benefits, no-fault auto laws, etc.). The Benefit amount is 66 2/3% of your pre-disability weekly earnings. The maximum weekly benefit under the base plan is \$2,500. Your minimum weekly benefit amount is \$25. Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit.

The District offers 2 plans through MetLife with elimination periods as follows:

### Plan 7/14

For Injury: 7 days  
For Sickness (includes pregnancy): 14 days

### Plan 14/21

For Injury: 14 days  
For Sickness (includes pregnancy): 21 days

This worksheet allows you to approximate your monthly and annual contributions for Short Term Disability (STD) coverage. Contribution amounts are based on gross weekly income. Actual contributions will be calculated by the TUSD benefits program system.

#### 7/14 Plan:

A. Annual Earnings =	\$30,000	A. Annual Earnings =	\$
B. Weekly Earnings = (A divided by 52)	\$576.92	B. Weekly Earnings = (A divided by 52)	\$
C. Weekly Benefit = (B x .6667%)	\$384.81	C. Weekly Benefit = (B x .6667%)	\$
D. Value Per \$10 = (C divided by 10)	\$38.48	D. Value Per \$10 = (C divided by 10)	\$
E. Estimated Monthly Contribution (D multiplied by 0.50)	\$19.24	E. Estimated Monthly Contribution = (D multiplied by 0.50)	\$

#### 14/21 Plan:

A. Annual Earnings =	\$30,000	A. Annual Earnings =	\$
B. Weekly Earnings = (A divided by 52)	\$576.92	B. Weekly Earnings = (A divided by 52)	\$
C. Weekly Benefit = (B x .6667%)	\$384.81	C. Weekly Benefit = (B x .6667%)	\$
D. Value Per \$10 = (C divided by 10)	\$38.48	D. Value Per \$10 = (C divided by 10)	\$
E. Estimated Monthly Contribution (D multiplied by 0.32)	\$12.31	E. Estimated Monthly Contribution = (D multiplied by 0.32)	\$

# Life Insurance

## Basic Life Insurance – Voya Financial

The District provides eligible employees with basic life insurance coverage in the amount of one times your annual salary. After you reach a certain age, the policy amount is reduced. An accelerated death benefit is also available in the event of your terminal illness. You must designate a beneficiary for the basic life insurance benefit who is 18 years or older. You may add or change your beneficiary by completing the Beneficiary Designation form online.

## Voluntary Life Insurance – Voya Financial

If eligible, you have the opportunity to purchase voluntary life insurance coverage for yourself and your eligible spouse and dependent children. The voluntary life insurance premiums are listed at the end of this Guide.

## Special for the 2016-2017 plan year open enrollment only!

We are transitioning to a new life insurance carrier, Voya Financial. Although your plan design and costs are staying the same as they were under Minnesota Life, Voya Financial has allowed the District a special enrollment opportunity for this year only.

If you are not currently enrolled for Supplemental Life Insurance and are now eligible for the first time, you may elect up to \$250,000 or 3 times your annual salary, whichever is less, during the current enrollment period without providing evidence of insurability.

Highlights of the Insurance coverage are below.

# Supplemental Life Insurance Costs

Your life insurance coverage options at a glance				
	Life insurance on you		Life insurance on your spouse or domestic partner	Life insurance on your dependent children
	Basic Term Life	Supplemental Term Life	Spouse/Partner Supplemental Term Life	Dependent Supplemental Term Life
Coverage levels <sup>1</sup>	1X covered pay	You select coverage level in increments of \$10,000	You select coverage level in increments of \$5,000	You select either the \$1,000, \$5,000 or \$10,000 coverage level
	Minimum: \$10,000 Maximum: \$200,000	Minimum: \$20,000 Maximum: 6 X covered pay or \$1,000,000, whichever is less	Minimum: \$5,000 Maximum: 100% of the supplemental employee life elected or \$250,000, whichever is less	Minimum: \$1,000 Maximum: 100% of the supplemental employee life elected or \$10,000, whichever is less
	Guarantee Issue: All basic life amounts are guaranteed	Guarantee Issue: 3 X covered pay \$250,000 or, whichever is less	Guarantee Issue: \$25,000	Guarantee Issue: \$10,000
Who pays the premium	Tucson Unified School District	You- If you enroll	You- If you enroll	You- If you enroll
Cost	None - the District pays the full cost	You pay the premium based on level of coverage selected and age	You pay the premium based on level of coverage selected and age	You- If you enroll
Insurer	Voya Financial	Voya Financial	Voya Financial	Voya Financial
Coverage type	Group Term Life Insurance			
Who's eligible	Regular, full-time employees as defined in the Group Term Life Certificate of Insurance		Your spouse or domestic partner as defined in the Group Term Life Certificate of Insurance	Your dependent children as defined in the Group Term Life Certificate of Insurance.
Who's not eligible	Any non-full time, non-regular, leased, part-time, seasonal, or temporary employee		Any spouse that does not meet the eligibility criteria in the Group Term Life Certificate of Insurance  A spouse or domestic partner who is also a benefits eligible, district employee.	Any dependent child who does not meet the eligibility criteria in the Group Term Life Certificate of Insurance  A dependent who is also a benefits eligible, district employee.  Children after their 26th birthday
Beneficiary	Person, persons, trust, or institution that you designate		You are automatically the designated beneficiary of your spouse or domestic partner	You are automatically the designated beneficiary of your dependent children

Age	Rate/\$1,000	Age	Rate/\$1,000
Under 25	\$.037	50-54	\$.217
25-29	\$.037	55-59	\$.391
30-34	\$.050	60-64	\$.440
35-39	\$.056	65-69	\$.1.104
40-44	\$.081	70-74	\$.1.321
45-49	\$.130	75+	\$.1.060
<b>Children - All Ages</b>		\$.10 Per \$1000	

## BASIC Flex Dependent Care Reimbursement

A BASIC Flex Dependent Care Reimbursement Account is a great way to defer child care costs. Someone in a 15% tax bracket with the maximum \$5,000 election would save \$1,132 in one year using BASIC Flex.

**You Should Know:** Eligible expenses: A dependent care flexible spending account allows you to redirect portions of your pretax compensation to pay eligible day-care costs for qualifying dependents. Expenses are eligible only for day-care services that allow you—and your spouse if you are married—to work full or part time and/or to attend school full time. Expenses for babysitting and other miscellaneous care unrelated to work or school attendance are not eligible.

Qualifying dependents must be your dependents for federal income tax purposes, but they need not be covered by any other District benefits.



### Coverage

Covers the cost of day-care services in or out of your home	Qualifying dependents include: Children under age 13. Elderly dependents who live with you. Anyone you claim as a tax dependent because of physical or mental inability to care for himself or herself.
Your maximum contribution amount	\$5,000 per year (or the lesser of your or your spouse's income). \$2,500 per year if married and filing separate tax returns.



## MetLife Critical Illness

Critical Illness Insurance through MetLife can complement your medical and disability income coverage and can ease the financial impact of a critical illness by providing a lump-sum payment when you are diagnosed with a covered condition.

The TUSD MetLife Critical Illness policy covers conditions such as:

- Cancer
- Heart Attack
- Stroke<sup>13</sup>
- Major Organ Transplant
- Alzheimer's Disease
- Coronary Artery Bypass
- Kidney Failure

Some of the plan features include:

- Lump sum payment upon diagnosis verification
- Recurrence benefit
- Guaranteed issue coverage
- No waiting periods or age restrictions
- No limitations between filing claims for covered conditions
- No pre-existing condition for heart attack or stroke
- Same level of coverage for the entire family
- Portable (continuation of coverage)

### How Critical Illness Works

You enroll for a Category Benefit Amount of \$10,000. If you are diagnosed with a Covered Condition in any of the 3 categories (cancer, heart and other), and meet the policy and certificate requirements, you will receive a lump-sum benefit payment. The lump sum benefit payment you will receive works like this:



For Coronary Artery Bypass Graft and Partial Benefit Cancer, you will receive 25% of the Category Benefit Amount. The remaining 75% will be available should you experience another Covered Condition within the same category.

For all Covered Conditions, other than Coronary Artery Bypass Graft and Partial Benefit Cancer, you will receive 100% of the Category Benefit Amount (unless you have already received a partial benefit payment for a Covered Condition in the same

category, in which case you would receive the remaining 75% of the Category Benefit Amount.

After 100% of a Category Benefit Amount has been paid, that category will close and you will not receive any additional payments within that category.

MetLife Critical Illness Insurance does not replace your current medical insurance; rather it provides a lump-sum benefit payment if you experience certain covered conditions. If you would like to know more about Group Critical Illness Insurance or have specific questions about your coverage and options, please contact 1 800 GET-MET 8 (1-800-438-6388) or visit the TUSD Benefits website.

**MetLife**

## Long Term Disability

Employees become eligible to apply for benefits under the Arizona State Retirement System's Long-Term Disability Program for disabilities lasting longer than six months.

Information on Long Term Disability can be found at <https://www.azasrs.gov/content/long-term-disability>

## Retirement Plan Options



### Arizona State Retirement System

Tucson Unified School District is a member of the Arizona State Retirement System. ASRS is a state agency that administers a pension plan, long term disability plan, retiree health insurance plans and other benefits to qualified government workers.

New employees must complete the online registration process to ensure proper enrollment in the ASRS. The online registration process also allows new employees access to their ASRS account online, where they can register beneficiaries and ensure their personal information, such as name, address, phone and email are up-to-date. [www.azasrs.gov](http://www.azasrs.gov)

## TSA Consulting

Retirement may be just around the corner or may be far on the horizon – but it is never too late or too early to start saving. Tucson Unified School District encourages you to take care of your future by planning well today. We work with TSA Consulting to provide 403(b) Savings Plans, 403(b) and 457(b) Deferred Compensation Plan options for our employees. Contact the Payroll Department for information on how to setup an account.



## Everest Funeral Planning

Everest, the first nationwide funeral planning and concierge service, is an independent consumer advocate who works on your behalf. Everest's sole purpose is to provide the information you need to make the most informed decisions about all funeral related issues, and then put those wishes into action. Information on Everest and their services can be found on the Benefits website or at [www.everestfuneral.com/voya](http://www.everestfuneral.com/voya)

## Voya Travel Service

Voya Travel Assistance offers you enhanced security for your leisure and business trips. When traveling more than 100 miles from home, Voya Travel Assistance offers you and your dependents four types of services: Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services.

You and your dependents will have toll-free or collect-call access to the Voya Travel Assistance customer service center or access to the services provided on the website 24 hours a day, 365 days a year – from anywhere in the world. Information on Voya Travel Service can be found on the Benefits website or by visiting Voya Travel at <https://eservices.europassistance-usa.com/sites/Voya>

## Who to Call

Information Needed	Whom to Contact
<b>TUSD Benefits Department</b> <ul style="list-style-type: none"> <li>• Eligibility Questions</li> <li>• FMLA Information and forms</li> <li>• LOA information and forms</li> <li>• General information on benefits and coverage</li> </ul>	<b>TUSD Benefits Department</b> 520-225-6144 <a href="mailto:benefits@tusd1.org">benefits@tusd1.org</a>
<b>Medical Plans Claims Administrator</b> <ul style="list-style-type: none"> <li>• Claim Forms (Medical)</li> <li>• Medical Claims and Appeals</li> <li>• Eligibility for coverage</li> <li>• Plan Benefit Information</li> <li>• HIPPA Certificate of Creditable Coverage</li> </ul>	<b>United Healthcare</b> Customer Service: 1-844-234-7917 <a href="http://www.myuhc.com">www.myuhc.com</a> TUSD Group Number: 905189
<b>Employee Assistance Program (EAP)</b> <ul style="list-style-type: none"> <li>• EAP counselors can help you with stress, marriage/family/work-related problems, substance abuse, financial and legal problems.</li> </ul>	<b>Jorgensen Brooks</b> 520-575-8623
<b>Delta Dental Plan</b> <ul style="list-style-type: none"> <li>• Dental Network Provider Directory</li> <li>• Dental Claims and Appeals</li> </ul>	<b>Delta Dental</b> 1-800-352-6132 <a href="http://www.deltadentalaz.com">www.deltadentalaz.com</a> TUSD Group Number: 4215
<b>Employer Dental Services (EDS)</b> <ul style="list-style-type: none"> <li>• Dental Network Provider Directory</li> <li>• Dental Claims and Appeals</li> </ul>	<b>Employer Dental Services</b> 520-696-4343 800-722-9772 <a href="http://www.mydentalplan.net">www.mydentalplan.net</a>
<b>Vision Plan</b> <ul style="list-style-type: none"> <li>• Vision Network and Provider Directory</li> <li>• Vision Claims and Appeals</li> </ul>	<b>Avesis</b> 1-800-828-9341 <a href="http://www.avesis.com">www.avesis.com</a> TUSD Group Number: 10790-2087 TUSD Plan Number: 936
<b>Health Savings Account (HSA) Bank</b> <ul style="list-style-type: none"> <li>• Online account management</li> </ul>	<b>OptumHealth Bank</b> 1-800-791-9361 <a href="http://www.optumbank.com">www.optumbank.com</a>
<b>Life Insurance</b> <ul style="list-style-type: none"> <li>• The life insurance benefits are not fully described in this document. Contact the Employee Benefits Office for further information.</li> </ul>	<b>Voya Financial</b> 1-800-955-7736 <a href="http://www.voya.com">www.voya.com</a> TUSD Group Policy Number: 67973-9
<b>FSA Claims Administrator</b> <ul style="list-style-type: none"> <li>• Dependent Care FSA</li> </ul>	<b>Basic</b> 1-800-444-1922 <a href="http://www.basiconline.com">www.basiconline.com</a>

<b>Short Term Disability</b>	<b>MetLife</b> 1-800-638-6420 <a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a>
<b>Arizona State Retirement</b> <ul style="list-style-type: none"> <li>• Retirement Information</li> <li>• Long Term Disability</li> </ul>	<b>Arizona State Retirement System (ASRS)</b> 602-240-2000 <a href="http://www.azasrs.gov">www.azasrs.gov</a>
<b>Wellness</b> <ul style="list-style-type: none"> <li>• Employee Wellness</li> <li>• Appointments with Health Coaches</li> <li>• Information on TUSD Wellness Programs</li> </ul>	<b>Wellness Council of Arizona</b> <b>520-293-3369</b> www.welcoaz.org
<b>Critical Illness</b> <ul style="list-style-type: none"> <li>• Group Critical Illness</li> </ul>	<b>MetLife</b> 1-800-638-6420 <a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a>
<b>Everest</b> <ul style="list-style-type: none"> <li>• Funeral Planning and Concierge Service</li> </ul>	<b>Everest</b> 1-800-913-8318 <a href="http://www.everestfuneral.com/ing">www.everestfuneral.com/ing</a>
<b>Voya Travel Assistance</b> <ul style="list-style-type: none"> <li>• Pre-trip services</li> <li>• Emergency Personal Services</li> </ul>	<b>Voya Travel Services</b> 1-800-859-2821 – In the US 202-296-8355 – Worldwide, Collect <a href="http://www.europassistance-usa.com">www.europassistance-usa.com</a> <a href="http://www.ingemployeebenefits-us.com">www.ingemployeebenefits-us.com</a>
<b>Employee Benefit Portal</b> <ul style="list-style-type: none"> <li>• TUSD Benefits Enrollment</li> </ul>	<b>iVisions Employee Self Service</b> <a href="http://www.visions.tusd1.org">www.visions.tusd1.org</a>
<b>403(b) &amp; 457 Retirement Plans</b>	<b>TSA Consulting Group</b> 1-888-796-3786



## Frequently Asked Questions

If you still have questions after reading the Frequently Asked Questions, call Benefits at (520) 225-6144 or email [benefits@tusd1.org](mailto:benefits@tusd1.org).

### ***What happens if I don't sign up for anything during open enrollment?***

Oh, no! Don't do that. The District's enrollment is an active enrollment, which means you can't just let your choices roll over from year to year. You have to log into our enrollment system and make your selections before August 5, 2016.

If you don't make your choices by August 5, 2016 you will have to wait until next year's open enrollment period before you can sign up for benefits. \*

(\*Unless you experience a qualifying life event like getting married or divorced, having a baby, or if your spouse loses his or her job.)

### ***Can somebody help me pick the right benefits?***

We can certainly help you understand your options but you need to decide what is the best option for yourself and your dependents. We suggest you check out all of the resources we have posted online first. You will also find opportunities throughout open enrollment to get your questions answered at presentations, computer labs, and the health fair. Each of these events will be staffed with someone who will explain all your benefit options and help you figure out which ones will be best for you and your family.

### ***I will be on vacation during open enrollment. Can I make elections when I return?***

No, you must make your elections during the open enrollment period, which ends August 5, 2016. The good news is the enrollment portal is accessible from any computer and the amount of time to get it done is one whole month! If you have questions, you're welcome to contact the Benefits office at 520-225-6144.

### ***Why am I being prompted to provide a social security number for my dependents?***

Centers for Medicare and Medicaid Services (CMS), the agency that monitors the claims collections from employers for Medicare, requires all employers and retirees to provide the social security number of any employee/retiree and dependent covered through an employer

sponsored medical plan.

### ***When does my coverage end?***

Benefits terminate the last day of the month in which you last worked or if the school year contract was fulfilled, through the end of the contract period.

### ***Am I eligible for coverage?***

You are a benefits eligible employee if:

- you work at least 30 hours per week (full-time)
- you meet the ACA definition of having worked an average of 30 hours per week in your 12-month measurement period (if this applies to you, Benefits will contact you).

If you are eligible for TUSD benefits, you are also eligible to enroll your eligible dependents. If you acquire an eligible dependent after you have submitted your forms, you may be able to enroll them based on a permissible mid-year status change. The list of permissible status changes and eligible dependents is available in this handbook. Note that you have 31 days from the event date of a change such as marriage, divorce, child reaches maximum age, etc. to make changes.

### ***Are my insurance premiums taken on a pre-tax basis?***

Section 125 of the Internal Revenue Code allows employers to offer a cafeteria plan and deduct premiums before taxes are calculated. Deducting premiums with pre-tax dollars means that the cost of your premium is taken from the paycheck before federal, state and Social Security taxes are calculated. Not all coverage is available for pre-tax. At this time, pre-tax applies to medical, dental and vision coverage.

Payment of premiums on a pre-tax basis means that the employee has signed on for a salary reduction agreement in accordance with the Internal Revenue Service. As such, you are not permitted to make changes to your coverage elections outside of Open Enrollment, unless you experience a permissible mid-year status change.

***When does my insurance begin?***

- New-hires – insurance elections are effective the first of the month following 30 days of employment.
- Open Enrollment – insurance elections and changes are effective on the first day of the plan year.
- Permissible Mid-Year Status Change – effective on the 1<sup>st</sup> of the month following receipt of the completed TUSD Enrollment/Change form and all required and supporting documentation.

***What are the Affordable Care Act requirements?***

A. To avoid paying a penalty when you file your taxes, the Affordable Care Act or ACA law requires you to have medical coverage. This coverage or plan that you are enrolled in must meet minimum standards to qualify. These standards are referred to as minimum essential coverage. Individuals can obtain minimum essential coverage through their employer or on the Marketplace.

Minimum essential coverage isn't intended to imply the plan provides minimal coverage or only covers certain essential needs, it just refers to a plan that meets the standards set by the ACA that qualify you, if enrolled, to avoid the penalty.

Minimum essential coverage provides two things:

First it provides minimum value, which is another way of saying, the plan picks up at least 60% of the costs, and, it is affordable. Affordable is defined as a percentage of your W-2 income and will differ for everyone. Also, keep in mind that while federal premium subsidies are available in the Marketplace, eligibility for those subsidies depends on several factors. First, the household income of the individual must be no more than 400% of the federal poverty level.

However, individuals eligible for employer coverage are only eligible for Marketplace subsidies if additional requirements are met. Active employees and their dependents are not eligible for Marketplace subsidies if they are eligible for an employer plan that satisfies both affordability (employee contribution for self- only coverage is less than 9.5% of household income) and minimum value (value of at least 60%).

Additional information about the requirements and Marketplace is available online at [healthcare.gov](http://healthcare.gov)

***If I already have insurance through another company, can I still elect benefits through TUSD?***

If you elect insurance through TUSD, the TUSD plan will be considered your primary insurance. If you have medical coverage from TUSD and another insurer, Coordination of Benefits will apply.

***Will I have coverage during the summer?***

Yes, if you remain an active employee with TUSD, working through the last day of your contract at the end of the school year and returning without separation when your new contract begins the following school year.

***What will happen if I don't make open enrollment elections?***

TUSD conducts a positive open enrollment. Benefit coverage ends on August 31<sup>st</sup> each year and employees who do not make open enrollment elections will not have coverage on September 1.

***How is my per pay period cost calculated?***

Employee benefit costs are annualized and then divided by the number of deductions taken over the course of a year. For most TUSD employees, this will be twenty (20) deductions between September and June. If you start late, you will have less than twenty (20) deductions in which to divide the annual amount.

***Why won't you speak to my spouse or family member about my insurance?***

HIPAA requirements prevent us from speaking to anyone other than the covered employee about insurance elections, coverage issues, or any other health matter. If you would like to provide permission to the TUSD Benefits Staff to discuss your insurance information with a spouse or family member, you may fill out a Consent to Share Protected Health Information form. Forms are available in the Benefits office and you must stop by to fill out the form in person.

