



Coconino County  
**Accommodation**  
School District



# **2020-2021**

## **Benefits Guide**



# Plan Notes

## We're glad you're here.

Coconino County Accommodation School District (CCASD) is pleased to present our employee benefits. This guide provides an overview of the benefits available to all eligible CCASD employees. We place a great value on the health and well-being of our employees and continue to offer a comprehensive benefits package.

Familiarizing yourself with your benefits now will allow you to make informed benefit decisions for yourself and your family members. We encourage you to review the important highlights of these benefits.

Please take advantage of the resources identified on each page, as they provide the best avenues for making informed benefit decisions.

### Who may be covered under our plans?



- > Benefits are available to eligible employees working 30 hours or more per week.
- > Dependent coverage is also available for your spouse/qualified domestic partner and dependent children up to age 26.
- > Your dependent child who, because of a handicap condition which occurred before the attainment of the limiting age, who is incapable of self-sustaining employment and is dependent on you for lifetime care and supervision may also be eligible for coverage.

## Changing Your Benefits (Qualifying Life Event)

The benefits you elect during the annual open enrollment period or as a newly hired employee will remain in effect for the entire plan year. You may only change your elections during the year if you have a qualifying life event change.

**Some examples of a qualifying life event change include:**

Marriage, birth or adoption • Divorce • Attainment or dissolution of a domestic partnership • Gain or loss of coverage through a spouse's plan or other group coverage • Death of spouse or dependent • Loss of dependent status • Change in eligibility for Medicare benefits • Gain or loss of eligibility for Medicaid, a Children's Health Insurance Program (CHIP), loss/gain of TRICARE, or loss/gain of Indian Health Services (IHS) coverage.

If you experience a qualifying life event, you must inform the human resources department within 31 days of the change. Depending on the type of change, you will be required to provide specific documentation to validate your qualifying life event.



## Our Commitment To Wellness

To provide a workplace that supports employees, families, and communities in health and wellness to optimize quality of life.

**Who:** With our award-winning Wellness Program you and your household 12 yrs old and up can take advantage of our FREE in-person wellness classes! Only employees on the health plan can earn incentives at this time.

**When:** Enter your wellness points by May 15th at 11:59 pm to receive the incentive starting July 1st.

**For more information on wellness, see the enclosed insert for details!**



# Medical Benefits

Coverage, choice, cost and convenience are factors each of us considers important when selecting a medical plan. You may choose from three Blue Cross Blue Shield medical plans to best meet the needs of you and your family, or you may choose to waive medical coverage if you have available medical coverage under a family member's group plan. All plans use the BCBS network. The plans differ in how they share costs with you when you receive care and the amount you are required to contribute per pay period for coverage.

If you enroll in the HDHP option, you will automatically be enrolled in an HSA. The funds deposited in this account may be used to pay for eligible medical expenses including coinsurance and your deductible. See page 5 for details. **Your medical plan options are explained below and on the following page.**

## 1 The Base Plan

- > Covers in-network and out-of-network services
- > No selection of PCP required and no referral
- > Includes prescription drug coverage

## 2 The Buy-Up Plan

- > Covers in-network and out-of-network services
- > No selection of PCP required and no referral necessary for specialty care
- > Includes prescription drug coverage

## 3 High Deductible Health Plan (HDHP)

- > Covers in-network and out-of-network services
- > You pay the full cost of services until the deductible is met (including prescriptions)
- > After the deductible is met, you pay 20% until you reach the out-of-pocket maximum for the year
- > Includes prescription drug coverage which is applied against the deductible

### Your Prescription Benefits

Regardless of which plan you choose, you are provided with prescription benefits through CVS Caremark. If you take maintenance medication, you can make the most of your prescription benefits when you use the CVS Caremark Mail Order option. The Mail Order program allows you to save the equivalent of one retail copay on a 90-day supply of medication.



# Medical Benefit Summary

## Medical Benefits

This chart summarizes some of the benefits provided under each BCBS medical plan. For a complete description of the benefits available under each plan, please refer to your Summary Plan Description (SPD).

| Benefit Description  | Base Plan                             | Buy-Up Plan                           | HDHP   |
|--|---------------------------------------|---------------------------------------|--|
|  | In-Network (You Pay)                  | In-Network (You Pay)                  | In-Network (You Pay)                         |
| <b>Health Savings Account?</b>   | No                                    | No                                    | Yes  |
| <b>Calendar Year Deductible</b><br>Individual/Family   | \$1,000/\$2,000                       | \$750/\$1,500                         | \$1,750/\$3,500                              |
| <b>Medical Out-of-Pocket Maximum (OOPM)</b> - Individual/Family  | \$4,750/\$9,500                       | \$4,500/\$9,000                       | \$5,000/\$10,000                             |
| <b>Coinsurance Level (% You Pay)</b>   | 20% after deductible                  | 20% after deductible                  | 20% after deductible                         |
| <b>Physician Office Visits</b><br>Primary Care Physician<br>Specialist   | \$45<br>\$60                          | \$35<br>\$45                          | 20% after deductible<br>20% after deductible |
| <b>Preventive Care</b>   | 0%, no deductible                     | 0%, no deductible                     | 0%, no deductible                            |
| <b>BlueCare Anywhere Telehealth</b>  | \$0 copay                             | \$0 copay                             | \$49-\$175 fee                               |
| <b>Emergency Care</b><br>Emergency Room<br>Urgent Care   | \$200 copay*<br>\$80 copay            | \$150 copay*<br>\$60 copay            | \$150 copay*<br>20% after deductible         |
| <b>Inpatient Hospital Services</b>   | \$100 copay*                          | \$100 copay*                          | 20% after deductible*                        |
| <b>Rx Out-of-Pocket Maximum</b><br>Individual/Family   | \$2,350/\$4,700                       | \$2,350/\$4,700                       | Combined with Medical OOPM                   |
| <b>Retail Prescription (Rx) Benefits</b><br>up to a 30-day supply<br>Generic<br>Preferred Brand Name<br>Non-Preferred Brand Name | \$8 copay<br>\$35 copay<br>\$55 copay | \$8 copay<br>\$35 copay<br>\$55 copay | 20% after deductible*/ \$5 minimum charge    |
| <b>Mail Order Prescription Program</b><br>up to a 90-day supply  | 2x Retail copay                       | 2x Retail copay                       | 20% after deductible*/ \$5 minimum charge    |
| Benefit Description  | Out-of-Network (You Pay)              | Out-of-Network (You Pay)              | Out-of-Network (You Pay)                     |
| <b>Calendar Year Deductible</b><br>Individual/Family   | \$2,000/\$4,000                       | \$1,500/\$3,000                       | \$1,750/\$3,500**                            |
| <b>Annual Out-of-Pocket Maximum</b><br>Individual/Family   | \$7,500/\$15,000                      | \$7,000/\$14,000                      | \$7,000/\$14,000                             |
| <b>Coinsurance (% You Pay)</b>   | 40% after deductible                  | 40% after deductible                  | 40% after deductible                         |

\*Access/admit payment and deductible applied prior to 20% coinsurance. \*\* The in and out-of-network are combined for the HDHP.

### Have A Minor Health Concern? Need To Speak To A Doctor Now?

The BlueCare Anywhere Telehealth program allows you to skip the lines at your doctor's office or urgent care waiting room for treatment. BlueCare Anywhere allows you get fast and cost effective treatment for minor health concerns 24/7! Just visit with [bluecareanywhereaz.com](http://bluecareanywhereaz.com) or call **1-844-606-1612** to connect with a doctor, counselor or psychiatrist. Your cost for this service is listed above.



### Your Vera Clinic

Use the Vera clinic for screenings, chronic disease management, acute care and other support services.

### PREVENTIVE CARE

Annual Whole Health Evaluation; immunizations; screenings; well women exams; family planning

### CHRONIC DISEASE MANAGEMENT

Diabetes; hypertension; depression, etc.

### ACUTE CARE

Coughs/colds; wound care; sprains and strains; rashes; urinary tract infections; back pain

### BONUS SUPPORT SERVICES

Health coaching; on-site labs; provider-dispensed medications; specialty care coordination and advocacy

### Make an appointment

(928) 774-3985\*  
www.verawholehealth.com/NAPEBT

**You can earn all 24 of your Wellness Points in just one 90 minute visit.**

\*Clinic hours are Monday-Friday 7am-6pm and Saturday 8am-12pm. If you call the clinic outside of the hours listed above, you will be connected to the Vera Nurseline.

# Dental & Vision Benefits



## Dental Benefits

CCASD offers comprehensive dental coverage through Delta Dental. The dental plans available to you are designed to provide coverage for x-rays, routine cleanings, and fillings. We are pleased to provide you with Delta Dental's Preferred Provider Organization (PPO) plans. The Dental Plan Summary below highlights the benefits provided under each Delta Dental Plan. It is not a complete listing of the services. For a full description of the benefits available under each plan, please refer to your Summary Plan Description (SPD).

| Benefits                        | Delta Dental Base Plan |                  |                      | Delta Dental Buy-Up Plan |                  |                      |
|---------------------------------|------------------------|------------------|----------------------|--------------------------|------------------|----------------------|
|                                 | PPO Dentist            | Premier Dentist* | Non-Network Dentist* | PPO Dentist              | Premier Dentist* | Non-Network Dentist* |
| <b>Calendar Year Deductible</b> | \$50/\$150             | \$50/\$150       | \$50/\$150           | \$50/\$150               | \$50/\$150       | \$50/\$150           |
| <b>Calendar Year Maximum</b>    | \$1,000                | \$1,000          | \$1,000              | \$2,000                  | \$2,000          | \$2,000              |
| <b>Class 1-Preventive</b>       | 100%                   | 100%             | 100%                 | 100%                     | 100%             | 100%                 |
| <b>Class 2-Basic</b>            | 80%**                  | 80%**            | 80%**                | 80%**                    | 80%**            | 80%**                |
| <b>Class 3-Major</b>            | 50%**                  | 50%**            | 50%**                | 50%**                    | 50%**            | 50%**                |

\*Members may incur higher out-of-pocket costs when seeing a Premier or Non-Network provider. \*\*Deductible applies to these services.

## Vision Benefits


CCASD offers you the choice between two vision plans through Vision Service Plan (VSP). The VSP Exam Only Plan provides you with an annual exam and discounts on many vision services. The VSP Buy-Up Plan offers comprehensive vision coverage. The Vision Plan Summary below highlights the benefits provided under each VSP Plan. It is not a complete listing of the services. For a full description of the benefits available under each plan, please refer to your Summary Plan Description (SPD).

| Benefits   | VSP Exam Only Plan  |                    | VSP Buy-Up Plan   |                               |
|--|---|--------------------|---|-------------------------------|
|  | In-Network  | Non-Network        | In-Network  | Non-Network                   |
| <b>Frequency of Services</b><br>Exam/Lenses/Frames | <i>Materials/Services covered once every:<br/>12 months / 12 months / 24 months</i> |                    | <i>Materials/Services covered once every:<br/>12 months / 12 months / 24 months</i> |                               |
| <b>Examination</b>                                 | \$15 copay  | Covered up to \$45 | \$15 copay  | Covered up to \$45            |
| <b>Lenses</b><br>Single/Bifocal/Trifocal           | 20% discount on complete pair of glasses and 15% discount on contact lens exam      | N/A                | \$25 copay  | Covered up to: \$30/\$50/\$65 |
| <b>Contacts</b> (In lieu of glasses)               |   |                    | Covered up to \$130   | Covered up to \$105           |
| <b>Frames</b>                                      |   |                    | \$25 copay;<br>Covered up to \$150  | Covered up to \$70            |

# Health Savings Account (HSA)

## The Benefits Of A Health Savings Account (HDHP Enrollees Only)

Health Savings Accounts can help you save money by letting you pay eligible out-of-pocket expenses with contributions deducted from your paycheck on a pre-tax basis. The money that you contribute to a spending account is deducted before Federal and Social Security taxes are applied. Because you do not pay taxes on your HSA contributions, you may decrease your taxable income and potentially increase your spendable income. **The table below highlights the key features of your HSA:**

|  Health Savings Account (HSA) |  |
|--|--|
| What expenses can it pay for?  | Health care expenses for you and your eligible dependents that are not covered or fully reimbursed by your medical, prescription drug, dental, and vision coverage.  |
| What about over-the-counter (OTC) medications?   | Only with a prescription or letter of medical necessity from a physician; OTC items not considered a medication are reimbursable.  |
| How much can I contribute in 2020?   | The amount you can contribute depends of the coverage tier you elect when you enroll in the HDHP medical option.<br><b>Individual Coverage:</b> \$3,550 <sup>1</sup><br><b>Family Coverage:</b> \$7,100 <sup>1</sup> |
| Can I enroll if I'm in the HDHP with HSA option?   | This HSA is only available if you are enrolled the HDHP.   |
| When do I have access to my HSA funds?   | You can only be reimbursed up to your current account balance (based on your actual contributions).  |
| Can I enroll if I'm not in a CCASD Medical Plan?   | No, you must be enrolled in the HDHP to enroll in the HSA.   |
| What is the deadline for submitting claims for reimbursement?  | You can request a distribution at any time to cover a qualified expense.   |
| Do unused funds roll over?   | Yes. Your funds will roll over from plan year to plan year.  |

<sup>1</sup> Employees age 55 years or over, may contribute \$4,550 for the Individual Coverage tier or \$8,100 for the Family Coverage tier.



### **Did you know that HSA funds remain yours to grow?**

With an HSA, you own the account and all contributions. Unlike FSAs, the entire HSA balance rolls over each year and remains yours even if you change health plans, retire or leave the company.



# Additional Benefits

## Employee Life Insurance Age Reduction

| Age   | % of original<br>amount purchased |
|-------|-----------------------------------|
| At 65 | 65%                               |
| At 70 | 45%                               |
| At 75 | 30%                               |
| At 80 | 20%                               |
| At 85 | 15%                               |
| At 90 | 10%                               |



## Basic Life/AD&D Insurance

As an eligible employee, you are automatically provided with \$40,000 of Life and Accidental Death & Dismemberment (AD&D) insurance coverage. **This coverage is provided by CCASD at no cost to you.**

## Voluntary Life Insurance

If you have people who depend on you for financial support, this additional coverage will help protect them in case something happens to you. When you purchase employee voluntary life insurance, you also have the option to purchase life insurance for your eligible dependents. You may elect coverage for your spouse even if you do not elect coverage for yourself.

Highlights of the plan are provided below.

| Insurance Benefit  | Coverage<br>Increments | Maximum<br>Benefit | Guaranteed<br>Purchase<br>Amounts |
|--|------------------------|--------------------|-----------------------------------|
| Employee Coverage  | \$10,000               | \$500,000*         | \$150,000                         |
| Spouse/DP Coverage   | \$5,000                | \$250,000**        | \$50,000                          |
| Child Coverage<br>(benefit applies to each of<br>your dependent child) | \$10,000               | \$10,000           | \$10,000                          |

\*Cannot exceed 5x annual salary. \*\*Cannot exceed 100% of employee's total basic & voluntary coverage)

## Disability Benefits

CCASD provides full-time employees disability income benefits. In the event you become disabled from a non-work related injury or sickness, disability income benefits are provided to you as a source of income, which is considered taxable. You are not eligible to receive short term disability benefits if you are receiving workers' compensation benefits.



## Employee Assistance Program

The EAP provides professional and confidential services to help employees and their family members address a variety of personal, family, and work-related issues. Employees and their family members may take advantage of up to 6 sessions of professional assessment, unlimited telephonic clinical assessment and referrals, and unlimited child and elder care referrals. For 24/7 assistance, call Jorgensen Brooks Group at 1-888-520-5400.

# Contact Information

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## *Medical Benefits*

- > Blue Cross Blue Shield of Arizona
- > 800-423-6484
- > [azblue.com](http://azblue.com)
- > Telehealth: [bluecareanywhereaz.com](http://bluecareanywhereaz.com)



## *Prescription Benefits*

- > CVS/Caremark
- > 877-456-0109
- > [caremark.com](http://caremark.com)



## *Dental Benefits*

- > Delta Dental of Arizona
- > 800-352-6132
- > [deltadentalaz.com](http://deltadentalaz.com)



## *Vision Benefits*

- > Vision Service Plan (VSP)
- > 800-877-7195
- > [vsp.com](http://vsp.com)



## *Disability Benefits*

- > Contact Human Resources



## *Life/AD&D Benefits*

- > Minnesota Life
- > 800-392-7295
- > [lifebenefits.com](http://lifebenefits.com)



## *Health Savings Account*

- > Health Equity
- > 866-451-3399
- > [myhealthequity.com](http://myhealthequity.com)



## *Wellness Benefits*

- > (928) 679-7176
- > [mywellsite.com/NAPEBT](http://mywellsite.com/NAPEBT)



## *Vera Clinic*

- > Vera Health
- > [verawholehealth.com/NAPEBT](http://verawholehealth.com/NAPEBT)
- > (928) 774-3985



## *General Benefit Questions & Online Enrollment*

- > Contact Human Resources
- > (928) 527-2708