



Coconino County
Accommodation
School District



2019-2020 **Benefits Guide**



Plan Notes

We're glad you're here.

Coconino County Accommodation School District (CCASD) is pleased to present our employee benefits plan offering, designed specifically to benefit you and your family.

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 will 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 full-time employees working 30 hours or more per week.
- > Dependent coverage is also available for your spouse/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 • 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), or loss/gain of Indian Health 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.

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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, whichever one best meets your needs and the needs of your family, or you may choose to waive medical coverage if you have available medical coverage under a spouse or partner's 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 a 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 pages.**

1 The Base 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

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 rx)
- > 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 Plan Summary

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

For example, diabetes; hypertension; depression

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, 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*
Calendar Year Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Calendar Year Maximum	\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
Class 1-Preventive	100%	100%	100%	100%	100%	100%
Class 2-Basic	80%**	80%**	80%**	80%**	80%**	80%**
Class 3-Major	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
Frequency of Services Exam/Lenses/Frames	<i>Materials/Services covered once every: 12 months / 12 months / 24 months</i>		<i>Materials/Services covered once every: 12 months / 12 months / 24 months</i>	
Examination	\$15 copay	Covered up to \$45	\$15 copay	Covered up to \$45
Lenses 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
Contacts (In lieu of glasses)			Covered up to \$130	Covered up to \$105
Frames			\$25 copay; Covered up to \$150	Covered up to \$70

Health Savings Account

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. Individual Coverage: \$3,500¹ Family Coverage: \$7,000¹
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.

¹ Employees age 55 years or over, may contribute \$4,500 for the Individual Coverage tier or \$8,000 for the Family Coverage tier.

Additional Benefits



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



Medical Benefits

Blue Cross Blue Shield of Arizona
800-423-6484
azblue.com
Telehealth: bluecareanywhereaz.com



Prescription Benefits

CVS/Caremark
877-456-0109
caremark.com



Dental Benefits

Delta Dental of Arizona
800-352-6132
deltadentalaz.com



Vision Benefits

Vision Service Plan (VSP)
800-877-7195
vsp.com



Disability

Contact Human Resources



Life/AD&D Benefits

Minnesota Life
800-392-7295
lifebenefits.com



Health Savings Account

Health Equity
866-451-3399
myhealthequity.com



Wellness Benefits

(928) 679-7176
mywellsite.com/NAPEBT



Vera Clinic

Vera Health
verawholehealth.com/NAPEBT
(928) 774-3985



General Benefit Questions & Online Enrollment

Contact Human Resources
(928) 527-2708

This benefits guidebook describes the highlights of our benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this guidebook. If there is any discrepancy between the description of the programs as contained in these or other materials you receive and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any of these benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by CCASD and its subsidiary entities. This benefits guidebook may not be reproduced or redistributed in any form or by any means without express, prior permission, in writing from CCASD.