

## INTRODUCTION

Amphitheater Public Schools is pleased to provide you with this booklet containing a condensed version of most benefits offered to Amphitheater employees.

All benefits are subject to, and in compliance with, the policies and regulations of the Governing Board, and in some instances, federal and state laws. Policies and regulations of the District may be found in each school library, principal's office, non-school department office, and the office of Human Resources. Policies are also available on-line at [www.azsba.org](http://www.azsba.org). (Follow the links to school district policies, select Amphitheater and submit. No I.D. name or password is required.) Employees should take the opportunity to become familiar with policies pertinent to their employment; employees may refer to Policy Section G, Personnel.

This booklet provides only a brief summary of the benefit plans mentioned herein. It is not your insurance contract. Your evidence of coverage document provides a complete statement of contract benefits, limits and exclusions. **IF THERE ARE ANY DISCREPANCIES BETWEEN THIS BOOKLET AND YOUR PLAN'S EVIDENCE OF COVERAGE DOCUMENT, THE LATTER SHALL CONTROL.**

This booklet does not constitute an employment contract or guarantee of participation in any of the programs described herein. The Governing Board of Amphitheater School District reserves the right to expand, cancel, reduce, or otherwise modify, at any time, the benefit programs discussed in this booklet or in other District publications.

Amphitheater hopes to continue these benefit plans in their present form indefinitely, but reserves the right to alter or discontinue them at any time. If this should happen, you will be notified.

# BASIC BENEFIT PROGRAM

Amphitheater Public Schools allows ALL employees to participate in the following Basic Benefit Program:

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# BENEFITS-ELIGIBLE BENEFIT PROGRAM

Amphitheater's Secondary Benefit Program is available ONLY to the following eligible employees: (A) Certified employees holding a 40% or greater contract, and (B) Classified employees who work 20 hours or more per week (excluding temporary-status employees). The Secondary Benefit Program includes:

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# BASIC BENEFIT PROGRAM

## CREDIT UNION

Pima Federal Credit Union is available to serve Amphitheater employees by accepting payroll deductions for savings, loans, etc. For information on becoming a credit union member, call Pima Federal at 887-5010, or visit their main office at 3730 N. Stone Avenue.

## DIRECT DEPOSIT

District employees may have their paychecks deposited directly into the financial institution of their choice. Deposits are made into employees' accounts on payday. Direct deposit is **required** for those early retirees and academic-year employees whose method of pay includes summer payment(s).

## FICA TAX (SOCIAL SECURITY)

All wages are subject to FICA tax, which is made up of two components: Social Security and Medicare. The Social Security portion amounts to 6.2% of taxable wages, up to a maximum wage level of \$106,800 for tax year 2009. The Medicare component amounts to 1.45% of all taxable wages. The District is required to match each dollar of FICA tax paid by an employee.

## LIABILITY INSURANCE

All employees are automatically protected for acts within the scope of their employment through the District's liability insurance. Coverage is obtained in an amount no less than \$25 million. This protection includes general liability claims, personal injury claims, and automobile liability claims incurred while driving District vehicles. This coverage is provided at no cost or deductible to the employee. Employees should contact Legal Services for more information.

### **PICTURE IDENTIFICATION CARDS**

Upon employment, all employees will have a picture I.D. taken. This identification card provides free admission to certain school events and may entitle the holder to various discounts. Employees should always have a current I.D. and can contact Employee Benefits for a replacement. Identification cards are to be returned to the Human Resources Department when an employee terminates employment with the District.

### **STUDENT ENROLLMENT**

Amphitheater Public Schools is an open enrollment District for pupils who are residents of the State of Arizona. Under District policies and regulations, open enrollment students are admitted to Amphitheater schools based upon weighted priorities. Children of employees are generally eligible for open enrollment and are given the same priority status as in-district residents. Some District schools, however, are not able to accept open enrollment students due to physical capacity limitations. In addition, children of employees who reside in TUSD are not eligible for open enrollment due to a TUSD desegregation case, unless the children have been continuously enrolled in Amphitheater since the 1995-96 school year. For more information, see District Policy JFB.

### **WORKERS' COMPENSATION PLAN**

Amphitheater Public Schools provides employees with workers' compensation benefits, which may cover medical expenses and part of lost wages resulting from a job-related injury. In the event an employee is injured on the job, an accident form is to be completed immediately after the accident occurs and forwarded to the Human Resources Department. Accident forms are available at all work sites. Questions regarding the form and workers' compensation benefits in general are to be directed to the Human Resources Department (ext 5112).

# BENEFITS-ELIGIBLE BENEFIT PROGRAM

## TIME NOT WORKED

### BEREAVEMENT LEAVE

In case of a death in his/her immediate family, an employee may be absent without loss of salary for a period not to exceed 5 working days. An employee may be absent for an additional 5 working days provided these days are deducted from the employee's accrued sick leave.

### DEMISE OF CO-WORKERS

In the event of the death of any staff member or a member of his/her immediate family, other staff members may be excused from duties to attend the funeral service without loss of pay or deduction from accrued leave time, provided that said services are held within the confines of Pima County.

### HOLIDAY LEAVE

Eligible fiscal-year employees may receive 17 paid holidays annually. Eligible non-fiscal-year employees may receive 22 to 23 paid holidays annually.

### JURY DUTY/MATERIAL WITNESS

An employee shall be granted leave with pay when serving as a member of a jury or a grand jury, or as a material witness to an incident in which he/she is not personally involved (unless involvement is as a victim in a criminal case). Any fees received, with the exception of travel reimbursements, shall be remitted to the District.

### MILITARY LEAVE

Employees shall be granted leave of absence for military service in accordance with applicable state and federal laws.

### NATIONAL GUARD

Employees, who are members of the National Guard, or a recognized military reserve unit, shall be entitled to a leave of absence with pay for field training for a period not to exceed 30 calendar days in any 2 consecutive

calendar years. A set of orders must be provided to one's supervisor and to the Payroll Department.

#### PERSONAL LEAVE

A maximum of 5 personal leave days per year may be granted to eligible employees. Certified employees are granted 5 days per year. Classified employees are granted 4 days, with the option to convert 1 sick leave day to personal leave. Unused personal leave days, or portions thereof, will be added to the following year's accumulated sick leave days. Under certain circumstances, and with administrative approval, personal leave may be used in conjunction with paid holidays without loss of holiday pay.

#### RELIGIOUS OBSERVANCE LEAVE

The District does not grant special religious observance holidays. Religious holidays may be observed by substituting personal leave, vacation leave or by using an unpaid, excused day to cover the absence.

#### SABBATICAL LEAVE

In accordance with state law and District policy, administrators and certified employees may be granted a sabbatical leave of absence, providing they have been employed with the District for a period of 7 consecutive years. Employees on sabbatical leave may receive up to 1/2 of their contract pay. NOTE: Contract pay, while on sabbatical leave, is contingent upon availability of funding.

#### SICK LEAVE

Eligible employees who either work or are on approved paid leave at least 75% of the month shall earn sick leave as follows:

Fiscal-Year employees start earning sick leave at the beginning of each fiscal year (July 1), at the rate of 1 day per month until a total of 10 days has been earned.  
Non-Fiscal-Year employees start earning sick leave at the beginning of each academic year at the rate of 1 day per month until a total of 8 days has been earned (classified), 7 days (certified).

Sick leave may be used for personal illness, certain family member illnesses and medical services not available before or after regular working hours. Eligible employees shall earn and may use sick leave immediately.

#### **Payment for Unused Sick Leave**

- Specified employees leaving the District may receive payment for unused sick leave under certain circumstances, based on their hire date.
- Upon the death of an active-status employee, payment for unused sick leave will be made to the deceased employee's estate.

Sick leave is calculated on the basis of an 8-hour workday. For employees working less than 8 hours per day, payment for unused sick leave is converted to a proportion of the full-time status.

**Sick Leave Buyback**

Employees re-employed within six weeks of the next consecutive school year may request to repurchase sick leave paid at the time of termination.

**LEAVE OF ABSENCE**

Upon Governing Board approval, employees are allowed to take leaves from District employment for up to one year. Leave may be granted for reasons related to health and hardship, study/travel, or political office. An employee's supervisor must approve all leaves. Proof of the need for leave (such as a medical excuse) may be required. Certain conditions and restrictions apply to each form of leave. Among these restrictions is the stipulation that an employee on leave cannot hold other employment during the leave without Governing Board approval. Leaves of absence may not exceed one year.

The District's contributions toward group insurance benefits of an employee on unpaid leave stop on the last day of the month in which the leave begins, unless any of the leave time is qualified under the Family and Medical Leave Act.

The determination as to whether an employee's leave qualifies under the Family and Medical Leave Act is made by the Human Resources Department.

When the District's contributions toward premium costs stop, an employee on unpaid leave has the right under federal COBRA laws to continue medical and/or dental insurance coverage by assuming all premium costs. Continuation under COBRA is available for up to 18 months.

The District also allows an employee on unpaid leave the right to continue his/her District life insurance coverage by assuming all premium costs. Continued life insurance coverage is available during the leave period only. If the employee terminates District employment at the end of the leave, continuation of group term life insurance is not available, but the employee does retain the right to purchase life insurance directly from the insurance provider by converting the group coverage to an individual policy.

If the employee elects NOT to continue one or more group insurance benefits when the District contribution toward premium costs stops, the coverage is terminated on the last day of the month in which District contributions stop.

When an employee obtains approval for a leave of absence, Employee Benefits provides him/her with personalized information concerning continuation rights, premium costs, lengths of coverage availability and payment procedures.

On the first day of the month following an employee's return from leave status to active employment status, the employee may re-enroll in group insurance benefits, with the District's contribution toward premium costs resuming at that time.

If an employee is granted a leave of absence, all rights provided under law and by the District's policies and regulations (such as retirement rights, accrued leave with pay, and previously earned salary increments) are preserved and are available to the employee after the leave is terminated and upon reinstatement to District employment, subject to the provisions of District policy.

#### **VACATION LEAVE**

Eligible employees who either work or are on approved paid leave at least 75% of the month shall earn vacation leave. NON-FISCAL-YEAR EMPLOYEES ARE NOT ELIGIBLE FOR VACATION LEAVE. Eligible employees shall earn and may use vacation immediately.

Administrators, teachers, professional classified, and other non-teaching certificated personnel on 12-month contracts are entitled to 20 days of paid vacation each fiscal year.

Classified fiscal-year employees shall earn paid vacation leave as follows:

- During the first through fifth years of continuous service:  
a maximum of 10 vacation days may be earned  
at the rate of .83 days per month.
- During the sixth through tenth years of continuous service:  
a maximum of 15 vacation days may be earned  
at the rate of 1.25 days per month
- During the eleventh year and each year of continuous service thereafter: a maximum of 20 vacation days may be earned at the rate of 1.66 days per month.

As long as service is continuous, unused vacation time may be accumulated and carried forward from one vacation year to the next, in a total amount not to exceed:

- 10 working days during the first 5 years of service;
- 15 working days during the next 5 years; and
- 20 working days during each year of service thereafter.

Under extreme circumstances, vacation accrued in excess of that allowed by policy MAY be transferred to the employee's accumulated sick leave with the written permission of the superintendent.

If an employee entitled to vacation leave resigns, retires or is discharged from the District, the employee shall be paid for accumulated vacation time, subject to the above accumulation policy. The separation vacation payment shall be calculated at the employee's current compensation rate.

## RETIREMENT/SAVINGS PROGRAMS

### ARIZONA STATE RETIREMENT SYSTEM (ASRS)

All eligible employees **must** participate in the Arizona State Retirement System. Eligible employees are those who work for one or more participating employers for a total of 20 or more hours per week for 20 or more weeks in a fiscal year. Participation is mandated by state law and is **in addition to** participation in the federal Social Security system. The ASRS plan requires that 9.0% of an employee's gross salary be deducted from each paycheck on a pre-tax basis. This means contributions are deducted from gross pay before federal and state taxes are computed, thereby reducing an employee's taxable income. The District matches employees' contributions. When employees leave employment prior to retirement, they may choose to do one of the following: (1) request a refund of contributions, plus interest; (2) roll over their account to another qualified retirement program; or (3) leave their account on deposit with ASRS. Employees may change the beneficiary of their ASRS account at any time by contacting Employee Benefits. Refer to ASRS website at [www.azasrs.gov](http://www.azasrs.gov)

### AMPHITHEATER'S EARLY RETIREMENT PLAN

On December 11, 2001, Amphitheater's Governing Board approved an Early Retirement Phase-Out Program for District employees. Three options are available to eligible employees, with eligibility dependent on age, years of service in Arizona State Retirement and years of service with Amphitheater. Employees hired after December 12, 2001, are not eligible for participation in the plan. The Early Retirement Phase-Out Program is distinct and separate from any retirement benefits offered by Arizona State Retirement System. For a copy of the program, contact Employee Benefits.

### TAX-DEFERRED COMPENSATION PROGRAMS

Amphitheater provides employees with the opportunity to participate in tax-deferred compensation programs under Internal Revenue Code Section 403(b) and 457(b). Substitutes, who work more than half time in a semester, are also eligible to participate. These programs allow employees to postpone the receipt of income until some later date -- most commonly at retirement. No contributions are made by the District. Deferred amounts and interest income earned are generally not taxed until paid to participants. Employees interested in enrolling in a tax-deferred compensation program may obtain a list of approved agents/companies from Employee Benefits. Employees who participate in a tax-deferred compensation program do so with the understanding that Amphitheater Public Schools does not in any manner guarantee the financial performance of any company's program. Participants are also reminded that they are entitled to receive a maximum annual contribution allowance calculation from their agent, by requirement of the District. Any participating employee not receiving this service should contact his/her agent.

## MISCELLANEOUS PROGRAMS

### ASRS LONG-TERM DISABILITY INSURANCE

Arizona State Retirement System (ASRS) provides each member with long-term disability insurance, which pays 2/3 of the employee's salary after a 6-month elimination period. This coverage is financed by mandatory contributions of 0.4% of an employee's gross salary, which are matched by the District. Contributions are **not** refundable to the employee upon termination of employment.

### SALARY CREDIT/PROFESSIONAL GROWTH

Classified employees may receive \$31.26 per approved unit, up to a maximum of 60 units (a total of \$1,875.60), with payment for approved courses made annually in the fall. All college coursework must be pre-approved by an employee's supervisor if payment is to be received. A transcript or official statement indicating successful completion of the course must be presented to Human Resources no later than September 29.

### EMPLOYEE ASSISTANCE PROGRAM

An Employee Assistance Program (EAP) is offered by Amphitheater that includes free and confidential assessments, counseling and referrals for you and your family members at no cost to the employee. Issues addressed include dealing with stress at home or in the workplace, resolving marital problems, depression, coping with loss and grief, dealing with aging parents, substance abuse and other concerns. The provider of this service is Deer Oaks Employee Assistance Program, sponsored by ASBAIT. Their 24-hour helpline is available at 866-327-2400 (866-EAP-2400). Their website is [www.deeroaks.com](http://www.deeroaks.com).

A free, 24-hour Nurse Line is available for medical advice. The Nurse Line team can provide information and support for a variety of different issues including minor injuries, illnesses, chronic conditions and more. Their telephone number is 866-487-9713.

## DISTRICT BENEFIT PLAN

Amphitheater's benefit plan consists of options for medical, dental, life, short-term disability, flexible spending accounts, vision insurance, and pet insurance. In the 2009-2010 benefit year, the District will contribute \$200.10 per month toward whichever **medical** option you choose (certified and administrative employees with contracts from 40% to 79% will receive a prorated share of the District medical contribution). The District will pay \$9.74 per month toward whichever **dental** option you choose. The District will also provide you with \$20,000 term life insurance at a monthly cost of \$3.80. District contributions to your medical, dental and life insurance coverage are not included in your taxable income. If you elect NOT to enroll in the District's medical/dental coverage, you cannot receive these contributions in any other form.

### BENEFIT BUCKS

The District also provides you an allotment of \$65.91 per month which will be used to offset premiums for options in the flexible benefit plan. Unused Benefit Bucks cannot be received in any other form.

### PREMIUM-ONLY PLAN (IRS SECTION 125)

Payroll deductions for your medical, dental or vision insurance premiums, under the District's Section 125 Plan, are made on a pre-tax basis. This means they are taken out of your pay before federal, state and social security taxes are calculated, thereby reducing your taxable income by the full amount of the premiums. Employees receive notice of this program upon becoming eligible. Employees may decline pre-tax status for premium deductions. (NOTE: Opting to have insurance premiums payroll deducted on a pre-tax basis will not reduce your Arizona State Retirement contributions.)

### DEDUCTION OPTIONS

***\*IMPORTANT CHANGE:*** Beginning July 1, 2009 benefit deductions will be drawn over 20 pay periods only. The 25 pay period deduction option is no longer available.

### OPEN ENROLLMENT

Each year the District schedules a specific time frame at the end of the school year for an Open Enrollment period when employees may:

- Retain or change benefit choices
- Add or delete eligible dependents

Changes requested during Open Enrollment become effective July 1, the first day of the plan year, and continue through the following June 30.

### MID-YEAR CHANGES

Under the District's IRS Section 125 Plan, changes in benefit options **during** the plan year are permissible **ONLY** under certain specified circumstances, and **must be made within 30 days of the qualifying event**. These events include:

- Changes in Family Status (marriage/divorce/birth/adoption)
- Changes in Spouse's Employment Status (commencement/termination)
- Separation from Service by Employee
- Cessation of Required Contributions by Employee
- Open Enrollment for Spouse

### DEPENDENT ELIGIBILITY

"Dependent" includes (1) legal spouse (2) domestic partner (see below) and/or (3) unmarried dependent child (including natural child, stepchild, grandchild living with the employee, legally adopted child, or a child placed for adoption). For dental coverage a child may be covered to age 25. For medical coverage, unmarried children 22 years of age but less than 24 can be eligible dependents provided they are a full-time student. Dependent also includes a child for whom coverage is required through a Qualified Medical Child Support Order or other court or administrative order.

Domestic Partner: Employees may elect to purchase dental and vision insurance for a domestic partner with whom they reside through the District's group plans. "Domestic partner" for purposes of this provision means an individual who resides on a permanent, full-time, and exclusive basis with the employee; who is not related to the employee by blood or marriage in any degree or manner; and who is jointly responsible with the employee for the basic necessities of life. To document eligibility, the employee and domestic partner must execute a joint affidavit before a notary public attesting to facts which establish eligibility under this policy and must provide other documentation evidencing joint financial responsibilities, such as a mortgage or loan signed by both parties. Only one domestic partner may be eligible for coverage at any time, and only one domestic partner affidavit may be filed within any 12 consecutive month period. Payment for domestic partner premiums, as those rates are determined by the District's insurance providers, must be made through employee payroll deductions.

Employees must report the death of domestic partners or the termination of a domestic partner relationship within 30 days of such an event. Failure of the employee to do so may result in criminal prosecution or disciplinary action against the employee, including termination of employment. Domestic partners are not eligible for continuation of benefits pursuant to COBRA.

#### **TERMINATION OF BENEFITS**

All employees who complete their 2009-2010 scheduled period of work will retain their benefits eligibility through June 30, 2010. For academic-year employees, this applies to employees who complete a contract that ends on or after the last day of the 2009-2010 school year. For fiscal-year employees, this applies to employees who work through June 30, 2010 (the end of the 2009-2010 fiscal year).

Benefits of those employees who terminate employment prior to the completion of their contract will end on the last day of the month of termination.

The insurance provider of an employee whose medical coverage through Amphitheater is terminated will automatically send the employee, upon the coverage's cancellation, a Certificate of Creditable Coverage as mandated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In accordance with the legislation's intent (i.e., to improve the availability of health coverage by providing portability for individuals who move from one job to another, who are self-employed, or who have pre-existing medical conditions), the terminating employee may use the Certificate to provide evidence of prior medical coverage in order to reduce or eliminate a pre-existing medical condition exclusion period that might otherwise have been imposed when moving to another group health plan (or in certain circumstances, to an individual policy). If a lapse of 63 days or more occurs between coverages, however, past coverage will *not* be considered, and the terminating employee will need to meet a pre-existing condition limitation imposed by the new insurance carrier (if any).

A terminating employee may also request a Certificate of Creditable Coverage from Amphitheater's Employee Benefits Department, if desired. Employees with questions regarding their rights under HIPAA may contact the United States Department of Labor at (800) 998-7542.

#### **CONTINUATION OF BENEFITS (COBRA)**

Upon termination of employment for reasons other than gross misconduct, or a reduction in employment hours below that which is considered benefit eligible, continuation of an employee's health coverage -- and/or any insured dependents' coverage -- is available for up to 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act), with the employee as-

suming all premium costs. If the employee or dependent is determined by Social Security to be disabled, COBRA eligibility is increased to 29 months, provided the disability started prior to the 60th day of COBRA continuation coverage and is expected to last throughout the COBRA coverage term. Personalized information concerning COBRA continuation procedures is mailed to an employee and any dependents upon loss of coverage.

Continuation of health coverage for up to 36 months is available to "qualified dependent beneficiaries" who lose coverage when one of the following qualifying events occurs:

- a. Death of a covered employee;
- b. Divorce or legal separation;
- c. Employee becomes eligible for Medicare;
- d. Dependent child reaches maximum age allowed under group plan.

"Qualified beneficiaries" are those individuals, employee and/or dependent, who were covered under the group plan on the day before the qualifying event; this could include the employee's spouse and dependent children. Exception: domestic partners are not eligible for continuation of benefits pursuant to COBRA. **PLEASE NOTE:** It is the responsibility of the employee or qualified beneficiary to notify Employee Benefits within sixty (60) days following qualifying events such as divorce, legal separation, or dependent child reaching maximum allowable age.

#### **HIPAA**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) limits exclusions for preexisting conditions; prohibits discrimination against employees and their dependents based on their health status; guarantees renew-ability and availability of health coverage to certain employers and individuals; and protects many workers who lose health coverage by providing better access to individual health insurance.

The special enrollment rights apply without regard to the dates on which an individual would otherwise be able to enroll under the plan. Special Enrollment periods apply to you and/or your dependents, if you have a new dependent as a result of marriage, birth, adoption or the placement for adoption (qualifying event). Under these rules, a group health plan is required to provide the opportunity for special enrollment for these individuals should they make the request within 30 days of the date the qualifying event occurred.

If you decline enrollment under Amphitheater's plan for yourself or your dependents (including your spouse) and state in writing that you and/or your dependents have coverage under another group health plan or health insurance coverage as the reason for declining to enroll you may also have special enrollments rights. Special enrollment rights may apply to you and/or your dependents in the event that you and/or your dependents are no longer eligible for this other coverage.

## 2009-2010 Insurance Programs

### DENTAL OPTIONS

Amphitheater offers three dental insurance options: one managed care plan provided by Employers Dental Services (EDS) in which covered services are restricted to those provided by an EDS-contracted dental facility; and two PPO plans provided by United Concordia in which covered services may be provided by any dentist. United Concordia Low Option Plan offers a \$500 yearly benefit maximum and United Concordia High Option Plan offers a \$1,500 yearly benefit maximum. Both plans have a \$50 calendar-year deductible. In addition, both plans will include 'Preventive Incentive' and 'Smile for Health' Maternity Dental Benefit. With 'Preventive Incentive' all Class I Diagnostic and Preventive services- such as cleanings, exams, x-rays and more- do not count toward your annual maximum. With 'Smile for Health', pregnant women are provided with an additional dental cleaning during pregnancy. Charts comparing all three dental options begin on Page 20. Premium information is provided on Page 36.

### HEALTH CARE OPTIONS

Amphitheater provides employees with three healthcare options through Arizona School Board Association Insurance Trust (ASBAIT). They contract with BlueCross/BlueShield of Arizona to provide the Arizona PPO Network. Administrative Enterprises Inc. (AEI) is the third-party administrator for the plan. Contact AEI @[www.aeitpa.com](http://www.aeitpa.com) or questions about claims, benefits and eligibility. Updated provider information is available on the BlueCross/BlueShield of Arizona website at [www.bcbsaz.com](http://www.bcbsaz.com). Premium information for health care options is provided on Page 36.

### ASBAIT-High Deductible Health Plan (HDHP)

HDHP option has BlueCross/BlueShield PPO In Network benefits only. In-Network benefits require a \$2,000 per calendar year deductible per person. After the deductible is met, the covered member is responsible for coinsurance at 30% of eligible expenses. Prescription drug charges are submitted by the member for reimbursement and are applied towards satisfying the deductible. The summary of benefits is on Page 24.

### ASBAIT- B\$25

The B\$25 Option has BlueCross/BlueShield In-Network and Out-of-Network benefits. In-Network benefits require only co pays for certain services or a \$300 (\$900 for family) per calendar year deductible and member coinsurance at 20% of eligible expenses for certain services. See summary on Page 26.

### ASBAIT-A\$25

The A\$25 Option has BlueCross/BlueShield PPO In-Network and Out-of-Network benefits. In-Network benefits require only co pays. There is no deductible In-Network. A Summary of Benefits begins on Page 30.

**IMPORTANT NOTE:** The comparison charts found on Pages 20-35 are only brief sum-  
maries of the plans described; they are NOT contracts. When you enroll in a plan,  
you receive an Evidence of Coverage booklet that provides a complete statement of  
your contract benefits, limitations and exclusions. If there are any discrepancies  
between the comparison charts contained in this booklet and a plan's Evidence of  
Coverage document, THE LATTER SHALL PREVAIL.

### **LIFE INSURANCE**

Each eligible employee is covered by a \$20,000 term life insurance policy,  
with premiums paid in full by the District. An equal amount of Accidental  
Death and Personal Loss (AD&PL) coverage is included as part of the cover-  
age. This benefit is reduced to \$14,000 from age 70-74, and to \$12,500  
at age 75. Dependent coverage is not available. AETNA Life Insurance  
Company is the provider of this coverage. Employees may change the  
beneficiary of their life insurance at any time by contacting Employee  
Benefits for the necessary form.

### **SUPPLEMENTAL LIFE INSURANCE**

The District offers all benefits-eligible employees the option of purchasing  
\$25,000 of supplemental life insurance including A.D.&D. from AETNA, at a  
monthly premium of \$6.95. Premiums for supplemental life insurance of  
\$50,000 or more are based on the employee's age. The age-based premium  
table is shown on Page 38. This benefit is reduced to \$14,000 from age 70-  
74, and to \$12,500 at age 75.

### **SHORT-TERM DISABILITY INSURANCE**

The District offers employees the option of purchasing short-term disability  
insurance. After a 30-day elimination period, short-term disability pays 2/3  
of the employee's salary for a period of 22 weeks, at which time the em-  
ployee may qualify to receive long-term disability through Arizona State  
Retirement System. Short-term disability premiums are based on the em-  
ployee's annual salary and are paid through payroll deduction; Benefit Bucks  
may be used to offset the cost. When premiums are fully payroll-deducted,  
any benefits received are tax-exempt. If Benefit Bucks are used to pay pre-  
miums, any benefits received are considered taxable income. Aetna is the  
provider of this coverage.

### **VISION INSURANCE**

The District offers a voluntary vision plan option through EyeMed Vision  
Care. The coverage includes an eye exam with an EyeMed Provider once  
every 12 months for a \$10 copay. In addition, the plan includes allowances  
for frames, lenses, contact lenses, and Lasik vision correction surgery. A  
Summary of Benefits begins on Page 34. Their website is  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

### PET INSURANCE

When Amphitheater employees choose this option provided by Veterinary Pet Insurance they will receive a 5% group rate discount and the ease of having the premiums payroll-deducted. The coverage pays for office calls, prescriptions, treatments, lab fees, x-rays and hospitalization for covered medical problems (subject to policy terms). Employees may insure dogs and cats from six weeks of age or older. Employees may insure birds as long as they are at least three months old and have been in the employee's possession for a minimum of sixty days. Premiums for dogs and cats are based upon age; for birds, they are based upon the bird's weight. Their website is [www.petinsurance.com](http://www.petinsurance.com).

### FLEXIBLE SPENDING ACCOUNTS

Employees who participate in the Flexible Savings Accounts (FSA's) save Federal, State and Social Security taxes on their contributions. The employee can contribute the entire maximum amount set by Amphitheater Public Schools. Employees wishing to enroll in a Flexible Spending Account must indicate the desired option on an Amphitheater Insurance Enrollment Form. Interested employees must also complete a B.A.S.I.C. enrollment form. The IRS regulations permit contributions to be made from the date of eligibility AND reimbursement for approved expenses ONLY IF the flexible spending account enrollment form is signed and dated by your eligibility date. The IRS does not allow retroactive enrollments into the flexible spending accounts. Expenses submitted for payment must occur after enrollment into the flexible spending accounts, and services must occur or be provided during the plan year. **Employees need to be conservative in estimating their expenses. If an employee over-estimates or doesn't submit receipts, the funds are lost at the end of the plan year. "Use It or Lose It" is an IRS requirement. Amphitheater Public Schools can not change this requirement.** Dependent Care: An Employee who has dependent care expenses may choose pre-tax deductions from his/her paychecks up to a maximum of \$5,000 per family per year. The employee is required to obtain a receipt and/or the dependent care provider's signature on the reimbursement form, along with their tax identification number, in order to be reimbursed for these expenses. Medical Reimbursement: An employee who has out-of-pocket medical, dental and/or vision expenses, or similar expenses for a spouse, (legally married) and/or dependents can set aside up to \$2,500 per plan year to pay for these expenses on a tax free basis. The money is deducted in equal amounts from paychecks and is reimbursed to the employee after the expense is incurred. Required documentation must be submitted to the third party administrator for reimbursement. B.A.S.I.C.'s website is [www.basiconline.com](http://www.basiconline.com).

<b>EMPLOYERS DENTAL SERVICES</b>		
	<b>Schedule EDS100R</b>	<b>Member costs listed below are for services provided by an enrollee's chosen EDS <i>general</i> dentist. If an enrollee receives services from an authorized EDS <i>specialist</i>, the enrollee receives a discount off the specialist's usual and customary (UCR) fee.</b>
	<b>Procedure #</b>	
<b>DIAGNOSTIC</b> Office Visits Periodic Exams Ltd Problem Focused Exam X-rays	09431 00120 00140 00210	\$5 each No charge \$15 No charge
<b>PREVENTIVE</b> Routine Cleanings Child Cleaning and Fluoride	01110 01201	\$5 \$5
<b>RESTORATIVE</b> Amalgam Filling (1 surface) Amalgam Filling (4 surface) Resin Filling (1 surface)	02140 02161 02330	\$13 each \$25 each \$26 each
<b>ENDODONTICS</b> Root Canal (bicuspid)	03320	<b>General Dentist</b> \$190 each <b>Specialist</b> Up to a 25% discount off the specialist's (UCR) office fees
<b>ORAL SURGERY</b> Non Surgical Extraction Partial Bony Extraction	07140 07230	<b>General Dentist</b> \$55 each \$100 each <b>Specialist</b> Up to a 25% discount off the specialist's (UCR) office fees
<b>PROSTHODONTICS</b> Complete Upper Denture Porcelain w/Metal Crown	05110 06751	\$325 + lab \$250 + lab
<b>PERIODONTICS</b> Full Mouth Debridement Scaling and Root Planing	04355 04341	<b>General Dentist</b> \$80 \$90 per quadrant <b>Specialist</b> Up to a 25% discount off the specialist's (UCR) office fees
<b>PEDODONTICS</b>	25% discount off UCR	
<b>ORTHODONTICS</b>	Available for children and adults. EDS Orthodontists offer 25% off their normal and customary fees. No waiting periods, no referrals and no lifetime maximum	
<b>MISCELLANEOUS</b> Treatment of TMJD	Procedures and services for the treatment of TMJD are provided at a 25% discount off the dentist's normal (UCR) office fees.	
<b>DEPENDENT ELIGIBILITY</b>	Enrollee's spouse, and unmarried child(ren) under age 25, who meet U.S. Internal Revenue Service's definition of dependent	
<b>YEARLY MAXIMUM</b>	None	
<b>CLAIM FORMS</b>	No	
<b>CHOICE OF DENTIST</b>	Participating dentists only (see list)	
<b>EXCLUSIONS/LIMITATIONS</b>	See Schedule of Benefits or call Members Services at 696-4343	
<b>INFORMATION</b>	Member Services: 696-4343 website: www.mydentalplan.net	

Please note: This is not intended to be a complete benefit summary. Please refer to specific Certificate of Coverage for detailed information.

	<b>UNITED CONCORDIA</b>	
	<b>LOW OPTION PLAN</b> with Preventive Incentive	<b>HIGH OPTION PLAN</b> with Preventive Incentive
<b>DEDUCTIBLE</b>	\$50 per person per calendar year (\$150 per family in calendar year)	\$50 per person per calendar year (\$150 per family in calendar year)
<b>YEARLY MAXIMUM</b>	\$500 per person per calendar year	\$1,500 per person per calendar year
<b>DIAGNOSTIC</b> Routine oral exam X-Rays <i>(Deductible does not apply)</i>	1 per 6 months; 100% of mac. allowance Bitewings; 100% of mac. allowance, once per 6 months to age 13, once per 12 months thereafter	1 per 6 months; 100% of mac. allowance Bitewings; 100% of mac. allowance, once per 6 months to age 13, once per 12 months thereafter
<b>PREVENTIVE</b> Routine Cleanings Fluoride Application <i>(Deductible does not apply)</i>	1 per 6 months; 100% of mac. allowance 1 per 6 months; 100% of mac. allowance through age 18. All Class I Diagnostic and Preventive services - <b>do not count toward your annual maximum.</b> Pregnant women are allowed an extra cleaning during pregnancy.	1 per 6 months; 100% of mac. allowance 1 per 6 months; 100% of mac. allowance through age 18. All Class I Diagnostic and Preventive services - <b>do not count toward your annual maximum.</b> Pregnant women are allowed an extra cleaning during pregnancy.
<b>RESTORATIVE</b> Fillings -amalgam -composite (resin)	50% of mac. allowance, deductible applies United Concordia allows for amalgam fillings on posterior teeth. If you have a composite resin filling, you pay the difference.	80% of mac. allowance, deductible applies United Concordia allows for amalgam fillings on posterior teeth. If you have a composite resin filling, you pay the difference.
<b>ENDODONTICS</b> Root Canal Therapy	50% of mac. allowance, deductible applies	80% of mac. allowance, deductible applies
<b>ORAL SURGERY</b> Simple Extractions Complex Oral Surgery	50% of mac. allowance, deductible applies	80% of mac. allowance, deductible applies
<b>PROSTHODONTICS</b> Removable Partial or Complete Dentures Single Crowns	50% of mac. allowance, deductible applies	50% of mac. allowance, deductible applies
<b>PERIODONTICS</b> Treatment of Gum Disease	50% of mac. allowance, deductible applies	80% of mac. allowance, deductible applies
<b>ORTHODONTICS</b> Dependents to age 19	NOT COVERED	50% to a lifetime maximum of \$1,000 per child
<b>TMJ</b>	NOT COVERED	NOT COVERED
<b>DEPENDENT ELIGIBILITY</b>	Enrollee's spouse; and unmarried dependent child(ren) under age 25 who meet U.S. Internal Revenue Service's definition of dependent	
<b>CLAIM FORMS</b>	Yes, but participating United Concordia Advantage Plus dentists will file your claim	
<b>CHOICE OF DENTIST</b>	Choice of any dentist worldwide*	
<b>EXCLUSIONS/LIMITATIONS</b>	See Certificate of Insurance or call Member Services at (800) 332-0366	
<b>INFORMATION</b>	Member Services: (800) 332-0366 website: <a href="http://www.unitedconcordia.com">www.unitedconcordia.com</a>	

Please note: This is not intended to be a complete benefit summary. Please refer to specific Certificate of Coverage for detailed information

\*While members are allowed the freedom to go to any dentist, there are more than 1,500 Advantage Plus providers in Arizona and over 112,000 providers nationwide. All Advantage Plus providers agree to accept United Concordia's maximum allowance for covered services and file claim forms for members. The member is responsible only for the deductible (if applicable), coinsurance and any charges for non-covered services. Out-of-network providers may charge more than the maximum benefits allowance. The member is then responsible for any amounts over this allowance. United Concordia applies an Alternative Benefit Provision on all covered services and will make payment based upon the allowance for the less expensive procedure provided that the less expensive procedure meets accepted standards of dental treatment.

**ASBAIT- HDHP (High Deductible Health Plan) *Benefits Summary***

PLAN FEATURES	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Deductible per Calendar Year	\$2,000 per person per calendar year	N/A
Individual Lifetime Maximum	\$2,000,000	N/A
Out-of-Pocket Maximum	\$5,250 per person /cal. year \$10,500 per family /cal. year	N/A
Physician Office Services (Exam, X-Ray, /Lab and Surgery)	70% *	N/A
Chiropractic visits: \$1,200 max. payable /calendar year	70% *	N/A
Colonoscopy (Medically required)	70% *	N/A
Routine Physicals/Wellness/Well Child Care (Exams; Pap Smears; Mammograms) \$400 Max. payable per person, per calendar year	70% *- Deductible waived	N/A
Outpatient Lab (Doctor's office or at a Lab)	70% *	N/A
Allergy Injections (when there is no charge for office visit)	70% *	N/A
Physical Therapy: Max \$1,500 per condition	70% *	N/A
Urgent Care	70% *	N/A
Physician Maternity Services (Epidural limit \$1,000)	70% *	N/A
Outpatient X-Rays	70% *	N/A
Outpatient Lab (performed at a Hospital)	70% *	N/A
Surgeon Fees (outside the Physician's office)	70% *	N/A
Anesthesiologist	70% *	N/A
Outpatient Chemotherapy	70% *	N/A
Outpatient Surgical Facility	70% *	N/A
Inpatient Hospital	70% *	N/A
Home Health/Skilled Nursing 60 Days	70% *	N/A
Hospice Care	70% *	N/A
Durable Medical Equipment	70% *	N/A
Hospital Emergency Room	70% *	70% *
Ambulance Service:	Ground----- Air-----	70% * \$200 co-pay per trip; 70%* payable
70% * \$200 co-pay per trip; 70%* payable		
<b>Out-of State services for emergency care are covered when traveling, and to students attending school in another state</b>		
<b><u>Mental Health / Chemical Dependency</u></b> (Maximum of one confinement per calendar year)		
Outpatient Consultations (20 visits per calendar year)	70% *	N/A
Psychological Testing	50% *	N/A
Inpatient Care - 30 days per calendar year	70% *	N/A
<b><u>Prescription Drugs:</u></b>		
Member submits prescription charges for reimbursement	70% *	
Annual Maximum Payable	\$4,000	

- After deductible has been met

**ASBAIT- B\$25 Benefits Summary**

PLAN FEATURES	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Deductible per Calendar Year	See deductible information below	\$500 Individual \$1,500 Family
Individual Lifetime Maximum	\$2,000,000	\$1,000,000 (combined with In-Network)
Co-insurance Maximum (Co-pays, deductibles & mental health co-insurance do not apply)	\$3,000 per person per calendar year	N/A
Physician Office Services (Exams, X-Ray, /Lab and Surgery)	\$25 co-pay per visit	50% *
Chiropractic visits: Maximum \$1,200 per calendar year In & Out of Network	\$25 co-pay per visit	50% *
Routine Physicals/Wellness/Well Child Care (Exams; Pap Smears; Mammograms) \$400 Max. payable per person, per calendar year, In & Out of Network	\$25 co-pay, per day of service, per provider	50%
Child Immunizations (Age 5 and under-no limit)	\$25 co-pay per day of service	50% *
Colonoscopies-Routine (over age 50) Medically Required	\$200 co-pay \$200 co-pay	N/A 50% *
Outpatient Lab (Doctor's office or at a Lab)	\$25 co-pay per day of service	50% *
Allergy Injections (when there is no charge for office visit)	\$5 co-pay per day of service	50% *
Physical Therapy: (Max \$1,500 per condition - In & Out of Network)	\$25 co-pay per visit	50% *
Urgent Care (Out-of-state emergency care: Covered while traveling and to students attending school outside AZ)	\$45 co-pay per visit	50% *
Hearing Exam / Hearing Aids (\$1,500 max payable per 3 year period)	\$0 co-pay - 50%	50%
Prosthetic Appliances	\$200 co-pay per item	\$200 co-pay per item
<b>IN-NETWORK SERVICES BELOW ARE SUBJECT TO DEDUCTIBLE</b>	<b>DEDUCTIBLE PER CALENDAR YEAR \$300 INDIVIDUAL \$900 FAMILY</b>	
Physician Maternity Services (Epidural limit \$750)	80% *	50% *
Outpatient X-Rays	80% *	50% *
Outpatient Lab (performed at a Hospital)	80% *	50% *
Complex Diagnostic Testing (single test charge \$500 +)	80% *	50% *
Surgeon Fees (outside the Physician's office)	80% *	50% *
Anesthesiologist	80% *	50% *
Outpatient Chemotherapy	80% *	50% *

\*After deductible has been met



### ASBAIT- A\$25 - *Benefits Summary*

PLAN FEATURES	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Deductible per Calendar Year	None	\$350 Individual \$1,050 Family
Individual Lifetime Maximum	\$2,000,000	\$1,000,000 (combined with In-Network)
Co-insurance Maximum	N/A	N/A
Physician Office Services (Exams, X-Ray, /Lab and Surgery)	\$25 co-pay per visit	50% *
Physician Maternity Services (Epidural limit \$1,000)	\$250 co-pay (OB care)	50% *
Chiropractic visits: Maximum \$1,200 per calendar year In & Out of Network	\$25 co-pay per visit	50% *
Allergy Injections (when there is no charge for office visit)	\$5 co-pay per day of service	50% *
Routine Physicals/Wellness/Well Child Care (Exams; Pap Smears; Mammograms) \$400 Max. payable per person, per calendar year, In & Out of Network	\$25 co-pay, per day of service, per provider	50% *
Child Immunizations (Age 5 and under-no limit)	\$25 co-pay per day of service	50% *
Colonoscopies-Routine (over age 50) Medically required	\$200 co-pay \$200 co-pay	N/A 50% *
Physical Therapy: (Max \$1,500 per condition - In & Out of Network)	\$25 co-pay per visit	50% *
Home Health/Skilled Nursing (60 Days In & Out of Network)	\$25 co-pay per visit	50% *
Hospice Care	\$25 co-pay per visit	50% *
Durable Medical Equipment	\$25 co-pay per item / per month for rental	50% *
Hearing Exam / Hearing Aids (\$1,500 max payable per 3 year period)	\$0 co-pay - 50%	50%
Prosthetic Appliances	\$200 co-pay per item	\$200 co-pay per item
Surgeon Fees (outside the Physician's office)	\$75 co-pay per surgical session	50% *
Outpatient Surgical Facility	\$75 co-pay per day of service	50% *
Anesthesiologist	\$50 co-pay per surgical session	50% *
Outpatient Chemotherapy	\$40 co-pay per visit	50% *
Outpatient X-Ray and Laboratory	\$25 co-pay per day of service	50% *
Complex Diagnostic Testing (single test charge \$500 +)	\$50 co-pay per visit	50% *

\* After deductible has been met.



## EyeMed Access Plan B Benefits Summary

VISION SERVICES	MEMBER COST	OUT-OF-NETWORK ALLOWANCE
Exam with Dilation as Necessary:	\$10 Copay	\$35
Frames: Any available frame at provider location	\$120 allowance, 20% off balance over \$120	\$60
Standard Plastic Lenses: Single Vision Bifocal Trifocal	\$25 Copay \$25 Copay \$25 Copay	\$25 \$40 \$55
Lens Options: UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate Standard Progressive (Add-on to Bifocal) Standard Anti-Reflective Coating Other Add-Ons and Services	\$15 \$15 \$15 \$40 \$65 \$45 20% off retail price	N/A N/A N/A N/A N/A N/A N/A
<b>Contact Lenses</b> (Allowance includes fit, follow-up and materials)		
Conventional-----	\$0 Copay, \$120 allowance, 15% off balance over \$120	\$96
Disposable-----	\$0 Copay, \$120 allowance, plus balance over \$120	\$96
Medically Necessary-----	\$0 Copay, Paid-in-Full	\$200
<b>Laser Vision Correction:</b> Lasik or PRK	15% off retail price	N/A
<b>Frequency:</b> Examination Frame Lenses or Contact Lenses	Once every 12 months Once every 24 months Once every 12 months	
<b>Information</b>	Member Services 866-723-0513 website: <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>	

EyeMed Access plan benefits are available only at EyeMed Access Panel Providers.

### Additional Discounts:

Member will receive a 20% discount on items not covered by the plan at network Providers, which may not be combined with any other discount or promotional offer, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location. Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service.

### Plan Limitations/Exclusions:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Aniseikonic lenses
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan.
- Services provided as a result of any Worker's Compensation law
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)
- Services or materials provided by any other group benefit providing for vision care
- Two pair of glasses in lieu of bifocals

## 2009-2010 CONTRIBUTIONS AND INDIVIDUAL COSTS

For the 2009-2010 plan year, Amphitheater will contribute up to \$3,354.60 to each fully benefits eligible employee.

Medical Contribution	\$200.10
Dental Contribution	\$9.74
\$20,000 Life Insurance Contribution	\$3.80
Benefit Bucks Contribution	\$65.91
<b>Total Monthly District Contribution</b>	<b>\$279.55</b>

Certified and Administrative Individuals with contracts from 40% to 79% will receive a prorated share of the District contribution toward medical insurance. See accompanying chart on next page. 25 pay period deduction option no longer available effective 7-1-2009.

### MEDICAL OPTIONS

The following costs reflect a monthly District medical contribution of \$200.10 and Benefit Bucks contribution of \$65.91.

<b>ASBAIT</b>				
	Individual Only	Individual + Spouse	Individual + Child(ren)	Individual + Family
ASBAIT HDHP - monthly	\$28.99	\$323.99	\$280.99	\$530.99
ASBAIT B\$25 - monthly	\$83.99	\$433.99	\$382.99	\$680.99
ASBAIT A\$25 - monthly	\$99.99	\$465.99	\$412.99	\$723.99

### DENTAL OPTIONS

The following Individual costs reflect a monthly District dental contribution of \$9.74.

	Individual Only	Ind+Spouse/ Dom.Partner	Individual + Child(ren)	Individual + Family
EMPLOYERS DENTAL SERVICES monthly	\$1.10	\$10.02	\$16.48	\$18.35
UNITED CONCORDIA <i>Low</i> monthly	\$8.72	\$31.26	\$26.27	\$48.80
UNITED CONCORDIA <i>High</i> monthly	\$28.38	\$72.58	\$62.68	\$100.81

### VISION

	Individual Only	Ind+Spouse/ Dom.Partner	Individual+ Child(ren)	Individual + Family
EYEMED VISION monthly	\$5.71	\$10.75	\$11.32	\$16.57

**MEDICAL CONTRIBUTIONS AND INDIVIDUAL COSTS FOR CERTIFIED  
AND ADMINISTRATIVE CONTRACTS LESS THAN 80%**

The following monthly Individual costs reflect a monthly District medical contribution of \$155.76 and Benefit Bucks contribution of \$65.91.

CONTRACT OF 70-79%				
	Individual Only	Individual + Spouse	Individual+ Child(ren)	Individual + Family
ASBAIT HDHP	\$73.33	\$368.33	\$325.33	\$575.33
ASBAIT B\$25	\$128.33	\$478.33	\$427.33	\$725.33
ASBAIT A\$25	\$144.33	\$510.33	\$457.33	\$768.33

The following monthly Individual costs reflect a monthly District medical contribution of \$133.59 and Benefit Bucks contribution of \$65.91.

CONTRACT OF 60-69%				
	Individual Only	Individual + Spouse	Individual + Child(ren)	Individual + Family
ASBAIT HDHP	\$95.50	\$390.50	\$347.50	\$597.50
ASBAIT B\$25	\$150.50	\$500.50	\$449.50	\$747.50
ASBAIT A\$25	\$166.50	\$532.50	\$479.50	\$790.50

The following monthly Individual costs reflect a monthly District medical contribution of \$111.43 and Benefit Bucks contribution of \$65.91.

CONTRACT OF 50-59%				
	Individual Only	Individual + Spouse	Individual+ Child(ren)	Individual + Family
ASBAIT HDHP	\$117.66	\$412.66	\$369.66	\$619.66
ASBAIT B\$25	\$172.66	\$522.66	\$471.66	\$769.66
ASBAIT A\$25	\$188.66	\$554.66	\$501.66	\$812.66

The following monthly Individual costs reflect a monthly District medical contribution of \$89.26 and Benefit Bucks contribution of \$65.91.

CONTRACT OF 40-49%				
	Individual Only	Individual + Spouse	Individual + Child(ren)	Individual + Family
ASBAIT HDHP	\$139.83	\$434.83	\$391.83	\$641.83
ASBAIT B\$25	\$194.83	\$544.83	\$493.83	\$791.83
ASBAIT A\$25	\$210.83	\$576.83	\$523.83	\$834.83

## SUPPLEMENTAL LIFE INSURANCE

All supplemental life insurance rates are listed on a monthly basis

\$25,000 Supplemental w/AD&D = \$6.95

Age	\$50,000 +AD&D	\$100,000 +AD&D	\$200,000 +AD&D
29 or less	\$5.45	\$10.90	\$21.80
30-34	\$5.85	\$11.70	\$23.40
35-39	\$6.90	\$13.80	\$27.60
40-44	\$11.75	\$23.50	\$47.00
45-49	\$19.50	\$38.30	\$76.60
50-54	\$34.30	\$68.60	\$137.20
55-59	\$55.85	\$111.70	\$223.40
60-64	\$70.85	\$141.70	\$283.40
65-69	\$126.55	\$253.10	\$506.20
70-74	\$232.20	\$464.40	\$928.80
75+	\$415.00	\$830.00	\$1660.00

### ***PAYROLL CALCULATIONS***

Use the following formula to calculate the amount deducted per paycheck for each option:

$$\text{Payroll Deduction} = \frac{(\text{Monthly Premium} - \text{Benefit Bucks}) \times \# \text{ of Months of Coverage}}{\# \text{ of Payroll Deductions Remaining}}$$

From the charts on p. 36, find the **Monthly premium** for your option and level of dependent coverage.

Count the **Number of Months of Coverage** from the first month of the benefit year through the following June. The first month of coverage is July for continuing Individuals; new hires use the first month of benefits eligibility. In 2009-2010, continuing Individuals will pay for 12 months of coverage running from July 1, 2009 through June 30, 2010.

Use 20 as the **Number of Payroll Deductions**.

**NOTE:** Our plan year is from July 1, 2009—June 30, 2010

## CONTACT INFORMATION

### NAME AND ADDRESS OF EMPLOYER/PLAN SPONSOR

Amphitheater Unified School District No. 10  
701 W. Wetmore Rd  
Tucson, Arizona 85705  
(520) 696-5000

Employee Benefits Office  
701 W. Wetmore Rd, Room 192A  
(520) 696-5240

### PLAN YEAR

Plan records are kept on a fiscal year basis. In 2009-2010, the plan year for flexible benefit plan options runs from July 1, 2009, through June 30, 2010.

### INSURANCE COVERAGE/PLAN INQUIRIES

#### ASBAIT Medical Insurance

Claims administration by AEI ..... 1-800-762-2234  
[www.aitpa.com](http://www.aitpa.com)

Aetna Life Insurance Company ..... 800-523-5065

Aetna Short-term Disability ..... 866-282-8495

Arizona State Retirement System ..... 239-3100

Phoenix ..... 800-621-3778

[www.azasrs.gov](http://www.azasrs.gov)

B.A.S.I.C. Flexible Spending Accounts ..... 800-444-1922

[www.basiconline.com](http://www.basiconline.com)

Deer Oaks Employee Assistance Program ..... 866-327-2400

[www.deeroaks.com](http://www.deeroaks.com)

Employers Dental Services ..... 520-696-4343

[www.mydentalplan.net](http://www.mydentalplan.net)

EyeMed Vision ..... 866-723-0513

[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

United Concordia Dental ..... 800-332-0366

[www.ucci.com](http://www.ucci.com)

Veterinary Pet Insurance ..... 800-872-7387

[www.petinsurance.com](http://www.petinsurance.com)

## HELPFUL DEFINITIONS

- **Academic-Year Employee:** An employee whose contract extends from the beginning of one school year to the end of that school year.
- **Beneficiary:** The person named by the participant in an insurance or pension plan to receive any benefits provided by the plan if the participant dies.
- **Benefit Bucks:** Dollars allotted to an employee for allocation toward the costs of any of the options offered in a flexible benefit plan.
- **Certified Employee:** An employee who is required under Arizona Revised Statutes to hold state certification in the performance of their instructional, professional or administrative duties.
- **Classified Employee:** An individual who is employed in a position which falls under the District's classified compensation/classification program.
- **COBRA:** Under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985, a group health plan must provide each participant and qualified beneficiary under the plan the option to pay for continued coverage for a specified period of time in the event coverage would otherwise have ceased as a result of a number of qualifying events.
- **Coinsurance:** The percentage of covered charges paid by the insured after the deductible is met. Coinsurance payments can be claimed as FSA medical reimbursements.
- **Copayment:** A flat dollar amount paid by the insured for a covered health care service. Copayments vary by type of service. Copayments can be claimed as FSA medical reimbursements.
- **Deductible:** The amount of out-of-pocket expenses that must be paid by an insured member up-front before the insurance plan begins to pay benefits. Many insurance plans have an individual deductible and a family deductible. Deductibles can be claimed as FSA medical reimbursements.
- **Dependent:** Generally the spouse and children of a covered individual, as defined in the insurance contract.
- **Emergency Room:** A facility for the treatment of a sudden, unforeseen condition that is so severe there is the risk of extended or permanent damage to the patient's health if care or treatment isn't received as soon as possible.
- **Endodontics:** A category of dental care which includes root canal treatment, pulp capping and pulpotomy.
- **Fiscal-Year Employee:** An employee whose work year extends from July 1 of one year through June 30 of the following year.
- **Flexible Spending Account (FSA) :** An employee benefit offered for either medical or dependent care expenses that provides for pre-tax savings.
- **Group Term Life Insurance:** Life insurance provided by a person's employer which becomes payable to the employee's beneficiary only when the insured dies within the specified term of his/her employment. Coverage ends upon termination of employment. There are no permanent policy benefits such as cash or loan value.
- **Indemnity Plan:** An insurance plan based on the provision of specific cash payment reimbursement for designated covered services. Payments under an indemnity plan can be made either to insured members or (on assignment) directly to health providers.
- **Long-Term Disability Income Insurance:** Insurance issued to an employer group or an individual to provide a reasonable replacement of a portion of an employee's earned income lost through serious and prolonged illness or injury during the normal work career.
- **Managed Care Plan:** An insurance plan that controls utilization, quality and claims through a variety of current cost containment methods. The primary goal of a managed care plan is to deliver cost effective health care without sacrificing quality or access. Payment for covered services is made directly to the contracted health provider.
- **Medical Formulary:** A list of generic and brand name prescription medications approved for coverage by a managed care health plan.
- **Network:** Providers and facilities contracting with an insurance company.
- **Open Enrollment:** A period during which insured members of a health benefit program have an opportunity to select an alternate health plan being offered to them, and add or delete dependents from their coverage. Also, uninsured employees and their dependents may obtain coverage without presenting evidence of insurability.

- **Out-of-Pocket Expense:** That portion of the cost of a covered health care service which is paid by the insured. Out-of-pocket expenses include deductibles, copayments and coinsurance.
- **Out-of-Pocket Maximum:** The most an insured member would ever have to pay in a year for covered expenses after the deductible has been met. Once the maximum is reached in any one year, the insurance plan pays 100% of any additional covered expenses incurred in that year.
- **Periodontics:** A category of dental care which includes the treatment of gum disease by both surgical and non-surgical methods.
- **PPO (Preferred Provider Organization):** A benefit plan in which "preferred" providers agree to provide medical services at reduced costs. Generally referrals are not required; the plan has in-and-out of network benefits.
- **Pre-Existing Condition:** A physical and/or mental condition of an insured person that existed prior to the issuance of his/her insurance policy.
- **Premium-Only Plan:** See Section 125 Flexible Benefit Plan.
- **Preventive Care:** A category of dental care which includes the cleaning of teeth, oral exams and fluoride treatments.
- **Prosthodontics:** A category of dental care which includes complete and partial dentures and bridges.
- **Qualified Beneficiary:** An active employee, former employee, and his/her spouse and dependents, who are eligible for continuation coverage under COBRA because of their status at the time of the qualifying event.
- **Qualifying Event:** An occurrence entitling a person to elect continuation coverage under COBRA, or make changes to one's medical and/or dental insurance selections. Examples of qualifying events are: termination of employment, reduction in hours, death of a covered employee, divorce or legal separation, and a dependent child's loss of dependent status.
- **Restorative:** A category of dental care which includes fillings, crowns, jackets and onlays.
- **Section 125 Flexible Benefit Plan:** A benefit program under Section 125 of the Internal Revenue Code that offers employees a choice of nontaxable health and welfare benefits such as health, dental and life insurance. Employees are permitted to select among various cost, coverage and/or provider options.
- **Short-Term Disability Income Insurance:** Insurance issued to an individual to provide a reasonable replacement of earned income lost through serious illness or injury, up to a specified period.
- **Tax-Deferred Compensation Program:** Program under which employees of certain institutions may reduce their taxable income by authorizing their employer to pay part of their earned income into a deferred investment plan. Programs for public school employees are authorized under Internal Revenue Code Section 403 (b).
- **Urgent Care Center:** A facility for the treatment of services to relieve sudden pain, or to treat a condition that needs medical attention but does not permanently damage the patient's health if a brief time elapses before treatment begins.





