



2018-2019

EMPLOYEE BENEFITS GUIDE



Amphitheater Public Schools is pleased to provide you with this guide containing a condensed version of most fringe benefits offered to Amphitheater employees. This guide 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 guide 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 fringe benefit programs discussed in this guide or in other District publications.

Amphitheater hopes to continue these fringe 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.

Free Full-Day Kindergarten

We recognize the importance of early education and know that students exposed to full day kindergarten have greater success in learning essential early academic skills. To help our young Amphi families start out on the right foot, we will be providing FREE full-day Kindergarten for children of Amphi employees (excludes temporary employees and substitutes) at all elementary schools across the district. For additional information on how to enroll your eligible child(ren), contact the office staff at your elementary school. Boundary and enrollment rules may apply.



ARIZONA STATE RETIREMENT SYSTEM (ASRS)



All eligible employees **must** participate in the **Arizona State Retirement System**. Eligible employees are those who work 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 11.64% 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 also contributes 11.64% of the employee's gross salary. 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 Arizona State Retirement System. Refer to ASRS website at www.azasrs.gov.

TAX-DEFERRED COMPENSATION PROGRAMS

Amphitheater provides all employees with the opportunity to participate in tax-deferred compensation programs under Internal Revenue Code Section 403(b) and 457(b). 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 companies from the Benefits website. 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.





ASRS LONG-TERM DISABILITY INSURANCE

Arizona State Retirement System (ASRS) provides each member with long-term disability insurance, which pays 66 2/3% of the employee's salary after a 6-month elimination period. This coverage is financed by mandatory contributions of 0.16% of an employee's gross salary, and 0.16% contributed by the District. Contributions are **not** refundable to the employee upon termination of employment.

EMPLOYEE ASSISTANCE PROGRAM

An Employee Assistance Program (EAP) is available to all Amphi employees and includes free, confidential assessments, counseling and referrals for you and your family members at no cost to you. 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 Alliance Work Partners, sponsored by ASBAIT.

The 24-hour EAP/Nurseline is available at 800-343-3822.

The website is www.AWPNOW.com select "Access Your Benefits" and complete the registration fields requested. The registration code is: AWP-ASBAIT-2811.



EMPLOYEE BENEFIT PROGRAMS

Amphitheater's Benefit Program is available ONLY to the following eligible employees: (A) Certified employees holding a 75% or greater contract, and (B) Classified employees who work 30 hours or more per week (excluding temporary-status employees).

Access the Amphitheater Employee Benefits Center by first logging onto the District's main website, select the "Employment" tab and then select "Employee Benefits Center" from the dropdown menu. Go to My Benefits for detailed benefit summaries, Medical Summary of Benefits Coverage (SBC), Summary Plan Descriptions, Certificates of Coverage, links to search for contracted providers, & more!!!

Amphitheater's benefit plan consists of options for the benefits below:

- medical
- teladoc
- health savings account
- dental
- life
- additional term life
- short-term disability
- flexible spending accounts
- vision
- pet insurance
- flexible spending accounts
- free kindergarten for your child(ren)



BENEFITS



- ✎ In the 2018-2019 benefit year, the District will contribute \$364.90 per month toward whichever **medical** option you choose. Should you elect the HDHP medical plan the District will make a \$23.57 per month (\$14.14 per pay period) contribution to your Health Savings Account (H.S.A) as part of the \$364.90. An H.S.A. through the District is required in this case.
- ✎ For employees who elect District medical insurance, the District will provide you (and your dependents even if they are not enrolled under your medical insurance) access to **Teladoc** (24/7 telephonic and video consultations with a Board-Certified physicians). There is **NO** copay for the consultation, however you are liable for the cost of any prescribed medications. This benefit saves you time and money!!!
- ✎ \$8.76 per month toward whichever **dental** option you choose.
- ✎ The District will also provide you with a \$25,000 **term life insurance/AD&D policy**, and **short-term disability insurance**.
- ✎ 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 elections are for the plan year. Once a benefit is selected, changes may not be made unless there is a qualifying event, the change aligns with the qualifying event, the requested change and the required documentation is supplied to Benefits **within** 31 days of the qualifying event. Please see **Mid-Year Changes** for more information.



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. Open Enrollment is mandatory, even if you are not making any 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 31 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
- 🔒 Approved enrollment in the Marketplace

A Certification of Dependent Eligibility must be completed for any dependents being added to our insurance plans. Documentation will be required for each dependent (marriage license, birth certificate, adoption papers, etc.). The Certification of Dependent Eligibility form is located on the Benefits website.



“Dependent” includes (1) legal spouse (2) children (including natural child, stepchild, foster child, or legally adopted child under the age of 26). Dependent also includes a child for whom coverage is required through a Qualified Medical Child Support Order or other court or administrative order. Check the plan summary plan description for additional information.





All employees who complete their 2018-2019 scheduled period of work will retain their benefits through June 30, 2019. For academic-year employees, this applies to employees who complete a contract that ends on or after the last day of the 2018-2019 school year. For fiscal-year employees, this applies to employees who work through June 30, 2019 (the end of the 2018-2019 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.

CONTINUATION OF BENEFITS (COBRA)

Upon termination of employment (for reasons other than gross misconduct), or upon 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 (**C**onsolidated **O**mnibus **B**udget **R**econciliation **A**ct), with the employee assuming all premium costs. If the employee or dependent is determined by Social Security to be disabled, COBRA eligibility may be 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:

- ☉ Death of a covered employee;
- ☉ Divorce or legal separation;
- ☉ Employee becomes eligible for Medicare;
- ☉ 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. **PLEASE NOTE:** It is the responsibility of the employee or qualified beneficiary to notify Employee Benefits within thirty one (31) days following qualifying events such as divorce, legal separation, or a dependent child reaching maximum allowable age.



The Health Insurance Portability and Accountability Act (HIPAA)



HIPAA 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 31 days of the date the qualifying event occurred.



Health Care Reform – The Affordable Care Act

On March 23, 2010 President Obama signed the Affordable Care Act. Reforms under the Affordable Care Act have brought many changes to the insurance industry and gave new rights to individuals concerning their health insurance. To stay up to date with the changes, refer to the www.healthcare.gov website.

HealthCare.gov



Coverage Type	Total Monthly Rate	Total Monthly District Contribution	Total Monthly Employee Rate	Employee Cost Per Pay Period (20 Deductions)
ASBAIT Medical Classic Gold				
EMPLOYEE Only	\$ 447.90	\$ 364.90	\$ 83.00	\$ 49.80
EMPLOYEE + SPOUSE	\$ 886.90	\$ 364.90	\$ 522.00	\$ 313.20
EMPLOYEE+ CHILD	\$ 823.90	\$ 364.90	\$ 459.00	\$ 275.40
EMPLOYEE + FAMILY	\$ 1,197.90	\$ 364.90	\$ 833.00	\$ 499.80
ASBAIT Medical Classic Silver				
EMPLOYEE Only	\$ 427.90	\$ 364.90	\$ 63.00	\$ 37.80
EMPLOYEE + SPOUSE	\$ 846.90	\$ 364.90	\$ 482.00	\$ 289.20
EMPLOYEE + CHILD	\$ 786.90	\$ 364.90	\$ 422.00	\$ 253.20
EMPLOYEE + FAMILY	\$ 1,143.90	\$ 364.90	\$ 779.00	\$ 467.40
ASBAIT Medical HDHP \$1,350				
EMPLOYEE Only	\$ 381.57	\$ 364.90	\$ 16.67	\$ 10.00
EMPLOYEE + SPOUSE	\$ 704.00	\$ 364.90	\$ 339.10	\$ 203.46
EMPLOYEE + CHILD	\$ 655.00	\$ 364.90	\$ 290.10	\$ 174.06
EMPLOYEE + FAMILY	\$ 950.00	\$ 364.90	\$ 585.10	\$ 351.06
EDS Dental Plan				
EMPLOYEE Only	\$ 8.76	\$ 8.76	\$ -	\$ 0
EMPLOYEE + SPOUSE	\$ 17.05	\$ 8.76	\$ 8.29	\$ 4.97
EMPLOYEE + CHILD	\$ 22.76	\$ 8.76	\$ 14.00	\$ 8.40
EMPLOYEE + FAMILY	\$ 25.39	\$ 8.76	\$ 16.63	\$ 9.98
Delta Dental Plan				
EMPLOYEE Only	\$ 38.15	\$ 8.76	\$ 29.39	\$ 17.63
EMPLOYEE + SPOUSE	\$ 78.25	\$ 8.76	\$ 69.49	\$ 41.69
EMPLOYEE + CHILD	\$ 80.31	\$ 8.76	\$ 71.55	\$ 42.93
EMPLOYEE + FAMILY	\$ 104.37	\$ 8.76	\$ 95.61	\$ 57.37
EyeMed Vision				
EMPLOYEE Only	\$ 5.80	\$ -	\$ 5.80	\$ 3.48
EMPLOYEE + SPOUSE	\$ 10.95	\$ -	\$ 10.95	\$ 6.57
EMPLOYEE + CHILD	\$ 11.55	\$ -	\$ 11.55	\$ 6.93
EMPLOYEE + FAMILY	\$ 16.90	\$ -	\$ 16.90	\$ 10.14

If you enroll in the High Deductible Health Plan, the District will make a monthly contribution to the employee's Health Savings Account (H.S.A) in the amount of \$23.57 per month (\$14.14 per pay period).

For active employees enrolled in the HDHP the District will pay the H.S.A. monthly administrative fee.



Coverage Type	Total Monthly Rate	Employee Cost Per Pay Period (20 Deductions)
Plan Option # 1 – Select 2000 II		
1 Pet	\$ 8.75	\$ 5.25
2 Pets	\$ 16.60	\$ 9.96
3 Pets	\$ 24.30	\$ 14.58
4 Pets	\$ 32.00	\$ 19.20
Plan Option # 2 - Choice 2000 II		
1 Pet	\$ 10.60	\$ 6.36
2 Pets	\$ 20.20	\$ 12.12
3 Pets	\$ 29.60	\$ 17.76
4 Pets	\$ 38.90	\$ 23.34

INSURANCE COVERAGE/PLAN INQUIRIES

The Employee Benefits Center is located under the “Employment” tab on the home page of the District website

COMPANY NAME	PHONE NUMBER	WEB SITE ADDRESS
Alliance Work Partners	800-343-3822	www.alliancewp.com
ASBAIT Medical Insurance Claims Administration by Meritain	877-637-4824	www.mymeritain.com
Optum RX (ScripWorld)	1-855-312-6103	www.optumrx.com
Health Savings Account (HSA) Administered by Health Equity	866-346-5800	www.healthequity.com
Teladoc	800-835-2362	www.teladoc.com
Arizona State Retirement System	800-621-3778(phx) 520-239-3100	www.azasrs.gov
B.A.S.I.C. Flexible Spending Accounts	800-444-1922	www.basiconline.com
Delta Dental	800-352-6132	www.deltadentalaz.com
Employers Dental Services	520-696-4343	www.mydentalplan.net
EyeMed Vision	866-723-0513	www.eyemedvisioncare.com
Hartford Short-Term Disability Insurance	866-945-7801	www.thehartfordatwork.com
The Standard Life Insurance	800-628-8600	www.standard.com
United Pet Care	877-872-8800	www.unitedpetcare.com

