

2009-2010 Benefits Open Enrollment

- Queen Creek Unified School District provides an annual benefit contribution, which benefits-eligible employees use to offset their benefits costs each year.
- The 2009-2010 contribution amount for eligible employees is \$5028.00
- For the 2009-2010 year any employee enrolled in the Choice Plus (Traditional Plan) may be required by the District to pay \$20.00 per month to help offset the cost. If you are enrolled in one of the Health Savings Accounts this fee does not apply.
- The plan year is based on a fiscal year, not a calendar year, our plan year runs from July 1 to June 30.
- If you are not making any changes in your coverage or if you are not adding or dropping one of the optional plans, you do not need to fill out a new enrollment form for the 2009-2010 plan year.
- If you wish to make changes and need forms, if they are not on this website you can contact the benefits office at and we will be glad to provide you with the form. You can reach us at **987-5933**.

About Your District Benefits

- Medical – choose from three plan options (two plans include dental coverage)
- Voluntary vision
- Basic life insurance
- Voluntary life insurance – for yourself, your spouse and your children
- Voluntary short-term disability insurance
- Flexible spending accounts – contribute to the Medical Expense Reimbursement Account or Dependent Care Account

Benefits Enrollment Eligibility

Eligible employees

- Employed 30 or more hours per week, or on contract at 75% or more
- Benefits begin on the first of the month following 60 consecutive days of active employment

Eligible dependants

- Your legal spouse
- Your legal dependents
 - Natural child
 - Stepchild
 - Legally adopted child
 - Child placed for adoption
 - Child for whom you have a legal guardianship
 - Child for whom healthcare coverage is required through a 'Qualified Medical Child Support Order'

Your Medical Plan Options

- Choose one of three plans
 - Choice Plus (a traditional preferred provider plan)
 - HAS-1250 Plan
 - (a high deductible health plan paired with a health savings account)
 - HAS-2500Plan
(a high deductible health plan paired with a health savings account)
- Choose from five coverage levels
 - Employee only
 - Employee + spouse
 - Employee + child(ren)
 - Employee + family
 - Spousal share family coverage

Premiums are based on the plan and coverage level you choose. The District pays the cost of employee only coverage; you pay the cost to cover your dependants.

About the Choice Plus Plan

- **Provider Choice**
 - Visit any provider, including specialists, without a referral; expect higher benefits through UHC network providers
- **Copays**
 - \$25.00 preventive and doctor's office visits; \$35.00 specialists visits
- **Plan Year Deductible**
 - In-network: \$750.00 individual, \$1,500.00 family; Out-of-network: \$1,500.00 individual, \$3,000.00 family
- **Plan Benefits Coverage (Coinsurance)**
 - In-network: Plan pays 90%, you pay 10%; out-of-network: plan pays up to 50%, you pay balance
- **Out-of-Pocket Max**
 - In-network: \$2,000.00 individual, \$4,000.00 family; out-of-network: \$6,000.00 individual, \$12,000.00 family

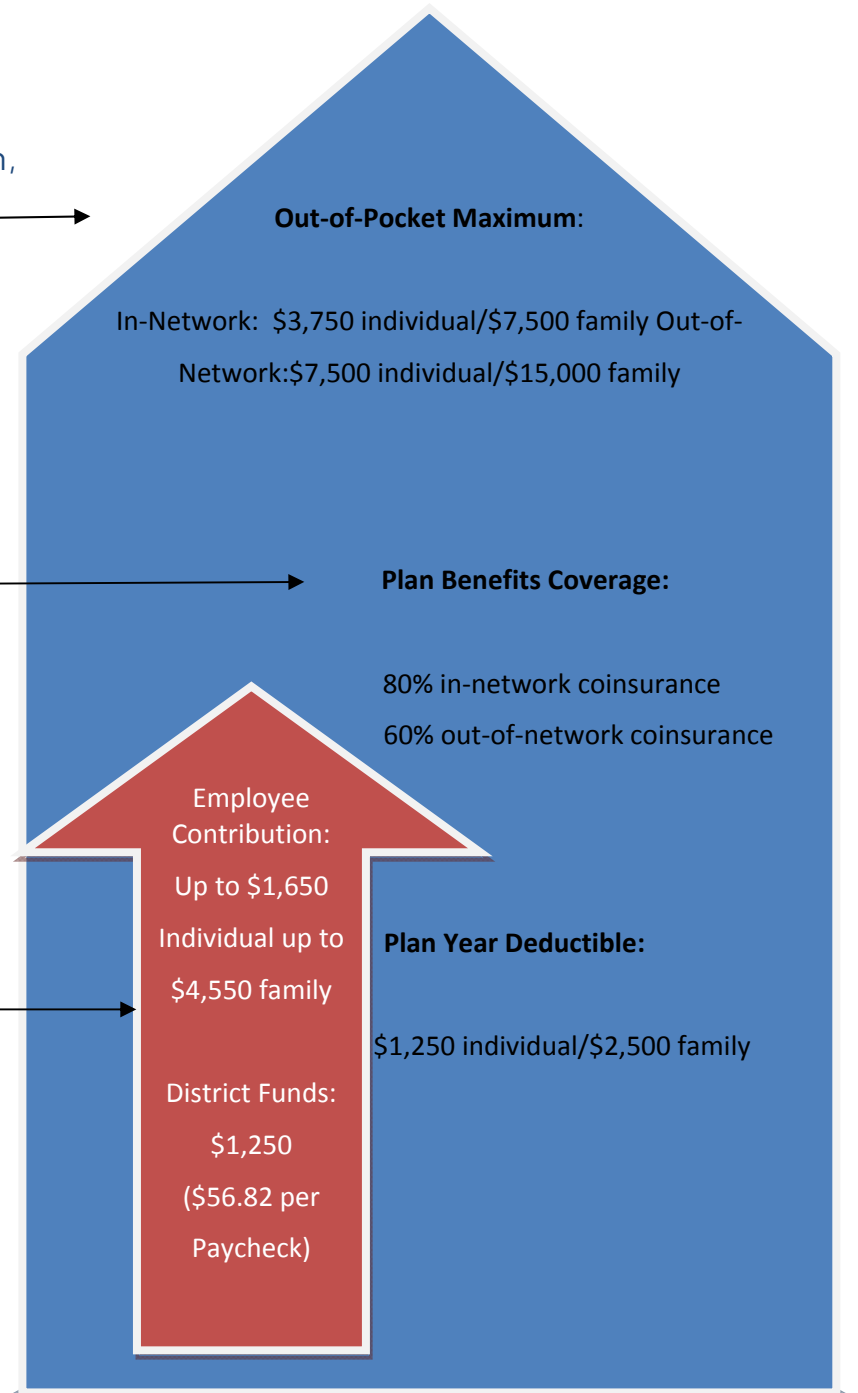
Dental coverage is provided through Delta Dental of Arizona to enrollees in this plan.

About the HSA-1250 Plan

3. If you reach the Plan year out-of-Pocket Maximum, the plan pays eligible expenses at 100%

2. After meeting the deductible, plan coinsurance benefits are effective. You are responsible for your share of coinsurance until reaching the plan year out-of-pocket maximum

1. Use the District's HSA contribution and your own HSA contributions to pay down part of the plan year deductible



Dental coverage is provided

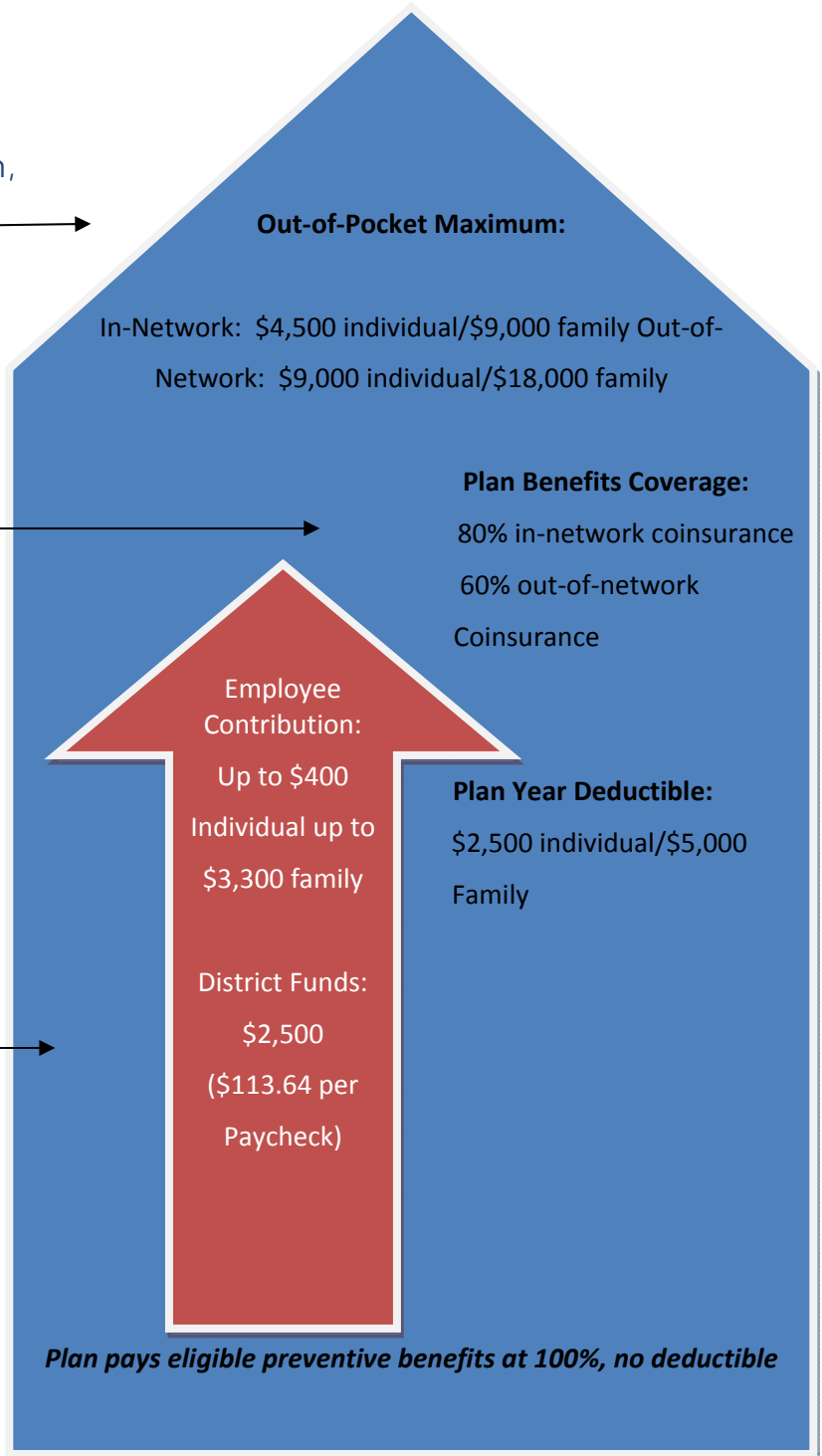
Through Delta Dental of Arizona to enrollees in this plan

About the HSA-2500 Plan

3. If you reach the plan year out-of-Pocket Maximum, the plan pays eligible expenses at 100%

2. After meeting the deductible, plan coinsurance benefits are effective. You are responsible for your share of coinsurance until reaching the plan year out-of-pocket maximum

1. Use the District's HSA contribution and your own HSA contributions to pay down part of the plan year deductible



Dental coverage is not included with this plan

Important Health Savings Account Rules

- You are eligible to participate in one of the District's HSA plans if:
 - You do not have coverage under a non-high deductible health plan that provides benefits covered by the District's high deductible health plan
 - You are not entitled to Medicare due to age, disability, or because of end stage renal disease
 - You cannot be claimed as a dependent on someone else's tax return (except for your spouse)
- You may use your HSA funds to pay your dependents' out-of-pocket health care expenses – even if they are not covered by the plan's high deductible health plan
- You are responsible for keeping track of the use of your HSA funds – you may need to prove to the IRS that the funds are used for qualified medical expenses
- District and voluntary employee contributions are available upon deposit – if there's a balance, you can use your HSA funds to pay eligible healthcare expenses
- A debit card is provided for payment of eligible expenses at point of service
- You can roll over unused funds at the plan year end for future use
- You accumulate tax-free interest on HSA funds
- Your HSA account is portable – if you leave your employer or switch medical plans, you can continue to use your funds for qualified healthcare expenses

How Claims are Processed under the HSA Plans

Medical Claims

- Present your United HealthCare ID Card at time of service
- Physician sends claims to United HealthCare
- The claim is processed; if you are responsible for any payment, an Explanation of Payment is mailed to the physician
- An Explanation of Benefits is sent to you
- To pay your claim, you may withdraw money from your Health Savings Account using your debit card or request payment by check through myuhc.com

Pharmacy Claims

- Present your United HealthCare ID Card at time of service
- Pharmacist sends claim to United HealthCare; the cost of your prescription(s) is applied to deductible/Out-of-pocket maximum
- Use your HSA debit card to pay for your prescription

If you do not have funds available in your Health Savings Account at the time, you may reimburse yourself at a later date

2009-2010 Medical Plan Premiums

- Premium costs are based on the plan and coverage level you choose
- Deductions are taken on a pre-tax basis
- Choice Plus and HSA-1250 plan premiums include costs for dental coverage through Delta Dental of Arizona and employee basic life insurance
- HSA-2500 plan premiums include costs for employee basic life insurance only - no dental
- You may choose to waive medical, you must sign an insurance waiver form and provide proof of other medical coverage

About the Delta Dental of Arizona Plan

- Coverage through Delta Dental of Arizona is provided to Choice Plus or HSA-1250 medical plan enrollees (you are unable to purchase dental coverage separately)
- Seek care from a Delta Dental network dentist or an out-of-network dentist
- Coverage levels vary, based on provider's affiliation
 - Delta Dental provider visits = higher coverage
 - Out-of-network provider visits = lower coverage

Co-payments

- | | |
|---|------|
| • <u>Routine Services</u> | 100% |
| • <u>Basic Services</u> | 80% |
| • <u>Major Services (6 month waiting period)</u> | 50% |
| • <u>Orthodontic Services (12 month waiting period)</u> | 50% |
| ➤ <u>(Child only)</u> | |

DEDUCTIBLE: Does not apply to Routine Services

\$50 per covered person per calendar year, \$150 per family

MAXIMUM:

\$1500 per covered person per fiscal year, \$1,000 lifetime maximum per covered person (Orthodontics)

You can find a Delta Dental Provider through Delta's web site at

www.deltadentalaz.com

About the Voluntary Vision Plan

- Coverage provided through Vision Service Plan (VSP)
- Visit any vision care Provider, but receive much higher coverage levels through VSP network providers

VSP Provider

Exams: \$10 copay; plan pays balance
Lenses: \$20 copay; plan pays balance

Frames: Plan pays \$120
Contacts: Plan pays \$105
(in lieu of lenses/frames)

Non-VSP Provider

Exams: Plan pays \$35
Lenses: Plan pays \$25 for single vision, \$40 for bifocal, \$55 for trifocal
Frames: Plan pays \$45
Contacts: Plan pays \$100
(in lieu of lenses/frames)

2009/2010 Voluntary Vision Plan Premiums

- You pay the cost for Voluntary Vision coverage
- Premium costs are based on the coverage level you choose
- Deductions are taken on a pre-tax basis over 22 deductions

➤ Employee only	\$ 4.62
➤ Employee + Spouse or Child	\$ 6.70
➤ Employee + 2 or more	\$12.02

About Your Basic Life Insurance Benefit

- Coverage of \$50,000 provided automatically to benefits-eligible employees
- You must designate a beneficiary for this benefit
 - 18 years of age or older
 - Indicate your beneficiary on your Benefit Election/Enrollment form
- This program is underwritten by Sun Life

Your Voluntary Life Insurance Options

- If eligible, you may choose to purchase voluntary life insurance coverage for:
 - Yourself
 - Your spouse
 - Your eligible dependent children
- Active full-time employees working at least 30 hours per week are eligible
- You pay the cost of this coverage through after-tax payroll deductions
- This program is underwritten by Sun Life

Voluntary Life Insurance Coverage Levels

- **Employee Voluntary Life**
 - Purchase coverage in \$10,000 units, up to five times your annual salary
 - \$500,000 maximum benefit
- **Spouse Life**
 - Purchase coverage in \$10,000 units, up to \$150,000
 - You can cover your spouse age 70 or younger
 - Your spouse's coverage cannot exceed 50% of your basic and voluntary life insurance coverage combined
- **Dependent Child Life**
 - Purchase coverage in \$2,000 units, up to \$10,000
 - The maximum benefit for children under 6 months of age is \$500

Proof of Your Good Health May be Required

- Sun Life requires proof of your good health if you are enrolling in coverage over \$150,000 for yourself or over \$10,000 for your spouse
- To Provide this information, complete the Sun Life Evidence of Insurability form
- Coverage over the guaranteed issue amount will not be issued until Sun Life approves your evidence of good health

You can find the Sun Life Application form and the Sun Life Evidence of Insurability form on this web site or contact your benefits office.

2009/2010 Voluntary Life Insurance Premiums

- Premiums depend on your and your spouse's ages as of July 1, 2009 and the amount of coverage you elect:

Age	Cost per \$10,000 of Coverage	Age	Cost per \$10,000 of Coverage	Age	Cost per \$10,000 of Coverage
Under Age 20	\$0.40	40-44	\$1.03	65-69	\$ 8.87
20-24	\$0.47	45-49	\$1.66	70-74	\$13.65
25-29	\$0.50	50-54	\$2.40	75-79	\$19.52
30-34	\$0.58	55-59	\$4.12	80 & over	\$29.58
35-39	\$0.70	60-64	\$6.20		

- The monthly premium for your dependent children is \$0.53 per \$2,000 unit, regardless of the number of children you enroll

Your Voluntary Short-Term Disability Options

- Benefits-eligible employees may purchase voluntary short-term disability coverage
- The plan provides benefits ranging from \$360 to \$5,000 per month
- Benefits cannot exceed 66 2/3 % of your monthly salary
- You receive benefits payments if you cannot work due to:
 - Pregnancy
 - A covered non-occupational illness or injury
- Benefits begin following the plan's seven-day elimination period, and are paid for up to six months of continuous disability
- This program is underwritten by Assurant Employee Benefits

Important Considerations Regarding the Short -Term Disability Plan

Benefit Limitations

- Your benefit payment will be offset by other sources as defined by Assurant Employee Benefits group policies, including:
 - Social Security
 - State Teachers Retirement System
- However, the minimum monthly benefit amount payable under the voluntary short-term disability policy cannot be lower than 10% of your gross monthly benefit.

Pre-existing Condition Limitations

- The policy does not pay benefits for disabilities that begin within 12 months of your initial plan enrollment, if you received medical treatment or services or took prescribed drugs or medicines for the disabling condition during the 12 months prior to your initial enrollment date. To be eligible for coverage during pregnancy, you cannot be pregnant before your benefit effective date.

2009-2010 Voluntary Short-Term Disability Insurance Premiums

- Premium costs are based on the coverage level you choose
- Remember, your maximum monthly benefit cannot exceed 66 2/3% of your monthly salary

Minimum Gross Annual Salary	Maximum Monthly Benefit	Your cost per pay period – 22 deductions	Minimum Gross Annual Salary	Maximum Monthly Benefit	Your cost per pay period – 22 deduction
\$6,480	\$360	\$3.83	\$49,500	\$2,750	\$29.25
\$9,180	\$510	\$5.43	\$54,000	\$3,000	\$31.91
\$13,500	\$750	\$7.98	\$58,500	\$3,250	\$34.57
\$18,000	\$1,000	\$10.64	\$63,000	\$3,500	\$37.23
\$21,600	\$1,200	\$12.76	\$67,500	\$3,750	\$39.89
\$27,000	\$1,500	\$15.95	\$72,000	\$4,000	\$42.55
\$30,600	\$1,700	\$18.08	\$76,500	\$4,250	\$45.21
\$36,000	\$2,000	\$21.27	\$81,000	\$4,500	\$47.86
\$40,500	\$2,250	\$23.93	\$85,500	\$4,750	\$50.53
\$45,000	\$2,500	\$26.59	\$90,000	\$5,000	\$53.18

Proof of Your Good Health May Be Required

- Assurant requires proof of your good health if you elect coverage in an amount over \$3,000
- To provide this information, complete the "Health Questions" section of the Assurant enrollment form. The enrollment form may be found on this website or contact your Benefits office.
- Coverage over the guaranteed issue amount of \$3,000 will not be issued until Assurant approves your evidence of good health

Flexible Spending Accounts (FSAs)

Medical Expense Reimbursement Account and Dependent Care Account FSAs – Shared Features

- Two FSA plans available – elect to contribute to one or both plans
- FSA contributions are deducted from your paycheck, in equal amounts on a before-tax basis during the plan year
- Use your FSA contributions to reimburse yourself for eligible expenses
 - The IRS defines eligible expenses – call (800)943-9179 for a complete list of expenses eligible for reimbursement through the plans
- A debit card is available – pay your expenses at the point of service; alternatively, submit paper claims for reimbursement
 - Claim forms are available through the benefits office
- The FSAs are administered by JEM Resource Partners
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Medical Expense Reimbursement Account

- Contribute between \$500 and \$2,250 during the plan year
- Reimburse yourself for eligible medical, dental and vision care expenses, as allowed by the IRS
- Your total plan year contribution is available for immediate use
- If you participate in one of the Health Savings Accounts medical plans, you may use FSA funds on a “limited purpose” basis – to pay your eligible dental and vision care expenses only

Dependent Care Account

- Contribute between \$500 and \$5,000 during the plan year, as allowed by the IRS
- Reimburse yourself for eligible dependent care expenses, as allowed by the IRS

FSA's - "Use it or Lose it"

- The IRS requires you to elect and use your FSA contributions each plan year
 - You cannot change your contribution election during the plan year unless you have a qualified life status change
 - You must use your contributions for eligible expenses incurred during the plan year
- You have 90 days after the plan year end (June 30) to file claims for reimbursement
- After that point, IRS regulations require you to forfeit or "lose" any unused funds

