



# **BENEFITS GUIDE**

2008 - 2009 School Year

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# ■ ENROLLMENT INFORMATION ■

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## **Who is eligible for Dysart Benefits?**

Certified employees are eligible if they work 50% of a contract or more. This is typically 20+ hours per week. Support employees must work one position for 75% of their time, typically 30+ hours per week.

## **When can I enroll?**

You may enroll in any benefits as a new employee within the first 30 days of your hire date. If you are already an employee, you can make changes during the annual Open Enrollment period or if you meet the requirements of a Life Status Change.

## **What benefit plans are subject to the enrollment period?**

- Group Term Life/AD&D-USable
- Medical – CIGNA
- Dental – Total Dental Administrators
- Vision – Avesis
- Health Care Spending Account
- Dependent Care Spending Account
- Voluntary Life Insurance\*
- Short Term Disability\*

\*Assurant Guarantee issue for the first 30 days of employment. Current employees applying for coverage must submit evidence of insurability.

## **How do I enroll?**

Enrollment is done via an on-line system from any computer with internet access. See the Benefits Connect section at the end of this booklet for more information.

## **Where do I get Enrollment Forms?**

You will not be submitting enrollment via paper forms. Everything is handled electronically. Before you are able to begin on-line enrollment, you will need to submit to the HR-Benefits Team the Acknowledgement Form, the benefitsCONNECT launch document as well as the Arizona State Retirement System Enrollment and Beneficiary forms. All of these forms can be found in your benefits packet you received as a new hire.

## **How do I pay for my benefits?**

Payments for your benefits are taken from your pay check on a **pre-tax** basis. If you are interested in having your benefit premiums deducted on a POST-tax basis, please contact the Benefits Group at [Benefits@dysart.org](mailto:Benefits@dysart.org).

## **When do my benefits become effective?**

For a new employee, benefits are effective the first of the month following the month of your employment. For example, if your hire date is August 6<sup>th</sup>, your benefits become effective September 1<sup>st</sup>. For current employees going through Open Enrollment, benefits changes become effective July 1<sup>st</sup>. If you have a life status change, changes go into effect the first of the month following the requested change.

## **Do I have to enroll in each benefit?**

You only enroll in the benefits plans that best fit you or your family needs. The employee must enroll in benefits in order to have spouse or dependent coverage.

## **Will my benefits end?**

If you resign or are terminated at any time during the year, your benefits end the last day of that month. If you work through your contract but do not renew for the following year, your benefits end on June 30, 2009. If you choose to become a part-time employee, you will no longer be eligible for benefits. If you re-new your contract, benefits will continue into the 2008 – 2009 school year.

## **What if I have more questions?**

Be sure to review the entire guide. You may also send your question to [benefits@dysart.org](mailto:benefits@dysart.org) or call 623-876-7940.

## ▪ LIFE STATUS CHANGE ▪

### **May I make changes to my benefit elections outside of my initial eligibility period?**

After your initial eligibility or Open Enrollment period, you may only change some benefit elections if certain *life status* events occur.

### **Why can't I change my benefits at any time?**

Because our benefit deductions are taken on a pre-tax basis, following the Internal Revenue Service Section 125 rules. The IRS Code is very specific that changes can only be made within your initial enrollment period, during our Open Enrollment Period or if the change meets the Life Status Change criteria.

### **What events are considered a life status change?**

- Marriage, divorce, legal separation, or annulment
- Birth, adoption or legal custody
- Death of a dependent, spouse or employee
- Significant change in the health coverage of the employee's spouse attributable to the spouse's employment.
- Employee or employee's spouse starts an unpaid leave or returns from an unpaid leave

### **How do I make a life status change?**

**Changes must be made within 31 days of the event.** When an event occurs, immediately contact the Benefits Group at [benefits@dysart.org](mailto:benefits@dysart.org) or 623-876-7940. Within the 31 days you will be required to submit documentation to the Benefits Group supporting your request. Once the documentation is received, your request will be processed. Documentation can be dropped off at Human Resources in the District Office to insure we receive it. You are discouraged from using inter-district mail.

### **When does my life status change become effective?**

Life status changes take effect the first of the following month that you submit your change.

### **What if I am unsure if I meet the life status change criteria?**

If you are unsure that you have experienced a life status change, please contact the Benefits Group at [benefits@dysart.org](mailto:benefits@dysart.org) or at 623-876-7940 within 31 days of the event.

<b><i>Life Status Change Guide</i></b>		
<b><i>Change of Status</i></b>	<b><i>Changes to Coverage</i></b>	<b><i>Document Examples</i></b>
<b><i>Birth, Adoption or Legal Guardianship/Custody of Child</i></b>	<ul style="list-style-type: none"> <li>▪New dependants may be added to existing medical, dental or vision coverage.</li> <li>▪Dependent child life insurance coverage can be added or increased</li> <li>▪Health and Child Care reimbursement accounts may be added.</li> <li>▪No other changes can be made.</li> </ul>	<ul style="list-style-type: none"> <li>▪Birth Certification</li> <li>▪Hospital records or documents</li> <li>▪Court documents</li> </ul>
<b><i>Spouse or Dependant child becomes eligible under another Group Insurance Plan</i></b>	<ul style="list-style-type: none"> <li>▪Spouse or child can be dropped from medical, dental and vision coverage.</li> <li>▪No other changes can be made.</li> </ul>	<ul style="list-style-type: none"> <li>▪Copy of Enrollment Form</li> <li>▪Online Enrollment Confirmation</li> </ul>
<b><i>Dependant Child becomes ineligible due to marriage or reaching age of 24</i></b>	<ul style="list-style-type: none"> <li>▪Dependant child must be dropped from medical, dental and vision.</li> <li>▪Dependant child must be dropped from supplemental life insurance</li> <li>▪Dependant child may be able to continue coverage via COBRA</li> <li>▪No other changes can be made.</li> </ul>	<ul style="list-style-type: none"> <li>▪Marriage Certificate</li> <li>▪24<sup>th</sup> Birthday of dependant</li> </ul>
<b><i>Guide continues on the following page</i></b>		

## Life Status Change Guide

<b>Change of Status</b>	<b>Changes to Coverage</b>	<b>Document Examples</b>
<b><i>Divorce, Annulment or Legal Separation</i></b>	<ul style="list-style-type: none"> <li>▪ Spouse and spouse's children/step-children will be dropped from coverage.</li> <li>▪ Spouse and spouse's children/step-children may be able to continue coverage via COBRA</li> <li>▪ Existing dependent or spousal life insurance will be dropped.</li> <li>▪ No other changes can be made.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Court documents</li> <li>▪ Divorce Decree</li> </ul>
<b><i>Marriage</i></b>	<ul style="list-style-type: none"> <li>▪ Spouse and spouse's children/step-children can be added to medical, dental or vision coverage.</li> <li>▪ Dependent supplemental life can be added.</li> <li>▪ Spouse supplemental life can be added and may require evidence of insurability</li> <li>▪ No other changes can be made.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Marriage Certificate</li> </ul>
<b><i>Spouse Gains Employment</i></b>	<ul style="list-style-type: none"> <li>▪ Employee, spouse and children can be dropped from all medical, dental and vision coverage provided they are added to the spouse's group coverage.</li> <li>▪ No other changes can be made.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Copy of Enrollment Form</li> <li>▪ Online Enrollment Confirmation</li> </ul>
<b><i>Spouse Terminates/Resigns Job or Loses Benefits Eligibility</i></b>	<ul style="list-style-type: none"> <li>▪ Spouse and/or children can be added to medical, dental and vision coverage.</li> <li>▪ No other changes can be made.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Letter from HR Department of spouse's employer</li> <li>▪ Resignation Letter</li> <li>▪ COBRA Notification</li> </ul>
<b><i>Starting of an Unpaid Leave for either employee or spouse</i></b>	<ul style="list-style-type: none"> <li>▪ May drop medical coverage if proof of other credible coverage is provided.</li> <li>▪ May drop dental and vision coverage.</li> </ul> <p>May drop Short term disability and supplemental life insurance. (Note if STD or Supp Life is dropped, will be required to submit evidence of insurability to re-enroll.)</p>	<ul style="list-style-type: none"> <li>▪ Approval letter or e-mail for the leave</li> </ul>
<b><i>Returning from an Unpaid Leave for either employee or spouse</i></b>	<ul style="list-style-type: none"> <li>▪ May re-enroll in any benefits in which you were enrolled in prior to going on the leave or add new dependents to the existing coverage.</li> <li>▪ Evidence of insurability required for both Short Term Disability and Supplemental Life Coverage</li> <li>▪ New benefits may be added if the return date is after the beginning of the new fiscal year <b><i>and</i></b> Open Enrollment was missed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Doctor's release</li> <li>▪ Letter from HR Department confirming return to employment</li> </ul>
<b><i>Spouse's Open Enrollment</i></b>	<ul style="list-style-type: none"> <li>▪ May add or drop medical, dental and vision coverage.</li> <li>▪ No other changes can be made.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enrollment form</li> <li>▪ Online Benefits Statement</li> </ul>
<b><i>Death (Dependent Child or Spouse)</i></b>	<ul style="list-style-type: none"> <li>▪ Deceased dependent or spouse will be dropped from all coverage</li> <li>▪ No other changes can be made.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Death Certificate</li> </ul>
<b><i>Death (Employee)</i></b>	<ul style="list-style-type: none"> <li>▪ All coverage will be automatically terminated.</li> <li>▪ Dependent may continue health-related coverage through COBRA.</li> <li>▪ Life insurance coverage on dependents will be dropped and may be converted to individual policies.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Death Certificate</li> </ul>

# ■ MEDICAL ■

Cigna Medical Group  
 1.800.CIGNA.24 (1-800-244-6224)  
[www.cigna.com](http://www.cigna.com)

CIGNA MONTHLY EMPLOYEE PREMIUMS			
	Cost Manager HMO CMG	Open Access Plan	OAP w/Out of Network Option
Employee Only	\$0	\$0	\$88.54
Employee & 1 Dep	\$139.11	\$404.66	\$579.93
Employee & Family	\$409.04	\$804.09	\$1,064.94

## MEDICAL PLAN OPTIONS

### CIGNA Cost Manager (CMG) HMO –

- Provides benefits at CIGNA owned and operated facilities.
- Must select a primary care physician at a Cigna Medical Group Facility.
- Each family may select a different primary care physician (PCP) but all PCP's must be with a CMG Facility.
- Prescriptions can only be filled under the plan at a Cigna Medical Facility or via Cigna's Mail Order Pharmacy.
- General office visits and prescriptions are subject to co-payments, other services are subject to a deductible and co-insurance.
- May self-refer to an OB-GYN or for mental health services such as a therapist or psychiatrist. The provider you choose must contract with CIGNA.

### CIGNA Open Access Plan – In-Network Benefits

- Provides benefits at CIGNA contracted physicians or medical care providers, including but not limited to those at the Cigna Medical Group.
- Do not need referrals to seek care with another provider who is not your primary care physician.
- May seek non-emergency treatment by a provider other than your primary care physician.
- Prescriptions can be filled at a CIGNA contracted pharmacy, i.e. Walgreen's, CVS, Osco.
- Pre-existing conditions apply to this plan.

### CIGNA Open Access Plan with Out-of-Network Benefits

- Same as the CIGNA Open Access plan listed above but allows out-of-network benefits.
- Out-of-network benefits – Allows benefits if you choose to use a medical care provider that does NOT contract with CIGNA.
- Pre-existing conditions apply to this plan.

### Step Therapy Rx

In an effort to control costs, Cigna has implemented a Step Therapy Prescription Program which is part of all medical plans. If you currently have or diagnosed with High Blood Pressure, High Cholesterol or Stomach Acid Conditions, you will be asked to try a step 1 or generic medication first before moving onto other medications. For more complete details as well as list of Step 1, 2 and 3 medications, please contact Cigna at the number listed above.

### What if my spouse works for the district?

If you and your spouse are both employed by the district **and** both eligible for district paid benefits, you can take advantage of a dual-employee credit. The spouse carrying the Family policy will be credited what the district would have paid for the spousal employee if they had independently selected that policy. At no time will the District contribute more than 100% of the total CIGNA Monthly Plan Cost. Any premium over and above the credit will be payroll deducted from the employee who has opted for the family policy. The other employee will be waived for benefits in our payroll system.

Dual Employee Credit			
	Cost Manager HMO CMG	OAP	OAP w/Out of Network Option
Dual Employee Credit	409.04	412.89	412.89

## 2008 – 2009 Plan Year Medical Options At A Glance

	HMO Low Option	OAP In-Network Only	OAP	
			In-Network	Out-of-Network
<b>General Services</b>				
Preventive Care	\$20.00 copay	\$20.00	\$20.00	Not covered
Primary Care Physician Services	\$20.00 copay	\$20.00	\$20.00	40% after deductible
Specialty Care Physician Services	\$40.00 copay	\$40.00	\$40.00	40% after deductible
<b>Emergency Care</b>				
Physician's office	\$20/\$40 copay	\$20/\$40 copay	\$20/\$40 copay	40% after deductible
Other Facility – ER/ Subscriber copay (waived if admitted)	\$100 copay	\$100 copay	\$100 copay	Treated as In-Network if CIGNA criteria is met.
Contracted Urgent Care	\$50 copay	\$50 copay	\$50 copay	
<b>Deductibles</b>				
Deductible	Individual \$500.00*	None	None	\$500*
	Family \$1,000.00*	None	None	\$1,000*
<b>In-Patient/Out-Patient Services</b>				
Outpatient Lab and X-ray MRI/CAT and PETT Scans	No copay 80% after deductible	No copay No charge	No copay No charge	40% after deductible 40% after deductible
Inpatient Facility Charges	80% after deductible	\$250.00 copay per admission	\$250.00 copay per admission	40% after deductible
Inpatient Physician and Surgeon's Services	No copay	No copay	No copay	40% after deductible
Outpatient Surgery	80% after deductible	\$125.00 copay	\$125.00 copay	40% after deductible
<b>Out-of-Pocket Maximums</b>				
Coinsurance Out of Pocket Covered Expense maximum before 100% (Individual and/or Family)	\$3,000 Individual \$6,000 Family Unlimited lifetime benefit	\$1,500 Individual \$3,000 Family Unlimited lifetime benefit	\$3,250 Individual \$6,500 Family Unlimited lifetime benefit	\$6,500 Individual \$13,000 Family \$1,000,000 lifetime maximum benefit
<b>Maternity</b>				
Pre & Postnatal Exams (after pregnancy has been determined)	No copay (after initial visit)	No copay (after initial visit)	No copay (after initial visit)	40% after deductible
Delivery	80% after deductible	\$250.00 copay	80% after deductible	40% after deductible
<b>Prescription Drugs</b>				
Subscriber payment for monthly supply (only through participating pharmacies)	\$10 Generic \$20 Preferred Brand \$40 Non Pref. Brand	\$10 Generic \$30 Preferred Brand \$45 Non Pref. Brand	\$10 Generic \$30 Preferred Brand \$45 Non Pref. Brand	Covered In-Network Only
Formulary	Open	Open	Open	N/A
Mail Order Drugs	\$25 Generic \$55 Preferred Brand \$115 Non Pref.Brand	\$25 Generic \$85 Preferred Brand \$130 Non Pref.Brand	\$25 Generic \$85 Preferred Brand \$130 Non Pref.Brand	Covered In-Network Only
<b>Equipment and Devices</b>				
Durable Medical Equipment	No copay Max \$3,500	No Copay Max \$3,500	No Copay Max \$3,500	Covered In-Network Only
External Prosthetics (\$1,000 maximum benefit)	\$200 deductible	\$200 deductible	\$200 deductible	Covered In-Network Only

\*Deductible does not apply to out of pocket maximum

## ■ DENTAL ■

**Total Dental Administrators**  
**602-266-1995**  
[www.totaldentaladmin.com](http://www.totaldentaladmin.com)

<b>TDA EMPLOYEE MONTHLY PREMIUMS</b>		
	<b>Prepaid</b>	<b>PPO</b>
Employee Only	\$0.00	\$18.84
Employee & Spouse	\$10.89	\$47.23
Employee & Child(ren)	\$14.58	\$60.42
Employee & Family	\$20.59	\$86.33

### **TDA PREPAID DENTAL PLAN (DMO)**

- Provides benefits at contracted dental offices.
- Members must select a dentist and all family members must select the same dentist.
- Preventative services are paid at 100%.
- Other services members pay a co-payment and the insurance company pays the remaining fees.
- Members can change dentists during the year by contracting the TDA Member Services Department.
- Members will not be reimbursed for treatment by a provider other than their selected dentist.

### **TDA PPO DENTAL PLAN**

- Provides benefits at dental offices. More benefits offered for those that contract with TDA.
- Each family member can select a different office.
- Preventative services are paid at 100%.
- Other services are subject to a deductible and then member pays percentage of costs.
- If out-of-network dentist is used, member is responsible for any cost above the 'customary and usual'

<b>Dental Benefits At A Glance</b>				
	<b>DHMO/Pre-Paid Benefits</b>		<b>PPO Benefits</b>	
	<b>In-Network Only</b>		<b>In-Network</b>	<b>Out-of-Network</b>
Deductible (July 1 – June 30)	None		\$50	
Number of Deductibles Per Family	None		3	
Annual Maximum	None		\$1,000	
Class I – Preventive /Diagnostic	100%		100%	
Class II – Basic (Includes Endodontics & Periodontics)	<b>Co-Payment Examples</b> RCT-Molar \$395, RCT-Anterior \$175		90%	80%
Class III – Major (Includes Crowns, Bridges, Dentures)	<b>Co-Payment Examples</b> Crown-Porcelain-high noble metal \$375		60%	50%
Class IV – Orthodontics (Children only)	<b>Co-Payment Examples</b> Comprehensive – Child \$2,975 Comprehensive – Adult \$3,200		50% <b>Children Only</b>	
Class IV – Lifetime Maximum	Limited Ortho – Child \$2,550 Limited Ortho – Adult \$2,700 Comprehensive – Child \$2,975 Comprehensive – Adult \$3,200		\$1,000 <b>Children Only</b>	
Emergency Palliative	\$15		100%	



## ■ VISION ■

**Avesis.**

866-376-9478

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

AVESIS EMPLOYEE MONTHLY PREMIUMS	
Employee	\$ 6.47
Employee & Children	\$ 13.32
Employee & Spouse	\$ 12.22
Employee & Family	\$ 17.14

**In-Network Benefits:**

- \$10 co-pay for an exam
- \$10 co-pay for materials (frames and lenses) subject to the plan allowance
- Exam and lenses every 12 months
- Frames every 24 months
- Contact lens allowance of \$130, including fitting and evaluation, in lieu of frames and lenses
- Medically necessary contact lenses covered at 100%
- 20% off the providers usual & customary fees for additional purchases or add-ons to standard lenses
- LASIK benefit of \$150 allowance toward LASIK at an Avesis contracted LASIK provider. One time (lifetime) benefit for one or both eyes and it takes the place of all other benefits for that plan period.

**Out-of-Network Benefits:**

The plan provides allowances towards your exam and materials if you choose an out-of-network provider. Contact Avesis for more details.

## ▪ SHORT TERM DISABILITY ▪

**Assurant, Inc.**

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

- Income replacement if you are unable to work because of an injury or illness.
- May select a disability benefit up to 66% of your base salary (to a maximum of \$7,500 per month).
- Pre-existing conditions treated 12 months prior to the effective date will not be covered in the next 12-months. For example, if you are pregnant on the date your insurance became effective, the pregnancy is considered a pre-existing condition.
- Injury or illness caused during the course of your employment is not covered under this policy.
- All employees are automatically enrolled into Long-term disability with Arizona State Retirement System (ASRS)

### **Current employees**

- Already enrolled? May increase coverage one level, not to exceed 66% of their annual salary during open enrollment only.
- Previously waived this coverage and enrolling now? Will be required to submit proof of medical insurability.

### **NEW employees**

- Guaranteed eligibility during the initial eligibility period (30 days form date of hire) up to \$5,000 per month.
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Annual salary	Benefit Amount	Monthly Premium	Annual salary	Benefit Amount	Monthly Premium	Annual salary	Benefit Amount	Monthly Premium
\$5,400	\$300	\$6.12	\$48,600	\$2,700	\$55.08	\$91,800	\$5,100	\$104.04
\$7,200	\$400	\$8.16	\$50,400	\$2,800	\$57.12	\$93,600	\$5,200	\$106.08
\$9,000	\$500	\$10.20	\$52,200	\$2,900	\$59.16	\$95,400	\$5,300	\$108.12
\$10,800	\$600	\$12.24	\$54,000	\$3,000	\$61.20	\$97,200	\$5,400	\$110.16
\$12,600	\$700	\$14.28	\$55,800	\$3,100	\$63.24	\$99,000	\$5,500	\$112.20
\$14,400	\$800	\$16.32	\$57,600	\$3,200	\$65.28	\$100,800	\$5,600	\$114.24
\$16,200	\$900	\$18.36	\$59,400	\$3,300	\$67.32	\$102,600	\$5,700	\$116.28
\$18,000	\$1,000	\$20.40	\$61,200	\$3,400	\$69.36	\$104,400	\$5,800	\$118.32
\$19,800	\$1,100	\$22.44	\$62,000	\$3,500	\$71.40	\$106,200	\$5,900	\$120.36
\$21,600	\$1,200	\$24.48	\$64,800	\$3,600	\$73.44	\$108,000	\$6,000	\$122.40
\$23,400	\$1,300	\$26.52	\$66,600	\$3,700	\$75.48	\$109,800	\$6,100	\$124.44
\$25,200	\$1,400	\$28.56	\$68,400	\$3,800	\$77.52	\$111,600	\$6,200	\$126.48
\$27,000	\$1,500	\$30.60	\$70,200	\$3,900	\$79.56	\$114,400	\$6,300	\$128.52
\$28,800	\$1,600	\$32.64	\$72,000	\$4,000	\$81.60	\$115,200	\$6,400	\$130.56
\$30,600	\$1,700	\$34.68	\$73,800	\$4,100	\$83.64	\$117,000	\$6,500	\$132.60
\$32,400	\$1,800	\$36.72	\$75,600	\$4,200	\$85.68	\$118,800	\$6,600	\$134.64
\$34,200	\$1,900	\$38.76	\$77,400	\$4,300	\$87.72	\$120,600	\$6,700	\$136.68
\$36,000	\$2,000	\$40.80	\$79,200	\$4,400	\$89.76	\$122,400	\$6,800	\$138.72
\$37,800	\$2,100	\$42.84	\$81,000	\$4,500	\$91.80	\$124,200	\$6,900	\$140.76
\$39,600	\$2,200	\$44.88	\$82,800	\$4,600	\$93.84	\$126,000	\$7,000	\$142.80
\$41,400	\$2,300	\$46.92	\$84,600	\$4,700	\$95.88	\$127,800	\$7,100	\$144.84
\$43,198	\$2,400	\$48.96	\$86,400	\$4,800	\$97.92	\$129,600	\$7,200	\$146.88
\$45,000	\$2,500	\$51.00	\$88,200	\$4,900	\$99.96	\$131,400	\$7,300	\$148.93
\$46,800	\$2,600	\$53.04	\$90,000	\$5,000	\$102.00	\$133,200	\$7,400	\$150.96

## ▪ DISTRICT PAID LIFE INSURANCE ▪

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Dysart Unified School District provides Group Term Life Insurance and Accidental Death and Dismemberment Insurance through USABLE Life.

### **Most Employees:**

Life Insurance equal to ONE time your annual base salary to a maximum of \$100,000.

Accidental death and dismemberment insurance in an amount equal to ONE time your annual base salary to a maximum of \$100,000.

### **Principals, Assistant Principals, Directors & Cabinet Members:**

Life Insurance equal to two times their annual base salary to a maximum of \$400,000.

Accidental death and dismemberment insurance in an amount equal to two times their annual base salary to a maximum of \$400,000.

### **Dependant Coverage:**

A dependant life policy of \$1,000 is available for your spouse, dependant children under the age of 19 or dependant children who are full-time students through the age of 24.

### **The Fine Print:**

Life and Accidental Death and Dismemberment Insurance benefits will reduce by 35% at age 65, and 50% at age 70, and benefits terminate at retirement. Dependent Life Coverage for employee's spouse will be reduced by 50% when the spouse reaches age 65.



Employees must be actively at work and eligible for all other coverage in order to be eligible for the district-paid life insurance policy.

## ■ SUPPLEMENTAL LIFE INSURANCE ■

### **Assurant**

1-800-733-7879

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

- Eligible for up to five times your annual base salary, not to exceed \$500,000.
- May cover spouse for up to half the employee amount
- May cover your children for \$1,000, \$5,000 or \$10,000 dollars (premium is per policy, NOT per child).

### **Current employees**

- Already enrolled – May increase or decrease coverage. If amount exceed guarantee issue amounts of \$150,000 for the employee and \$50,000 for the spouse, you will be required to submit proof of medical insurability.
- New enrollees – Will be required to submit proof of medical insurability.

### **NEW employees**

- Guaranteed eligibility during your initial eligibility period (30 days from date of hire) up to \$150,000 for the employee and \$50,000 for spousal coverage.

<b>SUPPLEMENTAL LIFE INSURANCE</b>			
<b>Monthly Premium Examples</b>			
	<b>Employee</b>	<b>Employee</b>	<b>Spouse</b>
<b>AGE</b>	<b>\$150,000</b>	<b>\$100,000</b>	<b>\$50,000</b>
20-29	\$6.60	\$4.40	\$3.30
30-34	\$9.90	\$6.60	\$4.40
35-39	\$9.90	\$6.60	\$5.50
40-44	\$19.95	\$13.30	\$7.75
45-49	\$26.55	\$17.70	\$13.25
50-54	\$49.80	\$33.20	\$23.20
55-59	\$92.85	\$61.90	\$43.10
60-64	\$135.90	\$90.60	\$65.20

Benefits limited to 5 times annual base wage, not to exceed \$500,000 amount

<b>EMPLOYEE SUPPLEMENTAL AD&amp;D</b>			
<b>MONTHLY PREMIUM EXAMPLES</b>			
<b>AGE</b>	<b>\$150,000</b>	<b>\$100,000</b>	<b>\$50,000</b>
< 30	\$3.90	\$2.60	\$1.30
30-64	\$7.80	\$5.20	\$2.60
65+	\$11.70	\$7.80	\$3.90

<b>CHILDRENS LIFE INSURANCE</b>	
<b>Benefit</b>	<b>Premium</b>
\$1,000	\$0.18
\$5,000	\$0.91
\$10,000	\$1.82

Premium is per Family

# ▪ FLEXIBLE SPENDING ACCOUNT ▪

## **Select Data Service Administrators**

**1-888-698-1429**

<http://www.selectdataservice.com>

## **What are Flexible Spending Accounts or FSA's?**

Flexible Spending Accounts allow you to put money aside on a before-tax basis; the Health Care Spending Account for eligible health care expenses and the Dependent Care Spending Account for eligible dependent care expenses (e.g. for child day-care). The money is taken from your check and deposited into an account that is managed by a third-party administrator.

## **What types of FSA's are available?**

- 
- **HEALTH CARE SPENDING ACCOUNT (Medical Reimbursement Account)**
- Set from \$100 to \$3,000 per year into the account, pre-tax dollars!
- Can cover IRS allowable dependants from this account. They do NOT have to be enrolled on any of our policies. For example, if you *could* enroll your children into our benefit plans but choose not to, you can still use this account for their out-of-pocket medical expenses as well.
- Money is available immediately from this account. For example, you can set aside \$3,000 into an account and have Lasik surgery done in August. You will continue to pay the money into the account on a pre-tax basis, even though you have already spent it!
- Can purchase a convenient debit card to use wherever Visa is accepted. This makes your money immediately accessible and you do not have to submit receipts. The card is offered at the low price of \$3 per month.

## **DEPENDENT CARE SPENDING ACCOUNT**

- Set from \$100 to \$5,000 per year into the account (married, filing jointly, or head of household) or between \$100 and \$2,500 per year (married, filing separately).
- Dependent day care expenses for children under age 13 or disabled family members who qualify.
- Only the amount deposited in the account is available for your use
- The debit card is not available for the Dependant Care Spending account.
- When submitting receipts for reimbursement, care giver must provide their social security number or tax-identification number. The FSA Administrator is required by law to submit this information to the IRS.
- Depending on your personal income tax situation, you may get a greater tax savings with the childcare credit than the Dependent Care Spending Account. Ask your tax advisor which alternative is best for you.

## **Why should I consider putting money aside in a FSA?**

Because the money is put aside BEFORE taxes, you save on every dollar you spend. For example, if you pay your child care or health care provider \$100 after you have received your paycheck, you probably had to earn \$125, which is taxed, to bring home the \$100. Because the money put in these accounts is pre-tax, it is like getting a 20-30% discount on health care or dependent care expenses.

## **How do I access money once it has been deposited in a Flexible Spending Account?**

You may file a claim by submitting receipts to the administrator or use a debit card to access your medical spending account funds.

## **How long do I have to spend this money?**

You may file a claim for any expense incurred from July 1, 2008 – August 31, 2009. You will have until September 30, 2009 to file the claim.

## **Must I use the Debit Card?**

No. You may file claims manually. Claim forms can be mailed or faxed toll-free (1-888-877-4747) and Select Data Service Administrators will reimburse you. Claim forms can be found on Select Data Service Administrators website or simply send an e-mail to [benefits@dysart.org](mailto:benefits@dysart.org). We'll be happy to send one to you.

**What happens if I have money in my Flexible Spending Account at the end of the plan year?**

The IRS requires that you forfeit any money left in your Flexible Spending Account after August 30, 2009. To avoid forfeiting money, you should carefully estimate your uninsured health care expenses and your employment related dependent care expenses before electing contribution amount(s).

**What if I leave employment with Dysart?**

You must incur the expense by the last day of your employment. For example, if you resign on October 11<sup>th</sup>, you will have until October 11<sup>th</sup> to have incurred the expense. You will then have 60 days from the date of your termination for reimbursement.

**Can I change my contributions to a Flexible Spending Account during the year?**

After Open Enrollment, you may change your election if certain life status events occur and you must make these changes within 31 days of the event.

**Can I get more information regarding what is allowable and what is not?**

Refer to IRS Publication 503 at [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf) for the most up-to-date description of eligible and ineligible dependent care expenses. If you would rather just talk with a person about allowable expenses, please call our administrator, Select Data Services for more clarification.

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## **IF YOU CHOOSE A FSA DEBIT CARD. . .**

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**Do I always send my receipts and the reimbursement form after I use my FSA Debit Card?**

The IRS has set specific requirements for receipt submission when the FSA Debit Card is used. There are only a handful of times you will not have to submit receipts. When physician and pharmacy co-pays match your employer's health care plan, receipts are generally not required. If you use a retailer that is using the IIAS system, you will not be required to submit receipts. All other uses of the card will require you to submit your receipts.

**What type of merchant's will allow me to use the FSA Debit Card?**

As of January 1, 2008, grocery, discount and drug stores must have an IIAS inventory control system in place. This allows the merchant to identify over-the-counter purchases as an eligible FSA expense. If you purchase items with your FSA Debit Card at a merchant using the IIAS system, you will NOT need to submit additional documentation. If you try to use your FSA Debit Card at a merchant that does not have the IIAS system your FSA Debit Card will not work. You will have to pay for the items out-of-pocket and submit a claim form for these items.

**What should I always remember with the FSA Debit Card?**

- Keep your receipts/documentation, just in case.
- Submit the reimbursement form and receipts within 15 days of using your FSA Debit Card if it is for an expense that doesn't match our medical/pharmacy co-pays.

**What are some reasons my FSA Debit Card didn't work?**

- Your provider's card terminal may not be set up with a medical provider code
- The merchant may not have an IIAS system in place
- You may have reached your FSA limit.
- You have outstanding charges for which you have not submitted documentation.

**What happens if I forget to send in receipts?**

SDSA will send you a letter stating that Dysart needs to document your use of the FSA Debit Card. If receipts are received, your card will be de-activated or 'turned off'. You will not longer be able to use the card until the documentation is received or you reimbursed the fund for your expenditures.

**This seems like a lot of work, why should I get a FSA Debit Card?**

The FSA Debit Card allows you immediate access to your money. For example, you need to purchase new contact lens or have another procedure done at your dentist office that does not fall into a normal co-pay amount. You will have access to your flexible spending account money with the understanding further documentation may be required in the future.

# Flexible Spending Account Worksheet

Flexible spending accounts are a great way to pay for predictable, eligible health care expenses that comply with our plan. This means things like co-payments, deductible or co-insurance amounts or certain over the counter medications or medical supplies are also eligible. Some of the allowable expenses are listed here. For a more complete list, contact Select Data Service Administrators at [http://www.selectdataservice.com/Whats\\_Eligible.cfm](http://www.selectdataservice.com/Whats_Eligible.cfm)

- |  |  |                            |
|--|--|----------------------------|
| Orthodontia                            | Dentures                                 | Medical/Dental co-payments |
| Medical/Dental deductibles             | Hearing Aids                             | Medical Equipment          |
| Acupuncture                            | Laser Eye Surgery                        | Contact Care Supplies      |
| Eye glasses/Contacts                   | Psychiatric Care                         | Birth control or vasectomy |
| Over the Counter Medicines (OTC)       | Antacids, intestinal medicine (OTC)      | Allergy medicines (OTC)    |
| Pain relievers or topical creams (OTC) | Cough syrups or drops (OTC)              |                            |
| Nicotine gum, patches, lozenges (OTC)  | Bandages, creams or first aid kits (OTC) |                            |

Dependant Care Spending Account is a great way to pay for qualified dependant care. Remember that you may only request reimbursement with a receipt that contains the care providers tax identification number or social security number. Dependents must be under the age of 13 and claimed on your income tax.

## ESTIMATE YOUR POTENTIAL SAVINGS WITH A FLEXIBLE SPENDING ACCOUNT

MEDICAL REIMBURSEMENT ACCOUNT		
Qualified Expenses		
1	Dr. Office Copays	+
2	Prescription Copays	+
3	Hospital or Out-patient Surgery Copays	+
4	Out-of-Network Deductibles	+
5	Alternative Health Care Costs <sup>1</sup>	+
6	Cost of Over the Counter Medications	+
7	Dental Insurance Copays	+
8	Dental Insurance Deductibles & Coinsurance	+
9	Orthodontic Costs	+
10	Copays for Eye Exams, Glasses or Contacts	+
11	Other Medical Expenses	+
12	Other Medical Expenses	+
13	Other Medical Expenses	+
14	Total Qualified Expenses <i>Add lines 1 through 13</i>	=
15	Maximum Withholding for Medical Reimbursements <i>Line 14 or \$3000, whichever is less</i>	
16	Contribution per Pay Period <i>Divide line 15 by # of Pays remaining</i>	/
17	<b>Maximum Amount to Withhold per Paycheck</b>	=

DEPENDENT CARE REIMBURSEMENT ACCOUNT		
Calculation Method One - \$5000 or more in annual daycare expenses		
1	Maximum Annual Deduction	\$5,000
2	Number of Pay Periods Remaining	/
3	Contribution per Pay Period	\$250
	Approximate Annual Savings	x .28
4	<i>Multiply line 1 by .28</i>	\$1,400.00

Calculation Method Two - Less than \$5000 in annual daycare expenses		
5	Total Day Care Cost	
6	Contribution per Pay Period <i>Divide line 5 by # of pays remaining</i>	/
7	<b>Maximum Amount to Withhold per Paycheck</b>	

Approximately Annual Savings		
8	<i>Enter Amount from Line 5</i>	
9	<i>Multiply line 8 by .28</i>	x .28
10	Approximate Annual Savings	

**F.Y.I.** You cannot use a flexible spending account for elective surgery or cosmetic procedures such as laser hair removal, botox injections, tooth whitening or veneers. Contact our administrator if you are in doubt. (Sorry about that but we thought you should know.)

Approximate Annual Savings		
18	<i>Enter Amount from Line 14</i>	
19	<i>Multiply line 18 by .28</i>	x .28
20	Approximate Annual Savings	=

<sup>1</sup> Chiropractic, Acupuncture, Naturopathic, etc.

## ▪ RETIREMENT ▪

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### **Arizona State Retirement System(ASRS)**

**602-240-2000**

**www.azasrs.gov**

### **What is the Arizona State Retirement System (ASRS)?**

The ASRS is a pension program. State employees contribute a percentage of their earnings to the ASRS fund. Dysart Unified School District matches your contribution dollar for dollar.

### **Who has to participate in the ASRS?**

All employees who are hired to work 20 or more weeks per year, for 20 or more hours per week must participate in the ASRS. There is not an option to decline enrollment into this benefit.

### **What services does ASRS provide?**

The ASRS provides retirement benefits, long-term disability, retiree health insurance, retiree health insurance premium supplement and survivor benefits.

### **How much is my contribution into ASRS?**

All employees who meet the eligibility requirements will be required to contribute 9.9% of their earnings into their ASRS account. 9.1% of the contribution is for their retirement account. The remaining .5% or one-half percent is for our Long-Term Disability benefit.

### **What is the Long-Term Disability benefit?**

ASRS provides long-term disability coverage for any contributing employee who has been unable to work due to a medical disability for over six months. Benefits are normally 66% of their annual gross salary.

### **What if I leave employment with Dysart Unified School District (DUSD)?**

You can leave the money you have contributed to the ASRS in the system. This is especially beneficial if you may work for another State of Arizona employer in the future. Another option is to roll your contributions into a tax-deferred account such as an IRA account. You may also opt to cash out your account. Before making a decision, you are encouraged to meet with a tax advisor to understand the laws and regulations regarding your contributions.

### **If I leave employment, what happens to the money that DUSD contributed on my behalf?**

If you leave employment with less than 5 years of service, DUSD's contributions are absorbed back into the fund. After 5 years of service, 25% of their contributions will be added to your final account balance. You gain ownership in the DUSD contributions on an incremental basis, becoming 100% vested after 10 years of service.

### **How do I get more information about ASRS and how it will fit into my retirement planning?**

You are encouraged to contact ASRS directly at the number and website above. The website has an employee manual for your review as well as other fact sheets. They also hold classes throughout the year for employees to better understand this important benefit.

### **I'm getting ready to retire, what should I do?**

Please contact ASRS at least 90 days before your retirement date. They can assist you with the process to insure you take maximum advantage of your benefits. Classes and other resources are available to help you make the best decisions for you and your family.



## ▪ 457 RETIREMENT SAVINGS PLANS ▪

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### **ING Financial Advisors**

**602-795-6601**

**Harry Treadwell**

### **What is a 457 Plan?**

The 457 plan is a school-sponsored, tax advantaged defined contribution retirement plan that is available for Dysart employees. We provide the plan and the employee defers compensation into it on a pre-tax basis.

### **When can I enroll into a 457 plan?**

Unlike our other benefits package, enrollment is open throughout the year for the 457 plan. You can begin contributing, change your elections or stop your contributions at any time through the year.

### **What makes a 457 plan different from an IRA or traditional 401(k) plan?**

If you leave employment with DUSD or decide to retire early, you can draw from this account without any early withdrawal tax-penalty. Remember, the money will be subject to regular taxation but you are not penalized for taking the money early.

### **Who controls my money?**

You control the money and where it is invested. There are numerous funds that you pick and choose so your money is completely under your control.

### **There are so many more questions about this and my financial future, is there anyone who can help me?**

Harry Treadwell, our ING representative, will be able to assist you with any of your questions. Please contact him at the number above.

## ▪ 403(B) RETIREMENT SAVINGS PLANS ▪

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Because of changes in the IRS Regulations that will take effect on January 1, 2009, Dysart will not be accepting new enrollment requests into the 403b programs at this time. Enrollment will begin again in October or November 2008.

# ▪ COBRA ▪

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## **BASIC Administrators** **269-267-1922**

### **What is COBRA?**

COBRA is a federal law that gives employees the opportunity to continue coverage through the Dysart's group insurance plans at the employee's expense for up to 18 months.

### **How do I continue coverage with Dysart Unified School District ?**

When you or a dependent lose medical, dental or vision plan coverage our COBRA Administrator will send you COBRA enrollment materials to your last known address.

### **What benefits may I continue via COBRA?**

You may continue the benefits in which you were enrolled at the time your coverage was lost. However, at Open Enrollment, you may elect to enroll or change in any of the benefits for which you were eligible at the time you lost your coverage.

### **Who is eligible for benefits under COBRA?**

If you or any eligible dependents were covered under our benefits program as an employee, you and your dependants are eligible to continue coverage.

### **What is the initial enrollment process into COBRA?**

When you separate from the Dysart or you lose benefits due to an employment change, i.e. going from full-time to a part-time status, our COBRA administrator will send you COBRA enrollment materials to continue your coverage. You will then have 60 days from the date your benefits terminated to elect continuing coverage. Your COBRA coverage will be retroactive to the date your coverage would have terminated. You may elect to continue your medical, dental and/or vision coverage.

### **What if I would like to change plans?**

When you elect COBRA, you will be covered under the same plan you had as an employee (unless you move out of the area and your current plan does not have coverage in your new location). You cannot make changes until the next Open Enrollment period, unless you experience a life or family status change.

### **What if I am late enrolling into COBRA?**

It is your responsibility to insure you respond to the COBRA notification and meet all the deadlines referred to in the information. The guidelines and law are very clear regarding the deadlines for enrollment. If you do not meet these deadlines, you will not be allowed to enroll.

### **What if I do not receive my COBRA notification via US mail?**

You should contact BASIC Administrators immediately at the number listed above to request new information be sent. While the HR-Benefits Team are always happy to take your calls, almost in every case, we will have to refer you to BASIC.

### **Why is COBRA coverage so expensive?**

Because you are now paying the total cost for coverage. This is the cost that the district has paid for the coverage during your employment at Dysart. In most cases, the cost of the coverage is only increased by 2%, as allowed by federal law, to recover the administration costs of managing your COBRA policy.

<p><b><u>Remember</u></b> – This is merely an overview regarding COBRA and its related regulations. Other portions of the law may apply to you that are not listed above. You are encouraged to contact BASIC Administrators if you have specific questions regarding your situation.</p>
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## ▪ BENEFITS CONNECT ▪

Benefits CONNECT™ is an online enrollment system customized specifically for the Dysart Unified School District that all employees will use to enroll in their benefits or check what plans they have selected throughout the year.

**Step #1 – Get to the site!** You can go to the website while at the district or from any internet accessible computer.

**While on the Dysart network, go to our home page**

<http://intranet.dysart.org>

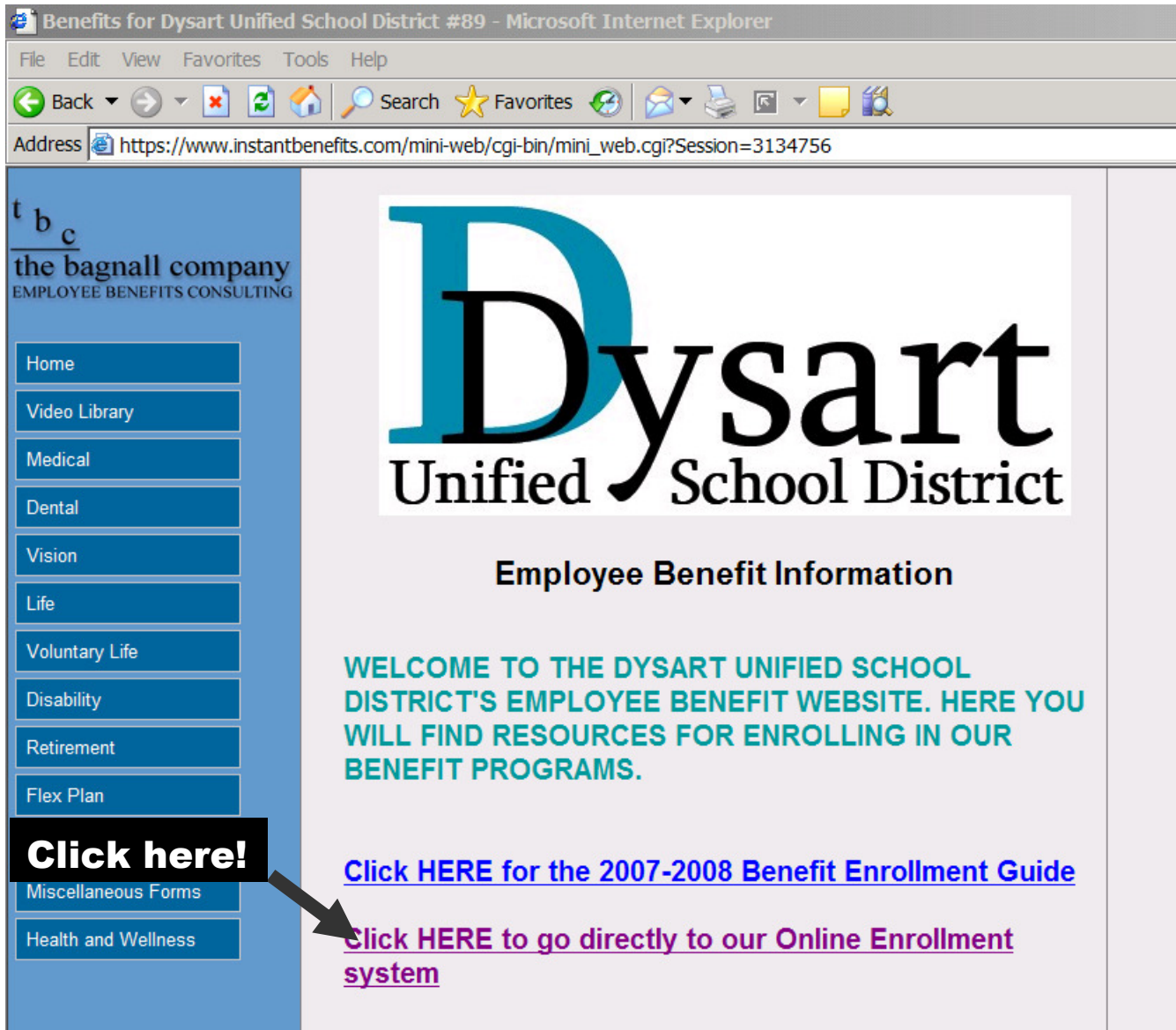
**Click here!**

**OR . . . While on a computer that can access the internet,**

[www.dysart.org](http://www.dysart.org)

**Click here!**

**Now log onto the system:**



**You can always go directly into the system using the following web address:**

<https://www.benefitsconnect.net/dysartschool>

*(But going to dysart.org seems easier to remember!)*

**F.Y.I.** Do not get ahead of yourself, your log on ID and password are very different from what you normally use. Keep on reading!

**Step #2 – Create your log-on ID!** Your log-on ID follows a specific formula.

The User I.D. consists of:

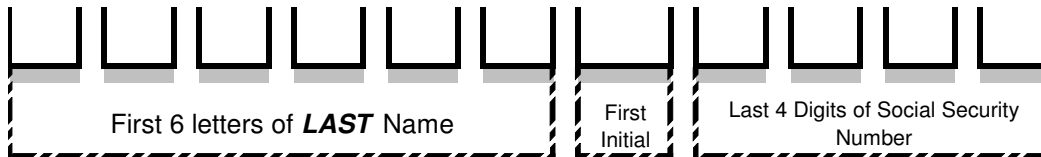
First 6 letters of last name + First letter of First name + Last 4 digits of SSN

For example: Michael Lee, SSN 123-45-6789 has the User ID: **leem6789**  
Janice von Smitz, SSN 987-65-4321 has the User ID: **vonsmiJ4321**  
Linda Perez-Walters, SSN 421-58-4567 has the User ID: **walterl4567**



*Your log in ID has to be ALL lower case letters. Just say no to capitalization!*

**Write in your User ID:**



**Step #3 – Now log onto the system!** You should have been able to get to the system using the instructions above but if you want to get there directly, use this address:

**\*\*Current Employees\*\*** Going through Open Enrollment, your new password was mailed to you!\*\*

**\*\*New Employees\*\*** Remember, your User ID follows the formula listed above. [Your password is your Social Security Number \(with NO dashes\).](#) Don't worry, you will be asked to change your password before you can go further. Your password must contain at least 6 numbers or letters.

Firstname.lastname@dysart.org'. Below the login fields, there are links: 'Click here to download enrollment instructions.' and 'Forgotten your username or password? Click here.'"/&gt;

**Enter your Password.**

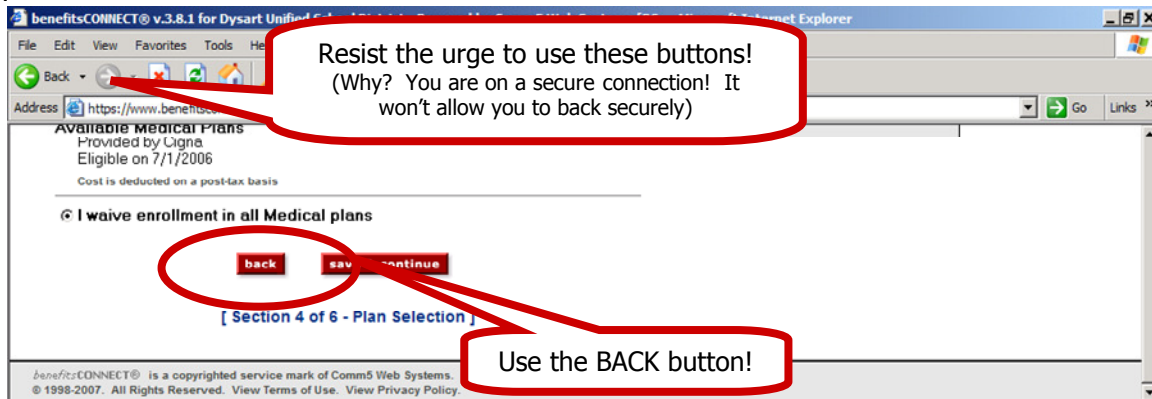
It will **NOT** recognize [abell@dysart.org](#), it must read [anna.bell@dysart.org](#)

Your password is your Social Security Number (with NO dashes). You will be asked to change your password before you can go further. Your password must contain at least 6 numbers or letters.

F.Y.I.

Do not use your internet browser back/forward buttons.

You can use the navigation buttons at the bottom of each page or the links in the gray bar under the Dysart Unified School District logo.



### **Getting started!**

Read the employee usage agreement. You can opt to only review this once and not have it appear again. Now you can go through the process step-by-step, one screen at a time. If you need to stop and return back to the system at a later time, simply hit the log-out button.

### **Go through the enrollment process.**

The website will take you step by step, one screen at a time, to enroll in your benefits for the upcoming year. You must complete all fields that are in Bold type. Please be sure to put in the current date when asked for an effective date of change on any page. When electing benefits, you can view an outline of benefits and a benefit summary by clicking on "View Plan Outline of Benefits" under the benefit title. You will be shown information in the following order:

- 1) **Employee Usage Agreement:** Acknowledgement of electronic signature use.
- 2) **Password Change:** Change to your new password.
- 3) **Personal Information:** Verify your name, date of birth and address. If any of the information is incorrect, please send an e-mail to [benefits@dysart.org](mailto:benefits@dysart.org) to request a correction.
- 4) **Emergency Contact:** Enter at least one emergency contact.
- 5) **Dependents:** Add spouse and children here. You must add your dependents and spouse here to enroll them in benefits.
- 6) **Medical Election:** Choose 1 of the medical plans or waive the benefits.
- 7) **Dental Election:** Choose 1 of the dental plans or waive the benefit.
- 8) **Vision:** Choose vision or waive benefit.
- 9) **Voluntary Short Term Disability:** Choose voluntary short term disability or waive benefit.
- 10) **Basic Life:** Displays amount of coverage. Dysart Unified School District covers the cost of this benefit. Simply enroll in this benefit by clicking the accept button.
- 11) **Basic Dependent Life:** Choose basic dependent life or waive benefit. This is only available if you entered dependents in the system during step 5.

- 12) **Voluntary Life:** Choose the amount of term life benefit either with or without accidental death and dismemberment or waive benefit.
- 13) **Voluntary Dependent Life:** If you enroll in Voluntary Life, you are eligible to choose term life coverage on your dependents, if they are present in the system
- 14) **Flexible Spending Accounts-Medical:** Elect amount for medical spending account, with or without a debit card. You will be assessed a \$30 annual fee for the debit card from the FSA administrator.
- 15) **Flexible Spending Accounts-Dependent Care:** Elect amount for dependent care spending account.

F.Y.I.

*When electing benefits, you can view an outline of benefits and a benefit summary by clicking on "View Plan Outline of Benefits" under the benefits title.*

16) **Beneficiary information:** Add beneficiary.

17) **Consolidated Enrollment Form:**

**You are not enrolled until you hit the "Submit" button at the bottom of this form.**

F.Y.I.

*Adobe Acrobat Reader will be required to view benefit summaries. This can be downloaded from the Employee Benefit Website or at*

<http://www.adobe.com/products/acrobat/readstep2.html>

**To change personal information:** (Emergency Contact, password) Click on the "Personal Information" icon and a drop down list will appear. Click on the appropriate section, change and save your information. Remember the "Profile" information has to be emailed to HR to change.

**To change dependent information:** Click on the "Dependent Information" icon and select to add a spouse or child or click on the dependent you wish to change.

**To change your benefit elections:** Click on the "Benefit Plan Information", click on "Benefit Plan Enrollment", choose from the drop down box the benefit you wish to change and update your enrollment.

F.Y.I.

*When electing benefits, you can view an outline of benefits and a benefit summary by clicking on "View Plan Outline of Benefits" under the benefits title.*

If you have further questions or system problems, please contact Benefits by calling 623-876-7940 or 623-876-7070 or send an e-mail to [benefits@dysart.org](mailto:benefits@dysart.org)