



2024-2025
INSURANCE BENEFITS
ENROLLMENT GUIDE



Glendale Elementary School District No. 40

Dear Employee,

Glendale Elementary School District No. 40 is proud to offer a variety of benefits for you and your dependents. This benefit guide provides a detailed overview of each benefit plan offered to assist you with determining the type of coverage you need. For the 2024-2025 school year, we offer:

- Dental
- 2nd MD
- Employee Assistance Programs (EAP)
- Fitness Engagement
- Fitness Incentive
- Group Accident Insurance
- Group Critical Illness Insurance (includes cancer)
- Group Hospital Indemnity Insurance
- Group Life Insurance
- Flexible Spending Accounts
- Hinge Health
- Identity Protection Services
- Legal Plans
- Medical
- One Pass Select
- Optional Retirement Savings Account
- Parsley Health
- Pet Insurance
- Real Appeal Weight Management Program
- Short-Term Disability Insurance
- Student Loan Debt Relief Program
- Virta Type 2 Diabetes Reversal Program
- Vision
- Voluntary Life and Optional Accidental Death & Dismemberment Insurance (AD&D)
- Wellness Program

Benefit Enrollers are available to assist you with questions and help you complete the online enrollment process. New employees have **31 days** from their hire date to enroll.

Thank you for being a valued employee of our District!

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ABOUT THIS GUIDE

This Guide was prepared to provide information about the insurance benefits offered by the Glendale Elementary School District No. 40.

It is every employee’s responsibility to maintain an accurate and up-to-date mailing address in the Employee Access Web Portal.

Employees should regularly check their GESD email in order to stay informed about their insurance benefits.

Summary Plan Descriptions, coverage certificates, policies, and insurance contracts prevail when questions arise.

All applicable information regarding the insurance programs offered by the District are available on the Employee Benefits website, which is accessible from the District’s home page, www.gesd40.org.

Questions about insurance, disability, and retirement should be directed to Jodi Finnesy, Benefits Analyst, (623)237-7149 or benefitsinfo@gesd40.org.

HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) requires that your health insurance plan limit the release of your health information to the minimum necessary required for your care. If you have questions about your claims, contact your insurance carrier first. If, after contacting the plan administrator, you need a representative from the Employee Benefits to assist you with any claim issues, you may be required to provide written authorization to release information related to your claim. If you would like a copy of the HIPAA Notice of Privacy Practices or if you have any questions, please contact Jodi Finnesy, Benefits Analyst, (623)237-7149 or benefitsinfo@gesd40.org.

Your Annual Enrollment

NOTE: Deductible and out of pocket maximums are on a calendar year schedule, which means these start over every January 1.

New hires

Employees scheduled to work a minimum 30 hours per week or maximum FTE of .75 are eligible for insurance benefits. For employees who work under 30 hours per week, including substitutes and classified employees who work a total of 6 hours per day but one position is not a 6 hour or more position, the District will follow the Patient Protection and Affordable Care Act (PPACA) tracking requirements. Employees eligible under the PPACA may enroll in the medical insurance, only.

New employees have 31 days from their hire date to complete the online enrollment process for their insurance benefits. If benefits are not selected within the 31-day new-hire window, employees will be without insurance until the next school year or if the employee experiences a qualifying event. **There are no exceptions to this rule!**

NOTE: If eligibility changes during the year, you must notify Human Resources within 30 days of the qualifying event. See pages 8-10.

Benefits are effective the first day of the month following the employee's date of hire. The effective date may be retroactive depending on when the employee completes their enrollment and the enrollment record is processed by the carrier(s).

***New Hires** who enroll within their 31-day window have a guaranteed issuance for the Voluntary Short-Term Disability and Voluntary Life Insurance.

The employee's portion of insurance premiums are deducted from the employee's paycheck on a pre-tax basis. Please refer to the Section 125 overview for more information.

All employees are on a 20-deduction schedule which starts August 27, 2024 through June 3, 2025 with no deductions for insurance premiums taken out of the January 14, 2025 paycheck.

All employees are required to access the enrollment module. If you choose not to elect coverages, you must select the waive option for each benefit option.

Eligible dependents are a legally married spouse and children up to age 26 who you claim as a dependent on your tax return who are biological, step, adopted, foster or have been court-awarded a guardian.

Who is Eligible?

Employees are eligible to participate in the District's benefit plans as of the first day of the month following their date of hire.

Benefit eligible employees can also extend medical, dental, vision, and supplemental plans to their eligible dependents.

When are changes allowed?

Benefit plans are administered on a "policy year basis" – from July 1 through June 30 of each year. Thus, the elections you make during Open Enrollment are effective July 1, 2024, through June 30, 2025.

Because some of the benefits elected are offered on a pre-tax basis, the Internal Revenue Service (IRS) does not allow changes to these benefit elections outside of the annual Open Enrollment period unless there is a qualified "change in status event". Please see the Summary Plan Document (SPD) or information on the district's website under Benefits, or call Human Resources with questions.

Disclaimer

The Benefit Enrollment Guide is an overview solely for informational purposes. GESD assumes no responsibility for any circumstances arising out of the use, misuse or interpretation of this guide. The Summary Plan Document (SPD) supersedes the Benefit Enrollment Guide. Members should refer to the District's SPDs for a description of benefits, limitations and exclusions.



If you have any questions, contact Human Resources to verify your dependent(s) eligibility.

You may be asked to provide proof in support of your dependent(s) eligibility.

How to Enroll

How to Enroll

Glendale Elementary makes it easy for you to enroll in your benefits with two options to complete your annual enrollment; self-enroll or enroll with a Benefit Enroller. Whichever method you choose, you MUST re-enroll each year to keep your coverage.

Benefit Enroller

See your Colonial Life Benefit Enroller during your enrollment to complete your benefit elections and discuss the options that are available to you.

Self-Enroll

Employees can self-enroll through the Employee Access web portal. Additional instructions for using the web portal can be found on the Employee Benefits website.

The Employee Access icon is located on the District's Intranet webpage. After clicking on the icon, employees must use their network login to access their Employee Access account. Once logged in, select "Benefits", then "Enrollment."

For dependent coverage, you will need the date of birth and social security number for each person you want to add to your insurance.

What to bring to the Appointment

- Driver's License
- Spouse and children's date(s) of birth and Social Security number(s) if considering coverage for dependents
- Beneficiary information, including (if a trust) full name and date of trust.

Section 125 Overview

Section 125 Plan

Premiums for medical, dental, and vision insurance, and certain supplemental policies and contributions to FSA accounts (Health care and Dependent Care Spending Accounts) are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Service Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to your pre-tax benefits can be made **ONLY** during the Open Enrollment period unless you or your qualified dependents experience a qualifying event and the request to make a change is made within 30 days for the qualifying event.

Qualifying Events

Under certain circumstances, you may be allowed to make a change to your benefits elections during the plan year, if the event affects your own, your spouse's, or your dependent's coverage eligibility. An "eligible" qualifying event is determined by the Internal Revenue Service (IRC) Code, Section 125.

Examples of Qualifying Events:

- You get married or divorced
- You have a child, gain legal custody or adopt a child
- Your spouse and/or other dependent(s) death
- You, your spouse, or dependent(s) terminate or start employment
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Gain or lose Medicare coverage
- Losing eligibility under a State Medicaid or CHIP program (60-day notification period)
- Becoming eligible for State premium assistance under Medicaid (60-day notification period)

Important Note:

If you experience a qualifying event, you must contact the Benefits Team at Benefitsinfo@gesd40.org within 30 days of the qualifying event to make the appropriate changes to your coverage.

Life Status Change Guide



Change of Status	Changes to Coverage	Documents Required
Birth, Adoption or Legal Guardianship/Custody of Child	<ul style="list-style-type: none"> • New dependents may be added to existing medical, dental and vision coverages • Dependent child life insurance coverage can be added or increased • Health and childcare reimbursement accounts may be added • No other changes can be made 	<ul style="list-style-type: none"> • Birth certificate • Hospital records or documents • Court documents
Spouse or Dependent child becomes eligible under another Group Insurance Plan	<ul style="list-style-type: none"> • Spouse or child can be dropped from medical, dental and vision • No other changes can be made 	<ul style="list-style-type: none"> • Copy of enrollment form • Online Enrollment Confirmation
Dependent child becomes ineligible due to marriage or reaching age 26	<ul style="list-style-type: none"> • Dependent child must be dropped from medical, dental and vision • Dependent child must be dropped from supplemental life insurance • Dependent child may be able to continue coverage via COBRA • No other changes can be made 	<ul style="list-style-type: none"> • Marriage certificate • 26th Birthday of Dependent
Divorce, Annulment or Legal Separation	<ul style="list-style-type: none"> • Spouse and spouse's children/step children will be dropped from coverage • Spouse and spouse's children/step children may be able to continue coverage via COBRA • Existing dependent or spousal life insurance will be dropped • No other changes can be made 	<ul style="list-style-type: none"> • Court documents • Divorce decree
Marriage	<ul style="list-style-type: none"> • Spouse and spouse's children/step children can be added to medical, dental and vision • Dependent supplemental life can be added • Spouse's supplemental life can be added and may require evidence of insurability • No other changes can be made 	<ul style="list-style-type: none"> • Marriage certificate

Life Status Change Guide



Change of Status	Changes to Coverage	Documents Required
Spouse gains employment	<ul style="list-style-type: none"> Employee, spouse's children/step children can be dropped from medical, dental or vision coverage provided they are added to the spouse's group coverage No other changes can be made 	<ul style="list-style-type: none"> Copy of enrollment form Online enrollment confirmation
Spouse terminates/resigns job or loses benefits eligibility	<ul style="list-style-type: none"> Spouse and/or children can be added to medical, dental and vision coverage No other changes can be made 	<ul style="list-style-type: none"> Letter from HR Department of spouse's employer Resignation letter COBRA notification
Starting of an unpaid leave for either employee or spouse	<ul style="list-style-type: none"> May drop medical coverage if proof of other coverage is provided May drop dental and vision May drop short term disability and supplemental life insurance (Note: if STD or supplemental life is dropped, evidence of insurability will be required to re-enroll) No other changes can be made 	<ul style="list-style-type: none"> Approval letter or email for the leave
Returning from an unpaid leave for either employee or spouse	<ul style="list-style-type: none"> May re-enroll in any benefits in which you were enrolled in prior to going on leave or add new dependents to the existing coverage Evidence of insurability required for both STD and supplemental life insurance New benefits may be added if the return date is after the beginning of a new fiscal year or Open Enrollment was missed 	<ul style="list-style-type: none"> Doctor's release Letter from HR Department confirming return to employment
Spouse's Open Enrollment	<ul style="list-style-type: none"> May add or drop medical, dental and vision coverage No other changes can be made 	<ul style="list-style-type: none"> Copy of enrollment form Copy of Online Enrollment Confirmation Statement

Life Status Change Guide

Change of Status	Changes to Coverage	Documents Needed
Death (Dependent child or spouse)	<ul style="list-style-type: none"> • Deceased dependent or spouse will be dropped from all coverage • No other changes can be made 	<ul style="list-style-type: none"> • Death certificate
Death (Employee)	<ul style="list-style-type: none"> • All coverages will be automatically terminated • Dependents may continue health related coverage through COBRA • Life insurance coverage on dependents will be dropped and may be converted to individual policies 	<ul style="list-style-type: none"> • Death certificate
Health Exchange Enrollment	<ul style="list-style-type: none"> • Employee, spouse and children can be dropped from medical coverage provided they are added to the health exchange coverage • Employee must be eligible for a special enrollment period to enroll in a qualified health plan through the marketplace or during the marketplace's annual enrollment period • Proof of enrollment in the marketplace coverage must be provided prior to the start date of the health exchange enrollment • No other changes can be made 	<ul style="list-style-type: none"> • Copy of enrollment form • Copy of Online Enrollment Confirmation Statement

Insurance Plans



Benefits Vocabulary Review

Definitions to help you make informed decisions

Premium: The amount you pay per pay period from your paycheck for your health insurance coverage.

Deductible: A fixed, annual amount you pay for covered health and prescription drug services before the health plan begins to pay. There are certain services, such as in-network preventive care that are not subject to the deductible. Deductibles are different for individuals and families.

Embedded Deductible: For health plans with embedded deductibles, you can satisfy your individual deductible for coverage and coinsurance to apply. When a family member on the health plan meets their individual deductible, plan benefits and coinsurance will apply to subsequent claims for that member. "Embedded" means individual deductibles are active within the larger, overall family deductible and can determine when coverage begins.

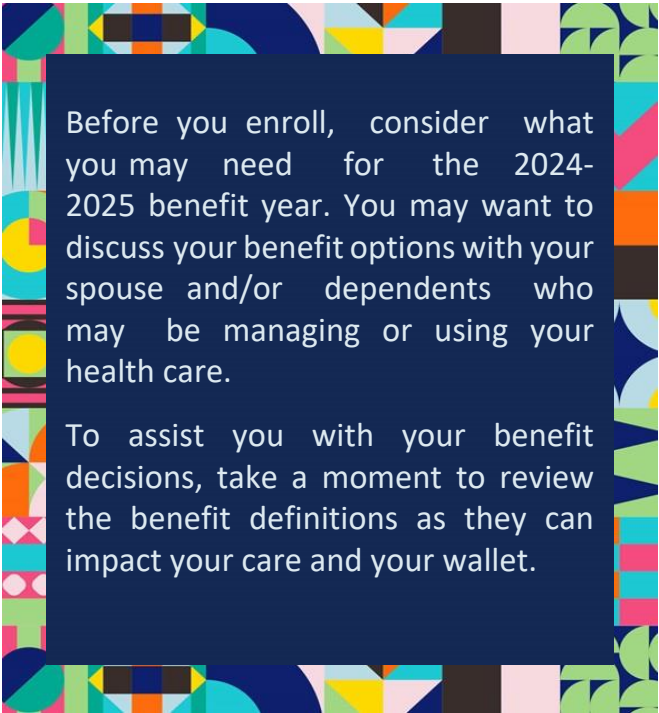
Co-payment: A fixed dollar amount you will pay for covered services (health care and prescription drugs).

Co-insurance: Your percentage share of covered health services and the health plan's percentage share of covered health services after you met your deductible.

In-Network: A group of doctors, hospitals, pharmacies and other providers that contract with United Healthcare and provide services at the negotiated (discounted) rates. You and the health plan will pay less out-of-pocket for your services.

Out-of-Network: Doctors, hospitals, pharmacies and other providers that do not contract with United Healthcare and do not provide services at the negotiated (discounted) rates. You and the health plan will pay more out-of-pocket for your services.

Balance Bill: The difference between the amount charged by an out-of-network provider for a covered health service and the amount your health plan allows or pays. You may be billed for the difference in cost.



Before you enroll, consider what you may need for the 2024-2025 benefit year. You may want to discuss your benefit options with your spouse and/or dependents who may be managing or using your health care.

To assist you with your benefit decisions, take a moment to review the benefit definitions as they can impact your care and your wallet.

Out-of-Pocket (OOP) Maximum: The annual OOP maximum you pay before the health plan pays 100% for covered health services. Runs calendar year.

Explanation of Benefits (EOB): A statement from United Healthcare that describes how a medical or vision claim was paid or denied by the plan. The EOB includes the amount your provider billed the health plan for services, the amount not covered, discounts that saved you and the health plan money by using in-network providers, the amount paid by the health plan, and the amount you owe the provider, if any.

Pre-authorization: A review process by your health plan to make sure the services you will be receiving are medically necessary and covered by the plan. See the Summary Plan Description or access www.myuhc.com for procedures that require precertification.

Glendale Elementary School District No. 40

2024 - 2025 Premiums for Medical, Dental & Vision Insurance

- Payroll Deduction Schedule: 8/29/2024 through 6/03/2025 (20 Deductions)
- January 14, 2025 Paycheck has NO deductions for Insurance Premiums
- * Payroll deduction amounts will differ for employees hired after July 1, 2024

MEDICAL & VISION INSURANCE United Healthcare	Monthly Premium	Employer Monthly Contribution	Employee Annual Cost	Employee Monthly Cost	Paycheck Deduction Amount *
TRADITIONAL MEDICAL PLAN					
Employee Only	\$712.47	\$652.47	\$720.00	\$60.00	\$36.00
Employee & Spouse	\$1,471.71	\$1,088.86	\$4,594.20	\$382.85	\$229.71
Employee & Child(ren)	\$1,376.91	\$1,088.86	\$3,456.60	\$288.05	\$172.83
Employee & Family	\$1,803.53	\$1,088.86	\$8,576.04	\$714.67	\$428.81
HIGH DEDUCTIBLE HEALTH PLAN with a HEALTH SAVINGS ACCOUNT (HDHP) (HSA)					
Employee Only	\$652.47	\$652.47	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$1,284.00	\$1,088.86	\$2,341.68	\$195.14	\$117.09
Employee & Child(ren)	\$1,206.26	\$1,088.86	\$1,408.80	\$117.40	\$70.44
Employee & Family	\$1,556.09	\$1,088.86	\$5,606.76	\$467.23	\$280.34
Employees enrolled in the HDHP Plan can earn up to \$1,500 for their HSA Account					
Employer Initial Deposit \$550 - Pro-rated **		Employer Wellness Exam Deposit \$950			
Coverage effective:	07/01 - 09/01	\$550.00	<ul style="list-style-type: none">• Exam must be done between 01/01/2024 - 12/31/2024• Availability of funds can take up to 10 days following date of deposit• Deposit schedule: 10/25/2024, 1/24/2025, 2/28/2025• On the date of the deposit employees must be actively at work and currently enrolled in the HDHP Medical Plan		
**	10/01 - 12/01	\$450.00			
**	01/01 - 03/01	\$350.00			
**	04/01 - 06/01	\$250.00			
VISION Plan					
Employee Only	\$5.80	\$5.80	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$10.36	\$5.80	\$54.72	\$4.56	\$2.74
Employee & Child(ren)	\$10.85	\$5.80	\$60.60	\$5.05	\$3.03
Employee & Family	\$13.61	\$5.80	\$93.72	\$7.81	\$4.69
DENTAL INSURANCE	Monthly Premium	Employer Monthly Contribution	Employee Annual Cost	Employee Monthly Cost	Paycheck Deduction Amount *
LEVEL I PLAN - DELTA DENTAL					
Employee Only	\$26.11	\$26.11	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$52.22	\$27.92	\$291.60	\$24.30	\$14.59
Employee & Child(ren)	\$54.83	\$27.92	\$322.92	\$26.91	\$16.15
Employee & Family	\$78.32	\$27.92	\$604.80	\$50.40	\$30.25
LEVEL III PLAN - DELTA DENTAL					
Employee Only	\$45.01	\$27.92	\$205.08	\$17.09	\$10.26
Employee & Spouse	\$90.03	\$27.92	\$745.32	\$62.11	\$37.27
Employee & Child(ren)	\$94.53	\$27.92	\$799.32	\$66.61	\$39.97
Employee & Family	\$135.04	\$27.92	\$1,285.44	\$107.12	\$64.28
DHMO PLAN - CIGNA DENTAL					
Employee Only	\$10.30	\$10.30	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$20.37	\$20.37	\$0.00	\$0.00	\$0.00
Employee & Child(ren)	\$22.84	\$22.84	\$0.00	\$0.00	\$0.00
Employee & Family	\$25.06	\$25.06	\$0.00	\$0.00	\$0.00

Medical



Benefits-eligible employees may choose to enroll in one of two medical plans provided through UnitedHealthcare:

- Traditional Medical Plan
- HDHP (high-deductible health plan) with a health savings account (HSA)

The following is a summary of each plan's features. Be sure to review this information carefully. You can find more information on the Employee Benefits website.



Traditional Plan

Co-Payments / Co-Insurance

Virtual Visits
PCP Visit
Specialist
Mental Health
Urgent Care
Emergency Room
Hospital Stay
Co-Insurance

Deductible Per Calendar Year*

Individual
Family

Out of Pocket Limit

Individual
Family

Tier Levels

Tier 1
Tier 2
Tier 3
Tier 4 (Specialty RX)

Traditional		
Network		Out of Network
\$0		No Coverage
\$10 / \$25		No Coverage
\$40 / \$65		No Coverage
\$10 / \$30		No Coverage
\$25		No Coverage
\$500		\$500 (Emergency Only)
Subject to Deductible + 20%		No Coverage
80%		No Coverage
Network		Out of Network
\$1,000		N/A
\$3,000		N/A
Network		Out of Network
\$6,500		N/A
\$13,000		N/A
Pharmacy		
Network		
\$0		
\$25		
\$50		
\$100		

High Deductible Health Plan - Base

Co-Payments / Co-Insurance

Virtual Visits
PCP Visit
Specialist
Mental Health
Urgent Care
Emergency Room

Hospital Stay
Co-Insurance

Deductible Per Calendar Year*

Individual
Family

Out of Pocket Limit

Individual
Family

Tier Levels

Tier 1
Tier 2
Tier 3

High Deductible Health Plan

Network

Subject to Deductible + \$0 Copay
Subject to Deductible + 20%
Subject to Deductible + 20%
Subject to Deductible + 20%
Subject to Deductible + 20%
Subject to Deductible + 20%

Subject to Deductible + 20%
80%

Network

\$3,200 (Embedded)
\$6,400 (Embedded)

Network

\$6,500
\$13,000

Out of Network

No Coverage
No Coverage
No Coverage
No Coverage
No Coverage
Subject to Deductible + 20%
(Emergency Only)
No Coverage
No Coverage

Out of Network

N/A
N/A

Out of Network

N/A
N/A

Pharmacy

Network

Subject to Deductible + \$0 Copay
Subject to Deductible + \$25 Copay
Subject to Deductible + \$50 Copay



High Deductible Health Plan with HSA



HDHP with Health Savings Account (HSA)

The HDHP with a Health Savings Account combines a high-deductible health plan with a tax-advantage Health Savings Account (HSA) that helps you pay for eligible medical expenses. When you enroll, the District provides funds for your HSA which you can use to pay eligible medical expenses. The plan also provides resources and tools to help you make informed healthcare buying decisions. Please note that the total contribution amounts are based on a full year of enrollment in the plan. Funds will be deposited during the 2024-2025 plan year.

PLEASE NOTE: If you are on Medicare, you can elect the HDHP but cannot contribute to a HSA. If you have questions regarding this, please contact Human Resources for more details.

HDHP with HSA Plan Year Deductibles

As you seek healthcare, you must meet the calendar year deductible before the plan's benefit kick in. Deductibles for the HDHP are \$3,200 for each individual and up to \$6,400 for families. You can use your Health Savings Account to pay for any qualified medical expenses including those incurred while meeting your deductible out of your own pocket.

The HDHP plan covers most in-network preventative care services at 100% with no deductible required. We strongly encourage you to advise your physician that your appointment is for your annual wellness or preventative exam and should be coded appropriately.

What happens when I meet my deductible? (Co-insurance)

After meeting the calendar year deductible, the plan's co-insurance benefit kicks in. The plan pays 80% and you pay 20% for most in-network charges. You are responsible for your share of co-insurance until reaching the "out-of-pocket maximum".

What happens when I meet my out-of-pocket maximum? (Co-insurance)

The out-of-pocket maximum is the most you will pay for eligible expenses during the calendar year. After reaching the maximum, the plan pays 100% for eligible expenses. The amount you pay to satisfy your calendar year deductible is included in the out-of-pocket maximum.

Health Savings Account



A High Deductible Health Plan (HDHP) qualifies enrollees to participate in a Health Savings Account (HSA) with Optum Bank. A Health Savings Account paired with a qualifying High Deductible Health Plan helps individuals and families plan, save and pay for health care.

Rules Regarding Health Savings Accounts

If you are enrolled in Medicare Part A or AHCCCS, or claimed as a dependent on someone's tax return (other than your spouse), or enrolled as a dependent on a non-HSA medical plan, the IRS will NOT allow the District or you to contribute to a Health Savings Account. **It is your responsibility to notify Human Resources if you are not eligible for contributions.**

Employees enrolled in a HDHP medical plan may contribute to their HSA account. All contributions made through payroll deductions are taken on a pre-tax basis. For 2024-2025 the maximum that can be contributed for single coverage is \$4,150 and for family coverage \$8,300. These amounts include the District's contribution. Employees age 55 and older are eligible to contribute an additional \$1,000.

IF ENROLLING IN THE HIGH DEDUCTIBLE HEALTH PLAN (HDHP), A HEALTH SAVINGS ACCOUNT THROUGH OPTUM BANK WILL BE AUTOMATICALLY OPENED ON YOUR BEHALF.

The District's initial contribution is pro-rated depending on your effective date of coverage:

Insurance effective July 1 – September 1 - \$550

Insurance effective October 1 – December 1 - \$450

Insurance effective January 1 – March 1 - \$350

Insurance effective April 1 – June 1 - \$250

Health Savings Account



Important Information

Address Requirements:

- A post office box is not allowed when setting up a health savings account. If you would like a health savings account you must, temporarily, use your physical address when enrolling in your benefits
- Once you have been assigned an account number, you can change your address back to a post office box.

Communication:

- Please check your work email regularly following your enrollment. If Optum Bank has trouble verifying your identity, they will email you to request additional information.
- If your file is closed because you did not respond to Optum Bank's request for additional information, it will be your responsibility to re-apply for an account by accessing Optum Bank's website at www.optumbank.com

Account Maintenance:

- The Optum Bank Health Savings account comes with a MasterCard that you must activate before using.
- District contributions are loaded onto the MasterCard. If you elect to contribute to your health savings account with pre-taxed payroll deductions, your contribution will be loaded to the MasterCard after each payroll.
- Optum Bank charges a monthly fee of \$1.00/month for balances below \$500.00.
- Accounts with a zero balance for three months in a row will be closed automatically. If your account is closed, it is your responsibility to re-apply for a new health savings account by accessing Optum Bank's website at www.optumbank.com.

Employee Assistance Program



Your Employee Assistance Program is designed to help you and your family members successfully manage life's challenges by identifying options and making informed choices.

Issues commonly addressed through your EAP benefit include:

- Family conflict
- Divorce
- Custody
- Blended family
- Domestic violence issues
- Grief
- Accidents
- Illness
- Victim of crime
- Loss of a loved one
- Changes at home work or school
- Relocation
- Job stress
- Interpersonal problems
- Aging parents
- Personal growth
- Interpersonal skills (relationship and/or communication) for work or family
- Dependence or codependency issues
- Alcohol
- Drugs
- Gambling

When you enroll in one of the District's medical plans, you will have access to United Healthcare's 24-hour referral service, called UHC Employee Assistance Program. The UHC Assistance program is staffed with master's level counselors who can help with almost any problem ranging from medical and family matters to personal, legal, financial, and emotional issues.

UHC Employee Assistance Program is confidential and provided at no additional cost to medical plan participants (employees and dependents). Call 1.888.887.4114 to speak with a counselor anytime, day or night, 7 days a week, 365 days a year.

Members can access three in-person visits with an in-network counselor at no out-of-pocket expense per incident.

Call 1.888.887.4114 / Se Habla Español 1.888.887.4114





WEIGHT LOSS SUPPORT



Your Healthy New Year Starts Here

Get your New Year's weight loss resolutions off to a good start with all the tools, resources, and support you need to take small steps for lasting change on Real Appeal®.

Helping You Stay on Track

Real Appeal on Rally Coach™ is a proven online weight management program. It's available to you and eligible family members at no additional cost as part of your health insurance.



Online Convenience

Set goals, track your meals and activity, stream expert-led workouts, and access hundreds of recipes.



Personalized Support

Communicate 1:1 with an online coach to discuss your specific health goals and circumstances.



Motivational Resources

Join live sessions with a community of members to learn practical tips for meal prepping, cooking meals with fewer calories, and more.

Get started now at
enroll.realappeal.com
or scan the QR code.

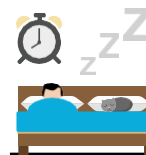


Please have your health insurance ID card handy when enrolling.

Daily Healthy Habits to Reach Your Goals

Drink Up

Drink plenty of water during your day — and be sure to drink extra after exercise.



Make Sleep a Priority

Get 7-9 hours to improve your mental health, focus, and immune system.

Move Your Body

Find ways to make movement part of your day, even if it's just taking the stairs.



RALLY/COACH™

Real Appeal is available to members at no additional cost as part of their medical benefits plan, subject to eligibility requirements.
The Real Appeal program is educational in nature and is not a substitute for medical advice.



What is Virta?

Virta is a research-backed treatment that safely and sustainably reverses type 2 diabetes without the risk, cost or side effects of medication or surgery.

What results can members see when

participating in Virta? In as little as 10 weeks, individuals with type 2 diabetes can improve glycemic control, decrease medication use, and achieve clinically relevant weight loss.

56%

DIABETES REVERSAL

1.1%

AVERAGE HBA1C REDUCTION

20%

AVERAGE REDUCTION IN
TRIGLYCERIDES

91%

PATIENT RETENTION

What does the Virta treatment include?

- Dedicated healthcoach
- Free diabetes testing supplies
- Medical care from a physician-fed team
- Resources like recipes, grocery lists, etc.
- Patient community support... and more!

How does Virta work?

Virta is very different from other diabetes treatments. Virta teaches individuals (s) how to change their diet so their body burns fat for energy. This is shown to lower blood sugar and the need for diabetes medication.

What is the cost to the member?

Virta is fully covered for eligible employees and their family members.

Who is eligible for Virta?

Virta is available to employees and eligible dependents between the ages of 18 and 79 who are enrolled in a health plan through United Healthcare. This benefit is currently being offered to those with type 2 diabetes. Start the application process now to find out if you qualify

Exclusion Criteria

- Younger than 18 years old
- Age 80 or older
- Type 1 diabetes
- Pregnant or nursing
- Diabetic ketoacidosis in past 12 months
- Stage 4 or 5 chronic kidney disease or end stage renal disease on dialysis

How do I refer members?

Please direct the members to the landing page below, where they can learn more about Virta and apply!

What does the enrollment process look like?

After completing an application, members will be connected with an enrollment advisor who is available to answer any questions and help them start their journey towards better health!

Where do I point members for more questions?

The landing page should be the primary source for any questions. However, you can direct the member to send an email to support@virtahealth.com



Additional Health Benefits



Hinge Health gives you the tools you need to conquer back and joint pain, recover from injuries, prepare for surgery, and stay healthy and pain free. The program is available to employees and dependents 18+ on the UHC medical plan through their employer. Activate your membership:

www.Hinge.health/valleyschools



Parsley Health finds the root cause of your symptoms and makes a personalized plan for healing with online support every step of the way. The program is available to employees and dependents 18+ on the UHC medical plan through their employer. Activate your membership:

www.parsleyhealth.com/b2b/valley-schools/



Connect with a board-certified specialist for an expert second opinion via phone or video at no cost. This program is available to employees and their dependents on the UHC medical plan through their employer.

Activate your membership:

www.2nd.MD/valleyschools



Dental Plans



Delta Dental covers 1.2 million smiles in Arizona – more than any other dental benefits carrier in the state. With more than 45 years of experience ensuring healthy smiles across the state, Delta Dental of Arizona knows what it takes to provide access to great dental care. As not-for-profit service corporation headquartered in Glendale, Delta Dental of Arizona is committed to giving back to the communities it serves.

The individual & family Delta Dental deductibles, co-pay and annual maximum benefits are listed below:

Delta PPO Dentist

Individual deductibles can vary depending on the plan you choose per calendar year.*

Delta Premier Dentist

Individual deductibles can vary depending on the plan you choose per calendar year.*

Orthodontia

Employee and dependents are eligible for orthodontia benefits under the Level III plan.

*Please see the Delta Dental documents for comparisons



Cigna Voluntary Pre-Paid DHMO Dental.

This pre-paid dental plan offers benefits through a network of plan dentists with national coverages. No claims forms, deductibles or annual dental maximums.

Pre-Paid Schedules Dental coverage includes dental services and treatment for:

- Diagnostic
- Preventive
- Teeth Whitening – Restorative
- Endodontics
- Periodontics
- Prosthodontics – Oral Surgery
- TMJ
- Orthodontics

Refer to the Schedule of Benefits and co-payments for a detailed listing of covered procedures or call 1.800.244.6224 or visit myCigna.com



Delta Dental PPO™
Summary of Benefits
For Group# 14267-20001, 9920001
GLENDAL ELEMNTARY SCHOOL DISTRICT - VSEBG LEVEL I

This Summary of Benefits should be read along with your Dental Benefits Booklet. Your Dental Benefits Booklet provides additional information about your Group Plan Sponsor's dental plan administered by Delta Dental, including information about plan exclusions and limitations. If a statement in this Summary of Benefits conflicts with a statement in the Dental Benefits Booklet, the statement in this Summary of Benefits applies to you and you should ignore the conflicting statement in the Dental Benefits Booklet. The percentages below are applied to your Group Plan Sponsor's dental plan allowance for each service and it may vary due to the dentist's network participation.*

Group Plan Sponsor – VSEBG - GLENDAL ELEMNTARY SCHOOL DISTRICT - VSEBG LEVEL I

Dental Claims Administrator – Delta Dental of Arizona

Benefit Year – January 1 through December 31

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, and periodontal maintenance.

Benefit Maximum Payment – \$1,000 per person total per Benefit Year on all services, except oral exams, preventive services, X-rays, sealants, and periodontics. \$1,000 per person total per lifetime on periodontics (excluding periodontal maintenance).

Child Age Limit – To age 26

Student Age Limit – To age 26

Covered Services –

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	80%	80%	80%
Minor Restorative Services – fillings	80%	80%	80%
Simple Extractions – non-surgical removal of teeth	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Major Services			
Crown Repair – to individual crowns	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Other Oral Surgery – surgical extractions and other oral surgery	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Anesthesia Services – when medically necessary	50%	50%	50%
Relines and Repairs – to bridges and dentures	50%	50%	50%
Prosthodontic Services – bridges, implants, and dentures	50%	50%	50%

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or the Nonparticipating Dentist Fee) that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

Frequencies and Limitations

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Scaling (equivalent to one cleaning) is payable once in any two-year period. Full mouth debridement (equivalent to one cleaning) is payable once in any five-year period.
- Fluoride treatments are payable twice per calendar year for people age 17 and under.
- Sealants are payable once per tooth in any three-year period for bicuspids and first and second molars for people age 18 and under. The surface must be free from decay and restorations. Preventive resin restoration on molars is payable once per lifetime for people age 15 and under with moderate to high caries risk. Treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament is payable twice per tooth per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Six periapical X-rays are payable per calendar year.
- Space maintainers, including distal shoe space maintainers, and recement or rebond of space maintainers are payable once per area in any three-year period for people age 13 and under.
- Endodontic treatment is payable once per tooth per lifetime. Endodontic retreatment is payable once per tooth in any three-year period.
- Root planing and scaling is payable once per quadrant in any two-year period. Only two quadrants of root planing and scaling can be performed on the same day.
- Full and partial dentures are payable once in any seven-year period.
- Bridges are payable once in any seven-year period.
- Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are payable.
- Implants bound by natural teeth and prefabricated and custom fabricated abutments are payable once per tooth per lifetime and subject to a \$1,000 maximum per tooth. Implant-related services are payable.
- Silver amalgam and composite resin (white) restorations are payable once per surface in any two-year period.
- Porcelain and resin facings on crowns are optional treatment.
- Crowns, onlays, and substructures are payable once per tooth in any seven-year period.
- Oral surgery, including simple and surgical extractions, is payable.
- Fabrication of athletic mouthguard is payable once in any two-year period for people age 18 and under. Occlusal guards are not payable.
- Orthodontic services, including exposure of an unerupted tooth and placement of device to facilitate eruption of impacted tooth as related to orthodontics, are not payable.

Eligible People – As defined by the Employer Group. The Subscriber pays the full cost of this plan.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should a Subscriber or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Dual Spouse – If you and your Spouse are both eligible to enroll in this Dental Plan as Subscribers, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Subscribers under this Dental Plan.

Coverage ends at the end of the month that the Subscriber and/or Dependent is no longer eligible.

Delta Dental PPO™
Summary of Benefits
For Group# 14267-520003, 9520003
GLENDALE ELEMENTARY SCHOOL DISTRICT - VSEBG LEVEL III

This Summary of Benefits should be read along with your Dental Benefits Booklet. Your Dental Benefits Booklet provides additional information about your Group Plan Sponsor's dental plan administered by Delta Dental, including information about plan exclusions and limitations. If a statement in this Summary of Benefits conflicts with a statement in the Dental Benefits Booklet, the statement in this Summary of Benefits applies to you and you should ignore the conflicting statement in the Dental Benefits Booklet. The percentages below are applied to your Group Plan Sponsor's dental plan allowance for each service and it may vary due to the dentist's network participation.*

Group Plan Sponsor – VSEBG - GLENDALE ELEMENTARY SCHOOL DISTRICT- VSEBG LEVEL III

Dental Claims Administrator – Delta Dental of Arizona

Benefit Year – January 1 through December 31

Deductible – Delta Dental PPO™ Dentist - \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services.

Delta Dental Premier® Dentist or Nonparticipating Dentist - \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services.

Benefit Maximum Payment – Delta Dental PPO™ Dentist - \$2,000 per person total per Benefit Year on all services, except oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services. \$1,500 per person total per lifetime on orthodontic services.

Delta Dental Premier® Dentist or Nonparticipating Dentist - \$1,500 per person total per Benefit Year on all services, except oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

These are not separate maximums by type of dentist.

Child Age Limit – To age 26

Student Age Limit – To age 26

Covered Services –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	90%	80%	80%
Minor Restorative Services – fillings	90%	80%	80%
Endodontic Services – root canals	90%	80%	80%
Periodontic Services – to treat gum disease	90%	80%	80%
Oral Surgery Services – extractions and dental surgery	90%	80%	80%
Other Basic Services – misc. services	90%	80%	80%
Major Services			
Crown Repair – to individual crowns	60%	50%	50%
Major Restorative Services – crowns	60%	50%	50%
Relines and Repairs – to bridges and dentures	60%	50%	50%
Prosthodontic Services – bridges, implants, and dentures	60%	50%	50%

Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	from the age of 8 - No Age Limit	from the age of 8 - No Age Limit	from the age of 8 - No Age Limit

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or the Nonparticipating Dentist Fee) that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

Frequencies and Limitations

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Scaling (equivalent to one cleaning) is payable once in any two-year period. Full mouth debridement (equivalent to one cleaning) is payable once in any five-year period.
- Fluoride treatments are payable twice per calendar year for people age 17 and under.
- Sealants are payable once per tooth in any three-year period for bicuspid and first and second molars for people age 18 and under. The surface must be free from decay and restorations. Preventive resin restoration on molars is payable once per lifetime for people age 15 and under with moderate to high caries risk. Treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament is payable twice per tooth per calendar year for people age 18 and under.
- Bitewing X-rays are payable twice per calendar year. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Space maintainers and recement or rebond of space maintainers are payable once per area per lifetime for people age 13 and under. Distal shoe space maintainers are payable once per area per lifetime for people age eight and under.
- Endodontic treatment is payable once per tooth per lifetime. Endodontic retreatment is payable once per tooth in any three-year period.
- Root planing and scaling is payable once per quadrant in any two-year period. Only two quadrants of root planing and scaling can be performed on the same day.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are payable.
- Implants bound by natural teeth and prefabricated and custom fabricated abutments are payable once per tooth per lifetime and subject to a \$1,000 maximum per tooth. Implant-related services are payable.
- Silver amalgam and composite resin (white) restorations are payable once per surface in any two-year period.
- Porcelain and resin facings on crowns are optioned treatment.
- Crowns and onlays and associated procedures (cores, substructures) are payable once per tooth in any five-year period.
- Oral surgery, including simple and surgical extractions, is payable.
- Fabrication of athletic mouthguard is payable once in any two-year period for people age 18 and under. Occlusal guards are not payable.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a treatment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon treatment plan, Delta Dental will make an initial payment to you or your Participating Dentist upon insertion of the appliances or initial banding, equal to 50% of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services as set forth in this Summary of Benefits. Provided Member has current eligibility on the date of service 12 months from the date the appliances or initial banding were placed, Delta Dental will make an additional payment equal to the balance of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services. Maximum Payment for Orthodontic Services equals the lesser of Delta Dental's total Copayment for Orthodontic Services, the Maximum Payment per person total per lifetime on orthodontic services or the fee charged by your provider for orthodontic services.

Eligible People – As defined by the Employer Group. The Subscriber pays the full cost of this plan.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should a Subscriber or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Dual Spouse – If you and your Spouse are both eligible to enroll in this Dental Plan as Subscribers, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Subscribers under this Dental Plan.

Coverage ends at the end of the month that the Subscriber and/or Dependent is no longer eligible.



Valley Schools Dental Benefit Option

A Guide to your Cigna Dental Care® (DHMO) Plan

Sponsored by Valley Schools | 2024



For employees of
Valley Schools
and their covered
dependents.



Offered by Cigna Health and
Life Insurance Company, or its affiliates



Important plan information

We are pleased to provide information about the Cigna Dental Care® (DHMO) plan. This plan offers a full range of benefits through a network of plan dentists.

Important details

During open enrollment, you will need to select a Cigna Dental Care Access Network General Dentist. If you or covered family members would like to change your general dentist, you can do so following the instructions in this brochure. For children under the age of 13 you may choose a network pediatric dentist. If you need assistance in changing your dentist, contact Cigna HealthcareSM at **800.Cigna24**.

- You will pay the copay amount listed on your Patient Charge Schedule (PCS) for covered dental services performed by your network dentist.
- If your Network General Dentist does not perform the specialty care procedure you need, he/she can direct you to a participating network specialist.
- Procedures not listed on your PCS are not covered and are the patient's responsibility at the dentist's usual fees.
- Referrals are required for specialty care services, except for pediatric dentists for children under 13 and orthodontics.
- Remember: If you seek covered services from a dentist who does not participate in the Cigna Dental Care Access network, your plan will not pay except in the case of an emergency, or as required by law.

What's covered

You can save money on a wide range of services, including:

- **Preventive care** – cleanings, fluoride, sealants, bitewing x-rays, full-mouth x-rays and more.
- **Basic care** – tooth-colored fillings (called resin or composite) and silver-colored fillings (called amalgam).
- **Major services** – crowns, bridges, dentures, root canals, oral surgery, extractions, treatment for periodontal (gum) disease and more.
- **Specialty care** – referrals are required for specialty care, except for pediatric dentists for children under 13 and orthodontics.
- **Orthodontic care** – coverage for braces for children and adults.
- **General anesthesia** – when medically necessary.
- **Temporomandibular joint (TMJ)** – diagnosis and treatment procedures, including cone beam x-ray and appliance.



Plan features:

- **No deductibles** – you don't have to reach a certain level of out-of-pocket expenses before your coverage kicks in.
- **No calendar year maximums** – your coverage isn't limited by a calendar year maximum.
- There are **no claim forms** to file when using network dentists and **no waiting periods** for coverage.
- Coverage for dental conditions that exist at the time you enroll in the plan are not excluded if they are otherwise covered under your PCS. Treatment started before your coverage begins will generally not be covered. If you or a family member started orthodontic treatment before you joined the Cigna Dental Care plan, your plan may help pay for covered costs. See page 6 for more information.

Under your plan, you have coverage for **hundreds** of dental procedures. This overview shows you a small sampling of covered services and what you will pay compared to your estimated **cost without coverage**. See savings below.

You can find a full list of dental procedures on the PCS available from your employer.

Sampling of covered procedures	What you'll pay ⁴	
	Cost with Cigna Dental Care	Estimated cost without dental coverage
	General Dentist	
Adult cleaning (two per calendar year, additional cleaning \$45)	\$0	\$74–\$160 each
Child cleaning (two per calendar year, additional cleaning \$30)	\$0	\$57–\$123 each
Periodic oral evaluation	\$0	\$43–\$93
Comprehensive oral evaluation	\$0	\$68–\$147
Topical fluoride (two per calendar year)	\$0	\$30–\$65
X-rays – (bitewings) 4 radiographic images	\$0	\$51–\$111
X-rays – panoramic film (one every three years)	\$0	\$89–\$193
Sealant – per tooth	\$17	\$45–\$96
Amalgam filling (silver colored) – 2 surfaces	\$22	\$106–\$229
Composite filling (tooth-colored) – 1 surface, Anterior	\$22	\$127–\$275
Molar root canal (excluding final restoration)	\$530	\$896–\$1,939
Periodontal (gum) scaling and root planing – 1–3 teeth per quadrant	\$64	\$149–\$322
Periodontal (gum) maintenance	\$78	\$114–\$246
Removal/extraction of erupted tooth	\$53	\$134–\$291
Removal/extraction of impacted tooth – soft tissue	\$125	\$268–\$580
Crown – porcelain fused to high noble metal	\$470	\$886–\$1,918
External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$165	\$110–\$237
Occlusal orthotic device, by report (for treatment of TMJ)	\$455	\$730–\$1,580

Chart is for illustrative purposes only.

Summary of Limitations

Procedure	Limit
Oral evaluations	Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145)
X-rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorax1 every 3 calendar years
Periodontal root planning and scaling	Limit 4 quadrants per consecutive 12 months
Periodontal maintenance	Limited to 4 per year and (only covered after active periodontal therapy)
Crowns, dentures and partials	Replacement 1 every 5 years
Orthodontic treatment	If covered, maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months may require an additional payment by the patient
Relines	One every 36 months
Denture adjustments	Four within the first 6 months after installation
Prosthesis over implant	If covered, replacement limited to once every 5 years if unserviceable and cannot be repaired
Surgical placement of implant	If covered, surgical placement of implants (D6010, D6012, D6040, and D6050) have a limit of 1 implant per calendar year with a replacement of 1 per 10 years
Temporomandibular Joint (TMJ) treatment	One occlusal orthotic device per 24 months
Athletic mouth guard	One athletic mouth guard per 12 months
General anesthesia/ IV sedation	General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule (PCS). IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the PCS. Plan limitation for this benefit is 1 hour per appointment.
Fluoride treatments	Two treatments per year covered at 100%

Specialty treatment plans may require payment authorization for services to be covered. Before treatment starts, you should verify with your network specialty dentist that your treatment plan has been authorized for payment by Cigna Healthcare. Depending on your plan, if more than one professionally accepted and appropriate method of treatment can be used to treat a dental condition, coverage may be limited to the less costly covered service. If you choose the more costly service, the fee listed on the Patient Charge Schedule may not apply. Review your plan documents for the details of your employer’s specific dental plan.

Vision Plan



United Healthcare vision has been trusted for more than 50 years to deliver affordable, innovative care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible diversified vision care network. In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eyeglasses. Members age 0-12 are eligible for a 2nd exam. Members age 0-12 are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.

Benefit Frequency

Comprehensive Exam(s)	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses in Lieu of Eyeglasses	Once every 12 months



In-Network Services

Copays

Exam(s)	\$15
Materials	\$30

Frame Benefit^(for frames that exceed the allowance, an additional 30% discount may be applied to the overage)

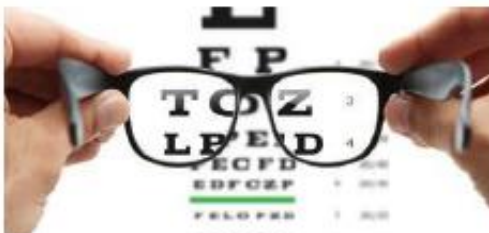
Private Practice Provider	\$130 retail frame allowance
Retail Chain Provider	\$130 retail frame allowance

Lens Options

Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full. Other optional lens upgrades may be offered at a discount. Based on state guidelines, lens material and options may not be available at these discounted prices at all provider locations. Please ask your provider for details. The Lens Options list can be found at myuhcvision.com.

Contact Lens Benefit

Elective contact lenses Allowance is applied toward the purchase of contact lenses. Materials copay is waived.	\$130
Elective contact lenses Allowance is applied toward the purchase of contact lens fitting/evaluation fees	\$125
Medically necessary contact lenses	Covered in full after Copay (if applicable)



Out-of-Network Reimbursement^(Copays do not apply)

Exam(s)	Up to \$40
Frames	Up to \$45
Single vision Lenses	Up to \$40
Lined Bifocal Lenses	Up to \$60
Lined Trifocal Lenses	Up to \$80
Lenticular Lenses	Up to \$80
Elective Contacts in Lieu of Eyeglasses	Up to \$125
Contact Lens Fitting and Evaluation	\$0
Necessary Contacts in Lieu of Eyeglasses	Up to \$210

Group Accident Insurance

Accident insurance covers injuries on or off the job. Benefits are paid directly to you for you to use however you like – from medical costs to everyday expenses. These benefits are available for you, your spouse and eligible dependent children.

Group Critical Illness Insurance

Critical Illness insurance can help supplement your major medical coverage by providing a lump-sum benefit of \$10,000, \$20,000 or \$30,000 which you can use to pay the direct and indirect costs related to a covered critical illness. These benefits are available for you, your spouse and eligible dependent children.

Note: Benefits will not be paid for loss during the first 12 months after the certificate's effective date due to a pre-existing condition. A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the certificate's effective date.

Group Hospital Indemnity Insurance

Hospital Indemnity insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. Benefits choices are \$1,500 or \$500 for the first day of confinement. These benefits are available for you, your spouse and eligible dependent children.

Note: Benefits will not be paid for loss during the first 12 months after the certificate's effective date due to a pre-existing condition. A pre-existing condition is a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice, or had taken medication within the 12 months before the certificate's effective date.

Employer-paid Life and Accidental Death and Dismemberment (AD&D)

Valley Schools Employee Benefits Group - Glendale Elementary School District | All Eligible Full-Time Employees and Job-Share Employees

Protect your family

Life insurance provides the people you love with financial support when you can't be there—and when they need it most.

How it works

Your employer is providing coverage for you, at no cost to you!

Benefits

For you	Two times your basic annual earnings, up to a maximum of \$500,000—with no medical questions asked. Benefits are reduced to 50% at age 70. Your coverage ends at termination of employment or retirement.
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Reasons why you may need life insurance



Provide financial support for others



Pay household expenses



Pay tuition



Leave an inheritance or philanthropic gift



Pay funeral or medical expenses



Accidental Death and Dismemberment (AD&D)

This coverage includes an equal amount of AD&D insurance that provides a benefit if you suffer a covered accidental injury or die from a covered accident.	Benefits – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.			
	Accidental injury	The plan pays	Accidental injury	The plan pays
	Accidental death	100%	Loss of speech only or hearing only	50%
	Quadriplegia	100%	Loss of limb (arm or leg)	50%
	Loss of sight of one eye	50%	Loss of thumb and index finger on same hand	25%

Additional considerations

If I become terminally ill	You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may affect your eligibility for public assistance programs.
If I become Totally Disabled	If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.
If I leave my employer	Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Life and AD&DFAQ

How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may

elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the important plan provisions section for more information including limitations and exclusions.

Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

If cause of death is suicide, no amount of contributory Life insurance will be paid if suicide occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see the Certificate for details.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

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GVBH-EE-6701

SLPC 29219 08/18 (exp 08/20)



Voluntary Life insurance

Valley Schools Employee Benefits Group - Glendale Elementary School District | All Eligible Full-Time Employees and Job-Share Employees

Protect your family

The people you love and support could face financial challenges if you were no longer around. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

How it works

You have the opportunity to purchase additional life insurance, beyond what your employer has provided for you. Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all or a portion of the cost. Choose the benefit that best meets your needs and your budget.

Benefits

For you	<p>For all Eligible Full-time Employees earning less than \$50,000 annually: You can choose from \$10,000 to \$250,000—in increments of \$10,000—with no medical questions asked up to the Guaranteed Issue amount of \$150,000.</p> <p>For all Eligible Full-time Employees earning \$50,000 or more annually: You can choose from \$10,000 to \$500,000—in increments of \$10,000 not to exceed 5 times your basic annual earnings — with no medical questions asked up to the Guaranteed Issue amount of \$150,000.</p> <p>The benefit amount is reduced to 50% at age 70.</p> <p>Your coverage ends at termination of employment or retirement.</p>
For your spouse	<p>You can choose from \$5,000 to \$150,000—in increments of \$5,000—with no medical questions asked up to the Guaranteed Issue amount of \$30,000.</p> <p>(The amount you select for your spouse cannot exceed 100% of your combined Employer-paid Life and elected Voluntary Life coverage amounts.)</p> <p>Coverage ends when your spouse turns age 70.</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>



What does life insurance mean for the Jones family?

Jason and Charlotte just bought their first house and are expecting their first child. They didn't think they could afford life insurance—and they didn't think they needed it because they're young and healthy.

However, Jason's best friend from high school was recently killed in a car accident. Sadly, his wife is selling their home because she can't afford the mortgage on her own.

Jason and Charlotte started to rethink life insurance, and were surprised to find options at work that meet their budget.

Since most people would have trouble paying living expenses after several months if their primary wage earner died, it may be worth asking, who depends on you?*

Sun Life Assurance Company of Canada
sunlife.com

800-247-6875

For your child(ren)	<p>You can choose from \$2,000 to \$10,000—in \$2,000 increments—with no medical questions asked.</p> <p>A full benefit is payable for a dependent child who is 6 months to to age 26. A reduced benefit is payable for a child from 15 days to 6 months.</p>
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Additional considerations

If I become terminally ill	You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may impact your eligibility for public assistance programs.
If I become Totally Disabled	If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.
If I leave my employer	Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.
If I've had a life change	You may be able to adjust your coverage as your needs change (e.g., you get married or have a baby). Certain changes require you to answer health questions. Ask your employer for details.

Life FAQ

Do I have to answer health questions to enroll?

You will be required to answer health questions if (1) you do not elect coverage when it's first available to you and you want to elect at a later date; (2) you request an amount higher than the Guaranteed Issue amount noted in the table, if offered; or (3) you want to increase coverage at a later date. You will need to fill out and submit our Evidence of Insurability application which must be approved by Sun Life before the coverage takes effect.

How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.)

Read the important plan provisions section for more information including limitations and exclusions.

* Facts About Life 2016, LIMRA.com, September 2016, accessed June 2018.

Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

If cause of death is suicide, no amount of contributory Life insurance will be paid if suicide occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see the Certificate for details.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

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GVBH-EE-6701

SLPC 29219 08/18 (exp 08/20)





Glendale ESD

Policy # 931163

Use our online Evidence of Insurability (EOI) application

It's the quick and easy way to submit EOI, and it's confidential.

Why use our online EOI application?

- Quick—our site leads you step by step

through the process, which usually takes less than 15 minutes.

- Easy—we send you an official acknowledgment by e-mail that your EOI application was approved or we ask you for more information in order to make a decision.

If your employer has asked you to complete an EOI application, follow the steps below to submit it online.



1. **Get ready to complete EOI. You may need to gather some information from your employer.**
 - Your group policy number
 - Your location
 - Coverages for yourself and for any dependents you are including in your EOI application
 - Height
 - Weight
 - Recent medical history for you and any dependents you are including in your EOI application.
2. **Go to www.mysunlifebenefits.com**
 - Under My Disability Benefits or My Life Insurance Benefits, click the *Apply for Evidence of Insurability Online* link.
3. **Follow the instructions on the screen**
 - Enter the information you have gathered.
 - You'll be able to review your answers and then sign your application electronically before you submit it to us.
 - Once you've entered all required information, please make sure to click the "Submit" button on the last screen.

Frequently asked questions

What is Evidence of Insurability (EOI)?

EOI is a statement or proof of an employee's or dependent's medical history. We use it to determine whether or not to provide the benefit you are requesting.

Why am I required to submit EOI?

The reason you may need to submit EOI depends on your group policy. Usually, EOI is required if:

- you apply for additional coverage that is more than the Guaranteed Issue amount,
- you previously enrolled for the benefit and now want to increase the amount,
- you declined the benefit during your initial eligibility period and now want to enroll, or
- you elect to increase your coverage, and doing so is allowed by your group policy.

What is a Guaranteed Issue amount?

A Guaranteed Issue amount is the quantity of coverage you can receive under your group policy without having to provide EOI.



What are my Guaranteed Issue amounts and deadlines to apply for more coverage?

The Guaranteed Issue amounts and deadlines vary according to your group policy and the type of coverage. Please ask your employer for more information.

What if I apply for coverage after the deadline?

If you apply for coverage after the deadline, you will be considered a "late entrant," and the entire amount you are applying for will be subject to EOI.

Typically, the deadline to apply for coverage is 31 days from your date of eligibility. However, to confirm your actual deadlines, please ask your employer.

What if I don't want to apply online or if the coverage I'm applying for does not yet have an online EOI application?

To get an EOI application, visit www.mysunlifebenefits.com or call us at 800-247-6875, Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

Fill it out and send it back to us by following the instructions on the application.

What happens after I submit an application online?

Your employer will confirm that you are eligible to apply for your selected coverage. Your employer will not have access to your EOI answers. As soon as your employer verifies your eligibility to apply, we will review your application and contact you by e-mail with a decision.

We'll tell you that your application was either:

- **Approved**

Your coverage will go into effect on the later of the approved date or benefit effective date, or

- **Pended**

We need more information from you before we make a decision. We will be in touch with you via mail for more information.

About privacy and security

In accordance with Sun Life Financial's strict privacy practices, your answers to the health history portion of the EOI application are completely confidential and are never shown to your employer. Also, we do not share your e-mail address or other personal information with any third parties except as permitted or required by law. Our website includes state-of-the-art security. Any information you enter is encrypted and transmitted using Secure Sockets Layer (SSL) technology.



One Sun Life Executive Park
Wellesley Hills, MA 02481

www.sunlife.com/us

Accidental Death and Dismemberment (AD&D) insurance

Valley Schools Employee Benefits Group - Glendale Elementary School District | All Eligible Full-Time Employees and Job-Share Employees

Protect your savings and your family

A serious accident can change the course of your life and leave you and the people you love with unexpected expenses. AD&D insurance provides financial protection if you or anyone on your plan suffers from a covered accidental injury or accidental death.

How it works

You have the opportunity to purchase additional Accidental Death & Dismemberment (AD&D) insurance, beyond what your employer has provided for you.

You are responsible for paying all of the cost.

Benefits

For you	You can choose from \$10,000 to \$500,000—in increments of \$10,000. Coverage ends at termination of employment or retirement.
For your spouse	If you elect coverage for yourself, you can choose \$10,000 to \$250,000—in increments of \$10,000. (The amount you select for your spouse cannot exceed 50% of your combined Employer-paid AD&D and elected Voluntary AD&D coverage amounts.)
For your child(ren)	If you elect coverage for yourself, you can choose \$1,000 to \$10,000—in increments of \$1,000. A full benefit is payable for a dependent child from birth to 26 years old, married or unmarried.



Reasons why you may need AD&D insurance

Provide financial support for you or others

Pay household expenses

Hire help for child or elder care

Funeral or medical expenses

You or your beneficiaries can use the benefit to pay for injury-related expenses or to help replace lost income—however way the money is needed.

Covered accidental injuries

You may receive up to 100% of your AD&D coverage amount for losses resulting from one accident, such as paralysis, speech or hearing loss, or thumb and index finger loss. If a covered accident results in your death, your beneficiary will receive 100% of your AD&D coverage amount.

This chart shows a partial list of AD&D insurance benefit amounts as a percentage of coverage. You may refer to the certificate for the full list of covered accidental injuries.

Benefits

Accidental injury	The plan pays
Accidental death	100%
Quadriplegia	100%
Loss of sight of one eye	50%
Loss of speech only or hearing only	50%
Loss of limb (arm or leg)	50%
Loss of thumb and index finger on the same hand	25%

Accidental Death and Dismemberment FAQ

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

How is my benefit claim filed and paid?

In the event of your accidental death or injury, you or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun

Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply, and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the important plan provisions section for more information including limitations and exclusions.

Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

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Limitations and exclusions

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Accidental Death and Dismemberment

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Information about services offered

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GVBH-EE-6701

SLPC 29219 08/18 (exp 08/20)



sunlife.com
800-SUN-LIFE (247-6875)

Voluntary Short-Term Disability Insurance*

Valley Schools Employee Benefits Group - Glendale Elementary School District |
All Eligible Employees |

Protect your paycheck

Imagine you hurt your back, and your doctor recommends you stay home from work for four weeks. Or imagine you just delivered twins. You can't work, but you have bills to pay. Short-term disability replaces part of your income if you can't work for a short time due to a covered disability. You can use the weekly check to help pay everyday expenses, like your mortgage or rent, utilities, childcare and groceries.

How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all of the cost.

Choose the benefit that best meets your needs and your budget.

Benefits

Weekly benefit after your claim is approved	Get a weekly check of \$100 to \$1,900, in any \$100 increment you choose, to replace a portion of your income—up to 66.67% of your Total Weekly Earnings.
When benefits begin	Benefits begin as soon as 8 days from the date you are unable to work due to an injury and 8 days due to an illness.
Benefits may be paid for	Up to 12 weeks, as long as you are still unable to work due to a covered disability.
Additional plan information	This plan provides a benefit for a disabling illness (including pregnancy) or injury that is not work-related.

*"1 in 4 workers will miss up to 3 months of work due to illness, injury or pregnancy during their career."***



What did Short-Term Disability insurance mean for Joyce?

Joyce was out apple-picking when she fell off the ladder and broke her ankle. Her injury left her unable to work at her job while she had surgery and recovered at home.

- Joyce filed a claim with Sun Life. We reviewed her medical information and job description and approved her claim.
- Joyce started receiving her weekly benefit, which helped her pay rent, buy groceries and cover the co-pays for doctor visits.
- Six weeks later, Joyce was back at work

Top 5

Short-Term Disability diagnoses:

1. Maternity
2. Musculoskeletal
3. Injury
4. Digestive disorders
5. Cancer

Sun Life claims data, July 2018

Sun Life Assurance Company of Canada
sunlife.com
800-247-6875

Additional considerations

If I have other income	Income from other sources may reduce your benefit amount. These sources may include Social Security benefits, disability benefits from retirement, government plans or state disability income such as California SDI; other group disability plans; no-fault benefits, and return-to-work earnings. For more information or to determine if Voluntary STD or Contributory STD is appropriate for you, contact your Benefits Administrator.
If I can work while disabled	Your plan is designed to encourage and support your return to work. If you are able to work part-time for example, you may receive part of your benefit while working.
If I become pregnant	Check with your employer to make sure you are eligible for benefits and let them know when you expect to be out of work on maternity leave. Typically a maternity claim is treated as an illness claim (see “When benefits begin” in the table).

Short-term disability FAQs

What if I have a pre-existing condition?

If you submit a claim within 12 months of your insurance taking effect, or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 12 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

How do I file a claim after becoming disabled?

Check with your employer to make sure you are eligible for benefits. Then, file a claim with Sun Life. We will ask for information from you about your doctor, your income, and your condition. We will ask for medical records and for your doctor to fill out a form about your condition and your expected recovery. You can download forms from our website. You can download forms from our website or call our toll free number at 888-444-0134 Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see “When benefits begin” in the table) and meet the definition of disability if you're insured when you become disabled.

How is my benefit taxed?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, or if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be taxable income, which will be tax reported on a Form W-2 and it may have FICA tax deductions that reduce the amount we pay you. Please consult with a tax advisor or your employer if you have any questions.

Read the important plan provisions section for more information including limitations and exclusions.

*In Vermont, the product name is Short-Term Income Replacement insurance when the Maximum Benefit Duration elected is less than 26 weeks.

**Realitycheckup.org, Council for Disability Awareness, 2018

Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection. We will not pay a benefit for any accident or sickness covered by Workers’ Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

Information about services offered

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Rate Sheet

Employee – Coverage and **Monthly** cost for Short Term Disability.

Rates are effective as of July 1, 2020.

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Annual Earnings	Weekly Coverage Amounts	Age and Cost	
			<100
\$7,800	\$100		2.23
\$15,599	\$200		4.46
\$23,399	\$300		6.69
\$31,198	\$400		8.92
\$38,998	\$500		11.15
\$46,798	\$600		13.38
\$54,597	\$700		15.61
\$62,397	\$800		17.84
\$70,196	\$900		20.07
\$77,996	\$1,000		22.30
\$85,796	\$1,100		24.53
\$93,595	\$1,200		26.76
\$101,395	\$1,300		28.99
\$109,195	\$1,400		31.22
\$116,994	\$1,500		33.45
\$124,794	\$1,600		35.68
\$132,593	\$1,700		37.91
\$140,393	\$1,800		40.14
\$148,193	\$1,900		42.37

Mid-Term Disability through SunLife

Mid-Term Disability Benefits partially replaces your income if you become totally or partially disabled while insured.

Coverage provided by your employer at no cost to you!



This district-paid benefit is eligible for active employees working a minimum of 30 hours per week. The disability insurance requires an employee be unable to work for at least 90 calendar days for a covered illness or injury before benefits are eligible to be paid.

If you meet the definition of disability, you may receive a benefit for 13 weeks.

Benefit amount is 66 2/3% of the employee's base annual salary, not to exceed \$1,155 per week.



Retirement Plan and Long-Term Disability

Arizona State Retirement System

(602) 240-2000

www.azasrs.gov

The Arizona State Retirement System (ASRS) is a trusted, sustainable, and well-managed retirement system that provides a lifetime pension benefit to its members. Pension benefits are protected by the Arizona Constitution from ever being “diminished or impaired.” Both the employee and employer contribute to your pension. Contribution rates are set by the Arizona State Legislature and may change each fiscal year.

The total contribution rate is comprised of two parts: the “pension and health insurance benefit” rate, which is a pre-tax paycheck deduction, and the “long-term disability income plan” rate, which is a post-tax paycheck deduction. Combined, these two parts make up the employee’s total contribution. The 2024-2025 contribution rate is 12.27%

New employees must initiate an account by registering at www.azasrs.gov. The enrollment code for Glendale Elementary is 67M00083.

Long-Term Disability Insurance

Broadspire Services Inc. administers the long-term disability benefit. Approved claims are payable on the 181st day of being unable to work. The benefit amount is 66 2/3% of the employee's base annual salary. Benefit is paid monthly. The duration of the benefit is determined by Broadspire Services, Inc.



Optional Retirement Savings Plans

403(b) Tax Sheltered Annuity Plan

457 Deferred Compensation Plan

403(b) ROTH After-Tax Plan

Tax sheltered annuity, deferred compensation and after-tax supplemental retirement plans are programs authorized under Section 403(b) of the Internal Revenue Service Code. The 403(b) plan and the 457 plan allows an employee to contribute a pre-tax portion of their paycheck to save for retirement. The employee does not pay taxes on the money they contribute or earnings that accumulate until the money is withdrawn. Withdraws are typically made when an employee retires and the employee is usually in a lower tax bracket.

To start contributing, the employee must set up an account with an investment provider chosen from the District's Approved Vendor List. The investment provider should submit a Salary Reduction Agreement form to the District's Payroll Department. Once initiated, the payroll deduction will rollover from school year to school year. Employees can modify their deduction amount anytime during the year by submitting a new Salary Reduction Agreement form to the Payroll Department. The Salary Reduction Agreement forms can be found on the Employees Benefits website.

For more information about these plans, please contact TSA Consulting Group at (888) 796-3786. TSA Consulting Group is the District's third-party administrator for supplemental retirement plans.

Important Note:

The District does not match employee contributions nor does it endorse any investment provider or investment option.

403(b) and 457(b) Advisor Contact List

Glendale Elementary School District

CETERA-MG TRUST Company - PenSelect

Stu Johnson

stuart.johnson@ceterais.com

(800) 423-4026

(602) 841-2627

Corebridge Financial

Baz Nissan

baz.nissan@aig.com

Bobbi Langan

bobbi.langan@aig.com

(800) 448-2542

(480) 250-1886

(480) 290-0301

Equitable Advisors

Alex Akers

alex@signaturewealthconcepts.com

(480) 444-3705

Fidelity Investments

403(b) Plan #54170

457(b) Plan #88948

(800) 343-3548

Fiduciary Trust Company of New Hampshire

Robert Young

robert@121ws.com

(877) 500-9590

(623) 850-0016

Horace Mann

Lucia Cisneros

lucia.cisneros@horacemann.com

(800) 999-1030

(623) 298-7200

MetLife Company

Jeremy Cook

jeremycook@financialguide.com

(800) 560-5001

(480) 638-2164

National Life Group

James Bischoff

james@uniret.com

(800) 579-2878

(702) 325-7654

Security Benefit

Jason Smith

jsmith@berthelrep.com

Nestor Montoya

nmontoya@summitfinancialsolutions.com

(800) 888-2461

(623) 203-7003

(480) 284-6554

The Legend Group

Jeff Wilhelms

jwilhelms@lincolninvestment.com

(602) 283-5873

Voya Financial

Nancy Bakshi

nancy.bakshi@voyafa.com

(800) 754-6133

(520) 639-2677

FSA – Flexible Savings Accounts

Flexible Spending Accounts (FSA)

A flexible spending account (medical, and dependent care) allows participants to pay for eligible out-of-pocket expenses with pre-taxed dollars. Participants must spend the money they elect by the end of the plan year (July through June) or the remaining money is forfeited. This is called the “Use it or Lose it” rule.

Medical FSA

A medical FSA covers general-purpose health expenses and can be used for qualified expenses such as prescription drugs, insurance copayments and deductibles, and medical devices. The maximum annual election is \$3,200. Glendale Elementary’s medical FSA has a carryover feature, which permits a maximum of \$640 of unspent funds to be carried over to the new plan year. Any amount over \$640 left in the account at the end of the plan year is forfeited.

Limited FSA

A limited FSA covers qualifying dental, vision, and preventive care expenses and can be paired with a high-deductible health plan and a health savings account (HSA). The maximum annual election is \$640.

Dependent Care FSA

Dependent care FSA helps participants save money on eligible dependent care services, such as child (up to age 13) or Adult daycare, before or after school programs summer day camp. The maximum annual election is \$5,000. Glendale Elementary’s dependent care spending account has a grace period feature which allows participants to incur expenses for an additional 2 ½ months.



WEX Health
Flexible Spending Accounts
(866) 451-3399
www.wexhealth.com

ADDITIONAL BENEFITS



Legal Insurance from ARAG



**GLENDALE
ELEMENTARY
SCHOOL DISTRICT**



WHAT IS LEGAL INSURANCE?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property or dealing with a traffic ticket.

WHAT DOES LEGAL INSURANCE COVER?

A legal insurance plan from ARAG® covers a wide range of legal needs like the examples shown below – and many more – to help you address life's legal situations.

Consumer Protection Matters

- Auto repair
- Buying or selling a car
- Consumer fraud
- Consumer protection for goods or services
- Home improvement
- Personal property disputes
- Small claims court

Criminal Situations

- Juvenile
- Parental responsibility

Family Law Events

- Adoption
- Domestic partnership
- Guardianship/conservatorship
- Name change
- Pet-related matters and damages
- Pre-marital agreements

General Needs

- Document review
- Credit records correction
- Document preparation

Finance, Tax & Debt-Related Matters

- Debt collection
- Garnishments
- IRS tax audit
- Personal bankruptcy
- Student loan debt

Home Ownership or Renter Matters

- Buying and selling a home
- Contracts/lease agreements
- Contractor issues
- Deeds
- Foreclosures or evictions
- Disputes with a landlord
- Neighbor disputes
- Real estate disputes

Traffic Troubles

- License suspension/revocation
- Traffic tickets

Wills & Estate Planning Needs

- Funeral directives
- Powers of attorney
- Wills
- Trusts

WANT MORE INFORMATION?



For specific details about your plan, and to view a complete list of coverages, visit **ARAGlegal.com/myinfo** and enter Access Code: **17936ges**



To talk with someone, call ARAG at **800-247-4184**

WHICH PLAN IS RIGHT FOR YOU?

UltimateAdvisor Plus™ offers you all of the coverages listed and more including:

- Divorce
- Child custody, support, visitation
- Miscellaneous legal services
- Services for parents/grandparents
- And more

WHAT DOES IT COST?

UltimateAdvisor®

\$17.30

UltimateAdvisor Plus™

\$24.45

USING YOUR LEGAL PLAN IS EASY

- 1** When you have a legal need, you can go online, use the ARAG Legal app or call Customer Care.
- 2** Answer a few questions to confirm your coverage and receive information on local network attorneys who can help with your legal matter.
- 3** Then, meet with a network attorney virtually, over the phone or in person.

HOW LEGAL SHOWS UP IN YOUR LIFE

Most consumers believe legal events are rare, once-in-a-lifetime events. But they're far more common than you think.

85%
of individuals experienced a legal event in the past three years.¹

These events often have a considerable impact on one's finances or family.

WHY SHOULD YOU GET LEGAL INSURANCE?



Work with a network attorney and attorney fees are **100% paid in full** for most covered matters.



Save thousands of dollars on average, for legal matters by avoiding costly legal fees.



We help you easily find local attorneys in ARAG's network – many who average 20+ years of experience.



Address your covered legal situations with a network attorney for **legal help and representation**.

ARAG members rated network attorneys **9.4 out of 10** for **accessibility, responsiveness** and **professionalism**.²



Use DIY Docs® to create a variety of **legally valid documents**, including state-specific templates.

Diversity, Equity & Inclusion Coverage

ARAG is constantly evolving and adapting to meet the needs of all employees. Whether it's an employee with a disability, a veteran or a member of the LGBTQ+ community, our coverage provides solutions that include:

- Domestic Partnership Agreement
- HIPAA/Hospital Visitation Authorization
- Funeral Directive
- Gender Identifier Change
- Social Security/Veterans/Medicare Dispute
- School Administration Hearing

And, network attorney fees for most covered matters like these are 100% paid in full.

¹ARAG Stress Research Study, October 2022.

²2022 ARAG Customer Satisfaction Survey.

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us.

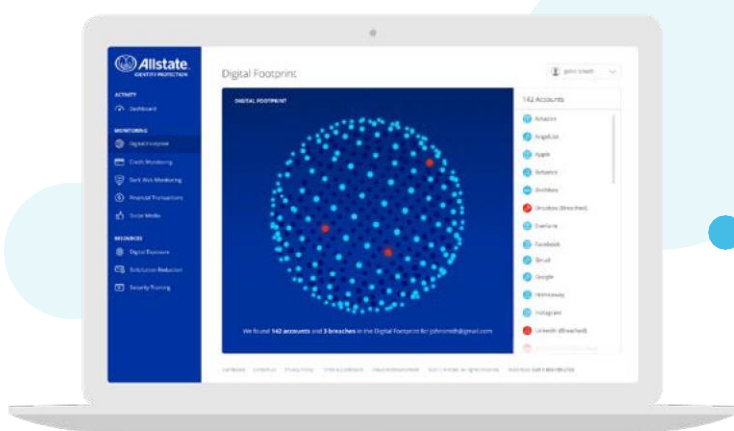
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Identity protection that keeps up with your digital life

Your identity is made up of more than your Social Security number and credit score. That's why we do more than monitor your credit reports. We help you look after your online activity, from financial transactions to what you share on social media — so you can protect the trail of data you leave behind.

Introducing our next evolution in identity protection. For over 85 years, we've been protecting what matters most. Now we're providing protection from a wide range of identity threats, so you can keep loving what technology adds to your life.



- ✓ See your personal data
- ✓ Manage it with real time alerts
- ✓ Protect your identity and finances from fraud†



**GLENDALE
ELEMENTARY
SCHOOL DISTRICT**

**Allstate Identity
Protection Pro
Individual coverage
is complimentary**

**Enroll during special
open enrollment**

Questions? 1.800.789.2720

Plans and pricing

**Allstate Identity
Protection Pro**

Individual coverage is complimentary
\$8.95 per family / month







**Allstate Identity
Protection Pro Plus**

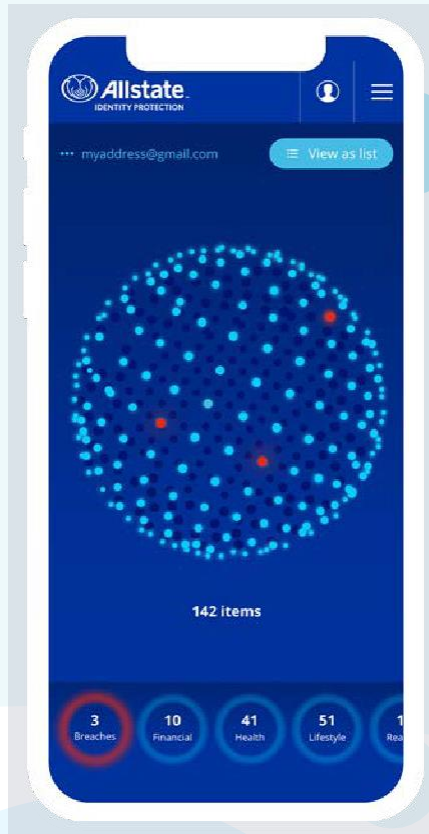
\$4.25 per person / month
\$10.95 per family / month

Contact Allstate Identity Protection after your free benefit is effective if you would like to upgrade your coverage.

Which plan is right for you?








Allstate Identity Protection Pro

-  Check your identity health score
-  View and manage alerts in real time
-  Monitor your TransUnion credit score and report for fraud
-  Receive alerts for cash withdrawals, balance transfers, and large purchases
-  Get reimbursed in the event of fraud with our \$1 million identity theft insurance policy†
-  Protect yourself and your family (everyone that's "under your roof and wallet")*



Allstate Identity Protection Pro Plus

All the features of our *Pro* plan, **plus:**

-  See and control your personal data with our unique tool, **Allstate Digital Footprint™**
-  Catch fraud at its earliest sign with tri-bureau monitoring and an annual tri-bureau credit report and score
-  Lock your TransUnion credit report in a click and get credit freeze assistance
-  Get help disputing errors on your credit report
-  See if your IP addresses have been compromised
-  Monitor social media accounts for questionable content and signs of account takeover
-  Get reimbursed for stolen 401(k) & HSA funds; we'll also advance fraudulent tax returns†

Protect yourself and your family



Kids' online identities can grow up faster than they do. Our Family Plan provides coverage for kids and teens of all ages, so you can help protect their personal data and give them a safe head start. If they are dependent on you financially or live under your roof, they're covered.*

* For family plan only

†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

It's easy to get started

1. Choose your plan

You're protected from your effective date. Our auto-on credit monitoring alerts require no additional setup.

2. Activate key features

Explore additional features in our easy-to-use portal. The more we monitor, the safer you can be.

3. Live your best life online

In the event of identity theft or fraud, you'll receive an alert as soon as it's detected.





Interface Behavioral Health

EMPLOYEE ASSISTANCE PROGRAM



Your EAP Glendale ESD provides an **Employee Assistance Program (EAP)** benefit that is available to you, legal spouse and dependents under the age of 26. The EAP provides confidential, no-cost support for you and your family with personal issues, planning life events and/or work related concerns.

What exactly is an EAP?

An EAP is one of the most effective ways to identify and address personal problems. Through the EAP, you can access convenient and confidential services at no cost to help you and your family reach personal and professional goals.

How does your EAP work?

When you call your EAP, you will be connected with an experienced EAP professional who will help to identify your concerns and match you with the right support. Your EAP can assist with many common concerns such as:

- + Stress management
- + Legal consultations
- + Financial management
- + Depression/Anxiety
- + Trauma
- + Relationships /Communications
- + Grief/Loss
- + Substance use
- + Career development
- + Life phase adjustments
- + Child/Elder care
- + Healthy living

What does your EAP provide?

✓ **Counseling Services** are available with access to six (6) in-person or teletherapy sessions with a licensed therapist who will listen to your concerns. Sessions are provided per problem, per family, per provider, per plan year.

✓ **Legal Services** are available to provide guidance and direction on a variety of legal issues with access to 30-minute consultations with an attorney on most legal concerns, free simple will kit (if criteria met), document review, simple resolution letters and/or phone calls on your behalf, family law, and discount off an attorney's normal hourly rate.

✓ **Financial counseling** and planning services are available with access to resources that can assist in consolidating debt, identify theft planning and solutions, financial planning, retirement planning and access to financial counselors/planners for free consultations.

✓ Online Work/Life Resources

provide access to unlimited self-help tools and resources for everyday work/life problems including child/elder care assistance, school/college resources, adoption assistance, and pet care services.

✓ Online Wellness Resources

provides access to wellness tools to help improve your overall wellness. Resources include access to personalized health profiles, weekly wellness lessons on a variety of topics such as stress, healthy weight, back pain, and eating healthy. Quarterly wellness webinars are accessible with access to topics such as sitting is the new smoking, the importance of sleep, workplace workouts, eating healthy on the go and stress management.

Member site: www.4eap.com

Username: GESD

Password: B40

**Private and confidential referrals and services
for you and your family**



**Your Mental Health Matters
Your EAP is Here to Help**



**Crisis
Counselors
24/7**

**Call Your EAP For
Confidential Support**

**800-324-4327
4eap.com**

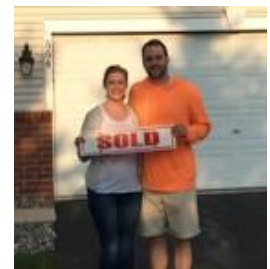
Feel Better with Student Loan Financial Planning

We offer the voluntary Loan Relief benefit from Fiducius to help you take control of your student loans, put more money back in your pocket and let you focus on what really matters. Join your colleagues at Glendale ESD who are saving an average of \$1100 on their monthly student loan payment.



New Low Payment & New House

“When I first got the email through my school district, I wondered, “Why hasn’t anyone told me about this before?” When I told them I was trying to buy a house, they even wrote a letter to my mortgage company helping them understand this program and how much I was saving. They’re always on top of everything, and now I’m saving money on my monthly student loan payments and have a new house too!”



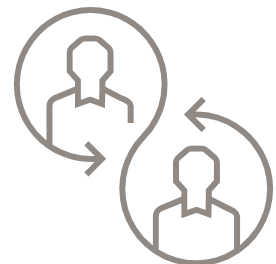
► David Wells - Teacher



It’s Easy to Get Started with Loan Relief Benefit

Let an expert student loan Advisor at Fiducius get to work for you:

- 1 **Assess** – learn about your personal financial situation and goals
- 2 **Advise** – identify the best option to solve your student loan issue
- 3 **Relieve** – provide a personalized Student Loan Financial Wellness Plan



The personalized plan is yours at no cost. Then, decide to hire Fiducius (fees may apply), or pursue the plan on your own. It’s up to you.



Visit <https://gesd40.myfiducius.com/register>

Register to learn how much you could save in just a few minutes.

If you’re having trouble logging in, email LoginAssistance@GetFiducius.com, put “Glendale” in the subject line, and provide a brief description of the problem.

Nationwide®

My Pet Protection®

PLAN SUMMARY

Nationwide^[1] pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

My Pet Protection coverage highlights

My Pet Protection is available in two reimbursement options (50% and 70%) so you can find coverage that fits your budget. All plans have a \$250 annual deductible and \$7,500 annual benefit.

Coverage include¹:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

My Pet Protection includes these additional benefits for cats and dogs:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

What makes My Pet Protection different?

My Pet Protection is available only through your employer, which includes preferred pricing and is guaranteed issuance. It also includes additional benefits like lost pet advertising, emergency boarding and more.

It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.



Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.

Nationwide offers more than great coverage

vethelpline®

- 24/7 access to veterinary experts
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

Nationwide
PetRxExpress™

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations



Get a quote at **PetsNationwide.com • 877-738-7874**

¹These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, **vet**helpline® and Nationwide **PetRxExpress**SM are service marks of Nationwide Mutual Insurance Company. ©2023 Nationwide. 22GRP9056



Nationwide®

Easy. Instant. Affordable.

United Pet Care offers a pet care plan that you and your pet will love.

We are NOT pet insurance, instead we offer an inclusive alternative to traditional pet insurance saving you 20-50% on every visit to the vet.



Better Than Insurance

Unlike most traditional pet insurance, UPC covers:

- ✓ Senior & rescue animals
- ✓ Breed specific conditions
- ✓ Pre-existing conditions
- ✓ Routine wellness services

Includes All In-House Medical Services Including

STANDARD VET CARE

Wellness Visits

Routine Care

Vaccinations

Sick Visits

Parasite Screenings

+ SO MUCH MORE

Dental Exams

Emergency Care

Allergy Treatments

In-House X-Rays

Cancer Care

Hospitalization



Includes access to a 24/7 Pet Helpline

*Exclusions may apply.





Join WellStyles Today!

Earn up to \$300 while improving your health and wellness!

WellStyles is your personalized health and wellness program that's designed to meet you where you're at in your health journey. The average employee spends 50 hours per week at work, and we're here to help you carve out time for yourself. Because optimal health is for everyone. **The WellStyles program runs from July 1- June 30.**

What you can earn at each level:

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Points	5,000	15,000	35,000	60,000
Rewards	\$25	\$75	\$90	\$110

How to get started:

- 1 Sign up for your account by going to join.virginpulse.com/wellstyles
- 2 Sign up with your information as it appears with your employer
- 3 Download the Virgin Pulse mobile app for iOS or Android. Access your account and track your activity anywhere, anytime.



Please note: If you create an account through the app, you will need to enter the sponsor name.

Sponsor Name: WellStyles

Who is this for?

All employees at Glendale Elementary School District are invited to sign up. Once you're signed up, be sure to invite your coworkers to join in on the fun!

Questions?

If you need assistance, please contact the WellStyles team at info@wellstyles.org.



A quick guide to success:

For more information on earning points, visit the Rewards page and click on "How to Earn" for a full list of eligible activities throughout the year. To see what points you have earned to date, go the Rewards page and click on "My Earnings" for a full list.

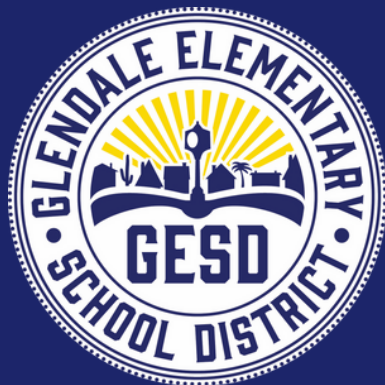
Activity	Monthly Points Earned	Activity	Yearly Points Earned
Daily Cards (20 points ea)		Health Assessment	2,500
Complete 2 Daily Cards, 5 days a week	200	Find the Health Assessment by clicking on Rewards and scrolling down to the Survey section and click on Health Assessment.	
Bonus: Complete 10 Daily Cards in a month	100	Preventative Care	
Bonus: Complete 20 Daily Cards in a month	200	Dental Exams	5,000
Healthy Habits (10 points ea)		Vision Exam	2,500
Track Healthy Habits, 3x a day for 5 days a week	150	Preventative Vaccines	5,000
Bonus: Track Healthy Habits 10 days in a month	200	Cancer Screenings	15,000
Bonus: Track Healthy Habits 20 days in a month	300	Wellness Exam	20,000
Step Tracking (7,000 steps in a day = 70 points)		<i>Note: Wellness Exams and Cancer Screenings require documentation. Documentation must include the provider and date of exam/screening. For example, a doctor's note or your explanation of benefits from your medical insurance provider.</i>	
Take 7,000 steps a day for 5 days a week	400	Additional Rewards	
20-Day TT: 7,000 steps/15 active min/15 workout min	400	WellStyles Annual Survey	1,000
20-Day TT: 10,000 steps/30 active min/30 workout min	500	Step Challenges	4,000
Sleep Tracking (10 points per night)		Blood Glucose (A1C Test)	5,000
Track Sleep Manually 5 days a week	50	Virta Diabetes Program	5,000
Bonus: Track Sleep 10 days in a month	100	Real Appeal Enrollment	5,000
Bonus: Track Sleep 20 days in a month	200	Volunteer Opportunities	1,000
Bonus: Sleep > 7 hours 20 days in a month	500	TOTAL YEARLY POINTS	up to 71,000
Habit Challenges			
Healthy Habit Challenge	200		
Create a Personal Challenge	50		
Monthly Virtual WellStyles Events			
Wellness Window	350		
Healthy Habit Coaching Call	350		
WellStyles Event points are awarded by Voucher Codes. These 10-digit codes can be applied to your account by clicking on Rewards then by clicking on Redeem a Voucher.			
TOTAL MONTHLY POINTS	up to 7,350		



Have questions about the platform?

View our WellStyles Tech-Tip page that has short and sweet tech tip videos designed to help you navigate the WellStyles platform and achieve your health and wellness goals with ease.





Virgin Pulse/WellStyles...

FITNESS ENGAGEMENT



Earn 1,000 points each quarter for
up to
4,000 points for the year!

Did you purchase fitness equipment, a home membership for exercise, or an online or in person trainer/classes?

If so, by providing receipts of your purchase of at least \$25, 1,000 points will be added to your account each quarter:

JULY- SEPTEMBER
OCTOBER-DECEMBER
JANUARY-MARCH
APRIL-JUNE

All documentation should be turned into wellness@gesd40.org, no later than one week after the quarter ends.

Questions, email wellness@gesd40.org



FITNESS INCENTIVE PROGRAM

FOR ALL GESD EMPLOYEES

WHY

Make your health a priority!

WHAT

\$75 INCENTIVE
each quarter if you
attend a fitness
facility on an
average of three
times per week*



HOW

Provide proof of a
paid membership
to a fitness facility
AND
proof of
participation from
the fitness facility.

WHEN

Program starts July 1, 2023

First Quarter: July 1-Sept. 30. Reimbursement forms due by Oct. 6.

Second Quarter: Oct. 1-Dec. 31. Reimbursement forms due by
January 13.

Third Quarter: January 1-March 31. Reimbursement forms due April 5.

Fourth Quarter: April 1-June 30. Reimbursement forms due July 12.

*Only one time per day will count at a particular facility. The program is intended to encourage employees to visit the fitness facility three times a week all quarter.

Attendance logs are verified. Each employee will be given one week's grace each month. The incentive will be provided in a gift card from your choice of merchants: Fry's, Amazon or Target. 69

The Employee Network[®]

Since 1998

Your Company Code: Glendale Elementary

The Employee Network offers you the best discounts with NO hidden service fees at checkout. Your membership provides exclusive access to over 300 + local and national businesses. From automobiles to theme parks, The Employee Network has you covered. Visit our website www.employeenetwork.com to start saving now!



REGISTER ON OUR
WEBSITE
AND
REAP ALL THE REWARDS!

- Digital Membership Card
- Contests and Giveaways
- Purchase Discount Tickets
- Access to All Merchants

GET AMAZING DISCOUNTS

THEME PARK TICKETS

TRAVEL & HOTELS

AUTO & HOME

RESTAURANTS

EDUCATION

HEALTH & WELLNESS

70

AND MORE!

The Employee Network[®]

Since 1998

To start enjoying the benefits offered simply visit www.EmployeeNetwork.com to see all the great discounts. A personalized membership card is provided by creating a login at the top right of The Employee Network website. (member card is at top right) Being logged in also gives you access to the shopping cart for tickets.

Where asked, your Company code is: G lendale Elementary (case sensitive)



Access Your Employee Perks Program Today!

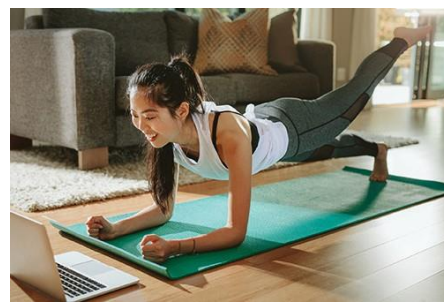


**GLENDALE
ELEMENTARY
SCHOOL DISTRICT**



More perks. More savings. More of what makes you happy.

We're here to support your personal and financial well-being through exclusive deals and limited-time offers on the products, services and experiences you need and love.



START SAVING ON

Electronics ♦ Appliances ♦ Apparel ♦ Cars ♦ Flowers ♦ Fitness Memberships Gift Cards ♦ Groceries ♦ Hotels ♦ Movie Tickets ♦ Rental Cars ♦ Special Events Theme Parks ♦ And More!

Getting Started is Easy.

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VISIT

<https://gesd.savings.workingadvantage.com>

NEED HELP? EMAIL US: CUSTOMERSERVICE@WORKINGADVANTAGE.COM

POWERED BY
working
ADVANTAGE



Retirement Timeline & Checklist

Within 3 Years of Retiring

- ☐ Schedule a “Route 3: Destination in Sight” meeting via your myASRS account with Arizona State Retirement System (ASRS)
- ☐ Review your Social Security account
- ☐ Submit Supplemental Retirement Program Participation Form to the Benefits Analyst
- ☐ Things to consider:
 - ☐ Check your leave balance(s) for potential buy-back opportunities for unused leave
 - ☐ Is Phased Retirement an option?
 - ☐ Look at your debt ratio and compare it to your anticipated retirement income
 - ☐ Pay down debt and increase your savings
 - ☐ Meet with your financial advisor if applicable:
 - Open an Individual Retirement Arrangement (IRA)
 - ☐ Save for an Emergency Fund
 - ☐ Research healthcare options:
 - COBRA
 - Arizona State Retirement System (ASRS)
 - Medicare
 - Marketplace Exchange

Within a Year of Retiring

- ☐ Schedule a “Know Your Insurance” meeting via your myASRS account with Arizona State Retirement System (ASRS)
- ☐ Request a personalized benefit estimate from Arizona State Retirement System (ASRS)
- ☐ Review spousal consent requirement with Arizona State Retirement System (ASRS)
- ☐ Submit your letter of retirement and the Benefits Analyst

Within 3 Months of Retiring

- ☐ Complete the online Retirement Application via your myASRS account with Arizona State Retirement System (ASRS)
- ☐ If you elect insurance with ASRS, complete the online medical/dental insurance enrollment application via your myASRS account
- ☐ If you elect COBRA insurance with Glendale, submit the enrollment paperwork to Wex health
- ☐ Call your Benefits Analyst at ext. 7149 to confirm you have submitted all the necessary paperwork and met applicable deadlines.

10 to 14 Days After Retiring

- ☐ Verify with the Payroll Department that your Ending Payroll Verification form was submitted to Arizona State Retirement System (ASRS)

45 to 90 Days After Retiring

- ☐ Receive your first regular pension payment retroactive to your retirement date (minus any estimate

payments you received and Health Insurance premiums, (if applicable) from Arizona State Retirement System (ASRS)

Retirement with the Glendale Elementary School District

Employees with at least five years of employment are eligible for sick leave buy-back at the time they end employment.

Employees hired before July 1, 2016 may be eligible for the Supplemental Retirement Program if employed by the District for at least 15 consecutive years immediately prior to retirement and retires with the Arizona State Retirement System (ASRS) under normal retirement. The Supplemental Retirement Program provides a subsidy to be used towards the cost of medical insurance premiums. A participation form is required and must be submitted by March 20th of the fiscal year in which you retire.

Retirement with the Arizona State Retirement System

Normal Retirement for employees who became a member 7/1/2011 or later:

- 55 years old plus 30 years of service OR
- 60 years old and 25 years of service OR
- 62 years old plus 10 years of services OR
- 65 years old and any number of years

Normal retirement for employees who became a member prior to 7/1/2011:

- 80 points OR
- 62 years old plus 10 years of service OR
- 65 years old and any number of years

FORMS



Acknowledgement Statement For Insurance Benefits

By signing below, I am acknowledging that I have received information about the District's insurance benefits.

Initial _____

By signing below, I am acknowledging that I have received instructions on how to complete the online enrollment process for insurance benefits.

Initial _____

By signing below, I am acknowledging that I understand I only have 31 calendar days from my start date to complete the online enrollment process for insurance benefits.

Initial _____

By signing below, I am acknowledging that I understand if I miss the 31 calendar-day window, the next opportunity I will have to enroll in benefits is during the next Open Enrollment period.

Initial _____

By signing below, I am acknowledging that I understand my responsibilities in order to have insurance benefits.

Initial _____

Print Employee Name

Employee Signature

Date

HR Representative

Date

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Print Employee Name

Employee Signature

Date

HR Representative

Date

Important Contacts

2nd. MD

2nd.md/valleyschool
866.269.3534

403(b)/475 Retirement Savings Plans

tsacg.com
888.796.3786

Allstate Identity Protection

allstateidentityprotection.com
800.789.2720

ARAG Legal

araglegal.com/myinfo
800.247.4184

Arizona State Retirement System (ASRS)

azasrs.gov
602.240.2000

Cigna Dental

cigna.com
800.244.6224

Colonial Life

coloniallife.com
800.325.4368

Delta Dental of Arizona

deltadentalaz.com
602.938.3131

Fiducius

getfiducius.com
513.904.4951

Hinge Health

www.hinge.health/valleyschools

Interface Behavioral Health

4eap.com
800.324.4327
800.324.2490 (Spanish)

Nationwide Pet Insurance

petinsurance.com
877.738.7874

Optum Bank Health Savings account (HSA)

myuhc.com
800.791.9361

Parsley Health

www.parsleyhealth.com/b2b/
valleyschools

Real Appeal

enroll.realappeal.com
844.924.7325

Sunlife Financial

sunlife.com/us
800.247.6875

UnitedHealthcare

Traditional Medical Plan
myuhc.com
800.638.7287

HDHP Base Medical Plan

myuhc.com
866.314.8187

UnitedHealthcare EAP

888.887.4114

UnitedHealthcare Vision

myuhcvision.com
800.638.3120

United Pet Care

unitedpetcare.com/gesd
602.266.5303

Virgin Pulse (WellStyles)

join.virginpulse.com/wellstyles
888.671.9395

Wex Health

www.wexhealth.com
866.451.3399

Glendale Elementary School District Employee Benefits and Wellness Department

Jodi Finnesy

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Benefits Analyst

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Technician of HR

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623.237.5573

Wellness Program Specialist

wellness@gesd40.org

This Enrollment Benefits booklet is not a contract, is not legally binding, and does not alter any original plan documents. Rather, it is intended to be a summary of available benefits provided through your employer. Every effort has been made to ensure the accuracy of this information. However, the actual determination of your benefits is based solely on the plan documents and if statements in this description differ from the applicable plan documents, coverage documents or Summary Plan Descriptions, then the terms and conditions of those documents will prevail. Please check with your employer's Benefits Office for further guidance

-Trust Board-

Mr. Lee Peterson, Chairperson

Ms. Bernadette Bolognini, Member

Mr. Nate Bowler, Member

Ms. Mary Ann Wilson, Member

-Staff-

Mr. Mike Barragan, Assistant Superintendent for Finance and Auxiliary Services

For agendas and meeting information go to: www.gesd40.org – select “Community,” then select “Trust Board.”



**GLENDALÉ
ELEMENTARY
SCHOOL DISTRICT**