

AJO UNIFIED SCHOOL DISTRICT #15



Employee Benefit Guide Plan Year 2024 – 2025 Effective: July 1, 2024

This guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. The choices you make will remain in effect during the plan year, unless you have a qualifying life event.

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset.

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Ajo Unified School District

2024/2025 Contacts

Medical

UnitedHealthcare
(866) 414-1959
www.myuhc.com

Dental

Delta Dental of Arizona
(800) 352-6132
www.deltadentalaz.com/member

Vision

Delta Vision (EyeMed)
(866) 605-4242
www.EyeMedVisionCare.com

Human Resources

Angelina Valenzuela
(520) 387-5618
Angelina@ajoschools.org

Open Enrollment

Tami Eggimann, GBS Account Manager
(480) 530-0547
tami.eggimann@gbsbenefits.com

Enrollment & Eligibility

Who is Eligible?

If you are hired as a full-time employee working 30 or more hours per week, coverage will begin on the first day of the month following date of hire of qualified employment. You may also enroll your eligible dependents in the same plans you choose for yourself.

Eligible dependents include your legal spouse and your natural, adopted or step-child(ren). The dependent age limit for children on your medical plan is age 26,

When to Enroll

You can enroll for coverage as a new hire, or during our annual open enrollment period. Outside of the annual open enrollment period, the only time you can change your coverage is if you experience a qualifying life event.

How to Make Changes

Once you enroll in or decline benefits, you will not be able to make any changes to your elections until our next annual open enrollment period, unless you experience a qualified life event. Qualified life events include, but are not limited to:

- › Change in your legal marital status
- › Birth, adoption, placement for adoption or legal guardianship of a child
- › Death of a dependent
- › Change in child's dependent status
- › You or your dependent(s) become eligible or lose eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
- › Change in your dependent's employment resulting in loss or gain of eligibility for employer coverage
- › A court or administrative order

If your qualified life event is due to loss or gain of Medicaid or CHIP coverage, you have 60 days to complete the necessary enrollment forms and return them to us. All other qualified life events must be reported to us within 30 days of the event. It is your responsibility to notify us when you have a qualified life event and would like to make changes to your benefit elections. Please do not miss this important deadline!

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which your regular work schedule is reduced to fewer than 30 hours per week, your employment ends, or you stop paying your share of the coverage. Your dependent(s) coverage ends when your coverage ends, or the last day of the month in which the dependent is no longer eligible. Certain benefits may terminate on the date of event.



Medical Insurance is provided by UnitedHealthcare (UHC). UHC provides you access to a national network of providers. Ajo Unified School District offers three medical plan options. All three plans utilized the UHC Choice + network. Providers that participate in the UHC Choice+ network have agreed to a contracted rate which results in reduced out-of-pocket expenses. To find an in-network provider that participates in the UHC Choice+ network, visit <http://www.myuhc.com>. You can also register for access to your own account at www.myuhc.com.

Detailed SBCs are available on your enrollment page in Employee Navigator.



Medical Plan Summaries

Medical

UnitedHealthcare



Medical

UnitedHealthcare

Plan Name Network	Choice Plus \$3,000 Bronze Choice Plus	Choice Plus \$1,000 Silver Choice Plus	Choice Plus \$500 Gold Choice Plus
Deductible - Calendar Year	\$3,000/person \$6,000/family	\$1,000/person \$2,000/family	\$500/person \$1,000/family
Calendar Year Out-of-Pocket Maximum	\$7,000/person \$14,000/family	\$5,000/person \$10,000/family	\$5,000/person \$10,000/family
Co-Insurance	80%	80%	80%
Preventive Care	100%	100%	100%
Office Visits	PCP \$35 / SP \$70	PCP \$25 / SP \$50	PCP \$30 / SP \$60
Urgent Care	\$50	\$50	\$50
Inpatient Hospital Services	You Pay 20% After Deductible	You Pay 20% After Deductible	You Pay 20% After Deductible
Outpatient Hospital Services	You Pay 20% After Deductible	You Pay 20% After Deductible	You Pay 20% After Deductible
Emergency Room	\$500	\$400	20% AD
Pharmacy			
Retail 30-day Supply	\$10 / \$35 / \$70	\$10/\$35/\$70	10/\$35/\$70
Mail Order 90-day Supply	\$25 / \$87.50 / \$175	\$25 / \$87.50 / \$175	\$25 / \$87.50 / \$175

**The benefits listed are in-network benefits. For Out-Of-Network and additional coverage, please see the plan summaries.*

	Choice Plus \$3,000 Employee Cost Per Pay Period	Choice Plus \$1,000 Employee Cost Per Pay Period	Choice Plus \$500 Employee Cost Per Pay Period
Employee Only	\$ 0.00	\$ 4.33	\$17.25
EE + Spouse	\$254.76	\$263.86	\$290.98
EE + Child(ren)	\$231.60	\$240.26	\$266.09
Family	\$532.67	\$546.97	\$589.59



When you need care, Care Cash may help



What is Care Cash?

It's a preloaded debit card that helps guide you to eligible network* care (and helps pay for it). Care Cash® comes loaded with \$200 for individual or \$500 for family plans.

What care can I use it for?



UnitedHealth Premium® Care Providers

Primary care* (routine care from physical to behavioral health) and Specialty care (for specific concerns from cardiology to orthopedics).



Urgent care

From care at convenience clinics (for flu shots and minor injuries) to urgent care (for broken bones and infections).



24/7 Virtual Visits

Virtual urgent care for common concerns (from the flu to allergies).

Learn more

uhc.com/carecash

United
Healthcare

*Must be a UnitedHealthcare Network provider to be eligible for Care Cash.

Care Cash provides a pre-loaded debit card which can be used for certain health care expenses. If the card is used for ineligible 210(d) expenses, individuals may incur tax obligations and should consult an appropriate tax professional to determine if they have such obligations. The information provided in connection with Care Cash is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional to determine what may be right for them.

24/7 Virtual Visits is a service available with a provider via video, or audio-only where permitted under state law. It is not an insurance product or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. You should also discuss designations with a physician before choosing him or her. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician.** Please visit myuhc.com for detailed program information and methodologies.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

Administrative services provided by UnitedHealthCare Services, Inc. or their affiliates.



Get in on UHC Rewards

Good news—your health plan comes with a way to earn up to \$300. UnitedHealthcare Rewards is included in your health plan at no additional cost.



There's so much good to get

With UHC Rewards, a variety of actions—including things you may already be doing, like tracking your steps or sleep—lead to rewards. The activities you go for are up to you, and the same goes for ways to spend your earnings.

Here are just a few of the ways you can earn:

Connect a tracker	\$25
Take a health survey	\$15
Get an annual checkup	\$25
Get a biometric screening	\$50

Visit UHC Rewards for the full list of rewardable activities that are available to you—and look for new ways of earning rewards to be added throughout the year.

Earn up to
\$300

**United
Healthcare**



When life gets challenging, you've got caring, confidential help

Your Employee Assistance Program (EAP) provides 24/7 direct access to personalized support, resources and no-cost referrals to help you, and your family, with a range of issues, including:

- Managing stress, anxiety and depression
- Improving relationships at home or work
- Getting guidance on legal and financial concerns
- Coping with occupational stress and burnout support
- Addressing substance use issues

You have unlimited access to a telephonic EAP specialist who can help in the moments that matter, at no additional cost.

\$0

Call today for access to master's-level EAP specialists at no additional cost

EAP provides coverage for 3 free counseling sessions per incident, per year.

Services are completely confidential and will not be shared with your employer.

Get started

Call EAP 24/7 at **1-888-887-4114**

**United
Healthcare**

The material provided through this program is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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A health plan that's always with you

Digital tools to keep you connected

Get the most out of your benefits

Register for your personalized website on myuhc.com[®] and download the UnitedHealthcare[®] app. These digital tools are designed to help you understand your benefits and make informed decisions about your care.

- Find care and compare costs for providers and services in your network
- Check your plan balances, view your claims and access your health plan ID card
- Access wellness programs and view clinical recommendations
- 24/7 Virtual Visits – Connect with providers by phone or video* to discuss common medical conditions and get prescriptions,** if needed
- View your health care financial account(s) such as HSA, FSA or HRA
- Compare prescription costs and order refills



Download the app

Available for iPhone and Android

Register today



Scan the QR code or go to myuhc.com and click **Register Now**

See next page for registration steps

^{*}Data rates may apply.

^{**}Certain prescriptions may not be available, and other restrictions may apply.

continued

United
Healthcare



Dental Insurance is provided by Delta Dental of Arizona. Delta Dental provides you access to a national network of providers. Providers that participate in the Delta Dental PPO and Premier network have agreed to a contracted rate which results in reduced out-of-pocket expenses. To find a dentist that participates in the Delta Dental of AZ network, please visit www.deltadentalaz.com/member.

A detailed benefit summary is available in Employee Navigator.



Dental Benefit Summary

Dental

Delta Dental of Arizona



Dental

Delta Dental of Arizona

PPO Dental Plan Features	In-Network	Out-of-Network
Calendar Year Deductible (waived for Preventive Services and Orthodontics)	\$50 per person (maximum 3 per family)	
Annual Maximum	\$1,000	\$2,000
Class I - Preventive Services (e.g. x-rays, cleanings, exams)	100%	100%
Class II - Basic Services (e.g. fillings, extractions, root canals)	80%	80%
Class III - Major Services (e.g. dentures, crowns, bridges)	50%	50%
Class IV - Orthodontics	50% Up to age 19	50% Adult & Child
Orthodontic Lifetime Maximum Orthodontic Age Limit	\$1,500 19	\$1,500 19

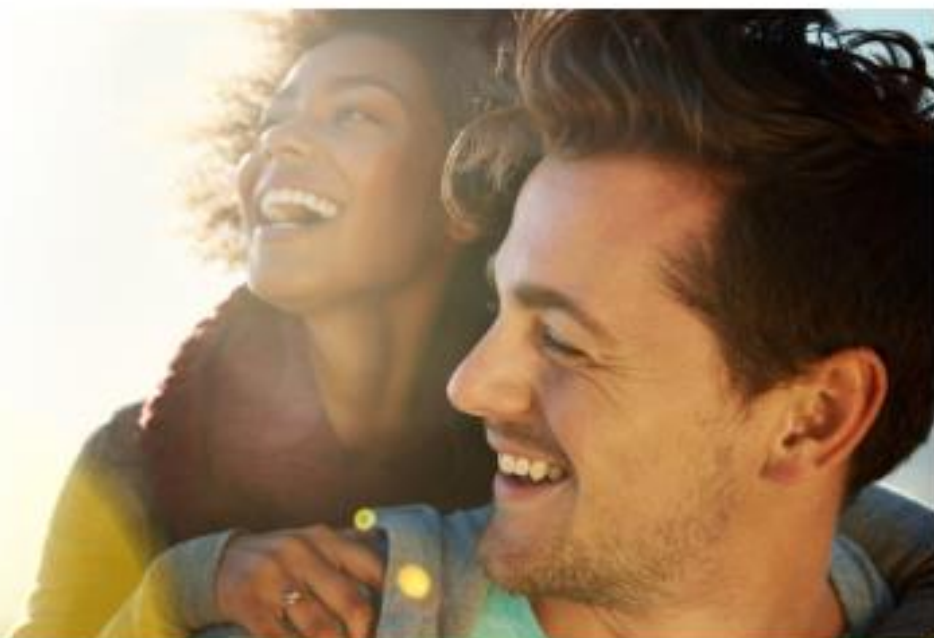
Dental Plan Premiums

Employee Cost Per Pay Period

Employee Only	\$17.16
Employee & Spouse	\$34.33
Employee & Child(ren)	\$42.75
Family	\$58.89

Delta Dental Mobile App

Helping members
manage their oral health



Oral health is important to Delta Dental — and to overall health! We've designed our mobile app to make it easy for your employees to make the most of their dental benefits. Members can search for a dentist near them, access ID cards and more, right on their mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code at right. You will need an internet connection in order to download and use most features of our free app.

Delta Dental Mobile App features

- Access your membership ID card with a single click.
- Use the dentist search tool to find an in-network provider nearby.
- Save your preferred dentist for quick access.
- Get estimated cost ranges for common dental care needs with our easy-to-use Dental Care Cost Estimator tool. (Not available in all geographic areas.)
- Look up claims information for your dentist visits over the last 18 months.
- Review your dental policy coverage details.



SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.

DeltaVision[®]

Dental Vision Insurance utilizes the EyeMed network that includes retail and private practice providers. All providers are staffed with Doctors of Optometry and Ophthalmology, along with professionally trained staff to give you quality care and products. To find a provider that participates in the Delta Vision EyeMed network, visit www.EyeMedVisionCare.com

A detailed benefit summary is available in Employee Navigator.



Vision Benefit Summary

Vision

Delta Vision - EyeMed



Vision

Delta Vision with EyeMed Network

Plan Features	In-network	Out-of-network
Deductible	Exam: \$10 copay Eyeglass lenses or frames: \$10 copay	
Exam (once every 12 months)	\$10	Up to \$30
Frames (one every 12 months)	\$150 retail allowance max. + 20% off balance	Up to \$75
Lenses (one every 12 months)		
Single Vision	\$10	Up to \$25
Lined Bifocal	\$10	Up to \$40
Lined Trifocal	\$10	Up to \$55
Lenticular	\$10	Up to \$55
Standard Progressive	\$75	Up to \$40
Premium Progressive		
Tier 1	\$95	Up to \$40
Tier 2	\$105	Up to \$40
Tier 3	\$120	Up to \$40
Tier 4	\$75 copay, 80% of charge less \$120 allowance	Up to \$40
Contact Lenses (one every 12 months)		
Elective	\$150 allowance max.	Up to \$120
Medically Necessary	\$10 copay	Up to \$200

Vision Plan Premiums

Employee Cost Per Pay Period

Employee Only	\$3.53
Employee & Spouse	\$7.06
Employee & Child(ren)	\$6.89
Family	\$10.77

Stretching Your Rx Dollar

GoodRx Comparison Tool

Stop paying too much for your prescriptions! With the GoodRx Comparison Tool, you can compare drug prices at over 70,000 pharmacies, and discover free coupons and savings tips.

Isn't health insurance all I need?

Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings?

The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

› **On the Web:** <https://www.goodrx.com/>

Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.

Please Note:

- Prescription drug pricing displayed on the GoodRx Comparison Tool may be more or less than your insurance drug card.
- Please be sure to compare all discount pricing options before you purchase.
- Check your insurance carrier's pharmacy benefit before purchasing a 90 day supply.

› **On Your Phone**

Available on the app store or with Android on Google play. Or, just go to m.goodrx.com from any mobile phone.

Generic Prescriptions

\$4 30-Day Supply or a \$10 90-Day Supply

These programs may assist you in paying a reduced amount for generic medications, as well as, reducing utilization of the medical prescription benefits.

Did You Know?

Even if the generic substitute for one of your prescription drugs is not on one of the \$4 lists, generic drugs are often 80% less expensive than brand name drugs, so switching to a generic will have a large impact on your pocketbook whether you switch pharmacies or not. To see if you would benefit from a switch to a generic drug, do some comparison shopping. One of the better places to do this is at www.crbestbuydrugs.org, a Consumer Reports site.

Tips

- When you receive a prescription from your doctor, ask if a generic equivalent is available.
- The member must present the written prescription to the pharmacist and request the \$4- Generic price.
- The member should not present the medical ID card. The pharmacy will not submit a claim to the insurance carrier.

How can I find out if my prescription is on the \$4-Generic Drug List?

Most of the generic programs offer approximately 150 to 300 generic drugs at a discounted price. The generic drugs offered cover most diseases and most chronic conditions such as arthritis, heart disease, high blood pressure, depression and diabetes.

You may search for the generic medication on the pharmacy's website or contact the pharmacy to inquire if the generic medication the provider prescribed is on the pharmacy's \$4-Generic Drug List.

Enrollment Instructions

Welcome to the Ajo Unified School District employee benefits website! As you know, your benefits are an important part of your overall compensation. We are proud to introduce our simple, convenient online benefits enrollment system that will make enrollment faster and easier than ever before!

REGISTRATION

Existing Users & New Users

To register, visit our employee benefits website:



New users will click on “Register as a new user” to create a username and password. When creating a new user account, you must enter your first name, last name, company identifier: **AUSD**, last four of your SSN, and birth date. Then, you will be prompted to create a username (company or personal email is recommended) and password (minimum length of 6, number, and symbol required). Once your account is completed, you will be logged into the employee benefits website and gain access to all the employee features.

<https://www.employeenavigator.com/benefits/login.aspx>

FEATURES

□ Profile

Under “Profile”, you can easily update your personal and dependent information, such as address or emergency contacts, at any time throughout the year. Updates may be subject to HR approval.

□ Benefits

You can access plan information at any time by clicking “Benefits”. From here, you can view enrollment summaries, plan details, review costs, and view enrolled dependent information.

□ Resources

Under “Resources”, you can access news and articles to plan and HR documents including SBCs, forms, and company policies and procedures.

□ Employee Announcements, News, & Articles

Located on the Employee Home Page, this feature allows you to view information and announcements provided by Housing Authority of the County of San Joaquin, as well as articles and news.

□ Online Enrollment

As a new employee, you will be able to enroll in benefits when first eligible. During the Open Enrollment period, you can enroll in and make changes to your benefits.

□ Qualifying Event Changes

You can report qualifying events and make eligible benefit enrollment changes directly online via “Benefits” > “Change Coverage”. Life event changes may be subject to HR approval.

WHEN CAN I ENROLL?

New Hires: You must enroll within 30 days of your eligibility date. If you fail to enroll within your 30-day window, you will be required to wait until open enrollment to enroll or make changes. Benefits begin on the first of the month following your waiting period. Please complete your online enrollment prior to your effective date.

Open Enrollment: Open enrollment is conducted in Nov/Dec with an effective date of January 1. You may enroll and make changes online during this open enrollment season. Once open enrollment is closed, you may not make any changes to your benefit elections unless you experience a qualifying event.

Qualifying Event: If you experience a “Qualifying Event,” during the plan year, you must request the appropriate changes in the online enrollment system within 30 days of the event. If you fail to do so, you will be required to wait until open enrollment to enroll or make changes. Qualifying events include marriage, divorce or legal separation, birth or adoption of a child, death, spouse losing coverage at their place of employment, child turning 26 years old, or loss of other coverage.

BEFORE YOU ENROLL IN YOUR BENEFITS

- Review the plan information thoroughly before entering the enrollment section – it is important that you understand your benefit options BEFORE starting the enrollment process.
- If you are enrolling your spouse and/or children, please have their dates of birth and social security numbers.

ENROLL IN YOUR BENEFITS

Once on the website, you will go through a series of screens – each screen takes only a few moments to complete. All your benefit elections will be displayed on a “cost per pay period” basis based on your specific benefit options.

- 1) Start Benefits:** Log into Employee Navigator with your username and password. Click “Start Benefits” to begin the enrollment process.
- 2) Personal Information:** Please verify that all your personal information is accurate. If you see any blank fields or need to make changes, please update the information. Then, click “Save & Continue” at the bottom of the screen.
- 3) Dependent Information:** If you have a spouse and/or child(ren) that you wish to cover, click “add dependent”, enter your dependent’s information, and click “Save”. Remember that you will need correct names, dates of birth, and social security numbers for all covered individuals. Once you have added all your dependents, click “Save & Continue”.
- 4) Benefits:** The next few screens will present benefit selections by product (medical, dental, vision, etc.). To learn more about the offered plans, simply click on “Compare”, “Details”, and the links under “Helpful Resources”.
 - **Who am I Enrolling?** Select the dependents you wish to cover for the benefit by clicking the circle next to their name. The “cost per pay period” will update as you add dependents.
 - **Which Plan do I want?** Select a plan by clicking “select plan”. If you aren’t interested in selecting a plan, click “Don’t want this benefit?” and choose reason for declining benefit.
 - You must click “Save & Continue” – which displays a check mark next to the benefit - to save each benefit and continue to the next benefit.
- 5) Beneficiary Information:** If you are prompted to add a beneficiary, it is important that you complete the primary and contingent beneficiary information. You may select a dependent from the second screen, or you can designate any other person, organization, or estate trust. It is recommended to update this information on an annual basis or after any major life event. To add a primary or contingent beneficiary, simply click “add a beneficiary”. Your primary and contingent beneficiary allocation MUST add up to 100%. When you are done, click “Save” and “Continue”.
- 6) Enrollment Summary:** This is the final step. Please review your enrollment options and costs. If you wish to make changes to your selections, click on the “Benefits” tab, select the benefit to update your information, and click “Save & Continue” to finish back at the enrollment summary. Once your information is accurate, review the acknowledgement and click “Agree”. Your enrollment is now complete. If interested, click “print” to print a copy for your personal records and verify the costs with your pay stub.

QUESTIONS?

If at any point during this process you have questions or require technical support, email Tami Eggimann at tami.Eggimann@gbsbenefits.com.

Housing Authority of San Joaquin County and GBS Arizona have made every effort to accurately report the information in this Benefits Overview. This overview does not include all plan details, rules, limitations, or exclusions. If there are any inconsistencies between this document and the SPD, the SPD is the document that will be relied upon for plan administration and is the document that governs the benefits available.



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