



Clear eyes. Bright smiles. Healthy lives.





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Introduction

Whether you are a new employee enrolling into your benefits for the first time or considering your benefits during open enrollment, this guide is designed to help you through the process.

Yuma Elementary School District One is proud to offer you a broad range of benefit options. You can choose from a number of plans including medical, dental, vision, life insurance and voluntary supplement programs. In addition, we provide health care and dependent care reimbursement accounts to assist employees in managing their out-of-pocket expenses with before-tax dollars.

Please take the time to read this information and ask questions so you can make the best benefits decisions for yourself and your family.

IF YOU SHOULD HAVE ANY QUESTIONS:

Plan Coverage / Allowances / Local Provider Eligibility

Contact Capital Financial or the carrier directly. Phone numbers and website information is on page 20.

District Plans Offered / Plan Costs / Qualifying Events

Contact the YESD Benefits Coordinator by phone at 928.502-4357 (HELP) or by email at benefits@yuma.org.

This booklet highlights important features of Yuma Elementary School District One's benefits for its benefit eligible employees. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the legal plan documents and the contracts that govern these plans.

Enrollment Information

OPEN ENROLLMENT

Open Enrollment is from April 21 through May 9, 2025. This is your one time per year to make changes.

All benefit eligible employees are required to elect coverage each year through the employee portal.

NEW EMPLOYEES

New Employees have 31 days from your hire date to complete enrollment in the group insurance program. If you have moved from a non-benefits-eligible status to a benefits eligible status, you will have 31 days from the new benefits eligible status date to complete your enrollment. All insurance coverage starts at the first of the month.

Remember, if elections are not made within the 31-day initial period of eligibility, you will be required to wait until **Annual Open Enrollment** or until a **Qualifying Life Event** takes place. Late Enrollees will be required to complete an evidence of insurability form for voluntary life insurance. You may be turned down for these benefits if you do not enroll within your first 31 days as a new hire.

PRE-TAX VS POST-TAX DEDUCTIONS

Pre-Tax Dollars: Your insurance premiums are paid with money deducted from your gross wages prior to any tax calculations. This reduces your tax liability and is a more efficient way to pay for premiums. Remember, you must choose pre-tax deductions for all your benefits to participate in a flexible spending account.



Qualifying Life Event

The elections that you make during Open Enrollment or at initial benefits eligibility will remain in effect for the plan year (July 1, 2025 – June 30, 2026). During that time, if your life or family status changes as per the recognized events listed below, you are permitted to revise your benefits coverage to accommodate your new status. You may make benefits changes by contacting the Benefits Coordinator and providing the proper documentation.

IRS regulations govern which circumstances allow you to make changes to your benefits, which benefits you can change and what kinds of changes are permitted.

- All changes must be consistent with the qualifying life event.
- In most cases, you cannot change your benefit plan, but may modify the level of your coverage (in other words, you can add or delete dependents, enroll or dis-enroll yourself or dependents, but not switch insurance carriers or plans).

Any changes in benefit levels must be completed within 31 days of the qualifying life event.

COBRA

In most cases, if your employment ends, benefits will terminate on the last day of the month in which you stopped working. Benefits will end on the day of termination in cases of employee fraud.

Through federal legislation known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you may choose to continue coverage by paying the full monthly premium cost plus an administrative charge of 2% (if applicable).

Each individual who is covered by a Yuma Elementary School District One benefit plan immediately preceding the employee's COBRA event has the right to continue his or her medical, dental, vision, or Flexible Spending Accounts (FSA) plan.

The right to continuation of coverage ends at the earliest of the date:

- you, your spouse or dependents become covered under another group health plan; or,
- you become entitled to Medicare; or,
- you fail to pay the cost of coverage; or
- your COBRA Continuation Period expires.

QUALIFYING LIFE EVENTS LIST

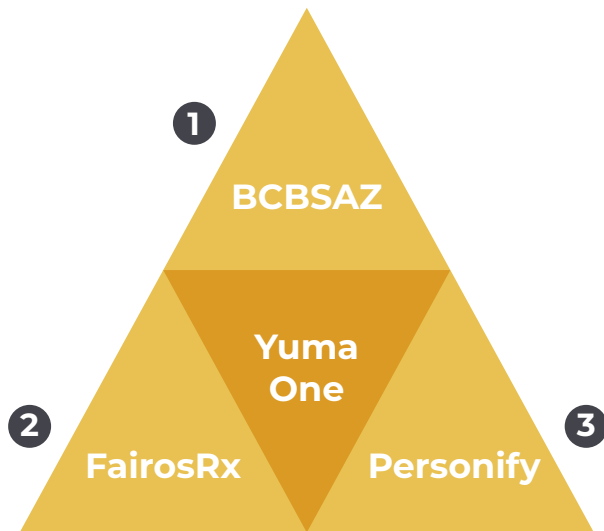
Marital Status Changes

- Marriage
- Death of spouse
- Divorce
- Spouse gains or loses coverage from another source
- Spouse employer's Open Enrollment

Covered Dependent Changes

- Birth or adoption of a child
- Death of dependent child
- Dependent becomes ineligible for coverage

Medical Plan Information



- 1 The network Yuma Elementary School District One will use for hospitals and physicians.
- 2 The company that will administer the district's prescription services.
- 3 The company that will administer and pay claims for the district's medical plan.

SUMMARY

Medical benefits provide you and your family access to quality health care. Yuma One offers you three medical plans with different coverage levels from which to choose. All plans are administered through Personify Health and give employees access to the Blue Cross Blue Shield of AZ network. Pharmacy benefits will be managed by FairosRx.

To search for an in-network Blue Cross Blue Shield provider, login to Personify Health at join.personifyhealth.com/yuma.





Medical Plans

| | HDHP* With Health Savings Account | PPO 1000 | PPO 750 |
|-----------------------------------|---|---------------------------------|---------------------------------|
| | In Network | In Network | In Network |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited |
| Calendar Year | Unlimited | Unlimited | Unlimited |
| Deductibles | | | |
| Individual | \$2,000 | \$1,000 | \$750 |
| Family | \$4,000** | \$2,000 | \$1,500 |
| Coinsurance | 15% | 25% | 20% |
| Out-of-Pocket Maximum | | | |
| Individual | \$5,000 | \$6,600 | \$5,750 |
| Family | \$10,000 | \$13,200 | \$11,500 |
| Hospital Services | | | |
| Inpatient Hospital | Deductible, then 15% | Deductible, then 25% | Deductible, then 20% |
| Outpatient Hospital | Deductible, then 15% | Deductible, then 25% | Deductible, then 20% |
| Emergency Room | Deductible, then 15% | \$150 then Deductible, then 25% | \$150 then Deductible, then 20% |
| Urgent Care | Deductible, then 15% | \$50 Copay | \$50 Copay |
| Routine Services | | | |
| Office Visit | Deductible, then 15% | \$30 Copay | \$25 Copay |
| Specialist Visit | Deductible, then 15% | \$50 Copay | \$25 Copay |
| Preventive Care | Covered in Full | Covered in Full | Covered in Full |
| Lab & X-Ray | Deductible, then 15% | \$30 Copay | \$25 Copay |
| Chiropractic | Deductible, then 15% | \$30 Copay | \$25 Copay |
| Drugs | | | |
| Tier 1 | Deductible, then 15% | \$10 Copay | \$10 Copay |
| Tier 2 | Deductible, then 15% | 30% (\$10 min / \$150 max) | 30% (\$10 min / \$150 max) |
| Tier 3 | Deductible, then 15% | 40% (\$10 min / \$150 max) | 40% (\$10 min / \$150 max) |
| Tier 4 Specialty | Deductible, then 15% | 25% Copay | 25% Copay |
| Mail Order / 90-Day Retail | Deductible, then 15% | \$20, \$40 or \$60 Copay | \$20, \$40 or \$60 Copay |

****If you have Family coverage under the HDHP, the Family Deductible must be satisfied before the Plan will pay any benefits.**

International Medical Solutions

Remember that with your International Medical Solutions coverage, you can use your benefits across the border.

BENEFITS INCLUDE:

- Medical service
- Medication program for 3 months
- My doc online App
- Transportation services

FREE TRANSPORTATION SERVICE

Remember that we can pick you up at the crosswalk to take you to your medical or dental appointments, we can even take you for your medication. Just give us a call and we'll help you with your transportation needs.

San Luis RC, Sonora: **(928) 257-8217**



COPAYS

| | |
|---------------------------|------|
| General Doctor..... | \$5 |
| Visit to Specialist | \$5 |
| Hospitalization..... | \$50 |
| Emergencies..... | \$5 |
| MRI / Tomography | \$50 |
| X - RAYS | \$5 |
| Laboratory..... | \$5 |
| Prescription..... | \$10 |
| Medication Program..... | \$10 |
| Mi Doc online App | N/A |

internationalmedsolutions.com

(928) 446-6179
(928) 257-8217
+52 (653) 690-1874





Health Savings Account (H.S.A.)

If you choose to enroll in the High Deductible Health Plan (HDHP), you will have the option of opening an H.S.A. provided by Inspira. An H.S.A. is a tax advantaged savings and spending account that can be used to pay for qualified health care expenses.



THERE ARE TWO COMPONENTS TO AN H.S.A.-BASED COVERAGE PLAN:

1. A qualified health plan is the insurance component that provides medical coverage for you and your family. This health plan includes a deductible of \$2,000 for individuals and \$4,000 for family coverage.
The district contributes \$1,200 annually to an employee's H.S.A. when enrolled in the HDHP. The funds will be contributed in two \$600 installments, one in July and then again in January. This contribution will be pro-rated for new hires throughout the year.
2. An H.S.A. with Inspira which can be funded by pre-tax payroll contributions from you, the district, or both.

HOW AN H.S.A. WORKS:

1. Enroll in the HDHP 2000 offered by the district
2. Contribute to your H.S.A. by payroll deductions:

Up to \$4,300 for an individual

or

\$8,550 for a family



The money contributed to the account is yours to keep and will roll over year after year – no 'use it or lose it' rule!

3. With your HSA debit card, use those funds to pay for qualified expenses such as:

- copays
- deductibles
- doctors, hospitals
- chiropractic
- dental treatment
- hearing aids
- glasses/ contacts
- prescriptions

H.S.A. ELIGIBILITY

To make tax-free contributions to an H.S.A., the IRS requires that:

- You are covered by an H.S.A.-qualified plan (such as the HDHP 2000)
- You have no other health coverage (such as other health plan, Medicare, military health benefits, medical FSAs)

Telehealth

Teladoc-24/7/365 on-demand access to affordable, quality healthcare. Anytime, Anywhere.

Regardless of the plan you choose you should never be without Teladoc, the only 24/7 telehealth and wellness service designed for the modern family. Whenever you have an issue, simply connect with Teladoc board-certified doctors, available by phone, video or chat. They are specially trained to diagnose, treat and prescribe medications for a wide variety of common medical conditions, helping you avoid the costly and time-consuming trips to the doctor or urgent care centers.

- Talk to a real doctor, 24/7. No need to schedule an appointment or limit your visits.
- Save money and time, while avoiding costly trips to a doctor's office, urgent care or ER.

WHAT CAN BE TREATED?

- | | |
|-----------------|-------------------|
| ■ Acne | ■ Headache |
| ■ Allergies | ■ Insect Bite |
| ■ Asthma | ■ Joint Aches |
| ■ Bronchitis | ■ Nausea |
| ■ Cold & Flu | ■ Rashes |
| ■ Constipation | ■ Sinus Infection |
| ■ Diarrhea | ■ Sore Throat |
| ■ Ear Infection | ■ UTI |
| ■ Fever | ■ And more! |



WHEN SHOULD I USE TELADOC?

- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and holidays
- If your primary care physician is not available
- To request prescriptions (when appropriate)
- If traveling and in need of medical care

ARE MY CHILDREN ELIGIBLE?

- Yes! Teladoc has pediatricians on call 24/7

HOW MUCH DOES IT COST?

- There is a \$5 consultation fee at the time of service.

teladoc.com

1.800.362.2667



Personify Health

Personify Health is here to support you.

Navigating the healthcare system can be complicated and frustrating. With Personify Health, you're not on your own. Your Personal Health Advocates are trained on your health benefits package and are ready to help you understand your benefits, out-of-pocket costs and more.



Your Personify Health benefits package also includes several clinical programs to help you and your family live your healthiest life:

CASE MANAGEMENT

Supporting your health journey

When it comes to managing your health effectively, our compassionate team of healthcare professionals is here for you. Whether you're in need of acute care or you're facing cancer, a high-risk pregnancy, or complex conditions like kidney disease and transplants, we have your back. Count on us to provide the support you need through personalized care coordination, discharge planning and follow-up, so you can take control of your health with confidence.



CHRONIC DISEASE MANAGEMENT

Taking charge of your health

Our team of clinicians specializes in helping you improve your overall health. We'll work with you to identify gaps in your care and offer advice on how to make positive changes. From reminding you about important screenings, labs, and medications, to providing a quarterly newsletter full of helpful exercise and nutrition tips, we're committed to supporting your wellbeing every step of the way.



CANCER AWARENESS

Early detection for better outcomes

We're dedicated to reducing the risk of late cancer diagnoses. Our Cancer Awareness program provides timely reminders of important screenings appropriate for your age and gender, helping to catch potential issues early. Early detection leads to better outcomes, and we're committed to keeping you well informed and empowering you to prioritize your health.



NURTURING TOGETHER

Guidance for a healthy pregnancy and baby's first weeks

Are you a new parent or expecting a child? Our Nurturing Together program is designed just for you. Get expert guidance on staying healthy throughout your pregnancy and learn how to care for your baby during those crucial first six weeks. We're here to provide the support and information you need for a happy and healthy start to parenthood.



Have questions or want to learn more? Contact us at CareManagement@PersonifyHealth.com or 888.472.4352.

Getting Started with Personify Health

Activate Your Personify Health Account



SIGNING UP IS EASY

Personify Health simplifies healthcare management. You have access to tools and resources that can help you easily navigate your health plan. Visit login.personifyhealth.com or open the app and select **Create an account**.

FOLLOW THE PROGRESS BAR AS YOU COMPLETE THESE EASY STEPS:

 **Identify**

Tell us who you are. We'll ask for a few details about you and your sponsor organization to check your eligibility. Have your ID card handy—you'll need your Group ID and Member ID.

 **Review**

Legal and privacy. Review and agree to the rules, data collection and privacy policy.

 **Create**

Create your account. Add your email, make a password and give us some additional details to customize your experience.

 **Finish**

You're all set. Your account is ready. Click Take Me There to sign in.



FairosRx

DOWNLOAD THE FAIROS RX MOBILE APP TODAY

You have the power to manage your prescription benefits from anywhere by using convenient mobile app. Whether you are on vacation, at your pharmacy, or in your physician's office, our mobile app provides you access to the information you need.

MEMBER TOOLS BUILT FOR YOU

It's never been easier and more convenient to manage your pharmacy benefits. Access the FairosRx

Member Portal online or on your mobile device. With these powerful tools, you may be able to save money on your prescriptions:

- View lower cost drug alternatives
- Compare prescription pricing at multiple pharmacies
- Evaluate mail order savings



FEATURES



MY ACCOUNT

View member information, manage account permissions and security.



MEDICATION LOOKUP

Lookup coverage and pricing information for medications.



BENEFIT DOCUMENTS

View formulary, specialty medication list, quantity limits and more.



PHARMACY LOCATOR

Locate network pharmacies by zip code.



FAQ

Find answers to questions about the portal, mail order and prescription benefits.



PRESCRIPTIONS

Register for mail order, request mail order refills and view prescription history.

Want to learn more? Visit fairosrx.com or call 833-464-9600

FairosRx Navigator

At FairosRx, we understand that managing your medications and their costs is a key part of your healthcare. Our Navigator program is designed to streamline the process of obtaining your specialty or high-cost medications through our available resources, helping to lower the cost for you.



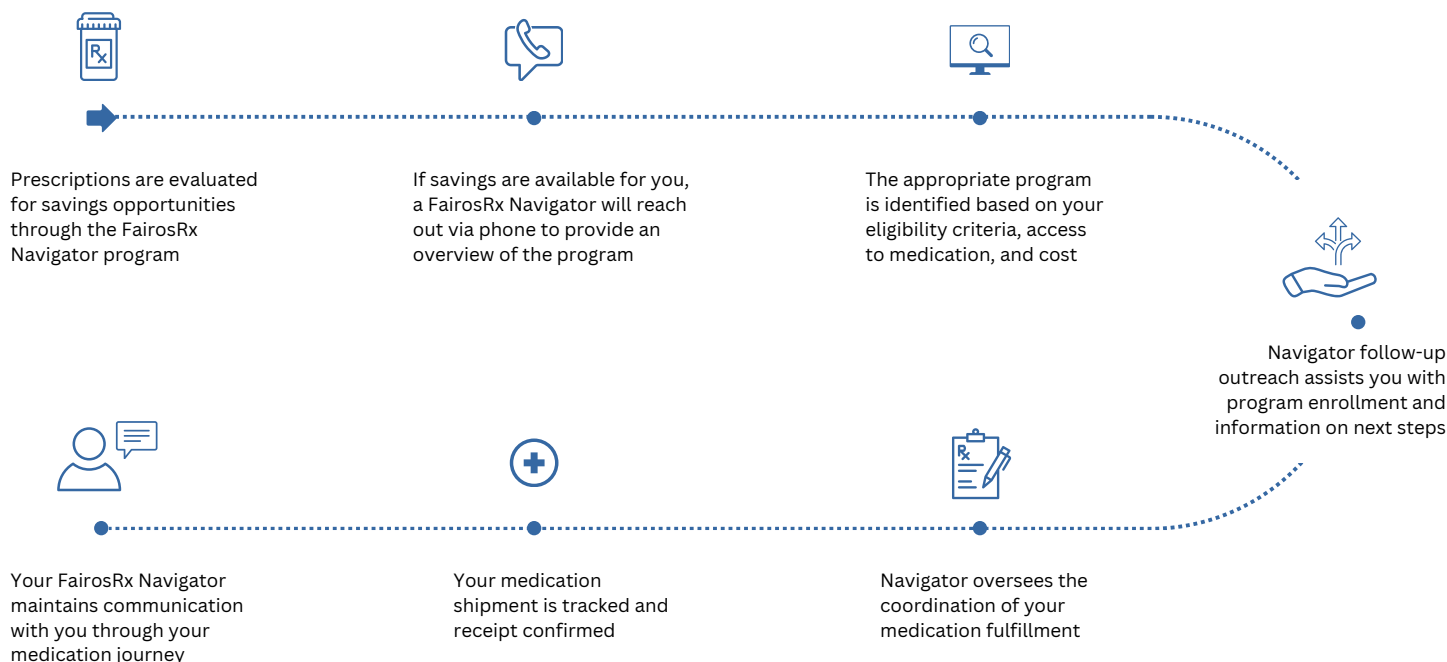
HERE'S HOW IT WORKS:

Simplified Process: The Navigator team will assist in managing all the details, from program enrollment through medication delivery, so you don't have to worry about the logistics or finding the best pricing options.

Access to Cost Savings: By exploring the available savings opportunities, the Navigator program helps secure your medications at a reduced price.

Coordination of Medication Fulfillment: Your Navigator will work with you to ensure that your medication—both current and future—is filled using the resource that is best for you. This is done in collaboration with your pharmacy and prescriber.

Ongoing Support: You'll have continuous support to ensure that your medication needs are met efficiently ensuring smooth, hassle-free experience.





How to use your Garner benefit

Garner is a benefit covered by your employer that helps you find the **best doctors** in your area and **reimburses you for your qualifying costs when you visit them**. These doctors follow best practices and keep you healthier. We know this based on **real patient outcomes**.

Follow the steps below to create your account and find Garner's recommended providers through our app or on our website.

How do I use Garner?

1.

Sign up for an account

Once you've created an account, you'll be able to access detailed information about your benefit and coverage through the app.

2.

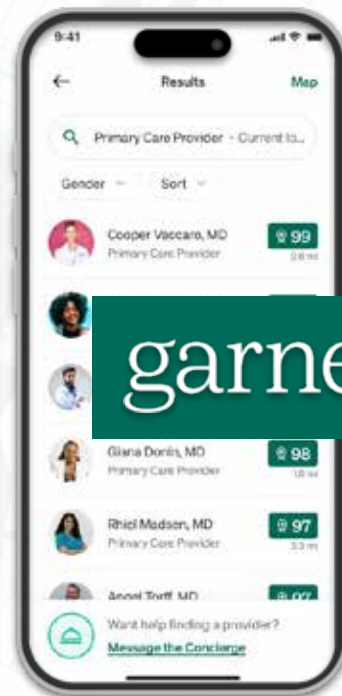
Find Top Providers

Search for doctors in your area based on your symptoms, their name, or the type of care you need.

3.

Get reimbursed

Receive reimbursement for qualifying medical costs provided by a Top Provider who has been added to your account *before your appointment*



Scan the QR code with your mobile phone to get started.

Or visit Garner.Guide/SignUp to sign up for an account. When creating your account, make sure to **enter your full legal name**.



NEED HELP?

Once you create an account, you can message the Concierge via in-app chat, phone, or email concierge@getgarner.com.

Dental Plan


METLIFE

| | In Network |
|--|--------------------|
| Annual Deductibles | |
| Individual | \$50 |
| Family | \$100 |
| Annual Plan Maximum | \$2,000 |
| Based on the plan year | |
| Benefits | |
| Type I - Diagnostic & Preventive | 100% In / 100% Out |
| Type II - Basic Service | 80% In / 80% Out |
| Type III - Major Services | 50% In / 50% Out |
| Orthodontic Benefits (adult & children) | |
| Lifetime Maximum | 50% to \$2,000 |
| Lifetime Deductible | N/A |
| Other Benefits | |
| Periodontic Coverage | 80% In / 80% Out |
| Endodontic Coverage | 80% In / 80% Out |

Vision Plan

EYEMED

| | In Network | Out of Network |
|--|------------------------------------|--|
| Exam | \$10 Copay | Reimbursed to \$45 |
| Frequency | Every 12 Months | Every 12 Months |
| Lenses | | |
| Single/Bifocal/Trifocal/Lenticular | Covered 100% after \$15 copay | Reimbursed to \$30 - \$100 depending on lens |
| Frequency | Every 12 Months | Every 12 Months |
| Frames | | |
| Frequency | \$130 Allowance Every 24 Months | Reimbursed to \$70 Every 24 Months |
| Contact Lenses | | |
| (In lieu of all other lens and frame benefits) | \$130 Allowance Every 12 Months | Reimbursed to \$105 Every 12 Months |
| Lasik Surgery | 15% off Retail | |



The MetLife dental plan includes preventive services and office visits.

Standard lenses are covered.



*While benefits are available out of network, a non-contracted provider may balance bill for services. You will pay less when using an in-network provider.

Life/AD&D Insurance

BASIC LIFE INSURANCE AND AD&D

Yuma Elementary School District One pays 100% of the cost of this Symetra Group Term Life Insurance Plan.

\$20,000 of Life and Accidental Death & Dismemberment (AD&D) coverage for each benefit eligible employee is provided by the district.

Life insurance provides protection for those who depend on you financially. Your need varies greatly due to age, number of dependents, dependent ages and your financial situation. Accidental Death and Dismemberment (AD&D) benefits provide a benefit to you or your beneficiary if you are seriously injured or die in an accident.

VOLUNTARY LIFE / AD&D INSURANCE

You can also elect to purchase additional life insurance from Symetra for yourself, your spouse or children.

- Employee \$10,000 increments to a maximum of \$500,000 or 5x annual earnings.
- Spouse \$5,000 benefit increments to a maximum of \$25,000 not to exceed 50% of the employee coverage.
- Children \$1,000 benefit increments to a maximum of \$10,000 not to exceed 50% of the employee coverage.

NEW HIRES: If you are electing an amount above the Guaranteed Issue amount of \$100,000, you **MUST** complete an Evidence of Insurability (EOI) within 5 days of submitting your completed enrollment. Return completed EOI to the Payroll Department.

EMPLOYEES ENROLLING AFTER INITIAL ELIGIBILITY AT TIME OF HIRE (LATE ENTRANTS) or EMPLOYEES REQUESTING TO INCREASE COVERAGE: Any amount of coverage elected requires Evidence of Insurability (EOI). You **MUST** complete an Evidence of Insurability (EOI) within 5 days of submitting your completed enrollment. Return completed EOI to the Payroll Department.

**Yuma Elementary School District One pays
100% of the cost of the Term Life and AD&D.**



Disability Insurance

Disability coverage can be one of the most important benefits you have. It provides you and your family with financial protection if you are ever unable to work due to an illness or non-work related injury.

SUPPLEMENTAL BENEFITS

AFLAC offers supplemental benefits that will pay you directly in the event of an accident, injury, hospitalization or critical illness. Contact Anthony Conner directly for plan or rate information at 970.778.7608 or anthony_conner@us.aflac.com.

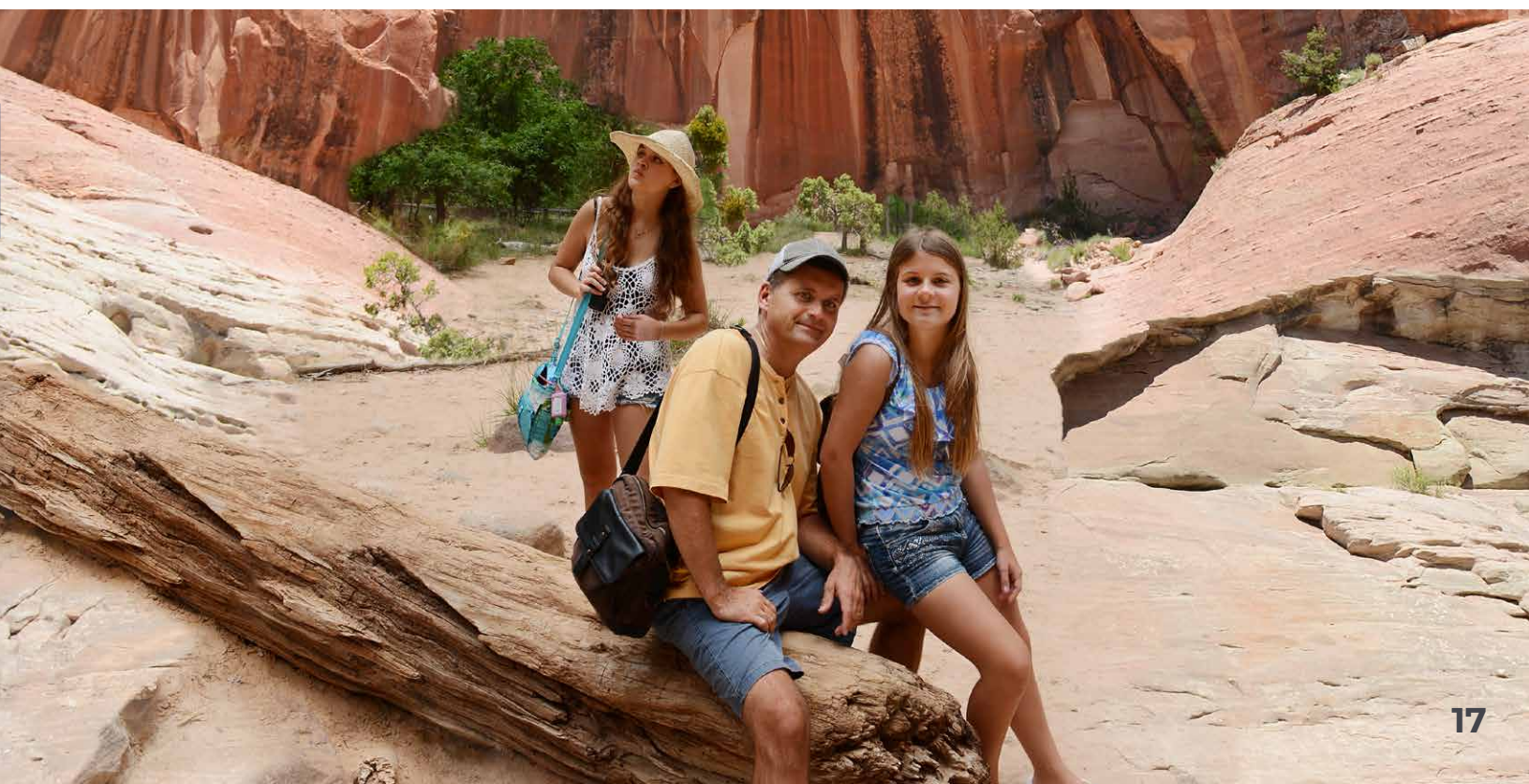


For more information on your benefits scan the QR code or go to:
aflacenrollment.com/YUMAELEMENTARYSCHOOLDISTRICT/K4B340117123

LONG TERM DISABILITY

All employees who work 20 or more hours per week for 20 weeks per year will pay premiums through mandatory contributions to Arizona State Retirement System (ASRS) for Long Term Disability (LTD).

Elimination period: 180 Days
Benefit Amount: 66 2/3% of monthly base salary as determined by ASRS





Employee Assistance Program

An EAP provides valuable services at no cost to employees and their families in the form of short-term counseling, legal and financial consultations, and worklife resources. Seven days a week, 24 hours a day, using one toll-free phone number, you can speak with registered nurses and master's-level counselors who can help with almost any problem ranging from medical and family matters to personal legal, financial and emotional needs.

If face-to-face resources are appropriate for your situation, a representative can refer you to a local professional. If appropriate, the program also provides access to a wide range of national and community resources.

TALKSPACE

Aetna Resources For LivingSM

What is Talkspace?

Talkspace is an online therapy platform that makes it easy and convenient for you to connect with a licensed behavioral therapist — from anywhere, at any time. With Talkspace, you can send unlimited text, video and audio messages to your dedicated therapist via web browser or the Talkspace mobile app. You can also schedule real-time 30-minute live sessions. No commutes, appointments or scheduling hassles.

To get started messaging a therapist:

- Visit your organization's secure landing page.
- Complete a short questionnaire.
- You'll be matched with a therapist within 48 hours.
- Connect with a counselor virtually with chat therapy and/or live sessions.



Flexible Spending Accounts

The Health Care Spending Account (HCSA) and the Dependent Care Spending Account (DCSA) allow you to reduce your taxable income by paying for out-of-pocket health care and dependent day care expenses with pre-tax dollars. Since these accounts are to be used for predictable expenses, careful planning is required.

HEALTH CARE SPENDING ACCOUNT (HCSA)

To help you pay for predictable out-of-pocket, un-reimbursed medical and dental expenses for you and your family, Yuma One is offering a Health Care Spending Account.

How it Works:

- You make before-tax deposits (via payroll deductions) to your HCSA.
- You can deposit from \$100 to \$3,300 per year.
- Eligible expenses for both you and eligible family members are covered. You or your family members do NOT have to be enrolled in YESD's health insurance to participate in the Health Care Spending Account.
- When you or an eligible family member has a medical expense, you pay for the expense via debit card.
- All expenses must be incurred between July 1, 2025 and June 30, 2026 while you are employed.
- If your employment terminates or you change to non-benefit eligible status, your "plan year" will end effective the last day of the month in which the change occurred. Eligible expenses must be incurred before that date.
- If you are enrolled in the HDHP with Health Savings Account, you are eligible for a limited Healthcare FSA to use funds to pay for dental and vision services.

If you do not use the money in these accounts, the maximum that can be rolled to the next year is \$660 – applies only to HCSA.

DEPENDENT CARE SPENDING ACCOUNT (DCSA)

You can use a Dependent Care Spending Account (DCSA) to make before-tax deposits to an account that will reimburse you for dependent care expenses so that you (and your spouse, if married) can work or attend school.

How it Works:

You make before-tax deposits (via payroll deduction) to your Dependent Care Spending Account. You can deposit from \$100 to \$5,000 per year. In some cases, your maximum allowed annual contribution may be less than \$5,000.

For reimbursement of an eligible expense, you pay the bill and then submit a claim form for reimbursement.

All expenses must be incurred between July 1, 2025 and June 30, 2026. If you do not use the money in this account, it will be forfeited after June 30, 2026.

IRS RULES FOR ALL FLEXIBLE SPENDING ACCOUNTS

- Your deposit amount cannot be changed, stopped or started during the year for any reason, unless you have a change in family or job status.
- Only those expenses that are considered tax deductible by the IRS, as listed in Publication 502, are eligible for reimbursement.
- IRS guidelines can be found at <http://www.irs.gov/publications/p969/ar02.html> or request Publication 969.



Important Phone Numbers & Websites

PERSONIFY

Medical

888.472.4352

support@personifyhealth.com

personifyhealth.com

FAIROSX

Prescriptions

833.464.9600

fairosrx.com/members/login

INTERNATIONAL MEDICAL SOLUTIONS

Medical Insurance – Mexico Network

928.446.6179

internationalmedsolutions.com

INSPIRA

Health Savings Account and Flexible Spending Account

844-729-3539

inspirafinancial.com

AETNA

Employee Assistance Program

888.238.6232

resourcesforliving.com

username: YESD

password: eap

ARIZONA STATE RETIREMENT SYSTEM

Long Term Disability

800.621.3778

www.azasrs.gov

TELEMEDICINE

Teladoc

teladoc.com

800.362.2667

METLIFE

Dental PPO

800.942.0854 or 800.MET.LIFE

www.metlife.com/mybenefits

EYEMED

Vision

866.939.3633

www.eyemed.com

SYMETRA

Life Insurance & Travel Assistance

800.426.7784

symetra.com/myGO

AFLAC

Supplemental Benefits

Anthony Conner

970.778.7608

anthony_conner@us.aflac.com

PAYROLL / BENEFITS

928.502.4300

email: payroll@yuma.org

YUMA ESD

BENEFITS COORDINATOR

928.502.4357

benefits@yuma.org

BENEFIT LIAISON

Capital Financial 480.719.3528

capficonsulting.com

About this booklet

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Capital Financial

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