CATALINA FOOTHILLS SCHOOL DISTRICT

EMPLOYEE BENEFITS SUMMARY

2017 – 2018 PLAN YEAR

CATALINA FOOTHILLS SCHOOL DISTRICT

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Welcome to Your Catalina Foothills School District Benefits

As an employee of the Catalina Foothills School District, you have access to a comprehensive package of benefits for you and your family:

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- **Group Life & AD&D**
- **Voluntary Life Insurance**
- **Short Term Disability**
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- **Flexible Spending Accounts**
- **Retirement Savings Plans**
- **Pet Insurance**
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ENROLLMENT INFORMATION

New Hire Enrollment for Benefits Eligible Employees

- Eligible employees (as described below) are eligible for benefits effective **the first of the month following their date of hire**.
- Insurance enrollment must be completed within 30 calendar days of benefits eligibility.

Annual Open Enrollment for Benefits Eligible Employees

- The annual open enrollment period is May through June, for the July 1st benefit plan year period.
- Remember, your benefit elections will remain in place throughout the entire plan year (7/1 to 6/30) unless you experience a Qualifying Event (please see page 6 for definition of a Qualifying Event).
- If you are making changes to your current plan, please complete your elections in the MUNIS Self Service system.

Please Note: Grandfathered employees will be able to drop their insurance or dependents, but will not be able to add any insurance coverage during any Open Enrollment periods after July 1, 2014.

FAILURE to enroll means that you will not be able to elect benefits until the next annual open enrollment period.

ELIGIBILITY INFORMATION

Benefits Eligibility

You are eligible to participate in the Catalina Foothills School District's Benefits Plan if your FTE is 0.50 or higher. You are eligible to choose benefits beginning the first of the month following your date of hire. You may elect medical (if 0.75 to 1.00 FTE), dental, vision, supplemental life and various voluntary insurance options for yourself and your eligible dependents. Eligible dependents include:

- Your Spouse
- Your dependent child (ren) under age 26
- Your dependent child (ren) of any age, who are incapable of self-care because of a disability and who rely on you for support, may qualify for coverage if enrolled before the maximum age of 26 with documentation.

To make informed benefit choices, please take the time to read this booklet, which highlights your benefit options.

Important Benefit Contact Information

HR Contact	Title	Phone	Email
Elsa Young	**HR Director Certified Hiring, Certification, Benefits**	209-7534	eyoung@cfsd16.org
Sheri Rosquist	**Classified Hiring, Coaches, Volunteers**	209-7531	srosquist@cfsd16.org
Sandy Burnette	**Benefits & Substitutes - Insurance, FMLA**	209-7530	sburnette@cfsd16.org

CARRIER	*PLAN*	*PHONE*	*WEBSITE/EMAIL*
ASBAIT	Medical	1-866-300-8449	www.meritain.com
SIGHTCARE	Vision	1-480-961-1702	www.sightcareaz.com
Delta	Dental PPO	1-800-352-6132	www.deltadentalaz.com
Employers Dental Service	Dental HMO	1-520-696-4343	www.mydentalplan.net
Minnesota Life	Basic Life & AD&D	1-800-392-7295	www.ochsinc.com
P&A Services	Flex Spending Account / COBRA	1-800-688-2611	www.padmin.com
United Pet Care	Pet Insurance	1-602-266-5303	www.unitedpetcare.com
Madison Life Ins. Co.	Short Term Disability	1-800-392-7295	www.ochsinc.com
Alliance Work Partners	Employee Assistance Program	1-800-343-3822	www.alliancewp.com

DISTRICT DOLLAR CONTRIBUTIONS

The District will provide enough District Dollars to cover full-time, 40 hours per week employees at 100% of the cost of ASBAIT's Employee Only premium ($5520.00/year). Employees who work between 30 and 39 hours per week will have pro-rated District Dollars available to use.

Effective 07/01/2014 – Employees who work between 20 and 29 hours per week will not be eligible for Medical coverage, but the District will pay 100% of Dental and Vision coverage for the employee and any family members the employee wishes to cover.

- District contributions can only be applied to the Basic Benefits Package (Medical, Dental and/or Vision).
- District contributions **cannot** be applied toward Voluntary Benefits.

HOW AND WHEN MAY I CHANGE MY ELECTIONS?

- When you first become eligible for benefits, you will have the opportunity to review all of your benefit options and then select those that best meet your needs. These benefit elections **will remain in place** until the end of the current plan year (which ends June 30th of each year) unless you experience a qualifying event.

- Similarly, during each annual open enrollment, you will have the opportunity to review and elect benefit options and these elections **will remain in place** until the end of the plan year (which ends June 30th of each year) unless you experience a qualifying event. A Qualifying Event (Q/E) is also referred to as a "Change in (family) Status".

If you have a Change in Status during the plan year, **you may only make changes to your benefits within 30 days of the Q/E.** In most cases, only changes consistent with the Change in Status can be made. For example, you can add your newborn child to your current medical insurance coverage, but you cannot elect a benefit that you previously waived because that benefit change is not related to your Change in Status. In addition, if you experience any new special enrollment events, such as changes to Medicaid or Arizona Health Care Cost Containment System (AHCCCS) eligibility, you have 60 days to make medical benefit changes.

The following are some examples of Changes in Status:
• Employee's change in marital status (marriage or divorce) or death of spouse
• Birth, adoption or death of a dependent child
• Change in employee, spouse or dependent child's employment status that affects benefit eligibility (for example: job change, loss of job, full time to part time job status, leave without pay)
• Child becoming ineligible for coverage due to reaching age 26
• Employee's receipt of a Qualified Medical Child Support Order or letter from the Attorney General ordering the employee to provide (or allowing the employee to drop) medical coverage for a covered child
• Changes made by a spouse or dependent child during his/her annual enrollment period with another employer
• Becoming eligible or ineligible for Medicare or Medicaid

• **And specific to Dependent Care FSA**: Change in day care costs due to a change in provider, change in provider's fees (if the provider is not a relative) or change in the hours the child needs day care.

HEALTH INSURANCE DEFINITIONS

Deductible - Calendar Year
The amount of money you must first pay toward medical or dental expenses for each family member, each calendar year, before the medical or dental plan will make a payment for eligible benefits. Deductible amounts vary according to the benefit plan option you elect and whether you use in-network or out-of-network providers or medical facilities. After you have paid your deductible, future eligible expenses are covered at the coinsurance percentage. In-network deductibles and out-of-network deductibles are not combined.

Out-of-Pocket Maximum - Calendar Year
The most you will have to spend each calendar year for each covered family member. Your deductible, co-pays and out-of-network expenses are excluded from your calendar year out-of-pocket maximum. Once you've met the out-of-pocket maximum for yourself or a covered dependent, the plan pays a percentage according to the plan you choose for you or your dependent for the rest of that calendar year.

Coinsurance or Cost Sharing
How the cost of a health or dental expense is shared between you and the plan after you pay your deductible. Once you have satisfied your calendar year deductible, your plan begins to pay a percentage of covered expenses; this is your coinsurance obligation. Your coinsurance will vary depending upon which benefit plan option you elect and whether you use in-network or out-of-network providers or medical facilities.

Reasonable and Customary
The lowest of:
- The usual charge by the doctor, dentist or other provider of the services or supplies for the same or similar services or supplies;
- The usual charge of most other doctors, dentists or other providers of similar training or experience in the same geographic area for the same or similar services or supplies; or
- The actual charge for the services or supplies.

Copayment
A fixed dollar amount you pay for a doctor's visit, urgent care or ER visit, prescription drug or vision benefit. The remaining cost is covered by the plan. **Copayments do not apply to deductibles or out-of-pocket maximums.**

MEDICAL BENEFITS

Your medical benefit plan is provided by the Arizona School Boards Association Insurance Trust (ASBAIT). The BlueCross BlueShield (BCBS) of Arizona PPO Network is provided through this program, which allows you access to the largest network of hospitals and healthcare providers in the State of Arizona. Learn more by logging onto www.azblue.com/CHSNetwork

If at any time you are in need of assistance with regard to this insurance program, call a Meritain Representative at 866-300-8449. Meritain administers the program for us.

Among the most important decisions you will make is the type of medical insurance that is best for you and your family. This important insurance helps to protect you and your family from the financial loss of a catastrophic illness or injury.

You may choose from three levels of coverage with the ASBAIT medical plan:
- **CoPay Gold Plan**
- **Value Gold Plan**
- **Classic Gold Plan** (still the District-sponsored plan)

Your in-network and out-of-network deductibles and your annual out-of-pocket maximums are accumulated based upon each calendar year (January 1 - December 31).

CoPay Gold Plan	***Description***	***Classic Gold Plan***	***Value Gold Pla***
You pay participating providers…(in network)		You pay participating providers…(in-network)	You pay participating providers…(in-network)
NONE	**Deductible per Calendar Year Individual / Family**	$300 / $900	$750 / $1500
100% / 0%	**Coinsurance Percentage Individual / Family**	85% / 15%	75% / 25%
$6350 / $12,700	**Maximum Out-of-Pocket Individual / Family**	$4000 / $8000	$5000 / $10,000
$30 / $40 co-pay per visit	**Office Visit PCP / Specialist**	$20 / $30 co-pay per visit	$35 / $45 co-pay per visit
$0 co-pay per visit	**Wellness - Preventive**	$0 co-pay per visit	$0 co-pay per visit
$50 co-pay per date of service	**Urgent Care**	$50 co-pay per visit, then 85%; Deductible waived	$50 co-pay, then 25% coinsurance; Deductible waiv
$150 co-pay per visit $40 co-pay for professional services	**Emergency Room**	15% after Deductible	25% coinsurance after deductible
$250 co-pay per admission	**Inpatient Hospitalization**	$250 copay per Admission, then 15%; Deductible Waived	$250 co-pay, then 25% coinsurance
$30 co-pay per date of service	**Outpatient Facility**	15% after Deductible	25% after deductible
$30 if < $500 / $50 if > $500 $30 co-pay	**Outpatient Lab / X-Ray Independent Facility**	15% after Deductible	25% coinsurance
$30 co-pay/visit – 60 visits max per year	**Physical Therapy**	100% after $25 copay per visit; Deductible waived – 60 visits max per year	$35 copay/visit – 60 visits ma per year
$30 co-pay	**Chiropractic**	100% after $25 copay per visit; deductible waived	$35 co-pay / deductible waiv
$75 co-pay per occurrence	**Mental Health/Substance Use**	15% after deductible (outpatient)	25% after deductible (outpati

Prescription Drug Co-pays:	Retail Pharmacy 30 day supply	Mail Order 90 day supply
Generic Drug	$15 Co-pay	$30 Co-pay
Preferred Drugs (all plans)	20% copay ($25 min/$80 max)	20% copay ($50 min/$175 max)
Non-Preferred Drugs (all plans)	40% copay ($40 min/$110 max)	40% copay ($80 min/$225 max)
Specialty Drugs (all plans)	20% copay ($100 min/$150 max)	

*Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name co-pay PLUS the cost difference between the generic and the brand-name drug, even if a DAW (Dispense as Written) is written by the prescribing physician. The cost difference is not covered by the Plan and will not accumulate toward your Out-of-Pocket Maximum.

MAXIMIZE HEALTH CARE COST SAVINGS

⇒ Stay in-network and your claims will be paid at the highest level. When you select **ASBAIT/BCBS of AZ** in-network physicians and medical facilities for you and your family's medical services, you will have the least out-of-pocket expense. Please be sure that all services provided, including lab work or referrals, remain in-network to maximize your savings.

- When you are sick or injured and it is not urgent or life threatening, it's usually best to go to **your own doctor's office**. If you need care in the evening or on a weekend when your primary care physician may not be available, then you may want to consider going to an **in-store clinic** or an **urgent care facility.**

- **Take Care Clinics and Minute Clinics** are quick access clinics staffed by nurse practitioners and physician assistants. These clinics are located in Walgreens and CVS retail pharmacy stores. Go to an in-store clinic for common conditions like a cough, cold, flu, ear infection, rash, bronchitis, or a sinus infection. You will pay your primary care physician co-pay. These clinics save you time and money.

- More urgent conditions like sprains, strains, minor broken bones (fingers, toes) and small cuts can be treated at an **urgent care** facility. Chances are you won't have to wait as long as you would at the emergency room, and it will cost you less. Your urgent care co-pay is less than your emergency room co-pay.

- If you have severe injuries, trauma or life-threatening symptoms, go immediately to the closest **emergency room.**

- Be sure to use generic drugs when available – it saves you money!

- Purchase maintenance drugs through the mail order program. You can receive up to a 90-day supply at a time instead of 30 days like you would at the retail pharmacy, and it should cost less.

ASBAIT EMPLOYEE ASSISTANCE PROGRAM (EAP)

Alliance Work Partners (AWP) is your Employee Assistance Program (EAP) offering you and your family valuable, confidential services at no cost to you. It is designed to help you manage daily responsibilities, life events, work stresses, or issues affecting your quality of life. AWP is available to take your call 24 hours-a-day, 7 days-a-week.

- **1-5 short term counseling sessions per problem per year**, which includes assessment, referral and crisis services.
- Dependents residing in the employee's household are covered.
- The EAP is available at **no cost** to the employee or family member and is **completely confidential**
- Legal and financial services
- WorkLife services
- Nurseline
- Teen Help Line
- HelpNet services - access to online materials

For further EAP assistance and/or Nurseline support, call
Alliance Work Partners toll free at (800)343-3822
Teen Help Line (800)334-8336
Email: eap@alliancewp.com

DENTAL BENEFITS

Employees have two options from which to choose:

- **Delta Dental (PPO)**
- **Employers Dental Services (EDS) DHMO**

Whether you need a check-up, a filling, or major dental work, the Delta Dental PPO or the EDS Dental plans are available.

Advantages of Delta Dental PPO dental benefits;
• Employees can visit the provider of their choice, but will receive greater savings by visiting an in-network provider.
• Dental insurance plays a significant role in helping employees maintain their oral and overall health through routine check-ups.

How the PPO Dental benefit works:
Under the Delta PPO dental plan option, your dental deductible and annual benefit maximum are accumulated on a calendar year basis.
• When an employee visits a PPO dentist, the maximum charge for each covered procedure is the amount agreed upon by the PPO dentist.
• Non-Participating Dentist – Payment is based on the non-participating dentist Table of Allowance. Members are responsible for the difference between the non-participating dentist Table of Allowance and the full fee charged by the dentist.

Advantages of EDS:
• No deductibles
• No claim forms
• No calendar year maximums (there is no dollar limit to the amount of dental work you may have)
• Coverage for pre-existing conditions, no missing tooth clause
• Orthodontics for child(ren)
• Local customer service with a live representative

How the EDS DHMO Dental plan works:
Employees choose an EDS general dentist from the largest DHMO provider network in the state. A directory of EDS providers can be accessed on the EDS website. Your chosen dentist may be changed at any time by contacting EDS Customer Service. All member costs are listed in the EDS Schedule of Benefits for services provided by your chosen EDS general dentist. Once you have paid the contracted member cost, there are never any additional charges billed. EDS specialists offer up to 25% off their normal fees for services described in the schedule of benefits.

DELTA DENTAL (PPO)

	In Network	Out-of-Network
Annual Maximum Benefit	$1000	$1000
Annual Deductible (Individual/Family)	$50 / $150	$50 / $150
Preventive Services – Cleanings, X-rays	100% covered	100% covered
Basic Services – Fillings, Simple Extractions	80% after deductible	80% after deductible
Major Services – Periodontics, Bridges, Implants	50% after deductible	50% after deductible
Orthodontic Services (banded by age 17)	50% covered	50% covered

EDS (HMO)

	In Network	Out-of-Network
Annual Maximum Benefit	No Annual Max	No coverage except in an emergency situation
Annual Deductible (Individual/Family)	No Deductible	
Preventive Services – Cleaning	$5.00 charge	
Restorative Service - Resin Filling – One Surface	$32.00 charge	
Oral Surgery – Extraction of erupted tooth	$60.00 charge	

VISION BENEFITS

The vision program includes a routine vision exam once every 12 months, frames every 24 months and lenses every 12 months. In addition, you will receive preferred pricing and/or discounts on eyeglasses and contact lenses if purchased through participating retailers. You can search for in-network vision providers and participating retailers at www.sightcareaz.com

SIGHTCARE

	In Network	Out-of-Network
Examination (Once every 12 months)	100% Covered	$35.00
Contact Lens Exam (Once Every 12 months) Standard Fit and Follow Up	100% Covered 100% Covered	$35.00
Lenses (Once every 12 months) Single Bifocal Trifocal Progressive	 100% Covered 100% Covered 100% Covered 100% Covered	 $25.00 $40.00 $50.00 $40.00
Frames (Once every 24 months)	$0 Material Co-Pay Up to $120 allowance	$45.00
Contact Lenses (Once every 12 months) Product Allowance Elective/Cosmetic Medically Necessary	 $0 Material Co-Pay Up to $120 Allowance Up to $250 Allowance	 $100 Allowance toward fitting Up to $250 Allowance
LASIK	$200 Allowance	Not Covered

LIFE AND SUPPLEMENTAL LIFE BENEFITS

Basic Life and Accidental Death & Dismemberment (AD&D)
Basic Life Insurance protects your family or other beneficiary in the event of your death. Accidental Death and Dismemberment (AD&D) provides an additional benefit in the event of an accidental injury that results in your death or dismemberment. The basic life policy may be converted to a whole life policy within 30 days of separation.

Benefit Summary	
Catalina Foothills School District pays the entire cost of this plan for benefits eligible employees	
Life Benefit	$50,000
Waiver of Premium	Premiums may be waived until retirement, or age 65 if you become disabled before age 60
Accelerated Death Benefit	100% of your life insurance amount if you become terminally ill with 12 months or less to live
Benefit Age Reduction	Benefits reduce to 65% at age 65, to 50% at 70yrs, and 25% at 75yrs.
Additional Services	Travel Assistance, Legal Services and Will Preparation, Legacy Planning, Financial Counseling

Supplemental Life & Accidental Death & Dismemberment (AD&D)
You may purchase additional Life and AD&D insurance for yourself and any eligible dependents. Premiums are paid through a convenient payroll contribution.

Employee Only	One to five times annual salary (Maximum – the lesser of 5x's annual salary or $500,000)$100,000 GI within first 30 days of eligibility
Spouse	$10,000 increments (Maximum $150,000)
Child(ren) (cost based on 1 child no matter how many on plan)	$10,000 guaranteed per child Age 5 days – 6 months are provided a benefit of $1000 Covers children up to age 26

Employee / Spouse Rates *Monthly Rate per $1,000 of Coverage*		
AGE	SMOKER	NON-SMOKER
Under 30	$0.050	$0.043
30 – 34	$0.070	$0.060
35 – 39	$0.089	$0.064
40 – 44	$0.099	$0.085
45 – 49	$0.149	$0.128
50 – 54	$0.229	$0.203
55 – 59	$0.429	$0.331
60 – 64	$0.659	$0.523
65 – 69	$1.260	$0.929
70 – 74	$2.050	$1.630
75+	$2.050	$2.940

Note: Your rates increase with age

DISABILITY BENEFITS

Short Term Disability (STD)

Voluntary STD insurance helps to replace your income if you are sick, injured or pregnant and cannot work. You are eligible if you are an active employee and work at least 20 hours per week on a regularly scheduled basis.

BENEFIT SUMMARY

Once you are approved for coverage, you will be eligible to collect your Voluntary Short Term Disability Insurance benefits starting on the 30th day after your accident or 30th day of sickness. You must elect coverage within 31 days of your eligibility waiting period, which is the first day of the month following the date you were hired.

• You are unable to perform the essential duties of your occupation, and as a result, you are earning less than 20% of your pre-disability weekly earnings, or;

• You are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning less than 80% of your pre-disability weekly earnings.

EXCLUSIONS:

You cannot receive Voluntary STD Insurance benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability
- Sickness or injury for which Worker's Compensation benefits are paid, or may be paid, if duly claimed
- Any injury sustained as a result of doing any work for pay or profit for another employer

You must be under the regular care of a physician to receive benefits.

PRE-EXISTING CONDITIONS:

You cannot receive benefits due to a pre-existing condition until you have not received treatment or services for that condition for 12 months from the effective date of your insurance; or unless you have been continuously covered under the group policy for at least 24 months.

Maternity Leave: Benefit maximum of 2 weeks paid for normal delivery;
Benefit maximum of 4 weeks paid for Cesarean

Long Term Disability (LTD)

LTD Insurance is provided through the Arizona State Retirement System. Employees pay premiums through mandatory contributions to the Arizona State Retirement System (ASRS). All employees who work twenty (20) or more hours per week, twenty (20) or more weeks per year, must contribute to the ASRS LTD plan. Contribution rates for 2017-2018 are 0.16% of salary for the employee and 0.16% for the district. This plan provides benefits after 180 days of continuous disability and the benefits payable are approximately 66.67% of the employee's regular wage.

FLEXIBLE SPENDING ACCOUNTS (FSA)

A Flexible Spending Account (FSA) is a program that enables you (the employee) to save federal, state and Social Security (FICA) taxes on the money you use to pay for eligible expenses. The tax savings will have the effect of increasing your take-home pay.

A Valuable Benefit
If you choose to participate in this valuable benefit, you and your eligible dependents can pay for medical, dental and vision expenses, and dependent care expenses on a tax-fee (through pre-tax contributions) basis.

Whose Expenses are Eligible?
Under the plan, only the expenses of a participant, a participant's spouse or a participant's dependent(s) qualify for pre-tax treatment. If you are unsure if a person qualifies as an eligible dependent, please refer to the P&A website at www.padmin.com.

Your Benefits Are Enhanced
FSAs are designed to cut inevitable costs while increasing your take-home pay. Maximize every dollar by taking advantage of this benefit choice. Alleviate those high out-of-pocket expenses by enrolling in a plan that works for you.

Medical/Dental Reimbursement Plan: You may deposit up to $2,600 per year to pay for non-covered eligible medical, vision or dental health care expenses for you, your spouse or eligible dependents.

Dependent Daycare Reimbursement Plan: You may also deposit up to $5,000 per year to pay for qualified dependent daycare expenses for children under the age of 13.

Your Spendable Income Increases
When you elect pre-tax benefits under a flexible benefits plan, you lower your taxable income on your W-2; therefore, you pay less in taxes and increase your spendable income. Depending on your tax bracket, this plan can save you 30% to 40% on qualifying expenses.

How Are Benefits Paid?
Any benefits you elect are paid for with money that is withheld from your pay. These pay reductions do not count as income for income tax or Social Security tax purposes. This means that the Plan allows you to use tax-free dollars for expenses that would otherwise have to be paid for with after tax dollars.

The "USE IT OR LOSE IT" Rule
Under IRS guidelines, if you contribute dollars to a reimbursement account and do not use all of the monies you deposit, you will lose any remaining balance in the account at the end of the plan year. **Effective 07/01/2015, you are allowed to roll over $500 from the previous year's remaining balance.**

FSA Claim Submission Methods

Debit Card
P&A offers a FSA MasterCard to participating employees. The debit card is valid for three years from the date of issue. The card works like a debit card. When you incur an eligible expense, simply present your card to the provider of the goods and services you are purchasing. Swipe your card the same way you would a debit card, and the expense will be automatically deducted from your Flexible Spending Account balance.

Online Claim Upload Process
You can enter claims directly online through the P&A website at www.padmin.com. Follow the prompts on your screen to submit your claim request. You can also upload receipts or backup documentation during this process.

RETIREMENT SAVINGS PLANS

CFSD 403(b) Plan: CFSD's 403(b) plan is provided by TSA Consulting Group, Inc.

Eligibility
All employees, with the exception of private contractors, appointed/elected trustees and/or school board members and student workers, are eligible to participate in the 403(b) plan immediately upon employment. Employees may make voluntary elective deferrals to the 403(b) plan. Participants are fully vested in their contributions and earnings at all times.

Employee Contributions
Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) account up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Salary deferral contributions to the participant's 403(b) account are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

The Basic Contribution Limit for 2017 is $18,000.00
Participants who are age 50 or older any time during the year qualify to make an additional contribution of $6,000.00 towards their 403(b).

Arizona State Retirement System (ASRS): Provides a fixed monthly benefit upon retirement. All eligible employees working twenty (20) or more hours per week, twenty (20) or more weeks per year, must contribute to the ASRS Retirement plan. Both employer and employee contribute to each member's retirement during employment. The 2017-2018 employee contribution is 11.5%, which includes 0.16% for LTD. Please consult your ASRS Member Handbook for details or visit their website at www.azasrs.gov.

PET INSURANCE

United Pet Care – Pet Insurance

United Pet Care (UPC) is an Arizona based company, founded on the premise that healthcare programs for pets are fast becoming a necessity in today's economic environment.

What are the advantages of United Pet Care?

UPC is not an insurance plan and is not regulated by the Department of Insurance. With United Pet Care, there are:

- No deductibles
- No annual dollar maximum limitation
- No pre-existing condition exclusions
- No claim forms
- No paperwork
- No age limitations

What are the benefits?

Office visits are only $35.00 for UPC members, as opposed to the normal $60.00 to $85.00 office visit charge. Extensive veterinary services are provided at considerable savings. All medications dispensed by your veterinarian are at a 20% savings.

There are 3 plans available to choose from, and you can add as many pets as you want, but you will be charged per pet if you add more than 3 pets to the plan.

For more information, visit the website at http://cfsd.unitedpetcare.com or call (877) 872-8800.

LEGAL NOTICES

Family & Medical Leave Act (FMLA):
Requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

• For incapacity due to pregnancy, prenatal medical care or child birth;
• To care for the employee's child after birth, or placement for adoption or foster care;
• To care for the employee's spouse, son, daughter, or parent, who has a serious health condition; or
• For a serious health condition that makes the employee unable to perform the employee's job.
• A "qualifying exigency" leave when called to active military duty or to care for an immediate family member needing assistance following a military leave.
• During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work.
• Employees are eligible if they have worked for a covered employer for at least one year, and at least 1,250 hours in the 12 months preceding the leave.
• The district calculates the 12 weeks of leave in a "rolling" 12-month period for each employee measured backwards from the first time employee uses leave under the FMLA.

Health Insurance Portability and Accountability Act (HIPAA):
In December of 2000, the Department of Health and Human Services (DHHS) issued federal regulations pertaining to HIPAA, which regulates the use and disclosure of protected health information. These regulations are better known as the HIPAA Privacy Rules, which went into effect on April 14, 2003.

To obtain a copy of Catalina Foothills School District's Notice of Privacy Practices, contact Elsa Young, Human Resources Director at (520) 209-7534.

Continuation of Benefits (COBRA):
Upon termination of employment for reasons other than gross misconduct, continuation of an employee's medical, dental, and vision coverage - and/or any insured dependent's coverage - is available for up to 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act), with the employee assuming all premium costs. If the employee is disabled, COBRA eligibility is increased to 29 months. Before an employee's benefits coverage ends, the District's Human Resources Office provides the terminating employee with personalized information concerning COBRA continuation procedures. Continuation of medical, dental, and vision coverage is also available for "qualified beneficiaries" up to 36 months when one of the following qualifying events occurs:

• Death of a covered employee;
• Divorce or legal separation;
• Employee becomes eligible for Medicare;
• Dependent child reaches maximum age allowed under group plan.

"Qualified beneficiaries" are those individuals who were covered under the group plan on the day before the qualifying life event; this could include the employee's spouse and dependent child(ren).

Women's Health and Cancer Rights Act of 1998:
As required by the Women's Health and Cancer Rights Act of 1998, benefits under the policy are provided for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following covered health services, as you determine appropriate with your attending physician:

• All stages of reconstruction of the breast on which the mastectomy was performed;
• Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
• Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

The amount you must pay for such covered health services (including copayments and any annual deductible) are the same as are required for any other covered health service. Limitations on benefits are the same as for any other covered health service.

Statement of Rights Under the Newborns' and Mothers' Health Protection Act:
Group health plans and health insurance issuers generally may not, under Federal Law, restrict benefits for any hospital length stay in connection with childbirth for the mother or newborn child less than 48 hours following a vaginal delivery, or less than 96 hours following a Cesarean Section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours as applicable).

About this Booklet:
This booklet highlights important features of Catalina Foothills School District's benefits for its 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.
Benefit plans may be changed for any reason, to the extent allowed by law.
Your participation in these benefits is not a contract of employment and does not guarantee future employment.