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A Community Passionate About Student Success

Employee Benefits **2015-2016**



Buckeye Elementary School District #33

"A Community Passionate About Student Success"

Dear Buckeye Elementary School District Employee:

WELCOME ABOARD! This information packet is a brief summary of the benefits provided to full-time employees (40 hours per week) for the plan year beginning July 1, 2015 through June 30, 2016. Consult the plan document of each benefit for more details.

SUMMARY OF BENEFITS		
Employee Benefits	Annual Employer Cost	Annual Employee Cost
Life Insurance – UNUM (\$30,000)	\$41.40	\$0
Medical Insurance – ASBAIT/Meritain		
ASBAIT/PPO – Co-Pay Gold	\$6,048.00	\$900
ASBAIT/PPO – Classic Silver	\$6,048.00	\$0
ASBAIT/PPO – HDHP-\$1,300	\$5,064.00	\$0
Dental Insurance – Ameritas	\$383.04	\$0
Vision Insurance – Vision Care Direct	\$65.28	\$0

LIFE INSURANCE

UNUM Life Insurance – District Paid

In the event of your death, your beneficiary will receive a death benefit of \$30,000 (doubles if in an accident) for employees under the age of 65. At age 65, the benefit decreases by 35% and at age 70 and over the benefit decreases by 50%. Additional benefits for dependents may be purchased at the employee's expense.

MEDICAL PLAN

ASBAIT Medical PPO – District Paid

This plan provides access to the Blue Cross/Blue Shield Provider Directory (www.bcbsaz.com). You may see any physician in the directory without a referral. By receiving your care and services from a provider in the BCBS network, you will receive a higher level of benefit and therefore, have less out-of-pocket expense. If the provider is in-network, you will only be responsible for the co-pay or coinsurance as noted in the ASBAIT schedule of benefits. Employee medical benefits begin on the first day of the month following your date of hire.

PRESCRIPTIONS

Prescription drugs may be obtained through the Walgreens Health Initiatives Prescription program. The plan can be used at your local pharmacy or you may obtain your prescriptions by mail order.

Mandatory generic is a \$15 co-pay. Brand (when **no** generic available) is 20% co-pay (minimum \$20-maximum \$50). Brand (when generic **is** available) is 20% co-pay + cost between generic and brand. Mail order for mandatory generic (90 day supply) is a \$30 co-pay. Mail order Brand (when **no** generic available) is 20% co-pay (minimum \$40-maximum \$100). Mail order (when generic is available) is 20% co-pay + cost between generic and brand.

DENTAL PLAN

Ameritas Dental – District Paid

- Employee may choose any dentist.
- Routine oral exams & cleanings – Two per calendar year, covered 100%
- Annual Bite Wing X-rays (1) set per calendar year covered 100%
- Basic Services covered at 80% after a \$50 deductible
- Maximum benefits per person, **per calendar year** is \$2,500 for in network providers(all dental and orthodontic services combined)
- Orthodontic Lifetime Maximum Benefit is \$1,500

VISION PLAN

Vision Care Direct – District Paid

- Allows the covered person to access any licensed vision provider
- Complete Vision Exam (once each 12 months) 100% after \$15 exam fee
- Lenses per pair (once each 12 months)
- Contact lenses (once each 12 months) covered up to \$250
- Frames (once each 24 months) covered up to \$130



FLEXIBLE SPENDING ACCOUNT

AFLAC

A Flexible Spending Account (FSA) allows you to designate a certain amount of your taxable income on a pre-tax basis to pay for out-of-pocket medical and dependent care expenses. There are two types of FSA plans:

MEDICAL REIMBURSEMENT ACCOUNT: Money from this account can be used to pay for certain health care expenses that are not reimbursed by any other source. Examples of this include plan deductible and co-payments, items the group plan may not cover such as well baby care and vision expenses, as well as uncovered dental expenses, including orthodontia.

DEPENDENT CARE REIMBURSEMENT ACCOUNT: Money from this account can be used to pay for certain dependent care expenses which are incurred so that you (and your spouse, if married) are able to work. The availability of funds for your Dependent Care Reimbursement Account will be based on monies accrued through payroll deductions. Qualified dependents are children under the age of 13 and dependents of any age who are physically or mentally unable to care for themselves.

SUPPLEMENTAL INSURANCE

AFLAC offers 7 different supplemental insurance plans at the employee's expense to alleviate the financial burden of out of pocket medical expenses not covered by medical insurance. Plans are:

Short-Term Disability

- \$500 - \$5,000 of income
- Up to 66% of your income reimbursed
- Starts right away on an off the job accident and after 14 days on a sickness
- Can work up to 20 hours a week and still receive disability income from AFLAC

Personal Cancer Protector Plan: (Cancer treatment causes out of pocket expenses)

- Covers all types of cancer
- Internal cancer survivors can obtain coverage after 5 years of remission
- \$2,000 first occurrence benefit
- \$300 per day for hospital, radiation, experimental treatments
- \$75 wellness benefit

Personal Sickness

- \$25 Physician visits
- \$250 initial hospitalization
- \$75 per day in the hospital
- \$20-\$2,000 surgical benefit

Personal Accident Expense: (On or off the job accident; cut finger to major car accident)

- Individual or family coverage
- Coverage is 24 hours a day
- \$120 ER benefit
- \$25 per visit for follow-ups (6 visits per accident)
- \$1,000 initial hospital confinement benefit
- \$60 wellness benefit after 12 months of coverage

Hospital Protection: (Sickness or Injury)

- Annual hospitalization confinement \$500 or \$400 per day for the first 5 days
- Daily hospital confinement @ \$100
- Diagnostic exams \$100

Specified Health Event Protection

- \$5,000 First occurrence
- \$2,500 Reoccurrence
- \$25,000 Human organ transplant

OTHER BENEFITS

Employee Assistance Program (EAP)

The EAP is an assistance program designed specifically for ASBAIT plan member that includes free and confidential assessments, counseling and referrals for you and your family members.

Arizona State Retirement System (ASRS)

The Arizona State Retirement System contribution for 2015-2016 is 11.35% of wages. This program is designed to provide supplemental income to you and your family in the event of retirement or disability. The amount of contribution is shared equally by you and the Buckeye Elementary School District. For additional information, call Arizona State Retirement System at (602) 240-2000 (www.azasrs.gov).

Arizona State Retirement System (ASRS) Long-Term Disability (LTD)

- 2015-2016 contribution rate is .12% of wages
- Provided through your participation in the ASRS
- Plan pays 66 2/3% of your monthly salary after you have been disabled for 6 months.
- Your LTD benefit will continue until you recover, reach age 65, or retire, whichever occurs first.

Worker's Compensation

Employees are automatically covered by Worker's Compensation insurance through Alliance. If an employee is injured in an accident arising out of and in the course of his/her employment, he/she is entitled to compensation.

Tax Deferred 403(b) Investment Plans

Internal Revenue Service laws allow employees of public schools to participate in tax-sheltered plans to set aside savings for retirement on a pre-tax basis. Employees may choose from a broad array of annuity and mutual fund plans.

Leaves

Certified employees receive undifferentiated paid time off at the rate of 4.5714 hours per pay period for 21 pays. Classified employees receive undifferentiated paid time off at the rate of 4 hours per pay period for 20 pays after a 90 day probationary period.



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Dependent Insurance Rates (Effective July 1, 2015)

Health Insurance – ASBAIT

	<u>OPTION Co-Pay Gold</u>	<u>OPTION Classic Silver</u>	<u>OPTION HDHP \$1,300</u>
Employee Only	\$504 District pays/\$75 Emp pays	\$504 (Pd by District)	\$422 (Pd by District+\$82 HSA)
+ Spouse	\$535 per month	\$504 per month	\$419 per month
+ Child(ren)	\$535 per month	\$504 per month	\$419 per month
Family	\$837 per month	\$792 per month	\$657 per month

Dental Insurance – Ameritas

Employee Only	\$31.92 (Paid by the District)
+ Spouse (Additional)	\$31.93 per month
+ Child(ren) (Additional)	\$35.12 per month
Family	\$68.65 per month

Vision Insurance – Vision Care Direct (VCD)

Employee Only	\$5.44 (Paid by the District)
+ Spouse (Additional)	\$3.26 per month
+ Child(ren) (Additional)	\$4.60 per month
Family	\$11.64 per month

Life Insurance & AD&D Coverage – UNUM

\$30,000 Benefit	\$3.45 (Paid by the District)
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Supplemental Benefits – AFLAC (Please see an AFLAC representative for an individual appointment to select benefits)

- Personal Cancer Protector Plan
- Personal Accident
- Short-Term Disability
- Personal Sickness
- Specified Health Event Protection
- Hospital Protection
- Flexible Spending Accounts