EMPLOYEE BENEFITS GUIDE

2025 - 2026

Inspiring Every Child to Achieve

PHOENIX #1 Elementary School District

WELCOME

Welcome to the **Phoenix Elementary School District #1 2025 - 2026 Open Enrollment**! Whether you are a new employee enrolling for the first time or considering your benefits during open enrollment, this guide is designed to help you through the process. This booklet includes information on the benefits available for election for 2025 - 2026. All employees MUST complete their Open Enrollment process online. All benefit eligible employees are required to elect coverage via iVisions. Any coverage not actively selected will be considered a waiver of coverage.

WHAT'S INSIDE

ENROLLMENT CHECKLIST

- ☐ Review this guide with your loved ones.
- ☐ Select the best plans for your needs and budget.
- ☐ Ensure your dependent and beneficiary information is complete and correct.
- ☐ Consider an annual contribution to an HSA if you enrolled in the HDHP plan.

USING YOUR BENEFIT GUIDE

Our plan runs from July 1 to June 30, of each year. This guide provides a summary of benefit options to help you understand your benefit options and make the right decisions for you and your family – the first time. Keep a copy of this guide handy as it can be very useful when benefit-related questions or scenarios come up.

If you lose or misplace this guide, scan this QR code to access it on the Employee Self Service portal.

Disclosure: This Benefit Enrollment guide is a brief overview solely for informational purposes. Valley Schools assumes no responsibility for any circumstances arising out of the use, misuse or interpretation of this guide. The Summary Plan Document (SPD) supersedes this benefit guide. Members should refer to the District's SPD for a description of benefits, limitations and exclusions. All services are subject to review for medical necessity. Members must be eligible at the time services are rendered.

PLAN RULES
BENEFITS ELIGIBILITY

Employees are eligible to participate in the District's benefit plans as of the first of the month following date of hire. Employees must work at least 30 hours per week or .75 or higher FTE to participate in the District's benefit plans. Coverage for your dependents will start on the date your coverage begins, provided you have enrolled them in a timely manner. Benefit eligible employees can also extend medical, voluntary dental, voluntary vision, and voluntary life insurance coverage to their eligible dependents.

Dependent children are defined as:

- Natural Child
- Stepchild
- Legally adopted child
- Child for whom you have legal guardianship
- Child for whom health care coverage is required through a "Qualified Medical Child Support Order"

Eligible dependents are defined as:

- Your legal spouse
- You or your spouse's dependent child(ren) under age 26 for medical and vision, and up to age 25 for dental
- Disabled adult child(ren) over age 18, unable to be self-supporting who remain a qualified tax-dependent

You may be asked to provide proof in support of your dependents' eligibility. If you have questions, contact If you have questions, contact the Benefits Office to verify your dependents' eligibility.

WHEN CHANGES ARE ALLOWED

The elections you make during this Open Enrollment will be effective from July 1, 2025, through June 30, 2026. All benefit plan deductibles are based on a calendar year.

Because some of the benefits you elect are offered on a pre-tax basis, the Internal Revenue Service (IRS) does not allow changes to these benefit elections outside of the annual Open Enrollment period unless you have a mid-year **Qualifying Life Event**. Please note that you must notify the District's Human Resources Division within 31 days of the life event circumstance.

Common "Qualifying Life Events" include:

- Change in legal marital status.
- Change in number or status of dependents.
- Your dependent child no longer qualifying as an eligible dependent.
- Change in employee/spouse/dependent's employment status, work schedule or residence that affects their eligibility of benefits.
- Coverage of a child due to Qualified Medical Support Order.
- Entitlement or loss of entitlement to Medicare or Medicaid.
- Certain changes in the cost of coverage or loss of coverage of the employee or spouse's plan.
- Spouse's open enrollment or new hire enrollment period.

PLAN RULES
COBRA GUIDE

COBRA is for continuation of benefits when an employee leaves the District's active medical and dental plans. Coverage will continue to be provided, but the employee will assume the entire monthly premium plus an addition 2% WEX administration fee. The District currently pays the premium amount for the employee's standard coverage. COBRA is provided through P&A, our third-party administrator. Your monthly premiums are due to WEX by their due date and coverage will be cancelled byWEX if not received on time. ASRS Retirees need to stop by the Benefits Office to complete a form to participate in the supplemental benefits plan.

STEP-BY-STEP GUIDE

- The District will first need to notify WEX of your termination.
- Once WEX has received your termination information, your COBRA election packet will be generated within 5-7 business days from the date of receipt.
- Your COBRA election packet will then be mailed out to you via USPS. Depending on the delivery time for USPS, this typically takes anywhere from 7-10 business days from the time P&A Group places the packet in the mail.
- Once you receive your COBRA election packet, you must complete the forms and send them back via one of the methods below. Under federal law, you have 60 days after the date of this notice or when your coverage ceases, whichever is later, to elect COBRA continuation coverage. The post mark date will be provided in your COBRA election packet. If you do not submit your election by this date, you will lose your right to elect COBRA continuation coverage.

HOW TO SUBMIT YOUR FORMS

Choose from one of the options below:

- WEBSITE: Visit https://cobralogin.wexhealth.com
- MOBILE APP: Download the app at the Google Play store or Apple App store.

HOW TO REMIT YOUR PAYMENT

Choose from one of the options below:

- MAIL: WEX Health Inc
  P.O. Box 2079
  Omaha, NE 68103-2079
- IVR*: 866-451-3399, follow the prompts
- ONLINE: Create an online account at padmin.com. In the login box, select "Participant" under User Type and "COBRA" under Account Type. Once you log in, go to Member Tools in the tool bar and select "Make Payment."

Payments made online or by via mobile app will be available 24 hours after they receive and process your COBRA election packet. For assistance with any payment options, please contact 866-451-3399 or visit https://cobralogin.wexhealth.com.

WHERE TO ENROLL

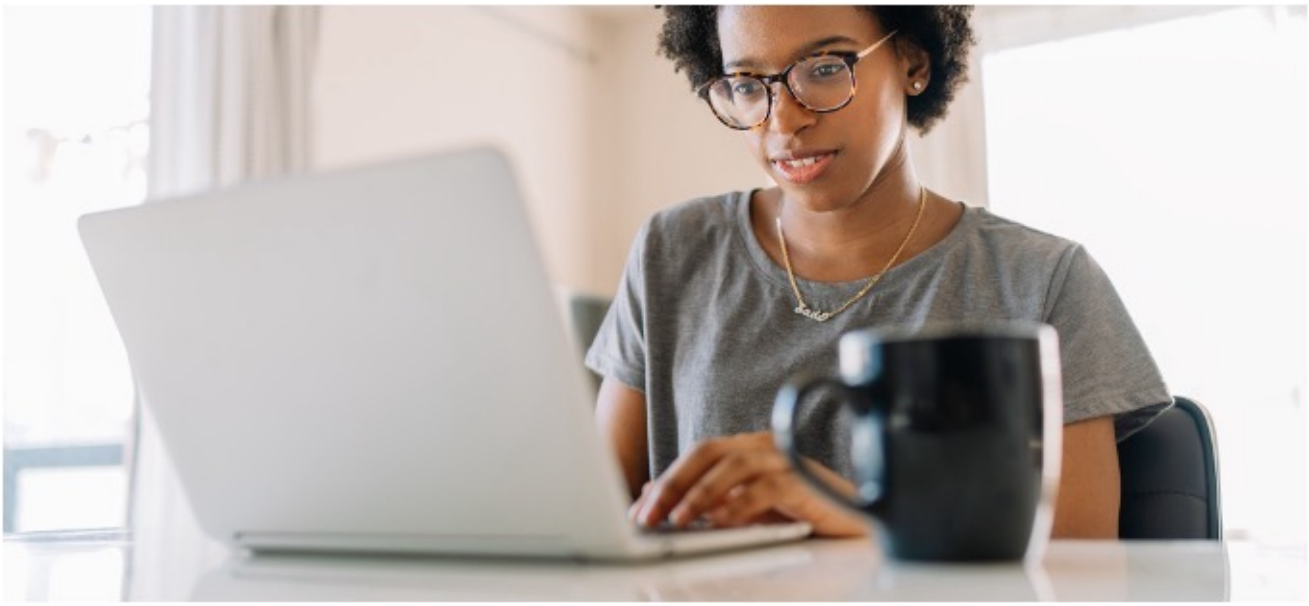
Your personalized enrollment site can be accessed from any computer with an internet connection. You will be able to make your elections, changes, add or drop dependents, determine current coverage and changes for the new plan year. Please note: Open Enrollment is the only time during the plan year that you may make changes to your benefits unless you experience a qualifying life event.

HOW TO ENROLL

- Sign into Employees Self Service at: https://tyler-phoenixesdt1az.okta.com/
- Follow the instructions on the screen.
- After you have made a choice for or declined each benefit click on “Continue.”
- **Review the information on your new elections. This is what you have chosen for the benefit year of July 1, 2025 – June 30, 2026.**
- Once you click “Confirm & Submit”, you will you will receive a large thumbs up emoji. Be sure to print a copy for your records.

IMPORTANT!

If you do not complete the enrollment process online, you will NOT have another opportunity to enroll, elect or change coverage until next year’s Open Enrollment period unless you have a permitted mid-year change in status and/or an approved qualifying event.



BENEFIT TERMINOLOGY

Terms and definitions to help you make informed decisions.

To assist you with your benefit decisions, review the below benefit terms and definitions as they can impact your care and your wallet.

Premium

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

Deductible

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

Embedded Deductible

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

Non-Embedded Deductible

For health plans with non-embedded deductibles, the family deductible must be met before anyone in the family can resolve benefits. The combined total of eligible expenses of all family covered members must equal the family provider deductible before any plan benefits are paid for any one member.

Copayment

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

Coinsurance

Your percentage share of covered health services, and the health plan’s percentage share of covered health services after you have met your deductible.

In-Network

A group of doctors, hospitals, pharmacies and other providers that contract with UnitedHealthcare and do not provide services at the negotiated (discounted) rates. You and the health plan will pay more out-of-pocket for your services.

Out-of-Network

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

Balance Bill

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

Out-of-Pocket (OOP) Maximum

The annual OOP maximum you pay before the health plan pays 100% for covered health services. For in-network and out-of-network services, there is a difference in the OOP maximums. Please note that the in-network OOP maximum limit is less than the out-of-network OOP maximum.

Explanation of Benefits (EOB)

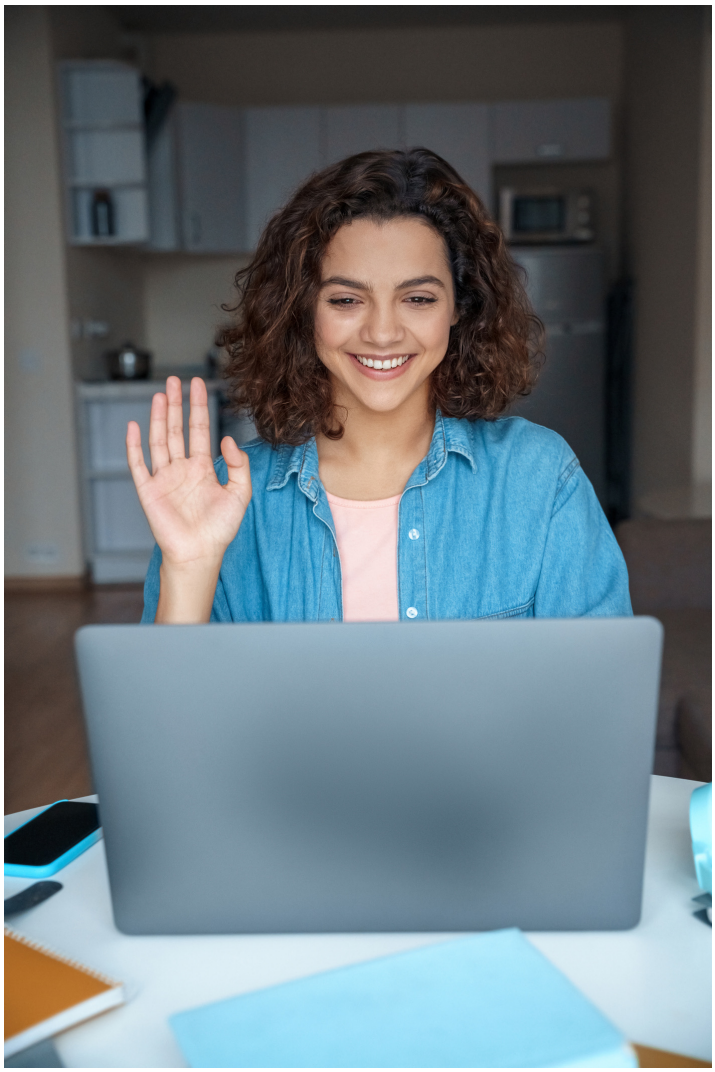
A statement from a provider that describes how a medical or vision claim was paid or denied by the plan. The EOB includes the amount your provider billed the health plan for services, the amount not covered, discounts that saved you and the health plan money by using in-network providers, the amount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

Preauthorization

A review process by your health plan to make sure the services you will be receiving are medically necessary and covered by the plan. For in-network providers your provider’s office is responsible for starting the process. For out-of-network, you are responsible for starting the process. See the Summary Plan Document or access myuhc.com for procedures that require precertification.

FREE VIRTUAL BENEFIT EDUCATION & SUPPORT

BRELLA®



SCHEDULE A SESSION

To book a phone or Zoom session, use the QR code below!

Scan Here

HAVE BENEFIT QUESTIONS OR NEED ASSISTANCE?

Year-round BRELLA Employee Benefit Specialists are here to help you! Schedule a 1-on-1 confidential virtual phone or Zoom session to review your benefit options, get answer to your questions, and the help you need to complete your enrollment with ease. Bilingual specialists are available!

Few key areas of support include:

- Benefit education - Enrollment education at your fingertips! Review benefit options during your session.
- Decision support – Get help selecting the benefits that fit both your needs and your budget
- Enrollment issues – Find assistance troubleshooting enrollment issues.,
- Claims assistance – Year-round assistance when it's time to file a voluntary benefit insurance claim.
- Additional Resources - After your session, your dedicated specialist can email you additional resources.
- Policyholder questions – Your opportunity to confidentially ask specific coverage related questions.

CORE BENEFITS

In this section, we'll cover:

- Medical Overview
- PPO Plan
- HDHP Plan
- Virtual Doctor Visits
- Health Savings Account
- Flexible Savings Account
- Dental
- Vision

MEDICAL BENEFITS

When you enroll in either of the UHC plans offered, you may visit any provider, including specialists, without a referral. Using a UnitedHealthcare network provider (in-network) versus an out-of-network provider determines the level of benefits you receive and how they are paid. You can expect the highest level of benefits when you seek in-network care. These plans are under the Choice Plus Network.

In the following pages, you'll find a summary of each plan's features. Be sure to review this information carefully. You can find more information on your benefits enrollment portal.

Please note: It can take three (3) weeks from the effective date for your coverage to reflect in the UHC portal.

UnitedHealthcare®

MAKE THE MOST OF YOUR BENEFITS

Take full advantage of your medical benefits by registering your account at myuhc.com (scan the QR code) and downloading the mobile app. You'll need to have your ID card handy to register.

Once registered, you can use this account to:

- View/print/order ID cards
- View medical claims and bills owed
- Monitor deductible and out-of-pocket limits
- Estimate costs of care
- Search for best providers

Register Online

FIND THE RIGHT DOCTOR

If you want to find a doctor, hospital or provider office, there's no need to log in! Instead, follow these simple steps:

- Go to uhc.com or scan the QR code
- Select "Type of Provider" then "Employer Plan
- Select Plan: Choice Plus
- Type in your address or ZIP code
- Select which type of provider
- Click "search" for a listing

Search Providers

CHOICE PLUS 1500

MEDICAL

UnitedHealthcare

MEDICAL CARE - WHAT YOU PAY	IN NETWORK	OUT OF NETWORK
Deductible (Calendar Year) - Individual / Family	$1,500 / $3,000 (Embedded)	$3,000 / $6,000 (Embedded)
Out-of-Pocket Max (Calendar Year) - Individual / Family	$6,000 / $12,000	$8,000 / $16,000
Co-Insurance	You pay 20%	You pay 50%
Preventative (Annual Wellness Visit)	$0	Not covered
Virtual Visit	$0	Not covered
PCP Visit	$25 copay	Subject to Deductible and Co-Insurance
Specialist	$50 copay	Subject to Deductible and Co-Insurance
Labs (X-rays, Bloodwork) / Major Diagnostics	$0 / $250 copay	Subject to Deductible and Co-Insurance
Urgent Care	$75 copay	Subject to Deductible and Co-Insurance
Emergency Room	$300 copay	$300 copay
Outpatient Surgery or Hospital Stay	Subject to Deductible and Co-Insurance	Subject to Deductible and Co-Insurance

OPTUM Rx®

PRESCRIPTIONS	COST
Retail (30-day supply)	
Tier 1	$5 copay
Tier 2	$40 copay
Tier 3	$105 copay
Tier 4	$250 copay

View the Current Prescription Drug List

Your prescription coverage through OptumRX continues with the Valley Pharmacy Network. This allows both the district and the covered members to save money with deeper negotiated discounts at specific pharmacies including Walgreens, Rie aid, Walmart, Sam's Club and Fry's.

DOCTORS $1000

MEDICAL

UnitedHealthcare

MEDICAL CARE - WHAT YOU PAY	IN NETWORK	OUT OF NETWORK
Deductible (Calendar Year) - Individual / Family	$1,000 / $2,000 (Embedded)	$3,000 / $6,000 (Embedded)
Out-of-Pocket Max (Calendar Year) - Individual / Family	$5,000 / $10,000	$8,000 / $16,000
Co-Insurance	You pay 20%	You pay 50%
Preventative (Annual Wellness Visit)	$0	Not covered
Virtual Visit	$0	Not covered
PCP Visit	$0	Subject to Deductible and Co-Insurance
Specialist	$75 copay	Subject to Deductible and Co-Insurance
Labs (X-rays, Bloodwork) or Major Diagnostics	Subject to Deductible and Co-Insurance	Subject to Deductible and Co-Insurance
Urgent Care	$0	Subject to Deductible and Co-Insurance
Emergency Room	$300 copay	$300 copay
Outpatient Surgery or Hospital Stay	Subject to Deductible and Co-Insurance	Subject to Deductible and Co-Insurance

OPTUMRx®

PRESCRIPTIONS	COST
Retail (30-day supply)	
Tier 1	$10 copay
Tier 2	$50 copay
Tier 3	$120 copay
Tier 4	$250 copay

View the Current Prescription Drug List

Your prescription coverage through OptumRX continues with the Valley Pharmacy Network. This allows both the district and the covered members to save money with deeper negotiated discounts at specific pharmacies including Walgreens, Rie aid, Walmart, Sam's Club and Fry's.

HDHP

MEDICAL

UnitedHealthcare

MEDICAL CARE - WHAT YOU PAY	IN NETWORK	OUT OF NETWORK
Deductible (Calendar Year) - Individual / Family	$3,300 / $6,600	$6,000 / $12,000
Out-of-Pocket Max (Calendar Year) - Individual / Family	$6,000 / $12,000	$10,000 / $20,000
Co-Insurance	You pay 20%	You pay 50%
Preventative (Annual Wellness Visit)	$0	Not covered
Virtual Visit	Provider Negotiated Rate	Not covered
PCP Visit Specialist Mental Health Urgent Care Emergency Room Hospital Stay	Subject to Deductible and Co-Insurance	Subject to Deductible and Co-Insurance

OPTUMRx®

PRESCRIPTIONS	COST
Retail (30-day supply)	
Tier 1	$10 copay
Tier 2	$50 copay
Tier 3	$120 copay
Tier 4	$250 copay

Your prescription coverage through OptumRX continues with the Valley Pharmacy Network, allowing you to save money with deeper negotiated discounts at specific pharmacies including Walgreens, Rie aid, Walmart, Sam's Club and Fry's. You are subject to your $3,200 / $6,400 Medical / Pharmacy deductible before copays apply. Medications listed on Expanded Preventative Drug List are subject to copays prior to meeting your deductible. Select contraceptives are available at no cost.

IMPORTANT!

Employees who enroll in the HDHP + HSA plan will receive a District-funded Health Savings Account (HSA) contribution.

COVERAGE	CONTRIBUTION
Employee Only	
Employee + Spouse	$1,000
Employee + Child	
Family	

Total contribution amounts are based on a full year of enrollment in the Plan. Funds will be deposited during the 2025 - 2026 plan year. If you are on Medicare, you can elect HDHP, but you CANNOT fund a Health Savings Account per IRS regulations. If you have any questions regarding this, please contact your Benefits Technician for more details.

View the Current Prescription Drug List

VIRTUAL DOCTOR VISITS

With 24/7 Virtual Visits, you can connect to a provider by phone or video (data rates may apply) through myuhc.com® or the UnitedHealthcare® app.

Providers can treat a wide range of health conditions — including many of the same conditions as an emergency room (ER) or urgent care — and may even prescribe medications, if needed.

UnitedHealthcare®

amwell

dr. on demand

TELADOC

Optum

Save money and time! Consider 24/7 Virtual Visits for these common conditions and more:

- Cough
- Headache
- Sore throat
- Fatigue/weakness
- Nasal discharge
- Difficulty sleeping
- Congestion
- Sinus Pain
- Fever
- Loss of appetite

UHC MEDICAL PLAN ENROLLMENT	COST PER VISIT
PPO Plan	No Charge
HDHP Plan	$54 Copay

$54 or less

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit - bringing a potential $2,000 cost down to $54 or less.

To get started, scan the QR code to sign in to your account.

You can also call 1-866-801-4409 or download the UnitedHealthcare app.

Sign in here!

1. Data rates may apply.
2. Certain prescriptions may not be available, and other restrictions may apply.
3. The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change.
4. Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated Urgent Care savings are based on $131 difference between average Urgent Care visit cost of $180 and Virtual Visit cost of $54; $2,000.00 difference between the average Emergency Room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. 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.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

HEALTH SAVINGS ACCOUNT (HSA)

TAX-SAVINGS

Optum Bank® Member FDIC

If you are enrolled in the HDHP plan, you can contribute to a Health Savings Account (HSA) with OptumBank, a personal savings account that lets you set aside pre-tax money from your paycheck to use on qualified medical expenses. Some examples of qualified expenses include deductibles and copays, doctor's office visits, prescription drugs, vaccines, screenings, and more!

HDHP COVERAGE TIER	ANNUAL DISTRICT CONTRIBUTION
Employee Only	
Employee + Spouse	$1,000
Employee + Child	
Family	

Please note that the total contribution amounts are based on a full year of enrollment in the Plan. The District's contribution to a HDHP HSA Plan participant's account is deposited in equal increments over 21 pay periods during the plan year. If you choose to make voluntary contributions, those contributions are deducted from your pay, over 21 pay periods, in equal increments throughout the plan year.

HOW MUCH CAN I CONTRIBUTE?

To calculate, simply subtract the District's annual contribution from the IRS 2025 annual maximum contribution limits below.

COVERAGE TIER	MAXIMUM AMOUNT
Individual	$4,300
Family	$8,550
Age 55+	Additional $1,000

Note: The applicable service fee of $1.00 to $3.00 is automatically deducted by OptumBank from your HSA balance each month depending on your account selection and balance.

THE BENEFITS

- **Triple Tax Savings**
  The **only** account where contributions are tax deductible; the funds grow with no tax liability; and money used for health expenses is not taxed upon withdrawal.
- **You Own it**
  The account is yours! You use the funds like you would a bank account. You can take the account and the funds in it if you leave the District or retire.
- **Growth Potential**
  The funds in the account can be invested and earnings grow tax-free. After age 65, you can use the HSA like a traditional retirement account.
- **Dependent Use**
  The funds in the account can be used for your dependents expenses as well, regardless of whether they are enrolled in an HDHP plan.

HOW DO I CONTRIBUTE?

You can contribute pre-tax dollars to an individual Health Savings Account on your portal during your enrollment. If you are on Medicare, you can elect the HDHP plan, but you cannot contribute to an HSA. **NOTE:** If you have questions, please contact your Benefits Technician for more details.

View the Full List of HSA Qualified Expenses

FLEXIBLE SAVINGS ACCOUNTS (FSA)

A Flexible Spending Account (FSA) is an account that allows you to set aside pre-tax money from your paycheck to pay for certain expenses. You can use FSAs to pay for out-of-pocket health care costs, such as insurance deductibles and copayments, qualified prescription drugs, insulin, and medical devices. You can also use FSAs for dependent care expenses, such as childcare services.

MAKING YOUR ANNUAL FSA ELECTION

The IRS requires you to elect your FSA contributions every year. If you wish to participate, you need to make your 2025 - 2026 election during Open Enrollment or your initial benefit enrollment period. Any unused dollars from your current contribution will carry over up to $660. You can only enroll during open enrollment or your initial benefit period.

HOW MUCH CAN I CONTRIBUTE?

Contributions must be spent in the current insurance year. If you choose to enroll, your contribution will be deducted from your pay in equal increments from July 1, 2025 – June 30, 2026 on pre-tax basis.

ACCOUNT TYPE	2025 IRS CONTRIBUTION LIMITS
Medical FSA	$3,300
Allowable rollover	$660
Limited FSA	$3,300
Allowable rollover	$660
Dependent Care FSA	$5,000

If you choose to enroll in the HDHP + HSA plan and contribute to the Medical Expense Reimbursement Account, you can use your funds on a “limited purpose” basis – to pay your eligible dental and vision care expenses only.

IMPORTANT!

DON’T FORGET THE “USE IT OR LOSE IT” RULE

The IRS governs the administration of Flexible Spending Account plans, and once you elect to set aside money in an FSA, you must use it for eligible expenses during the plan year. You should make every effort to file your FSA claims as you incur expenses.

You may carry over up to $660 of unused amounts remaining in your Medical FSA or Limited FSA at the end of a Plan Year to be used for Medical Care Expenses incurred during the next Plan Year, beginning with any unused amounts remaining at the end of the current Plan Year. No more than $660 of your unused Medical FSA or Limited FSA amount for a Plan year may be carried over for use in the next plan year. NOTE: The carryover does not apply to the Dependent Care FSA.

However, you have a 90-day runout period after the plan year ends (June 30) to file claims for reimbursement. After that point, you forfeit, or “lose,” any unused funds above $660. Because of this IRS “use it or lose it” rule, be sure to carefully estimate the amount you want to contribute to the FSAs before making your elections.

DENTAL PPO LEVEL 1 PLAN

DELTA DENTAL

BENEFITS PAYABLE	PPO DENTIST	PREMIER DENTIST	OUT OF NETWORK
Annual Maximum Benefit (Combination of in/out-of-network)	$1,000	$1,000	$1,000
Lifetime Periodontics Maximum (excluding maintenance) (Combination of in and out-of-network)	$1,000	$1,000	$1,000
Annual Deductible (Individual/Family) (Combination of in and out-of-network)	$50 / $150	$50 / $150	$50 / $150
PREVENTATIVE SERVICES			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers Sealants - to prevent decay of permanent teeth Radiographs - X-rays Periodontal Maintenance - cleanings following periodontal therapy	100%	100%	100%
BASIC SERVICES			
Emergency Palliative Treatment - to temporary pain relief Minor Restorative Services – fillings Simple Extractions - non-surgical removal of teeth Other Basic Services – misc services	80%	80%	80%
MAJOR SERVICES			
Crown Repair – to individual crowns Endodontic Services - root canals Periodontic Services - to treat gum disease Other Oral Surgery - surgical extractions and other oral surgery Major Restorative Services – crowns Anesthesia Services - when medically necessary Relines and Repairs - to bridges and dentures Prosthodontic Services - bridges, implants, dentures	50%	50%	50%
ORTHODONTIC SERVICES			
Not included	0%	0%	0%

Predetermination recommended for services over $250. Please Note: When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or the Nonparticipating Dentist Fee) that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

View a list of Participating Providers

DENTAL PPO LEVEL 3 PLAN

DELTA DENTAL

BENEFITS PAYABLE	PPO DENTIST	PREMIER DENTIST	OUT OF NETWORK
Annual Maximum Benefit (Combination of in/out-of-network)	$2,000	$1,500	$1,500
Lifetime Orthodontia Maximum (Combination of in and out-of-network)	$1,500	$1,000	$1,000
Annual Deductible (Individual/Family) (Combination of in and out-of-network)	$25 / $75	$50 / $150	$50 / $150
PREVENTATIVE SERVICES			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers Sealants - to prevent decay of permanent teeth Radiographs - X-rays Periodontal Maintenance - cleanings following periodontal therapy	100%	100%	100%
BASIC SERVICES			
Emergency Palliative Treatment – to temporarily pain relief Minor Restorative Services – fillings Endodontic Services - root canals Periodontic Services - to treat gum disease Oral Surgery Services – extractions and dental surgery Other Basic Services – misc services	90%	80%	80%
MAJOR SERVICES			
Crown Repair – to individual crowns Major Restorative Services – crowns Relines and Repairs - to bridges and dentures Prosthodontic Services - bridges, implants, dentures	60%	50%	50%
ORTHODONTIC SERVICES			
Benefit for adults, children ages 8–25. Payable in two payments - upon initial banding and 12 months after. The Orthodontia lifetime maximum is separate from the annual maximum for your other dental benefits.	50%	50%	50%

Predetermination recommended for services over $250. Please Note: When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or the Nonparticipating Dentist Fee) that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

View a list of Participating Providers

VISION BASE PLAN

IN NETWORK	WHAT YOU PAY	FREQUENCY
VISION EXAM	$10 copay	every 12 months
MATERIALS	$25 copay	every 12 months
RETINAL SCREENING	up to $39	every 12 months
FRAMES Retail (including Sam's, Walmart and Costco) Featured Brands	 $160 allowance $180 allowance	every 24 months
LENSES Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children (up to age 19) Enhancements: Scratch-resistant coating Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	 covered by materials copay $0 copay $0 copay $95 - $105 copay $150 - $175 copay	every 12 months
ELECTIVE CONTACT LENSES (IN LIEU OF GLASSES) Allowance is applied toward the purchase of contact lenses. Materials copay is waived.	$150 allowance	every 12 months

OUT OF NETWORK	WHAT YOU GET
EXAM(S)	up to $45
FRAMES	up to $70
LENSES Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses Progressive Lenses	 up to $30 up to $50 up to $65 up to $50
ELECTIVE CONTACT LENSES (IN LIEU OF GLASSES)	up to $105

View a List of Participating Providers

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

VISION BUY UP PLAN

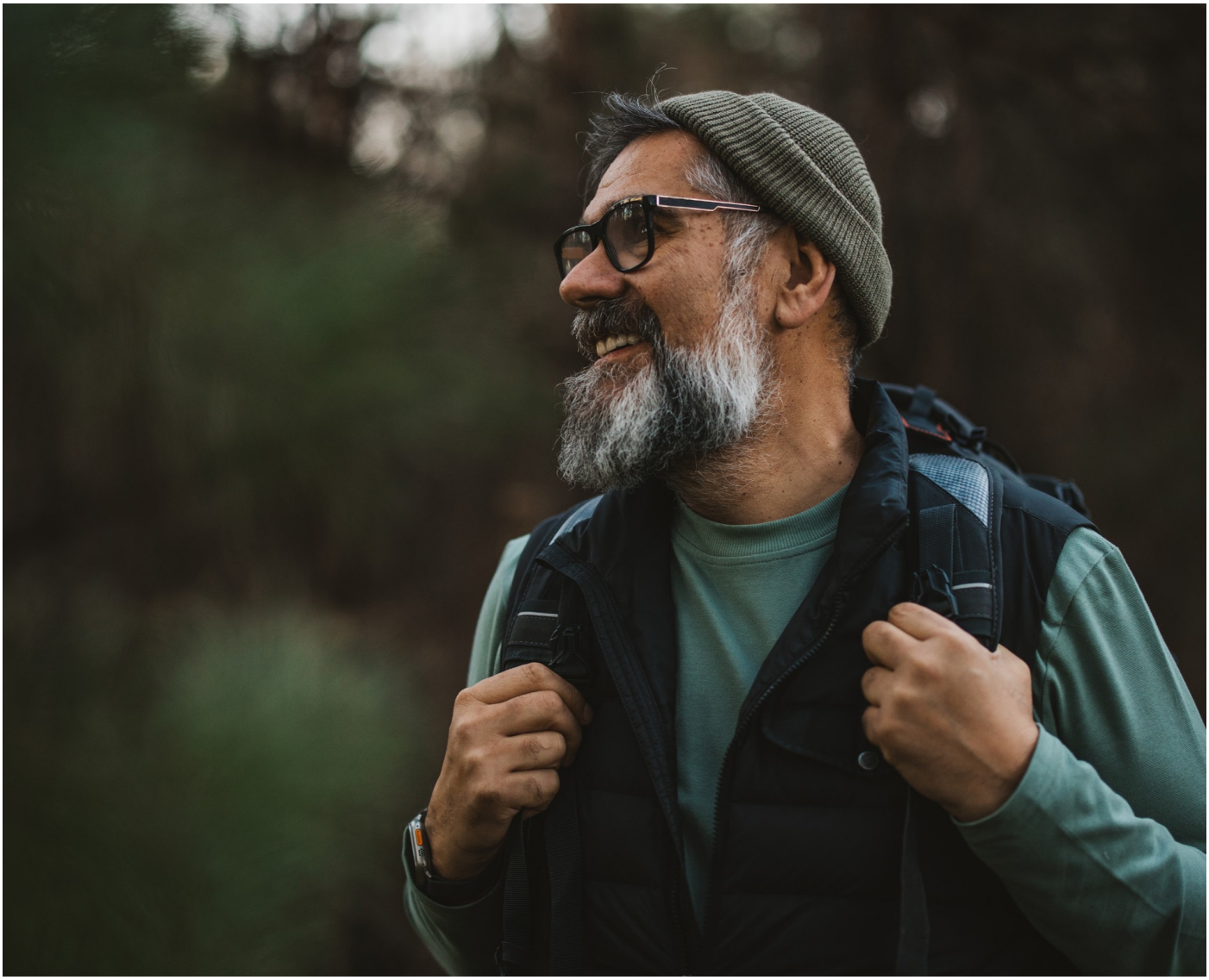
IN NETWORK	WHAT YOU PAY	FREQUENCY
VISION EXAM	$10 copay	every 12 months
MATERIALS	$10 copay	every 12 months
RETINAL SCREENING	up to $39	every 12 months
FRAMES Retail (including Sam's, Walmart and Costco) Featured Brands	 $225 allowance $245 allowance	every 12 months
LENSES Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children (up to age 19) Enhancements: Scratch-resistant coating Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	 covered by materials copay $0 copay $0 copay $40 copay $40 copay	every 12 months
ELECTIVE CONTACT LENSES (IN LIEU OF GLASSES) Allowance is applied toward the purchase of contact lenses. Materials copay is waived.	$175 allowance	every 12 months

OUT OF NETWORK	WHAT YOU GET
EXAM(S)	up to $45
FRAMES	up to $70
LENSES Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses Progressive Lenses	 up to $30 up to $50 up to $65 up to $50
ELECTIVE CONTACT LENSES (IN LIEU OF GLASSES)	up to $105

View a List of Participating Providers

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

MORE BENEFITS



Wait, there are more benefits for you and your loved ones to choose from! In this section, we'll cover:

- Life and Accidental Death & Dismemberment
- Short-Term Disability
- Accident, Hospital and Critical Illness
- Employee Assistance Programs
- Additional Benefits
- Important Contacts

LIFE AND AD&D

Life and Accidental Death & Dismemberment (AD&D) insurance provides financial protection for your loved ones if something happens to you. Taking advantage of the life and AD&D coverage offered by the District can be an important part of your financial security, and the financial security of your loved ones.

BASIC (EMPLOYER PAID) LIFE INSURANCE

The District provides eligible employees (30 hours a week) with life insurance equivalent to 1x your basic yearly salary to a maximum of $100,000. This benefit is provided to you at no cost! Please note that benefits reduce by 35% at age 70, 55% at age 75 and 70% at age 80.

SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH (AD&D) INSURANCE

Employees can buy supplemental life and accidental death & dismemberment insurance for yourself and your dependents. The amounts you can elect are based upon the following:

WHO IS COVERED	AVAILABLE COVERAGE AMOUNTS
Employee	Initial Guarantee Issue: $250,000 $10,000 - $500,000 in $10,000 increments (not to exceed 5x annual earnings).
Spouse	Initial Guarantee Issue: $50,000 $5,000 to $150,000 (not to exceed 50% of Employee Supplemental coverage amount)
Child(ren)	Guarantee Issue: $10,000; $1,000 to $10,000 in $1,000 increments

Please note that life and accidental death and dismemberment insurance may have exclusions and limitations and/or require Evidence of Insurability (not required for Child(ren) coverage). Please see plan details for more information.

Employee:
Benefit amounts will be reduced by the following percentages according to age category:
35% at age 70
55% at age 75
70% at age 80
80% at age 85
85% at age 90

Spouse:
Benefit amounts will be reduced by the following percentages according to age category:
35% at Employee's age 70
55% at Employee's age 75
70% at Employee's age 80
80% at Employee's age 85
85% at Employee's age 90

Benefit reductions will apply to the original benefit amount in force and will be rounded to the nearest $1000.

SHORT TERM DISABILITY

Disability insurance helps provide income protection for those with unexpected health events, associated expenses, and possible time away from work due to a non-occupational injury or sickness. It replaces a portion of your pre-disability earnings (not to exceed 66 2/3%), less any income that was actually paid to you from other sources for the same disability and provides a weekly cash benefit to help pay for everyday expenses (such as mortgage/rent, utilities, childcare, or groceries) if you are unable to work for a short time due to a covered disability. Taking advantage of the short-term disability coverages offered by the District can be an important part of your financial security.

After your claim is approved, you will begin receiving benefits once you've completed your elimination period of 60 days (Employer Paid) from the date you are unable to work due to an injury or illness or 15 days (Employee Paid – Buy Up Plan) from the date you are unable to work due to an injury or illness (this duration is referred to as the "elimination period/waiting period"). Please note: The minimum monthly benefit amount payable under the voluntary short-term disability policy cannot be lower than 25% of your gross monthly benefit, regardless of the amount of income you receive from other sources.

DISABILITY COVERAGE OPTIONS

PLAN OPTIONS	BENEFITS BEGIN	BENEFIT DURATION
Employer Paid - Accident / Illness including maternity*	61st Day / 61st Day	up to 17 weeks
Voluntary Buy Up - Accident / Illness including maternity*	15th Day / 15th Day	up to 24 weeks

**Maternity benefits are paid for up to 6 weeks for a conventional birth and up to 8 weeks for a C-section birth minus the elimination period -- unless otherwise medically necessary.*

IMPORTANT!

PRE-EXISTING CONDITION LIMITATIONS

The policy does not pay benefits for disabilities that begin within 12 months of your initial enrollment in the plan, if you received medical treatment, consultation, care, or service (including diagnostic measures), or took prescribed drugs or medicines for the disabling condition during the 12 months prior to your effective date. To be eligible for coverage during pregnancy, you cannot be pregnant before your benefit effective date (e.g., July 1, 2025) if you are enrolling during 2025 – 2026 Open Enrollment).

ACCIDENT, HOSPITAL, AND CRITICAL ILLNESS

VOLUNTARY BENEFITS

Colonial Life

NEW Voluntary benefits offered through Colonial Life are 100% employee paid, guarantee issue (no medical questions!) and available for you, your spouse, you and your dependents, or family. You do not have to enroll in the medical plan to enroll in these coverages. Benefits are paid regardless of other insurances you may have, are paid directly to you, and can used however you choose.

IMPORTANT!

If you would like more information on these new benefits or any other benefits offered, scan the QR code to schedule a virtual session with a Benefit Specialist.

Scan Here

	ACCIDENT	HOSPITAL INDEMNITY	CRITICAL ILLNESS
OVERVIEW	Benefits paid based on treatment received for injuries sustained in a covered accident.	Benefits paid for in-patient hospital admission and confinement due to a covered injury or illness including maternity. NOTE: 12 / 12 pre-existing applies.	Benefits paid upon diagnosis of a covered critical illness including cancer. NOTE: 12 / 12 pre-existing applies.
ADVANTAGES	Accident Insurance helps offset unexpected covered medical expenses such as emergency room fees, X-rays, surgeries and hospital admissions that can result from an on or off job injury due to a covered accident.	Hospital Indemnity Insurance can help you recover out of pocket expenses due to either a planned or unexpected hospitalization.	Critical Illness Insurance can help supplement your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness and pays for multiple critical illnesses including cancer.
BENEFITS	On and Off Job Coverage. Includes Accidental Death & Dismemberment policy. See benefit summary for more details on what this plan covers.	In-Patient Admission: Option of $500 or $1500 payable once per year per insured. In-Patient Confinement: $100 / day up to 365 days per year per insured.	Employees choose lump sum benefit of up to $30,000. Spouse covered at 50% of EE amount Children covered at 50% of EE amount
EXTRAS	HSA compliant 24-hour coverage No lifetime maximum Portable Guarantee issue!	HSA compliant No lifetime maximum No networks Accident or Injury Guarantee issue!	HSA compliant Attained age rates Child coverage included at no additional cost Portable Guarantee issue!

EMPLOYEE ASSISTANCE PROGRAMS

The District offers all employees access to help for life's challenges including legal, financial and work/life resources. Issues commonly addressed through your EAP benefits include:

- Family conflict - divorce, custody, blended family, domestic violence issues.
- Grief - accidents, illness, victim of crime, loss of a loved one.
- Changes - relocation, job stress, interpersonal problems, communication issues, empty nest, aging parents.
- Personal growth - interpersonal skills (relationship and/or communication) for work or family.
- Dependence or codependence issues - alcohol, drugs, gambling.

Allstate IDENTITY PROTECTION

AVAILABLE FREE TO ALL EMPLOYEES

A comprehensive identity theft monitoring service that alerts you at the first sign of fraud and fully restores your identity. This service is automatically provided to you by the District at no additional cost. You may add family coverage for just $8.95/month . If you do not wish to obtain this coverage, simply decline the coverage at time of open enrollment or when you become benefit eligible.

Call 1.800.789.2720

Scan Here

Interface Behavioral Health

Scan Here

AVAILABLE FREE TO ALL EMPLOYEES AND DEPENDENTS

Employees may contact Interface for up to 6 free, confidential in-person or tele-therapy sessions, per problem, per family member. Interface Behavioral Health services are comparable with UnitedHealthcare EAP to include legal, financial and work/life resources.

Call 1.800.324.4327 or 1.800.324.2490 Español

UnitedHealthcare

AVAILABLE FREE TO ALL MEDICAL PLAN PARTICIPANTS

UnitedHealthcare EAP is confidential and provided at no additional cost to medical plan participants (employees and dependents). UnitedHealthcare EAP, a 24-hour referral service, is staffed with master's level counselors who can help with almost any problem ranging from medical and family matters to personal, legal, financial, and emotional issues. You can meet with a counselor anytime, day or night, 7 days a week, 365 days a year. Members can access 3 in-person visits with an in-network counselor at no out-of-pocket expense per incident.

Call 1-866-314-8187
Español 1.866.314.8187

Scan Here

ADDITIONAL BENEFITS

MetLife | Legal Plans

PRE-PAID LEGAL

MetLife Legal, under Valley Schools, provides you, your spouse and dependents with a variety of legal services from attorneys experienced in estate planning documents, civil suits, adoption, creditor issues and much more. Benefits include:

- Sign up for a convenient payroll deduction of just $18.50 a month
- Save hundreds over typical attorney fees
- No deductibles or co-pays
- No claim forms or usage limits when using a MetLife Legal Network Attorney

HOW TO USE IT:

- Find an attorney. Create an account at members.legalplans.com or scan the QR code below to see your coverages and select an attorney for your legal matter or call at 800-821-6400 for assistance.
- Make an appointment. Call the attorney you select and schedule a time to talk or meet.
- That's it! There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Scan Here

MetLife | Pet Insurance

PET INSURANCE

Pets are family too! MetLife Pet Insurance can help you take care of your furry friends and and protect your financial future. Benefits include:

- Flexible product offerings
- Straightforward pricing and options
- Discounts up to 30%[1]
- Customizable limits
- Deductible savings[2]
- Quick 3-step enrollment
- Hassle-free claims experience with most claims processed within 10 days
- An experienced team of pet advocates and multi-channel support options
- You may be able to cover up to 90%[3] of covered veterinary expenses at any licensed veterinarian, specialist or emergency clinic in the U.S.
- Get a quote or enroll today by scanning the QR code below, visiting www.metlife.com/getpetquote or calling 1.800.GET-MET8

Scan Here

1. When using multiple discounts, discounts cannot exceed 30%. Each discount may not be available in all states. Please contact MetLife Pet for further details.

2. Your pet's deductible automatically decreases by $25 (IAIC policies) or $50 (MetGen policies) each policy year that you don't receive a claim reimbursement. May not be available in all states.

3. Reimbursement options include: 70%, 80% and 90% and a 50% option for MetGen policies and a 65% option for IAIC policies only. Pet age restrictions may apply.

IMPORTANT CONTACTS

Medical: UnitedHealthcare
myuhc.com
Customer Service: 800.638.7287
UnitedHealthcare EAP: 888.887.4114

Virtual Visits (Telemedicine): UnitedHealthcare
For more information, go to:
myuhc.com/virtualvisits
or call 855.615.8335

FSA and Dependent Care: WEX
wexinc.com/login/benefits-login/
Customer Service: 866.451.3399

Health Savings Account (HSA): Optum Bank
optumbank.com
Customer Service: 866.234.8913

Dental: Delta Dental
deltadentalaz.com
Customer Service: 602.938.3131,
Option1 State of AZ
Toll Free Hotline: 866.978.2839

Vision: VSP
vsp.com
Customer Service: 800.877.7195

Life, AD&D, and Short-Term Disability: Symetra
symetra.com/
Customer Service: 800.426.7784

EAP: Interface Behavioral Health
4eap.com
Phone: 800.324.4327

EAP: Allstate Identity Protection
myaip.com
Customer Service: 800.789.2720

Pre-Paid Legal: MetLife
members.legalplans.com
Customer Service: 800.821.6400

Pet Insurance: MetLife
metlife.com/getpetquote
Customer Service: 1.800.GET-MET8

Arizona State Retirement Systems (ASRS)
azasrs.gov
602.240.2000

Phoenix #1: Benefits Department
Crystal Senesy, Benefits and Wellness Supervisor
Crystal.senesy@phxschools.org
602-257-6075

Inspiring Every Child to Achieve
PHOENIX #1
Elementary School District

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VSMG

BETTER ADVICE. BETTER BENEFITS